

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D1. Liveborn [218] Number of procedures with this diagnosis = 155	3,827,230	100.00	10.98	0.32	2.8 (0.04)	1.3 (0.02)	\$3,279 ( \$125)	\$880 ( \$14)
p1. No Procedure Listed [.]	2,163,719	56.53	6.21	0.30	1.9 (0.02)	1.1 (0.02)	\$1,399 ( \$31)	\$799 ( \$14)
p2. Circumcision [115]	1,063,268	27.78	3.05	0.00	2.2 (0.02)	1.4 (0.01)	\$1,666 ( \$45)	\$935 ( \$16)
p3. Prophylactic vaccinations and inoculations [228]	305,789	7.99	0.88	0.00	2.1 (0.06)	1.3 (0.07)	\$1,480 ( \$78)	\$822 ( \$30)
p4. Respiratory intubation and mechanical ventilation [216]	81,359	2.13	0.23	4.68	16.6 (0.85)	4.0 (0.83)	\$37,833 ( \$2,620)	\$9,498 ( \$1,613)
p5. Other therapeutic procedures [231]	55,259	1.44	0.16	0.06	8.2 (0.28)	4.6 (0.14)	\$11,577 ( \$634)	\$5,379 ( \$396)
D2. Coronary atherosclerosis and other heart disease [101] Number of procedures with this diagnosis = 191	1,417,661	100.00	4.07	0.95	4.3 (0.06)	2.5 (0.04)	\$18,210 ( \$570)	\$10,174 ( \$386)
p1. No Procedure Listed [.]	430,465	30.36	1.24	0.33	2.7 (0.04)	1.7 (0.02)	\$5,249 ( \$75)	\$4,338 ( \$59)
p2. Percutaneous transluminal coronary angioplasty (PTCA) [45]	310,906	21.93	0.89	0.34	3.1 (0.05)	1.8 (0.05)	\$19,255 ( \$636)	\$16,590 ( \$548)
p3. Coronary artery bypass graft (CABG) [44]	275,851	19.46	0.79	2.26	8.8 (0.13)	6.7 (0.06)	\$44,304 ( \$1,221)	\$38,109 ( \$1,067)
p4. Diagnostic cardiac catheterization, coronary arteriography [47]	266,322	18.79	0.76	0.43	3.3 (0.04)	2.1 (0.05)	\$10,701 ( \$225)	\$8,957 ( \$182)
p5. Cardiac stress tests [201]	19,157	1.35	0.05	0.05	3.0 (0.10)	2.0 (0.09)	\$6,623 ( \$210)	\$5,701 ( \$224)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D3. Pneumonia (except that caused by tuberculosis or sexually transmitted disease) [122] Number of procedures with this diagnosis = 209	1,234,565	100.00	3.54	6.35	6.5 (0.05)	4.4 (0.03)	\$12,175 ( \$175)	\$7,344 ( \$85)
p1. No Procedure Listed [.]	861,232	69.76	2.47	4.12	5.2 (0.03)	3.8 (0.02)	\$7,918 ( \$90)	\$6,115 ( \$67)
p2. Diagnostic bronchoscopy and biopsy of bronchus [37]	43,983	3.56	0.13	5.35	10.5 (0.10)	8.3 (0.08)	\$22,423 ( \$447)	\$16,778 ( \$263)
p3. Respiratory intubation and mechanical ventilation [216]	43,925	3.56	0.13	40.43	12.7 (0.19)	9.9 (0.12)	\$43,639 ( \$846)	\$32,237 ( \$674)
p4. Other therapeutic procedures [231]	29,218	2.37	0.08	4.21	6.2 (0.18)	4.4 (0.16)	\$9,188 ( \$547)	\$6,643 ( \$465)
p5. Other respiratory therapy [217]	28,152	2.28	0.08	4.08	5.3 (0.16)	3.8 (0.12)	\$8,534 ( \$353)	\$6,418 ( \$285)
D4. Congestive heart failure, nonhypertensive [108] Number of procedures with this diagnosis = 205	990,085	100.00	2.84	5.16	6.0 (0.05)	4.0 (0.03)	\$11,247 ( \$155)	\$7,353 ( \$84)
p1. No Procedure Listed [.]	644,789	65.12	1.85	3.82	4.9 (0.03)	3.5 (0.02)	\$7,669 ( \$95)	\$6,151 ( \$73)
p2. Diagnostic cardiac catheterization, coronary arteriography [47]	43,234	4.37	0.12	2.24	6.7 (0.10)	5.0 (0.06)	\$17,393 ( \$351)	\$14,242 ( \$272)
p3. Diagnostic ultrasound of heart (echocardiogram) [193]	41,782	4.22	0.12	2.11	5.6 (0.14)	3.9 (0.11)	\$10,064 ( \$292)	\$7,831 ( \$241)
p4. Respiratory intubation and mechanical ventilation [216]	27,240	2.75	0.08	24.33	8.4 (0.16)	5.9 (0.10)	\$23,400 ( \$529)	\$16,188 ( \$318)
p5. Incision of pleura, thoracentesis, chest drainage [39]	16,502	1.67	0.05	8.03	8.9 (0.17)	6.6 (0.12)	\$15,135 ( \$320)	\$11,568 ( \$232)

57

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D5. Acute myocardial infarction [100] Number of procedures with this diagnosis = 183	743,677	100.00	2.13	8.95	6.0 (0.07)	4.3 (0.04)	\$21,367 ( \$466)	\$13,986 ( \$278)
p1. No Procedure Listed [.]	220,323	29.63	0.63	8.68	4.6 (0.04)	3.5 (0.04)	\$9,288 ( \$123)	\$7,719 ( \$106)
p2. Percutaneous transluminal coronary angioplasty (PTCA) [45]	137,326	18.47	0.39	2.29	5.1 (0.06)	3.9 (0.06)	\$25,642 ( \$610)	\$22,540 ( \$589)
p3. Diagnostic cardiac catheterization, coronary arteriography [47]	132,030	17.75	0.38	2.70	5.4 (0.06)	4.2 (0.05)	\$16,174 ( \$289)	\$13,256 ( \$235)
p4. Coronary artery bypass graft (CABG) [44]	73,157	9.84	0.21	4.76	11.3 (0.20)	8.8 (0.13)	\$53,907 ( \$1,328)	\$45,180 ( \$1,244)
p5. Other therapeutic procedures [231]	41,509	5.58	0.12	4.88	3.8 (0.07)	2.7 (0.08)	\$13,176 ( \$243)	\$11,569 ( \$230)
D6. Trauma to perineum and vulva [193] Number of procedures with this diagnosis = 52	693,164	100.00	1.99	0.00	1.7 (0.01)	1.1 (0.02)	\$3,414 ( \$54)	\$3,106 ( \$54)
p1. Repair of current obstetric laceration [140]	380,007	54.82	1.09	0.00	1.6 (0.02)	1.1 (0.02)	\$3,267 ( \$49)	\$3,021 ( \$52)
p2. Other procedures to assist delivery [137]	196,172	28.30	0.56	0.00	1.7 (0.02)	1.1 (0.03)	\$3,415 ( \$100)	\$3,101 ( \$103)
p3. Episiotomy [133]	47,551	6.86	0.14	0.00	1.7 (0.03)	1.2 (0.03)	\$3,599 ( \$113)	\$3,231 ( \$107)
p4. Forceps, vacuum, and breech delivery [135]	32,927	4.75	0.09	0.00	1.9 (0.02)	1.4 (0.02)	\$3,890 ( \$77)	\$3,589 ( \$85)
p5. Ligation of fallopian tubes [121]	13,397	1.93	0.04	0.00	1.8 (0.03)	1.3 (0.03)	\$5,800 ( \$131)	\$5,527 ( \$176)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D7. Acute cerebrovascular disease [109] Number of procedures with this diagnosis = 194	654,600	100.00	1.88	10.57	7.6 (0.12)	4.7 (0.04)	\$14,775 ( \$291)	\$8,739 ( \$106)
p1. No Procedure Listed [.]	356,846	54.51	1.02	7.44	6.0 (0.17)	4.1 (0.04)	\$9,226 ( \$213)	\$7,220 ( \$91)
p2. Computerized axial tomography (CT) scan head [177]	75,614	11.55	0.22	8.95	6.5 (0.19)	4.3 (0.12)	\$9,780 ( \$309)	\$7,108 ( \$208)
p3. Respiratory intubation and mechanical ventilation [216]	22,868	3.49	0.07	71.60	6.9 (0.22)	3.0 (0.10)	\$22,250 ( \$550)	\$13,802 ( \$383)
p4. Gastrostomy, temporary and permanent [71]	20,448	3.12	0.06	8.92	15.5 (0.32)	11.8 (0.22)	\$25,757 ( \$543)	\$20,047 ( \$339)
p5. Magnetic resonance imaging [198]	17,209	2.63	0.05	1.92	6.5 (0.21)	4.6 (0.12)	\$11,396 ( \$389)	\$8,938 ( \$290)
D8. Normal pregnancy and/or delivery [196] Number of procedures with this diagnosis = 41	578,841	100.00	1.66	0.00	1.6 (0.01)	1.0 (0.02)	\$3,355 ( \$48)	\$3,007 ( \$45)
p1. Other procedures to assist delivery [137]	236,767	40.90	0.68	0.00	1.5 (0.01)	0.9 (0.02)	\$3,162 ( \$45)	\$2,925 ( \$45)
p2. Episiotomy [133]	235,895	40.75	0.68	0.00	1.6 (0.02)	1.1 (0.03)	\$3,305 ( \$61)	\$3,057 ( \$57)
p3. No Procedure Listed [.]	40,410	6.98	0.12	0.00	1.5 (0.06)	0.9 (0.08)	\$2,522 ( \$137)	\$2,283 ( \$197)
p4. Artificial rupture of membranes to assist delivery [136]	19,753	3.41	0.06	0.00	1.4 (0.03)	0.9 (0.04)	\$3,055 ( \$82)	\$2,858 ( \$97)
p5. Ligation of fallopian tubes [121]	16,667	2.88	0.05	0.00	1.7 (0.03)	1.3 (0.03)	\$5,436 ( \$132)	\$5,224 ( \$154)

69

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D9. Affective disorders [69] Number of procedures with this diagnosis = 181	574,120	100.00	1.65	0.10	9.3 (0.24)	6.2 (0.12)	\$8,435 ( \$302)	\$5,693 ( \$139)
p1. No Procedure Listed [.]	443,242	77.20	1.27	0.04	8.2 (0.22)	5.6 (0.10)	\$7,240 ( \$270)	\$5,136 ( \$123)
p2. Psychological and psychiatric evaluation and therapy [218]	71,162	12.40	0.20	0.23	14.3 (0.50)	10.2 (0.58)	\$13,129 ( \$651)	\$9,269 ( \$582)
p3. Alcohol and drug rehabilitation/detoxification [219]	16,600	2.89	0.05	0.00	7.4 (0.33)	5.5 (0.41)	\$7,113 ( \$597)	\$5,534 ( \$477)
p4. Other physical therapy and rehabilitation [215]	9,113	1.59	0.03	0.00	13.1 (0.70)	9.6 (0.55)	\$10,149 ( \$590)	\$7,508 ( \$390)
p5. Computerized axial tomography (CT) scan head [177]	3,921	0.68	0.01	0.26	13.4 (0.71)	9.4 (0.65)	\$12,811 ( \$909)	\$8,834 ( \$573)
D10. Cardiac dysrhythmias [106] Number of procedures with this diagnosis = 206	574,046	100.00	1.65	1.21	3.9 (0.04)	2.3 (0.03)	\$9,941 ( \$174)	\$5,806 ( \$81)
p1. No Procedure Listed [.]	316,754	55.18	0.91	0.67	3.0 (0.02)	1.9 (0.02)	\$5,426 ( \$65)	\$4,408 ( \$51)
p2. Insertion, revision, replacement, removal of cardiac pacemaker or cardioverter/defibrillator [48]	81,634	14.22	0.23	0.84	5.6 (0.12)	3.9 (0.11)	\$26,934 ( \$533)	\$21,070 ( \$381)
p3. Conversion of cardiac rhythm [225]	41,562	7.24	0.12	1.60	3.4 (0.07)	2.1 (0.05)	\$6,266 ( \$150)	\$4,417 ( \$100)
p4. Diagnostic ultrasound of heart (echocardiogram) [193]	21,742	3.79	0.06	0.46	3.8 (0.11)	2.5 (0.08)	\$7,278 ( \$224)	\$5,581 ( \$155)
p5. Other diagnostic cardiovascular procedures [62]	17,979	3.13	0.05	0.47	4.1 (0.15)	2.6 (0.18)	\$13,762 ( \$464)	\$11,061 ( \$408)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D11. Chronic obstructive pulmonary disease and bronchiectasis [127] Number of procedures with this diagnosis = 196	547,480	100.00	1.57	2.90	5.9 (0.05)	4.0 (0.03)	\$10,552 ( \$184)	\$6,868 ( \$74)
p1. No Procedure Listed [.]	414,828	75.77	1.19	1.67	5.1 (0.04)	3.7 (0.02)	\$7,783 ( \$100)	\$6,180 ( \$67)
p2. Other respiratory therapy [217]	17,049	3.11	0.05	1.61	5.7 (0.22)	3.8 (0.15)	\$8,465 ( \$390)	\$6,340 ( \$263)
p3. Respiratory intubation and mechanical ventilation [216]	16,238	2.97	0.05	25.57	11.8 (0.26)	8.9 (0.25)	\$33,765 ( \$854)	\$24,813 ( \$681)
p4. Diagnostic bronchoscopy and biopsy of bronchus [37]	10,502	1.92	0.03	3.41	8.3 (0.18)	6.4 (0.13)	\$17,085 ( \$676)	\$12,195 ( \$334)
p5. Arterial blood gases [205]	7,664	1.40	0.02	2.26	5.1 (0.23)	3.6 (0.18)	\$8,832 ( \$574)	\$6,709 ( \$584)
D12. Spondylosis, intervertebral disc disorders, other back problems [205] Number of procedures with this diagnosis = 180	519,130	100.00	1.49	0.16	3.4 (0.05)	1.9 (0.03)	\$10,576 ( \$213)	\$7,966 ( \$177)
p1. Laminectomy, excision intervertebral disc [3]	317,924	61.24	0.91	0.10	2.9 (0.05)	1.6 (0.04)	\$10,483 ( \$238)	\$8,408 ( \$209)
p2. No Procedure Listed [.]	71,600	13.79	0.21	0.20	4.2 (0.15)	2.6 (0.05)	\$5,566 ( \$241)	\$4,013 ( \$83)
p3. Spinal fusion [158]	64,973	12.52	0.19	0.16	3.7 (0.08)	2.4 (0.10)	\$18,433 ( \$545)	\$14,170 ( \$384)
p4. Insertion of catheter or spinal stimulator and injection into spinal canal [5]	22,476	4.33	0.06	0.17	4.7 (0.21)	3.2 (0.16)	\$7,347 ( \$300)	\$5,655 ( \$263)
p5. Myelogram [181]	7,770	1.50	0.02	0.07	3.3 (0.37)	1.7 (0.46)	\$5,746 ( \$708)	\$4,168 ( \$837)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D13. Nonspecific chest pain [102] Number of procedures with this diagnosis = 179	514,895	100.00	1.48	0.07	2.0 (0.02)	1.1 (0.02)	\$5,239 ( \$77)	\$4,292 ( \$71)
p1. No Procedure Listed [.]	337,078	65.47	0.97	0.04	1.8 (0.02)	1.0 (0.01)	\$4,278 ( \$61)	\$3,702 ( \$60)
p2. Diagnostic cardiac catheterization, coronary arteriography [47]	85,330	16.57	0.24	0.01	2.4 (0.03)	1.5 (0.03)	\$8,583 ( \$192)	\$7,812 ( \$175)
p3. Cardiac stress tests [201]	29,975	5.82	0.09	0.00	1.8 (0.06)	1.0 (0.04)	\$4,910 ( \$186)	\$4,257 ( \$209)
p4. Diagnostic ultrasound of heart (echocardiogram) [193]	14,392	2.80	0.04	0.05	2.4 (0.16)	1.5 (0.11)	\$5,599 ( \$232)	\$4,851 ( \$224)
p5. Electrographic cardiac monitoring [203]	11,724	2.28	0.03	0.04	1.6 (0.07)	0.8 (0.06)	\$3,445 ( \$187)	\$2,942 ( \$225)
D14. Fluid and electrolyte disorders [55] Number of procedures with this diagnosis = 208	492,750	100.00	1.41	3.00	4.5 (0.05)	2.6 (0.03)	\$6,596 ( \$94)	\$4,228 ( \$52)
p1. No Procedure Listed [.]	363,640	73.80	1.04	2.15	3.5 (0.03)	2.2 (0.02)	\$4,755 ( \$56)	\$3,548 ( \$46)
p2. Upper gastrointestinal endoscopy, biopsy [70]	15,802	3.21	0.05	2.55	6.8 (0.11)	4.9 (0.09)	\$10,902 ( \$220)	\$8,321 ( \$177)
p3. Gastrostomy, temporary and permanent [71]	8,316	1.69	0.02	6.75	10.5 (0.30)	7.7 (0.18)	\$14,500 ( \$460)	\$10,655 ( \$301)
p4. Other therapeutic procedures [231]	8,020	1.63	0.02	3.95	4.4 (0.40)	2.5 (0.13)	\$6,087 ( \$732)	\$3,616 ( \$405)
p5. Computerized axial tomography (CT) scan head [177]	7,358	1.49	0.02	2.99	6.0 (0.25)	3.8 (0.14)	\$8,069 ( \$338)	\$6,004 ( \$253)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D15. Biliary tract disease [149] Number of procedures with this diagnosis = 158	477,660	100.00	1.37	0.74	4.3 (0.04)	2.5 (0.04)	\$12,358 ( \$168)	\$9,425 ( \$129)
p1. Cholecystectomy and common duct exploration [84]	363,040	76.00	1.04	0.54	4.2 (0.04)	2.5 (0.05)	\$13,054 ( \$185)	\$10,265 ( \$152)
p2. No Procedure Listed [.]	48,206	10.09	0.14	0.75	3.1 (0.09)	1.9 (0.03)	\$5,386 ( \$96)	\$4,141 ( \$66)
p3. Other non-OR gastrointestinal therapeutic procedures [98]	21,292	4.46	0.06	0.77	4.6 (0.10)	3.0 (0.11)	\$11,080 ( \$376)	\$8,450 ( \$255)
p4. Endoscopic retrograde cannulation of pancreas (ERCP) [82]	11,407	2.39	0.03	1.12	5.0 (0.11)	3.5 (0.10)	\$10,942 ( \$265)	\$8,842 ( \$229)
p5. Other OR gastrointestinal therapeutic procedures [99]	6,529	1.37	0.02	3.30	10.2 (0.26)	7.8 (0.24)	\$26,714 ( \$815)	\$20,343 ( \$666)
D16. Complication of device, implant or graft [237] Number of procedures with this diagnosis = 215	469,556	100.00	1.35	1.86	6.0 (0.05)	3.6 (0.03)	\$19,460 ( \$421)	\$12,534 ( \$218)
p1. Other OR procedures on vessels other than head and neck [61]	50,098	10.67	0.14	1.73	5.3 (0.11)	3.1 (0.08)	\$19,322 ( \$552)	\$13,765 ( \$456)
p2. No Procedure Listed [.]	49,174	10.47	0.14	1.30	4.6 (0.12)	2.9 (0.05)	\$7,459 ( \$265)	\$5,054 ( \$109)
p3. Hip replacement, total and partial [153]	30,428	6.48	0.09	0.81	6.2 (0.09)	4.6 (0.07)	\$25,278 ( \$557)	\$21,846 ( \$414)
p4. Creation, revision and removal of arteriovenous fistula or vessel-to-vessel cannula for dialysis [57]	24,857	5.29	0.07	1.55	4.8 (0.17)	2.2 (0.14)	\$15,110 ( \$405)	\$11,344 ( \$275)
p5. Percutaneous transluminal coronary angioplasty (PTCA) [45]	23,185	4.94	0.07	0.72	4.0 (0.10)	2.5 (0.08)	\$23,775 ( \$815)	\$19,868 ( \$697)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).



