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National Hospital Discharge Survey: 2006 Annual Summary



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

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National Hospital Discharge Survey: 2006 Annual Summary

Data From the National Health Care
Surveys

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

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Objectives

This report presents 2006 national estimates and selected trend data on the use of nonfederal short-stay hospitals in the United States. Estimates are provided by selected patient and hospital characteristics, diagnoses, and surgical and nonsurgical procedures performed. Estimates of diagnoses and procedures are presented according to the *International Classification of Diseases, Ninth Revision, Clinical Modification* codes.

Methods

The estimates are based on data collected through the National Hospital Discharge Survey (NHDS). The survey has been conducted annually since 1965. In 2006, data were collected for approximately 376,000 discharges. Of the 478 eligible nonfederal short-stay hospitals in the sample, 438 (92 percent) responded to the survey.

Results

An estimated 34.9 million inpatients were discharged from nonfederal short-stay hospitals in 2006. These discharges used 166.3 million days of care and had an average length of stay of 4.8 days. In 2006, hospitals with under 100 beds accounted for 77 percent of inpatient discharges in nonmetropolitan areas, but only 13 percent of inpatient discharges in metropolitan areas. Forty-three percent of the total days of care were accounted for by persons age 65 and over, although this age group represented only 12 percent of the population. The rate of discharges with a first-listed diagnosis of stroke among persons age 65–74, 75–84, and 85 and over dropped significantly from 1996 to 2006. The leading diagnostic category was diseases of the circulatory system. Among the 8.7 million inpatient discharges age 45–64, 4.2 million (48 percent) had at least one surgical procedure.

Keywords: hospitalization • inpatient • diagnoses • procedures

National Hospital Discharge Survey: 2006 Annual Summary

by Verita C. Buie, Dr.P.H.; Maria F. Owings, Ph.D.; Carol J. DeFrances, Ph.D.; and Alexander Golosinskiy, M.S., Division of Health Care Statistics

Highlights

Patient and Hospital Characteristics

- There were an estimated 34.9 million discharges from nonfederal short-stay hospitals in 2006. Those discharges used an estimated 166.3 million days of care and were hospitalized for an average of 4.8 days per stay.
- About 77 percent of inpatients discharged from nonmetropolitan hospitals were from facilities with fewer than 100 beds, while hospitals of the same bed size accounted for only 13 percent of all inpatient discharges among metropolitan hospitals (Figure 1). Sixteen percent of all discharges from nonfederal short-stay hospitals in 2006 were from hospitals not in metropolitan areas.
- In 2006, 12 percent of the U.S. population was age 65 and over; however, this age group used approximately 43 percent of the total days of care and comprised 38 percent of all inpatient discharges. This compares to 20 percent of the U.S. population who were under age 15 who accounted for only 7 percent of the total days of care and 7 percent of all inpatient discharges (Figure 2).

- Regionally, the average length of stay in days for nonfederal short-stay hospitals in the United States ranged from 4.2 in the Midwest to 5.3 in the Northeast.
- The status at discharge for 77.2 percent of all inpatients was described as routine or discharged to home.

Diagnoses

- From 1996 to 2006 the rate of discharges with a first-listed diagnosis of stroke (cardiovascular disease) declined 18 percent for those age 65–74, 34 percent for those age 75–84, and 29 percent for those age 85 and over (Figure 3).
- The leading cause of children's hospitalizations was respiratory diseases, which accounted for 576,000 (25 percent) of discharges under age 15.
- Inpatients under age 65 with a first-listed diagnosis of heart disease were less likely to die during hospitalization (1.2 per 100 discharges) than those age 65 and over (3.5 per 100 discharges).
- Circulatory diseases accounted for both the greatest number of total days of care (27.4 million days) and the largest number of discharges (6.2 million discharges) among the major diagnostic categories (Figure 4).

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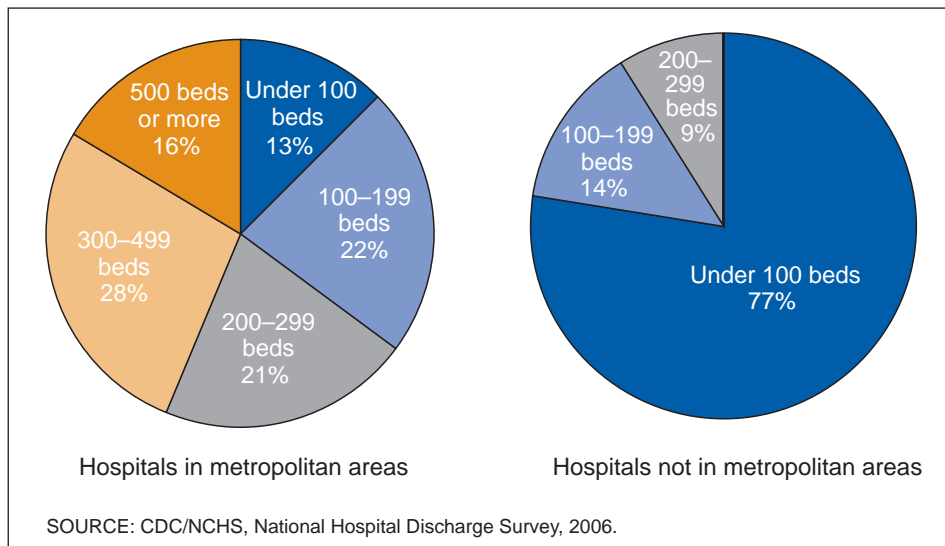


Figure 1. Inpatient discharges by size of hospital and metropolitan status of hospital: United States, 2006

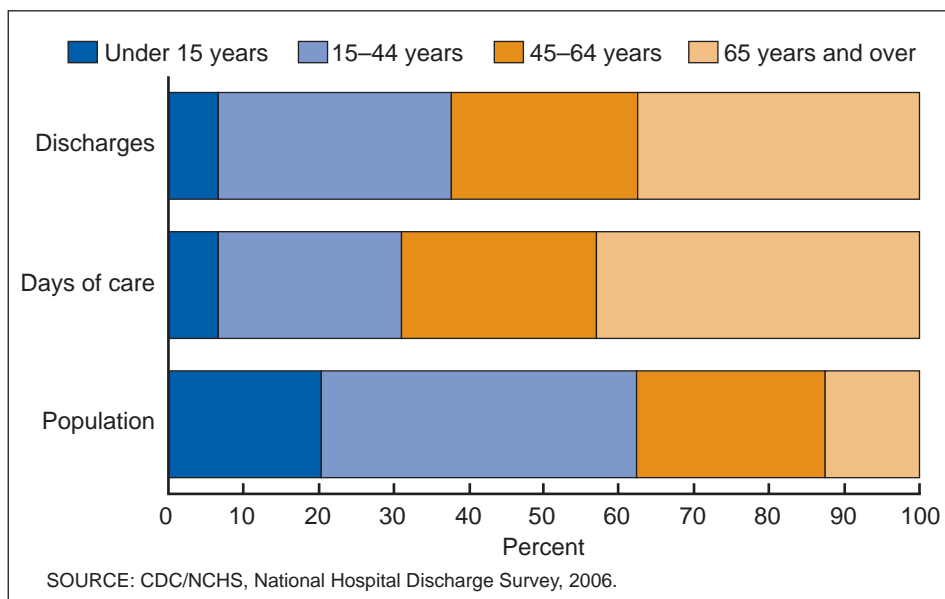


Figure 2. Age distribution for hospital discharges, days of care, and the civilian population: United States, 2006

Procedures

- In 2006, 28.1 million surgical procedures and 17.9 million nonsurgical procedures were performed on hospital inpatients.
- Of the 8.7 million discharges of inpatients age 45–64, 4.2 million (48%) had at least one surgical procedure (Figure 5).
- Among the 444,000 coronary artery bypass grafts performed in 2006, only 27.7 percent were performed on women.

- The rate of total hip replacement among inpatients age 65 and over (33.8 per 10,000 population) was over 2 times that of their counterparts age 45–64 (12.3 per 10,000 population).

Deliveries and Newborn Infants

- In 2006, approximately 4.1 million discharges were for delivery; their average stay was 2.6 days.

- Over one-half of all deliveries resulted in a length of stay of 2 or fewer days.
- The rate of episiotomies per 100 vaginal deliveries decreased from 43.2 in 1996 to 16.0 in 2006.
- Fifty-four percent of newborn infants were discharged in 2006 without any illness or risk-related diagnoses. These newborn infants had an average length of stay of 2.1 days compared with 4.9 days among newborns with at least one illness or risk-related diagnosis.
- In 2006, 56.1 percent of all male newborn infants were circumcised during the birth hospitalization compared with 60.2 in 1996.

Introduction

This report presents data from the 2006 National Hospital Discharge Survey (NHDS). The survey has been conducted continuously by the Centers for Disease Control and Prevention’s (CDC) National Center for Health Statistics (NCHS) since 1965. National estimates of hospital use derived from NHDS are published for each calendar year by NCHS. This report provides a summary of the 2006 data, including estimates of diagnoses and procedures by the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD–9–CM) codes (1).

NHDS is the principal source for national data on the characteristics of inpatients discharged from nonfederal short-stay hospitals. Data from NHDS are used for evaluating the health status of the population, planning programs to improve health status, studying trends in morbidity, and carrying out research activities in the health field (2–6). The Department of Health and Human Services uses NHDS data in the development and monitoring of goals for the *Healthy People 2010* health objectives. Other CDC centers, including the National Center for Injury Prevention and Control, and the National Center for Chronic Disease Prevention and Health Promotion, use NHDS to track a variety of conditions, including injuries and chronic diseases.

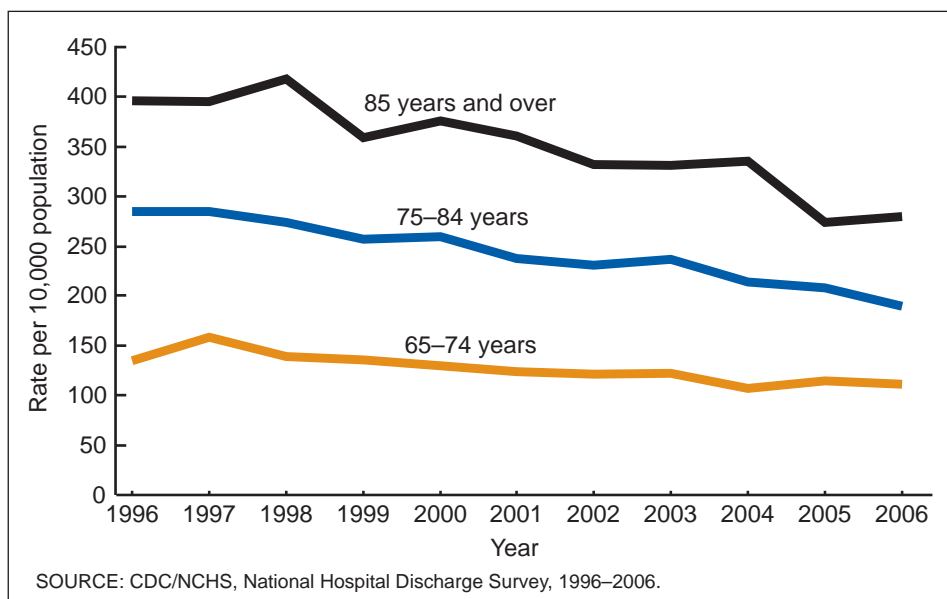


Figure 3. Rate of discharges age 65 and over with a first-listed diagnosis of stroke (cerebrovascular disease), by age group: United States, 1996–2006

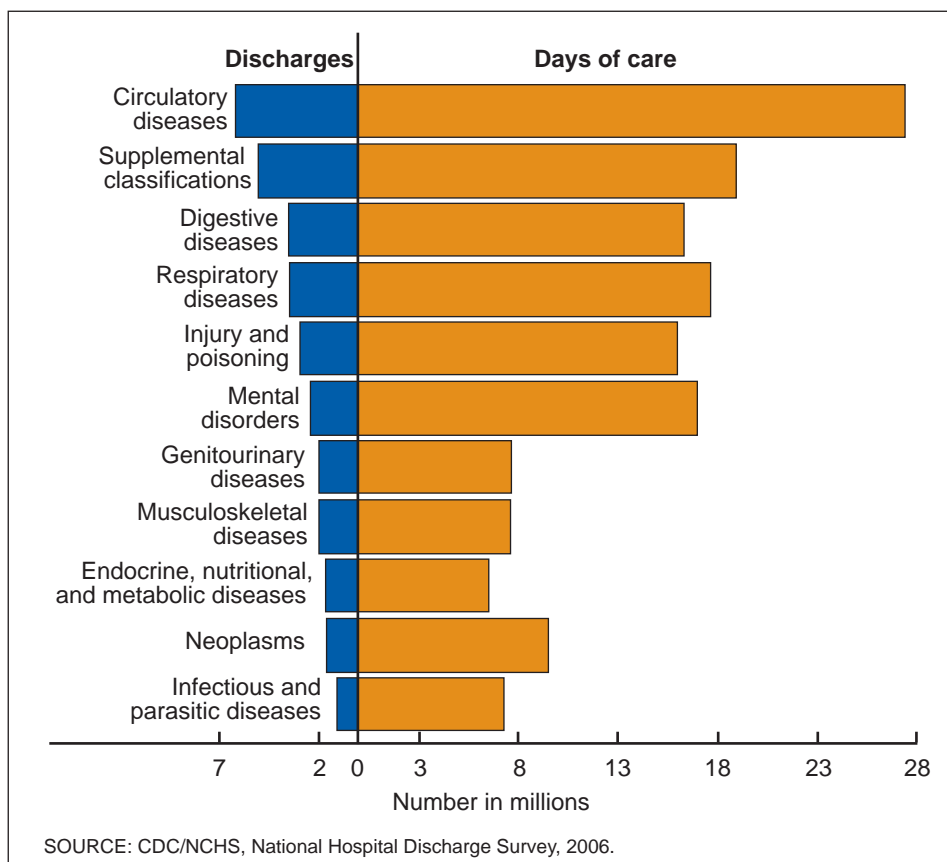


Figure 4. Discharges and days of care, by first-listed diagnosis ICD-9-CM chapters: United States, 2006

The National Institutes of Health make extensive use of NHDS data on heart disease and cancer. The Veterans Administration and Department of Defense compare NHDS data with

statistics on the inpatient care provided in their hospitals (7–8).

NHDS produces estimates of utilization by inpatients in nonfederal

short-stay hospitals. Data on ambulatory medical care services are collected in other NCHS surveys. Data on ambulatory surgery performed in hospitals and freestanding surgery centers were collected in the National Survey of Ambulatory Surgery from 1994 through 1996 and in 2006 (9,10). The National Ambulatory Medical Care Survey obtains information on visits to physicians’ offices (11). The National Hospital Ambulatory Medical Care Survey (NHAMCS) collects data on visits to hospital outpatient and emergency departments (12,13). NHAMCS started covering hospital-based ambulatory surgery centers in 2009, and will add freestanding centers in 2010. Information about long-term care is collected in the National Nursing Home Survey (14) and the National Home and Hospice Care Survey (15).

Methods

Data Source

NHDS data are collected from a sample of inpatient records acquired from a national probability sample of hospitals. Because persons with multiple discharges during the year can be sampled more than once, NHDS produces estimates for discharges, not people. General hospitals, children’s general hospitals, or hospitals with an average length of stay of fewer than 30 days for all patients are eligible for inclusion in the survey. Federal, military, and Department of Veterans Affairs hospitals, as well as hospital units of institutions (such as prison hospitals) and hospitals with fewer than six beds staffed for patient use, are excluded.

From 1988 until 2003, the hospital sampling frame for NHDS was constructed from the SMG Hospital Market Database (16). In 2003 and 2006, the sampling frame was constructed from products of Verispan, L.L.C., specifically their “Healthcare Market Index” and their “Hospital Market Profiling Solution” (17). These two products were formerly known as the SMG Hospital Market Database. The sampling frame and sample are updated

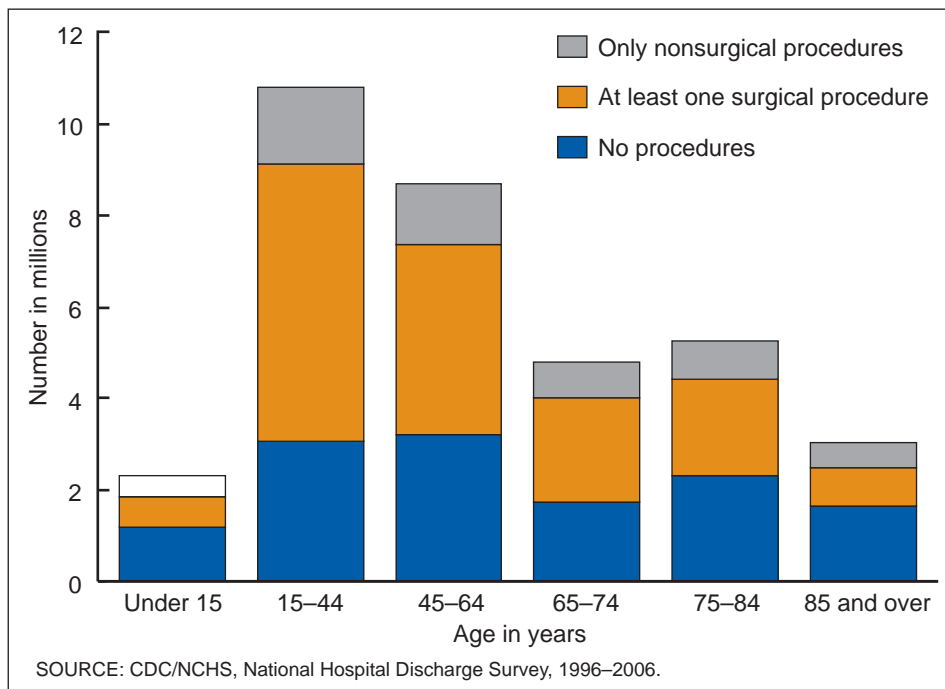


Figure 5. Number and type of procedures for inpatient discharges, by age group: United States, 2006

every 3 years to include hospitals that opened or changed their eligibility status since the previous update (18).

Since 1988, NHDS has used a modified three-stage sample design. Units selected at the first stage consist of either hospitals or geographic areas, such as counties, groups of counties, or metropolitan statistical areas in the 50 states and the District of Columbia. Within sampled geographic areas, additional hospitals are selected. Finally, at the last stage, discharges are selected within sampled hospitals using systematic random sampling.

For 2006, the sample consisted of 501 hospitals, of which 23 were out of scope because they had gone out of business or were otherwise ineligible to be in the NHDS universe. Of the 478 in-scope (eligible) hospitals, 438 (92 percent) responded to the survey. Data were collected for approximately 376,000 discharges from the 438 responding hospitals.

Two data collection procedures are used for the survey. One is a manual system in which sample selection and transcription of information from medical records are performed by hospital staff or by staff of the U.S. Census Bureau on behalf of NCHS. In

addition, NCHS purchases electronic files containing medical record data from commercial organizations, state data systems, hospitals, or hospital associations. Discharges from these files are systematically sampled.

Approximately 45 percent of respondent hospitals provided data through this automated system for the 2006 survey.

The NHDS medical abstract form (Appendix figure) and the automated data contain items that relate to the personal characteristics of the patient. These include birth date (converted to age), sex, race, ethnicity, marital status, ZIP Code, and expected sources of payment. Administrative items such as admission and discharge dates, admission type and source, and discharge status are also included. The medical information includes final medical diagnoses, procedures performed, and dates of surgery. Medical data are coded according to the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) (1). Date of birth and ZIP Code are confidential information and are not available to the public, though they can be used, with privacy safeguards, through the NCHS Research Data Center: <http://www.cdc.gov/rdc/>.

For manual data collection in NHDS, an ongoing quality control program is utilized for medical coding and data entry of abstraction forms. Approximately 10 percent of abstract forms are independently recoded, with discrepancies resolved by a chief coder. The overall 2006 error rate for records manually coded was 0.3 percent for data entry of medical (ICD-9-CM) coding and 0.3 percent for data entry of demographic information.

Estimation

Because they are sample data, the survey data must be inflated or weighted to produce national estimates. The estimation procedure produces essentially unbiased national estimates and has three basic components: inflation by reciprocals of the probabilities of sample selection, adjustment for nonresponse, and population weighting ratio adjustments.

These three components of the final weight are described in more detail in another report (18). Information about the standard errors of statistics for the 2006 NHDS is found in [Table II](#).

Use of Tables

Demographic information about patients and utilization estimates by hospital characteristics are shown in [Tables 1-8](#). Diagnostic data are included in [Tables 9-25](#) and information about procedures is found in [Tables 26-35](#). [Tables 36-44](#) present data on deliveries and newborn infants. Beginning with 2006 NHDS data, estimates of diagnoses, days of care by diagnosis, and procedures shown by ICD-9-CM codes previously referred to as detailed [Tables 45-48](#) are available only on the Web at http://www.cdc.gov/nchs/nhds/nhds_products.htm. [Figures 1-5](#) highlight findings from the survey data. Definitions of terms used in these tables and figures are presented in the appendix.

Diagnostic and procedure data are presented by chapter using the ICD-9-CM classification system with frequently occurring broad and specific subcategories within chapters also shown ([Tables 11-22](#) and [30-35](#)). The

diagnostic categories shown in [Table 9](#) are the same as the subcategories within chapters shown in [Tables 11–18](#).

Categories shown in [Table 10](#) become subcategories in [Tables 11–18](#) for the estimates of 100,000 or more for patients age 65 and over.

The procedure categories shown in [Table 27](#) are the same as subcategories in [Tables 30–35](#), except that they are divided into surgical and nonsurgical components. The categories in [Table 28](#) are subcategories in [Tables 30–35](#) for patients age 65 and over, divided into surgical and nonsurgical components with estimates of 100,000 or more. In 2006, the list of nonsurgical procedures was updated (see [Table IV](#) for the current list of procedure codes considered nonsurgical).

In 2002, the ICD–9–CM Coordination and Maintenance Committee created Chapter 00, “Procedures and Interventions Not Elsewhere Classified,” as a way to handle space limitations of the existing hierarchical structure. From 2003 through 2005, NHDS included this new chapter in the miscellaneous diagnostic and therapeutic procedures and new technologies category. Beginning with the 2006 NHDS, 00 codes that had previous code assignments in other chapters are included in the categories and chapters of their previous codes. For example, “Balloon angioplasty of coronary artery or coronary atherectomy” has been reassigned ICD–9–CM code 00.66, but it is included with other operations of the cardiovascular system. This approach has been adopted to preserve comparability in procedure categories over time.

Diagnoses assigned ICD–9–CM codes E800–E999 (supplementary classification of external causes of injury and poisoning) are not included in this report. However, detailed information about injury diagnoses and E codes has been published (19).

Injury data are presented in this report using the Barell injury diagnosis matrix ([Table 24](#)). This is a two-dimensional array of ICD–9–CM codes (excluding external cause codes) that groups injuries by body site and type of injury. The codes for the matrix are

shown in [Table III](#). The matrix provides a standard format for reporting injury data that improves the usefulness and comparability of epidemiological and clinical analyses (20). Data categorized using the Barell matrix are included in this report to provide a national benchmark for states and localities.

[Table 29](#) compares the number of coronary artery bypass graft (CABG) procedures to the number of discharges of inpatients who received them. Multiple codes are often assigned to a single patient to indicate the number and type of bypasses performed during a single operation, resulting in a much larger number of procedures than of discharges who had them.

Beginning with 2003 NHDS data, estimates for the procedure of “Insertion of coronary artery stent(s)” are shown separately from estimates for “Balloon angioplasty of coronary artery or coronary atherectomy” ([Tables 27–28](#) and [30–35](#)). Previously, these were combined in the category “Removal of coronary artery obstruction and insertion of stent(s).”

[Tables 8](#) and [25](#) show death rates per 100 hospital discharges, based on the first-listed diagnosis of a patient who dies in the hospital. These rates are different from mortality rates published regularly by NCHS (21), which are ratios of deaths to the population. Mortality rates include deaths that occur in hospitals and other settings and are for the underlying cause of death, which may differ from the first-listed diagnosis of a patient who dies in the hospital.

Data for newborn infants are included only in [Tables 41–44](#). Because estimates of newborn infants are based on a sample and because they do not include out-of-hospital births, these estimates may not agree with data on births published in the *National Vital Statistics Reports* (22), which are based on birth certificate data.

Tables that provide information by three-digit, four-digit, and five-digit ICD–9–CM diagnostic codes, as well as two-digit, three-digit, and four-digit procedure codes are no longer included in this report. These tables are now available on the Web at http://www.cdc.gov/nchs/nhds/nhds_products.htm.

Estimates in all tables are rounded to the nearest thousand. Totals may include data for categories that are not shown individually in the tables. For these reasons, figures within tables do not always add to the totals. Rates, percentages, and average lengths of stay are calculated from unrounded figures and may not precisely agree with measures calculated from rounded data.

Because of low reliability, estimates in [Tables 1–44](#) are suppressed if they have relative standard errors of more than 30 percent or are based on fewer than 30 records; only an asterisk (*) then appears in the tables. Estimates based on 30–59 records are presented but are preceded by an asterisk (*) to indicate that they also may have low reliability.

The population estimates used to compute rates are shown in [Appendix Table I](#). These are postcensal estimates for July 1, 2006 based on the 2000 census.

A weighted least squares regression method (23) was used to test the significance of trend data shown in [Figure 3](#). Throughout the report, the two-sided *t* test was used to test for differences among NHDS estimates. Terms that express differences such as higher, lower, largest, smallest, leading, increased, or decreased were used in this report only when the differences were statistically significant at the 0.05 level.

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Table 1. Number and rate of discharges from short-stay hospitals and of days of care with average length of stay, by age: United States, selected years 1970–2006

[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants]

Age	1970	1980	1985	1990	1995	2000	2005	2006
Number of discharges in thousands								
All ages	29,127	37,832	35,056	30,788	30,722	31,706	34,667	34,854
Under 15 years	3,873	3,672	2,972	2,412	2,405	2,383	2,431	2,298
15–44 years	12,664	15,635	13,966	11,799	10,593	9,969	10,659	10,800
45–64 years	6,693	8,660	7,610	6,244	6,168	6,958	8,349	8,686
65 years and over	5,897	9,864	10,508	10,333	11,556	12,396	13,228	13,070
65–74 years	3,163	4,943	5,011	4,689	4,832	4,678	4,900	4,793
75–84 years	2,099	3,611	3,969	3,949	4,590	5,119	5,394	5,252
85 years and over	635	1,310	1,528	1,694	2,134	2,599	2,934	3,025
Rate of discharges per 1,000 population ¹								
All ages	144.3	167.7	148.4	122.3	115.7	112.8	117.4	116.9
Under 15 years	66.8	71.6	57.7	43.1	40.4	39.5	40.0	37.8
15–44 years	154.6	150.1	125.0	99.3	87.8	80.9	85.3	86.1
45–64 years	159.6	194.8	170.8	135.5	118.5	111.4	114.7	116.1
65 years and over	293.3	383.7	369.8	334.1	347.7	353.4	359.6	350.8
65–74 years	253.2	315.8	297.3	261.6	260.0	254.6	262.9	253.4
75–84 years	339.5	463.9	446.4	395.7	415.6	412.4	413.2	402.6
85 years and over	443.7	576.4	572.9	560.6	592.5	605.1	575.8	571.1
Number of days of care in thousands								
All ages	226,445	274,508	226,217	197,422	164,627	155,857	165,925	166,342
Under 15 years	18,189	16,191	13,554	11,655	10,715	10,734	11,371	10,990
15–44 years	71,605	81,951	67,397	54,062	40,825	36,593	39,786	40,486
45–64 years	62,419	71,008	53,541	42,153	34,207	34,443	41,619	43,335
65 years and over	74,232	105,358	91,726	89,552	78,880	74,086	73,149	71,530
65–74 years	37,873	49,253	41,090	37,422	31,310	26,438	26,068	24,914
75–84 years	27,633	40,355	36,024	35,926	31,974	31,525	30,228	29,579
85 years and over	8,726	15,750	14,612	16,204	15,597	16,123	16,853	17,037
Rate of days of care per 1,000 population ¹								
All ages	1,121.6	1,216.7	957.7	784.0	620.2	554.6	562.1	557.8
Under 15 years	313.9	315.7	263.0	208.4	179.9	178.0	187.3	180.9
15–44 years	874.0	786.8	603.3	454.9	338.4	297.1	318.5	322.9
45–64 years	1,488.8	1,596.9	1,201.6	914.4	657.5	551.5	571.7	579.3
65 years and over	3,691.9	4,098.4	3,228.0	2,895.6	2,373.7	2,111.9	1,988.3	1,919.7
65–74 years	3,031.6	3,147.0	2,437.3	2,087.8	1,684.7	1,439.0	1,398.5	1,317.0
75–84 years	4,469.2	5,183.7	4,052.2	3,599.5	2,894.7	2,539.8	2,315.5	2,267.2
85 years and over	6,102.1	6,932.1	5,478.7	5,361.7	4,330.6	3,753.8	3,307.1	3,216.5
Average length of stay in days								
All ages	7.8	7.3	6.5	6.4	5.4	4.9	4.8	4.8
Under 15 years	4.7	4.4	4.6	4.8	4.5	4.5	4.7	4.8
15–44 years	5.7	5.2	4.8	4.6	3.9	3.7	3.7	3.7
45–64 years	9.3	8.2	7.0	6.8	5.5	5.0	5.0	5.0
65 years and over	12.6	10.7	8.7	8.7	6.8	6.0	5.5	5.5
65–74 years	12.0	10.0	8.2	8.0	6.5	5.7	5.3	5.2
75–84 years	13.2	11.2	9.1	9.1	7.0	6.2	5.6	5.6
85 years and over	13.7	12.0	9.6	9.6	7.3	6.2	5.7	5.6

¹Rates were calculated using the U.S. Census Bureau estimates of the civilian population. Rates for 1990 and 1995 were based on population estimates adjusted for the net underenumeration in the 1990 census. Rates for 2000, 2005, and 2006 were calculated using 2000-based postcensal estimates. Rates for 2000 differ from the ones shown in earlier reports because they were calculated using revised population estimates.

Table 2. Number, percent distribution, and rate of discharges from short-stay hospitals and of days of care with average length of stay, by sex and age: United States, 2006

[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants]

Sex and age	Discharges			Days of care			Average length of stay in days
	Number in thousands	Percent distribution	Rate per 1,000 population ¹	Number in thousands	Percent distribution	Rate per 1,000 population ¹	
Both sexes							
All ages	34,854	100.0	116.9	166,342	100.0	557.8	4.8
Under 15 years	2,298	6.6	37.8	10,990	6.6	180.9	4.8
Under 1 year	751	2.2	181.8	4,801	2.9	1,162.4	6.4
1–4 years	682	2.0	41.9	2,289	1.4	140.5	3.4
5–14 years	865	2.5	21.4	3,900	2.3	96.7	4.5
15–44 years	10,800	31.0	86.1	40,486	24.3	322.9	3.7
15–19 years	1,200	3.4	56.5	4,734	2.8	222.8	3.9
20–24 years	1,932	5.5	93.1	6,354	3.8	306.3	3.3
25–34 years	4,045	11.6	101.1	13,850	8.3	346.2	3.4
35–44 years	3,623	10.4	83.5	15,548	9.3	358.2	4.3
45–64 years	8,686	24.9	116.1	43,335	26.1	579.3	5.0
45–54 years	4,195	12.0	97.0	20,174	12.1	466.7	4.8
55–64 years	4,491	12.9	142.2	23,161	13.9	733.4	5.2
65 years and over	13,070	37.5	350.8	71,530	43.0	1,919.7	5.5
65–74 years	4,793	13.8	253.4	24,914	15.0	1,317.0	5.2
75–84 years	5,252	15.1	402.6	29,579	17.8	2,267.2	5.6
85 years and over	3,025	8.7	571.1	17,037	10.2	3,216.5	5.6
Male							
All ages	13,990	100.0	95.5	72,483	100.0	494.7	5.2
Under 15 years	1,295	9.3	41.7	6,312	8.7	203.1	4.9
Under 1 year	424	3.0	200.5	2,778	3.8	1,314.6	6.6
1–4 years	377	2.7	45.2	1,226	1.7	147.1	3.3
5–14 years	495	3.5	24.0	2,309	3.2	111.8	4.7
15–44 years	2,922	20.9	46.2	14,574	20.1	230.2	5.0
15–19 years	360	2.6	33.1	1,834	2.5	168.8	5.1
20–24 years	383	2.7	36.1	1,915	2.6	180.7	5.0
25–34 years	824	5.9	40.8	3,970	5.5	196.4	4.8
35–44 years	1,355	9.7	62.7	6,854	9.5	317.0	5.1
45–64 years	4,287	30.6	117.6	21,893	30.2	600.4	5.1
45–54 years	2,031	14.5	95.6	10,189	14.1	479.6	5.0
55–64 years	2,255	16.1	148.2	11,704	16.1	769.0	5.2
65 years and over	5,487	39.2	350.4	29,705	41.0	1,897.2	5.4
65–74 years	2,241	16.0	258.4	11,499	15.9	1,326.2	5.1
75–84 years	2,236	16.0	422.0	12,702	17.5	2,397.3	5.7
85 years and over	1,010	7.2	598.4	5,504	7.6	3,260.4	5.4
Female							
All ages	20,864	100.0	137.5	93,858	100.0	618.7	4.5
Under 15 years	1,003	4.8	33.8	4,678	5.0	157.7	4.7
Under 1 year	327	1.6	162.3	2,023	2.2	1,003.0	6.2
1–4 years	306	1.5	38.4	1,064	1.1	133.6	3.5
5–14 years	370	1.8	18.8	1,592	1.7	80.8	4.3
15–44 years	7,878	37.8	126.9	25,913	27.6	417.3	3.3
15–19 years	841	4.0	81.0	2,900	3.1	279.5	3.5
20–24 years	1,549	7.4	152.7	4,439	4.7	437.7	2.9
25–34 years	3,221	15.4	162.8	9,879	10.5	499.3	3.1
35–44 years	2,268	10.9	104.1	8,694	9.3	399.1	3.8
45–64 years	4,399	21.1	114.7	21,442	22.8	559.2	4.9
45–54 years	2,163	10.4	98.4	9,985	10.6	454.3	4.6
55–64 years	2,236	10.7	136.6	11,456	12.2	700.2	5.1
65 years and over	7,584	36.3	351.0	41,826	44.6	1,936.1	5.5
65–74 years	2,552	12.2	249.1	13,415	14.3	1,309.2	5.3
75–84 years	3,016	14.5	389.3	16,878	18.0	2,178.2	5.6
85 years and over	2,015	9.7	558.4	11,533	12.3	3,196.0	5.7

¹Rates were calculated using U.S. Census Bureau 2000-based postcensal estimates of the civilian population as of July 1, 2006.

