

Table 42

**Covered Admissions and Total Charges for Medicare Skilled Nursing Facility Admissions, by Covered Days of Care and Type of Service: Calendar Year 2001**

Covered	All	Accom-	Type of Ancillary Service							
			Total	Pharmacy	Laboratory	Radiology	Supply	Inhalation	Rehabil-	
Days of Care	Services	modations						Therapy	itation <sup>1</sup>	Other <sup>2</sup>
Number of Admissions <sup>3</sup>										
Total	2,068,716	2,068,702	2,039,333	1,929,905	1,190,460	466,900	1,209,407	265,533	1,748,206	267,284
1-8 Days	567,815	567,801	546,144	501,035	271,388	85,758	306,210	100,393	403,398	71,968
9-20 Days	683,177	683,177	677,105	638,145	404,777	155,281	403,330	97,674	593,800	98,539
21-40 Days	463,279	463,279	462,090	444,584	279,287	116,114	273,400	42,590	425,213	54,560
41-60 Days	180,253	180,253	180,025	175,609	114,898	50,810	111,253	12,659	167,410	19,863
61-80 Days	81,008	81,008	80,923	79,297	54,422	25,982	52,633	5,589	74,789	9,756
81 Days or More	93,184	93,184	93,046	91,235	65,688	32,955	62,581	6,628	83,596	12,598
Total Charges in Thousands										
Total	\$20,548,977	\$10,616,622	\$9,932,555	\$2,794,460	\$573,442	\$182,212	\$677,812	\$399,910	\$5,132,603	\$172,115
1-8 Days	1,879,378	826,321	1,053,118	376,701	92,996	27,899	103,716	69,010	356,389	26,409
9-20 Days	5,205,370	2,457,745	2,747,699	833,202	210,963	62,062	227,475	139,816	1,219,378	54,804
21-40 Days	5,596,690	2,834,879	2,761,850	765,601	150,761	48,348	168,644	90,268	1,496,727	41,503
41-60 Days	3,195,386	1,730,041	1,465,358	362,867	56,650	20,522	70,386	35,649	899,888	19,396
61-80 Days	1,893,190	1,072,729	820,468	196,255	27,470	10,321	39,814	22,351	512,334	11,923
81 Days or More	2,778,961	1,694,907	1,084,061	259,835	34,601	13,061	67,778	42,817	647,889	18,080
Percent of Charges										
Total	100.0	51.7	48.3	13.6	2.8	0.9	3.3	1.9	25.0	0.8
1-8 Days	100.0	44.0	56.0	20.0	4.9	1.5	5.5	3.7	19.0	1.4
9-20 Days	100.0	47.2	52.8	16.0	4.1	1.2	4.4	2.7	23.4	1.1
21-40 Days	100.0	50.7	49.3	13.7	2.7	0.9	3.0	1.6	26.7	0.7
41-60 Days	100.0	54.1	45.9	11.4	1.8	0.6	2.2	1.1	28.2	0.6
61-80 Days	100.0	56.7	43.3	10.4	1.5	0.5	2.1	1.2	27.1	0.6
81 Days or More	100.0	61.0	39.0	9.4	1.2	0.5	2.4	1.5	23.3	0.7

See footnotes at end of table.

Table 42—Continued

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Covered Days of Care	All Services	Accom- modations	Type of Ancillary Service							
			Total	Pharmacy	Laboratory	Radiology	Supply	Inhalation	Rehabil- itation <sup>1</sup>	Other <sup>2</sup>
								Therapy		
Average Total Charge per Admission										
Total	\$9,933	\$5,132	\$4,870	\$1,448	\$482	\$390	\$560	\$1,506	\$2,936	\$644
1-8 Days	3,310	1,455	1,928	752	343	325	339	687	883	367
9-20 Days	7,619	3,598	4,058	1,306	521	400	564	1,431	2,054	556
21-40 Days	12,081	6,119	5,977	1,722	540	416	617	2,119	3,520	761
41-60 Days	17,727	9,598	8,140	2,066	493	404	633	2,816	5,375	976
61-80 Days	23,370	13,242	10,139	2,475	505	397	756	3,999	6,850	1,222
81 Days or More	29,822	18,189	11,651	2,848	527	396	1,083	6,460	7,750	1,435

<sup>1</sup>Includes physical therapy, speech therapy, and occupational therapy.

<sup>2</sup>Includes services such as blood and blood components, etc.

<sup>3</sup>Reflects skilled nursing facility admissions with at least 1 day of covered care under Medicare.

NOTES: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Numbers may not add to total because of rounding.

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