**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D17. Fetal distress and abnormal forces of labor [190] Number of procedures with this diagnosis = 46	428,124	100.00	1.23	0.01	2.4 (0.04)	1.7 (0.04)	\$5,169 ( \$87)	\$4,300 ( \$102)
p1. Cesarean section [134]	160,121	37.40	0.46	0.01	3.6 (0.03)	2.8 (0.02)	\$7,688 ( \$117)	\$7,064 ( \$126)
p2. Other procedures to assist delivery [137]	86,643	20.24	0.25	0.00	1.6 (0.03)	1.0 (0.04)	\$3,372 ( \$105)	\$3,025 ( \$121)
p3. Forceps, vacuum, and breech delivery [135]	78,801	18.41	0.23	0.01	1.9 (0.02)	1.3 (0.02)	\$3,955 ( \$96)	\$3,557 ( \$108)
p4. Episiotomy [133]	52,529	12.27	0.15	0.00	1.8 (0.03)	1.2 (0.03)	\$3,650 ( \$126)	\$3,278 ( \$129)
p5. Repair of current obstetric laceration [140]	25,694	6.00	0.07	0.00	1.7 (0.03)	1.1 (0.04)	\$3,336 ( \$80)	\$2,968 ( \$69)
D18. Septicemia (except in labor) [2] Number of procedures with this diagnosis = 211	419,158	100.00	1.20	13.74	8.2 (0.07)	5.6 (0.04)	\$17,022 ( \$264)	\$10,156 ( \$138)
p1. No Procedure Listed [.]	219,239	52.30	0.63	11.83	5.8 (0.04)	4.5 (0.03)	\$9,580 ( \$127)	\$7,392 ( \$97)
p2. Other vascular catheterization, not heart [54]	15,505	3.70	0.04	23.75	10.5 (0.20)	8.0 (0.20)	\$23,259 ( \$560)	\$17,024 ( \$414)
p3. Diagnostic spinal tap [4]	13,569	3.24	0.04	5.90	5.9 (0.14)	3.7 (0.10)	\$10,771 ( \$369)	\$6,782 ( \$269)
p4. Blood transfusion [222]	10,390	2.48	0.03	15.51	8.6 (0.19)	6.6 (0.15)	\$16,621 ( \$610)	\$12,838 ( \$427)
p5. Debridement of wound, infection or burn [169]	10,338	2.47	0.03	15.30	16.7 (0.54)	11.6 (0.35)	\$33,358 ( \$1,105)	\$21,968 ( \$774)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D19. Asthma [128] Number of procedures with this diagnosis = 180	418,227	100.00	1.20	0.42	3.6 (0.03)	2.3 (0.03)	\$6,366 ( \$108)	\$4,350 ( \$74)
p1. No Procedure Listed [.]	333,222	79.67	0.96	0.11	3.2 (0.03)	2.1 (0.03)	\$5,389 ( \$92)	\$4,141 ( \$73)
p2. Other respiratory therapy [217]	33,794	8.08	0.10	0.07	3.2 (0.08)	2.1 (0.07)	\$4,972 ( \$221)	\$3,760 ( \$171)
p3. Respiratory intubation and mechanical ventilation [216]	9,001	2.15	0.03	8.97	7.7 (0.21)	5.1 (0.14)	\$25,213 ( \$1,071)	\$16,467 ( \$602)
p4. Other therapeutic procedures [231]	8,609	2.06	0.02	0.33	3.6 (0.16)	2.5 (0.14)	\$5,380 ( \$359)	\$3,953 ( \$261)
p5. Arterial blood gases [205]	6,518	1.56	0.02	0.22	3.8 (0.19)	2.5 (0.17)	\$6,040 ( \$433)	\$4,381 ( \$593)
D20. Osteoarthritis [203] Number of procedures with this diagnosis = 115	415,264	100.00	1.19	0.17	5.2 (0.09)	3.9 (0.04)	\$19,423 ( \$235)	\$18,208 ( \$246)
p1. Arthroplasty knee [152]	244,646	58.91	0.70	0.17	5.0 (0.04)	4.0 (0.04)	\$20,650 ( \$238)	\$18,968 ( \$262)
p2. Hip replacement, total and partial [153]	116,889	28.15	0.34	0.15	5.0 (0.05)	4.0 (0.05)	\$20,834 ( \$278)	\$19,354 ( \$291)
p3. No Procedure Listed [.]	26,040	6.27	0.07	0.13	9.3 (0.66)	7.4 (1.00)	\$10,370 ( \$1,183)	\$7,642 ( \$1,009)
p4. Arthroplasty other than hip or knee [154]	9,529	2.29	0.03	0.11	2.8 (0.06)	2.1 (0.06)	\$13,624 ( \$307)	\$13,048 ( \$223)
p5. Other OR therapeutic procedures on joints [162]	5,168	1.24	0.01	0.00	2.6 (0.07)	1.7 (0.06)	\$9,534 ( \$275)	\$8,063 ( \$270)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D21. Urinary tract infections [159] Number of procedures with this diagnosis = 202	404,458	100.00	1.16	1.66	5.0 (0.05)	3.4 (0.03)	\$7,531 ( \$102)	\$5,345 ( \$62)
p1. No Procedure Listed [.]	277,725	68.67	0.80	1.30	4.2 (0.04)	3.0 (0.02)	\$5,747 ( \$69)	\$4,621 ( \$55)
p2. Other therapeutic procedures [231]	9,986	2.47	0.03	1.11	5.3 (0.24)	3.7 (0.19)	\$6,838 ( \$539)	\$5,161 ( \$351)
p3. Endoscopy and endoscopic biopsy of the urinary tract [100]	9,380	2.32	0.03	0.48	6.0 (0.13)	4.5 (0.11)	\$10,157 ( \$334)	\$8,113 ( \$222)
p4. Diagnostic ultrasound of urinary tract [195]	8,750	2.16	0.03	0.11	4.4 (0.14)	3.2 (0.11)	\$6,693 ( \$337)	\$5,118 ( \$196)
p5. Diagnostic spinal tap [4]	7,812	1.93	0.02	0.36	4.7 (0.09)	3.4 (0.10)	\$7,470 ( \$222)	\$6,005 ( \$226)
D22. Diabetes mellitus with complications [50] Number of procedures with this diagnosis = 205	403,460	100.00	1.16	1.59	6.2 (0.07)	3.6 (0.03)	\$11,030 ( \$197)	\$6,095 ( \$76)
p1. No Procedure Listed [.]	226,233	56.07	0.65	0.73	4.0 (0.06)	2.7 (0.02)	\$5,563 ( \$79)	\$4,239 ( \$51)
p2. Amputation of lower extremity [157]	38,736	9.60	0.11	2.45	11.4 (0.22)	7.9 (0.17)	\$21,265 ( \$458)	\$14,441 ( \$302)
p3. Debridement of wound, infection or burn [169]	20,508	5.08	0.06	1.11	10.3 (0.25)	6.9 (0.14)	\$16,790 ( \$505)	\$11,046 ( \$279)
p4. Other therapeutic procedures [231]	9,091	2.25	0.03	0.98	5.0 (0.27)	3.2 (0.21)	\$7,556 ( \$463)	\$5,346 ( \$341)
p5. Peripheral vascular bypass [55]	8,762	2.17	0.03	3.15	12.8 (0.42)	8.8 (0.39)	\$31,157 ( \$1,073)	\$23,545 ( \$954)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D23. Other complications of birth, puerperium affecting management of mother [195] Number of procedures with this diagnosis = 131	379,223	100.00	1.09	0.03	2.1 (0.02)	1.3 (0.02)	\$4,518 ( \$87)	\$3,597 ( \$72)
p1. Other procedures to assist delivery [137]	114,857	30.29	0.33	0.00	1.7 (0.02)	1.1 (0.03)	\$3,725 ( \$81)	\$3,259 ( \$82)
p2. Episiotomy [133]	59,548	15.70	0.17	0.00	1.8 (0.02)	1.3 (0.02)	\$3,744 ( \$84)	\$3,362 ( \$89)
p3. Repair of current obstetric laceration [140]	50,321	13.27	0.14	0.01	1.7 (0.02)	1.1 (0.03)	\$3,656 ( \$73)	\$3,231 ( \$60)
p4. Forceps, vacuum, and breech delivery [135]	42,105	11.10	0.12	0.00	1.9 (0.02)	1.3 (0.02)	\$4,070 ( \$109)	\$3,687 ( \$110)
p5. Cesarean section [134]	38,966	10.28	0.11	0.07	3.7 (0.05)	2.7 (0.02)	\$7,729 ( \$154)	\$6,702 ( \$134)
D24. Fracture of neck of femur (hip) [226] Number of procedures with this diagnosis = 137	351,033	100.00	1.01	3.00	7.5 (0.10)	5.4 (0.05)	\$16,747 ( \$198)	\$13,867 ( \$153)
p1. Treatment, fracture or dislocation of hip and femur [146]	199,175	56.74	0.57	2.32	6.8 (0.07)	5.1 (0.05)	\$15,796 ( \$210)	\$13,099 ( \$150)
p2. Hip replacement, total and partial [153]	109,271	31.13	0.31	2.95	7.3 (0.07)	5.6 (0.04)	\$19,833 ( \$227)	\$17,019 ( \$213)
p3. No Procedure Listed [.]	29,416	8.38	0.08	4.04	10.1 (0.62)	6.4 (0.54)	\$9,630 ( \$605)	\$6,496 ( \$475)
p4. Physical therapy exercises, manipulation, and other procedures [213]	2,124	0.61	0.01	1.95	14.8 (3.35)	9.7 (1.38)	\$12,882 ( \$2,450)	\$8,783 ( \$1,501)
p5. Traction, splints, and other wound care [214]	1,329	0.38	0.00	7.72	7.6 (0.90)	3.2 (0.29)	\$10,533 ( \$1,121)	\$5,371 ( \$376)