Table 3. Number and rate of discharges from short-stay hospitals and of days of care with average length of stay, by sex, age, and geographic region: United States, 2006

[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants]

Sex, age, and region	Discharges		Days of care		Average length of stay in days
	Number in thousands	Rate per 1,000 population ¹	Number in thousands	Rate per 1,000 population ¹	
Both sexes					
All ages:					
United States	34,854	116.9	166,342	557.8	4.8
Northeast	7,277	133.1	38,454	703.2	5.3
Midwest	7,951	120.2	33,585	507.8	4.2
South	13,140	121.2	64,474	594.7	4.9
West	6,486	94.0	29,828	432.3	4.6
Under 15 years:					
United States	2,298	37.8	10,990	180.9	4.8
Northeast	475	46.1	2,632	255.4	5.5
Midwest	235	17.7	820	61.6	3.5
South	938	42.0	4,092	183.0	4.4
West	*	*	*	*	5.3
15–44 years:					
United States	10,800	86.1	40,486	322.9	3.7
Northeast	2,049	90.7	8,939	395.7	4.4
Midwest	2,236	81.4	7,200	262.1	3.2
South	4,364	96.0	17,024	374.5	3.9
West	2,151	72.0	7,323	245.1	3.4
45–64 years:					
United States	8,686	116.1	43,335	579.3	5.0
Northeast	1,872	130.6	9,854	687.4	5.3
Midwest	1,948	115.4	8,464	501.3	4.3
South	3,385	125.3	17,939	664.1	5.3
West	1,481	89.4	7,077	427.1	4.8
65 years and over:					
United States	13,070	350.8	71,530	1,919.7	5.5
Northeast	2,881	386.9	17,029	2,286.2	5.9
Midwest	3,532	416.8	17,101	2,018.1	4.8
South	4,452	327.6	25,420	1,870.5	5.7
West	2,205	284.6	11,980	1,546.2	5.4
Male					
All ages:					
United States	13,990	95.5	72,483	494.7	5.2
Northeast	3,045	114.7	17,193	647.4	5.6
Midwest	3,136	96.4	13,780	423.5	4.4
South	5,220	98.5	28,225	532.4	5.4
West	2,589	75.3	13,285	386.2	5.1
Under 15 years:					
United States	1,295	41.7	6,312	203.1	4.9
Northeast	271	51.5	1,605	304.5	5.9
Midwest	133	19.5	437	64.2	3.3
South	519	45.4	2,372	207.6	4.6
West	*	*	*	*	5.1
15–44 years:					
United States	2,922	46.2	14,574	230.2	5.0
Northeast	674	59.6	3,717	328.7	5.5
Midwest	586	42.1	2,330	167.6	4.0
South	1,174	51.5	6,176	270.9	5.3
West	488	31.9	2,351	153.6	4.8
45–64 years:					
United States	4,287	117.6	21,893	600.4	5.1
Northeast	918	132.5	4,911	708.4	5.3
Midwest	955	115.2	4,187	504.8	4.4
South	1,653	126.4	9,068	693.5	5.5
West	760	93.1	3,727	456.7	4.9

See footnotes at end of table.

Table 3. Number and rate of discharges from short-stay hospitals and of days of care with average length of stay, by sex, age, and geographic region: United States, 2006—Con.

[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants]

Sex, age, and region	Discharges		Days of care		Average length of stay in days
	Number in thousands	Rate per 1,000 population ¹	Number in thousands	Rate per 1,000 population ¹	
65 years and over:					
United States	5,487	350.4	29,705	1,897.2	5.4
Northeast	1,182	387.6	6,961	2,283.6	5.9
Midwest	1,463	414.4	6,826	1,934.0	4.7
South	1,873	327.9	10,609	1,857.2	5.7
West	970	288.0	5,309	1,576.8	5.5
Female					
All ages:					
United States	20,864	137.5	93,858	618.7	4.5
Northeast	4,232	150.4	21,261	755.9	5.0
Midwest	4,815	143.3	19,805	589.5	4.1
South	7,920	143.0	36,249	654.3	4.6
West	3,898	112.7	16,543	478.3	4.2
Under 15 years:					
United States	1,003	33.8	4,678	157.7	4.7
Northeast	204	40.5	1,027	204.0	5.0
Midwest	102	15.8	383	59.0	3.7
South	419	38.3	1,719	157.4	4.1
West	*	*	*	*	5.6
15–44 years:					
United States	7,878	126.9	25,913	417.3	3.3
Northeast	1,375	121.8	5,223	462.8	3.8
Midwest	1,650	121.7	4,869	359.1	3.0
South	3,190	140.8	10,848	478.7	3.4
West	1,663	114.1	4,972	341.0	3.0
45–64 years:					
United States	4,399	114.7	21,442	559.2	4.9
Northeast	953	128.7	4,944	667.6	5.2
Midwest	993	115.6	4,277	497.9	4.3
South	1,732	124.3	8,871	636.5	5.1
West	721	85.7	3,350	398.3	4.6
65 years and over:					
United States	7,584	351.0	41,826	1,936.1	5.5
Northeast	1,700	386.3	10,067	2,288.1	5.9
Midwest	2,069	418.5	10,275	2,078.1	5.0
South	2,579	327.4	14,811	1,880.2	5.7
West	1,235	281.9	6,672	1,522.7	5.4

* Figure does not meet standards of reliability or precision.

¹Rates were calculated using U.S. Census Bureau 2000-based postcensal estimates of the civilian population as of July 1, 2006.

Table 4. Number of discharges from short-stay hospitals and of days of care with average length of stay, by principal expected source of payment, sex, age, and geographic region: United States, 2006

[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants]

Region, sex, and age	All principal expected sources of payment ¹	Medicare	Medicaid	Worker's compensation and other government payments	HMO or PPO ²	Blue Cross Blue Shield and other private insurance	Self-pay	Other payments and no charge
United States		Number of discharges in thousands						
All	34,854	13,523	5,913	726	4,866	6,494	1,627	1,146
Male	13,990	5,786	1,906	408	1,764	2,583	820	478
Female	20,864	7,737	4,007	319	3,102	3,911	807	668
Under 15 years	2,298	9	1,130	36	360	499	55	*
15-44 years	10,800	621	3,311	303	2,147	2,738	923	566
45-64 years	8,686	1,707	1,259	301	1,711	2,605	583	352
65 years and over	13,070	11,187	212	86	648	652	65	83
Northeast								
All	7,277	2,787	1,108	93	1,064	1,540	261	168
Male	3,045	1,185	475	56	402	629	136	64
Female	4,232	1,601	633	37	662	910	124	103
Under 15 years	475	*	182	*	78	141	18	*
15-44 years	2,049	119	579	36	436	599	137	70
45-64 years	1,872	343	304	34	380	605	88	46
65 years and over	2,881	2,323	43	*	170	194	*	*
Midwest								
All	7,951	3,772	991	*	974	1,566	307	178
Male	3,136	1,575	279	56	345	611	161	83
Female	4,815	2,197	711	*	628	955	146	95
Under 15 years	235	*	98	*	*	81	*	*
15-44 years	2,236	143	645	*	452	685	164	86
45-64 years	1,948	371	224	*	397	685	126	76
65 years and over	3,532	3,257	24	*	78	116	12	15
South								
All	13,140	4,924	2,383	354	1,485	2,466	796	*
Male	5,220	2,120	656	205	527	996	388	*
Female	7,920	2,804	1,727	150	958	1,470	408	*
Under 15 years	938	*	479	15	100	176	21	*
15-44 years	4,364	282	1,367	151	681	1,059	476	*
45-64 years	3,385	757	462	152	528	1,008	274	*
65 years and over	4,452	3,879	75	36	176	223	25	21
West								
All	6,486	2,041	1,430	175	1,344	923	263	256
Male	2,589	906	*	92	490	347	134	101
Female	3,898	1,135	936	83	853	576	128	155
Under 15 years	*	*	*	12	*	*	11	*
15-44 years	2,151	76	720	78	578	396	146	130
45-64 years	1,481	236	269	68	406	308	95	86
65 years and over	2,205	1,727	70	17	224	119	*11	*
United States		Number of days of care in thousands						
All	166,342	76,143	28,247	3,615	18,896	25,616	6,467	4,929
Male	72,483	32,191	12,087	2,237	7,595	11,490	3,516	2,273
Female	93,858	43,952	16,160	1,377	11,301	14,126	2,951	2,656
Under 15 years	10,990	*	6,174	255	1,535	1,853	186	*
15-44 years	40,486	3,875	12,879	1,418	6,833	9,232	3,313	2,240
45-64 years	43,335	10,572	7,850	1,494	7,280	11,114	2,645	1,584
65 years and over	71,530	61,647	1,344	448	3,248	3,417	323	424

See footnotes at end of table.

Table 4. Number of discharges from short-stay hospitals and of days of care with average length of stay, by principal expected source of payment, sex, age, and geographic region: United States, 2006—Con.

[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants]

Region, sex, and age	All principal expected sources of payment ¹	Medicare	Medicaid	Worker's compensation and other government payments	HMO or PPO ²	Blue Cross Blue Shield and other private insurance	Self-pay	Other payments and no charge
Northeast		Number of days of care in thousands						
All	38,454	16,934	6,635	441	4,622	6,623	1,217	775
Male	17,193	7,229	3,361	280	1,822	2,980	723	352
Female	21,261	9,706	3,274	161	2,800	3,643	493	424
Under 15 years	2,632	*	1,237	*	*	691	87	*
15–44 years	8,939	807	3,068	148	1,582	2,237	583	269
45–64 years	9,854	2,177	2,043	156	1,759	2,655	461	223
65 years and over	17,029	13,943	287	*	973	1,040	*	*
Midwest								
All	33,585	18,641	3,865	*	3,298	5,437	978	694
Male	13,780	7,452	1,372	*	1,287	2,403	537	361
Female	19,805	11,189	2,493	*	2,011	3,035	441	333
Under 15 years	820	*	414	*	*	228	*	*
15–44 years	7,200	680	2,165	*	1,352	1,997	468	313
45–64 years	8,464	2,100	1,179	*	1,455	2,665	458	300
65 years and over	17,101	15,861	107	*	334	547	42	*
South								
All	64,474	29,010	10,884	1,923	5,917	10,293	3,178	*
Male	28,225	12,476	4,117	1,256	2,429	4,699	1,689	*
Female	36,249	16,534	6,767	667	3,488	5,594	1,489	*
Under 15 years	4,092	*	2,309	68	405	632	53	*
15–44 years	17,024	1,951	5,138	810	2,152	3,739	1,739	*
45–64 years	17,939	4,818	3,004	845	2,420	4,622	1,243	*
65 years and over	25,420	22,210	432	201	940	1,299	144	115
West								
All	29,828	11,557	6,863	815	5,059	3,263	1,094	1,005
Male	13,285	5,034	*	441	2,057	1,408	567	463
Female	16,543	6,523	3,626	374	3,003	1,854	527	541
Under 15 years	*	*	*	*	*	*	*	*
15–44 years	7,323	437	2,508	318	1,746	1,259	523	445
45–64 years	7,077	1,477	1,624	276	1,646	1,172	483	345
65 years and over	11,980	9,633	*	93	1,002	531	*53	*
United States		Average length of stay in days						
All	4.8	5.6	4.8	5.0	3.9	3.9	4.0	4.3
Male	5.2	5.6	6.3	5.5	4.3	4.4	4.3	4.8
Female	4.5	5.7	4.0	4.3	3.6	3.6	3.7	4.0
Under 15 years	4.8	5.3	5.5	7.1	4.3	3.7	3.4	4.7
15–44 years	3.7	6.2	3.9	4.7	3.2	3.4	3.6	4.0
45–64 years	5.0	6.2	6.2	5.0	4.3	4.3	4.5	4.5
65 years and over	5.5	5.5	6.3	5.2	5.0	5.2	4.9	5.1
Northeast								
All	5.3	6.1	6.0	4.7	4.3	4.3	4.7	4.6
Male	5.6	6.1	7.1	5.0	4.5	4.7	5.3	5.5
Female	5.0	6.1	5.2	4.3	4.2	4.0	4.0	4.1
Under 15 years	5.5	*	6.8	7.5	3.9	4.9	4.9	5.7
15–44 years	4.4	6.8	5.3	4.1	3.6	3.7	4.3	3.8
45–64 years	5.3	6.3	6.7	4.5	4.6	4.4	5.2	4.8
65 years and over	5.9	6.0	6.6	5.3	5.7	5.4	4.8	5.3

See footnotes at end of table.

Table 4. Number of discharges from short-stay hospitals and of days of care with average length of stay, by principal expected source of payment, sex, age, and geographic region: United States, 2006—Con.

[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants]

Region, sex, and age	All principal expected sources of payment ¹	Medicare	Medicaid	Worker's compensation and other government payments	HMO or PPO ²	Blue Cross Blue Shield and other private insurance	Self-pay	Other payments and no charge
Midwest		Average length of stay in days						
All	4.2	4.9	3.9	4.2	3.4	3.5	3.2	3.9
Male	4.4	4.7	4.9	4.7	3.7	3.9	3.3	4.4
Female	4.1	5.1	3.5	3.6	3.2	3.2	3.0	3.5
Under 15 years	3.5	*	4.2	*	3.4	2.8	*2.1	*
15–44 years	3.2	4.7	3.4	3.8	3.0	2.9	2.8	3.7
45–64 years	4.3	5.7	5.3	4.6	3.7	3.9	3.6	4.0
65 years and over	4.8	4.9	4.5	4.2	4.3	4.7	3.5	5.2
South								
All	4.9	5.9	4.6	5.4	4.0	4.2	4.0	4.5
Male	5.4	5.9	6.3	6.1	4.6	4.7	4.4	4.8
Female	4.6	5.9	3.9	4.5	3.6	3.8	3.7	4.3
Under 15 years	4.4	5.3	4.8	4.6	4.1	3.6	2.5	4.1
15–44 years	3.9	6.9	3.8	5.4	3.2	3.5	3.7	4.3
45–64 years	5.3	6.4	6.5	5.6	4.6	4.6	4.5	5.0
65 years and over	5.7	5.7	5.8	5.5	5.3	5.8	5.8	5.4
West								
All	4.6	5.7	4.8	4.7	3.8	3.5	4.2	3.9
Male	5.1	5.6	6.5	4.8	4.2	4.1	4.2	4.6
Female	4.2	5.7	3.9	4.5	3.5	3.2	4.1	3.5
Under 15 years	5.3	*	6.0	*	4.9	3.0	3.2	*
15–44 years	3.4	5.7	3.5	4.1	3.0	3.2	3.6	3.4
45–64 years	4.8	6.3	6.0	4.1	4.1	3.8	5.1	4.0
65 years and over	5.4	5.6	7.4	5.4	4.5	4.5	*4.9	4.7

* Figure does not meet standards of reliability or precision.

¹Includes discharges for which no expected source of payment was provided.²HMO is health maintenance organization; PPO is preferred provider organization.

Table 5. Number and percent distribution of discharges from short-stay hospitals and of days of care with average length of stay, by bed size of hospital, according to sex, age, and geographic region: United States, 2006

[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants]

Sex, age, and region	All bed sizes	6–99 beds	100–199 beds	200–299 beds	300–499 beds	500 beds or more
Number of discharges in thousands						
All	34,854	7,997	7,308	6,719	8,053	4,777
Sex						
Male	13,990	3,108	2,804	2,740	3,229	2,109
Female	20,864	4,889	4,504	3,979	4,823	2,668
Age						
Under 15 years	2,298	352	370	*	628	298
15–44 years	10,800	2,353	2,335	1,945	2,624	1,542
45–64 years	8,686	1,793	1,817	1,582	2,087	1,408
65 years and over	13,070	3,499	2,786	2,542	2,715	1,529
Region						
Northeast	7,277	1,420	1,659	1,358	1,439	1,401
Midwest	7,951	2,944	1,387	*	*	906
South	13,140	2,970	2,624	2,375	2,901	2,270
West	6,486	*	1,639	1,578	2,408	200
Percent distribution of discharges						
All	100.0	22.9	21.0	19.3	23.1	13.7
Sex						
Male	100.0	22.2	20.0	19.6	23.1	15.1
Female	100.0	23.4	21.6	19.1	23.1	12.8
Age						
Under 15 years	100.0	15.3	16.1	*	27.3	13.0
15–44 years	100.0	21.8	21.6	18.0	24.3	14.3
45–64 years	100.0	20.6	20.9	18.2	24.0	16.2
65 years and over	100.0	26.8	21.3	19.4	20.8	11.7
Region						
Northeast	100.0	19.5	22.8	18.7	19.8	19.3
Midwest	100.0	37.0	17.4	17.7	16.4	11.4
South	100.0	22.6	20.0	18.1	22.1	17.3
West	100.0	*	25.3	24.3	37.1	3.1
Number of days of care in thousands						
All	166,342	33,468	33,097	32,024	40,823	26,930
Sex						
Male	72,483	13,630	13,663	13,990	18,097	13,103
Female	93,858	19,838	19,434	18,034	22,726	13,826
Age						
Under 15 years	10,990	1,466	*	*	3,192	1,503
15–44 years	40,486	8,330	8,038	7,004	10,142	6,973
45–64 years	43,335	7,628	8,407	7,624	11,331	8,345
65 years and over	71,530	16,043	15,204	14,015	16,159	10,109
Region						
Northeast	38,454	7,234	8,347	6,865	8,256	7,752
Midwest	33,585	10,632	5,973	*	*	4,702
South	64,474	13,110	11,828	11,645	14,570	13,322
West	29,828	*	6,949	*	11,910	1,154

See footnote at end of table.

Table 5. Number and percent distribution of discharges from short-stay hospitals and of days of care with average length of stay, by bed size of hospital, according to sex, age, and geographic region: United States, 2006—Con.

[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants]

Sex, age, and region	All bed sizes	6–99 beds	100–199 beds	200–299 beds	300–499 beds	500 beds or more
Percent distribution of days of care						
All	100.0	20.1	19.9	19.3	24.5	16.2
Sex						
Male	100.0	18.8	18.8	19.3	25.0	18.1
Female	100.0	21.1	20.7	19.2	24.2	14.7
Age						
Under 15 years	100.0	*	*	*	29.0	13.7
15–44 years	100.0	20.6	19.9	17.3	25.1	17.2
45–64 years	100.0	17.6	19.4	17.6	26.1	19.3
65 years and over	100.0	22.4	21.3	19.6	22.6	14.1
Region						
Northeast	100.0	18.8	21.7	17.9	21.5	20.2
Midwest	100.0	31.7	17.8	18.4	18.1	14.0
South	100.0	20.3	18.3	18.1	22.6	20.7
West	100.0	*	23.3	24.6	39.9	3.9
Average length of stay in days						
All	4.8	4.2	4.5	4.8	5.1	5.6
Sex						
Male	5.2	4.4	4.9	5.1	5.6	6.2
Female	4.5	4.1	4.3	4.5	4.7	5.2
Age						
Under 15 years	4.8	4.2	3.9	5.2	5.1	5.0
15–44 years	3.7	3.5	3.4	3.6	3.9	4.5
45–64 years	5.0	4.3	4.6	4.8	5.4	5.9
65 years and over	5.5	4.6	5.5	5.5	6.0	6.6
Region						
Northeast	5.3	5.1	5.0	5.1	5.7	5.5
Midwest	4.2	3.6	4.3	4.4	4.7	5.2
South	4.9	4.4	4.5	4.9	5.0	5.9
West	4.6	3.8	4.2	4.6	4.9	5.8

* Figure does not meet standards of reliability or precision.

Table 6. Number and percent distribution of discharges from short-stay hospitals and of days of care, with average length of stay, by hospital ownership, according to sex and age: United States, 2006

[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants]

Sex and age	All	Proprietary	Government	Nonprofit
Number of discharges in thousands				
All	34,854	4,107	4,279	26,468
Sex				
Male	13,990	1,523	1,791	10,676
Female	20,864	2,583	2,487	15,793
Age				
Under 15 years	2,298	*	233	1,785
15-44 years	10,800	1,535	1,485	7,780
45-64 years	8,686	955	1,164	6,567
65 years and over	13,070	1,338	1,397	10,336
Percent distribution of discharges				
All	100.0	11.8	12.3	75.9
Sex				
Male	100.0	10.9	12.8	76.3
Female	100.0	12.4	11.9	75.7
Age				
Under 15 years	100.0	*	10.2	77.7
15-44 years	100.0	14.2	13.7	72.0
45-64 years	100.0	11.0	13.4	75.6
65 years and over	100.0	10.2	10.7	79.1
Number of days of care in thousands				
All	166,342	21,041	22,053	123,248
Sex				
Male	72,483	8,555	10,201	53,728
Female	93,858	12,486	11,852	69,520
Age				
Under 15 years	10,990	*	876	8,950
15-44 years	40,486	6,229	6,414	27,844
45-64 years	43,335	5,481	6,564	31,290
65 years and over	71,530	8,167	8,199	55,164
Percent distribution of days of care				
All	100.0	12.6	13.3	74.1
Sex				
Male	100.0	11.8	14.1	74.1
Female	100.0	13.3	12.6	74.1
Age				
Under 15 years	100.0	*	8.0	81.4
15-44 years	100.0	15.4	15.8	68.8
45-64 years	100.0	12.6	15.1	72.2
65 years and over	100.0	11.4	11.5	77.1
Average length of stay in days				
All	4.8	5.1	5.2	4.7
Sex				
Male	5.2	5.6	5.7	5.0
Female	4.5	4.8	4.8	4.4
Age				
Under 15 years	4.8	4.2	3.8	5.0
15-44 years	3.7	4.1	4.3	3.6
45-64 years	5.0	5.7	5.6	4.8
65 years and over	5.5	6.1	5.9	5.3

* Figure does not meet standards of reliability or precision.

Table 7. Number and percent distribution of discharges by type and source of admission to short-stay hospitals, according to sex and age: United States, 2006

[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants]

Admission type and source	All ages	Male	Female	Under 15 years	15–44 years	45–64 years	65 years and over
Number of discharges in thousands							
All types and sources	34,854	13,990	20,864	2,298	10,800	8,686	13,070
Type of admission							
Emergency	14,781	6,766	8,015	865	3,422	4,015	6,479
Urgent	8,500	3,079	5,420	744	3,099	1,723	2,933
Elective	8,383	2,819	5,564	*	3,113	2,126	2,663
Item not available	3,190	1,326	1,864	207	1,166	822	996
Source of admission							
Physician referral ¹	13,759	4,450	9,309	786	5,589	3,130	4,254
Emergency department	14,921	6,867	8,054	913	3,278	4,057	6,673
Transfer from a hospital	1,069	527	542	150	182	276	462
Transfer from other health facility ²	429	192	237	17	51	89	272
Other sources ³	614	228	385	*	330	127	106
Item not available	4,061	1,725	2,337	381	1,369	1,007	1,304
Percent distribution							
All types and sources	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Type of admission							
Emergency	42.4	48.4	38.4	37.7	31.7	46.2	49.6
Urgent	24.4	22.0	26.0	32.4	28.7	19.8	22.4
Elective	24.1	20.1	26.7	20.9	28.8	24.5	20.4
Item not available	9.2	9.5	8.9	9.0	10.8	9.5	7.6
Source of admission							
Physician referral ¹	39.5	31.8	44.6	34.2	51.8	36.0	32.5
Emergency department	42.8	49.1	38.6	39.7	30.4	46.7	51.1
Transfer from a hospital	3.1	3.8	2.6	6.5	1.7	3.2	3.5
Transfer from other health facility ²	1.2	1.4	1.1	0.8	0.5	1.0	2.1
Other sources ³	1.8	1.6	1.8	*	3.1	1.5	0.8
Item not available	11.7	12.3	11.2	16.6	12.7	11.6	10.0

* Figure does not meet standards of reliability or precision.

¹Referral from personal physician, clinic physician, or health maintenance organization physician.²Transfer from skilled nursing facility or other health facility.³Includes admissions directed by a court of law or requested by a law enforcement agent and other sources.

Table 8. Number and percent distribution of discharges from short-stay hospitals and of days of care, with average length of stay, by disposition of patient, according to sex, age, and geographic region: United States, 2006

[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants]

Sex, age, and region	All dispositions	Discharged alive					Died	Status not stated
		Routine or discharged home	Transferred to					
			Other short-term hospital	Long-term care institution	Other			
Number of discharges in thousands								
All	34,854	26,906	1,535	3,161	2,009	730	514	
Sex								
Male	13,990	10,549	712	1,185	922	359	264	
Female	20,864	16,357	823	1,976	1,087	372	249	
Age								
Under 65 years	21,783	19,073	638	550	973	206	343	
Under 15 years	2,298	2,150	45	11	45	15	32	
15–44 years	10,800	9,862	190	116	426	46	160	
45–64 years	8,686	7,061	403	424	502	145	151	
65 years and over	13,070	7,833	897	2,610	1,035	524	171	
65–74 years	4,793	3,402	309	567	314	133	69	
75–84 years	5,252	3,112	369	1,059	433	213	67	
85 years and over	3,025	1,319	219	984	289	179	36	
Region								
Northeast	7,277	5,471	280	846	486	148	45	
Midwest	7,951	5,867	360	962	524	164	*	
South	13,140	10,372	547	969	630	268	353	
West	6,486	5,196	348	383	369	150	*	
Percent distribution of discharges								
All	100.0	77.2	4.4	9.1	5.8	2.1	1.5	
Sex								
Male	100.0	75.4	5.1	8.5	6.6	2.6	1.9	
Female	100.0	78.4	3.9	9.5	5.2	1.8	1.2	
Age								
Under 65 years	100.0	87.6	2.9	2.5	4.5	0.9	1.6	
Under 15 years	100.0	93.6	2.0	0.5	2.0	0.7	1.4	
15–44 years	100.0	91.3	1.8	1.1	3.9	0.4	1.5	
45–64 years	100.0	81.3	4.6	4.9	5.8	1.7	1.7	
65 years and over	100.0	59.9	6.9	20.0	7.9	4.0	1.3	
65–74 years	100.0	71.0	6.4	11.8	6.5	2.8	1.4	
75–84 years	100.0	59.3	7.0	20.2	8.2	4.0	1.3	
85 years and over	100.0	43.6	7.3	32.5	9.5	5.9	1.2	
Region								
Northeast	100.0	75.2	3.8	11.6	6.7	2.0	*	
Midwest	100.0	73.8	4.5	12.1	6.6	2.1	*	
South	100.0	78.9	4.2	7.4	4.8	2.0	2.7	
West	100.0	80.1	5.4	5.9	5.7	2.3	*	
Number of days of care in thousands								
All	166,342	109,771	9,176	24,864	12,801	6,080	3,649	
Sex								
Male	72,483	46,817	4,272	10,240	5,957	3,121	2,077	
Female	93,858	62,954	4,905	14,624	6,844	2,959	1,572	
Age								
Under 65 years	94,811	75,053	3,884	5,444	5,955	2,152	2,323	
Under 15 years	10,990	9,473	*	*	357	*	142	
15–44 years	40,486	34,754	973	1,121	2,191	398	1,050	
45–64 years	43,335	30,826	2,459	4,104	3,406	1,408	1,131	
65 years and over	71,530	34,718	5,292	19,420	6,846	3,928	1,326	
65–74 years	24,914	14,654	1,843	4,651	1,990	1,180	596	
75–84 years	29,579	13,951	2,193	8,243	2,971	1,721	499	
85 years and over	17,037	6,113	1,256	6,526	1,886	1,027	231	

See footnote at end of table.

Table 8. Number and percent distribution of discharges from short-stay hospitals and of days of care, with average length of stay, by disposition of patient, according to sex, age, and geographic region: United States, 2006—Con.

[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants]

Sex, age, and region	All dispositions	Discharged alive					Died	Status not stated
		Routine or discharged home	Transferred to					
			Other short-term hospital	Long-term care institution	Other			
		Number of days of care in thousands						
Region								
Northeast	38,454	24,736	1,721	6,965	3,241	1,480	311	
Midwest	33,585	20,817	1,664	6,599	3,028	941	*	
South	64,474	43,709	3,423	7,979	4,461	2,356	2,547	
West	29,828	20,509	2,368	3,321	2,071	1,303	*	
		Percent distribution of days of care						
All	100.0	66.0	5.5	14.9	7.7	3.7	2.2	
		Sex						
Male	100.0	64.6	5.9	14.1	8.2	4.3	2.9	
Female	100.0	67.1	5.2	15.6	7.3	3.2	1.7	
		Age						
Under 65 years	100.0	79.2	4.1	5.7	6.3	2.3	2.4	
Under 15 years	100.0	86.2	4.1	*	3.2	*	1.3	
15–44 years	100.0	85.8	2.4	2.8	5.4	1.0	2.6	
45–64 years	100.0	71.1	5.7	9.5	7.9	3.2	2.6	
65 years and over	100.0	48.5	7.4	27.1	9.6	5.5	1.9	
65–74 years	100.0	58.8	7.4	18.7	8.0	4.7	2.4	
75–84 years	100.0	47.2	7.4	27.9	10.0	5.8	1.7	
85 years and over	100.0	35.9	7.4	38.3	11.1	6.0	1.4	
		Region						
Northeast	100.0	64.3	4.5	18.1	8.4	3.8	0.8	
Midwest	100.0	62.0	5.0	19.6	9.0	2.8	*	
South	100.0	67.8	5.3	12.4	6.9	3.7	3.9	
West	100.0	68.8	7.9	11.1	6.9	4.4	*	
		Average length of stay in days						
All	4.8	4.1	6.0	7.9	6.4	8.3	7.1	
		Sex						
Male	5.2	4.4	6.0	8.6	6.5	8.7	7.9	
Female	4.5	3.8	6.0	7.4	6.3	8.0	6.3	
		Age						
Under 65 years	4.4	3.9	6.1	9.9	6.1	10.5	6.8	
Under 15 years	4.8	4.4	10.0	*	7.9	23.2	4.5	
15–44 years	3.7	3.5	5.1	9.7	5.1	8.7	6.6	
45–64 years	5.0	4.4	6.1	9.7	6.8	9.7	7.5	
65 years and over	5.5	4.4	5.9	7.4	6.6	7.5	7.8	
65–74 years	5.2	4.3	6.0	8.2	6.3	8.9	8.7	
75–84 years	5.6	4.5	6.0	7.8	6.9	8.1	7.5	
85 years and over	5.6	4.6	5.7	6.6	6.5	5.8	6.5	
		Region						
Northeast	5.3	4.5	6.1	8.2	6.7	10.0	6.8	
Midwest	4.2	3.5	4.6	6.9	5.8	5.7	7.2	
South	4.9	4.2	6.3	8.2	7.1	8.8	7.2	
West	4.6	3.9	6.8	8.7	5.6	8.7	6.2	

* Figure does not meet standards of reliability or precision.

Table 9. Number and rate of discharges from short-stay hospitals and of days of care, with average length of stay, by selected first-listed diagnostic categories: United States, 2006[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants. Diagnostic groupings and code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD–9–CM)*]

Category of first-listed diagnosis and ICD–9–CM code	Discharges		Days of care		Average length of stay in days
	Number in thousands	Rate per 10,000 population ¹	Number in thousands	Rate per 10,000 population ¹	
All conditions ²	34,854	1,168.7	166,342	5,577.8	4.8
Heart disease391–392.0,393–398,402,404,410–416,420–429	4,202	140.9	18,528	621.3	4.4
Acute myocardial infarction410	647	21.7	3,512	117.8	5.4
Coronary atherosclerosis414.0	953	32.0	3,081	103.3	3.2
Other ischemic heart disease411–413,414.1–414.9	160	5.4	402	13.5	2.5
Cardiac dysrhythmias427	772	25.9	2,626	88.1	3.4
Congestive heart failure428.0,428.2–428.4	1,102	36.9	5,668	190.1	5.1
Females with deliveriesV27	4,127	138.4	10,868	364.4	2.6
Psychoses290–299	1,747	58.6	13,420	450.0	7.7
Schizophrenic disorders295	333	11.2	3,910	131.1	11.7
Major depressive disorder296.2–296.3	459	15.4	3,067	102.8	6.7
Pneumonia480–486	1,232	41.3	6,308	211.5	5.1
Malignant neoplasms140–208,230–234	1,208	40.5	7,908	265.2	6.5
Malignant neoplasm of large intestine and rectum153–154,197.5	154	5.2	1,209	40.5	7.8
Malignant neoplasm of trachea, bronchus, and lung162,176.4,197.0,197.3	166	5.6	1,188	39.8	7.2
Fractures, all sites ³800–829	1,074	36.0	5,734	192.3	5.3
Fracture of neck of femur ³820	330	11.1	2,032	68.1	6.2
Certain complications of surgical and medical care996–999	912	30.6	5,580	187.1	6.1
Cerebrovascular disease430–438	889	29.8	4,389	147.2	4.9
Osteoarthritis and allied disorders715	753	25.3	2,832	94.9	3.8
Cellulitis and abscess681–682	589	19.7	2,603	87.3	4.4
Diabetes mellitus250	584	19.6	2,742	92.0	4.7
Septicemia038	530	17.8	4,589	153.9	8.7
Chronic bronchitis491	513	17.2	2,397	80.4	4.7
Volume depletion276.5	480	16.1	1,663	55.8	3.5
Urinary tract infection599.0	479	16.0	2,224	74.6	4.6
Asthma493	444	14.9	1,426	47.8	3.2
Benign neoplasms210–229	378	12.7	1,262	42.3	3.3
Benign neoplasm of uterus218–219	211	7.1	510	17.1	2.4
Noninfectious enteritis and colitis555–558	356	11.9	1,510	50.6	4.2
Cholelithiasis574	335	11.2	1,279	42.9	3.8
Intervertebral disc disorders722	324	10.9	1,005	33.7	3.1
Intestinal obstruction560	323	10.8	1,993	66.8	6.2
Appendicitis540–543	318	10.7	993	33.3	3.1
Anemias280–285	315	10.6	1,268	42.5	4.0
Diverticula of intestine562	314	10.5	1,512	50.7	4.8
Essential hypertension401	293	9.8	653	21.9	2.2
Poisonings960–989	271	9.1	787	26.4	2.9
Acute pancreatitis577.0	233	7.8	1,216	40.8	5.2
Acute bronchitis and bronchiolitis466	217	7.3	692	23.2	3.2
Calculus of kidney and ureter592	166	5.6	403	13.5	2.4

¹Rates were calculated using U.S. Census Bureau 2000-based postcensal estimates of the civilian population as July 1, 2006.²Includes data for diagnostic conditions not shown in table.³Excludes fractures coded as 733.1, "pathologic fracture."

