

Table 7C.5: Hospital Discharges, Length of Stay (LOS), and Charges for Children and Adolescents Age 20 and Under with Neuromuscular Diagnoses,¹ by Sex and Age, United States 2013

Hospital Discharges	Number of Hospital Discharges (in 1,000s)									
	Sex		Age in Years							Total
	Male	Female	Neonatal	<1	1 to 4	5 to 9	10 to 13	14 to 17	18 to 20	
Any Neuromuscular Diagnoses [1]	33.9	27.3	1.9	2.3	11.3	14.5	11.3	11.7	8.3	61.2
Primary Diagnosis [2]	2.1	2	0.4	0.4	0.7	0.9	0.7	0.6	0.3	4.1
Discharges/Visits for Any MSK Diagnoses	274.2	229.6	168.8	22.2	50.5	53.9	55.1	81.5	72.0	503.9
Proportion Any Neuromuscular to Any MSK Diagnoses	12.4%	11.9%	1.1%	10.4%	22.4%	26.9%	20.5%	14.4%	11.5%	12.1%
Proportion Primary Neuromuscular to Any MSK Diagnoses	0.8%	0.9%	0.2%	1.8%	1.4%	1.7%	1.3%	0.7%	0.4%	0.8%
Discharges/Visits for All Diagnosis	3,040.9	3,262.9	3,935.2	292.4	416.1	289.8	241.9	445.2	686.0	6,303.8
Proportion Any Neuromuscular to All Diagnoses	1.1%	0.8%	0.0%	0.8%	2.7%	5.0%	4.7%	2.6%	1.2%	1.0%
Proportion Primary Neuromuscular to All Diagnoses	0.1%	0.1%	0.0%	0.1%	0.2%	0.3%	0.3%	0.1%	0.0%	0.1%
Hospital Charges	Mean LOS and Charges									
Any Neuromuscular Diagnoses [1]										
Mean Length of Stay	6.9	6.4	16.8	10.0	5.6	5.4	6.4	7.3	6.7	6.7
Mean Charges [3] (in 1,000 \$s)	\$ 77.8	\$ 73.0	\$ 168.7	\$ 103.2	\$ 55.8	\$ 60.3	\$ 84.4	\$ 91.3	\$ 66.5	\$ 75.7
Total Charges (in million \$s)	\$ 2,637.42	\$ 1,992.90	\$ 320.53	\$ 237.36	\$ 630.54	\$ 874.35	\$ 953.72	\$ 1,068.21	\$ 551.95	\$ 4,632.84
Primary Diagnosis [2]										
Mean Length of Stay	6.7	7.8	20.5	7.7	5.0	5.4	5.4	6.2	5.7	7.2
Mean Charges [3] (in 1,000 \$s)	\$ 87.4	\$ 96.9	\$ 185.3	\$ 88.7	\$ 55.2	\$ 68.0	\$ 97.5	\$ 95.2	\$ 99.1	\$ 92.0
Total Charges (in million \$s)	\$ 183.5	\$ 193.8	\$ 74.1	\$ 35.5	\$ 38.6	\$ 61.2	\$ 68.3	\$ 57.1	\$ 29.7	\$ 377.2
Any Neuromuscular Diagnoses [1]										
Cerebral palsy	22.9	17.5	*	0.6	7.9	10.7	8.0	7.8	5.3	40.4
Spina bifida	5.5	5.6	1.6	1.0	1.5	2.0	1.8	1.8	1.4	11.1
Muscular dystrophy	3.1	1.5	0.2	0.2	0.7	0.7	0.7	1.2	0.9	4.6
Other	3.3	3.3	*	0.4	1.4	1.3	1.1	1.2	0.9	6.5
Proportion of Total Neuromuscular Diagnoses [4]										
Cerebral palsy	67.6%	64.1%	*	26.1%	69.9%	73.8%	70.8%	66.7%	63.9%	66.0%
Spina bifida	16.2%	20.5%	84.2%	43.5%	13.3%	13.8%	15.9%	15.4%	16.9%	18.1%
Muscular dystrophy	9.1%	5.5%	10.5%	8.7%	6.2%	4.8%	6.2%	10.3%	10.8%	7.5%
Other	9.7%	12.1%	*	17.4%	12.4%	9.0%	9.7%	10.3%	10.8%	10.6%

* Does not meet standards of reliability.

[1] Includes cerebral palsy, spina bifida, muscular dystrophy, and other neuromuscular conditions.

[2] Primary diagnosis defined as the first Dx.

[3] 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.

[4] Total greater than 100% due to more than one neuromuscular diagnoses.

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