67

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D25. Other complications of pregnancy [181] Number of procedures with this diagnosis = 166	341,656	100.00	0.98	0.04	2.3 (0.04)	1.4 (0.02)	\$4,221 ( \$83)	\$3,208 ( \$57)
p1. No Procedure Listed [.]	118,450	34.67	0.34	0.00	2.3 (0.05)	1.5 (0.04)	\$3,238 ( \$76)	\$2,532 ( \$64)
p2. Other procedures to assist delivery [137]	73,717	21.58	0.21	0.01	1.8 (0.03)	1.1 (0.03)	\$3,747 ( \$83)	\$3,180 ( \$67)
p3. Episiotomy [133]	47,671	13.95	0.14	0.00	1.8 (0.03)	1.3 (0.03)	\$3,624 ( \$71)	\$3,228 ( \$83)
p4. Cesarean section [134]	17,146	5.02	0.05	0.46	3.6 (0.07)	2.5 (0.03)	\$8,654 ( \$427)	\$6,356 ( \$137)
p5. Repair of current obstetric laceration [140]	10,475	3.07	0.03	0.00	2.0 (0.05)	1.3 (0.04)	\$3,986 ( \$160)	\$3,291 ( \$123)
D26. Rehabilitation care, fitting of prostheses, and adjustment of devices [254] Number of procedures with this diagnosis = 177	335,978	100.00	0.96	0.97	15.0 (0.30)	11.9 (0.38)	\$17,289 ( \$589)	\$12,626 ( \$472)
p1. No Procedure Listed [.]	178,191	53.04	0.51	0.86	13.4 (0.31)	10.6 (0.43)	\$14,329 ( \$518)	\$11,017 ( \$444)
p2. Physical therapy exercises, manipulation, and other procedures [213]	88,297	26.28	0.25	1.05	15.0 (0.66)	12.1 (0.66)	\$18,146 ( \$1,354)	\$13,037 ( \$1,448)
p3. Other physical therapy and rehabilitation [215]	19,554	5.82	0.06	0.81	15.6 (0.86)	12.8 (0.81)	\$18,176 ( \$1,296)	\$14,100 ( \$1,225)
p4. Diagnostic physical therapy [212]	3,743	1.11	0.01	1.26	18.8 (1.24)	14.7 (1.10)	\$20,859 ( \$1,407)	\$16,392 ( \$1,473)
p5. Other non-OR therapeutic procedures on skin and breast [174]	3,672	1.09	0.01	1.13	19.7 (0.69)	15.8 (0.86)	\$21,628 ( \$1,131)	\$17,029 ( \$840)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D27. Complications of surgical procedures or medical care [238] Number of procedures with this diagnosis = 220	335,365	100.00	0.96	1.63	6.2 (0.05)	3.6 (0.03)	\$13,266 ( \$299)	\$7,122 ( \$118)
p1. No Procedure Listed [.]	100,369	29.93	0.29	0.63	4.1 (0.04)	2.8 (0.03)	\$5,709 ( \$94)	\$4,221 ( \$69)
p2. Debridement of wound, infection or burn [169]	26,524	7.91	0.08	1.51	10.2 (0.18)	6.8 (0.12)	\$20,499 ( \$561)	\$12,597 ( \$290)
p3. Other OR gastrointestinal therapeutic procedures [99]	11,910	3.55	0.03	1.86	8.3 (0.22)	5.2 (0.13)	\$21,670 ( \$1,975)	\$11,094 ( \$294)
p4. Incision and drainage, skin and subcutaneous tissue [168]	9,828	2.93	0.03	0.48	5.6 (0.12)	3.8 (0.10)	\$9,557 ( \$267)	\$6,964 ( \$214)
p5. Incision of pleura, thoracentesis, chest drainage [39]	7,958	2.37	0.02	1.34	6.0 (0.18)	3.8 (0.10)	\$10,674 ( \$418)	\$6,836 ( \$209)
D28. Skin and subcutaneous tissue infections [197] Number of procedures with this diagnosis = 194	325,223	100.00	0.93	0.58	5.4 (0.04)	3.6 (0.03)	\$7,912 ( \$136)	\$5,261 ( \$69)
p1. No Procedure Listed [.]	181,323	55.75	0.52	0.26	4.4 (0.04)	3.1 (0.03)	\$5,475 ( \$78)	\$4,240 ( \$54)
p2. Incision and drainage, skin and subcutaneous tissue [168]	33,236	10.22	0.10	0.22	5.0 (0.07)	3.4 (0.05)	\$8,241 ( \$323)	\$5,916 ( \$149)
p3. Debridement of wound, infection or burn [169]	26,604	8.18	0.08	0.92	8.5 (0.14)	5.9 (0.11)	\$14,383 ( \$343)	\$9,654 ( \$193)
p4. Other therapeutic procedures [231]	11,856	3.65	0.03	0.24	5.1 (0.18)	3.4 (0.11)	\$6,267 ( \$370)	\$4,602 ( \$255)
p5. Other non-OR therapeutic procedures on skin and breast [174]	9,724	2.99	0.03	0.51	5.7 (0.15)	3.8 (0.10)	\$9,160 ( \$266)	\$6,275 ( \$162)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D29. Gastrointestinal hemorrhage [153] Number of procedures with this diagnosis = 176	318,104	100.00	0.91	4.40	5.1 (0.04)	3.2 (0.02)	\$10,956 ( \$154)	\$6,771 ( \$72)
p1. Upper gastrointestinal endoscopy, biopsy [70]	152,464	47.93	0.44	1.85	4.5 (0.04)	3.1 (0.03)	\$9,015 ( \$124)	\$6,893 ( \$80)
p2. No Procedure Listed [.]	51,525	16.20	0.15	6.91	3.5 (0.06)	2.2 (0.04)	\$5,219 ( \$84)	\$3,909 ( \$61)
p3. Other non-OR upper GI therapeutic procedures [93]	31,557	9.92	0.09	3.30	4.8 (0.07)	3.3 (0.05)	\$11,186 ( \$224)	\$8,423 ( \$151)
p4. Colonoscopy and biopsy [76]	20,330	6.39	0.06	1.19	4.9 (0.08)	3.4 (0.06)	\$8,794 ( \$166)	\$6,702 ( \$127)
p5. Blood transfusion [222]	19,295	6.07	0.06	5.75	4.4 (0.09)	3.0 (0.07)	\$7,198 ( \$169)	\$5,500 ( \$121)
D30. Alcohol-related mental disorders [66] Number of procedures with this diagnosis = 134	277,610	100.00	0.80	0.09	6.0 (0.33)	3.2 (0.11)	\$5,048 ( \$197)	\$3,427 ( \$106)
p1. Alcohol and drug rehabilitation/detoxification [219]	195,485	70.42	0.56	0.02	6.3 (0.35)	3.6 (0.13)	\$4,524 ( \$202)	\$3,301 ( \$125)
p2. No Procedure Listed [.]	64,642	23.29	0.19	0.09	4.9 (0.97)	2.0 (0.15)	\$5,131 ( \$477)	\$3,381 ( \$186)
p3. Psychological and psychiatric evaluation and therapy [218]	3,055	1.10	0.01	0.16	6.2 (0.44)	3.9 (0.33)	\$7,721 ( \$523)	\$5,897 ( \$586)
p4. Computerized axial tomography (CT) scan head [177]	3,006	1.08	0.01	0.00	4.3 (0.21)	2.6 (0.15)	\$7,256 ( \$456)	\$5,174 ( \$271)
p5. Respiratory intubation and mechanical ventilation [216]	1,252	0.45	0.00	5.48	5.3 (0.47)	1.9 (0.27)	\$17,428 ( \$1,581)	\$10,174 ( \$878)

70

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D31. Intestinal obstruction without hernia [145] Number of procedures with this diagnosis = 178	271,324	100.00	0.78	3.57	6.7 (0.04)	4.3 (0.03)	\$13,296 ( \$184)	\$6,989 ( \$84)
p1. No Procedure Listed [.]	132,670	48.90	0.38	2.14	3.9 (0.03)	2.8 (0.02)	\$5,619 ( \$68)	\$4,349 ( \$50)
p2. Excision, lysis peritoneal adhesions [90]	33,587	12.38	0.10	3.50	11.1 (0.10)	8.8 (0.08)	\$24,969 ( \$496)	\$18,024 ( \$320)
p3. Small bowel resection [75]	12,376	4.56	0.04	7.02	14.0 (0.25)	10.6 (0.16)	\$37,105 ( \$906)	\$26,726 ( \$583)
p4. Colonoscopy and biopsy [76]	12,237	4.51	0.04	2.38	6.8 (0.12)	5.0 (0.09)	\$10,860 ( \$273)	\$8,201 ( \$179)
p5. Nasogastric tube [221]	11,662	4.30	0.03	2.13	4.6 (0.13)	3.2 (0.08)	\$6,509 ( \$193)	\$4,860 ( \$150)
D32. Fracture of lower limb [230] Number of procedures with this diagnosis = 133	270,698	100.00	0.78	0.50	5.0 (0.08)	2.8 (0.03)	\$13,362 ( \$376)	\$8,758 ( \$132)
p1. Treatment, fracture or dislocation of lower extremity (other than hip or femur) [147]	163,960	60.57	0.47	0.14	3.8 (0.06)	2.4 (0.03)	\$11,265 ( \$302)	\$8,334 ( \$125)
p2. Treatment, fracture or dislocation of hip and femur [146]	40,388	14.92	0.12	1.10	7.6 (0.12)	5.3 (0.07)	\$22,226 ( \$705)	\$16,166 ( \$263)
p3. No Procedure Listed [.]	25,347	9.36	0.07	0.98	5.6 (0.44)	2.6 (0.10)	\$7,307 ( \$1,064)	\$3,895 ( \$148)
p4. Traction, splints, and other wound care [214]	11,862	4.38	0.03	0.42	6.1 (0.23)	2.6 (0.08)	\$7,049 ( \$287)	\$4,154 ( \$129)
p5. Debridement of wound, infection or burn [169]	5,769	2.13	0.02	0.25	8.6 (0.34)	5.1 (0.20)	\$27,649 ( \$1,153)	\$17,854 ( \$1,081)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).



**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D33. Early or threatened labor [184] Number of procedures with this diagnosis = 80	269,756	100.00	0.77	0.01	3.0 (0.08)	1.4 (0.03)	\$5,156 ( \$170)	\$3,442 ( \$83)
p1. No Procedure Listed [.]	96,146	35.64	0.28	0.00	2.1 (0.08)	0.9 (0.05)	\$3,323 ( \$112)	\$2,209 ( \$87)
p2. Other procedures to assist delivery [137]	56,675	21.01	0.16	0.00	2.7 (0.05)	1.4 (0.02)	\$5,114 ( \$139)	\$3,720 ( \$75)
p3. Cesarean section [134]	26,163	9.70	0.08	0.03	6.4 (0.21)	3.4 (0.05)	\$11,634 ( \$443)	\$8,173 ( \$195)
p4. Episiotomy [133]	23,689	8.78	0.07	0.00	2.8 (0.09)	1.5 (0.02)	\$4,927 ( \$140)	\$3,681 ( \$78)
p5. Fetal monitoring [139]	17,244	6.39	0.05	0.00	2.7 (0.23)	1.2 (0.13)	\$3,635 ( \$202)	\$2,487 ( \$142)
D34. Previous C-section [189] Number of procedures with this diagnosis = 37	268,295	100.00	0.77	0.00	2.5 (0.02)	2.0 (0.02)	\$5,519 ( \$78)	\$5,122 ( \$86)
p1. Cesarean section [134]	186,965	69.69	0.54	0.00	2.9 (0.02)	2.3 (0.02)	\$6,219 ( \$89)	\$5,828 ( \$104)
p2. Other procedures to assist delivery [137]	25,902	9.65	0.07	0.00	1.6 (0.02)	1.1 (0.03)	\$3,730 ( \$67)	\$3,392 ( \$64)
p3. Episiotomy [133]	24,538	9.15	0.07	0.00	1.7 (0.02)	1.2 (0.03)	\$3,713 ( \$73)	\$3,432 ( \$85)
p4. Forceps, vacuum, and breech delivery [135]	10,634	3.96	0.03	0.00	1.8 (0.02)	1.3 (0.03)	\$4,141 ( \$106)	\$3,831 ( \$117)
p5. Repair of current obstetric laceration [140]	10,341	3.85	0.03	0.00	1.7 (0.02)	1.1 (0.04)	\$3,780 ( \$83)	\$3,439 ( \$72)

72

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D35. Umbilical cord complication [192] Number of procedures with this diagnosis = 33	267,188	100.00	0.77	0.00	1.7 (0.01)	1.1 (0.02)	\$3,570 ( \$54)	\$3,205 ( \$51)
p1. Other procedures to assist delivery [137]	105,228	39.38	0.30	0.00	1.6 (0.01)	1.0 (0.02)	\$3,303 ( \$57)	\$3,042 ( \$59)
p2. Episiotomy [133]	90,913	34.03	0.26	0.00	1.7 (0.02)	1.1 (0.03)	\$3,485 ( \$72)	\$3,195 ( \$70)
p3. Repair of current obstetric laceration [140]	18,356	6.87	0.05	0.00	1.6 (0.02)	1.0 (0.03)	\$3,384 ( \$69)	\$3,119 ( \$79)
p4. Forceps, vacuum, and breech delivery [135]	17,346	6.49	0.05	0.00	1.7 (0.02)	1.2 (0.03)	\$3,776 ( \$72)	\$3,473 ( \$70)
p5. Artificial rupture of membranes to assist delivery [136]	8,968	3.36	0.03	0.00	1.5 (0.03)	0.9 (0.05)	\$3,242 ( \$111)	\$2,947 ( \$141)
D36. Secondary malignancies [42] Number of procedures with this diagnosis = 190	264,022	100.00	0.76	13.77	7.9 (0.08)	5.3 (0.05)	\$16,790 ( \$344)	\$10,809 ( \$180)
p1. No Procedure Listed [.]	64,577	24.46	0.19	23.74	5.3 (0.08)	3.5 (0.05)	\$7,524 ( \$136)	\$5,555 ( \$91)
p2. Incision of pleura, thoracentesis, chest drainage [39]	20,731	7.85	0.06	13.85	7.7 (0.12)	5.6 (0.11)	\$13,358 ( \$305)	\$9,513 ( \$226)
p3. Therapeutic radiology [211]	18,812	7.13	0.05	7.70	8.9 (0.21)	6.2 (0.14)	\$13,696 ( \$387)	\$10,236 ( \$244)
p4. Other therapeutic procedures, hemic and lymphatic system [67]	10,713	4.06	0.03	1.99	5.0 (0.12)	3.1 (0.10)	\$14,769 ( \$616)	\$11,063 ( \$301)
p5. Cancer chemotherapy [224]	7,756	2.94	0.02	7.12	7.5 (0.33)	4.8 (0.41)	\$17,230 ( \$1,066)	\$11,574 ( \$1,075)

73

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D37. Maintenance chemotherapy, radiotherapy [45] Number of procedures with this diagnosis = 139	258,600	100.00	0.74	0.76	3.8 (0.10)	2.4 (0.09)	\$10,460 ( \$587)	\$6,724 ( \$215)
p1. Cancer chemotherapy [224]	214,781	83.06	0.62	0.46	3.5 (0.11)	2.2 (0.09)	\$9,595 ( \$660)	\$6,484 ( \$221)
p2. Therapeutic radiology [211]	13,775	5.33	0.04	2.08	4.3 (0.17)	2.6 (0.22)	\$8,490 ( \$405)	\$5,989 ( \$284)
p3. No Procedure Listed [.]	8,680	3.36	0.02	0.71	3.6 (0.15)	2.3 (0.19)	\$7,894 ( \$347)	\$6,254 ( \$327)
p4. Other non-OR therapeutic procedures on skin and breast [174]	7,983	3.09	0.02	1.57	5.6 (0.23)	3.5 (0.11)	\$17,161 ( \$755)	\$11,997 ( \$439)
p5. Other vascular catheterization, not heart [54]	4,233	1.64	0.01	2.93	7.1 (0.43)	3.9 (0.15)	\$21,407 ( \$1,141)	\$13,362 ( \$806)
D38. Schizophrenia and related disorders [70] Number of procedures with this diagnosis = 149	248,833	100.00	0.71	0.05	13.0 (0.48)	8.6 (0.26)	\$11,048 ( \$520)	\$7,528 ( \$229)
p1. No Procedure Listed [.]	197,844	79.51	0.57	0.03	12.0 (0.47)	7.9 (0.30)	\$10,185 ( \$517)	\$7,064 ( \$252)
p2. Psychological and psychiatric evaluation and therapy [218]	29,354	11.80	0.08	0.12	16.9 (0.85)	12.5 (0.79)	\$14,177 ( \$980)	\$9,989 ( \$644)
p3. Other physical therapy and rehabilitation [215]	6,044	2.43	0.02	0.00	17.1 (0.82)	12.7 (0.53)	\$11,411 ( \$1,098)	\$8,266 ( \$955)
p4. Alcohol and drug rehabilitation/detoxification [219]	2,907	1.17	0.01	0.00	9.0 (0.53)	7.3 (0.58)	\$8,482 ( \$887)	\$6,788 ( \$802)
p5. Computerized axial tomography (CT) scan head [177]	2,053	0.83	0.01	0.00	18.7 (1.68)	12.9 (0.91)	\$16,616 ( \$1,578)	\$11,010 ( \$645)