Table 10. Number and rate of discharges from short-stay hospitals with average length of stay, for patients age 65 and over, by age and selected first-listed diagnostic categories: United States, 2006[Discharges of inpatients from nonfederal hospitals. Diagnostic groupings and code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM)]

Category of first-listed diagnosis and ICD-9-CM code	65 years and over	65-74 years	75-84 years	85 years and over
	Discharges in thousands			
All conditions ¹	13,070	4,793	5,252	3,025
Heart disease391-392.0,393-398,402,404,410-416,420-429	2,624	925	1,066	633
Acute myocardial infarction410	394	137	155	101
Coronary atherosclerosis414.0	496	249	195	52
Cardiac dysrhythmias427	522	169	232	121
Congestive heart failure428.0,428.2-428.4	803	218	317	268
Pneumonia480-486	704	211	279	214
Malignant neoplasms140-208,230-234	636	311	240	86
Cerebrovascular disease430-438	606	210	247	148
Fractures, all sites ²800-829	566	114	238	214
Fracture of neck of femur ²820	293	41	128	125
Osteoarthritis and allied disorders715	452	249	169	34
Certain complications of surgical and medical care996-999	365	173	148	44
Septicemia038	345	96	140	109
Urinary tract infection599.0	343	76	134	132
Chronic bronchitis491	333	146	143	44
Volume depletion276.5	240	56	96	88
Psychoses290-299	191	82	72	37
Diabetes mellitus250	188	88	73	27
Diverticula of intestine562	174	71	64	38
Cellulitis and abscess681-682	169	66	63	40
Intestinal obstruction560	167	54	75	38
Anemias280-285	152	52	58	42
Noninfectious enteritis and colitis555-558	126	43	54	29
Essential hypertension401	125	57	41	27
Cholelithiasis574	116	50	50	16
Asthma493	88	46	29	13
	Discharge rate per 10,000 population ³			
All conditions ¹	3,507.9	2,533.6	4,025.9	5,711.4
Heart disease391-392.0,393-398,402,404,410-416,420-429	704.2	489.0	817.2	1,194.3
Acute myocardial infarction410	105.7	72.6	118.8	191.3
Coronary atherosclerosis414.0	133.2	131.8	149.4	98.3
Cardiac dysrhythmias427	140.2	89.4	178.0	228.5
Congestive heart failure428.0,428.2-428.4	215.5	115.2	243.0	506.3
Pneumonia480-486	189.0	111.3	214.1	404.5
Malignant neoplasms140-208,230-234	170.6	164.1	183.6	161.9
Cerebrovascular disease430-438	162.5	111.2	189.2	280.1
Fractures, all sites ²800-829	151.8	60.1	182.7	403.6
Fracture of neck of femur ²820	78.7	21.5	98.0	235.7
Osteoarthritis and allied disorders715	121.3	131.6	129.7	63.7
Certain complications of surgical and medical care996-999	98.1	91.4	113.6	83.7
Septicemia038	92.5	50.8	107.3	205.3
Urinary tract infection599.0	92.0	40.4	102.6	250.1
Chronic bronchitis491	89.4	77.2	109.7	83.4
Volume depletion276.5	64.5	29.9	73.5	166.3
Psychoses290-299	51.2	43.5	55.2	69.1
Diabetes mellitus250	50.4	46.5	55.6	51.5
Diverticula of intestine562	46.6	37.5	49.2	72.4
Cellulitis and abscess681-682	45.5	35.1	48.6	74.9
Intestinal obstruction560	44.8	28.7	57.2	71.7
Anemias280-285	40.9	27.4	44.8	79.6
Noninfectious enteritis and colitis555-558	33.7	22.7	41.2	55.0
Essential hypertension401	33.7	30.2	31.6	51.4
Cholelithiasis574	31.1	26.6	38.3	29.5
Asthma493	23.7	24.3	22.4	25.1

See footnotes at end of table.

Table 10. Number and rate of discharges from short-stay hospitals with average length of stay, for patients age 65 and over, by age and selected first-listed diagnostic categories: United States, 2006—Con.[Discharges of inpatients from nonfederal hospitals. Diagnostic groupings and code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)*]

Category of first-listed diagnosis and ICD-9-CM code	65 years and over	65-74 years	75-84 years	85 years and over	Average length of stay in days			
All conditions ¹	5.5	5.2	5.6	5.6				
Heart disease391-392.0,393-398,402,404,410-416,420-429	4.7	4.5	4.8	4.8				
Acute myocardial infarction410	6.1	5.8	6.5	5.7				
Coronary atherosclerosis414.0	3.4	3.3	3.6	3.6				
Cardiac dysrhythmias427	3.7	3.4	3.7	4.2				
Congestive heart failure428.0,428.2-428.4	5.1	5.1	5.3	4.8				
Pneumonia480-486	5.6	5.5	5.6	5.8				
Malignant neoplasms140-208,230-234	6.9	6.8	7.2	6.4				
Cerebrovascular disease430-438	4.8	4.6	4.6	5.3				
Fractures, all sites ²800-829	5.6	5.2	5.9	5.6				
Fracture of neck of femur ²820	6.2	6.3	6.4	6.1				
Osteoarthritis and allied disorders715	3.9	3.7	4.1	4.0				
Certain complications of surgical and medical care996-999	6.3	6.7	6.1	5.8				
Septicemia038	8.4	9.2	8.8	7.2				
Urinary tract infection599.0	4.9	4.5	5.0	5.1				
Chronic bronchitis491	4.8	4.5	5.1	4.7				
Volume depletion276.5	4.1	3.7	4.0	4.6				
Psychoses290-299	8.3	8.7	8.8	6.5				
Diabetes mellitus250	5.3	5.2	5.8	4.6				
Diverticula of intestine562	4.9	4.8	5.1	4.6				
Cellulitis and abscess681-682	5.1	4.8	5.4	5.0				
Intestinal obstruction560	6.8	5.9	7.2	7.2				
Anemias280-285	3.8	3.6	4.0	3.9				
Noninfectious enteritis and colitis555-558	4.8	4.1	5.6	4.1				
Essential hypertension401	2.3	1.9	2.6	2.9				
Cholelithiasis574	5.2	4.9	5.3	5.9				
Asthma493	4.5	4.4	4.6	4.7				

¹Includes data for diagnostic conditions not shown in table.²Excludes fractures coded as 733.1, "pathologic fracture."³Rates were calculated using U.S. Census Bureau 2000-based postcensal estimates of the civilian population as of July 1, 2006.

Table 11. Number of discharges from short-stay hospitals, by age and first-listed diagnosis: United States, 2006[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants. Diagnostic groupings and code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)*]

Category of first-listed diagnosis and ICD-9-CM code	All ages	Under 15 years	15-44 years	45-64 years	65 years and over
		Number in thousands			
All conditions	34,854	2,298	10,800	8,686	13,070
Infectious and parasitic diseases001-139	1,088	138	193	262	495
Septicemia038	530	9	43	134	345
Neoplasms140-239	1,641	34	257	628	723
Malignant neoplasms140-208,230-234	1,208	23	111	438	636
Malignant neoplasm of large intestine and rectum153-154,197.5	154	*	8	46	101
Malignant neoplasm of trachea, bronchus, and lung162,176.4,197.0,197.3	166	*	*5	51	109
Benign neoplasms210-229	378	10	137	173	58
Benign neoplasm of uterus218-219	211	*	103	106	*
Endocrine, nutritional and metabolic diseases, and immunity disorders240-279	1,663	160	365	483	655
Diabetes mellitus250	584	22	169	205	188
Volume depletion276.5	480	112	46	81	240
Diseases of the blood and blood-forming organs280-289	451	55	98	102	196
Anemias280-285	315	22	75	65	152
Mental disorders290-319	2,419	*	1,332	717	239
Psychoses290-299	1,747	*	952	522	191
Schizophrenic disorders295	333	*	178	134	20
Major depressive disorder296.2-296.3	459	*	256	140	42
Diseases of the nervous system and sense organs320-389	615	83	134	151	246
Diseases of the circulatory system390-459	6,161	29	452	1,880	3,801
Essential hypertension401	293	*	45	122	125
Heart disease391-392.0,393-398,402,404,410-416,420-429	4,202	16	277	1,285	2,624
Acute myocardial infarction410	647	*	34	218	394
Coronary atherosclerosis414.0	953	*	42	415	496
Other ischemic heart disease411-413,414.1-414.9	160	*	17	67	76
Cardiac dysrhythmias427	772	5	50	193	522
Congestive heart failure428.0,428.2-428.4	1,102	*	49	246	803
Cerebrovascular disease430-438	889	*	46	236	606
Diseases of the respiratory system460-519	3,485	576	376	804	1,729
Acute bronchitis and bronchiolitis466	217	152	10	18	36
Pneumonia480-486	1,232	172	107	250	704
Chronic bronchitis491	513	*	16	163	333
Asthma493	444	145	89	121	88
Diseases of the digestive system520-579	3,517	219	858	1,111	1,329
Appendicitis540-543	318	71	163	63	21
Noninfectious enteritis and colitis555-558	356	44	95	91	126
Intestinal obstruction560	323	15	38	103	167
Diverticula of intestine562	314	*	42	99	174
Cholelithiasis574	335	*	117	99	116
Acute pancreatitis577.0	233	*2	82	92	56
Diseases of the genitourinary system580-629	1,974	75	498	524	877
Calculus of kidney and ureter592	166	*	58	71	36
Urinary tract infection599.0	479	27	32	77	343
Complications of pregnancy, childbirth, and the puerperium ¹630-677	519	*	517	*	...
Diseases of the skin and subcutaneous tissue680-709	780	*	233	224	223
Cellulitis and abscess681-682	589	56	179	184	169
Diseases of the musculoskeletal system and connective tissue710-739	1,969	40	298	720	911
Osteoarthritis and allied disorders715	753	*	21	280	452
Intervertebral disc disorders722	324	*	102	148	73
Congenital anomalies740-759	193	131	28	25	8
Certain conditions originating in the perinatal period760-779	200	200	*	*	*
Symptoms, signs, and ill-defined conditions780-799	189	42	63	44	40
Injury and poisoning800-999	2,968	211	846	764	1,147
Fractures, all sites ²800-829	1,074	63	243	202	566
Fracture of neck of femur ²820	330	*1	*6	28	293
Poisonings960-989	271	16	157	73	26
Certain complications of surgical and medical care996-999	912	34	191	322	365
Supplementary classificationsV01-V85	5,022	70	4,253	246	453
Females with deliveriesV27	4,127	*	4,112	9	...

* Figure does not meet standards of reliability or precision.

... Category not applicable.

¹First-listed diagnosis for females with deliveries is coded as V27, shown under "Supplementary classifications."²Excludes fractures coded as 733.1, "pathologic fracture."

Table 12. Rate of discharges from short-stay hospitals, by age and first-listed diagnosis: United States, 2006[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants. Diagnostic groupings and code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)*]

Category of first-listed diagnosis and ICD-9-CM code	All ages	Under	15-44	45-64	65 years
		15 years	years	years	and over
Rate per 10,000 population ¹					
All conditions	1,168.7	378.2	861.2	1,161.2	3,507.9
Infectious and parasitic diseases001-139	36.5	22.7	15.4	35.1	132.8
Septicemia038	17.8	1.5	3.4	17.9	92.5
Neoplasms140-239	55.0	5.5	20.5	83.9	194.0
Malignant neoplasms140-208,230-234	40.5	3.7	8.8	58.6	170.6
Malignant neoplasm of large intestine and rectum153-154,197.5	5.2	*	*	6.1	27.1
Malignant neoplasm of trachea, bronchus, and lung162,176.4,197.0,197.3	5.6	*	*0.4	6.8	29.3
Benign neoplasms210-229	12.7	*	10.9	23.2	15.5
Benign neoplasm of uterus218-219	7.1	*	8.2	14.2	*
Endocrine, nutritional and metabolic diseases, and immunity disorders240-279	55.8	26.3	29.1	64.6	175.8
Diabetes mellitus250	19.6	3.7	13.4	27.4	50.4
Volume depletion276.5	16.1	18.4	3.7	10.8	64.5
Diseases of the blood and blood-forming organs280-289	15.1	9.0	7.8	13.6	52.6
Anemias280-285	10.6	3.6	6.0	8.7	40.9
Mental disorders290-319	81.1	*	106.2	95.8	64.1
Psychoses290-299	58.6	*	75.9	69.8	51.2
Schizophrenic disorders295	11.2	*	14.2	18.0	5.3
Major depressive disorder296.2-296.3	15.4	*	20.4	18.7	11.3
Diseases of the nervous system and sense organs320-389	20.6	13.7	10.7	20.2	65.9
Diseases of the circulatory system390-459	206.6	4.8	36.0	251.3	1,020.0
Essential hypertension401	9.8	*	3.6	16.4	33.7
Heart disease391-392.0,393-398,402,404,410-416,420-429	140.9	2.7	22.1	171.7	704.2
Acute myocardial infarction410	21.7	*	2.7	29.2	105.7
Coronary atherosclerosis414.0	32.0	*	3.3	55.5	133.2
Other ischemic heart disease411-413,414.1-414.9	5.4	*	1.3	9.0	20.4
Cardiac dysrhythmias427	25.9	0.9	4.0	25.9	140.2
Congestive heart failure428.0,428.2-428.4	36.9	*	3.9	32.9	215.5
Cerebrovascular disease430-438	29.8	*0.4	3.6	31.5	162.5
Diseases of the respiratory system460-519	116.9	94.9	30.0	107.5	464.1
Acute bronchitis and bronchiolitis466	7.3	25.0	0.8	2.4	9.8
Pneumonia480-486	41.3	28.3	8.5	33.4	189.0
Chronic bronchitis491	17.2	*	1.3	21.7	89.4
Asthma493	14.9	23.9	7.1	16.2	23.7
Diseases of the digestive system520-579	117.9	36.1	68.4	148.6	356.7
Appendicitis540-543	10.7	11.7	13.0	8.4	5.6
Noninfectious enteritis and colitis555-558	11.9	7.2	7.6	12.2	33.7
Intestinal obstruction560	10.8	2.4	3.1	13.7	44.8
Diverticula of intestine562	10.5	*	3.3	13.3	46.6
Cholelithiasis574	11.2	*0.4	9.4	13.3	31.1
Acute pancreatitis577.0	7.8	*0.5	6.5	12.3	15.1
Diseases of the genitourinary system580-629	66.2	12.4	39.7	70.1	235.4
Calculus of kidney and ureter592	5.6	*	4.7	9.5	9.6
Urinary tract infection599.0	16.0	4.4	2.5	10.4	92.0
Complications of pregnancy, childbirth, and the puerperium ²630-677	17.4	*	41.2	*	...
Diseases of the skin and subcutaneous tissue680-709	26.2	*	18.6	29.9	59.7
Cellulitis and abscess681-682	19.7	9.2	14.3	24.6	45.5
Diseases of the musculoskeletal system and connective tissue710-739	66.0	6.5	23.8	96.3	244.5
Osteoarthritis and allied disorders715	25.3	*	1.7	37.4	121.3
Intervertebral disc disorders722	10.9	*	8.1	19.7	19.6
Congenital anomalies740-759	6.5	21.6	2.2	3.4	2.2
Certain conditions originating in the perinatal period760-779	6.7	32.9	*	*	*
Symptoms, signs, and ill-defined conditions780-799	6.3	7.0	5.0	5.9	10.7
Injury and poisoning800-999	99.5	34.7	67.4	102.1	307.9
Fractures, all sites ³800-829	36.0	10.4	19.4	27.0	151.8
Fracture of neck of femur ³820	11.1	*	*0.5	3.8	78.7
Poisonings960-989	9.1	2.6	12.5	9.8	6.9
Certain complications of surgical and medical care996-999	30.6	5.6	15.2	43.1	98.1
Supplementary classificationsV01-V85	168.4	11.6	339.1	32.8	121.6
Females with deliveriesV27	138.4	*	327.9	1.1	...

* Figure does not meet standards of reliability or precision.

... Category not applicable.

¹Rates were calculated using U.S. Census Bureau 2000-based postcensal estimates of the civilian population as July 1, 2006.²First-listed diagnosis for females with deliveries is coded as V27, shown under "Supplementary classifications."³Excludes fractures coded as 733.1, "pathologic fracture."

Table 13. Average length of stay for discharges from short-stay hospitals, by age and first-listed diagnosis: United States, 2006[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants. Diagnostic groupings and code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)*]

Category of first-listed diagnosis and ICD-9-CM code	All ages	Under 15 years	15-44 years	45-64 years	65 years and over
All conditions	4.8	4.8	3.7	5.0	5.5
Infectious and parasitic diseases001-139	6.7	3.3	5.8	7.2	7.6
Septicemia038	8.7	9.0	8.5	9.3	8.4
Neoplasms140-239	5.8	6.5	3.9	5.5	6.7
Malignant neoplasms140-208,230-234	6.5	7.7	5.4	6.2	6.9
Malignant neoplasm of large intestine and rectum153-154,197.5	7.8	*	7.2	6.9	8.3
Malignant neoplasm of trachea, bronchus, and lung162,176.4,197.0,197.3	7.2	*	*7.7	7.1	7.2
Benign neoplasms210-229	3.3	4.0	2.7	3.1	5.4
Benign neoplasm of uterus218-219	2.4	*	2.4	2.4	*
Endocrine, nutritional and metabolic diseases, and immunity disorders240-279	3.9	3.1	3.4	3.9	4.4
Diabetes mellitus250	4.7	2.8	3.9	5.0	5.3
Volume depletion276.5	3.5	2.4	3.1	3.1	4.1
Diseases of the blood and blood-forming organs280-289	4.3	4.1	4.6	4.4	4.1
Anemias280-285	4.0	3.6	4.4	4.1	3.8
Mental disorders290-319	7.0	9.7	6.6	7.1	7.6
Psychoses290-299	7.7	9.2	7.2	8.2	8.3
Schizophrenic disorders295	11.7	*	11.6	12.1	10.4
Major depressive disorder296.2-296.3	6.7	8.8	5.7	6.9	10.8
Diseases of the nervous system and sense organs320-389	5.7	5.6	3.5	5.5	7.1
Diseases of the circulatory system390-459	4.5	7.3	3.8	4.1	4.7
Essential hypertension401	2.2	*	2.0	2.2	2.3
Heart disease391-392,0,393-398,402,404,410-416,420-429	4.4	9.5	3.6	3.9	4.7
Acute myocardial infarction410	5.4	*	3.9	4.5	6.1
Coronary atherosclerosis414.0	3.2	*	2.6	3.0	3.4
Other ischemic heart disease411-413,414.1-414.9	2.5	*	1.9	2.3	2.8
Cardiac dysrhythmias427	3.4	3.2	2.3	2.8	3.7
Congestive heart failure428.0,428.2-428.4	5.1	*	4.6	5.3	5.1
Cerebrovascular disease430-438	4.9	*	5.8	5.1	4.8
Diseases of the respiratory system460-519	5.1	3.2	4.4	5.4	5.7
Acute bronchitis and bronchiolitis466	3.2	3.2	3.3	3.2	3.1
Pneumonia480-486	5.1	3.4	5.0	5.0	5.6
Chronic bronchitis491	4.7	*	5.1	4.3	4.8
Asthma493	3.2	2.2	2.7	3.8	4.5
Diseases of the digestive system520-579	4.6	3.6	3.7	4.7	5.4
Appendicitis540-543	3.1	3.2	2.6	3.6	5.9
Noninfectious enteritis and colitis555-558	4.2	2.7	3.7	4.8	4.8
Intestinal obstruction560	6.2	3.8	4.4	6.2	6.8
Diverticula of intestine562	4.8	*	4.2	4.9	4.9
Cholelithiasis574	3.8	*2.6	2.8	3.5	5.2
Acute pancreatitis577.0	5.2	*	4.8	5.0	6.1
Diseases of the genitourinary system580-629	3.9	3.3	2.6	3.7	4.7
Calculus of kidney and ureter592	2.4	*	1.9	2.5	3.0
Urinary tract infection599.0	4.6	3.2	3.8	4.4	4.9
Complications of pregnancy, childbirth, and the puerperium ¹630-677	2.7	*	2.8	*	...
Diseases of the skin and subcutaneous tissue680-709	4.9	2.6	4.6	5.4	5.7
Cellulitis and abscess681-682	4.4	3.2	3.8	4.7	5.1
Diseases of the musculoskeletal system and connective tissue710-739	3.9	3.6	3.7	3.7	4.1
Osteoarthritis and allied disorders715	3.8	*	3.3	3.6	3.9
Intervertebral disc disorders722	3.1	*	2.6	2.9	4.4
Congenital anomalies740-759	6.3	6.3	3.5	*	4.7
Certain conditions originating in the perinatal period760-779	10.7	10.7	*	*	*
Symptoms, signs, and ill-defined conditions780-799	2.4	2.1	2.5	2.0	2.9
Injury and poisoning800-999	5.4	4.4	4.7	5.9	5.8
Fractures, all sites ²800-829	5.3	2.9	5.2	5.5	5.6
Fracture of neck of femur ²820	6.2	*	*4.9	5.7	6.2
Poisonings960-989	2.9	2.3	2.4	3.6	4.2
Certain complications of surgical and medical care996-999	6.1	6.3	5.9	6.0	6.3
Supplementary classificationsV01-V85	3.8	4.6	2.8	7.8	10.8
Females with deliveriesV27	2.6	*2.6	2.6	2.7	...

* Figure does not meet standards of reliability or precision.

... Category not applicable.

¹First-listed diagnosis for females with deliveries is coded as V27, shown under "Supplementary classifications."²Excludes fractures coded as 733.1, "pathologic fracture."

Table 14. Number of discharges from short-stay hospitals, by sex and first-listed diagnosis: United States, 2006[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants. Diagnostic groupings and code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)*]

Category of first-listed diagnosis and ICD-9-CM code	Both sexes	Male	Female
		Number in thousands	
All conditions	34,854	13,990	20,864
Infectious and parasitic diseases001-139	1,088	514	573
Septicemia038	530	250	280
Neoplasms140-239	1,641	665	976
Malignant neoplasms140-208,230-234	1,208	579	629
Malignant neoplasm of large intestine and rectum153-154,197.5	154	67	87
Malignant neoplasm of trachea, bronchus, and lung162,176.4,197.0,197.3	166	81	85
Benign neoplasms210-229	378	55	323
Benign neoplasm of uterus218-219	211	...	211
Endocrine, nutritional and metabolic diseases, and immunity disorders.240-279	1,663	673	990
Diabetes mellitus250	584	283	301
Volume depletion276.5	480	185	294
Diseases of the blood and blood-forming organs280-289	451	194	257
Anemias280-285	315	128	187
Mental disorders290-319	2,419	1,222	1,198
Psychoses290-299	1,747	833	914
Schizophrenic disorders295	333	185	148
Major depressive disorder296.2-296.3	459	174	285
Diseases of the nervous system and sense organs.320-389	615	254	361
Diseases of the circulatory system390-459	6,161	3,121	3,040
Essential hypertension401	293	101	192
Heart disease391-392.0,393-398,402,404,410-416,420-429	4,202	2,213	1,988
Acute myocardial infarction410	647	358	289
Coronary atherosclerosis414.0	953	616	337
Other ischemic heart disease411-413,414.1-414.9	160	81	79
Cardiac dysrhythmias427	772	372	400
Congestive heart failure.428.0,428.2-428.4	1,102	521	581
Cerebrovascular disease.430-438	889	404	486
Diseases of the respiratory system.460-519	3,485	1,653	1,832
Acute bronchitis and bronchiolitis466	217	110	107
Pneumonia480-486	1,232	589	643
Chronic bronchitis491	513	240	273
Asthma493	444	177	266
Diseases of the digestive system520-579	3,517	1,610	1,908
Appendicitis.540-543	318	190	129
Noninfectious enteritis and colitis555-558	356	136	220
Intestinal obstruction560	323	142	180
Diverticula of intestine562	314	124	191
Cholelithiasis574	335	102	234
Acute pancreatitis577.0	233	117	116
Diseases of the genitourinary system580-629	1,974	635	1,339
Calculus of kidney and ureter.592	166	87	79
Urinary tract infection.599.0	479	145	333
Complications of pregnancy, childbirth, and the puerperium ¹630-677	519	...	519
Diseases of the skin and subcutaneous tissue.680-709	780	427	354
Cellulitis and abscess681-682	589	327	262
Diseases of the musculoskeletal system and connective tissue710-739	1,969	823	1,145
Osteoarthritis and allied disorders715	753	290	463
Intervertebral disc disorders722	324	154	170
Congenital anomalies740-759	193	101	92
Certain conditions originating in the perinatal period760-779	200	104	96
Symptoms, signs, and ill-defined conditions780-799	189	88	100
Injury and poisoning800-999	2,968	1,522	1,446
Fractures, all sites ²800-829	1,074	478	596
Fracture of neck of femur ²820	330	92	238
Poisonings960-989	271	129	142
Certain complications of surgical and medical care996-999	912	458	455
Supplementary classifications.V01-V85	5,022	385	4,636
Females with deliveriesV27	4,127	...	4,127

... Category not applicable.

¹First-listed diagnosis for females with deliveries is coded as V27, shown under "Supplementary classifications."²Excludes fractures coded as 733.1, "pathologic fracture."

Table 15. Rate of discharges from short-stay hospitals, by sex and first-listed diagnosis: United States, 2006[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants. Diagnostic groupings and code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)*]

Category of first-listed diagnosis and ICD-9-CM code	Both sexes	Rate per 10,000 population ¹	
		Male	Female
All conditions	1,168.7	954.9	1,375.3
Infectious and parasitic diseases001-139	36.5	35.1	37.8
Septicemia038	17.8	17.1	18.5
Neoplasms140-239	55.0	45.4	64.4
Malignant neoplasms140-208,230-234	40.5	39.5	41.5
Malignant neoplasm of large intestine and rectum153-154,197.5	5.2	4.6	5.7
Malignant neoplasm of trachea, bronchus, and lung162,176.4,197.0,197.3	5.6	5.5	5.6
Benign neoplasms210-229	12.7	3.7	21.3
Benign neoplasm of uterus218-219	7.1	...	13.9
Endocrine, nutritional and metabolic diseases, and immunity disorders240-279	55.8	45.9	65.3
Diabetes mellitus250	19.6	19.3	19.9
Volume depletion276.5	16.1	12.6	19.4
Diseases of the blood and blood-forming organs280-289	15.1	13.2	17.0
Anemias280-285	10.6	8.7	12.3
Mental disorders290-319	81.1	83.4	78.9
Psychoses290-299	58.6	56.9	60.2
Schizophrenic disorders295	11.2	12.7	9.7
Major depressive disorder296.2-296.3	15.4	11.9	18.8
Diseases of the nervous system and sense organs320-389	20.6	17.3	23.8
Diseases of the circulatory system390-459	206.6	213.0	200.4
Essential hypertension401	9.8	6.9	12.7
Heart disease391-392.0,393-398,402,404,410-416,420-429	140.9	151.1	131.1
Acute myocardial infarction410	21.7	24.4	19.0
Coronary atherosclerosis414.0	32.0	42.1	22.2
Other ischemic heart disease411-413,414.1-414.9	5.4	5.6	5.2
Cardiac dysrhythmias427	25.9	25.4	26.4
Congestive heart failure428.0,428.2-428.4	36.9	35.5	38.3
Cerebrovascular disease430-438	29.8	27.6	32.0
Diseases of the respiratory system460-519	116.9	112.8	120.8
Acute bronchitis and bronchiolitis466	7.3	7.5	7.0
Pneumonia480-486	41.3	40.2	42.4
Chronic bronchitis491	17.2	16.4	18.0
Asthma493	14.9	12.1	17.6
Diseases of the digestive system520-579	117.9	109.9	125.7
Appendicitis540-543	10.7	13.0	8.5
Noninfectious enteritis and colitis555-558	11.9	9.3	14.5
Intestinal obstruction560	10.8	9.7	11.9
Diverticula of intestine562	10.5	8.4	12.6
Cholelithiasis574	11.2	6.9	15.4
Acute pancreatitis577.0	7.8	8.0	7.6
Diseases of the genitourinary system580-629	66.2	43.3	88.3
Calculus of kidney and ureter592	5.6	6.0	5.2
Urinary tract infection599.0	16.0	9.9	22.0
Complications of pregnancy, childbirth, and the puerperium ²630-677	17.4	...	34.2
Diseases of the skin and subcutaneous tissue680-709	26.2	29.1	23.3
Cellulitis and abscess681-682	19.7	22.3	17.3
Diseases of the musculoskeletal system and connective tissue710-739	66.0	56.2	75.5
Osteoarthritis and allied disorders715	25.3	19.8	30.5
Intervertebral disc disorders722	10.9	10.5	11.2
Congenital anomalies740-759	6.5	6.9	6.1
Certain conditions originating in the perinatal period760-779	6.7	7.1	6.3
Symptoms, signs, and ill-defined conditions780-799	6.3	6.0	6.6
Injury and poisoning800-999	99.5	103.9	95.3
Fractures, all sites ³800-829	36.0	32.7	39.3
Fracture of neck of femur ³820	11.1	6.3	15.7
Poisonings960-989	9.1	8.8	9.3
Certain complications of surgical and medical care996-999	30.6	31.2	30.0
Supplementary classificationsV01-V85	168.4	26.3	305.6
Females with deliveriesV27	138.4	...	272.1

... Category not applicable.

¹Rates were calculated using U.S. Census Bureau 2000-based postcensal estimates of the civilian population as of July 1, 2006.²First-listed diagnosis for females with deliveries is coded as V27, shown under "Supplementary classifications."³Excludes fractures coded as 733.1, "pathologic fracture."

Table 16. Average length of stay for discharges from short-stay hospitals, by sex and first-listed diagnosis: United States, 2006[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants. Diagnostic groupings and code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)*]

Category of first-listed diagnosis and ICD-9-CM code	Both sexes	Male	Female
	Average length of stay in days		
All conditions	4.8	5.2	4.5
Infectious and parasitic diseases001-139	6.7	6.7	6.6
Septicemia038	8.7	8.8	8.5
Neoplasms140-239	5.8	6.8	5.2
Malignant neoplasms140-208,230-234	6.5	6.9	6.2
Malignant neoplasm of large intestine and rectum153-154,197.5	7.8	8.3	7.4
Malignant neoplasm of trachea, bronchus, and lung162,176.4,197.0,197.3	7.2	7.5	6.9
Benign neoplasms210-229	3.3	4.6	3.1
Benign neoplasm of uterus218-219	2.4	...	2.4
Endocrine, nutritional and metabolic diseases, and immunity disorders240-279	3.9	4.2	3.8
Diabetes mellitus250	4.7	4.9	4.5
Volume depletion276.5	3.5	3.2	3.6
Diseases of the blood and blood-forming organs280-289	4.3	4.6	4.1
Anemias280-285	4.0	4.4	3.8
Mental disorders290-319	7.0	6.9	7.1
Psychoses290-299	7.7	7.7	7.7
Schizophrenic disorders295	11.7	11.2	12.4
Major depressive disorder296.2-296.3	6.7	6.7	6.7
Diseases of the nervous system and sense organs320-389	5.7	5.7	5.7
Diseases of the circulatory system390-459	4.5	4.3	4.6
Essential hypertension401	2.2	2.0	2.3
Heart disease391-392.0,393-398,402,404,410-416,420-429	4.4	4.2	4.6
Acute myocardial infarction410	5.4	5.3	5.6
Coronary atherosclerosis414.0	3.2	3.2	3.4
Other ischemic heart disease411-413,414.1-414.9	2.5	2.7	2.4
Cardiac dysrhythmias427	3.4	3.1	3.7
Congestive heart failure428.0,428.2-428.4	5.1	5.1	5.2
Cerebrovascular disease430-438	4.9	4.7	5.1
Diseases of the respiratory system460-519	5.1	5.0	5.2
Acute bronchitis and bronchiolitis466	3.2	3.3	3.1
Pneumonia480-486	5.1	4.9	5.3
Chronic bronchitis491	4.7	4.3	5.0
Asthma493	3.2	2.6	3.6
Diseases of the digestive system520-579	4.6	4.6	4.7
Appendicitis540-543	3.1	3.1	3.2
Noninfectious enteritis and colitis555-558	4.2	4.4	4.2
Intestinal obstruction560	6.2	6.0	6.3
Diverticula of intestine562	4.8	5.0	4.7
Cholelithiasis574	3.8	4.3	3.6
Acute pancreatitis577.0	5.2	5.0	5.4
Diseases of the genitourinary system580-629	3.9	4.4	3.6
Calculus of kidney and ureter592	2.4	2.3	2.6
Urinary tract infection599.0	4.6	4.6	4.7
Complications of pregnancy, childbirth, and the puerperium ¹630-677	2.7	...	2.7
Diseases of the skin and subcutaneous tissue680-709	4.9	4.9	4.8
Cellulitis and abscess681-682	4.4	4.4	4.5
Diseases of the musculoskeletal system and connective tissue710-739	3.9	3.9	3.9
Osteoarthritis and allied disorders715	3.8	3.7	3.8
Intervertebral disc disorders722	3.1	3.0	3.2
Congenital anomalies740-759	6.3	5.8	7.0
Certain conditions originating in the perinatal period760-779	10.7	10.7	10.6
Symptoms, signs, and ill-defined conditions780-799	2.4	2.3	2.4
Injury and poisoning800-999	5.4	5.5	5.2
Fractures, all sites ²800-829	5.3	5.5	5.2
Fracture of neck of femur ²820	6.2	6.3	6.1
Poisonings960-989	2.9	3.1	2.7
Certain complications of surgical and medical care996-999	6.1	6.2	6.1
Supplementary classificationsV01-V85	3.8	9.0	3.3
Females with deliveriesV27	2.6	...	2.6

... Category not applicable.

