

**Table 6B.2.2: Average Length of Stay (LOS) and Mean Charges<sup>1</sup> for Discharges with a Neuromuscular Diagnosis for Adults Age 18 and Over, United States, 2013**

	Hospital Discharges [2]	Emergency Department Discharges [3]	ED and Inpatient Discharges [3]
Focal Neuropathy (N in 1,000s)	427.1	897.8	171.5
Mean LOS (days)	4.3	NA	NA
Mean hospital charges (in 000s)	\$ 64.40	\$ 3.18	\$ 43.19
Total hospital charges (in millions)	\$ 27,505.2	\$ 2,855.0	\$ 7,407.1
Peripheral Polyneuropathy (N in 1,000s)	1,076.8	1,139.8	693.2
Mean LOS (days)	5.8	NA	NA
Mean hospital charges (in 000s)	\$ 50.52	\$ 3.57	\$ 43.23
Total hospital charges (in millions)	\$ 54,399.9	\$ 4,069.1	\$ 29,967.0
Motor Neuron Disorder (N in 1,000s)	36.9	37.3	24.1
Mean LOS (days)	6.1	NA	NA
Mean hospital charges (in 000s)	\$ 55.00	\$ 3.31	\$ 50.43
Total hospital charges (in millions)	\$ 2,029.5	\$ 123.5	\$ 1,215.4
Myopathy and Neuromuscular Disorder (N in 1,000s)	105.1	102.2	63.1
Mean LOS (days)	8.9	NA	NA
Mean hospital charges (in 000s)	\$ 81.81	\$ 3.37	\$ 76.54
Total hospital charges (in millions)	\$ 8,598.2	\$ 344.4	\$ 4,829.7
Spinal Cord Injuries and Diseases (N in 1,000s)	319.1	298.2	193.1
Mean LOS (days)	8.1	NA	NA
Mean hospital charges (in 000s)	\$ 80.65	\$ 3.28	\$ 75.51
Total hospital charges (in millions)	\$ 25,735.4	\$ 978.1	\$ 14,581.0
<b>Total Neuromuscular Diagnoses (N in 1,000s)</b>	<b>1,856.6</b>	<b>2,412.5</b>	<b>1,102.5</b>
Mean LOS (days)	5.9	NA	NA
Mean hospital charges (in 000s)	\$ 59.12	\$ 3.36	\$ 49.87
Total hospital charges (in millions)	\$ 109,762.2	\$ 8,106.0	\$ 54,981.7
All Hospitalizations (N in 1,000s)	35,584.6	134,869.0	19,255.9
Mean LOS (days)	4.7	NA	NA
Mean hospital charges (in 000s)	\$ 42.69	\$ 2.97	\$ 42.37
Total hospital charges (in millions)	\$ 1,519,106.6	\$ 400,560.9	\$ 815,872.5
Proportion Total Hospital Charges Attributed to Stays with any AORC Diagnosis	7.2%	2.0%	6.7%

[1] Average charges are based on individual record discharges. The fees included may vary from patient to patient, but generally include hospital room, supplies, medications, laboratory fees, and care staff, such as nurses. They generally do not include professional fees (doctors) and non-covered charges. In a small proportion of the discharge cases, professional fees (doctors) are not removed from total charges because the data source cannot provide the information. Emergency charges incurred prior to admission to the hospital may be included in total charges. Medicare requires a bundled bill for Medicare patients admitted to the hospital through the emergency department; other payers may or may not have similar requirements.

[2] Source: HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP). 2013. Agency for Healthcare Research and Quality, Rockville, MD. [www.hcup-us.ahrq.gov/nisoverview.jsp](http://www.hcup-us.ahrq.gov/nisoverview.jsp)

[3] Source: HCUP Nationwide Emergency Department Sample (NEDS). Healthcare Cost and Utilization Project (HCUP). 2013. Agency for Healthcare Research and Quality, Rockville, MD. [www.hcup-us.ahrq.gov/nedsoverview.jsp](http://www.hcup-us.ahrq.gov/nedsoverview.jsp)