74

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D39. Hypertension with complications and secondary hypertension [99] Number of procedures with this diagnosis = 197	241,745	100.00	0.69	3.46	5.9 (0.07)	3.8 (0.04)	\$13,064 ( \$320)	\$7,838 ( \$110)
p1. No Procedure Listed [.]	116,841	48.33	0.34	2.50	4.6 (0.06)	3.2 (0.04)	\$7,478 ( \$125)	\$5,948 ( \$88)
p2. Hemodialysis [58]	22,200	9.18	0.06	2.91	4.5 (0.12)	2.6 (0.08)	\$9,570 ( \$256)	\$6,908 ( \$201)
p3. Creation, revision and removal of arteriovenous fistula or vessel-to-vessel cannula for dialysis [57]	13,058	5.40	0.04	1.53	7.9 (0.26)	5.4 (0.22)	\$20,413 ( \$544)	\$15,557 ( \$426)
p4. Diagnostic cardiac catheterization, coronary arteriography [47]	10,592	4.38	0.03	0.38	5.4 (0.15)	3.9 (0.11)	\$14,540 ( \$366)	\$12,155 ( \$306)
p5. Diagnostic ultrasound of heart (echocardiogram) [193]	7,719	3.19	0.02	1.32	5.3 (0.23)	3.6 (0.13)	\$10,219 ( \$439)	\$8,051 ( \$294)
D40. Substance-related mental disorders [67] Number of procedures with this diagnosis = 138	235,490	100.00	0.68	0.05	5.1 (0.36)	3.0 (0.26)	\$4,142 ( \$222)	\$3,011 ( \$127)
p1. Alcohol and drug rehabilitation/detoxification [219]	152,356	64.70	0.44	0.01	5.4 (0.25)	3.6 (0.20)	\$3,779 ( \$194)	\$2,968 ( \$169)
p2. No Procedure Listed [.]	69,709	29.60	0.20	0.06	4.0 (0.70)	2.1 (0.18)	\$3,971 ( \$453)	\$2,943 ( \$179)
p3. Psychological and psychiatric evaluation and therapy [218]	5,366	2.28	0.02	0.00	9.4 (1.45)	5.5 (1.01)	\$8,936 ( \$1,320)	\$5,959 ( \$1,098)
p4. Computerized axial tomography (CT) scan head [177]	1,306	0.55	0.00	0.38	5.6 (0.43)	3.3 (0.26)	\$7,692 ( \$487)	\$6,320 ( \$466)
p5. Diagnostic spinal tap [4]	790	0.34	0.00	1.92	6.4 (0.60)	3.6 (0.47)	\$12,815 ( \$1,270)	\$9,155 ( \$890)

95

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D41. Diverticulosis and diverticulitis [146] Number of procedures with this diagnosis = 156	227,673	100.00	0.65	1.40	6.1 (0.04)	4.1 (0.03)	\$12,860 ( \$168)	\$7,656 ( \$87)
p1. No Procedure Listed [.]	80,330	35.28	0.23	0.53	4.1 (0.03)	3.1 (0.03)	\$6,335 ( \$81)	\$5,373 ( \$70)
p2. Colorectal resection [78]	48,789	21.43	0.14	3.22	10.7 (0.10)	8.0 (0.06)	\$27,687 ( \$434)	\$20,025 ( \$300)
p3. Colonoscopy and biopsy [76]	42,649	18.73	0.12	0.38	4.6 (0.05)	3.3 (0.04)	\$8,175 ( \$121)	\$6,421 ( \$96)
p4. Upper gastrointestinal endoscopy, biopsy [70]	14,376	6.31	0.04	0.86	5.0 (0.07)	3.7 (0.06)	\$9,380 ( \$153)	\$7,730 ( \$140)
p5. CT scan abdomen [179]	8,648	3.80	0.02	0.67	4.8 (0.08)	3.7 (0.07)	\$7,426 ( \$242)	\$6,103 ( \$221)
D42. Benign neoplasm of uterus [46] Number of procedures with this diagnosis = 65	222,123	100.00	0.64	0.02	3.0 (0.02)	2.4 (0.02)	\$8,550 ( \$120)	\$7,743 ( \$127)
p1. Hysterectomy, abdominal and vaginal [124]	190,237	85.64	0.55	0.02	3.0 (0.02)	2.4 (0.02)	\$8,649 ( \$121)	\$7,798 ( \$126)
p2. Other excision of cervix and uterus [125]	24,631	11.09	0.07	0.02	2.9 (0.04)	2.3 (0.04)	\$8,322 ( \$165)	\$7,736 ( \$192)
p3. No Procedure Listed [.]	2,291	1.03	0.01	0.00	2.0 (0.09)	1.3 (0.12)	\$4,896 ( \$599)	\$3,585 ( \$440)
p4. Diagnostic dilatation and curettage (D&C) [128]	1,354	0.61	0.00	0.00	2.5 (0.18)	1.5 (0.15)	\$6,524 ( \$330)	\$5,785 ( \$337)
p5. Oophorectomy, unilateral and bilateral [119]	722	0.33	0.00	0.00	3.4 (0.17)	2.6 (0.18)	\$10,039 ( \$421)	\$9,428 ( \$587)

96

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D43. Appendicitis and other appendiceal conditions [142] Number of procedures with this diagnosis = 62	218,668	100.00	0.63	0.21	3.7 (0.03)	2.1 (0.03)	\$9,995 ( \$143)	\$7,516 ( \$104)
p1. Appendectomy [80]	206,465	94.42	0.59	0.13	3.5 (0.03)	2.0 (0.03)	\$9,506 ( \$136)	\$7,405 ( \$105)
p2. No Procedure Listed [.]	3,302	1.51	0.01	0.29	2.7 (0.15)	1.2 (0.15)	\$5,389 ( \$351)	\$3,674 ( \$352)
p3. Colorectal resection [78]	2,839	1.30	0.01	3.58	10.1 (0.35)	7.4 (0.24)	\$26,658 ( \$1,256)	\$18,731 ( \$869)
p4. Excision, lysis peritoneal adhesions [90]	1,623	0.74	0.00	0.30	7.9 (0.51)	4.6 (0.57)	\$24,060 ( \$1,976)	\$14,973 ( \$793)
p5. Other OR lower GI therapeutic procedures [96]	1,231	0.56	0.00	1.82	8.7 (0.39)	6.8 (0.34)	\$20,581 ( \$1,539)	\$13,520 ( \$836)
D44. Epilepsy, convulsions [83] Number of procedures with this diagnosis = 183	217,431	100.00	0.62	1.13	4.0 (0.05)	2.2 (0.03)	\$7,709 ( \$134)	\$4,932 ( \$69)
p1. No Procedure Listed [.]	136,147	62.62	0.39	0.64	3.2 (0.04)	1.9 (0.02)	\$5,486 ( \$81)	\$4,269 ( \$64)
p2. Computerized axial tomography (CT) scan head [177]	17,715	8.15	0.05	0.72	4.0 (0.13)	2.3 (0.08)	\$6,494 ( \$237)	\$4,702 ( \$171)
p3. Diagnostic spinal tap [4]	14,249	6.55	0.04	0.89	3.8 (0.10)	2.1 (0.06)	\$8,501 ( \$294)	\$5,624 ( \$149)
p4. Respiratory intubation and mechanical ventilation [216]	7,723	3.55	0.02	7.17	6.5 (0.21)	3.9 (0.15)	\$19,213 ( \$632)	\$13,232 ( \$458)
p5. Electroencephalogram (EEG) [199]	6,168	2.84	0.02	0.27	3.8 (0.12)	2.2 (0.10)	\$7,050 ( \$438)	\$4,924 ( \$262)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D45. Polyhydramnios and other problems of amniotic cavity [191] Number of procedures with this diagnosis = 52	206,989	100.00	0.59	0.00	2.8 (0.03)	1.7 (0.02)	\$5,365 ( \$124)	\$4,169 ( \$105)
p1. Other procedures to assist delivery [137]	70,224	33.93	0.20	0.00	2.5 (0.04)	1.5 (0.02)	\$4,809 ( \$125)	\$3,906 ( \$126)
p2. Episiotomy [133]	42,850	20.70	0.12	0.00	2.3 (0.04)	1.5 (0.02)	\$4,324 ( \$105)	\$3,717 ( \$97)
p3. Cesarean section [134]	30,589	14.78	0.09	0.01	4.8 (0.11)	3.1 (0.04)	\$9,314 ( \$260)	\$7,526 ( \$164)
p4. Repair of current obstetric laceration [140]	20,253	9.78	0.06	0.00	2.4 (0.06)	1.5 (0.02)	\$4,342 ( \$121)	\$3,655 ( \$111)
p5. Forceps, vacuum, and breech delivery [135]	18,842	9.10	0.05	0.00	2.4 (0.04)	1.6 (0.02)	\$4,940 ( \$159)	\$4,317 ( \$179)
D46. Acute bronchitis [125] Number of procedures with this diagnosis = 143	203,700	100.00	0.58	0.20	3.6 (0.03)	2.4 (0.03)	\$5,781 ( \$112)	\$4,129 ( \$117)
p1. No Procedure Listed [.]	172,644	84.75	0.50	0.12	3.3 (0.03)	2.3 (0.03)	\$5,007 ( \$119)	\$3,923 ( \$123)
p2. Other respiratory therapy [217]	9,089	4.46	0.03	0.16	3.4 (0.09)	2.5 (0.10)	\$5,225 ( \$280)	\$4,066 ( \$285)
p3. Diagnostic spinal tap [4]	3,503	1.72	0.01	0.00	3.8 (0.12)	2.7 (0.06)	\$7,709 ( \$350)	\$5,770 ( \$262)
p4. Other therapeutic procedures [231]	2,550	1.25	0.01	0.00	4.4 (0.19)	3.0 (0.13)	\$6,325 ( \$652)	\$4,230 ( \$466)
p5. Diagnostic bronchoscopy and biopsy of bronchus [37]	1,751	0.86	0.01	1.45	5.9 (0.23)	4.6 (0.21)	\$12,089 ( \$607)	\$9,636 ( \$517)

87

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D47. Respiratory failure, insufficiency, arrest (adult) [131] Number of procedures with this diagnosis = 182	202,314	100.00	0.58	23.30	10.3 (0.55)	6.1 (0.08)	\$29,780 ( \$1,538)	\$14,905 ( \$318)
p1. Respiratory intubation and mechanical ventilation [216]	87,134	43.07	0.25	27.94	10.6 (0.43)	7.2 (0.09)	\$34,607 ( \$1,196)	\$22,909 ( \$377)
p2. No Procedure Listed [.]	74,194	36.67	0.21	18.01	6.2 (0.32)	4.4 (0.06)	\$11,756 ( \$867)	\$8,281 ( \$173)
p3. Tracheostomy, temporary and permanent [34]	8,017	3.96	0.02	26.95	35.7 (1.01)	27.0 (0.84)	\$126,705 ( \$3,671)	\$99,903 ( \$3,194)
p4. Diagnostic bronchoscopy and biopsy of bronchus [37]	3,932	1.94	0.01	20.48	13.0 (0.84)	8.9 (0.45)	\$35,334 ( \$2,252)	\$23,100 ( \$1,116)
p5. Other vascular catheterization, not heart [54]	2,803	1.39	0.01	35.27	16.5 (3.66)	9.0 (1.21)	\$45,867 ( \$10,074)	\$22,901 ( \$3,923)
D48. Pancreatic disorders (not diabetes) [152] Number of procedures with this diagnosis = 168	198,187	100.00	0.57	1.79	6.7 (0.07)	4.1 (0.03)	\$14,779 ( \$362)	\$7,809 ( \$107)
p1. No Procedure Listed [.]	94,434	47.65	0.27	0.74	4.3 (0.03)	3.1 (0.03)	\$6,882 ( \$97)	\$5,327 ( \$72)
p2. Cholecystectomy and common duct exploration [84]	18,687	9.43	0.05	0.94	8.3 (0.16)	5.8 (0.09)	\$22,620 ( \$541)	\$16,665 ( \$328)
p3. Upper gastrointestinal endoscopy, biopsy [70]	12,992	6.56	0.04	0.87	6.8 (0.12)	4.9 (0.08)	\$13,213 ( \$339)	\$9,583 ( \$204)
p4. Endoscopic retrograde cannulation of pancreas (ERCP) [82]	10,788	5.44	0.03	0.80	7.3 (0.16)	5.2 (0.10)	\$14,983 ( \$449)	\$10,789 ( \$273)
p5. Other non-OR gastrointestinal therapeutic procedures [98]	7,804	3.94	0.02	0.81	7.0 (0.20)	4.7 (0.14)	\$15,495 ( \$693)	\$11,086 ( \$404)

79

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).



**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D49. Transient cerebral ischemia [112] Number of procedures with this diagnosis = 170	195,864	100.00	0.56	0.22	3.8 (0.04)	2.5 (0.03)	\$6,657 ( \$81)	\$5,359 ( \$67)
p1. No Procedure Listed [.]	133,174	67.99	0.38	0.14	3.4 (0.04)	2.3 (0.03)	\$5,806 ( \$76)	\$5,032 ( \$66)
p2. Computerized axial tomography (CT) scan head [177]	23,724	12.11	0.07	0.13	3.8 (0.12)	2.5 (0.09)	\$5,579 ( \$150)	\$4,610 ( \$153)
p3. Diagnostic ultrasound of heart (echocardiogram) [193]	5,872	3.00	0.02	0.00	4.1 (0.10)	3.0 (0.10)	\$7,852 ( \$201)	\$7,006 ( \$235)
p4. Diagnostic ultrasound of head and neck [192]	4,408	2.25	0.01	0.00	3.4 (0.13)	2.3 (0.13)	\$6,280 ( \$359)	\$5,335 ( \$299)
p5. Magnetic resonance imaging [198]	4,274	2.18	0.01	0.12	4.1 (0.14)	2.9 (0.14)	\$7,926 ( \$251)	\$7,118 ( \$242)
D50. Syncope [245] Number of procedures with this diagnosis = 174	189,193	100.00	0.54	0.27	3.2 (0.05)	1.9 (0.02)	\$6,244 ( \$101)	\$4,841 ( \$76)
p1. No Procedure Listed [.]	127,769	67.53	0.37	0.14	2.7 (0.03)	1.7 (0.02)	\$5,174 ( \$89)	\$4,347 ( \$79)
p2. Computerized axial tomography (CT) scan head [177]	11,184	5.91	0.03	0.16	3.8 (0.18)	2.4 (0.13)	\$5,962 ( \$252)	\$4,869 ( \$232)
p3. Diagnostic ultrasound of heart (echocardiogram) [193]	5,652	2.99	0.02	0.11	3.6 (0.19)	2.2 (0.13)	\$6,549 ( \$286)	\$5,329 ( \$221)
p4. Other diagnostic cardiovascular procedures [62]	4,907	2.59	0.01	0.25	3.8 (0.15)	2.7 (0.16)	\$10,952 ( \$491)	\$9,670 ( \$553)
p5. Other diagnostic procedures (interview, evaluation, consultation) [227]	3,902	2.06	0.01	0.13	3.4 (0.10)	2.3 (0.10)	\$6,673 ( \$202)	\$5,856 ( \$190)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D51. Phlebitis, thrombophlebitis and thromboembolism [118] Number of procedures with this diagnosis = 182	188,566	100.00	0.54	1.15	6.2 (0.04)	4.9 (0.02)	\$8,533 ( \$126)	\$5,815 ( \$71)
p1. No Procedure Listed [.]	127,008	67.35	0.36	0.57	5.6 (0.03)	4.7 (0.02)	\$6,175 ( \$77)	\$5,097 ( \$63)
p2. Other diagnostic ultrasound [197]	12,444	6.60	0.04	0.57	6.0 (0.13)	4.8 (0.08)	\$7,795 ( \$389)	\$5,818 ( \$241)
p3. Other OR procedures on vessels other than head and neck [61]	12,134	6.44	0.03	2.91	8.1 (0.16)	6.1 (0.12)	\$19,540 ( \$479)	\$14,108 ( \$323)
p4. Other therapeutic procedures [231]	7,698	4.08	0.02	0.69	6.5 (0.19)	5.1 (0.13)	\$9,465 ( \$388)	\$6,418 ( \$277)
p5. Arterio- or venogram (not heart and head) [191]	5,166	2.74	0.01	0.49	6.0 (0.13)	4.9 (0.12)	\$10,062 ( \$610)	\$5,928 ( \$312)
D52. Calculus of urinary tract [160] Number of procedures with this diagnosis = 122	187,441	100.00	0.54	0.09	2.4 (0.02)	1.3 (0.02)	\$6,155 ( \$114)	\$4,409 ( \$83)
p1. No Procedure Listed [.]	64,548	34.44	0.19	0.05	1.6 (0.02)	0.8 (0.01)	\$2,687 ( \$37)	\$2,195 ( \$31)
p2. Transurethral excision, drainage, or removal urinary obstruction [101]	40,267	21.48	0.12	0.07	2.5 (0.04)	1.5 (0.02)	\$7,813 ( \$139)	\$6,646 ( \$112)
p3. Ureteral catheterization [102]	17,301	9.23	0.05	0.10	2.5 (0.04)	1.5 (0.03)	\$7,396 ( \$145)	\$6,326 ( \$116)
p4. Intravenous pyelogram [187]	15,144	8.08	0.04	0.04	1.6 (0.04)	0.8 (0.02)	\$2,867 ( \$73)	\$2,324 ( \$66)
p5. Endoscopy and endoscopic biopsy of the urinary tract [100]	12,968	6.92	0.04	0.00	2.8 (0.05)	1.7 (0.05)	\$7,027 ( \$167)	\$5,871 ( \$175)