¹First-listed diagnosis for females with deliveries is coded as V27, shown under "Supplementary classifications."²Excludes fractures coded as 733.1, "pathologic fracture."

Table 17. Number of discharges from short-stay hospitals, by geographic region and first-listed diagnosis: United States, 2006[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants. Diagnostic groupings and code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)*]

Category of first-listed diagnosis and ICD-9-CM code	United States	Northeast	Midwest	South	West
	Number in thousands				
All conditions	34,854	7,277	7,951	13,140	6,486
Infectious and parasitic diseases001-139	1,088	245	242	391	209
Septicemia038	530	109	133	188	100
Neoplasms140-239	1,641	340	362	611	329
Malignant neoplasms140-208,230-234	1,208	255	273	439	241
Malignant neoplasm of large intestine and rectum153-154,197.5	154	32	38	56	28
Malignant neoplasm of trachea, bronchus, and lung162,176.4,197.0,197.3	166	38	41	63	24
Benign neoplasms210-229	378	75	74	151	77
Benign neoplasm of uterus218-219	211	39	46	85	40
Endocrine, nutritional and metabolic diseases, and immunity disorders240-279	1,663	370	360	646	287
Diabetes mellitus250	584	133	107	244	100
Volume depletion276.5	480	80	130	192	77
Diseases of the blood and blood-forming organs280-289	451	108	96	175	72
Anemias280-285	315	76	68	124	47
Mental disorders290-319	2,419	653	536	*	206
Psychoses290-299	1,747	445	409	*	155
Schizophrenic disorders295	333	101	52	153	26
Major depressive disorder296.2-296.3	459	92	113	*	31
Diseases of the nervous system and sense organs320-389	615	160	134	212	108
Diseases of the circulatory system390-459	6,161	1,370	1,528	2,250	1,012
Essential hypertension401	293	83	61	107	42
Heart disease391-392.0,393-398,402,404,410-416,420-429	4,202	943	1,065	1,508	685
Acute myocardial infarction410	647	140	164	221	121
Coronary atherosclerosis414.0	953	197	242	367	148
Other ischemic heart disease411-413,414.1-414.9	160	36	39	60	25
Cardiac dysrhythmias427	772	196	201	252	123
Congestive heart failure428.0,428.2-428.4	1,102	251	280	415	156
Cerebrovascular disease430-438	889	178	214	331	167
Diseases of the respiratory system460-519	3,485	744	857	1,290	594
Acute bronchitis and bronchiolitis466	217	40	40	85	*
Pneumonia480-486	1,232	233	351	438	210
Chronic bronchitis491	513	120	126	214	53
Asthma493	444	122	94	146	*
Diseases of the digestive system520-579	3,517	717	834	1,305	661
Appendicitis540-543	318	60	71	100	88
Noninfectious enteritis and colitis555-558	356	78	89	132	56
Intestinal obstruction560	323	65	88	112	58
Diverticula of intestine562	314	71	89	111	43
Cholelithiasis574	335	64	67	140	63
Acute pancreatitis577.0	233	41	57	96	39
Diseases of the genitourinary system580-629	1,974	379	468	761	366
Calculus of kidney and ureter592	166	39	48	58	21
Urinary tract infection599.0	479	93	116	185	84
Complications of pregnancy, childbirth, and the puerperium ¹630-677	519	79	92	245	104
Diseases of the skin and subcutaneous tissue680-709	780	157	164	328	132
Cellulitis and abscess681-682	589	124	130	228	107
Diseases of the musculoskeletal system and connective tissue710-739	1,969	406	493	667	403
Osteoarthritis and allied disorders715	753	155	214	238	146
Intervertebral disc disorders722	324	56	77	117	74
Congenital anomalies740-759	193	50	25	58	*
Certain conditions originating in the perinatal period760-779	200	32	22	70	*
Symptoms, signs, and ill-defined conditions780-799	189	42	25	90	32
Injury and poisoning800-999	2,968	613	681	1,081	593
Fractures, all sites ²800-829	1,074	212	280	364	217
Fracture of neck of femur ²820	330	67	89	119	55
Poisonings960-989	271	60	65	89	57
Certain complications of surgical and medical care996-999	912	208	190	343	171
Supplementary classificationsV01-V85	5,022	811	1,033	1,933	1,244
Females with deliveriesV27	4,127	618	849	1,613	1,047

* Figure does not meet standards of reliability or precision.

¹First-listed diagnosis for females with deliveries is coded as V27, shown under "Supplementary classifications."²Excludes fractures coded as 733.1, "pathologic fracture."

Table 18. Rate of discharges from short-stay hospitals, by geographic region and first-listed diagnosis: United States, 2006[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants. Diagnostic groupings and code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)*]

Category of first-listed diagnosis and ICD-9-CM code	United States	Northeast	Midwest	South	West
All conditions	1,168.7	1,330.7	1,202.3	1,212.0	940.2
Infectious and parasitic diseases	36.5	44.9	36.5	36.1	30.4
Septicemia	17.8	19.9	20.2	17.3	14.5
Neoplasms	55.0	62.1	54.7	56.3	47.6
Malignant neoplasms	40.5	46.7	41.3	40.5	34.9
Malignant neoplasm of large intestine and rectum	5.2	5.9	5.8	5.2	4.1
Malignant neoplasm of trachea, bronchus, and lung	5.6	6.9	6.2	5.8	3.5
Benign neoplasms	12.7	13.7	11.2	14.0	11.2
Benign neoplasm of uterus	7.1	7.2	7.0	7.8	5.9
Endocrine, nutritional and metabolic diseases, and immunity disorders	55.8	67.7	54.5	59.6	41.6
Diabetes mellitus	19.6	24.4	16.2	22.5	14.5
Volume depletion	16.1	14.7	19.6	17.7	11.2
Diseases of the blood and blood-forming organs	15.1	19.8	14.5	16.2	10.4
Anemias	10.6	13.9	10.3	11.4	6.9
Mental disorders	81.1	119.4	81.0	*	29.9
Psychoses	58.6	81.4	61.8	*	22.5
Schizophrenic disorders	11.2	18.5	7.9	14.1	3.8
Major depressive disorder	15.4	16.9	17.0	*	4.5
Diseases of the nervous system and sense organs	20.6	29.3	20.3	19.5	15.7
Diseases of the circulatory system	206.6	250.5	231.1	207.6	146.7
Essential hypertension	9.8	15.2	9.3	9.9	6.0
Heart disease	140.9	172.4	161.1	139.1	99.3
Acute myocardial infarction	21.7	25.6	24.8	20.4	17.6
Coronary atherosclerosis	32.0	36.1	36.6	33.8	21.4
Other ischemic heart disease	5.4	6.6	5.8	5.6	3.7
Cardiac dysrhythmias	25.9	35.8	30.4	23.3	17.8
Congestive heart failure	36.9	45.8	42.3	38.3	22.6
Cerebrovascular disease	29.8	32.5	32.3	30.5	24.3
Diseases of the respiratory system	116.9	136.1	129.5	119.0	86.1
Acute bronchitis and bronchiolitis	7.3	7.2	6.1	7.8	*
Pneumonia	41.3	42.6	53.0	40.4	30.5
Chronic bronchitis	17.2	21.9	19.0	19.7	7.7
Asthma	14.9	22.4	14.3	13.5	*
Diseases of the digestive system	117.9	131.2	126.1	120.4	95.8
Appendicitis	10.7	10.9	10.8	9.2	12.7
Noninfectious enteritis and colitis	11.9	14.3	13.5	12.2	8.2
Intestinal obstruction	10.8	12.0	13.3	10.3	8.4
Diverticula of intestine	10.5	13.0	13.5	10.2	6.2
Cholelithiasis	11.2	11.8	10.2	12.9	9.2
Acute pancreatitis	7.8	7.5	8.6	8.9	5.7
Diseases of the genitourinary system	66.2	69.4	70.8	70.2	53.0
Calculus of kidney and ureter	5.6	7.2	7.2	5.4	3.1
Urinary tract infection	16.0	16.9	17.6	17.1	12.2
Complications of pregnancy, childbirth, and the puerperium ²	17.4	14.4	13.9	22.6	15.0
Diseases of the skin and subcutaneous tissue	26.2	28.7	24.8	30.2	19.1
Cellulitis and abscess	19.7	22.7	19.6	21.0	15.5
Diseases of the musculoskeletal system and connective tissue	66.0	74.2	74.5	61.6	58.4
Osteoarthritis and allied disorders	25.3	28.3	32.3	22.0	21.2
Intervertebral disc disorders	10.9	10.3	11.6	10.8	10.7
Congenital anomalies	6.5	9.2	3.7	5.4	*
Certain conditions originating in the perinatal period	6.7	5.8	3.4	6.5	*
Symptoms, signs, and ill-defined conditions	6.3	7.7	3.8	8.3	4.6
Injury and poisoning	99.5	112.1	102.9	99.7	85.9
Fractures, all sites ³	36.0	38.8	42.4	33.6	31.5
Fracture of neck of femur ³	11.1	12.3	13.5	11.0	7.9
Poisonings	9.1	11.0	9.8	8.2	8.3
Certain complications of surgical and medical care	30.6	38.0	28.7	31.7	24.8
Supplementary classifications	168.4	148.2	156.2	178.3	180.4
Females with deliveries	138.4	113.0	128.4	148.8	151.7

* Figure does not meet standards of reliability or precision.

¹Rates were calculated using U.S. Census Bureau 2000-based postcensal estimates of the civilian population as of July 1, 2006.²First-listed diagnosis for females with deliveries is coded as V27, shown under "Supplementary classifications."³Excludes fractures coded as 733.1, "pathologic fracture."

Table 19. Average length of stay for discharges from short-stay hospitals, by geographic region and first-listed diagnosis: United States, 2006[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants. Diagnostic groupings and code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)*]

Category of first-listed diagnosis and ICD-9-CM code	United States	Northeast	Midwest	South	West
	Average length of stay in days				
All conditions	4.8	5.3	4.2	4.9	4.6
Infectious and parasitic diseases001-139	6.7	7.2	6.0	6.7	6.7
Septicemia038	8.7	10.0	7.4	8.7	8.8
Neoplasms140-239	5.8	6.3	5.0	6.4	5.2
Malignant neoplasms140-208,230-234	6.5	7.1	5.5	7.3	5.9
Malignant neoplasm of large intestine and rectum153-154,197.5	7.8	8.8	6.8	8.2	7.3
Malignant neoplasm of trachea, bronchus, and lung162,176.4,197.0,197.3	7.2	7.8	6.3	7.7	6.5
Benign neoplasms210-229	3.3	3.6	3.0	3.4	3.2
Benign neoplasm of uterus218-219	2.4	2.4	2.3	2.5	2.3
Endocrine, nutritional and metabolic diseases, and immunity disorders240-279	3.9	4.4	3.6	4.0	3.4
Diabetes mellitus250	4.7	5.1	4.0	5.1	3.9
Volume depletion276.5	3.5	3.8	3.5	3.4	3.1
Diseases of the blood and blood-forming organs280-289	4.3	4.6	4.0	4.3	4.1
Anemias280-285	4.0	4.3	3.5	4.3	3.4
Mental disorders290-319	7.0	8.5	5.4	7.0	6.4
Psychoses290-299	7.7	9.6	5.9	7.6	7.1
Schizophrenic disorders295	11.7	14.8	9.9	10.5	10.8
Major depressive disorder296.2-296.3	6.7	8.7	5.2	6.7	6.0
Diseases of the nervous system and sense organs320-389	5.7	5.3	4.4	4.9	9.4
Diseases of the circulatory system390-459	4.5	4.8	4.1	4.6	4.2
Essential hypertension401	2.2	2.6	2.0	2.2	1.8
Heart disease391-392.0,393-398,402,404,410-416,420-429	4.4	4.7	4.1	4.5	4.1
Acute myocardial infarction410	5.4	5.5	5.3	5.6	5.3
Coronary atherosclerosis414.0	3.2	3.3	2.9	3.5	3.0
Other ischemic heart disease411-413,414.1-414.9	2.5	2.5	2.2	2.7	2.7
Cardiac dysrhythmias427	3.4	3.8	3.2	3.4	3.1
Congestive heart failure428.0,428.2-428.4	5.1	5.6	4.7	5.3	4.7
Cerebrovascular disease430-438	4.9	5.3	4.1	5.2	5.0
Diseases of the respiratory system460-519	5.1	5.4	4.4	5.3	5.0
Acute bronchitis and bronchiolitis466	3.2	3.1	2.8	2.9	4.1
Pneumonia480-486	5.1	5.6	4.5	5.4	5.2
Chronic bronchitis491	4.7	5.0	4.0	5.0	4.1
Asthma493	3.2	3.4	2.9	3.5	2.7
Diseases of the digestive system520-579	4.6	5.0	4.1	4.9	4.4
Appendicitis540-543	3.1	3.0	2.9	3.4	3.0
Noninfectious enteritis and colitis555-558	4.2	4.4	3.5	4.5	4.7
Intestinal obstruction560	6.2	6.5	4.8	7.0	6.2
Diverticula of intestine562	4.8	5.4	4.3	5.1	3.9
Cholelithiasis574	3.8	4.2	3.3	4.0	3.5
Acute pancreatitis577.0	5.2	5.6	4.7	5.3	5.4
Diseases of the genitourinary system580-629	3.9	4.4	3.5	4.0	3.7
Calculus of kidney and ureter592	2.4	2.4	2.3	2.5	2.5
Urinary tract infection599.0	4.6	5.3	4.1	4.8	4.3
Complications of pregnancy, childbirth, and the puerperium ¹630-677	2.7	2.8	2.6	2.7	3.0
Diseases of the skin and subcutaneous tissue680-709	4.9	5.4	4.7	4.8	4.7
Cellulitis and abscess681-682	4.4	4.6	4.3	4.5	4.4
Diseases of the musculoskeletal system and connective tissue710-739	3.9	4.2	3.7	3.9	3.7
Osteoarthritis and allied disorders715	3.8	3.9	3.7	3.7	3.7
Intervertebral disc disorders722	3.1	3.6	3.3	2.7	3.1
Congenital anomalies740-759	6.3	5.8	10.3	5.2	6.3
Certain conditions originating in the perinatal period760-779	10.7	8.4	6.8	10.2	13.2
Symptoms, signs, and ill-defined conditions780-799	2.4	2.3	2.7	2.4	2.1
Injury and poisoning800-999	5.4	5.5	4.6	6.1	5.0
Fractures, all sites ²800-829	5.3	5.5	4.7	6.1	4.8
Fracture of neck of femur ²820	6.2	6.9	5.6	6.3	5.8
Poisonings960-989	2.9	3.1	2.6	3.1	2.7
Certain complications of surgical and medical care996-999	6.1	6.3	5.4	6.7	5.5
Supplementary classificationsV01-V85	3.8	4.2	3.6	3.7	3.8
Females with deliveriesV27	2.6	2.9	2.5	2.7	2.5

¹First-listed diagnosis for females with deliveries is coded as V27, shown under "Supplementary classifications."²Excludes fractures coded as 733.1, "pathologic fracture."

Table 20. Number of all-listed diagnoses for discharges from short-stay hospitals, by age and diagnosis: United States, 2006[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants. Diagnostic groupings and code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)*]

All-listed diagnoses and ICD-9-CM code	All ages	Under 15 years	15-44 years	45-64 years	65 years and over
All conditions	174,522	7,103	43,409	45,764	78,246
Infectious and parasitic diseases001-139	4,364	439	979	1,223	1,724
Septicemia038	910	25	95	250	541
Neoplasms140-239	4,495	115	600	1,591	2,188
Malignant neoplasms140-208,230-234	3,449	93	290	1,187	1,879
Malignant neoplasm of large intestine and rectum153-154,197.5	268	*	13	87	167
Malignant neoplasm of trachea, bronchus, and lung162,176.4,197.0,197.3	488	*	24	158	304
Benign neoplasms210-229	879	*	291	364	206
Benign neoplasm of uterus218-219	445	*	216	215	14
Endocrine, nutritional and metabolic diseases, and immunity disorders240-279	20,812	590	2,810	6,564	10,848
Diabetes mellitus250	5,501	36	653	1,937	2,876
Volume depletion276.5	2,596	299	359	519	1,419
Diseases of the blood and blood-forming organs280-289	5,189	186	1,113	1,324	2,565
Anemias280-285	3,885	99	837	928	2,021
Mental disorders290-319	13,115	372	5,536	4,203	3,004
Psychoses290-299	4,148	119	1,492	1,038	1,498
Schizophrenic disorders295	592	*	251	243	97
Major depressive disorder296.2-296.3	631	*	335	197	75
Diseases of the nervous system and sense organs320-389	4,337	366	751	1,151	2,068
Diseases of the circulatory system390-459	35,396	163	2,229	9,560	23,445
Essential hypertension401	9,058	18	759	2,999	5,281
Heart disease391-392.0,393-398,402,404,410-416,420-429	19,842	97	956	4,809	13,980
Acute myocardial infarction410	838	*	43	269	524
Coronary atherosclerosis414.0	4,213	*	119	1,247	2,843
Other ischemic heart disease411-413,414.1-414.9	1,935	*	94	688	1,150
Cardiac dysrhythmias427	4,520	33	203	817	3,468
Congestive heart failure428.0,428.2-428.4	4,214	14	140	842	3,218
Cerebrovascular disease430-438	1,895	11	89	471	1,325
Diseases of the respiratory system460-519	12,209	1,118	1,503	3,111	6,477
Acute bronchitis and bronchiolitis466	355	190	26	51	88
Pneumonia480-486	2,254	241	219	476	1,318
Chronic bronchitis491	1,147	*	38	323	785
Asthma493	1,911	317	513	568	514
Diseases of the digestive system520-579	11,233	533	2,312	3,613	4,775
Appendicitis540-543	353	75	183	70	24
Noninfectious enteritis and colitis555-558	719	100	184	186	249
Intestinal obstruction560	792	33	117	241	401
Diverticula of intestine562	642	*	60	177	405
Cholelithiasis574	570	*5	179	165	221
Acute pancreatitis577.0	333	4	110	128	91
Diseases of the genitourinary system580-629	10,007	167	2,023	2,640	5,177
Calculus of kidney and ureter592	299	*	106	113	78
Urinary tract infection599.0	2,350	52	238	434	1,627
Complications of pregnancy, childbirth, and the puerperium ¹630-677	10,602	*22	10,547	32	...
Diseases of the skin and subcutaneous tissue680-709	2,725	207	584	806	1,128
Cellulitis and abscess681-682	1,257	77	320	415	446
Diseases of the musculoskeletal system and connective tissue710-739	7,090	94	1,047	2,212	3,736
Osteoarthritis and allied disorders715	1,774	*	68	513	1,192
Intervertebral disc disorders722	605	*	161	264	178
Congenital anomalies740-759	758	429	138	112	78
Certain conditions originating in the perinatal period760-779	646	642	*	*	*
Symptoms, signs, and ill-defined conditions780-799	8,918	729	1,958	2,620	3,611
Injury and poisoning800-999	7,416	431	2,205	1,981	2,800
Fractures, all sites ²800-829	1,733	88	481	379	784
Fracture of neck of femur ²820	368	*2	9	32	324
Poisonings960-989	473	23	286	119	45
Certain complications of surgical and medical care996-999	2,209	78	416	744	971
Supplementary classificationsV01-V85	15,209	499	7,069	3,019	4,622
Females with deliveriesV27	4,127	*	4,112	9	...

* Figure does not meet standards of reliability or precision.

... Category not applicable.

¹First-listed diagnosis for females with deliveries is coded as V27, shown under "Supplementary classifications."²Excludes fractures coded as 733.1, "pathologic fracture."

Table 21. Number of all-listed diagnoses for discharges from short-stay hospitals, by sex and diagnosis: United States, 2006[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants. Diagnostic groupings and code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)*]

All-listed diagnoses and ICD-9-CM code	Both sexes	Number in thousands	
		Male	Female
All conditions	174,522	71,673	102,849
Infectious and parasitic diseases001-139	4,364	2,003	2,361
Septicemia038	910	452	458
Neoplasms140-239	4,495	1,978	2,517
Malignant neoplasms140-208,230-234	3,449	1,735	1,714
Malignant neoplasm of large intestine and rectum.153-154,197.5	268	129	139
Malignant neoplasm of trachea, bronchus, and lung.162,176.4,197.0,197.3	488	257	231
Benign neoplasms210-229	879	159	720
Benign neoplasm of uterus.218-219	445	...	445
Endocrine, nutritional and metabolic diseases, and immunity disorders240-279	20,812	8,700	12,112
Diabetes mellitus250	5,501	2,492	3,009
Volume depletion276.5	2,596	1,075	1,521
Diseases of the blood and blood-forming organs280-289	5,189	2,040	3,149
Anemias280-285	3,885	1,410	2,475
Mental disorders290-319	13,115	6,296	6,820
Psychoses290-299	4,148	1,870	2,279
Schizophrenic disorders.295	592	319	273
Major depressive disorder296.2-296.3	631	237	394
Diseases of the nervous system and sense organs320-389	4,337	1,910	2,427
Diseases of the circulatory system390-459	35,396	16,992	18,405
Essential hypertension401	9,058	3,841	5,217
Heart disease391-392.0,393-398,402,404,410-416,420-429	19,842	9,992	9,850
Acute myocardial infarction410	838	457	381
Coronary atherosclerosis414.0	4,213	2,456	1,757
Other ischemic heart disease411-413,414.1-414.9	1,935	1,145	790
Cardiac dysrhythmias427	4,520	2,227	2,293
Congestive heart failure428.0,428.2-428.4	4,214	1,855	2,359
Cerebrovascular disease430-438	1,895	852	1,043
Diseases of the respiratory system460-519	12,209	5,715	6,494
Acute bronchitis and bronchiolitis466	355	166	189
Pneumonia480-486	2,254	1,092	1,162
Chronic bronchitis491	1,147	549	598
Asthma493	1,911	657	1,254
Diseases of the digestive system.520-579	11,233	4,870	6,363
Appendicitis540-543	353	201	151
Noninfectious enteritis and colitis555-558	719	283	436
Intestinal obstruction560	792	352	440
Diverticula of intestine562	642	244	398
Cholelithiasis574	570	184	386
Acute pancreatitis577.0	333	168	165
Diseases of the genitourinary system580-629	10,007	3,815	6,193
Calculus of kidney and ureter.592	299	138	162
Urinary tract infection599.0	2,350	660	1,690
Complications of pregnancy, childbirth, and the puerperium ¹630-677	10,602	...	10,602
Diseases of the skin and subcutaneous tissue680-709	2,725	1,376	1,349
Cellulitis and abscess681-682	1,257	660	598
Diseases of the musculoskeletal system and connective tissue710-739	7,090	2,496	4,593
Osteoarthritis and allied disorders715	1,774	630	1,144
Intervertebral disc disorders.722	605	273	332
Congenital anomalies740-759	758	388	370
Certain conditions originating in the perinatal period760-779	646	355	291
Symptoms, signs, and ill-defined conditions780-799	8,918	3,984	4,934
Injury and poisoning.800-999	7,416	4,006	3,411
Fractures, all sites ²800-829	1,733	859	874
Fracture of neck of femur ²820	368	103	265
Poisonings960-989	473	222	251
Certain complications of surgical and medical care996-999	2,209	1,104	1,105
Supplementary classificationsV01-V85	15,209	4,750	10,459
Females with deliveriesV27	4,127	...	4,127

... Category not applicable.

¹First-listed diagnosis for females with deliveries is coded as V27, shown under "Supplementary classifications."²Excludes fractures coded as 733.1, "pathologic fracture."

Table 22. Number of all-listed diagnoses for discharges from short-stay hospitals, by geographic region and diagnosis: United States, 2006[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants. Diagnostic groupings and code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)*]

All-listed diagnoses and ICD-9-CM code	United States	Northeast	Midwest	South	West
	Number in thousands				
All conditions	174,522	36,561	42,612	63,874	31,476
Infectious and parasitic diseases001-139	4,364	937	869	1,679	880
Septicemia038	910	183	209	345	172
Neoplasms140-239	4,495	968	1,055	1,624	848
Malignant neoplasms140-208,230-234	3,449	762	825	1,221	641
Malignant neoplasm of large intestine and rectum153-154,197.5	268	55	70	95	48
Malignant neoplasm of trachea, bronchus, and lung162,176.4,197.0,197.3	488	104	129	179	76
Benign neoplasms210-229	879	170	184	347	177
Benign neoplasm of uterus218-219	445	84	93	177	92
Endocrine, nutritional and metabolic diseases, and immunity disorders240-279	20,812	4,380	5,248	7,658	3,526
Diabetes mellitus250	5,501	1,227	1,306	2,098	871
Volume depletion276.5	2,596	487	643	1,012	453
Diseases of the blood and blood-forming organs280-289	5,189	1,001	1,276	1,944	969
Anemias280-285	3,885	735	976	1,454	720
Mental disorders290-319	13,115	3,209	3,323	4,734	1,850
Psychoses290-299	4,148	1,024	1,013	1,573	539
Schizophrenic disorders295	592	168	107	246	72
Major depressive disorder296.2-296.3	631	127	159	289	57
Diseases of the nervous system and sense organs320-389	4,337	953	1,080	1,517	786
Diseases of the circulatory system390-459	35,396	7,807	9,164	12,744	5,682
Essential hypertension401	9,058	1,999	2,293	3,346	1,420
Heart disease391-392.0,393-398,402,404,410-416,420-429	19,842	4,463	5,264	7,019	3,096
Acute myocardial infarction410	838	188	210	282	157
Coronary atherosclerosis414.0	4,213	960	1,138	1,508	607
Other ischemic heart disease411-413,414.1-414.9	1,935	424	501	716	295
Cardiac dysrhythmias427	4,520	1,014	1,244	1,506	757
Congestive heart failure428.0,428.2-428.4	4,214	908	1,169	1,527	610
Cerebrovascular disease430-438	1,895	378	485	662	370
Diseases of the respiratory system460-519	12,209	2,610	3,024	4,501	2,074
Acute bronchitis and bronchiolitis466	355	64	74	142	*
Pneumonia480-486	2,254	440	610	807	396
Chronic bronchitis491	1,147	244	276	478	149
Asthma493	1,911	499	439	640	333
Diseases of the digestive system520-579	11,233	2,331	2,726	4,136	2,040
Appendicitis540-543	353	66	79	111	96
Noninfectious enteritis and colitis555-558	719	151	187	259	123
Intestinal obstruction560	792	143	200	299	151
Diverticula of intestine562	642	140	183	217	102
Cholelithiasis574	570	116	123	229	102
Acute pancreatitis577.0	333	60	76	135	62
Diseases of the genitourinary system580-629	10,007	2,002	2,392	3,786	1,827
Calculus of kidney and ureter592	299	67	79	113	40
Urinary tract infection599.0	2,350	483	569	882	416
Complications of pregnancy, childbirth, and the puerperium ¹630-677	10,602	1,671	2,227	4,081	2,622
Diseases of the skin and subcutaneous tissue680-709	2,725	609	621	1,046	449
Cellulitis and abscess681-682	1,257	272	285	484	216
Diseases of the musculoskeletal system and connective tissue710-739	7,090	1,451	1,917	2,422	1,300
Osteoarthritis and allied disorders715	1,774	372	520	597	284
Intervertebral disc disorders722	605	106	155	219	125
Congenital anomalies740-759	758	179	102	238	*
Certain conditions originating in the perinatal period760-779	646	92	*	225	*
Symptoms, signs, and ill-defined conditions780-799	8,918	1,885	2,359	3,143	1,531
Injury and poisoning800-999	7,416	1,459	1,717	2,742	1,498
Fractures, all sites ²800-829	1,733	317	440	625	351
Fracture of neck of femur ²820	368	74	100	135	59
Poisonings960-989	473	97	122	156	99
Certain complications of surgical and medical care996-999	2,209	506	469	812	421
Supplementary classificationsV01-V85	15,209	3,018	3,456	5,653	3,083
Females with deliveriesV27	4,127	618	849	1,613	1,047

* Figure does not meet standards of reliability or precision.

¹First-listed diagnosis for females with deliveries is coded as V27, shown under "Supplementary classifications."²Excludes fractures coded as 733.1, "pathologic fracture."

Table 23. Number and rate of discharges from short-stay hospitals with a human immunodeficiency virus diagnosis, by selected characteristics: United States, selected years 1990–2006

[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants. Data are for discharges with at least one of the following *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD–9–CM) codes: 042–044, 279.19, 795.8 (prior to 1995); 042, V08 (beginning in 1995)]

Characteristic	1990	1995	2000	2001	2002	2003	2004	2005	2006
	Number in thousands								
All HIV discharges ¹	146	249	173	185	189	207	204	185	223
Sex									
Male	114	183	115	115	124	136	132	113	145
Female	32	66	58	70	65	71	73	72	78
Age									
Under 25 years	14	17	7	10	10	9	10	8	6
25–29 years	20	26	11	8	11	13	8	9	13
30–34 years	38	48	28	28	23	21	15	11	17
35–39 years	36	59	35	41	35	38	35	26	26
40–44 years	17	49	34	43	42	38	46	45	61
45 years and over	21	51	58	56	68	87	90	85	99
Region									
Northeast	66	95	68	61	57	70	67	71	70
Midwest	20	27	20	18	20	17	21	18	20
South	37	87	64	86	81	94	99	79	107
West	24	41	21	21	31	27	17	17	27
	Rate per 100,000 population ²								
All HIV discharges ¹	58.1	93.9	61.6	65.2	65.8	71.6	69.9	62.6	74.9
Sex									
Male	93.4	141.6	83.9	82.8	88.5	95.9	91.7	77.7	99.3
Female	24.7	48.4	40.1	48.2	44.1	48.2	48.9	48.1	51.4
Age									
Under 25 years	14.8	17.6	7.5	10.1	9.5	8.9	10.2	8.2	5.9
25–29 years	95.1	132.2	56.6	41.3	57.5	71.3	38.9	43.3	65.3
30–34 years	172.8	216.2	134.9	137.6	113.0	104.6	71.9	56.6	88.6
35–39 years	179.0	262.7	154.4	182.9	159.7	180.8	168.3	125.8	125.3
40–44 years	94.8	241.4	152.6	187.4	185.2	166.6	201.3	197.6	272.8
45 years and over	27.4	60.2	59.8	55.8	66.6	83.1	84.6	77.9	88.6
Region									
Northeast	128.8	183.3	126.6	112.3	107.9	129.4	122.1	130.2	127.5
Midwest	33.6	43.5	30.8	27.9	31.7	25.9	32.6	26.8	30.2
South	42.1	93.1	64.2	84.5	81.7	90.1	94.3	74.3	98.4
West	44.1	69.5	33.4	32.6	49.9	40.2	25.7	24.7	39.2

¹HIV is human immunodeficiency virus.

²Rates are based on the U.S. Census Bureau estimates of the civilian population. Populations for 1990–1995 were adjusted for the net underenumeration in the 1990 census. Populations for 2000–2006 were 2000-based postcensal estimates.

NOTE: HIV data are for discharges with an HIV diagnosis listed in any position among the coded diagnoses.

Table 24. Annual average number and rate of discharges from short-stay hospitals with a first-listed injury diagnosis, by Barell injury diagnosis matrix categories: United States, 2004–2006[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants. *International Classification of Diseases, Ninth Revision, Clinical Modification* code numbers for Barell matrix categories are shown in Table III.]

Nature of injury	All body regions	Traumatic brain injury	Other head, face, and neck	Spinal cord	Vertebral column	Torso	Upper extremities	Lower extremities	Other and unspecified
Number in thousands ¹									
All injuries	1,964	202	126	11	106	245	252	684	*
Fracture	1,041	52	37	*8	94	98	165	586	*
Dislocation	18	...	*	...	*	*	*6	8	-
Sprains and strains	49	...	-	...	9	*	15	19	*
Internal	240	150	...	*4	...	87	...	...	*
Open wound	93	...	37	...	...	11	23	20	*
Amputation	9	...	...	...	...	...	*7	*	...
Blood vessels	8	...	*	...	...	*	*	*	*
Contusions and superficial injuries	65	...	15	...	...	19	*6	22	*
Crush	*4	...	*	...	...	*	*	*	-
Burns . . . . .	*	...	*	...	...	*	*	*	*
Nerves and spinal cord . . . . .	*	*	*	...	...	*	*	...	*
Unspecified	34	...	19	...	...	*8	*	*	*
System-wide	312	...	...	...	...	...	...	...	...
Rate per 10,000 population ²									
All injuries	66.5	6.8	4.3	0.4	3.6	8.3	8.5	23.2	*
Fracture	35.3	1.8	1.3	*0.3	3.2	3.3	5.6	19.9	*
Dislocation	0.6	...	*	...	*	*0.0	*0.2	0.3	-
Sprains and strains	1.7	...	-	...	0.3	*	0.5	0.6	*
Internal	8.1	5.1	...	*0.1	...	2.9	...	...	*
Open wound	3.2	...	1.3	...	...	0.4	0.8	0.7	*0.0
Amputation	0.3	...	...	...	...	...	*0.2	*	...
Blood vessels	0.3	...	*0.0	...	...	*	*	*0.0	*
Contusions and superficial injuries	2.2	...	0.5	...	...	0.6	*0.2	0.7	*
Crush	*0.1	...	*	...	...	*	*	*	-
Burns . . . . .	*	...	*	...	...	*	*	*	*
Nerves and spinal cord . . . . .	*	*	*	...	...	*	*	...	*0.0
Unspecified	1.2	...	0.6	...	...	*0.3	*0.0	*	*
System-wide	10.6	...	...	...	...	...	...	...	...

* Figure does not meet standards of reliability or precision.

... Category not applicable.

- Quantity zero.

0.0 Quantity more than zero but less than 0.05.

¹The annual average number of discharges was computed by adding the number of discharges with a first-listed injury diagnosis during the 3-year period and dividing by three.²Rates were calculated by dividing the annual average number of discharges by the 2005 population. The population is the U.S. Census Bureau 2000-based postcensal estimate of the civilian population.

Table 25. Number and rate of deaths for discharges from short-stay hospitals, by age and selected first-listed diagnosis: United States, 2006[Discharges of inpatients from nonfederal hospitals. Diagnostic groups and code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM)]

First-listed diagnosis and ICD-9-CM code	All ages	Under 65 years	65 years and over	All ages	Under 65 years	65 years and over
	Number of deaths in thousands			Rate per 100 discharges		
All conditions ¹	730	206	524	2.1	0.9	4.0
Heart disease391-392.0,393-398,402,404,410-416,420-429	110	19	91	2.6	1.2	3.5
Acute myocardial infarction410	44	5	39	6.8	2.1	9.8
Cardiac dysrhythmias427	15	*	10	2.0	*	1.9
Congestive heart failure428.0,428.2-428.4	31	*	27	2.8	*	3.4
Septicemia038	87	21	66	16.4	11.1	19.2
Malignant neoplasms140-208,230-234	79	27	52	6.5	4.7	8.2
Malignant neoplasm on trachea, bronchus, and lung162,176.4,197.0,197.3	19	5	13	11.3	9.7	12.2
Respiratory failure518.81,518.83,518.84	61	19	41	19.2	14.9	22.1
Cerebrovascular disease430-438	47	11	37	5.3	3.8	6.0
Pneumonia480-486	42	8	34	3.4	1.5	4.8
Fractures, all sites ²800-829	23	*6	17	2.2	*1.3	3.0
Fracture of neck of femur ²820	11	*	11	3.4	*	3.8
Nephritis, nephrotic syndrome and nephrosis580-589	22	*5	18	5.9	*3.4	7.4
Pneumonitis due to solids and liquids507	21	*	18	11.8	*	13.7

* Figure does not meet standards of reliability or precision.

¹Includes data for deaths not shown in table.²Excludes fractures coded as 733.1, "pathologic fracture."**Table 26. Number of discharges from short-stay hospitals with and without procedures and percentage with procedures, by selected characteristics: United States, 2006**

Characteristic	All discharges	Discharges without procedures	Discharges with procedures			
			Total	With surgical procedures	Total	With surgical procedures
			Number in thousands		Percent	
All patients	34,854	13,178	21,675	16,064	62.2	46.1
Age						
Under 15 years	2,298	1,197	1,101	642	47.9	27.9
15-44 years	10,800	3,081	7,719	6,028	71.5	55.8
45-64 years	8,686	3,198	5,488	4,175	63.2	48.1
65 years and over	13,070	5,703	7,367	5,219	56.4	39.9
65-74 years	4,793	1,761	3,032	2,258	63.3	47.1
75-84 years	5,252	2,305	2,947	2,117	56.1	40.3
85 years and over	3,025	1,637	1,388	844	45.9	27.9
Sex						
Male	13,990	5,711	8,279	5,944	59.2	42.5
Female	20,864	7,468	13,396	10,120	64.2	48.5
Region						
Northeast	7,277	2,613	4,664	3,062	64.1	42.1
Midwest	7,951	3,408	4,544	3,486	57.1	43.8
South	13,140	5,119	8,020	6,129	61.0	46.6
West	6,486	2,039	4,448	3,387	68.6	52.2

NOTE: All procedures except those listed under "nonsurgical procedures" in the appendix are surgical procedures.

Table 27. Number and rate of all-listed surgical and nonsurgical procedures for discharges from short-stay hospitals, by selected procedure categories: United States, 2006[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants. Procedure groupings and code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD–9–CM)*]

Procedure category and ICD–9–CM code	Number in thousands	Rate per 10,000 population ¹
Surgical procedures ²	28,052	940.7
Repair of current obstetric laceration ³		
Cesarean section ³	1,308	43.9
Cardiac catheterization	1,295	43.4
Artificial rupture of membranes ³	1,115	37.4
Reduction of fracture	960	32.2
Open reduction of fracture with internal fixation	672	22.5
Balloon angioplasty of coronary artery or coronary atherectomy	439	14.7
Insertion of coronary artery stent(s)	661	22.2
Endoscopy of small intestine with biopsy	652	21.9
Hysterectomy	625	21.0
Total knee replacement	569	19.1
Episiotomy with or without forceps or vacuum extraction ³	542	18.2
Coronary artery bypass graft ⁴	454	15.2
Oophorectomy and salpingo-oophorectomy	444	14.9
Insertion, replacement, removal, and revision of pacemaker leads or device	418	14.0
Cholecystectomy	418	14.0
Debridement of wound, infection, or burn	414	13.9
Bilateral destruction or occlusion of fallopian tubes	402	13.5
Lysis of peritoneal adhesions	351	11.8
Appendectomy, excluding incidental	344	11.5
Excision or destruction of intervertebral disc	341	11.5
Partial excision of large intestine	280	9.4
Total hip replacement	252	8.4
Endoscopy of large intestine with biopsy	231	7.7
Bronchoscopy with biopsy	215	7.2
Partial excision of bone	197	6.6
Prostatectomy	171	5.7
Cystoscopy with biopsy	168	5.6
Nonsurgical procedures ⁵	13	0.4
Transfusion of blood and blood components	17,911	600.6
Arteriography and angiocardiology using contrast material	1,968	66.0
Respiratory therapy	1,698	56.9
Diagnostic ultrasound ⁶	1,088	36.5
Computerized axial tomography	874	29.3
Medical induction of labor ³	740	24.8
Hemodialysis	653	21.9
Insertion of endotracheal tube	645	21.6
Endoscopy of small intestine without biopsy	476	16.0
Physical therapy procedures	419	14.1
Spinal tap	386	12.9
Endoscopy of large intestine without biopsy	315	10.6
Injection or infusion of cancer chemotherapeutic substance ⁶	308	10.3
Cystoscopy without biopsy	220	7.4
Bronchoscopy without biopsy	133	4.5
	84	2.8

¹Rates were calculated using U.S. Census Bureau 2000-based postcensal estimates of the civilian population as of July 1, 2006.²Includes data for surgical procedures not shown in table. All procedures except those listed under "nonsurgical procedures" in the appendix are surgical procedures.³See Table 38 for rate per 100 deliveries.⁴See Table 29 for comparison of number of procedures with number of discharges with procedures.⁵Includes data for nonsurgical procedures not shown in table. The ICD–9–CM codes for nonsurgical procedures are listed in the appendix.⁶Estimates and rates of nonsurgical procedures for these categories differ from estimates and rates for the same categories included in tables of all-listed procedures shown elsewhere in this report because these categories include both surgical and nonsurgical procedure codes.

Table 29. Number and rate of discharges from short-stay hospitals with a coronary artery bypass graft and number and rate of procedures, by sex, age, and geographic region: United States, 2006

[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants. Procedure groupings and code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification*]

Sex, age, and region	Discharges with procedures		Procedures	
	Number in thousands	Rate per 10,000 population ¹	Number in thousands	Rate per 10,000 population ¹
Total	253	8.5	444	14.9
Sex				
Male	180	12.3	320	21.9
Female	73	4.8	123	8.1
Age				
Under 15 years	*	*	*	*
15–44 years	8	0.7	15	1.2
45–64 years	105	14.1	191	25.5
65 years and over	139	37.3	237	63.7
65–74 years	76	40.1	133	70.3
75–84 years	58	44.2	96	73.2
85 years and over	6	10.5	9	16.9
Region				
Northeast	37	6.8	64	11.6
Midwest	69	10.4	122	18.5
South	103	9.5	181	16.7
West	44	6.4	76	11.1

* Figure does not meet standards of reliability or precision.

¹Rates were calculated using U.S. Census Bureau 2000-based postcensal estimates of the civilian population as of July 1, 2006.

NOTES: The number of procedures exceeds the number of discharges because these procedures are often assigned more than one code for a single operation. See "Methods" section. CABG is coronary artery bypass graft.

Table 30. Number of all-listed procedures for discharges from short-stay hospitals, by age and procedure category: United States, 2006[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants. Procedure groupings and code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)*]

Procedure category and ICD-9-CM code	All ages	Under 15 years	15-44 years	45-64 years	65 years and over
All procedures ¹	45,963	2,159	15,012	12,555	16,238
Operations on the nervous system01-05	1,155	184	343	304	324
Spinal tap03.31	315	124	77	64	50
Operations on the endocrine system06-07	101	*	33	37	29
Operations on the eye08-16	76	*	19	19	26
Operations on the ear18-20	53	*	11	*8	*
Operations on the nose, mouth, and pharynx21-29	298	67	89	74	67
Operations on the respiratory system30-34	1,167	73	188	362	544
Bronchoscopy with or without biopsy33.21-33.24,33.27	282	*	44	88	132
Operations on the cardiovascular system35-39,00.50-00.51,00.53-00.55,00.61-00.66	7,235	210	734	2,633	3,658
Balloon angioplasty of coronary artery or coronary atherectomy00.66	661	*	33	301	327
Insertion of coronary artery stent(s)36.06-36.07	652	*	33	294	324
Coronary artery bypass graft ²36.1	444	*	15	191	237
Cardiac catheterization37.21-37.23	1,115	12	87	487	529
Insertion, replacement, removal, and revision of pacemaker leads or device37.7-37.8,00.50,00.53	418	*	*9	46	361
Hemodialysis39.95	645	*	102	244	295
Operations on the hemic and lymphatic system40-41	371	21	57	147	146
Operations on the digestive system42-54	5,571	243	1,267	1,743	2,319
Endoscopy of small intestine with or without biopsy45.11-45.14,45.16	1,045	*	151	307	570
Endoscopy of large intestine with or without biopsy45.21-45.25	522	7	68	150	297
Partial excision of large intestine45.7	252	*	30	83	135
Appendectomy, excluding incidental47.0	341	74	178	66	24
Cholecystectomy51.2	414	*	155	128	129
Lysis of peritoneal adhesions54.5	344	7	120	117	101
Operations on the urinary system55-59	1,025	26	203	355	442
Cystoscopy with or without biopsy57.31-57.33	146	*	29	42	72
Operations on the male genital organs60-64	250	28	16	82	123
Prostatectomy60.2-60.6	168	*	*	65	103
Operations on the female genital organs65-71	1,957	9	1,073	638	237
Oophorectomy and salpingo-oophorectomy65.3-65.6	418	*	147	207	61
Bilateral destruction or occlusion of fallopian tubes66.2-66.3	351	*	349	*	*
Hysterectomy68.3-68.7,68.9	569	*	260	250	59
Obstetrical procedures72-75	7,076	*9	7,049	17	...
Episiotomy with or without forceps or vacuum extraction72.1,72.21,72.31,72.71,73.6	454	*	453	*	...
Artificial rupture of membranes73.0	960	*	956	*	...
Medical induction of labor73.4	653	*	650	*	...
Cesarean section74.0-74.2,74.4,74.99	1,295	*	1,290	*3	...
Repair of current obstetric laceration75.5-75.6	1,308	*	1,304	*	...
Operations on the musculoskeletal system76-84,00.70-00.73,00.80-00.84	4,254	166	909	1,513	1,666
Partial excision of bone76.2-76.3,77.6-77.8	171	9	42	68	52
Reduction of fracture76.7,79.0-79.3	672	43	196	159	273
Open reduction of fracture with internal fixation79.3	439	14	130	113	183
Excision or destruction of intervertebral disc80.5	280	*	85	137	55
Total hip replacement81.51	231	*	13	92	126
Total knee replacement81.54	542	*	11	204	328
Operations on the integumentary system85-86	1,598	*	510	473	417
Debridement of wound, infection, or burn86.22,86.28	402	*	124	121	122
Miscellaneous diagnostic and therapeutic procedures and new technologies ³87-99,00	13,775	885	2,511	4,150	6,230
Computerized axial tomography87.03,87.41,87.71,88.01,88.38	740	35	174	219	312
Arteriography and angiocardiology using contrast material88.4-88.5	1,698	18	188	701	790
Diagnostic ultrasound88.7,00.21-00.25,00.28-00.29	888	34	149	273	432
Physical therapy procedures93.1-93.3	386	*	33	95	249
Respiratory therapy93.9,96.7,00.12	1,088	165	159	288	476
Insertion of endotracheal tube96.04	476	49	74	132	221
Transfusion of blood and blood components99.0	1,968	66	224	487	1,191
Injection or infusion of cancer chemotherapeutic substance99.25,00.10	221	42	36	88	55

* Figure does not meet standards of reliability or precision.

... Category not applicable.

¹In 2002, the Chapter 00 codes were established. For reporting purposes, between 2003 and 2005, all Chapter 00 codes were grouped with the miscellaneous diagnostic and therapeutic procedures and new technologies category. Beginning in 2006, the 00 codes are included in the categories and chapters of their previous codes, where applicable. See "Use of Tables."²See Table 29 for comparison of number of procedures with number of discharges with procedures.³Chapter 00 codes included in this category: 00.01-00.03, 00.09, 00.10-00.18, 00.21-00.25, 00.28-00.29, 00.31-00.35, 00.39, 00.40-00.43, 00.45-00.48, 00.52, 00.74-00.76, 00.91-00.93.

Table 31. Rate of all-listed procedures for discharges from short-stay hospitals, by age and procedure category: United States, 2006

[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants. Procedure groupings and code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)*]

Procedure category and ICD-9-CM code	All ages	Under 15 years	15-44 years	45-64 years	65 years and over
All procedures ²	1,541.3	355.3	1,197.1	1,678.4	4,357.9
Operations on the nervous system01-05	38.7	30.3	27.3	40.7	87.0
Spinal tap03.31	10.6	20.3	6.2	8.5	13.4
Operations on the endocrine system06-07	3.4	*	2.6	4.9	7.8
Operations on the eye08-16	2.6	*	1.5	2.5	7.1
Operations on the ear18-20	1.8	*	*	*1.0	*
Operations on the nose, mouth, and pharynx21-29	10.0	11.1	7.1	10.0	18.0
Operations on the respiratory system30-34	39.1	12.0	15.0	48.4	146.1
Bronchoscopy with or without biopsy33.21-33.24,33.27	9.4	*	3.5	11.7	35.4
Operations on the cardiovascular system35-39,00.50-00.51,00.53-00.55,00.61-00.66	242.6	34.5	58.6	352.0	981.8
Balloon angioplasty of coronary artery or coronary atherectomy00.66	22.2	*	2.6	40.2	87.7
Insertion of coronary artery stent(s)36.06-36.07	21.9	*	2.6	39.4	87.0
Coronary artery bypass graft ³36.1	14.9	*	1.2	25.5	63.7
Cardiac catheterization37.21-37.23	37.4	2.0	7.0	65.1	142.0
Insertion, replacement, removal, and revision of pacemaker leads or device37.7-37.8,00.50,00.53	14.0	*	*0.7	6.2	96.9
Hemodialysis39.95	21.6	*	8.2	32.6	79.3
Operations on the hemic and lymphatic system40-41	12.4	3.4	4.6	19.6	39.2
Operations on the digestive system42-54	186.8	40.1	101.0	233.0	622.3
Endoscopy of small intestine with or without biopsy45.11-45.14,45.16	35.0	*	12.0	41.0	153.0
Endoscopy of large intestine with or without biopsy45.21-45.25	17.5	1.2	5.4	20.1	79.6
Partial excision of large intestine45.7	8.4	*	2.4	11.1	36.2
Appendectomy, excluding incidental47.0	11.5	12.1	14.2	8.9	6.4
Cholecystectomy51.2	13.9	*	12.3	17.1	34.5
Lysis of peritoneal adhesions54.5	11.5	1.2	9.6	15.6	27.0
Operations on the urinary system55-59	34.4	4.2	16.2	47.4	118.5
Cystoscopy with or without biopsy57.31-57.33	4.9	*0.4	2.3	5.6	19.3
Operations on the male genital organs60-64	8.4	4.6	1.3	11.0	33.1
Prostatectomy60.2-60.6	5.6	*	*	8.7	27.5
Operations on the female genital organs65-71	65.6	1.4	85.5	85.3	63.6
Oophorectomy and salpingo-oophorectomy65.3-65.6	14.0	*	11.7	27.7	16.5
Bilateral destruction or occlusion of fallopian tubes66.2-66.3	11.8	*	27.8	*	*
Hysterectomy68.3-68.7,68.9	19.1	*	20.7	33.4	15.9
Obstetrical procedures72-75	237.3	*	562.2	2.3	...
Episiotomy with or without forceps or vacuum extraction72.1,72.21,72.31,72.71,73.6	15.2	*	36.1	*	...
Artificial rupture of membranes73.0	32.2	*	76.3	*	...
Medical induction of labor73.4	21.9	*	51.8	*	...
Cesarean section74.0-74.2,74.4,74.99	43.4	*	102.9	*0.4	...
Repair of current obstetric laceration75.5-75.6	43.9	*	104.0	*	...
Operations on the musculoskeletal system76-84,00.70-00.73,00.80-00.84	142.6	27.2	72.5	202.3	447.2
Partial excision of bone76.2-76.3,77.6-77.8	5.7	1.6	3.4	9.0	13.9
Reduction of fracture76.7,79.0-79.3	22.5	7.1	15.6	21.3	73.3
Open reduction of fracture with internal fixation79.3	14.7	2.2	10.4	15.1	49.0
Excision or destruction of intervertebral disc80.5	9.4	*	6.8	18.4	14.9
Total hip replacement81.51	7.7	*	1.0	12.3	33.8
Total knee replacement81.54	18.2	*	0.8	27.3	88.0
Operations on the integumentary system85-86	53.6	*	40.6	63.3	112.0
Debridement of wound, infection, or burn86.22,86.28	13.5	*	9.9	16.1	32.8
Miscellaneous diagnostic and therapeutic procedures and new technologies ⁴87-99,00	461.9	145.6	200.2	554.7	1,672.0
Computerized axial tomography87.03,87.41,87.71,88.01,88.38	24.8	5.8	13.9	29.2	83.8
Arteriography and angiocardiology using contrast material88.4-88.5	56.9	3.0	15.0	93.7	212.1
Diagnostic ultrasound88.7,00.21-00.25,00.28-00.29	29.8	5.7	11.8	36.5	116.0
Physical therapy procedures93.1-93.3	12.9	*	2.6	12.7	67.0
Respiratory therapy93.9,96.7,00.12	36.5	27.2	12.7	38.5	127.7
Insertion of endotracheal tube96.04	16.0	8.0	5.9	17.7	59.3
Transfusion of blood and blood components99.0	66.0	10.9	17.9	65.1	319.7
Injection or infusion of cancer chemotherapeutic substance99.25,00.10	7.4	6.9	2.9	11.7	14.7

* Figure does not meet standards of reliability or precision.

... Category not applicable.

¹Rates were calculated using U.S. Census Bureau 2000-based postcensal estimates of the civilian population as of July 1, 2006.

²In 2002, the Chapter 00 codes were established. For reporting purposes, between 2003 and 2005, all Chapter 00 codes were grouped with the miscellaneous diagnostic and therapeutic procedures and new technologies category. Beginning in 2006, the 00 codes are included in the categories and chapters of their previous codes, where applicable. See "Use of Tables."

³See Table 29 for comparison of rate of procedures with rate of discharges with procedures.

⁴Chapter 00 codes included in this category: 00.01-00.03, 00.09, 00.10-00.18, 00.21-00.25, 00.28-00.29, 00.31-00.35, 00.39, 00.40-00.43, 00.45-00.48, 00.52, 00.74-00.76, 00.91-00.93.

Table 32. Number of all-listed procedures for discharges from short-stay hospitals, by sex and procedure category: United States, 2006[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants. Procedure groupings and code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)*]

Procedure category and ICD-9-CM code	Both sexes	Male	Female
All procedures ¹	45,963	18,482	27,482
Operations on the nervous system01-05	1,155	534	621
Spinal tap03.31	315	158	156
Operations on the endocrine system06-07	101	29	72
Operations on the eye08-16	76	45	31
Operations on the ear18-20	53	36	17
Operations on the nose, mouth, and pharynx21-29	298	183	115
Operations on the respiratory system30-34	1,167	641	526
Bronchoscopy with or without biopsy33.21-33.24,33.27	282	152	129
Operations on the cardiovascular system35-39,00.50-00.51,00.53-00.55,00.61-00.66	7,235	4,116	3,119
Balloon angioplasty of coronary artery or coronary atherectomy00.66	661	429	232
Insertion of coronary artery stent(s)36.06-36.07	652	425	227
Coronary artery bypass graft ²36.1	444	320	123
Cardiac catheterization37.21-37.23	1,115	666	450
Insertion, replacement, removal, and revision of pacemaker leads or device37.7-37.8,00.50,00.53	418	198	219
Hemodialysis39.95	645	325	320
Operations on the hemic and lymphatic system40-41	371	186	185
Operations on the digestive system42-54	5,571	2,431	3,140
Endoscopy of small intestine with or without biopsy45.11-45.14,45.16	1,045	457	588
Endoscopy of large intestine with or without biopsy45.21-45.25	522	212	311
Partial excision of large intestine45.7	252	115	137
Appendectomy, excluding incidental47.0	341	192	150
Cholecystectomy51.2	414	134	280
Lysis of peritoneal adhesions54.5	344	80	264
Operations on the urinary system55-59	1,025	491	534
Cystoscopy with or without biopsy57.31-57.33	146	69	77
Operations on the male genital organs60-64	250	250	...
Prostatectomy60.2-60.6	168	168	...
Operations on the female genital organs65-71	1,957	...	1,957
Oophorectomy and salpingo-oophorectomy65.3-65.6	418	...	418
Bilateral destruction or occlusion of fallopian tubes66.2-66.3	351	...	351
Hysterectomy68.3-68.7,68.9	569	...	569
Obstetrical procedures72-75	7,076	...	7,076
Episiotomy with or without forceps or vacuum extraction72.1,72.21,72.31,72.71,73.6	454	...	454
Artificial rupture of membranes73.0	960	...	960
Medical induction of labor73.4	653	...	653
Cesarean section74.0-74.2,74.4,74.99	1,295	...	1,295
Repair of current obstetric laceration75.5-75.6	1,308	...	1,308
Operations on the musculoskeletal system76-84,00.70-00.73,00.80-00.84	4,254	2,005	2,249
Partial excision of bone76.2-76.3,77.6-77.8	171	95	76
Reduction of fracture76.7,79.0-79.3	672	326	346
Open reduction of fracture with internal fixation79.3	439	203	237
Excision or destruction of intervertebral disc80.5	280	135	145
Total hip replacement81.51	231	102	129
Total knee replacement81.54	542	199	344
Operations on the integumentary system85-86	1,598	806	792
Debridement of wound, infection, or burn86.22,86.28	402	236	166
Miscellaneous diagnostic and therapeutic procedures and new technologies ³87-99,00	13,775	6,729	7,046
Computerized axial tomography87.03,87.41,87.71,88.01,88.38	740	366	374
Arteriography and angiocardiology using contrast material88.4-88.5	1,698	938	760
Diagnostic ultrasound88.7,00.21-00.25,00.28-00.29	888	411	477
Physical therapy procedures93.1-93.3	386	154	232
Respiratory therapy93.9,96.7,00.12	1,088	561	527
Insertion of endotracheal tube96.04	476	247	229
Transfusion of blood and blood components99.0	1,968	851	1,117
Injection or infusion of cancer chemotherapeutic substance99.25,00.10	221	130	90

... Category not applicable.

¹In 2002, the Chapter 00 codes were established. For reporting purposes, between 2003 and 2005, all Chapter 00 codes were grouped with the miscellaneous diagnostic and therapeutic procedures and new technologies category. Beginning in 2006, the 00 codes are included in the categories and chapters of their previous codes, where applicable. See "Use of Tables."²See Table 29 for comparison of number of procedures with number of discharges with procedures.³Chapter 00 codes included in this category: 00.01-00.03, 00.09, 00.10-00.18, 00.21-00.25, 00.28-00.29, 00.31-00.35, 00.39, 00.40-00.43, 00.45-00.48, 00.52, 00.74-00.76, 00.91-00.93.

Table 33. Rate of all-listed procedures for discharges from short-stay hospitals, by sex and procedure category: United States, 2006[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants. Procedure groupings and code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)*]

Procedure category and ICD-9-CM code	Both sexes	Male	Female
All procedures ²	1,541.3	1,261.5	1,811.5
Operations on the nervous system01-05	38.7	36.4	41.0
Spinal tap03.31	10.6	10.8	10.3
Operations on the endocrine system06-07	3.4	2.0	4.8
Operations on the eye08-16	2.6	3.1	2.1
Operations on the ear18-20	1.8	2.5	1.1
Operations on the nose, mouth, and pharynx21-29	10.0	12.5	7.6
Operations on the respiratory system30-34	39.1	43.7	34.7
Bronchoscopy with or without biopsy33.21-33.24,33.27	9.4	10.4	8.5
Operations on the cardiovascular system35-39,00.50-00.51,00.53-00.55,00.61-00.66	242.6	280.9	205.6
Balloon angioplasty of coronary artery or coronary atherectomy00.66	22.2	29.3	15.0
Insertion of coronary artery stent(s)36.06-36.07	21.9	29.0	15.0
Coronary artery bypass graft ³36.1	14.9	21.9	8.1
Cardiac catheterization37.21-37.23	37.4	45.4	29.6
Insertion, replacement, removal, and revision of pacemaker leads or device37.7-37.8,00.50,00.53	14.0	13.5	14.5
Hemodialysis39.95	21.6	22.2	21.1
Operations on the hemic and lymphatic system40-41	12.4	12.7	12.2
Operations on the digestive system42-54	186.8	166.0	207.0
Endoscopy of small intestine with or without biopsy45.11-45.14,45.16	35.0	31.2	38.7
Endoscopy of large intestine with or without biopsy45.21-45.25	17.5	14.4	20.5
Partial excision of large intestine45.7	8.4	7.8	9.0
Appendectomy, excluding incidental47.0	11.5	13.1	9.9
Cholecystectomy51.2	13.9	9.2	18.5
Lysis of peritoneal adhesions54.5	11.5	5.5	17.4
Operations on the urinary system55-59	34.4	33.5	35.2
Cystoscopy with or without biopsy57.31-57.33	4.9	4.7	5.1
Operations on the male genital organs60-64	8.4	17.1	...
Prostatectomy60.2-60.6	5.6	11.5	...
Operations on the female genital organs65-71	65.6	...	129.0
Oophorectomy and salpingo-oophorectomy65.3-65.6	14.0	...	27.6
Bilateral destruction or occlusion of fallopian tubes66.2-66.3	11.8	...	23.1
Hysterectomy68.3-68.7,68.9	19.1	...	37.5
Obstetrical procedures72-75	237.3	...	466.4
Episiotomy with or without forceps or vacuum extraction72.1,72.21,72.31,72.71,73.6	15.2	...	29.9
Artificial rupture of membranes73.0	32.2	...	63.2
Medical induction of labor73.4	21.9	...	43.0
Cesarean section74.0-74.2,74.4,74.99	43.4	...	85.3
Repair of current obstetric laceration75.5-75.6	43.9	...	86.2
Operations on the musculoskeletal system76-84,00.70-00.73,00.80-00.84	142.6	136.8	148.3
Partial excision of bone76.2-76.3,77.6-77.8	5.7	6.5	5.0
Reduction of fracture76.7,79.0-79.3	22.5	22.3	22.8
Open reduction of fracture with internal fixation79.3	14.7	13.8	15.6
Excision or destruction of intervertebral disc80.5	9.4	9.2	9.5
Total hip replacement81.51	7.7	7.0	8.5
Total knee replacement81.54	18.2	13.6	22.7
Operations on the integumentary system85-86	53.6	55.0	52.2
Debridement of wound, infection, or burn86.22,86.28	13.5	16.1	10.9
Miscellaneous diagnostic and therapeutic procedures and new technologies ⁴87-99,00	461.9	459.3	464.5
Computerized axial tomography87.03,87.41,87.71,88.01,88.38	24.8	25.0	24.7
Arteriography and angiocardiology using contrast material88.4-88.5	56.9	64.0	50.1
Diagnostic ultrasound88.7,00.21-00.25,00.28-00.29	29.8	28.1	31.4
Physical therapy procedures93.1-93.3	12.9	10.5	15.3
Respiratory therapy93.9,96.7,00.12	36.5	38.3	34.7
Insertion of endotracheal tube96.04	16.0	16.9	15.1
Transfusion of blood and blood components99.0	66.0	58.1	73.6
Injection or infusion of cancer chemotherapeutic substance99.25,00.10	7.4	8.9	6.0

... Category not applicable.

¹Rates were calculated using U.S. Census Bureau 2000-based postcensal estimates of the civilian population as of July 1, 2006.²In 2002, the Chapter 00 codes were established. For reporting purposes, between 2003 and 2005, all Chapter 00 codes were grouped with the miscellaneous diagnostic and therapeutic procedures and new technologies category. Beginning in 2006, the 00 codes are included in the categories and chapters of their previous codes, where applicable. See "Use of Tables."³See Table 29 for comparison of rate of procedures with rate of discharges with procedures.⁴Chapter 00 codes included in this category: 00.01-00.03, 00.09, 00.10-00.18, 00.21-00.25, 00.28-00.29, 00.31-00.35, 00.39, 00.40-00.43, 00.45-00.48, 00.52, 00.74-00.76, 00.91-00.93.

Table 34. Number of all-listed procedures for discharges from short-stay hospitals, by geographic region and procedure category: United States, 2006

[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants. Procedure groupings and code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)*]

Procedure category and ICD-9-CM code	United States	Northeast	Midwest	South	West
All procedures ¹	45,963	10,025	9,584	16,909	9,445
Operations on the nervous system01-05	1,155	253	239	381	282
Spinal tap03.31	315	64	46	118	*
Operations on the endocrine system06-07	101	24	14	42	21
Operations on the eye08-16	76	16	*	31	*11
Operations on the ear18-20	53	*	*	*	*
Operations on the nose, mouth, and pharynx21-29	298	65	55	100	78
Operations on the respiratory system30-34	1,167	263	247	431	226
Bronchoscopy with or without biopsy33.21-33.24,33.27	282	62	62	99	58
Operations on the cardiovascular system35-39,00.50-00.51,00.53-00.55,00.61-00.66	7,235	1,367	1,620	2,816	1,432
Balloon angioplasty of coronary artery or coronary atherectomy00.66	661	123	168	239	130
Insertion of coronary artery stent(s)36.06-36.07	652	109	203	221	119
Coronary artery bypass graft ²36.1	444	64	122	181	76
Cardiac catheterization37.21-37.23	1,115	201	258	458	199
Insertion, replacement, removal, and revision of pacemaker leads or device37.7-37.8,00.50,00.53	418	103	94	147	73
Hemodialysis39.95	645	127	113	262	143
Operations on the hemic and lymphatic system40-41	371	76	73	130	91
Operations on the digestive system42-54	5,571	1,168	1,207	2,058	1,139
Endoscopy of small intestine with or without biopsy45.11-45.14,45.16	1,045	217	249	381	197
Endoscopy of large intestine with or without biopsy45.21-45.25	522	115	116	182	110
Partial excision of large intestine45.7	252	49	61	93	49
Appendectomy, excluding incidental47.0	341	62	80	110	89
Cholecystectomy51.2	414	76	79	181	78
Lysis of peritoneal adhesions54.5	344	66	76	133	70
Operations on the urinary system55-59	1,025	243	202	385	195
Cystoscopy with or without biopsy57.31-57.33	146	39	32	54	21
Operations on the male genital organs60-64	250	49	53	86	63
Prostatectomy60.2-60.6	168	34	38	54	43
Operations on the female genital organs65-71	1,957	295	441	826	395
Oophorectomy and salpingo-oophorectomy65.3-65.6	418	58	111	175	75
Bilateral destruction or occlusion of fallopian tubes66.2-66.3	351	43	63	171	74
Hysterectomy68.3-68.7,68.9	569	84	143	228	114
Obstetrical procedures72-75	7,076	1,080	1,590	2,558	1,848
Episiotomy with or without forceps or vacuum extraction72.1,72.21,72.31,72.71,73.6	454	75	93	178	107
Artificial rupture of membranes73.0	960	120	267	322	251
Medical induction of labor73.4	653	98	160	217	178
Cesarean section74.0-74.2,74.4,74.99	1,295	206	236	536	318
Repair of current obstetric laceration75.5-75.6	1,308	204	302	451	351
Operations on the musculoskeletal system76-84,00.70-00.73,00.80-00.84	4,254	828	1,003	1,529	894
Partial excision of bone76.2-76.3,77.6-77.8	171	42	39	62	29
Reduction of fracture76.7,79.0-79.3	672	129	162	241	139
Open reduction of fracture with internal fixation79.3	439	85	107	159	89
Excision or destruction of intervertebral disc80.5	280	48	59	105	69
Total hip replacement81.51	231	57	57	69	48
Total knee replacement81.54	542	103	163	178	98
Operations on the integumentary system85-86	1,598	289	271	794	244
Debridement of wound, infection, or burn86.22,86.28	402	69	74	209	49
Miscellaneous diagnostic and therapeutic procedures and new technologies ³87-99,00	13,775	3,998	2,545	4,717	2,516
Computerized axial tomography87.03,87.41,87.71,88.01,88.38	740	377	*	144	103
Arteriography and angiocardiology using contrast material88.4-88.5	1,698	328	405	675	290
Diagnostic ultrasound88.7,00.21-00.25,00.28-00.29	888	318	132	279	159
Physical therapy procedures93.1-93.3	386	113	*	*	*
Respiratory therapy93.9,96.7,00.12	1,088	310	184	373	221
Insertion of endotracheal tube96.04	476	102	90	180	104
Transfusion of blood and blood components99.0	1,968	357	399	800	412
Injection or infusion of cancer chemotherapeutic substance99.25,00.10	221	57	21	93	51

* Figure does not meet standards of reliability or precision.