81

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D53. Hypertension complicating pregnancy, childbirth and the puerperium [183] Number of procedures with this diagnosis = 72	174,242	100.00	0.50	0.05	3.2 (0.03)	2.0 (0.02)	\$6,272 ( \$124)	\$4,836 ( \$94)
p1. Other procedures to assist delivery [137]	44,582	25.59	0.13	0.04	2.6 (0.03)	1.7 (0.02)	\$5,234 ( \$125)	\$4,361 ( \$103)
p2. Cesarean section [134]	38,929	22.34	0.11	0.10	5.2 (0.08)	3.7 (0.03)	\$10,896 ( \$240)	\$8,911 ( \$167)
p3. Episiotomy [133]	26,707	15.33	0.08	0.02	2.6 (0.04)	1.8 (0.03)	\$5,066 ( \$112)	\$4,338 ( \$105)
p4. No Procedure Listed [.]	23,046	13.23	0.07	0.02	2.2 (0.04)	1.3 (0.03)	\$2,986 ( \$66)	\$2,239 ( \$54)
p5. Forceps, vacuum, and breech delivery [135]	15,469	8.88	0.04	0.04	2.8 (0.04)	1.9 (0.04)	\$5,895 ( \$191)	\$4,903 ( \$148)
D54. Aspiration pneumonitis, food/vomitus [129] Number of procedures with this diagnosis = 168	173,114	100.00	0.50	19.64	9.4 (0.11)	6.6 (0.06)	\$19,155 ( \$363)	\$11,909 ( \$194)
p1. No Procedure Listed [.]	89,352	51.61	0.26	18.50	6.7 (0.07)	5.1 (0.05)	\$11,045 ( \$189)	\$8,657 ( \$139)
p2. Respiratory intubation and mechanical ventilation [216]	14,835	8.57	0.04	43.37	11.8 (0.32)	8.4 (0.23)	\$38,542 ( \$1,034)	\$27,762 ( \$812)
p3. Gastrostomy, temporary and permanent [71]	13,320	7.69	0.04	10.05	13.0 (0.28)	10.2 (0.14)	\$22,725 ( \$483)	\$17,989 ( \$369)
p4. Upper gastrointestinal endoscopy, biopsy [70]	6,488	3.75	0.02	11.36	11.7 (0.39)	8.8 (0.28)	\$22,518 ( \$1,063)	\$16,693 ( \$564)
p5. Diagnostic bronchoscopy and biopsy of bronchus [37]	5,360	3.10	0.02	15.15	12.3 (0.31)	9.8 (0.33)	\$27,320 ( \$935)	\$21,345 ( \$820)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D55. Occlusion or stenosis of precerebral arteries [110] Number of procedures with this diagnosis = 118	167,750	100.00	0.48	0.52	3.4 (0.04)	1.9 (0.02)	\$12,291 ( \$223)	\$10,139 ( \$183)
p1. Endarterectomy, vessel of head and neck [51]	137,048	81.70	0.39	0.43	3.2 (0.05)	1.8 (0.03)	\$12,594 ( \$220)	\$10,639 ( \$192)
p2. No Procedure Listed [.]	12,204	7.28	0.04	0.39	3.9 (0.13)	2.6 (0.07)	\$7,229 ( \$278)	\$6,007 ( \$125)
p3. Cerebral arteriogram [188]	6,238	3.72	0.02	0.23	3.7 (0.14)	2.2 (0.18)	\$9,531 ( \$249)	\$8,034 ( \$239)
p4. Other OR procedures on vessels other than head and neck [61]	2,630	1.57	0.01	1.28	3.4 (0.22)	1.8 (0.13)	\$16,750 ( \$944)	\$12,886 ( \$1,122)
∞ p5. Computerized axial tomography (CT) scan head [177]	1,580	0.94	0.00	0.70	4.5 (0.24)	3.2 (0.23)	\$7,098 ( \$433)	\$5,710 ( \$390)
D56. Intracranial injury [233] Number of procedures with this diagnosis = 171	167,331	100.00	0.48	7.43	6.9 (0.30)	2.3 (0.08)	\$22,787 ( \$1,250)	\$8,257 ( \$294)
p1. No Procedure Listed [.]	64,021	38.26	0.18	2.53	4.8 (0.70)	1.5 (0.07)	\$10,437 ( \$1,937)	\$5,046 ( \$222)
p2. Computerized axial tomography (CT) scan head [177]	20,138	12.03	0.06	2.42	3.1 (0.17)	1.2 (0.15)	\$8,694 ( \$1,048)	\$4,966 ( \$583)
p3. Suture of skin and subcutaneous tissue [171]	16,499	9.86	0.05	1.63	3.1 (0.10)	1.5 (0.07)	\$8,595 ( \$343)	\$5,960 ( \$271)
p4. Incision and excision of CNS [1]	15,450	9.23	0.04	15.68	11.3 (0.29)	7.2 (0.18)	\$42,084 ( \$2,079)	\$26,971 ( \$1,013)
p5. Respiratory intubation and mechanical ventilation [216]	9,264	5.54	0.03	36.21	6.1 (0.31)	2.4 (0.18)	\$23,669 ( \$1,157)	\$14,751 ( \$759)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D57. Other fractures [231] Number of procedures with this diagnosis = 177	166,785	100.00	0.48	1.33	6.0 (0.08)	3.6 (0.04)	\$12,367 ( \$521)	\$5,984 ( \$118)
p1. No Procedure Listed [.]	96,383	57.79	0.28	0.57	4.7 (0.09)	3.1 (0.04)	\$6,261 ( \$137)	\$4,561 ( \$65)
p2. Other fracture and dislocation procedure [148]	6,275	3.76	0.02	0.87	9.0 (0.31)	6.7 (0.28)	\$30,286 ( \$2,576)	\$19,995 ( \$1,062)
p3. Suture of skin and subcutaneous tissue [171]	4,751	2.85	0.01	0.81	3.9 (0.12)	2.5 (0.09)	\$9,081 ( \$483)	\$6,352 ( \$295)
p4. Other OR therapeutic nervous system procedures [9]	4,336	2.60	0.01	2.78	7.6 (0.32)	4.9 (0.19)	\$28,465 ( \$2,386)	\$16,475 ( \$828)
p5. Physical therapy exercises, manipulation, and other procedures [213]	3,969	2.38	0.01	0.70	7.0 (0.48)	4.4 (0.51)	\$7,184 ( \$485)	\$5,027 ( \$301)
D58. Other lower respiratory disease [133] Number of procedures with this diagnosis = 175	161,760	100.00	0.46	3.08	4.0 (0.05)	1.9 (0.02)	\$9,407 ( \$203)	\$5,288 ( \$80)
p1. No Procedure Listed [.]	97,304	60.15	0.28	1.79	2.8 (0.03)	1.5 (0.02)	\$5,208 ( \$76)	\$4,076 ( \$66)
p2. Diagnostic bronchoscopy and biopsy of bronchus [37]	10,505	6.49	0.03	3.97	7.1 (0.24)	4.8 (0.15)	\$16,237 ( \$673)	\$11,163 ( \$286)
p3. Diagnostic cardiac catheterization, coronary arteriography [47]	5,652	3.49	0.02	0.55	3.2 (0.10)	2.0 (0.08)	\$10,126 ( \$326)	\$8,458 ( \$251)
p4. Other diagnostic procedures on lung and bronchus [38]	4,489	2.77	0.01	7.11	8.4 (0.33)	4.2 (0.24)	\$27,755 ( \$1,461)	\$16,465 ( \$560)
p5. Lobectomy or pneumonectomy [36]	4,320	2.67	0.01	1.80	6.4 (0.22)	4.2 (0.14)	\$20,118 ( \$742)	\$15,129 ( \$399)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D59. Abdominal hernia [143] Number of procedures with this diagnosis = 131	161,289	100.00	0.46	1.23	4.4 (0.05)	2.4 (0.03)	\$11,262 ( \$168)	\$7,442 ( \$105)
p1. Other hernia repair [86]	78,498	48.67	0.23	0.78	4.3 (0.05)	2.6 (0.03)	\$11,009 ( \$193)	\$7,904 ( \$121)
p2. Inguinal and femoral hernia repair [85]	43,549	27.00	0.12	0.71	3.2 (0.06)	1.4 (0.04)	\$8,413 ( \$158)	\$6,080 ( \$115)
p3. No Procedure Listed [.]	11,615	7.20	0.03	1.30	3.5 (0.35)	1.8 (0.05)	\$5,071 ( \$134)	\$3,919 ( \$92)
p4. Excision, lysis peritoneal adhesions [90]	6,084	3.77	0.02	1.78	6.8 (0.17)	4.9 (0.18)	\$17,743 ( \$566)	\$12,803 ( \$308)
p5. Other OR upper GI therapeutic procedures [94]	5,010	3.11	0.01	0.96	5.6 (0.26)	3.2 (0.19)	\$18,158 ( \$987)	\$12,721 ( \$383)
D60. Cancer of bronchus, lung [19] Number of procedures with this diagnosis = 163	158,150	100.00	0.45	15.76	8.1 (0.08)	5.8 (0.05)	\$19,392 ( \$333)	\$14,011 ( \$249)
p1. Lobectomy or pneumonectomy [36]	39,736	25.13	0.11	3.26	9.1 (0.11)	6.7 (0.06)	\$29,174 ( \$615)	\$22,924 ( \$503)
p2. Diagnostic bronchoscopy and biopsy of bronchus [37]	36,846	23.30	0.11	6.86	8.5 (0.11)	6.6 (0.08)	\$17,385 ( \$269)	\$13,817 ( \$234)
p3. No Procedure Listed [.]	33,297	21.05	0.10	35.97	5.0 (0.10)	3.1 (0.06)	\$7,076 ( \$135)	\$5,116 ( \$100)
p4. Incision of pleura, thoracentesis, chest drainage [39]	5,890	3.72	0.02	20.35	8.4 (0.23)	6.4 (0.21)	\$15,787 ( \$495)	\$11,921 ( \$441)
p5. Therapeutic radiology [211]	4,338	2.74	0.01	13.83	9.8 (0.43)	6.7 (0.31)	\$16,587 ( \$655)	\$12,296 ( \$460)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D61. Esophageal disorders [138] Number of procedures with this diagnosis = 160	158,065	100.00	0.45	0.64	3.8 (0.05)	2.0 (0.02)	\$8,596 ( \$163)	\$5,620 ( \$76)
p1. No Procedure Listed [.]	55,971	35.41	0.16	0.16	2.3 (0.03)	1.3 (0.02)	\$4,361 ( \$64)	\$3,643 ( \$61)
p2. Upper gastrointestinal endoscopy, biopsy [70]	45,865	29.02	0.13	0.76	4.3 (0.05)	2.8 (0.03)	\$8,015 ( \$123)	\$6,225 ( \$86)
p3. Other OR upper GI therapeutic procedures [94]	20,772	13.14	0.06	0.57	5.3 (0.18)	2.5 (0.09)	\$17,389 ( \$658)	\$10,977 ( \$295)
p4. Diagnostic cardiac catheterization, coronary arteriography [47]	6,951	4.40	0.02	0.00	2.7 (0.05)	1.8 (0.05)	\$9,118 ( \$186)	\$8,272 ( \$167)
p5. Esophageal dilatation [69]	4,435	2.81	0.01	0.33	4.5 (0.17)	2.9 (0.12)	\$8,025 ( \$344)	\$5,694 ( \$195)
D62. Prolapse of female genital organs [170] Number of procedures with this diagnosis = 58	157,673	100.00	0.45	0.04	2.8 (0.02)	2.1 (0.02)	\$7,949 ( \$101)	\$7,108 ( \$102)
p1. Hysterectomy, abdominal and vaginal [124]	83,001	52.64	0.24	0.03	2.9 (0.02)	2.2 (0.02)	\$8,411 ( \$112)	\$7,599 ( \$111)
p2. Repair of cystocele and rectocele, obliteration of vaginal vault [129]	42,410	26.90	0.12	0.04	2.5 (0.02)	1.8 (0.02)	\$6,607 ( \$92)	\$5,897 ( \$92)
p3. Other OR therapeutic procedures, female organs [132]	17,795	11.29	0.05	0.09	2.8 (0.04)	2.0 (0.04)	\$8,346 ( \$165)	\$7,420 ( \$142)
p4. Genitourinary incontinence procedures [106]	8,301	5.26	0.02	0.06	2.8 (0.06)	2.0 (0.05)	\$8,313 ( \$179)	\$7,470 ( \$189)
p5. Oophorectomy, unilateral and bilateral [119]	2,068	1.31	0.01	0.00	3.3 (0.10)	2.6 (0.08)	\$11,257 ( \$368)	\$10,230 ( \$311)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D63. Malposition, malpresentation [187] Number of procedures with this diagnosis = 28	156,507	100.00	0.45	0.01	3.0 (0.03)	2.3 (0.02)	\$6,151 ( \$122)	\$5,617 ( \$115)
p1. Cesarean section [134]	126,358	80.74	0.36	0.01	3.2 (0.03)	2.5 (0.02)	\$6,702 ( \$134)	\$6,096 ( \$136)
p2. Forceps, vacuum, and breech delivery [135]	9,685	6.19	0.03	0.00	1.9 (0.04)	1.4 (0.03)	\$4,066 ( \$119)	\$3,657 ( \$122)
p3. Other procedures to assist delivery [137]	8,706	5.56	0.02	0.00	1.7 (0.04)	1.2 (0.04)	\$3,610 ( \$102)	\$3,149 ( \$98)
p4. Episiotomy [133]	5,952	3.80	0.02	0.00	1.7 (0.03)	1.2 (0.03)	\$3,651 ( \$111)	\$3,247 ( \$109)
p5. Repair of current obstetric laceration [140]	2,662	1.70	0.01	0.00	1.8 (0.05)	1.2 (0.05)	\$3,716 ( \$106)	\$3,436 ( \$114)
D64. Other gastrointestinal disorders [155] Number of procedures with this diagnosis = 182	155,470	100.00	0.45	2.45	6.0 (0.06)	3.8 (0.04)	\$13,084 ( \$228)	\$7,570 ( \$115)
p1. No Procedure Listed [.]	46,886	30.16	0.13	1.95	3.2 (0.05)	1.9 (0.03)	\$4,536 ( \$88)	\$3,299 ( \$55)
p2. Other OR lower GI therapeutic procedures [96]	27,232	17.52	0.08	1.20	7.8 (0.11)	6.1 (0.06)	\$18,304 ( \$490)	\$13,126 ( \$218)
p3. Colonoscopy and biopsy [76]	14,122	9.08	0.04	0.84	5.2 (0.10)	3.6 (0.07)	\$8,649 ( \$219)	\$6,534 ( \$142)
p4. Colorectal resection [78]	12,106	7.79	0.03	8.09	11.1 (0.24)	7.9 (0.13)	\$31,054 ( \$808)	\$21,554 ( \$451)
p5. Upper gastrointestinal endoscopy, biopsy [70]	9,577	6.16	0.03	0.56	5.5 (0.14)	3.8 (0.08)	\$9,796 ( \$268)	\$7,396 ( \$169)

87

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).



**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D65. Abdominal pain [251] Number of procedures with this diagnosis = 158	152,026	100.00	0.44	0.42	2.7 (0.02)	1.5 (0.02)	\$5,154 ( \$74)	\$3,853 ( \$53)
p1. No Procedure Listed [.]	94,691	62.29	0.27	0.35	2.2 (0.02)	1.2 (0.02)	\$3,865 ( \$56)	\$3,070 ( \$46)
p2. Upper gastrointestinal endoscopy, biopsy [70]	9,039	5.95	0.03	0.14	4.2 (0.08)	2.9 (0.07)	\$7,860 ( \$200)	\$6,444 ( \$137)
p3. Appendectomy [80]	8,109	5.33	0.02	0.00	2.6 (0.06)	1.7 (0.04)	\$7,542 ( \$205)	\$6,303 ( \$189)
p4. CT scan abdomen [179]	5,741	3.78	0.02	0.68	2.8 (0.08)	1.8 (0.08)	\$5,260 ( \$201)	\$4,378 ( \$154)
∞ p5. Colonoscopy and biopsy [76]	5,272	3.47	0.02	0.31	4.5 (0.12)	3.2 (0.10)	\$7,979 ( \$251)	\$6,667 ( \$158)
D66. Other and unspecified benign neoplasm [47] Number of procedures with this diagnosis = 190	151,628	100.00	0.44	0.59	4.6 (0.05)	2.7 (0.03)	\$13,852 ( \$354)	\$9,019 ( \$168)
p1. Oophorectomy, unilateral and bilateral [119]	17,603	11.61	0.05	0.03	3.3 (0.05)	2.4 (0.03)	\$9,065 ( \$189)	\$7,588 ( \$140)
p2. Other therapeutic endocrine procedures [12]	14,539	9.59	0.04	0.33	4.0 (0.10)	2.3 (0.09)	\$14,272 ( \$568)	\$10,139 ( \$366)
p3. Hysterectomy, abdominal and vaginal [124]	13,366	8.81	0.04	0.15	4.0 (0.08)	2.8 (0.03)	\$10,917 ( \$348)	\$9,128 ( \$181)
p4. Thyroidectomy, partial or complete [10]	11,443	7.55	0.03	0.05	1.6 (0.04)	0.8 (0.02)	\$6,751 ( \$159)	\$5,889 ( \$152)
p5. Colorectal resection [78]	10,879	7.17	0.03	0.92	7.9 (0.14)	6.3 (0.07)	\$18,695 ( \$553)	\$14,623 ( \$306)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D67. Fetopelvic disproportion, obstruction [188] Number of procedures with this diagnosis = 24	149,209	100.00	0.43	0.01	2.9 (0.02)	2.3 (0.02)	\$6,074 ( \$115)	\$5,594 ( \$123)
p1. Cesarean section [134]	100,708	67.49	0.29	0.02	3.4 (0.03)	2.7 (0.03)	\$7,196 ( \$126)	\$6,727 ( \$147)
p2. Forceps, vacuum, and breech delivery [135]	15,412	10.33	0.04	0.00	1.9 (0.03)	1.4 (0.03)	\$3,935 ( \$108)	\$3,561 ( \$113)
p3. Other procedures to assist delivery [137]	12,838	8.60	0.04	0.00	1.7 (0.03)	1.2 (0.03)	\$3,479 ( \$74)	\$3,146 ( \$86)
p4. Episiotomy [133]	11,839	7.93	0.03	0.00	1.7 (0.02)	1.2 (0.03)	\$3,512 ( \$68)	\$3,236 ( \$79)
p5. Repair of current obstetric laceration [140]	4,460	2.99	0.01	0.00	1.8 (0.03)	1.2 (0.04)	\$3,619 ( \$93)	\$3,286 ( \$91)
D68. Other mental conditions [74] Number of procedures with this diagnosis = 135	144,557	100.00	0.41	0.07	5.8 (0.32)	3.1 (0.09)	\$5,427 ( \$370)	\$3,362 ( \$111)
p1. No Procedure Listed [.]	118,414	81.92	0.34	0.03	5.3 (0.38)	2.9 (0.12)	\$5,015 ( \$438)	\$3,188 ( \$110)
p2. Psychological and psychiatric evaluation and therapy [218]	10,850	7.51	0.03	0.00	7.3 (0.55)	4.1 (0.42)	\$5,903 ( \$489)	\$3,800 ( \$365)
p3. Alcohol and drug rehabilitation/detoxification [219]	4,629	3.20	0.01	0.00	5.1 (0.41)	3.3 (0.45)	\$4,940 ( \$665)	\$3,604 ( \$522)
p4. Other physical therapy and rehabilitation [215]	1,785	1.23	0.01	0.00	15.2 (2.11)	7.1 (1.37)	\$10,885 ( \$1,363)	\$5,893 ( \$937)
p5. Suture of skin and subcutaneous tissue [171]	929	0.64	0.00	0.00	3.7 (0.42)	2.0 (0.22)	\$3,713 ( \$354)	\$2,660 ( \$180)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D69. Gastritis and duodenitis [140] Number of procedures with this diagnosis = 160	144,505	100.00	0.41	0.92	4.0 (0.04)	2.6 (0.02)	\$7,494 ( \$96)	\$5,506 ( \$64)
p1. Upper gastrointestinal endoscopy, biopsy [70]	79,409	54.95	0.23	0.76	4.2 (0.04)	2.9 (0.03)	\$8,053 ( \$104)	\$6,450 ( \$85)
p2. No Procedure Listed [.]	41,861	28.97	0.12	0.41	2.8 (0.04)	1.7 (0.02)	\$4,288 ( \$58)	\$3,476 ( \$51)
p3. Colonoscopy and biopsy [76]	2,958	2.05	0.01	0.56	5.6 (0.19)	3.9 (0.15)	\$9,960 ( \$340)	\$8,226 ( \$219)
p4. Blood transfusion [222]	2,180	1.51	0.01	3.40	5.2 (0.32)	3.5 (0.15)	\$8,471 ( \$502)	\$6,359 ( \$295)
p5. Other non-OR upper GI therapeutic procedures [93]	1,532	1.06	0.00	3.25	5.2 (0.30)	3.5 (0.24)	\$11,744 ( \$771)	\$8,221 ( \$426)
D70. Fracture of upper limb [229] Number of procedures with this diagnosis = 135	142,830	100.00	0.41	0.43	3.4 (0.05)	1.7 (0.03)	\$9,668 ( \$209)	\$6,769 ( \$109)
p1. Other fracture and dislocation procedure [148]	47,051	32.94	0.14	0.28	3.0 (0.06)	1.5 (0.04)	\$9,608 ( \$290)	\$7,030 ( \$176)
p2. Treatment, fracture or dislocation of radius and ulna [145]	46,780	32.75	0.13	0.08	2.6 (0.05)	1.4 (0.03)	\$8,854 ( \$213)	\$6,757 ( \$112)
p3. No Procedure Listed [.]	18,152	12.71	0.05	0.74	4.2 (0.16)	2.3 (0.05)	\$5,528 ( \$176)	\$3,810 ( \$85)
p4. Arthroplasty other than hip or knee [154]	5,983	4.19	0.02	0.52	4.7 (0.12)	3.2 (0.10)	\$16,787 ( \$396)	\$14,905 ( \$321)
p5. Traction, splints, and other wound care [214]	4,705	3.29	0.01	0.89	3.6 (0.20)	2.1 (0.09)	\$5,507 ( \$283)	\$3,668 ( \$140)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D71. Peripheral and visceral atherosclerosis [114] Number of procedures with this diagnosis = 153	140,667	100.00	0.40	6.48	6.9 (0.11)	4.4 (0.10)	\$20,493 ( \$348)	\$13,518 ( \$247)
p1. Peripheral vascular bypass [55]	47,708	33.92	0.14	1.72	6.9 (0.12)	4.9 (0.09)	\$22,380 ( \$447)	\$17,546 ( \$293)
p2. Other OR procedures on vessels other than head and neck [61]	21,206	15.08	0.06	1.70	3.8 (0.14)	1.7 (0.10)	\$17,312 ( \$612)	\$13,091 ( \$666)
p3. No Procedure Listed [.]	13,657	9.71	0.04	11.16	5.7 (0.36)	3.4 (0.14)	\$7,795 ( \$367)	\$5,341 ( \$192)
p4. Colonoscopy and biopsy [76]	12,519	8.90	0.04	2.23	5.5 (0.10)	3.8 (0.07)	\$10,149 ( \$290)	\$7,327 ( \$167)
p5. Colorectal resection [78]	5,198	3.70	0.01	26.25	15.2 (0.53)	10.5 (0.28)	\$53,051 ( \$1,956)	\$34,694 ( \$1,261)
D72. Senility and organic mental disorders [68] Number of procedures with this diagnosis = 160	134,427	100.00	0.39	1.19	9.9 (0.24)	6.0 (0.13)	\$9,733 ( \$224)	\$6,859 ( \$134)
p1. No Procedure Listed [.]	100,642	74.87	0.29	0.94	9.1 (0.27)	5.7 (0.18)	\$8,499 ( \$230)	\$6,302 ( \$149)
p2. Computerized axial tomography (CT) scan head [177]	7,858	5.85	0.02	1.24	9.1 (0.57)	4.9 (0.33)	\$9,619 ( \$515)	\$6,483 ( \$259)
p3. Psychological and psychiatric evaluation and therapy [218]	3,748	2.79	0.01	0.69	16.9 (1.32)	12.7 (0.99)	\$15,417 ( \$1,259)	\$11,722 ( \$994)
p4. Diagnostic spinal tap [4]	3,468	2.58	0.01	1.25	8.4 (0.43)	5.7 (0.30)	\$11,325 ( \$445)	\$8,863 ( \$286)
p5. Magnetic resonance imaging [198]	1,464	1.09	0.00	0.40	10.7 (0.96)	6.7 (0.66)	\$11,497 ( \$754)	\$8,260 ( \$528)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D73. Noninfectious gastroenteritis [154] Number of procedures with this diagnosis = 149	130,516	100.00	0.37	0.16	2.9 (0.03)	1.7 (0.02)	\$4,306 ( \$71)	\$3,004 ( \$45)
p1. No Procedure Listed [.]	98,449	75.43	0.28	0.05	2.4 (0.02)	1.5 (0.02)	\$3,279 ( \$47)	\$2,575 ( \$38)
p2. Colonoscopy and biopsy [76]	9,997	7.66	0.03	0.21	4.7 (0.11)	3.3 (0.08)	\$7,701 ( \$202)	\$6,121 ( \$126)
p3. Upper gastrointestinal endoscopy, biopsy [70]	3,949	3.03	0.01	0.12	4.5 (0.14)	3.2 (0.11)	\$8,701 ( \$345)	\$6,523 ( \$276)
p4. Other therapeutic procedures [231]	2,239	1.72	0.01	0.00	2.9 (0.11)	1.9 (0.10)	\$3,756 ( \$305)	\$3,063 ( \$172)
p5. CT scan abdomen [179]	1,620	1.24	0.00	0.00	3.4 (0.17)	2.0 (0.15)	\$5,686 ( \$299)	\$4,414 ( \$239)
D74. HIV infection [5] Number of procedures with this diagnosis = 170	128,760	100.00	0.37	10.95	9.3 (0.20)	5.8 (0.13)	\$18,875 ( \$546)	\$11,105 ( \$346)
p1. No Procedure Listed [.]	45,743	35.53	0.13	8.87	6.0 (0.15)	3.9 (0.10)	\$10,331 ( \$286)	\$7,342 ( \$207)
p2. Diagnostic bronchoscopy and biopsy of bronchus [37]	10,514	8.17	0.03	9.05	12.4 (0.35)	9.1 (0.27)	\$29,503 ( \$1,219)	\$20,547 ( \$972)
p3. Diagnostic spinal tap [4]	8,745	6.79	0.03	10.52	10.0 (0.36)	6.7 (0.27)	\$18,386 ( \$766)	\$12,492 ( \$454)
p4. Other therapeutic procedures [231]	7,365	5.72	0.02	6.24	8.2 (0.45)	5.6 (0.22)	\$13,680 ( \$1,254)	\$9,433 ( \$1,047)
p5. Blood transfusion [222]	5,812	4.51	0.02	12.17	7.6 (0.39)	4.8 (0.31)	\$14,487 ( \$784)	\$9,122 ( \$525)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D75. Cancer of breast [24] Number of procedures with this diagnosis = 91	125,663	100.00	0.36	1.50	2.9 (0.06)	1.5 (0.03)	\$9,229 ( \$228)	\$6,854 ( \$113)
p1. Mastectomy [167]	86,429	68.78	0.25	0.13	2.6 (0.04)	1.6 (0.02)	\$8,394 ( \$141)	\$7,035 ( \$108)
p2. Lumpectomy, quadrantectomy of breast [166]	23,539	18.73	0.07	0.14	1.7 (0.04)	0.8 (0.02)	\$6,781 ( \$168)	\$5,939 ( \$171)
p3. Other therapeutic procedures, hemic and lymphatic system [67]	3,713	2.95	0.01	0.13	1.5 (0.08)	0.7 (0.03)	\$5,859 ( \$192)	\$5,372 ( \$226)
p4. No Procedure Listed [.]	3,385	2.69	0.01	31.34	5.2 (0.39)	2.8 (0.17)	\$6,650 ( \$381)	\$4,183 ( \$227)
p5. Breast biopsy and other diagnostic procedures on breast [165]	1,815	1.44	0.01	4.43	5.3 (0.30)	3.2 (0.32)	\$11,674 ( \$574)	\$8,580 ( \$405)
D76. Poisoning by other medications and drugs [242] Number of procedures with this diagnosis = 153	125,152	100.00	0.36	1.11	2.6 (0.03)	1.2 (0.03)	\$6,115 ( \$139)	\$3,848 ( \$50)
p1. No Procedure Listed [.]	91,341	72.98	0.26	0.23	2.1 (0.03)	1.0 (0.02)	\$4,479 ( \$64)	\$3,487 ( \$46)
p2. Other non-OR upper GI therapeutic procedures [93]	7,223	5.77	0.02	0.13	1.8 (0.07)	0.8 (0.03)	\$4,782 ( \$202)	\$3,555 ( \$123)
p3. Respiratory intubation and mechanical ventilation [216]	6,909	5.52	0.02	9.47	4.1 (0.14)	2.2 (0.09)	\$15,413 ( \$547)	\$10,176 ( \$309)
p4. Electrographic cardiac monitoring [203]	2,117	1.69	0.01	0.42	2.1 (0.18)	1.0 (0.16)	\$4,491 ( \$257)	\$3,526 ( \$287)
p5. Computerized axial tomography (CT) scan head [177]	1,985	1.59	0.01	1.59	4.1 (0.30)	2.4 (0.22)	\$8,098 ( \$601)	\$5,586 ( \$445)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D77. Intestinal infection [135] Number of procedures with this diagnosis = 149	120,768	100.00	0.35	0.75	3.8 (0.04)	2.2 (0.02)	\$6,013 ( \$145)	\$3,496 ( \$56)
p1. No Procedure Listed [.]	87,579	72.52	0.25	0.22	2.8 (0.02)	1.8 (0.02)	\$3,799 ( \$59)	\$2,854 ( \$43)
p2. Colonoscopy and biopsy [76]	12,028	9.96	0.03	0.94	5.8 (0.13)	3.9 (0.08)	\$9,801 ( \$271)	\$6,866 ( \$123)
p3. Upper gastrointestinal endoscopy, biopsy [70]	3,398	2.81	0.01	1.34	5.8 (0.23)	3.7 (0.13)	\$10,389 ( \$545)	\$7,058 ( \$214)
p4. Diagnostic spinal tap [4]	2,505	2.07	0.01	0.18	3.3 (0.11)	2.4 (0.06)	\$5,593 ( \$265)	\$4,212 ( \$178)
p5. Other therapeutic procedures [231]	2,037	1.69	0.01	0.26	4.1 (0.20)	2.6 (0.17)	\$5,796 ( \$476)	\$3,936 ( \$413)
D78. Hyperplasia of prostate [164] Number of procedures with this diagnosis = 81	120,399	100.00	0.35	0.26	3.1 (0.04)	1.9 (0.02)	\$7,174 ( \$112)	\$5,899 ( \$97)
p1. Transurethral resection of prostate (TURP) [113]	105,514	87.64	0.30	0.17	2.8 (0.03)	1.8 (0.02)	\$6,830 ( \$102)	\$5,811 ( \$97)
p2. Open prostatectomy [114]	5,080	4.22	0.01	0.88	6.2 (0.15)	4.9 (0.12)	\$14,343 ( \$417)	\$11,973 ( \$308)
p3. No Procedure Listed [.]	3,216	2.67	0.01	0.46	3.2 (0.16)	1.9 (0.13)	\$4,968 ( \$245)	\$3,934 ( \$238)
p4. Endoscopy and endoscopic biopsy of the urinary tract [100]	1,946	1.62	0.01	0.00	3.9 (0.21)	2.4 (0.17)	\$7,001 ( \$364)	\$5,597 ( \$255)
p5. Procedures on the urethra [109]	975	0.81	0.00	0.48	3.1 (0.21)	1.8 (0.12)	\$8,000 ( \$622)	\$6,566 ( \$516)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D79. Cancer of colon [14] Number of procedures with this diagnosis = 112	118,489	100.00	0.34	5.48	9.8 (0.07)	7.5 (0.05)	\$22,753 ( \$296)	\$17,100 ( \$225)
p1. Colorectal resection [78]	93,978	79.31	0.27	2.96	10.0 (0.07)	7.7 (0.05)	\$23,859 ( \$307)	\$18,411 ( \$256)
p2. No Procedure Listed [.]	6,451	5.44	0.02	28.58	6.1 (0.28)	3.6 (0.17)	\$7,271 ( \$368)	\$4,456 ( \$182)
p3. Colonoscopy and biopsy [76]	4,402	3.72	0.01	3.90	6.7 (0.23)	4.6 (0.20)	\$12,792 ( \$612)	\$8,767 ( \$356)
p4. Other OR lower GI therapeutic procedures [96]	2,172	1.83	0.01	8.95	12.4 (0.45)	9.7 (0.62)	\$29,233 ( \$1,354)	\$22,635 ( \$946)
∞ p5. Upper gastrointestinal endoscopy, biopsy [70]	1,306	1.10	0.00	9.14	7.4 (0.41)	5.5 (0.44)	\$15,235 ( \$1,270)	\$10,891 ( \$788)
D80. Other female genital disorders [175] Number of procedures with this diagnosis = 107	110,649	100.00	0.32	0.12	2.9 (0.03)	2.0 (0.02)	\$8,149 ( \$122)	\$6,900 ( \$100)
p1. Hysterectomy, abdominal and vaginal [124]	38,692	34.97	0.11	0.06	2.9 (0.02)	2.2 (0.02)	\$8,517 ( \$118)	\$7,681 ( \$111)
p2. Genitourinary incontinence procedures [106]	35,823	32.38	0.10	0.03	2.5 (0.03)	1.7 (0.03)	\$6,962 ( \$120)	\$6,303 ( \$118)
p3. Oophorectomy, unilateral and bilateral [119]	5,830	5.27	0.02	0.00	3.2 (0.07)	2.3 (0.05)	\$8,893 ( \$218)	\$7,846 ( \$180)
p4. No Procedure Listed [.]	4,865	4.40	0.01	0.45	2.1 (0.08)	1.1 (0.06)	\$3,736 ( \$161)	\$2,689 ( \$104)
p5. Other OR therapeutic procedures, female organs [132]	4,744	4.29	0.01	0.00	3.9 (0.24)	2.0 (0.09)	\$10,998 ( \$667)	\$7,176 ( \$218)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).