¹In 2002, the Chapter 00 codes were established. For reporting purposes, between 2003 and 2005, all Chapter 00 codes were grouped with the miscellaneous diagnostic and therapeutic procedures and new technologies category. Beginning in 2006, the 00 codes are included in the categories and chapters of their previous codes, where applicable. See "Use of Tables."

²See Table 29 for comparison of number of procedures with number of discharges with procedures.

³Chapter 00 codes included in this category: 00.01-00.03, 00.09, 00.10-00.18, 00.21-00.25, 00.28-00.29, 00.31-00.35, 00.39, 00.40-00.43, 00.45-00.48, 00.52, 00.74-00.76, 00.91-00.93.

Table 35. Rate of all-listed procedures for discharges from short-stay hospitals, by geographic region and procedure category: United States, 2006[Discharges of inpatients from nonfederal hospitals. Excludes newborn infants. Procedure groupings and code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)*]

Procedure category and ICD-9-CM code	United States	Northeast	Midwest	South	West
	Rate per 10,000 population ¹				
All procedures ²	1,541.3	1,833.3	1,449.1	1,559.7	1,369.1
Operations on the nervous system01-05	38.7	46.2	36.2	35.1	40.9
Spinal tap03.31	10.6	11.7	7.0	10.9	*
Operations on the endocrine system06-07	3.4	4.4	2.2	3.9	3.0
Operations on the eye08-16	2.6	2.9	*	2.9	*1.6
Operations on the ear18-20	1.8	*	*	*	*
Operations on the nose, mouth, and pharynx21-29	10.0	11.8	8.4	9.3	11.3
Operations on the respiratory system30-34	39.1	48.2	37.3	39.7	32.7
Bronchoscopy with or without biopsy33.21-33.24,33.27	9.4	11.3	9.4	9.1	8.5
Operations on the cardiovascular system35-39,00.50-00.51,00.53-00.55,00.61-00.66	242.6	250.0	245.0	259.8	207.5
Balloon angioplasty of coronary artery or coronary atherectomy00.66	22.2	22.6	25.4	22.1	18.8
Insertion of coronary artery stent(s)36.06-36.07	21.9	19.8	30.7	20.4	17.3
Coronary artery bypass graft ³36.1	14.9	11.6	18.5	16.7	11.1
Cardiac catheterization37.21-37.23	37.4	36.7	39.0	42.3	28.8
Insertion, replacement, removal, and revision of pacemaker leads or device37.7-37.8,00.50,00.53	14.0	18.9	14.2	13.5	10.6
Hemodialysis39.95	21.6	23.1	17.0	24.2	20.7
Operations on the hemic and lymphatic system40-41	12.4	13.9	11.0	12.0	13.2
Operations on the digestive system42-54	186.8	213.6	182.5	189.8	165.0
Endoscopy of small intestine with or without biopsy45.11-45.14,45.16	35.0	39.7	37.7	35.1	28.6
Endoscopy of large intestine with or without biopsy45.21-45.25	17.5	21.0	17.6	16.7	15.9
Partial excision of large intestine45.7	8.4	9.1	9.2	8.5	7.1
Appendectomy, excluding incidental47.0	11.5	11.3	12.2	10.1	12.9
Cholecystectomy51.2	13.9	13.8	12.0	16.7	11.4
Lysis of peritoneal adhesions54.5	11.5	12.1	11.4	12.3	10.1
Operations on the urinary system55-59	34.4	44.5	30.6	35.5	28.2
Cystoscopy with or without biopsy57.31-57.33	4.9	7.1	4.9	5.0	3.0
Operations on the male genital organs60-64	8.4	8.9	8.0	7.9	9.1
Prostatectomy60.2-60.6	5.6	6.2	5.7	4.9	6.3
Operations on the female genital organs65-71	65.6	54.0	66.6	76.2	57.2
Oophorectomy and salpingo-oophorectomy65.3-65.6	14.0	10.5	16.8	16.2	10.9
Bilateral destruction or occlusion of fallopian tubes66.2-66.3	11.8	7.8	9.6	15.8	10.7
Hysterectomy68.3-68.7,68.9	19.1	15.3	21.7	21.0	16.6
Obstetrical procedures72-75	237.3	197.5	240.4	236.0	267.9
Episiotomy with or without forceps or vacuum extraction72.1,72.21,72.31,72.71,73.6	15.2	13.8	14.1	16.4	15.5
Artificial rupture of membranes73.0	32.2	21.9	40.4	29.7	36.4
Medical induction of labor73.4	21.9	18.0	24.2	20.0	25.7
Cesarean section74.0-74.2,74.4,74.99	43.4	37.6	35.6	49.4	46.1
Repair of current obstetric laceration75.5-75.6	43.9	37.3	45.7	41.6	50.8
Operations on the musculoskeletal system76-84,00.70-00.73,00.80-00.84	142.6	151.4	151.7	141.0	129.6
Partial excision of bone76.2-76.3,77.6-77.8	5.7	7.6	5.9	5.7	4.2
Reduction of fracture76.7,79.0-79.3	22.5	23.7	24.5	22.3	20.2
Open reduction of fracture with internal fixation79.3	14.7	15.5	16.2	14.7	12.8
Excision or destruction of intervertebral disc80.5	9.4	8.7	8.9	9.7	9.9
Total hip replacement81.51	7.7	10.3	8.6	6.4	7.0
Total knee replacement81.54	18.2	18.9	24.7	16.4	14.2
Operations on the integumentary system85-86	53.6	52.8	40.9	73.3	35.4
Debridement of wound, infection, or burn86.22,86.28	13.5	12.7	11.2	19.3	7.1
Miscellaneous diagnostic and therapeutic procedures and new technologies ⁴87-99,00	461.9	731.1	384.8	435.1	364.6
Computerized axial tomography87.03,87.41,87.71,88.01,88.38	24.8	68.9	*	13.3	14.9
Arteriography and angiocardiology using contrast material88.4-88.5	56.9	60.0	61.2	62.2	42.1
Diagnostic ultrasound88.7,00.21-00.25,00.28-00.29	29.8	58.1	19.9	25.8	23.1
Physical therapy procedures93.1-93.3	12.9	20.7	*	*	*
Respiratory therapy93.9,96.7,00.12	36.5	56.7	27.8	34.4	32.0
Insertion of endotracheal tube96.04	16.0	18.6	13.7	16.6	15.1
Transfusion of blood and blood components99.0	66.0	65.2	60.4	73.8	59.7
Injection or infusion of cancer chemotherapeutic substance99.25,00.10	7.4	10.4	3.1	8.5	7.3

* Figure does not meet standards of reliability or precision.

¹Rates were calculated using U.S. Census Bureau 2000-based postcensal estimates of the civilian population as of July 1, 2006.²In 2002, the Chapter 00 codes were established. For reporting purposes, between 2003 and 2005, all Chapter 00 codes were grouped with the miscellaneous diagnostic and therapeutic procedures and new technologies category. Beginning in 2006, the 00 codes are included in the categories and chapters of their previous codes, where applicable. See "Use of Tables."³See Table 29 for comparison of rate of procedures with rate of discharges with procedures.⁴Chapter 00 codes included in this category: 00.01-00.03, 00.09, 00.10-00.18, 00.21-00.25, 00.28-00.29, 00.31-00.35, 00.39, 00.40-00.43, 00.45-00.48, 00.52, 00.74-00.76, 00.91-00.93.

Table 36. Number, percent distribution, and rate of discharges and days of care, with average length of stay for females with deliveries discharged from short-stay hospitals, by type of delivery, age, and geographic region: United States, 2006[Discharges of inpatients from nonfederal hospitals. Data are for discharges 10–54 years of age with *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD–9–CM) code V27, “females with deliveries”]

Age and region	Discharges			Days of care			Average length of stay in days
	Number in thousands	Percent distribution	Rate per 1,000 population ¹	Number in thousands	Percent distribution	Rate per 1,000 population ¹	
All deliveries							
10–54 years	4,127	100.0	43.8	10,868	100.0	115.5	2.6
10–19 years	428	10.4	20.9	1,087	10.0	53.2	2.5
20–24 years	1,047	25.4	103.3	2,681	24.7	264.3	2.6
25–29 years	1,135	27.5	112.5	2,926	26.9	290.1	2.6
30–34 years	928	22.5	95.6	2,469	22.7	254.5	2.7
35–39 years	478	11.6	45.4	1,375	12.7	130.8	2.9
40–54 years	112	2.7	3.4	330	3.0	9.9	2.9
All regions	4,127	100.0	43.8	10,868	100.0	115.5	2.6
Northeast	618	15.0	35.7	1,792	16.5	103.6	2.9
Midwest	849	20.6	40.9	2,108	19.4	101.5	2.5
South	1,613	39.1	47.2	4,321	39.8	126.4	2.7
West	1,047	25.4	47.8	2,647	24.4	121.0	2.5
Vaginal deliveries²							
10–54 years	2,833	100.0	30.1	6,164	100.0	65.5	2.2
10–19 years	335	11.8	16.4	765	12.4	37.4	2.3
20–24 years	755	26.7	74.5	1,645	26.7	162.2	2.2
25–29 years	801	28.3	79.4	1,716	27.8	170.2	2.1
30–34 years	599	21.1	61.7	1,279	20.7	131.8	2.1
35–39 years	278	9.8	26.5	607	9.9	57.7	2.2
40–54 years	64	2.3	1.9	151	2.5	4.5	2.3
All regions	2,833	100.0	30.1	6,164	100.0	65.5	2.2
Northeast	413	14.6	23.9	985	16.0	57.0	2.4
Midwest	614	21.7	29.5	1,309	21.2	63.0	2.1
South	1,078	38.0	31.5	2,382	38.6	69.7	2.2
West	729	25.7	33.3	1,488	24.1	68.0	2.0
Cesarean deliveries³							
10–54 years	1,295	100.0	13.8	4,704	100.0	50.0	3.6
10–19 years	93	7.2	4.5	321	6.8	15.7	3.5
20–24 years	292	22.6	28.8	1,036	22.0	102.1	3.5
25–29 years	334	25.8	33.1	1,210	25.7	119.9	3.6
30–34 years	329	25.4	33.9	1,190	25.3	122.7	3.6
35–39 years	199	15.4	19.0	768	16.3	73.0	3.8
40–54 years	48	3.7	1.4	179	3.8	5.4	3.7
All regions	1,295	100.0	13.8	4,704	100.0	50.0	3.6
Northeast	206	15.9	11.9	806	17.1	46.6	3.9
Midwest	236	18.2	11.3	799	17.0	38.5	3.4
South	536	41.4	15.7	1,939	41.2	56.7	3.6
West	318	24.5	14.5	1,159	24.6	53.0	3.6

¹Rates were calculated using U.S. Census Bureau 2000-based postcensal estimates of the civilian population as of July 1, 2006.²Discharges of females with deliveries except those with cesarean deliveries.³Discharges of females with deliveries with ICD–9–CM procedure codes 74.0–74.2, 74.4, or 74.99.

Table 37. Number and percent distribution of females with deliveries discharged from short-stay hospitals, by length of stay and type of delivery: United States, selected years 1980–2006[Discharges of inpatients from nonfederal hospitals. Data are for discharges 10–54 years of age with *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD–9–CM) code V27, “females with deliveries”]

Length of stay	1980	1985	1990	1995	2000	2005	2006
Number in thousands							
All deliveries	3,762	3,854	4,025	3,766	3,738	4,038	4,127
Less than 1 day	23	34	37	36	16	11	11
1 day	216	373	623	1,368	551	481	472
2 days	747	1,037	1,649	1,418	1,863	1,880	1,927
3 days	1,205	1,140	900	606	863	1,111	1,143
4 days	691	586	468	193	292	368	371
5–7 days	726	598	282	100	112	145	156
8 days or more	154	86	67	46	41	43	48
Vaginal deliveries ¹	3,143	2,977	3,080	2,981	2,882	2,776	2,833
Less than 1 day	23	33	35	34	14	*8	9
1 day	215	371	620	1,362	546	467	462
2 days	743	1,030	1,624	1,271	1,726	1,653	1,669
3 days	1,185	1,054	618	228	500	558	594
4 days	618	338	106	39	53	51	57
5–7 days	317	125	55	27	25	23	31
8 days or more	42	26	23	21	17	15	12
Cesarean deliveries ²	619	877	945	785	855	1,262	1,295
Less than 1 day	*	*	*	*	*	*	*
1 day	*	*	*	*6	*	*	*10
2 days	*	*	25	147	137	227	258
3 days	20	86	283	379	363	553	549
4 days	73	249	361	154	239	317	315
5–7 days	409	473	227	73	87	122	125
8 days or more	112	60	44	25	24	28	36
Percent distribution							
All deliveries	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Less than 1 day	0.6	0.9	0.9	1.0	0.4	0.3	0.3
1 day	5.7	9.7	15.5	36.3	14.7	11.9	11.4
2 days	19.9	26.9	41.0	37.7	49.9	46.6	46.7
3 days	32.0	29.6	22.4	16.1	23.1	27.5	27.7
4 days	18.4	15.2	11.6	5.1	7.8	9.1	9.0
5–7 days	19.3	15.5	7.0	2.7	3.0	3.6	3.8
8 days or more	4.1	2.2	1.7	1.2	1.1	1.1	1.2
Vaginal deliveries ¹	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Less than 1 day	0.7	1.1	1.1	1.1	0.5	*0.3	0.3
1 day	6.8	12.5	20.1	45.7	19.0	16.8	16.3
2 days	23.6	34.6	52.7	42.6	59.9	59.5	58.9
3 days	37.7	35.4	20.1	7.6	17.3	20.1	21.0
4 days	19.7	11.4	3.4	1.3	1.8	1.9	2.0
5–7 days	10.1	4.2	1.8	0.9	0.9	0.8	1.1
8 days or more	1.3	0.9	0.7	0.7	0.6	0.5	0.4
Cesarean deliveries ²	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Less than 1 day	*	*	*	*	*	*	*
1 day	*	*	*	*0.8	*	*	*0.8
2 days	*	*	2.6	18.7	16.0	18.0	19.9
3 days	3.2	9.8	29.9	48.3	42.4	43.8	42.4
4 days	11.8	28.4	38.2	19.6	27.9	25.1	24.3
5–7 days	66.1	53.9	24.0	9.3	10.2	9.7	9.6
8 days or more	18.1	6.8	4.7	3.2	2.8	2.2	2.8
Type of delivery							
Average length of stay in days							
All deliveries	3.8	3.3	2.8	2.1	2.5	2.6	2.6
Vaginal deliveries ¹	3.2	2.7	2.3	1.7	2.1	2.2	2.2
Cesarean deliveries ²	6.5	5.2	4.5	3.6	3.7	3.5	3.6

* Figure does not meet standards of reliability or precision.

¹Discharges of females with deliveries except those with cesarean deliveries.²Discharges of females with deliveries with ICD–9–CM procedure codes 74.0–74.2, 74.4, or 74.99.

Table 38. Number and rate of selected obstetrical procedures for females with deliveries discharged from short-stay hospitals: United States, selected years 1980–2006

[Discharges of inpatients from nonfederal hospitals. Procedure groupings and code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD–9–CM). Data are for selected procedures performed on discharges with code V27, “females with deliveries”]

Procedure category and ICD–9–CM code	1980	1985	1990	1995	2000	2005	2006
Number of procedures in thousands							
All obstetrical procedures72–75	3,526	4,239	6,660	6,282	6,145	6,781	7,007
Repair of current obstetric laceration75.5–75.6	350	543	789	961	1,134	1,255	1,306
Cesarean section74.0–74.2,74.4,74.99	619	877	945	785	855	1,262	1,295
Manually assisted delivery73.5	70	193	750	866	898	1,022	1,207
Artificial rupture of membranes73.0	120	315	691	752	833	928	960
Medical induction of labor73.4	42	66	225	366	435	608	647
Episiotomy72.1,72.21,72.31,72.71,73.6	2,012	1,820	1,714	1,410	944	537	454
Vacuum extraction ¹72.7	22	66	190	279	245	237	229
Forceps delivery ¹72.0–72.4,72.51,72.53,72.6,73.3	555	376	269	176	117	66	52
Rate per 100 deliveries ²							
All obstetrical procedures72–75	93.7	110.0	165.5	166.8	164.4	167.9	169.8
Cesarean section74.0–74.2,74.4,74.99	16.5	22.7	23.5	20.8	22.9	31.3	31.4
Artificial rupture of membranes73.0	3.2	8.2	17.2	20.0	22.3	23.0	23.2
Medical induction of labor73.4	1.1	1.7	5.6	9.7	11.7	15.0	15.7
Rate per 100 vaginal deliveries ³							
Repair of current obstetric laceration75.5–75.6	11.1	18.1	25.5	32.0	39.2	45.0	46.1
Manually assisted delivery73.5	2.2	6.5	24.3	29.0	31.1	36.8	42.6
Episiotomy72.1,72.21,72.31,72.71,73.6	64.0	61.1	55.6	47.2	32.7	19.3	16.0
Vacuum extraction ¹72.7	0.7	2.2	6.1	9.2	8.4	8.2	8.1
Forceps delivery ¹72.0–72.4,72.51,72.53,72.6,73.3	17.6	12.5	8.6	5.8	4.0	2.3	1.8

¹Forceps delivery and vacuum extraction with episiotomy are also included in the episiotomy category.

²Procedures per 100 discharges of females with deliveries.

³Procedures for females with vaginal deliveries per 100 discharges with vaginal deliveries. Vaginal deliveries are all deliveries except those with a cesarean section.

Table 39. Number and rate of females with deliveries discharged from short-stay hospitals, by type of delivery: United States, selected years 1980–2006

[Discharges of inpatients from nonfederal hospitals. Data are for discharges with *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD–9–CM) code V27, “females with deliveries”]

Type of delivery	1980	1985	1990	1995	2000	2005	2006
Number in thousands							
Females with deliveries	3,762	3,854	4,025	3,766	3,738	4,038	4,127
Previous cesarean delivery	192	324	426	413	447	571	614
No previous cesarean delivery	3,571	3,530	3,600	3,353	3,290	3,468	3,513
Vaginal deliveries	3,143	2,977	3,080	2,981	2,882	2,776	2,833
Vaginal birth after cesarean delivery (VBAC)	*6	21	87	147	123	62	52
Other vaginal deliveries	3,137	2,956	2,993	2,835	2,759	2,715	2,781
Cesarean deliveries	619	877	945	785	855	1,262	1,295
No previous cesarean delivery (primary)	434	574	606	519	531	753	732
Previous cesarean delivery (repeat)	185	303	339	266	324	509	563
Rate per 100 deliveries							
Cesarean deliveries per 100 deliveries	16.5	22.7	23.5	20.8	22.9	31.3	31.4
Primary cesarean deliveries per 100 deliveries without previous cesarean delivery	12.1	16.3	16.8	15.5	16.1	21.7	20.8
Vaginal birth after cesarean deliveries (VBACs) per 100 deliveries with previous cesarean delivery	*3.4	6.6	20.4	35.5	27.6	10.8	8.4

* Figure does not meet standards of reliability or precision.

NOTES: Previous cesarean deliveries are discharges with ICD–9–CM diagnostic code 654.2. Cesarean deliveries are discharges with ICD–9–CM procedure codes 74.0–74.2, 74.4 or 74.99. Because estimates of newborn infants are based on a sample and because they do not include out-of-hospital births, these estimates may not agree with data on births published in the National Vital Statistics Reports (see text reference 22), which are based on birth certificate data.

Table 40. Number and rate of females with deliveries discharged from short-stay hospitals, by type of delivery, age, and geographic region: United States, 2006[Discharges of inpatients from nonfederal hospitals. Data are for discharges with *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) code V27, "females with deliveries"¹]

Age and region	Cesarean deliveries		
	Total ¹	Primary ²	VBAC ^{3,4}
		Number in thousands	
10–54 years	1,295	732	52
10–19 years	93	78	*
20–24 years	292	178	7
25–29 years	334	174	15
30–34 years	329	170	17
35–39 years	199	104	11
40–54 years	48	27	*
All regions	1,295	732	52
Northeast	206	123	7
Midwest	236	126	*
South	536	297	17
West	318	185	14
		Rate per 100 deliveries	
10–54 years	31.4	20.8	8.4
10–19 years	21.7	18.9	*
20–24 years	27.9	19.2	5.7
25–29 years	29.4	18.2	8.7
30–34 years	35.4	22.6	9.4
35–39 years	41.7	28.0	10.5
40–54 years	42.7	30.2	*
All regions	31.4	20.8	8.4
Northeast	33.3	23.3	7.7
Midwest	27.7	17.3	*
South	33.2	21.9	6.8
West	30.4	20.6	9.8

* Figure does not meet standards of reliability or precision.

¹Discharges with ICD-9-CM procedure codes 74.0–74.2, 74.4, or 74.99. Rate per 100 total deliveries.²Cesarean deliveries without ICD-9-CM diagnostic code 654.2. Rate per 100 deliveries without previous cesarean delivery.³VBAC is vaginal birth after cesarean delivery.⁴Vaginal deliveries with ICD-9-CM diagnostic code 654.2. Rate per 100 deliveries with previous cesarean delivery.

NOTE: Because estimates of newborn infants are based on a sample and because they do not include out-of-hospital births, these estimates may not agree with data on births published in the National Vital Statistics Reports (see text reference 22), which are based on birth certificate data.

Table 41. Number, percent distribution, and average length of stay for newborn infants discharged from short-stay hospitals, by sex, geographic region, and health status: United States, 2006

[Infants born in nonfederal hospitals]

Sex, region, and health status	Discharges		Average length of stay in days
	Number in thousands	Percent distribution	
All newborn infants	4,020	100.0	3.4
Sex			
Male	2,041	50.8	3.6
Female	1,979	49.2	3.2
Region			
Northeast	722	18.0	3.6
Midwest	833	20.7	2.8
South	1,464	36.4	3.8
West	1,000	24.9	3.2
Health status			
Well ¹	2,171	54.0	2.1
Male	1,071	26.6	2.1
Female	1,099	27.4	2.1
Sick ²	1,849	46.0	4.9
Male	970	24.1	5.3
Female	880	21.9	4.5

¹Without any illness or risk-related diagnoses.²With at least one illness or risk-related diagnosis, *International Classification of Diseases, Ninth Revision, Clinical Modification* codes 001–999.**Table 42. Number and percent distribution of newborn infants discharged from short-stay hospitals, by length of stay, and average length of stay, by health status: United States, selected years 1980–2006**

[Infants born in nonfederal hospitals]

Length of stay and health status	1980	1985	1990	1995	2000	2005	2006
Length of stay							
All newborn infants	3,824	3,794	3,869	3,631	3,643	3,999	4,020
Less than 1 day	69	84	79	87	45	44	46
1 day	270	428	693	1,523	722	674	614
2 days	842	1,057	1,624	1,145	1,877	1,967	2,064
3 days	1,175	1,034	636	486	546	720	705
4 days	618	528	447	134	205	286	279
5–7 days	633	497	232	106	94	122	120
8 days or more	218	167	157	149	153	185	193
Percent distribution							
All newborn infants	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Less than 1 day	1.8	2.2	2.0	2.4	1.2	1.1	1.1
1 day	7.1	11.3	17.9	41.9	19.8	16.9	15.3
2 days	22.0	27.9	42.0	31.5	51.5	49.2	51.3
3 days	30.7	27.3	16.4	13.4	15.0	18.0	17.5
4 days	16.2	13.9	11.6	3.7	5.6	7.2	6.9
5–7 days	16.5	13.1	6.0	2.9	2.6	3.1	3.0
8 days or more	5.7	4.4	4.1	4.1	4.2	4.6	4.8
Health status							
Average length of stay in days							
All newborn infants	4.3	3.8	3.3	2.8	3.2	3.4	3.4
Well ¹	3.2	2.8	2.3	1.7	2.1	2.1	2.1
Sick ²	7.1	5.7	4.8	4.4	5.1	5.0	4.9

¹Without any illness or risk-related diagnoses.²With at least one illness or risk-related diagnosis, *International Classification of Diseases, Ninth Revision, Clinical Modification* codes 001–999.

Table 43. Number of all-listed diagnoses for sick newborn infants discharged from short-stay hospitals, by sex and selected diagnostic categories: United States, 2006[Infants born in nonfederal hospitals. Diagnostic groupings and code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM)]

Diagnostic category and ICD-9-CM code	Both sexes	Male	Female
Sick newborn diagnoses001-999	3,947	2,132	1,815
Hemolytic disease of fetus or newborn, due to isoimmunization, and other perinatal jaundice773-774	831	437	394
Hemolytic disease due to ABO isoimmunization773.1	59	28	31
Neonatal jaundice associated with preterm delivery774.2	152	86	67
Unspecified fetal and neonatal jaundice774.6	603	315	288
Respiratory conditions of fetus and newborn768-770	403	232	171
Respiratory distress syndrome769	84	50	34
Transitory tachypnea of newborn770.6	115	68	47
Congenital anomalies740-759	347	204	143
Congenital anomalies of circulatory system745-747	94	49	45
Congenital anomalies of musculoskeletal system754-756	53	29	24
Congenital anomalies of the integument (skin)757	77	35	41
Disorders relating to short gestation and low birthweight (prematurity)765.0-765.1	304	164	139
Disorders relating to long gestation and high birthweight766	286	164	122
Maternal causes of perinatal morbidity and mortality760-763	145	69	76
Endocrine and metabolic disturbances specific to the fetus and newborn775	135	72	62
Neonatal hypoglycemia775.6	55	29	26
Birth trauma767	113	56	57
Injuries to scalp767.1	91	44	46
Conditions involving the integument (skin) and temperature regulation of fetus and newborn778	111	68	43
Feeding problems in newborn779.3	111	63	48
Infections specific to the perinatal period771	94	50	44
Septicemia (sepsis) of newborn771.81	82	43	38
Slow fetal growth and fetal malnutrition764	65	29	36
Fetal and neonatal hemorrhage772	58	33	25

Table 44. Number and percentage of male newborn infants circumcised during hospitalization, by geographic region: United States, selected years 1980-2006[Infants born in nonfederal hospitals with *International Classification of Diseases, Ninth Revision, Clinical Modification* procedure code 64.0]

Region	1980	1985	1990	1995	2000	2005	2006
	Number circumcised in thousands						
United States	1,261	1,162	1,169	1,200	1,166	1,172	1,145
Northeast	253	221	238	249	256	254	224
Midwest	403	331	341	317	330	330	330
South	379	393	396	454	438	422	421
West	226	218	195	180	143	166	170
	Percent circumcised						
United States	64.7	59.5	59.0	64.1	62.4	57.3	56.1
Northeast	67.4	65.2	62.6	68.3	64.6	66.9	63.6
Midwest	75.9	70.5	76.0	79.8	81.4	78.7	77.9
South	56.0	56.0	57.1	66.1	63.9	58.7	55.3
West	61.8	49.0	42.4	42.6	37.3	31.5	33.8

Appendix. Technical Notes

Abstract Form

The figure shows the medical abstract form used for the 2006 National Hospital Discharge Survey (NHDS). The hospital number, date of birth, and patient ZIP Code are confidential information and are not released to the public, although they can be used with privacy safeguards through the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) Research Data Center.

Population Estimates

Population estimates used to compute rates are shown in [Table I](#). These estimates are for the civilian population of the United States, including institutionalized persons, as of July 1, 2006. The data are postcensal estimates based on the 2000 census and are from unpublished tabulations provided by the U.S. Census Bureau.

Reliability of Estimates

The statistics presented in this report are based on a sample survey, and therefore may differ from the figures that would be obtained if a complete census had been taken. The standard error is primarily a measure of sampling variability that occurs by chance because only a sample rather than an entire universe is surveyed. Standard errors for the estimates from NHDS were calculated with SUDAAN software, which takes into account the complex sample design. A description of the software and the approach it uses has been published (24).

The chances are about 32 out of 100 that an estimate from the sample would differ from a complete census by more than the standard error. The chances are 5 out of 100 that the difference would be more than twice the standard error and about 1 out of 100 that the difference would be more than 2.5 times as large as the standard error. The relative standard error (RSE) expresses the standard error as a percent

Table I. Civilian population by age, geographic region, and sex: United States, 2006

Age and geographic region	Both sexes	Male	Female
All ages			
Total	298,219	146,511	151,708
Region:			
Northeast	54,683	26,557	28,126
Midwest	66,133	32,539	33,594
South	108,410	53,013	55,398
West	68,992	34,402	34,590
Under 15 years			
Total	60,755	31,082	29,673
Under 1 year	4,130	2,113	2,017
1–4 years	16,287	8,329	7,959
5–14 years	40,337	20,640	19,697
Region:			
Northeast	10,304	5,270	5,035
Midwest	13,310	6,810	6,500
South	22,352	11,429	10,923
West	14,789	7,574	7,215
15–44 years			
Total	125,399	63,310	62,089
15–24 years	41,989	21,471	20,519
25–34 years	40,003	20,215	19,787
35–44 years	43,407	21,624	21,783
Region:			
Northeast	22,594	11,308	11,286
Midwest	27,466	13,906	13,560
South	45,456	22,795	22,660
West	29,883	15,301	14,582
45–64 years			
Total	74,805	36,462	38,342
45–54 years	43,223	21,243	21,980
55–64 years	31,581	15,219	16,362
Region:			
Northeast	14,337	6,932	7,405
Midwest	16,884	8,294	8,590
South	27,013	13,076	13,937
West	16,572	8,161	8,411
65 years and over			
Total	37,261	15,657	21,603
65–74 years	18,917	8,670	10,247
75–84 years	13,047	5,298	7,748
85 years and over	5,297	1,688	3,609
Region:			
Northeast	7,448	3,048	4,400
Midwest	8,474	3,529	4,945
South	13,590	5,712	7,878
West	7,748	3,367	4,381

NOTE: Unpublished 2000-based postcensal estimates from the U.S. Census Bureau.

of the estimate and can be multiplied by the estimate to obtain the standard error.

To derive approximate standard errors for the estimates in this report, first calculate the approximate RSE of the estimate using the parameters shown in [Table II](#). Then multiply the

approximate RSE by the estimate. The approximate RSE of an estimate X , may be estimated from the formula

$$\text{RSE}(X) = \sqrt{a + b/X},$$

where a and b are defined in [Table II](#).