**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D81. Cancer of prostate [29] Number of procedures with this diagnosis = 93	107,054	100.00	0.31	1.61	4.3 (0.06)	3.1 (0.05)	\$11,649 ( \$206)	\$9,935 ( \$314)
p1. Open prostatectomy [114]	65,323	61.02	0.19	0.16	4.3 (0.07)	3.4 (0.06)	\$13,374 ( \$325)	\$11,984 ( \$346)
p2. Transurethral resection of prostate (TURP) [113]	22,572	21.09	0.06	0.24	3.6 (0.08)	2.1 (0.05)	\$7,894 ( \$157)	\$6,297 ( \$120)
p3. No Procedure Listed [.]	4,680	4.37	0.01	23.36	5.9 (0.62)	3.2 (0.14)	\$6,359 ( \$292)	\$4,174 ( \$223)
p4. Other therapeutic procedures, hemic and lymphatic system [67]	3,255	3.04	0.01	0.14	2.9 (0.13)	2.0 (0.20)	\$9,427 ( \$389)	\$8,338 ( \$433)
p5. Other OR therapeutic procedures, male genital [118]	3,122	2.92	0.01	0.93	4.8 (0.31)	2.2 (0.22)	\$11,309 ( \$677)	\$8,018 ( \$432)
D82. Other nervous system disorders [95] Number of procedures with this diagnosis = 178	106,730	100.00	0.31	1.31	5.9 (0.17)	3.1 (0.08)	\$12,427 ( \$314)	\$7,021 ( \$139)
p1. No Procedure Listed [.]	46,956	44.00	0.13	0.86	5.1 (0.31)	2.8 (0.10)	\$7,825 ( \$390)	\$5,238 ( \$147)
p2. Diagnostic spinal tap [4]	7,998	7.49	0.02	1.40	6.3 (0.18)	4.2 (0.12)	\$13,920 ( \$541)	\$8,540 ( \$301)
p3. Other OR therapeutic nervous system procedures [9]	7,937	7.44	0.02	0.38	3.8 (0.15)	2.1 (0.13)	\$12,953 ( \$769)	\$9,397 ( \$670)
p4. Computerized axial tomography (CT) scan head [177]	4,503	4.22	0.01	0.45	4.7 (0.19)	2.8 (0.12)	\$7,393 ( \$352)	\$5,161 ( \$285)
p5. Magnetic resonance imaging [198]	3,011	2.82	0.01	0.33	4.9 (0.24)	2.9 (0.18)	\$8,838 ( \$433)	\$6,505 ( \$316)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D83. Forceps delivery [194] Number of procedures with this diagnosis = 25	106,084	100.00	0.30	0.00	1.8 (0.02)	1.3 (0.02)	\$3,784 ( \$74)	\$3,488 ( \$65)
p1. Forceps, vacuum, and breech delivery [135]	93,493	88.13	0.27	0.00	1.8 (0.02)	1.3 (0.02)	\$3,752 ( \$79)	\$3,468 ( \$68)
p2. Repair of current obstetric laceration [140]	3,470	3.27	0.01	0.00	1.9 (0.05)	1.3 (0.04)	\$3,757 ( \$72)	\$3,562 ( \$107)
p3. Other procedures to assist delivery [137]	2,626	2.48	0.01	0.00	1.7 (0.04)	1.2 (0.07)	\$3,709 ( \$156)	\$3,412 ( \$137)
p4. Episiotomy [133]	2,252	2.12	0.01	0.00	1.9 (0.04)	1.4 (0.05)	\$3,800 ( \$121)	\$3,575 ( \$136)
p5. No Procedure Listed [.]	1,623	1.53	0.00	0.00	1.6 (0.05)	1.0 (0.07)	\$3,544 ( \$89)	\$3,385 ( \$96)
D84. Other connective tissue disease [211] Number of procedures with this diagnosis = 169	104,078	100.00	0.30	0.63	4.1 (0.16)	1.7 (0.04)	\$9,663 ( \$484)	\$5,687 ( \$127)
p1. No Procedure Listed [.]	30,444	29.25	0.09	0.28	4.4 (0.40)	2.1 (0.11)	\$6,682 ( \$1,085)	\$3,892 ( \$145)
p2. Other therapeutic procedures on muscles and tendons [160]	21,494	20.65	0.06	0.31	2.9 (0.08)	1.4 (0.05)	\$8,868 ( \$468)	\$6,432 ( \$189)
p3. Arthroplasty other than hip or knee [154]	16,612	15.96	0.05	0.00	1.6 (0.03)	0.8 (0.03)	\$6,468 ( \$180)	\$5,737 ( \$191)
p4. Other OR therapeutic procedures on joints [162]	4,933	4.74	0.01	0.09	2.8 (0.15)	1.4 (0.10)	\$8,526 ( \$371)	\$6,879 ( \$311)
p5. Debridement of wound, infection or burn [169]	3,954	3.80	0.01	6.37	13.8 (0.58)	8.7 (0.44)	\$39,593 ( \$3,607)	\$19,327 ( \$1,007)

97

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D85. Pleurisy, pneumothorax, pulmonary collapse [130] Number of procedures with this diagnosis = 153	101,960	100.00	0.29	4.37	7.2 (0.07)	4.5 (0.05)	\$14,465 ( \$267)	\$8,270 ( \$119)
p1. Incision of pleura, thoracentesis, chest drainage [39]	48,205	47.28	0.14	3.52	6.8 (0.07)	4.7 (0.06)	\$11,345 ( \$190)	\$7,724 ( \$119)
p2. No Procedure Listed [.]	21,703	21.29	0.06	3.73	3.8 (0.08)	2.3 (0.06)	\$6,381 ( \$133)	\$4,822 ( \$89)
p3. Other OR therapeutic procedures on respiratory system [42]	7,079	6.94	0.02	3.00	12.6 (0.32)	9.7 (0.34)	\$33,226 ( \$1,303)	\$23,427 ( \$888)
p4. Lobectomy or pneumonectomy [36]	4,113	4.03	0.01	1.86	10.8 (0.32)	8.1 (0.21)	\$26,769 ( \$1,116)	\$19,469 ( \$667)
p5. Diagnostic bronchoscopy and biopsy of bronchus [37]	3,327	3.26	0.01	3.94	9.3 (0.31)	6.9 (0.32)	\$18,767 ( \$756)	\$14,164 ( \$661)
D86. Viral infection [7] Number of procedures with this diagnosis = 162	101,147	100.00	0.29	0.34	3.4 (0.04)	2.1 (0.03)	\$5,756 ( \$136)	\$3,668 ( \$56)
p1. No Procedure Listed [.]	67,749	66.98	0.19	0.15	2.9 (0.03)	1.9 (0.02)	\$4,381 ( \$72)	\$3,267 ( \$51)
p2. Diagnostic spinal tap [4]	16,806	16.62	0.05	0.03	3.0 (0.04)	2.2 (0.04)	\$4,951 ( \$127)	\$3,886 ( \$113)
p3. Other therapeutic procedures [231]	2,474	2.45	0.01	0.49	4.2 (0.24)	2.7 (0.11)	\$6,828 ( \$683)	\$3,991 ( \$333)
p4. Upper gastrointestinal endoscopy, biopsy [70]	976	0.96	0.00	1.56	7.0 (0.49)	5.0 (0.33)	\$13,166 ( \$1,511)	\$8,462 ( \$604)
p5. Computerized axial tomography (CT) scan head [177]	967	0.96	0.00	0.00	4.1 (0.28)	2.8 (0.24)	\$6,334 ( \$418)	\$4,850 ( \$354)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D87. Prolonged pregnancy [185] Number of procedures with this diagnosis = 25	101,001	100.00	0.29	0.01	2.1 (0.02)	1.4 (0.02)	\$4,457 ( \$92)	\$3,884 ( \$106)
p1. Other procedures to assist delivery [137]	36,938	36.57	0.11	0.00	1.8 (0.02)	1.2 (0.03)	\$3,742 ( \$89)	\$3,410 ( \$99)
p2. Episiotomy [133]	21,226	21.02	0.06	0.02	1.9 (0.03)	1.3 (0.03)	\$3,932 ( \$87)	\$3,651 ( \$100)
p3. Cesarean section [134]	14,274	14.13	0.04	0.00	3.6 (0.04)	2.9 (0.04)	\$7,652 ( \$150)	\$7,068 ( \$161)
p4. Forceps, vacuum, and breech delivery [135]	11,060	10.95	0.03	0.00	2.0 (0.03)	1.5 (0.03)	\$4,515 ( \$159)	\$4,238 ( \$218)
p5. Repair of current obstetric laceration [140]	10,555	10.45	0.03	0.00	1.8 (0.03)	1.3 (0.03)	\$3,809 ( \$95)	\$3,442 ( \$81)
D88. Deficiency and other anemia [59] Number of procedures with this diagnosis = 178	100,040	100.00	0.29	1.97	4.7 (0.07)	2.7 (0.04)	\$9,312 ( \$246)	\$5,468 ( \$83)
p1. No Procedure Listed [.]	33,197	33.18	0.10	1.53	3.7 (0.10)	2.2 (0.06)	\$6,495 ( \$167)	\$4,446 ( \$92)
p2. Blood transfusion [222]	30,157	30.14	0.09	1.48	3.4 (0.09)	1.8 (0.06)	\$6,118 ( \$191)	\$3,932 ( \$93)
p3. Upper gastrointestinal endoscopy, biopsy [70]	10,223	10.22	0.03	0.80	5.0 (0.10)	3.6 (0.10)	\$9,235 ( \$188)	\$7,664 ( \$194)
p4. Bone marrow biopsy [65]	7,076	7.07	0.02	1.60	6.3 (0.16)	4.3 (0.12)	\$12,494 ( \$479)	\$8,102 ( \$250)
p5. Colonoscopy and biopsy [76]	3,424	3.42	0.01	0.57	5.2 (0.15)	4.0 (0.14)	\$8,623 ( \$246)	\$7,396 ( \$222)

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D89. Crushing injury or internal injury [234] Number of procedures with this diagnosis = 181	97,672	100.00	0.28	4.54	6.9 (0.14)	4.2 (0.05)	\$24,833 ( \$1,460)	\$11,656 ( \$350)
p1. No Procedure Listed [.]	21,138	21.64	0.06	0.50	3.7 (0.08)	2.4 (0.05)	\$7,883 ( \$389)	\$5,725 ( \$143)
p2. Incision of pleura, thoracentesis, chest drainage [39]	16,867	17.27	0.05	1.81	5.5 (0.09)	3.9 (0.08)	\$12,775 ( \$579)	\$8,467 ( \$250)
p3. Procedures on spleen [66]	7,683	7.87	0.02	6.59	8.9 (0.28)	5.8 (0.09)	\$37,639 ( \$2,862)	\$22,051 ( \$694)
p4. Other OR procedures on vessels other than head and neck [61]	5,045	5.16	0.01	8.53	6.8 (0.39)	3.5 (0.20)	\$33,406 ( \$4,235)	\$16,568 ( \$1,045)
p5. Other OR gastrointestinal therapeutic procedures [99]	4,786	4.90	0.01	10.85	9.4 (0.33)	5.8 (0.28)	\$43,197 ( \$2,957)	\$24,074 ( \$1,373)
D90. Heart valve disorders [96] Number of procedures with this diagnosis = 121	88,783	100.00	0.25	4.64	9.2 (0.31)	6.5 (0.14)	\$45,305 ( \$1,375)	\$37,923 ( \$1,366)
p1. Heart valve procedures [43]	55,270	62.25	0.16	5.41	11.3 (0.39)	8.1 (0.16)	\$60,768 ( \$1,547)	\$50,970 ( \$1,342)
p2. Diagnostic cardiac catheterization, coronary arteriography [47]	12,001	13.52	0.03	1.73	3.9 (0.21)	2.0 (0.20)	\$12,282 ( \$515)	\$9,278 ( \$346)
p3. No Procedure Listed [.]	11,706	13.18	0.03	1.24	4.0 (0.25)	2.2 (0.08)	\$6,776 ( \$287)	\$5,053 ( \$121)
p4. Other OR heart procedures [49]	2,096	2.36	0.01	7.50	9.7 (0.43)	7.0 (0.35)	\$54,123 ( \$2,742)	\$43,790 ( \$2,191)
p5. Diagnostic ultrasound of heart (echocardiogram) [193]	2,031	2.29	0.01	0.64	3.9 (0.17)	2.6 (0.15)	\$8,099 ( \$454)	\$6,215 ( \$258)

100

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D91. Other circulatory disease [117] Number of procedures with this diagnosis = 185	88,673	100.00	0.25	2.82	4.7 (0.06)	2.6 (0.04)	\$10,681 ( \$230)	\$6,168 ( \$101)
p1. No Procedure Listed [.]	45,132	50.90	0.13	1.95	3.4 (0.05)	2.1 (0.04)	\$5,682 ( \$87)	\$4,473 ( \$70)
p2. Other OR procedures on vessels other than head and neck [61]	6,690	7.54	0.02	1.83	3.8 (0.19)	1.3 (0.15)	\$15,574 ( \$698)	\$10,401 ( \$464)
p3. Peripheral vascular bypass [55]	3,049	3.44	0.01	1.08	7.1 (0.31)	5.2 (0.22)	\$21,503 ( \$1,035)	\$17,173 ( \$536)
p4. Other diagnostic cardiovascular procedures [62]	2,143	2.42	0.01	0.47	6.4 (0.28)	4.3 (0.26)	\$11,237 ( \$540)	\$8,575 ( \$328)
p5. Diagnostic cardiac catheterization, coronary arteriography [47]	2,026	2.29	0.01	0.89	2.6 (0.27)	0.9 (0.18)	\$9,085 ( \$998)	\$6,632 ( \$743)
D92. Acute and unspecified renal failure [157] Number of procedures with this diagnosis = 172	88,120	100.00	0.25	13.13	8.3 (0.09)	5.8 (0.05)	\$17,029 ( \$350)	\$10,675 ( \$166)
p1. No Procedure Listed [.]	38,103	43.24	0.11	13.31	5.6 (0.07)	4.1 (0.06)	\$8,553 ( \$136)	\$6,679 ( \$107)
p2. Other non-OR therapeutic cardiovascular procedures [63]	5,092	5.78	0.01	15.45	10.4 (0.27)	8.0 (0.33)	\$25,888 ( \$935)	\$18,938 ( \$702)
p3. Hemodialysis [58]	3,919	4.45	0.01	12.37	9.4 (0.32)	6.8 (0.39)	\$22,013 ( \$935)	\$14,892 ( \$729)
p4. Creation, revision and removal of arteriovenous fistula or vessel-to-vessel cannula for dialysis [57]	3,605	4.09	0.01	3.83	13.5 (0.45)	10.0 (0.68)	\$32,746 ( \$1,268)	\$25,293 ( \$1,040)
p5. Upper gastrointestinal endoscopy, biopsy [70]	2,854	3.24	0.01	5.83	10.2 (0.31)	7.8 (0.23)	\$19,364 ( \$788)	\$14,976 ( \$608)

101

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D93. Endometriosis [169] Number of procedures with this diagnosis = 58	87,128	100.00	0.25	0.02	2.8 (0.02)	2.2 (0.02)	\$8,423 ( \$124)	\$7,540 ( \$124)
p1. Hysterectomy, abdominal and vaginal [124]	69,815	80.13	0.20	0.01	2.8 (0.02)	2.2 (0.02)	\$8,350 ( \$128)	\$7,503 ( \$131)
p2. Oophorectomy, unilateral and bilateral [119]	5,918	6.79	0.02	0.00	3.0 (0.05)	2.2 (0.04)	\$8,563 ( \$187)	\$7,649 ( \$162)
p3. Other operations on ovary [120]	3,857	4.43	0.01	0.00	2.7 (0.07)	2.1 (0.06)	\$8,807 ( \$229)	\$8,108 ( \$219)
p4. Other excision of cervix and uterus [125]	1,420	1.63	0.00	0.00	2.5 (0.09)	1.9 (0.13)	\$8,325 ( \$334)	\$7,584 ( \$345)
p5. No Procedure Listed [.]	963	1.11	0.00	0.59	2.6 (0.52)	1.4 (0.14)	\$4,366 ( \$481)	\$3,304 ( \$290)
D94. Other bone disease and musculoskeletal deformities [212] Number of procedures with this diagnosis = 127	86,274	100.00	0.25	0.27	4.0 (0.05)	2.6 (0.04)	\$14,218 ( \$326)	\$10,093 ( \$192)
p1. No Procedure Listed [.]	18,447	21.38	0.05	0.15	2.9 (0.12)	1.4 (0.04)	\$5,266 ( \$203)	\$4,054 ( \$76)
p2. Hip replacement, total and partial [153]	18,053	20.93	0.05	0.59	5.5 (0.08)	4.2 (0.07)	\$22,473 ( \$361)	\$20,480 ( \$292)
p3. Other OR therapeutic procedures on bone [161]	7,778	9.02	0.02	0.15	2.9 (0.08)	1.8 (0.05)	\$11,733 ( \$472)	\$9,149 ( \$279)
p4. Spinal fusion [158]	5,874	6.81	0.02	0.14	6.6 (0.18)	5.3 (0.12)	\$35,233 ( \$1,919)	\$28,903 ( \$1,233)
p5. Partial excision bone [142]	5,116	5.93	0.01	0.11	2.7 (0.15)	1.3 (0.06)	\$10,010 ( \$394)	\$7,580 ( \$325)

102

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D95. Sprains and strains [232] Number of procedures with this diagnosis = 126	86,184	100.00	0.25	0.09	2.3 (0.04)	1.2 (0.03)	\$6,368 ( \$102)	\$5,435 ( \$101)
p1. Other therapeutic procedures on muscles and tendons [160]	26,963	31.29	0.08	0.06	2.0 (0.03)	1.1 (0.04)	\$6,399 ( \$128)	\$5,642 ( \$122)
p2. No Procedure Listed [.]	22,857	26.52	0.07	0.08	3.0 (0.08)	1.8 (0.08)	\$4,471 ( \$207)	\$3,419 ( \$115)
p3. Arthroplasty knee [152]	12,613	14.63	0.04	0.04	1.6 (0.04)	0.8 (0.03)	\$8,873 ( \$233)	\$8,029 ( \$274)
p4. Arthroplasty other than hip or knee [154]	10,954	12.71	0.03	0.05	1.7 (0.03)	0.9 (0.03)	\$6,530 ( \$150)	\$5,809 ( \$161)
p5. Other OR therapeutic procedures on joints [162]	1,775	2.06	0.01	0.00	1.9 (0.09)	0.9 (0.06)	\$8,124 ( \$308)	\$7,365 ( \$301)
D96. Other upper respiratory infections [126] Number of procedures with this diagnosis = 125	85,288	100.00	0.24	0.11	2.7 (0.03)	1.7 (0.03)	\$4,804 ( \$106)	\$3,254 ( \$58)
p1. No Procedure Listed [.]	60,688	71.16	0.17	0.10	2.4 (0.03)	1.5 (0.03)	\$3,647 ( \$72)	\$2,783 ( \$50)
p2. Other OR therapeutic procedures on nose, mouth and pharynx [33]	5,250	6.16	0.02	0.13	3.1 (0.20)	1.1 (0.14)	\$9,567 ( \$514)	\$6,524 ( \$356)
p3. Diagnostic spinal tap [4]	5,106	5.99	0.01	0.00	2.8 (0.06)	2.0 (0.07)	\$4,811 ( \$141)	\$4,064 ( \$164)
p4. Other respiratory therapy [217]	2,093	2.45	0.01	0.00	2.4 (0.17)	1.5 (0.19)	\$3,995 ( \$290)	\$3,116 ( \$330)
p5. Other therapeutic procedures [231]	1,919	2.25	0.01	0.00	3.3 (0.19)	2.0 (0.11)	\$5,033 ( \$363)	\$3,377 ( \$195)

103

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).



**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D97. Pulmonary heart disease [103] Number of procedures with this diagnosis = 152	83,931	100.00	0.24	6.77	7.5 (0.07)	6.0 (0.04)	\$15,683 ( \$587)	\$10,779 ( \$170)
p1. No Procedure Listed [.]	43,259	51.54	0.12	3.95	6.5 (0.06)	5.5 (0.04)	\$10,359 ( \$147)	\$8,758 ( \$145)
p2. Other OR procedures on vessels other than head and neck [61]	8,647	10.30	0.02	8.35	9.8 (0.21)	7.7 (0.17)	\$26,730 ( \$816)	\$19,647 ( \$522)
p3. Radioisotope pulmonary scan [208]	5,971	7.11	0.02	2.32	6.8 (0.12)	5.8 (0.11)	\$12,047 ( \$477)	\$9,879 ( \$401)
p4. Arterio- or venogram (not heart and head) [191]	3,384	4.03	0.01	2.27	7.2 (0.18)	6.2 (0.16)	\$15,695 ( \$600)	\$12,698 ( \$484)
p5. Diagnostic cardiac catheterization, coronary arteriography [47]	2,879	3.43	0.01	2.08	6.0 (0.36)	4.4 (0.44)	\$16,164 ( \$643)	\$14,279 ( \$580)
D98. Peri-, endo-, and myocarditis, cardiomyopathy (except that caused by tuberculosis or sexually transmitted disease) [97] Number of procedures with this diagnosis = 155	83,548	100.00	0.24	5.81	7.4 (0.16)	3.9 (0.07)	\$19,302 ( \$748)	\$9,409 ( \$162)
p1. No Procedure Listed [.]	33,903	40.58	0.10	3.85	4.4 (0.08)	2.7 (0.05)	\$7,803 ( \$153)	\$5,866 ( \$106)
p2. Diagnostic cardiac catheterization, coronary arteriography [47]	10,319	12.35	0.03	1.32	4.4 (0.14)	2.9 (0.12)	\$13,109 ( \$463)	\$10,440 ( \$288)
p3. Diagnostic ultrasound of heart (echocardiogram) [193]	6,387	7.64	0.02	2.60	7.5 (0.29)	4.4 (0.29)	\$15,672 ( \$657)	\$9,909 ( \$469)
p4. Other OR heart procedures [49]	6,018	7.20	0.02	8.75	10.5 (0.56)	7.1 (0.17)	\$33,378 ( \$2,473)	\$21,569 ( \$693)
p5. Other vascular catheterization, not heart [54]	2,660	3.18	0.01	8.13	12.8 (0.58)	9.4 (0.61)	\$25,370 ( \$1,581)	\$16,706 ( \$803)

104

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

**Table 2**  
**The top 100 principal diagnoses and their associated principal procedures: HCUP Nationwide Inpatient Sample, 1996**

Top 100 ranked diagnoses with top 5 procedures ranked below <sup>1</sup> [CCS category in brackets]	Number of discharges			Percent died	Length of stay		Charges	
	Total	As a percent of discharges w/ this diagnosis <sup>2</sup>	As a percent of all discharges <sup>3</sup>		Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>	Mean (S.E.) <sup>4</sup>	Median (S.E.) <sup>4</sup>
D99. Aortic, peripheral, and visceral artery aneurysms [115] Number of procedures with this diagnosis = 130	83,317	100.00	0.24	13.15	9.0 (0.12)	6.4 (0.06)	\$36,454 ( \$797)	\$24,735 ( \$463)
p1. Aortic resection, replacement or anastomosis [52]	41,888	50.28	0.12	10.81	9.8 (0.13)	7.2 (0.08)	\$39,702 ( \$872)	\$28,846 ( \$526)
p2. Other OR procedures on vessels other than head and neck [61]	15,219	18.27	0.04	10.87	8.4 (0.25)	5.8 (0.19)	\$37,460 ( \$1,183)	\$25,481 ( \$675)
p3. No Procedure Listed [.]	7,290	8.75	0.02	19.41	4.1 (0.25)	1.9 (0.12)	\$8,012 ( \$340)	\$5,196 ( \$183)
p4. Peripheral vascular bypass [55]	5,428	6.52	0.02	5.27	9.5 (0.35)	6.8 (0.14)	\$37,006 ( \$2,010)	\$27,643 ( \$1,055)
p5. Contrast aortogram [189]	1,304	1.57	0.00	3.48	3.7 (0.26)	1.8 (0.23)	\$11,808 ( \$786)	\$8,299 ( \$618)
D100. Other injuries and conditions due to external causes [244] Number of procedures with this diagnosis = 181	81,793	100.00	0.23	2.08	3.2 (0.12)	1.2 (0.10)	\$8,208 ( \$317)	\$4,414 ( \$197)
p1. No Procedure Listed [.]	39,923	48.81	0.11	0.65	2.4 (0.09)	1.0 (0.05)	\$4,541 ( \$166)	\$3,225 ( \$109)
p2. Upper gastrointestinal endoscopy, biopsy [70]	5,658	6.92	0.02	0.35	2.4 (0.08)	1.0 (0.06)	\$5,825 ( \$204)	\$4,213 ( \$143)
p3. Computerized axial tomography (CT) scan head [177]	2,743	3.35	0.01	0.49	1.8 (0.33)	0.5 (0.19)	\$7,457 ( \$1,442)	\$4,588 ( \$2,208)
p4. Nonoperative removal of foreign body [229]	2,698	3.30	0.01	0.55	1.8 (0.09)	0.7 (0.04)	\$5,425 ( \$331)	\$4,016 ( \$207)
p5. Respiratory intubation and mechanical ventilation [216]	2,583	3.16	0.01	33.27	5.4 (0.32)	2.8 (0.20)	\$21,583 ( \$1,448)	\$13,934 ( \$846)

105

Source: AHCPR, Center for Organization and Delivery Studies, Healthcare Cost and Utilization Project (HCUP).

- <sup>1</sup> Principal diagnoses and procedures are categorized using Clinical Classification Software (CCS).
- <sup>2</sup> Percent of discharges with the principal diagnosis that have this principal procedure. (Denominator is discharges with this diagnosis.)
- <sup>3</sup> Percent of all discharges that have this principal procedure-principal diagnosis combination. (Denominator is all discharges.)
- <sup>4</sup> S.E. is standard error.