Notice – All information which would permit identification of an individual or an establishment will be held confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to other persons or used for any other purpose. Public reporting burden of this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0212)

FORM **HDS-1**
9-9-2005)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS

MEDICAL ABSTRACT – NATIONAL HOSPITAL DISCHARGE SURVEY

A. PATIENT IDENTIFICATION

1. Hospital number	<input type="text"/>	4. Date of admission	Month <input type="text"/> <input type="text"/> – Day <input type="text"/> <input type="text"/> – Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. HDS number	<input type="text"/>	5. Date of discharge	Month <input type="text"/> <input type="text"/> – Day <input type="text"/> <input type="text"/> – Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. (Item deleted)		6. Residence ZIP Code	<input type="text"/>

B. PATIENT CHARACTERISTICS

7. Date of birth Month <input type="text"/> <input type="text"/> – Day <input type="text"/> <input type="text"/> – Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	11. Race – Mark all that apply 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> American Indian or Alaska Native 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 6 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> _____ 7 <input type="checkbox"/> Not stated
8. Age – Complete only if date of birth not given Units <input type="text"/> <input type="text"/> <input type="text"/> { 1 <input type="checkbox"/> Years 2 <input type="checkbox"/> Months 3 <input type="checkbox"/> Days	12. Marital status – Mark (X) one 1 <input type="checkbox"/> Married 3 <input type="checkbox"/> Widowed 5 <input type="checkbox"/> Separated 2 <input type="checkbox"/> Single 4 <input type="checkbox"/> Divorced 6 <input type="checkbox"/> Not stated
9. Sex – Mark (X) one 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Not stated	
10. Ethnicity – Mark (X) one 1 <input type="checkbox"/> Hispanic or Latino 2 <input type="checkbox"/> Not Hispanic or Latino 3 <input type="checkbox"/> Not stated	

C. ADMINISTRATIVE INFORMATION

13. Type of Admission – Mark (X) one 1 <input type="checkbox"/> Emergency 3 <input type="checkbox"/> Elective 5 <input type="checkbox"/> Items not available/unknown 2 <input type="checkbox"/> Urgent 4 <input type="checkbox"/> Newborn	16. Expected source(s) of payment Principal Mark one only Other additional sources Mark all that apply																																	
14. Source of Admission – Mark (X) one 1 <input type="checkbox"/> Physician referral 7 <input type="checkbox"/> Emergency room 2 <input type="checkbox"/> Clinical referral 8 <input type="checkbox"/> Court/Law enforcement 3 <input type="checkbox"/> HMO referral 9 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> _____ 4 <input type="checkbox"/> Transfer from a hospital 5 <input type="checkbox"/> Transfer from SNF 6 <input type="checkbox"/> Transfer from other health facility 10 <input type="checkbox"/> Item not available	<table border="1"> <tr> <td>1. Worker's compensation</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Medicare</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Medicaid</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. Other government payments</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. Blue Cross/Blue Shield</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>6. HMO/PPO</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>7. Other private or commercial insurance</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>8. Self pay</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>9. No charge</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>10. Other –Specify <input checked="" type="checkbox"/> _____ _____ _____</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> No source of payment indicated</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	1. Worker's compensation	<input type="checkbox"/>	<input type="checkbox"/>	2. Medicare	<input type="checkbox"/>	<input type="checkbox"/>	3. Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	4. Other government payments	<input type="checkbox"/>	<input type="checkbox"/>	5. Blue Cross/Blue Shield	<input type="checkbox"/>	<input type="checkbox"/>	6. HMO/PPO	<input type="checkbox"/>	<input type="checkbox"/>	7. Other private or commercial insurance	<input type="checkbox"/>	<input type="checkbox"/>	8. Self pay	<input type="checkbox"/>	<input type="checkbox"/>	9. No charge	<input type="checkbox"/>	<input type="checkbox"/>	10. Other –Specify <input checked="" type="checkbox"/> _____ _____ _____			<input type="checkbox"/> No source of payment indicated	<input type="checkbox"/>	<input type="checkbox"/>
1. Worker's compensation	<input type="checkbox"/>	<input type="checkbox"/>																																
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10. Other –Specify <input checked="" type="checkbox"/> _____ _____ _____																																		
<input type="checkbox"/> No source of payment indicated	<input type="checkbox"/>	<input type="checkbox"/>																																
15. Status/Disposition of patient – Mark (X) appropriate box(es) Status Disposition 1 <input type="checkbox"/> Alive → a. <input type="checkbox"/> Routine discharge/discharged home b. <input type="checkbox"/> Left against medical advice c. <input type="checkbox"/> Discharged, transferred to another short-term hospital d. <input type="checkbox"/> Discharged, transferred to long-term care institution e. <input type="checkbox"/> Other disposition/not stated 2 <input type="checkbox"/> Died 3 <input type="checkbox"/> Status not stated																																		

(Over)

Figure. Medical abstract form for the National Hospital Discharge Survey, 2006

D. MEDICAL INFORMATION

17. Final Diagnoses (including E-code diagnoses) (Enter ICD-9-CM codes as well as narrative if available)

Principal: _____

Other/additional: _____

18. Surgical and Diagnostic Procedures (Enter ICD-9-CM codes as well as narrative if available)

		Date of procedure(s)							
		Month		Day		Year			
Principal: _____									
Other/additional: _____									

NONE

Completed by _____

Date _____

Figure. Medical abstract form for the National Hospital Discharge Survey, 2006—Con.

Table II. Estimated parameters for approximate relative standard error equations for National Hospital Discharge Survey statistics, by selected characteristics: United States, 2006

Characteristic	Discharges or first-listed diagnoses		Days of care		All-listed diagnoses		All-listed procedures	
	a	b	a	b	a	b	a	b
Total	0.00203	346.658	0.00265	1048.885	0.00210	340.544	0.00411	285.906
Sex								
Male	0.00233	321.677	0.00326	1048.558	0.00223	385.004	0.00354	414.588
Female	0.00204	335.486	0.00284	1229.584	0.00486	331.276	0.00382	336.057
Age								
Under 15 years	0.02734	220.637	0.04430	299.840	0.03159	175.490	0.04016	212.752
15–44 years	0.00233	294.541	0.00353	1060.103	0.00228	306.103	0.00280	331.208
45–64 years	0.00193	309.675	0.00349	961.964	0.00217	302.140	0.00420	303.910
65 years and over	0.00216	337.597	0.00298	1570.563	0.00234	307.562	0.00270	350.029
Region								
Northeast	0.00680	188.911	0.00945	568.080	0.01020	173.480	0.01935	222.379
Midwest	0.01430	212.247	0.01655	431.979	0.01490	309.321	0.01752	196.701
South	0.00330	336.326	0.00461	1362.983	0.00371	282.142	0.00419	332.265
West	0.00631	357.712	0.01283	788.148	0.00713	384.090	0.00826	404.867
Principal expected source of payment								
Medicare	0.00256	308.113	0.00350	1187.919	0.00261	296.990	0.00575	402.437
Medicaid	0.00718	271.894	0.01017	845.987	0.00667	274.905	0.00807	281.606
Worker's compensation and other government payment	0.00641	326.968	0.01263	1536.898	0.00904	347.481	0.00594	381.945
HMO and PPO ¹	0.00651	249.205	0.00870	687.995	0.00713	298.372	0.00888	296.655
Blue Cross Blue Shield and other private insurance	0.00255	356.134	0.00419	993.237	0.00296	348.198	0.00402	310.888
Self-pay	0.00438	235.273	0.00837	506.645	0.00610	240.669	0.00441	305.267
No charge and other	0.02094	245.828	0.03074	658.388	0.01895	248.794	0.02223	243.282

¹HMO is health maintenance organization and PPO is preferred provider organization.

NOTE: The relative standard error (RSE) can be determined from the equation $RSE(x) = \sqrt{a + b/x}$.

When multiplied by 100, RSE(X) is expressed as a percentage of X.

The approximate RSE for a percentage, 100p, in which the numerator is a subclass of the denominator, may be calculated directly using the formula

$$RSE(p) = \sqrt{b(1-p) / (pX)},$$

where 100p is the percentage of interest, X is the denominator of the percentage, and b is the parameter b in the formula for approximating the RSE(X). The values for b are given in Table II. When multiplied by 100, RSE(p) is expressed as a percentage of p. This approximation is valid if the RSE of the denominator is less than 5 percent or the RSEs of the numerator and denominator are both less than 10 percent (25,26).

The approximate RSE of a population-based rate is equivalent to the approximate RSE of the numerator (obtained by the method described above using figures from Table II), if the denominator is an estimate produced by the U.S. Census Bureau for the total

population or one or more of the age-sex groups of the total population.

The approximate RSE of a ratio (X/Y) in which the numerator (X) and the denominator (Y) are both estimated from the same survey, but the numerator is not a subclass of the denominator, and is calculated using the formula

$$RSE(X/Y) = \sqrt{[RSE(X)]^2 + [RSE(Y)]^2}.$$

When multiplied by 100, the RSE(X/Y) is expressed as a percentage of the ratio X/Y. This approximation is valid if the RSE of the denominator is less than 5 percent or the RSEs of the numerator and denominator are both less than 10 percent (25,26).

Definitions of Selected Terms

Admission source—The source of admission variable was added to NHDS beginning in 2001 and was modeled after the variable in the National Uniform Bill (UB-92), the standard billing form used by Medicare for

reimbursement of hospital inpatient care. The categories for admission source shown in this report include:

Physician referral—The patient was admitted to the hospital upon the recommendation of his or her personal physician, a hospital's clinic physician, or a health maintenance organization (HMO) physician.

Emergency department—The patient was admitted to the hospital upon the recommendation of a hospital's emergency department physician. The terms "emergency department" and "emergency room" are used interchangeably in this report.

Transfer from a hospital—The patient was admitted to the hospital as a transfer from an acute care hospital where he or she was an inpatient.

Transfer from other health facility—The patient was admitted to the hospital as a transfer from a skilled nursing facility or other

health facility where he or she was an inpatient.

Other sources—The patient was admitted to the hospital upon the direction of a court of law, on the request of a law enforcement agency representative, or for other reasons not categorized above.

Item not available—Information about the source of admission to the hospital was not available for the patient.

Admission type—Like admission source, the admission type variable was added to NHDS in 2001 and is modeled after the variable in the UB-92. Four admission types are shown in this report:

Emergency—The patient required immediate medical intervention as a result of severe life threatening or potentially disabling conditions. Patients in this group are generally admitted through the emergency room.

Urgent—The patient required immediate care and treatment of a physical or mental disorder. Patients in this group are usually admitted to the first available and suitable accommodation.

Elective—The patient's condition permitted adequate time to schedule the availability of suitable accommodation.

Newborn—The patient is a baby born within the hospital.

Item not available—Information about the admission type for the patient was not available.

Age—The patient's age at the birthday prior to admission to the hospital.

Average length of stay—The mean length of stay for discharges, which is calculated by dividing the number of days of care by the number of discharges.

Barell injury diagnosis matrix—A two-dimensional array that includes all the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) codes

describing injury (20). The code numbers from the matrix are shown in [Table III](#). This matrix was developed to provide a standard format for describing the site and type of injuries for use in epidemiological and clinical analyses of injury data.

Bed size of hospital—The number of beds, cribs, and pediatric bassinets regularly maintained (set up and staffed for use) for patients, not including bassinets for newborn infants. In this report, the classification of hospitals by bed size is based on the number of beds listed in the Verispan files (17).

Days of care—The total number of days a patient spent in the hospital. A stay of less than 1 day (patient admitted as an inpatient and discharged on the same day) is counted as 1 day. For patients admitted and discharged on different days, the number of days of care is computed by counting all the days from (and including) the day of admission to (but not including) the day of discharge.

Death rate—Calculated by dividing the number of deaths for a category by the total number of discharges in that category and multiplying by 100. Discharges whose status is unknown (1.5 percent) were assumed to be discharged alive.

Diagnosis—A disease or injury (or other factor that influences a patient's health status or causes contact with health services) that is listed on the medical record of the patient at discharge. The principal diagnosis is the diagnosis established after the study to be chiefly responsible for the admission of the patient to the hospital. In this report, the first-listed diagnosis is defined as that specified as the principal diagnosis on the face sheet or discharge summary of the medical record, or, if the principal diagnosis is not specified, it is the first diagnosis listed on the face sheet or discharge summary of the medical record. The first-listed diagnosis is usually the main cause of the hospitalization. The number of first-listed diagnoses is the same as the number of discharges. *All-listed diagnoses* include first-listed diagnoses and secondary diagnoses and are included for users who want to know

the total number of times conditions have been reported for hospitalized patients. A minimum of one and a maximum of seven diagnoses are coded per discharge in NHDS. Human immunodeficiency virus (HIV) data ([Table 23](#)) are for discharges with an HIV diagnosis listed in any position among the coded diagnoses.

Discharge—A completed inpatient hospitalization. A hospitalization may be completed by death or by releasing the patient to the customary place of residence, a nursing home, another hospital, or another location.

Disposition—The placement or status of the patient when discharged from the hospital. Six disposition categories are shown in this report:

Routine or discharged home—Patients who were discharged to return to their homes, including those referred to home care services, discharged to a relative or foster home, or transferred to a corrections institution.

Transferred to other short-term hospital—Patients discharged and transferred to another short-term hospital for additional care.

Transferred to long-term care institution—Patients discharged and transferred or returned to a nursing home, skilled nursing facility, extended care facility, intermediate care facility, or custodial care facility.

Other discharged alive—Includes patients discharged alive whose disposition is unknown; patients who left the hospital against medical advice; patients transferred to another facility who could not be classified as short-term or long-term; and patients transferred to a state facility, psychiatric facility, terminal care or hospice facility, rehabilitation facility, or specialty hospital.

Died—Patients who died while hospitalized as inpatients.

Status not stated—No information was available on whether the patient was discharged alive or died in the hospital.

Table III. Code numbers for Barell injury diagnosis matrix categories in Table 24

[Code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification*]

Type of injury	All body sites	Traumatic brain injury	Other head, face, and neck	Spinal cord	Vertebral column	Torso	Upper extremities	Lower extremities	Other and unspecified
All types of injury	800–908, 909.0–909.2, 909.4, 909.9, 910–994, 995.50–995.59, 995.80–995.85	800–801, 803, 804, 850–854, 950.1–950.3, 995.55	802, 807.5–807.6, 830, 848.0–848.2, 870–874, 900, 910, 918, 920–921, 925, 940–941, 947.0, 950.0, 950.9, 951, 953.0, 954.0, 957.0, 959.0	806, 952	805, 839.0–839.5, 847.0–847.4	807.0–807.4, 808–809, 839.6–839.7, 846, 847.9, 848.3–848.5, 860–868, 875–878, 879.0–879.7, 901, 902.0–902.5, 902.81–902.82, 911, 922, 926, 942, 947.3–947.4, 953.1–953.3, 953.5, 954.1–954.9, 959.1	810–818, 831–834, 840–842, 880–887, 903, 912–915, 923, 927, 943–944, 953.4, 955, 959.2–959.5	820–827, 835–838, 843–845, 890–897, 904.0–904.8, 916, 917, 924.0–924.5, 928, 945, 959.6–959.7	819, 828–829, 839.8–839.9, 848.8–848.9, 869, 879.8–879.9, 902.87, 902.89, 902.9, 904.9, 919, 924.8–924.9, 929, 946, 947.1–947.2, 947.8–947.9, 948, 949, 953.8–953.9, 956, 957.1–957.9, 959.8–959.9
Fracture	800–829	800–801, 803, 804	802, 807.5–807.6	806	805	807.0–807.4, 808, 809	810–818	820–827	819, 828–829
Dislocation	830–839	None	830	None	839.0–839.5	839.6–839.7	831–834	835–838	839.8–839.9
Sprains and strains . .	840–848	None	848.0–848.2	None	847.0–847.4	846, 847.9, 848.3–848.5	840–842	843–845	848.8–848.9
Internal	850–854, 860–869, 952, 995.55	850–854, 995.55	None	952	None	860–868	None	None	869
Open wound.	870–884, 890–894	None	870–874	None	None	875–878, 879.0–879.7	880–884	890–894	879.8–879.9
Amputation	885–887, 895–897	None	None	None	None	None	885–887	895–897	None
Blood vessels	900–904	None	900	None	None	901, 902.0–902.5, 902.81–902.82	903	904.0–904.8	902.87, 902.89, 902.9, 904.9
Contusions and superficial injuries . .	910–924	None	910, 918, 920–921	None	None	911, 922	912–915, 923	916–917, 924.0–924.5	919, 924.8–924.9
Crush	925–929	None	925	None	None	926	927	928	929
Burns	940–949	None	940–941, 947.0	None	None	942, 947.3–947.4	943–944	945	946, 947.1–947.2, 947.8–947.9, 948–949
Nerves and spinal cord	950–951, 953–957	950.1–950.3	950.0, 950.9, 951, 953.0, 954.0, 957.0	None	None	953.1–953.3, 953.5, 954.1–954.9	953.4, 955	None	953.8–953.9, 956, 957.1–957.9
Unspecified	959	None	959.0	None	None	959.1	959.2–959.5	959.6–959.7	959.8–959.9
System-wide	905–908, 909.0–909.2, 909.4, 909.9, 930–939, 958, 960–994, 995.50–995.54, 995.59, 995.80–995.85								

SOURCE: CDC/NCHS, the Barell injury diagnosis matrix, classification by body region and nature of the injury. Available from <http://www.cdc.gov/nchs/about/otheract/ice/barellmatrix.htm>.

Hospital—Those with an average length of stay for all inpatients fewer than 30 days (short stay) or those whose specialty is general (medical or surgical) or children’s general. Federal hospitals, hospital units of institutions, and hospitals with fewer than six beds staffed for patient use are excluded.

Newborn infant—Inpatients admitted to a hospital by birth. Sick newborn infants are those that had at least one of the ICD–9–CM (1) diagnostic codes 001–999.

Ownership of hospital—Ownership type is determined by the organization that controls and operates the hospital. Hospitals are grouped as follows:

Proprietary—Hospitals operated by individuals, partnerships, or corporations for profit.

Government—Hospitals operated by state or local governments.

Nonprofit—Hospitals operated by a nonprofit organization or church.

Principal expected source of payment—The primary expected method of payment for the hospitalization as reported on the patient’s medical record. Types of payment include:

Medicare—The health insurance program for the aged and disabled administered by the Centers for Medicare & Medicaid Services (CMS). A person age 65 and over is

included in this category only if Medicare is reported as the principal expected source of payment.

Medicaid—A jointly funded federal-state health insurance program providing medical care to those unable to afford it. If Medicaid and an HMO or preferred provider organization (PPO) are reported, the discharge is included in the category listed first.

Worker’s compensation—A state or municipal disability insurance or industrial accident insurance.

Other government—Includes payments under the Title V Program, the state-funded Maternal and Child Health Program that provides coverage for children up to age 21 with specific chronic medical conditions, CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) or TRICARE (the Defense Department’s health care program for service families), casualty insurance paid by the state, vocational rehabilitation, federal or state research grant (medical research), or legal hold (prisoner in medical detention).

HMO or PPO—Any HMO or PPO sponsored by consumers, insurers, organizations, physicians, or hospitals. Medicare and Medicaid

discharges are included in this category when HMO or PPO is reported as the principal expected source of payment.

Blue Cross Blue Shield and other private—A private insurance plan not specified as an HMO or PPO. This includes Blue Cross Blue Shield plans, medical coverage provided by life insurance companies, private casualty insurance companies, health insurance companies, and independent plans such as employer- and union-sponsored plans and self-funded plans (partial or total).

Self-pay—The majority of the costs for the hospitalization were expected to be paid by the patient, spouse, family, or next of kin.

No charge—Patients admitted with the understanding that the medical services would be free. This includes hospital-sponsored special research or teaching patients.

Other—Includes any nonprofit source of payment, such as church welfare, United Way (United Appeal), or Shriner’s Hospitals for Children.

Procedure—Surgical procedures (such as appendectomy), diagnostic procedures (such as spinal tap), and

Table IV. Code numbers for procedures considered nonsurgical in the National Hospital Discharge Survey, by ICD–9–CM category, 2006

Procedure categories and code numbers are based on the *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD–9–CM)*

Procedure category and ICD–9–CM code	Nonsurgical codes
Operations on the nervous system01–05	01.18–01.19,03.31,03.39,04.19,05.19
Operations on the endocrine system06–07	06.19,07.19
Operations on the eye08–16	08.19,09.19,09.41–09.44,09.49,10.29,11.29,12.29,14.19,15.09,16.21,16.29
Operations on the ear18–20	18.01,18.11,18.19,20.31,20.39
Operations on the nose, mouth, and pharynx21–29	21.00–21.02,21.21,21.29,22.19,24.19,25.09,26.19,27.29,28.19,29.11,29.19
Operations on the respiratory system30–34	31.41–31.42,31.48–31.49,33.21–33.23,33.29,34.21–34.22,34.28–34.29
Operations on the cardiovascular system35–39	37.26–37.28,37.29,38.29,39.95
Operations on the hemic and lymphatic system40–41	40.19,41.38–41.39
Operations on the digestive system42–54	42.22–42.23,42.29,44.11–44.13,44.19,44.32,45.11–45.13,45.19,45.21–45.24, 45.28–45.29, 48.21–48.23,48.29,49.21,49.29,50.19,51.10–51.11,51.19,52.19, 54.21, 54.29
Operations on the urinary system55–59	55.21–55.22,55.29,56.31,56.35,56.39,57.31–57.32,57.39,57.94–57.95, 58.21–58.22,58.29,59.29
Operations on the male genital organs60–64	60.18–60.19,61.19,62.19,63.09,64.19,64.94
Operations on the female genital organs65–71	65.19,66.19,67.19,68.11,68.19,69.92,70.21–70.22,70.29,71.19
Obstetrical procedures72–75	73.4–73.59,73.91–73.92,75.31–75.32,75.34–75.35,75.38,75.94
Operations on the musculoskeletal system76–84	76.19,78.80–78.89,80.20–80.29,81.98,83.29,84.41–84.43,84.45–84.47
Operations on the integumentary system85–86	85.19,86.19,86.92
Miscellaneous diagnostic and therapeutic procedures and new technologies87–99,00	87.01–99.99,00.01–00.03, 00.09, 00.11–00.15, 00.17–00.18

therapeutic treatments (such as injection or infusion of cancer chemotherapeutic substance) reported on a patient's medical record. Data are for *all-listed* procedures, which include all occurrences of the procedure coded, regardless of the order in the medical record. Up to four procedures are coded per discharge in NHDS. Procedures classified as nonsurgical in this report are listed in [Table IV](#) by ICD-9-CM code numbers (1). This table was updated for use with the 2006 data. All other procedures were considered surgical. This classification began in 1979 for the presentation of NHDS data and still remains an important distinction. However, the development of minimally invasive and noninvasive procedures has resulted in less difference between surgical and nonsurgical procedures with regard to operative or anesthetic risk and requirements for highly trained personnel or special equipment.

Region—Hospitals are classified by location in one of the four geographic regions of the United States that correspond to those used by the U.S. Census Bureau.

<i>Region</i>	<i>States included</i>
Northeast	Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, and Pennsylvania
Midwest	Ohio, Illinois, Indiana, Michigan, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Kansas, and Nebraska
South	Delaware, Maryland, District of Columbia, West Virginia, Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana, Oklahoma, Arkansas, and Texas
West	Washington, Oregon, California, Nevada, New Mexico, Arizona, Idaho, Utah, Colorado, Montana, Wyoming, Alaska, and Hawaii

Changes in ICD-9-CM Codes

Although the ICD-9-CM classification system has been used for coding NHDS data since 1979, the classification system undergoes annual updating. Assignment of new diagnostic and procedure codes and fourth- and fifth-digit expansion of codes, as well as code deletions, are contained in addenda developed by the ICD-9-CM Coordination and Maintenance Committee and approved by the Director of NCHS and the Administrator of CMS (formerly Health Care Financing Administration). Addenda to the ICD-9-CM have become effective October 1 of each year since 1986, except in 1999. No addendum was released in 1999 because of concerns about instituting coding changes before the millennium crossover.

The data in this report were coded using the addenda for October 1, 1986–2005. When hospitals reported data using code changes introduced in the October 1, 2006 addendum, the new codes were converted to their previous code assignments so that the annual estimates would be based on consistent coding.

The new ICD-9-CM codes from the 1986–2005 addenda, the date each code was introduced, and the code to which the diagnosis or procedure was assigned before development of the new code are shown in [Table V](#) (diagnoses codes) and [Table VI](#) (procedure codes). Specific titles and more detailed information about the coding system can be found in appropriate volumes of the ICD-9-CM (1).

Table V. Changes in ICD-9-CM diagnosis codes, 1986-2005

Current code(s) assignment	Effective October 1	Previous code(s) assignment	Current code(s) assignment	Effective October 1	Previous code(s) assignment
005.81, 005.89	1995	005.8	204.91	1991	V10.61
007.4	1997	007.8	205.00	1991	205.0
007.5	2000	007.8	205.01	1991	V10.62
008.00-008.09	1992	008.0	205.10	1991	205.1
008.43-008.47	1992	008.49	205.11	1991	V10.62
008.6-008.69	1992	008.6	205.20	1991	205.2
031.2	1997	031.8	205.21	1991	V10.62
038.10-038.11, 038.19	1997	038.1	205.30	1991	205.3
040.82	2002	040.89	205.31	1991	V10.62
041.00-041.05, 041.09	1992	041.0	205.80	1991	205.8
041.04 (Code title restated)	1997	041.04	205.81	1991	V10.62
041.10-041.19	1992	041.1	205.90	1991	205.9
041.81-041.85, 041.89	1992	041.8	205.91	1991	V10.62
041.86	1995	041.84	206.00	1991	206.0
042	1994	042.0-042.2, 042.9, 043.0-043.3, 043.9, 044.0, 044.9 (Codes deleted)	206.01	1991	V10.63
042.0-044.9	1986	279.19	206.10	1991	206.1
066.4	2002	066.3	206.11	1991	V10.63
066.40-066.42, 066.49	2004	066.4	206.20	1991	206.2
070.20-070.21	1991	070.2	206.21	1991	V10.63
070.22	1994	070.20	206.80	1991	206.8
070.23	1994	070.21	206.81	1991	V10.63
070.30-070.31	1991	070.3	206.90	1991	206.9
070.32	1994	070.30	206.91	1991	V10.63
070.33	1994	070.31	207.00	1991	207.0
070.41-070.43	1991	070.4	207.01	1991	V10.69
070.44	1994	070.41	207.10	1991	207.1
070.49	1991	070.4	207.11	1991	V10.69
070.51-070.53	1991	070.5	207.20	1991	207.2
070.54	1994	070.51	207.21	1991	V10.69
070.59	1991	070.5	207.80	1991	207.8
070.70	2004	070.51	207.81	1991	V10.69
070.71	2004	070.41	208.00	1991	208.0
077.98-077.99	1993	077.9	208.01	1991	V10.60
078.10-078.11, 078.19	1993	078.1	208.10	1991	208.1
078.88	1993	078.89	208.11	1991	V10.60
079.4	1993	079.8	208.20	1991	208.2
079.50-079.53, 079.59	1993	079.8	208.21	1991	V10.60
079.6	1996	079.89	208.80	1991	208.8
079.81	1995	079.89	208.81	1991	V10.60
079.82	2003	079.89	208.90	1991	208.9
079.88-079.89	1993	079.8	208.91	1991	V10.60
079.98-079.99	1993	079.9	237.70-237.72	1990	237.7
082.40-082.41, 082.49	2000	082.8	250.02	1993	250.90
088.81, 088.89	1989	088.8	250.03	1993	250.91
088.82	1993	088.89	250.12	1993	250.10
099.40-099.49	1992	099.4	250.13	1993	250.11
099.50-099.59	1992	078.89	250.22	1993	250.20
112.84-112.85	1992	112.89	250.23	1993	250.21
114.4-114.5	1993	114.3	250.32	1993	250.30
176.0-176.9	1991	173.0-173.9	250.33	1993	250.31
203.00	1991	203.0	250.42	1993	250.40
203.01	1991	V10.79	250.43	1993	250.41
203.10	1991	203.1	250.52	1993	250.50
203.11	1991	V10.79	250.53	1993	250.51
203.80	1991	203.8	250.62	1993	250.60
203.81	1991	V10.79	250.63	1993	250.61
204.00	1991	204.0	250.72	1993	250.70
204.01	1991	V10.61	250.73	1993	250.71
204.10	1991	204.1	250.82	1993	250.80
204.11	1991	V10.61	250.83	1993	250.81
204.20	1991	204.2	250.92	1993	250.90
204.21	1991	V10.61	250.93	1993	250.91
204.80	1991	204.8	252.00-252.02, 252.08	2004	252.0
204.81	1991	V10.61	255.10-255.14	2003	255.1
204.90	1991	204.9	256.31-256.39	2001	256.3
			259.5	2005	257.8
			273.4	2004	277.6

Table V. Changes in ICD-9-CM diagnosis codes, 1986-2005—Con.

Current code(s) assignment	Effective October 1	Previous code(s) assignment	Current code(s) assignment	Effective October 1	Previous code(s) assignment
275.40-275.42, 275.49	1997	275.4	346.00-346.01	1992	346.0
276.50-276.52	2005	276.5	346.10-346.11	1992	346.1
277.02-277.03, 277.09	2002	277.00	346.20-346.21	1992	346.2
277.7	2001	277.8	346.80-346.81	1992	346.8
277.81-277.84, 277.89	2003	277.8	346.90-346.91	1992	346.9
277.85-277.86	2004	277.89	347.00-347.01	2004	347
277.87	2004	277.89, 758.89	347.10-347.11	2004	347
278.00-278.01	1995	278.0	348.30-348.31, 348.39	2003	348.3
278.02	2005	278.00	355.71	1993	354.4
282.41-282.42, 282.49	2003	282.4	355.79	1993	355.7
282.64	2003	282.63	357.81-357.82, 357.89	2002	357.8
282.68	2003	282.69	358.00-358.01	2003	358.0
283.10-283.11, 283.19	1993	283.1	359.81, 359.89	2002	359.8
285.21-285.22, 285.29	2000	285.8	362.03-362.07	2005	362.02
287.30-287.33, 287.39	2005	287.3	365.83	2002	365.89
289.52	2003	289.59	371.82	1992	371.89
289.81-289.82, 289.89	2003	289.8	372.81, 372.89	2000	372.8
291.81	1996	291.8	374.87	1990	374.89
291.82	2005	291.89	380.03	2004	733.99
291.89	1996	291.8	403.00-403.01	1989	403.0
292.85	2005	292.89	403.10-403.11	1989	403.1
293.84	1996	293.89	403.90-403.91	1989	403.9
294.10-294.11	2000	294.1	404.00-404.03	1989	404.0
300.82	1996	300.81	404.10-404.13	1989	404.1
305.1	1994	305.10, 305.11, 305.12, 305.13 (Codes deleted)	404.90-404.93	1989	404.9
312.81-312.82, 312.89	1994	312.8	410.00-410.02	1989	410.0
315.32	1996	315.39	410.10-410.12	1989	410.1
320.81-320.89	1992	320.8	410.20-410.22	1989	410.2
327.00	2005	780.51; 780.52	410.30-410.32	1989	410.3
327.01	2005	780.51; 780.52	410.40-410.42	1989	410.4
327.02	2005	307.41	410.50-410.52	1989	410.5
327.09	2005	780.51; 780.52	410.60-410.62	1989	410.6
327.10-327.14	2005	780.53; 780.54	410.70-410.72	1989	410.7
327.15	2005	307.43	410.80-410.82	1989	410.8
327.19	2005	780.53; 780.54	410.90-410.92	1989	410.9
327.20-327.27	2005	780.57	411.81	1989	410.9
327.29	2005	780.51; 780.53; 780.57	411.89	1989	411.8
327.30-327.37; 327.39	2005	307.45	414.00-414.01	1994	414.0
327.40-327.44; 327.49	2005	780.59	414.02-414.03	1994	996.03
327.51	2005	780.58	414.04-414.05	1996	414.00
327.52	2005	729.82	414.06	2002	414.00
327.53	2005	306.8	414.07	2003	414.06
327.59	2005	780.58	414.12	2002	414.11
327.8	2005	780.50	415.11	1995	997.3 + 415.1
331.11, 331.19	2003	331.1	415.19	1995	415.1
331.82	2003	331.89	426.82	2005	794.31
333.92-333.93	1994	333.99	428.20-428.23	2002	428.0
337.20-337.22, 337.29	1993	337.9	428.30-428.33	2002	428.0
337.3	1998	337.9	428.40-428.43	2002	428.0
342.00-342.02	1994	342.0	429.71, 429.79	1989	410.0-410.9
342.10-342.12	1994	342.1	433.00-433.01	1993	433.0
342.80-342.82	1994	342.9	433.10-433.11	1993	433.1
342.90-342.92	1994	342.9	433.20-433.21	1993	433.2
344.00-344.04, 344.09	1994	344.0	433.30-433.31	1993	433.3
344.30-344.32	1994	344.3	433.80-433.81	1993	433.8
344.40-344.42	1994	344.4	433.90-433.91	1993	433.9
344.81, 344.89	1993	344.8	434.00-434.01	1993	434.0
345.00-345.01	1989	345.0	434.10-434.11	1993	434.1
345.10-345.11	1989	345.1	434.90-434.91	1993	434.9
345.40-345.41	1989	345.4	435.3	1995	435.0 + 435.1
345.50-345.51	1989	345.5	437.7	1992	780.9
345.60-345.61	1989	345.6	438.0	1997	294.9 + 438
345.70-345.71	1989	345.7	438.10	1997	784.5 + 438
345.80-345.81	1989	345.8	438.11	1997	784.3 + 438
345.90-345.91	1989	345.9	438.12	1997	784.4 + 438
			438.19	1997	784.5 + 438
			438.20	1997	342.90 + 438
			438.21	1997	342.91 + 438

Table V. Changes in ICD-9-CM diagnosis codes, 1986-2005—Con.

Current code(s) assignment	Effective October 1	Previous code(s) assignment	Current code(s) assignment	Effective October 1	Previous code(s) assignment
438.22	1997	342.92 + 438	518.82-518.89	1987	518.8
438.30	1997	344.40 + 438	518.83-518.84	1998	518.81
438.31	1997	344.41 + 438	519.00-519.02, 519.09	1998	519.0
438.32	1997	344.42 + 438	521.00-521.05, 521.09	2001	521.0
438.40	1997	344.30 + 438	521.06-521.08	2004	521.09
438.41	1997	344.31 + 438	521.10-521.15	2004	521.1
438.42	1997	344.32 + 438	521.20-521.25	2004	521.2
438.50-438.52	1997	344.89 + 438	521.30-521.35	2004	521.3
438.53	1998	438.50	521.40-521.45	2004	521.4
438.6-438.7	2002	438.89	523.20-523.25	2004	523.2
438.81	1997	784.69 + 438	524.00-524.06, 524.09	1992	524.0
438.82	1997	787.2 + 438	524.07	2004	524.09
438.83-438.85	2002	438.89	524.10-524.12, 524.19	1992	524.1
438.89	1997	438	524.20-524.29	2004	524.2
438.9	1997	438	524.30-524.37, 524.39	2004	524.3
440.20-440.22	1992	440.2	524.50-524.57, 524.59	2004	524.5
440.23	1993	440.20 + (707.1 or 707.8 or 707.9)	524.60-524.63, 524.69	1991	524.6
440.24	1993	440.20 + 785.4	524.64	2004	524.69
440.29	1993	440.2	524.70-524.77, 524.79	1992	524.8
440.30-440.32	1994	996.1	524.75-524.76	2004	524.79
441.00-441.03	1994	441.0	524.81-524.82, 524.89	2004	524.8
441.6	1993	441.1 + 441.3	525.10-525.19	2001	525.1
441.7	1993	441.2 + 441.4	525.20-525.26	2004	525.2
443.21	2002	442.81	525.40-525.44	2005	525.10
443.22	2002	442.2	525.50-525.54	2005	525.10
443.23	2002	442.1	528.71-528.72, 528.79	2004	528.7
443.24, 443.29	2002	442.89	530.10-530.11, 530.19	1993	530.1
443.82	2005	443.89	530.12	2001	530.10
445.01-445.02	2002	440.29	530.20-530.21	2003	530.2
445.81	2002	440.1	530.81	1993	530.1
445.89	2002	440.8	530.82-530.84, 530.89	1993	530.8
446.20-446.21, 446.29	1990	446.2	530.85	2003	530.2
451.82-451.84	1993	451.89	530.86-530.87	2004	997.4
453.40-453.42	2004	453.8	535.00-535.01	1991	535.0
454.8	2002	454.9	535.10-535.11	1991	535.1
458.2	1995	997.9 + 458.9	535.20-535.21	1991	535.2
458.21, 458.29	2003	458.2	535.30-535.31	1991	535.3
458.8	1997	458.9	535.40-535.41	1991	535.4
464.00-464.01	2001	464.0	535.50-535.51	1991	535.5
464.50-464.51	2001	464.0	535.60-535.61	1991	535.6
466.11, 466.19	1996	466.1	536.3	1994	536.8
474.0 (Code title restated)	1997	474.0	536.40-536.42, 536.49	1998	997.4
474.00-474.02	1997	474.0	537.82	1990	537.89
477.1	2000	477.8	537.83	1991	537.82
477.2	2004	477.8	537.84	2002	531.00
480.3	2003	480.8	556.0-556.6, 556.8-556.9	1994	556
482.30-482.39	1992	482.3	558.3	2000	558.9
482.40-482.41, 482.49	1998	482.4	562.02	1991	562.00
482.81-482.83, 482.89	1992	482.8	562.03	1991	562.01
482.84	1997	482.83	562.12	1991	562.10
483.0	1992	483	562.13	1991	562.11
483.1	1996	078.88 + 484.8	564.00-564.09	2001	564.0
483.8	1992	483	564.81, 564.89	1998	564.8
491.20-491.21	1991	491.2	567.21-567.23, 567.29	2005	567.2
491.22	2004	491.21	567.31	2005	728.89
493.02	2000	493.00	567.38	2005	567.2
493.12	2000	493.10	567.39	2005	567.9
493.20	1989	493.90	567.81-567.82, 567.89	2005	567.8
493.21	1989	493.91	569.60-569.61, 569.69	1995	569.6
493.22	2000	493.20	569.62	1998	569.69
493.81	2003	519.1	569.84	1990	557.1
493.82	2003	493.90-493.91	569.85	1991	569.84
493.92	2000	493.90	569.86	2002	569.82
494.0-494.1	2000	494	574.60	1996	574.00 + 574.30
512.1	1994	997.3	574.61	1996	574.01 + 574.31
517.3	2003	282.62	574.70	1996	574.10 + 574.40
518.6	1997	518.89	574.71	1996	574.11 + 574.41
518.81	1987	799.1	574.80	1996	574.00 + 574.10 + 574.30 + 574.40

Table V. Changes in ICD-9-CM diagnosis codes, 1986-2005—Con.

Current code(s) assignment	Effective October 1	Previous code(s) assignment	Current code(s) assignment	Effective October 1	Previous code(s) assignment
574.81	1996	574.01 + 574.11 + 574.31 + 574.41	692.72-692.74	1992	692.79
574.90	1996	574.20 + 574.50	692.75	2000	692.79
574.91	1996	574.21 + 574.51	692.76-692.77	2001	692.71
575.10-575.11	1996	575.1	692.82-692.83	1992	692.89
575.12	1996	575.0 + 575.1	692.84	2004	692.89
585.1-585.6, 585.9	2005	585	702.0-702.8	1991	702
588.81, 588.89	2004	588.8	702.11, 702.19	1994	702.1
593.70-593.73	1994	593.7	704.02	1993	704.09
596.51-596.53	1992	596.5	705.21-705.22	2004	780.8
596.54	1992	344.61	707.00-707.07, 707.09	2004	707.0
596.55-596.59	1992	596.5	707.10-707.15, 707.19	2000	707.1
599.60	2005	599.6	709.00-709.01, 709.09	1994	709.0
599.69	2005	599.6	710.5	1992	288.3, 729.1
599.81-599.89	1992	599.8	718.70-718.79	2001	718.80-718.89
600.0-600.3, 600.9	2000	600	719.7	2003	719.70, 719.75- 719.79 (Codes deleted)
600.00-600.01	2003	600.0	727.83	2000	727.89
600.10-600.11	2003	600.1	728.86	1995	729.4
600.20-600.21	2003	600.2	728.87	2003	728.9
600.90-600.91	2003	600.9	728.88	2003	728.89
602.3	2001	602.8	733.10-733.16, 733.19	1993	733.1
607.85	2003	607.89	733.93	2001	733.16
608.82	2001	608.83	733.94-733.95	2001	733.19
608.87	2001	608.89	738.10-738.19	1992	738.1
618.00-618.05, 618.09	2004	618.0	747.60-747.64, 747.69	1993	747.6
618.81-618.83, 618.89	2004	618.8	747.82	1993	747.89
621.30-621.33	2004	621.3	747.83	2002	747.89, 747.9
622.10-622.12	2004	622.1	752.51-752.52	1996	752.5
629.20-629.23	2004	629.8	752.61-752.63	1996	752.6
633.00-633.01	2002	633.0	752.64-752.65, 752.69	1996	752.8
633.10-633.11	2002	633.1	752.81, 752.89	2003	752.8
633.20-633.21	2002	633.2	753.10-753.17, 753.19	1990	753.1
633.80-633.81	2002	633.8	753.20-753.23, 753.29	1996	753.2
633.90-633.91	2002	633.9	756.70-756.71, 756.79	1997	756.7
645.00-645.01, 645.03	1991	645.0-645.1, 645.3	758.31-758.33, 758.39	2004	758.3
645.10-645.11, 645.13	2000	645.00-645.01, 645.03	758.81	1996	758.8
645.20-645.21, 645.23	2000	645.00-645.01, 645.03	758.89	1996	758.9
651.30-651.31, 651.33	1989	651.00-651.01, 651.03	759.81-759.82	1989	759.8
651.40-651.41, 651.43	1989	651.10-651.11, 651.13	759.83	1994	759.89
651.50-651.51, 651.53	1989	651.20-651.21, 651.23	759.89	1989	759.8
651.60-651.61, 651.63	1989	651.80-651.81, 651.83	760.75	1991	760.79
651.70-651.71, 651.73	2005	651.8	760.76	1994	760.79
654.20-654.21, 654.23	1990	654.2, 654.9	760.77-760.78	2005	760.79
654.90-654.94	1990	654.2, 654.9	763.81-763.83, 763.89	1998	763.8
655.70-655.71, 655.73	1997	655.8	763.84	2005	770.1
657.00-657.01, 657.03	1991	657.0-657.1, 657.3	764.00-764.09	1988	764.0
659.60-659.61, 659.63	1992	659.80-659.81, 659.83	764.10-764.19	1988	764.1
659.70-659.71, 659.73	1998	656.30-656.31, 656.33	764.20-764.29	1988	764.2
665.10-665.11	1992	665.10-665.12, 665.14 ¹	764.90-764.99	1988	764.9
670.00, 670.02, 670.04	1991	670.0-670.1, 670.3	765.00-765.09	1988	765.0
672.00, 672.02, 672.04	1991	672.0-672.1, 672.3	765.10-765.19	1988	765.1
674.50-674.54	2003	674.80, 674.82, 674.84	765.20-765.24	2002	765.00-765.09
677	1994	None	765.25-765.29	2002	765.10-765.19
686.00-686.01, 686.09	1997	686.0	766.21-766.22	2003	766.2
690.10, 690.18	1995	690	767.11-767.19	2003	767.1
690.11	1995	691.8 + 704.8	770.10-770.18	2005	770.1
690.12	1995	691.8	770.81-770.84, 770.89	2002	770.8
690.8	1995	690	770.85-770.86	2005	770.1
			771.81-771.83, 771.89	2002	771.8
			772.10-772.14	2001	772.1
			779.7	2001	772.1
			779.81-779.82	2002	779.8
			779.83	2003	779.89
			779.84	2005	None (omit code)
			779.89	2002	779.8
			780.01-780.02, 780.09	1992	780.0

See footnotes at end of table.

Table V. Changes ICD-9-CM in diagnosis codes, 1986-2005—Con.

Current code(s) assignment	Effective October 1	Previous code(s) assignment	Current code(s) assignment	Effective October 1	Previous code(s) assignment
780.03	1993	780.01	995.50-995.55, 995.59	1996	995.5
780.31, 780.39	1997	780.3	995.59	1996	995.5
780.57	1992	780.51, 780.53	995.60-995.69	1993	995.0
780.58	2004	780.59	995.7	2000	None
780.71, 780.79	1998	780.7	995.80, 995.82-995.85	1996	995.81
780.91-780.92	2002	780.9	995.81 (code title restated)	1996	995.81
780.93-780.94	2003	780.99	995.86	1998	995.89
780.95	2005	780.99	995.90-995.94	2002	038.0-038.9
780.99	2002	780.9	996.04	1994	996.09
781.8	1994	781.9	996.40-996.47, 996.49	2005	996.4
781.91-781.92, 781.99	2000	781.9	996.51-996.59	1987	996.5
781.93	2002	723.5	996.55	1998	996.52
781.94	2003	781.99	996.56	1998	996.59
783.21	2000	783.2	996.57	2003	996.59
783.22	2000	783.4	996.60-996.69	1989	996.6
783.40-783.43	2000	783.4	996.68	1998	996.69
783.7	2000	783.4	996.70-996.79	1989	996.7
785.52	2003	785.59	996.80-996.84, 996.86, 996.89	1987	996.8
786.03-786.07	1998	786.09	996.85	1990	996.89
787.01-787.03	1994	787.0	996.87	2000	996.89
787.91	1995	558.9	997.00-997.01, 997.09	1995	997.0
787.99	1995	787.9	997.02	1995	997.9 + 430 434, 436
788.20-788.21, 788.29	1993	788.2	997.71	2001	997.4
788.30-788.39	1992	788.3	997.72	2001	997.5
788.38	2004	788.39	997.79	2001	997.2
788.41-788.43	1993	788.4	997.91, 997.99	1995	997.9
788.61-788.62, 788.69	1993	788.6	998.11-998.12	1996	998.1
788.63	2003	788.69	998.13	1996	998.89
789.00-789.07, 789.09	1994	789.0	998.31-998.32	2002	998.3
789.30-789.37, 789.39	1994	789.3	998.51, 998.59	1996	998.5
789.40-789.47, 789.49	1994	789.4	998.81-998.82, 998.89	1994	998.8
789.60-789.67, 789.69	1994	789.6	998.83	1996	998.89
790.01, 790.09	2000	790.0	V01.71, V01.79	2004	V01.7
790.21-790.22, 790.29	2003	790.2	V01.81, V01.89	2002	V01.8
790.91, 790.93, 790.99	1993	790.9	V01.82	2003	V01.89
790.92	1993	286.9	V01.83-V01.84	2004	V01.89
790.94	1997	790.99	V02.51-V02.52, V02.59	1998	V02.5
790.95	2004	790.99	V02.60-V02.62, V02.69	1997	V02.6
792.5	2000	792.9	V03.81-V03.82, V03.89	1994	V03.8
793.80-793.81, 793.89	2001	793.8	V04.81-V04.82, V04.89	2003	V04.8
795.00-795.02, 795.09	2002	795.0	V05.3-V05.4	1993	V05.8
795.03, 795.04	2004	622.1	V06.5-V06.6	1994	V06.8
795.05, 795.08	2004	795.09	V07.31, V07.39	1994	V07.3
795.31-795.39	2002	795.3	V07.4	1992	V07.8
795.71	1994	795.8 (Code deleted)	V08	1994	044.9, 795.8 (Codes deleted)
795.79	1994	795.7	V09.0-V09.91	1993	None
795.8	1986	795.7	V10.48	1998	V10.49
796.5	1997	796.9	V10.53	2001	V10.59
796.6	2004	796.9	V12.00-V12.03, V12.09	1994	V12.0
799.01-799.02	2005	799.0	V12.40-V12.41, V12.49	1997	V12.4
799.81, 799.89	2003	799.8	V12.42	2005	V12.49
813.45	2002	813.42	V12.50-V12.52, V12.59	1995	V12.5
823.40-823.42	2002	823.80-823.82	V12.60-V12.61; V12.69	2005	V12.6V
840.7	2001	840.8	12.70-V12.72, V12.79	1994	V12.7
850.11-850.12	2003	850.1	V13.00-V13.01, V13.09	1994	V13.0
864.05	1992	864.09	V13.02-V13.03	2005	V13.09
864.15	1992	864.19	V13.21, V13.29	2002	V13.2
909.5	1994	909.9	V13.61, V13.69	1998	V13.6
922.31-922.33	1996	922.3	V15.01-V15.09	2000	V15.0
925.1-925.2	1993	925	V15.41-V15.42, V15.49	1996	V15.4
959.0 (code title restated)	1997	959.0	V15.82	1994	305.13 (Code deleted)
959.01	1997	854.00	V15.84-V15.86	1995	V15.89
959.09	1997	959.0	V15.87	2003	V15.89
959.11-959.14, 959.19	2003	959.1	V15.88	2005	V15.49
965.61, 965.69	1998	965.6	V16.40-V16.43, V16.49	1997	V16.4
989.81-989.84, 989.89	1995	989.8			

Table V. Changes in ICD-9-CM diagnosis codes, 1986-2005—Con.

Current code(s) assignment	Effective October 1	Previous code(s) assignment	Current code(s) assignment	Effective October 1	Previous code(s) assignment
V16.51, V16.59	1998	V16.5	V53.01-V53.02, V53.09	1997	V53.0
V17.81; V17.89	2005	V17.8	V53.31	1994	V53.3
V18.61, V18.69	1998	V18.6	V53.32, V53.39	1994	V53.9
V18.9	2005	V19.8	V53.90-V53.91, V53.99	2003	V53.9
V21.30-V21.35	2000	None	V54.01-V54.02, V54.09	2003	V54.0
V23.41, V23.49	2002	V23.4	V54.10-V54.17, V54.19	2002	V54.8
V23.7	1989	V23.8	V54.20-V54.27, V54.29	2002	V54.8
V23.81-V23.84, V23.89	1998	V23.8	V54.81, V54.89	2002	V54.8
V25.03	2003	V25.01	V56.1	1995	V58.89
V25.43	1992	V25.49	V56.1 (Code title restated)	1998	V56.1
V25.5	1992	V25.8	V56.2	1998	V56.1
V26.21-V26.22, V26.29	2000	V26.2	V56.31-V56.32	2000	V56.8
V26.31-V26.33	2005	V26.3	V57.21-V57.22	1994	V57.2
V26.51, V26.52	1998	None	V58.11	2005	V58.1
V28.6	1997	V28.8	V58.12	2005	140-208; 230-239
V29.0-V29.1, V29.8	1992	V71.8	V58.41, V58.49	1994	V58.4
V29.2	1994	V29.8	V58.42-V58.43	2002	V58.49
V29.3	1998	V29.8	V58.44	2004	V58.71-V58.78
V29.9	1992	V71.9	V58.61, V58.69	1995	V67.51
V30.00-V30.01	1989	V30.0	V58.62	1998	V58.69
V31.00-V31.01	1989	V31.0	V58.63-V58.65	2003	V58.69
V32.00-V32.01	1989	V32.0	V58.66-V58.67	2004	V58.69
V33.00-V33.01	1989	V33.0	V58.71-V58.78	2002	V58.49
V34.00-V34.01	1989	V34.0	V58.81, V58.89	1994	V58.8
V35.00-V35.01	1989	V35.0	V58.82	1995	V58.89
V36.00-V36.01	1989	V36.0	V58.83	2000	V58.89
V37.00-V37.01	1989	V37.0	V59.01-V59.02, V59.09	1995	V59.0
V39.00-V39.01	1989	V39.0	V59.6	1995	V59.8
V42.81-V42.83, V42.89	1997	V42.8	V59.70-V59.74	2005	V59.8
V42.84	2000	V42.89	V61.10-V61.12	1996	V61.1
V43.21-V43.22	2003	V43.2	V61.22	1996	V61.21
V43.60-V43.66, V43.69	1994	V43.6	V62.83	1996	V65.49
V43.81-V43.82, V43.89	1995	V43.8	V62.84	2005	V62.89
V43.83	1998	V43.89	V64.00-V64.05	2005	V64.0
V44.50-V44.52, V44.59	1998	V44.5	V64.06	2005	V64.2
V45.00, V45.02, V45.09	1994	V45.89	V64.07-V64.09	2005	V64.0
V45.01	1994	V45.0	V64.4	1997	None
V45.51	1994	V45.5	V64.41-V64.43	2003	V64.4
V45.52, V45.59	1994	V45.89	V65.11, V65.19	2003	V65.1
V45.61, V45.69	1997	V45.6	V65.40-V65.45, V65.49	1994	V65.4
V45.71	1997	611.8	V65.46	2003	V65.1
V45.72	1997	569.89	V66.7	1996	None
V45.73	1997	593.89	V67.00-V67.01, V67.09	2000	V67.0
V45.74	2000	593.89, 596.8	V69.0-V69.3	1994	None
V45.75	2000	V45.89	V69.4	2004	V69.8
V45.76	2000	518.89	V69.5	2005	V69.8
V45.77	2000	602.8, 607.89, 608.89, 620.8, 621.8, 622.8	V69.8-V69.9	1994	None
V45.78	2000	360.89	V71.81, V71.89	2000	V71.8
V45.79	2000	255.8, 289.59, 388.8, 569.49, 577.8 V45.89	V71.82-V71.83	2002	V71.89
V45.82	1994	V45.89	V72.31-V72.32	2004	V72.3
V45.83	1995	V45.89	V72.40-V72.41	2004	V72.4
V45.84	2001	None	V72.42	2005	V22.0-V22.1
V45.85	2003	V45.89	V72.81 V72.85	1993	V72.8
V46.11-V46.12	2004	V46.1	V72.86	2005	V72.83
V46.13-V46.14	2005	V46.11	V73.88-V73.89	1993	V73.8
V46.2	2002	V46.8	V73.98-V73.99	1993	V73.9
V49.60-V49.67	1994	V49.5	V76.10-V76.12, V76.19	1997	V76.1
V49.70-V49.77	1994	V49.5	V76.44-V76.45	1998	V76.49
V49.81	2000	None	V76.46-V76.47	2000	V76.49
V49.82	2001	None	V76.50-V76.52	2000	V76.49
V49.83	2004	None	V76.81, V76.89	2000	V76.8
V49.84	2005	V49.89	V77.91, V77.99	2000	V77.9
V49.89	2000	V49.8	V82.81, V82.89	2000	V82.8
V50.41-V50.42, V50.49	1994	V50.8	V83.01-V83.02	2001	None
			V83.81	2002	None
			V83.89	2002	V19.8

Table V. Changes in ICD-9-CM diagnosis codes, 1986-2005—Con.

Current code(s) assignment	Effective October 1	Previous code(s) assignment	Current code(s) assignment	Effective October 1	Previous code(s) assignment
V84.01-V84.04, V84.09	2004	None	E917.7-E917.8	2001	E888
V84.8	2004	None	E920.5	1995	E920.4
V85.0	2005	None	E922.4	1997	E917.9
V85.1	2005	None	E922.5	2002	E922.8
V85.21-V85.25	2005	None	E924.2	1995	E924.0
V85.30-V85.39	2005	None	E928.3	2000	E928.8
V85.4	2005	None	E928.4-E928.5	2003	E928.8
E854.8	1995	E858.8	E955.6	1997	E955.9
E869.4	1994	E869.8	E955.7	2002	E955.4
E880.1	1995	E884.9	E967.2	1996	E967.0
E884.3-E884.4	1995	E884.2	E967.3	1996	None
E884.5-E884.6	1995	E884.9	E967.4-E967.8	1996	E967.1
E885.0	2002	E885.9	E968.5	1995	E968.8
E885.1-E885.4, E885.9	2000	E885	E968.6	1997	E968.8
E888.0	2001	E920	E968.7	2000	E968.8
E888.1, E888.8-E888.9	2001	E888	E985.6	1997	E985.4
E906.5	1995	E906.3	E985.7	2002	E985.4
E908.0-E908.4, E908.8-E908.9	1995	E908	E979.0-E979.9	2002	E960.0-E966, E968.0-E968.9
E909.0-E909.4, E909.8-E909.9	1995	E909	E999.0	2002	E999
E917.3-E917.4	2001	E917.9	E999.1	2002	E969
E917.5	2001	E886.0			
E917.6	2001	E917.1			

¹The title for the subcategory 665.1 has been changed, making the fifth-digit subclassifications 665.12 and 665.14 invalid.

NOTE: ICD-9-CM is the *International Classification of Diseases, Ninth Revision, Clinical Modification*.

Table VI. Changes in ICD-9-CM procedure codes, 1986-2005

Current code(s) assignment	Effective October 1	Previous code(s) assignment	Current code(s) assignment	Effective October 1	Previous code(s) assignment
00.01-00.03, 00.09	2002	99.99	37.26-37.27	1988	37.29
00.10	2002	99.25	37.28	2001	88.72
00.11	2002	99.19	37.34	1988	37.33
00.12	2002	93.98	37.35	1997	37.33
00.13	2002	99.29	37.41, 37.49	2005	37.99
00.14	2002	99.21	37.51	2003	37.5
00.15	2003	99.28	37.52	2003	37.62
00.16	2004	None	37.53-37.54	2003	37.63
00.17	2004	99.29	37.65-37.66	1995	37.62
00.18	2005	99.29	37.67	1998	37.4
00.21	2004	88.71	37.68	2004	37.62
00.22	2004	88.73	37.70 (Leads only)	1987	37.70 (Leads/device)
00.23	2004	88.77	37.71-37.72 (Leads only)	1987	37.74 (Leads/device)
00.24	2004	88.72	37.73 (Leads only)	1987	37.73 (Leads/device)
00.25	2004	88.75	37.74 (Leads only)	1987	37.76 (Leads/device)
00.28-00.29	2004	88.79	37.75 (Leads only)	1987	37.89 (Leads/device)
00.31-00.35, 00.39	2004	None	37.76 (Leads only)	1987	37.81 (Leads/device)
00.40-00.43, 00.45-00.48	2005	None	37.77 (Leads only)	1987	37.83-37.84 (Leads/device)
00.50	2002	37.70-37.74, 37.76, 37.80-37.87	37.78	1987	37.71-37.72
00.51	2002	37.94	37.79	1987	86.09
00.52	2002	None	37.80-37.83 (Device only)	1987	37.73-37.77 (Leads/device)
00.53	2002	37.80-37.87	37.85-37.87	1987	37.85
00.54	2002	37.96	37.80-37.87	1992	89.49 (Code deleted; this procedure is included in the code for pacemaker insertion/replacement)
00.55	2002	39.90			
00.61-00.62	2004	39.50	37.89	1987	37.86 + 37.89
00.63-00.65	2004	00.55, 39.90	37.90	2004	37.99
00.66	2005	36.01 (deleted), 36.02 (deleted), 36.05 (deleted)	37.94-37.98	1986	37.99
00.70-00.73	2005	81.53	38.22	1986	38.29
00.74-00.76	2005	None	38.44 (Abdominal aorta only)	1986	38.44 (Entire aorta)
00.80-00.84	2005	81.55	38.45 (Thoracic aorta added)	1989	38.44-38.45
00.91-00.93	2004	None	38.95	1989	38.93
01.26-01.27	2005	None	39.28	1991	39.29
02.96	1992	89.19	39.50	1995	39.59
03.90	1987	03.99 (Insertion of catheter)	39.65	1988	39.61
05.25	1995	39.7	39.66	1990	39.65
11.75	1989	11.79	39.71, 39.79	2000	39.52
11.76	1989	11.62	39.73	2005	39.79
20.96-20.98	1986	20.95	39.90	1996	39.50
22.12	1988	22.11	41.00-41.03	1988	41.0
26.12	1988	26.11	41.04	1994	99.79
27.64	2004	27.69	41.05-41.06	1997	None
29.31	1991	83.02	41.07	2000	41.04
29.32-29.33, 29.39	1991	29.3	41.08	2000	41.05
31.45	1988	31.43-31.44	41.09	2000	41.01
31.95	1989	31.75	42.25	1988	42.24
32.01, 32.09	1989	32.0	42.33	1989	42.32, 42.39
32.22	1995	32.29, 32.9	42.33	1990	42.91
32.28	1989	32.29	43.11	1989	43.1
33.27	1987	33.22 + 33.27	43.19	1989	43.1, 43.2
33.28	1987	33.27	43.41	1989	43.41, 43.49
33.29	1987	33.28 33.29	44.21, 44.29	1986	44.2
33.50-33.52	1995	33.5	44.22	1986	44.99
33.6	1990	33.5 + 37.5	44.32	2001	44.39
34.05	1994	34.99	44.38	2004	44.39
35.84	1988	35.82	44.43	1989	43.49, 45.32
35.96	1986	35.03	44.44	1989	38.86
36.00-36.03	1986	36.0	44.49	1989	43.0
36.04	1986	39.97	44.67	2004	44.66
36.05	1986	36.01 ¹ , 36.02	44.68	2004	44.69
36.05	1987	36.01	44.93-44.94	1986	44.99
36.06	1995	36.01, 36.02, 36.03, 36.05	44.95-44.96	2004	44.69
36.07	2002	36.06	44.97-44.98	2004	44.99
36.09	1986	36.0	45.16	1988	45.14 (45.15 before 1987)
36.09	1991	36.00 (Code deleted)	45.30	1989	45.31, 45.32
36.17	1996	36.19	45.42	1988	45.41
36.31-36.32, 36.39	1998	36.3	45.43	1989	45.49
			45.75 (Hartmann resection added)	1988	48.66 (Code deleted)

See footnotes at end of table.

Table VI. Changes in ICD-9-CM procedure codes, 1986-2005—Con.

Current code(s) assignment	Effective October 1	Previous code(s) assignment	Current code(s) assignment	Effective October 1	Previous code(s) assignment
45.95.	1987	45.93	68.23.	1996	68.29
46.13.	1992	46.12 (Code deleted)	68.31, 68.39	2003	68.3
46.32.	1989	46.39	68.51, 68.59	1996	68.5
46.85.	1989	46.99	68.9	1992	68.4
46.97.	2000	46.99	74.3	1992	69.11 (Code deleted)
47.01, 47.09	1996	47.0	75.37.	1998	99.29
47.11, 47.19	1996	47.1	75.38.	2001	75.34
48.36.	1995	45.42	77.56.	1989	77.89, 78.49, 81.18
49.31, 49.39	1989	49.3	77.57.	1989	77.89, 80.48, 81.18, 83.85
49.75-49.76	2002	49.79	77.58.	1989	77.59, 81.18
51.10.	1989	51.97	78.10.	1991	78.40
51.11.	1989	51.11, 51.97	78.11.	1991	78.41
51.14.	1989	51.12	78.12.	1991	78.42
51.15.	1989	51.97	78.13.	1991	78.43
51.21.	1996	51.22, 51.23	78.14.	1991	78.44
51.22.	1991	51.21 (Code deleted), 51.22	78.15.	1991	78.45
51.23.	1991	51.22	78.16.	1991	78.46
51.24.	1996	51.22, 51.23	78.17.	1991	78.47
51.64.	1989	51.69	78.18.	1991	78.48
51.84-51.88	1989	51.97	78.19.	1991	78.49
51.97.	1986	52.91, 51.99, 51.82	78.20.	1991	78.10, 78.20, 78.30
51.98.	1986	51.99	78.21.	1991	78.11, 78.31
52.13.	1989	51.97, 52.91	78.22.	1991	78.12, 78.22, 78.32
52.14.	1989	52.11	78.23.	1991	78.13, 78.23, 78.33
52.21-52.22	1989	52.2	78.24.	1991	78.14, 78.34
52.84-52.86	1996	99.29	78.25.	1991	78.15, 78.25, 78.35
52.93.	1989	52.93 + 52.91	78.27.	1991	78.17, 78.27, 78.37
52.94.	1989	52.09	78.28.	1991	78.18, 78.38
52.97-52.98	1989	52.91	78.29.	1991	78.11, 78.16, 78.19, 78.29, 78.39
52.99.	1989	52.93, 52.94, 52.99	78.39.	1991	78.31
54.24.	1987	54.23	78.90 ²	1987	78.40
54.25.	1993	54.98	78.91 ²	1987	78.41
54.51, 54.59	1996	54.5	78.92 ²	1987	78.42
55.03-55.04	1986	55.02	78.93 ²	1987	78.43
56.33-56.34	1987	56.33	78.94 ²	1987	78.44
56.35.	1987	45.12	78.95 ²	1987	78.45
57.17-57.18	1989	57.21	78.96 ²	1987	78.46
57.22.	1989	57.22, 57.82	78.97 ²	1987	78.47
58.31, 58.39	1990	58.3	78.98 ²	1987	78.48
58.93.	1986	57.99	78.99 ²	1987	78.49
59.03.	1996	59.02	80.50-80.59	1986	80.5
59.12.	1996	59.11	81.03.	1989	81.02
59.72.	1995	59.79	81.04-81.05	1989	81.03, 81.04, 81.05
59.96.	1986	59.95	81.06-81.07	1989	81.06, 81.07
60.21, 60.29	1995	60.2	81.08.	1989	81.06, 81.07, 81.08
60.95.	1991	60.99	81.09.	1989	81.08
60.96-60.97	2000	60.29	81.18.	2005	81.99
64.97.	1986	64.95	81.30-81.39	2001	81.09
65.01, 65.09	1996	65.0	81.40.	1989	81.69
65.13.	1996	65.12	81.51.	1989	81.51, 81.59
65.14.	1996	65.19	81.52.	1989	81.61-81.64
65.23.	1996	65.21	81.53.	1989	81.51, 81.59, 81.61-81.64
65.24.	1996	65.22	81.54-81.55	1989	81.41
65.25.	1996	65.29	81.56.	1989	81.48
65.31, 65.39	1996	65.3	81.57.	1989	81.31, 81.39
65.41, 65.49	1996	65.4	81.59.	1989	81.39
65.53.	1996	65.51	81.61 (code deleted 10/01/05)	2002	81.00-81.08, 81.30-81.39
65.54.	1996	65.52	81.62-81.64	2003	None
65.63.	1996	65.61	81.65-81.66	2004	78.49
65.64.	1996	65.62	81.72.	1989	81.79
65.74.	1996	65.71	81.73-81.74	1989	81.86 (Code deleted)
65.75.	1996	65.72	81.75.	1989	81.87 (Code deleted)
65.76.	1996	65.73	81.79.	1989	81.79, 81.87
65.81, 65.89	1996	65.8	81.80.	1989	81.81
66.01.	1992	66.0	81.97.	1992	81.59
66.02.	1992	66.73	84.51-84.52	2002	None
67.51, 67.59	2001	67.5			
68.15.	1987	68.14			
68.16.	1987	68.13			

See footnotes at end of table.

Table VI. Changes in ICD-9-CM procedure codes, 1986-2005—Con.

Current code(s) assignment	Effective October 1	Previous code(s) assignment	Current code(s) assignment	Effective October 1	Previous code(s) assignment
84.53-84.54	2004	78.30, 78.32-78.35, 78.37-78.39	89.49	2004	89.59
84.55, 84.59	2004	None	89.50	1991	89.54
84.56-84.57	2005	None	89.60	2002	89.65
84.58	2005	84.59	92.20	2005	92.28
84.60-84.69	2004	80.51	92.3	1995	01.59, 04.07, 07.63, 07.68
84.71-84.73	2005	None	92.30-92.33, 92.39	1998	92.3
85.95-85.96	1987	85.99	93.90	1988	93.92
86.06	1987	86.09	94.61-94.69	1989	94.25
86.07	1990	86.09	96.29	1998	96.39
86.27	1986	86.22-86.23	96.6	1986	96.35
86.28	1988	86.22	96.70-96.72	1991	93.92 (Code deleted)
86.67	1998	86.65	97.05	1989	51.97
86.93	1987	86.89	97.44	2001	37.64
86.94-86.96	2004	02.93, 03.93, 04.92	98.51-98.52, 98.59	1989	59.96 (Code deleted)
86.97	2005	86.94	99.00	1995	99.02
86.98	2005	86.95	99.10	1998	99.29
88.90	1986	88.39	99.15	1986	99.29
88.91	1986	89.15	99.20	1998	99.29
88.92	1986	89.39	99.28	1994	99.25
88.93	1986	89.15	99.71-99.79 ³	1988	99.07
88.94	1986	89.39	99.75	2000	99.29
88.95	1986	89.29	99.76	2002	99.79
88.96	2002	88.91-88.97	99.77	2002	None
88.97	1989	88.99	99.78	2004	99.71
88.98	1989	88.90	99.85	1987	93.35
88.99	1986	89.39	99.86	1987	93.39
89.10, 89.19	1989	89.15	99.88	1988	99.83
89.17-89.18	1988	89.15			

¹Before October 1986, contents of current code 36.05 would have been assigned to 36.0.²Codes 78.90-78.99 were retitled as "Insertion of bone growth stimulator" in October 1987; the previous contents of codes 78.90-78.99 were reassigned to codes 78.40-78.49.³Codes 99.71-99.79 were deleted in October 1987; their contents were not transferred elsewhere. In the October 1988 revision, codes 99.71-99.79 were reclassified as "Therapeutic apheresis."NOTE: ICD-9-CM is the *International Classification of Diseases, Ninth Revision, Clinical Modification*.

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