

Table 28

**Number of Discharges with a Procedure, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from
Short-Stay Hospitals, by Principal Procedure Within Major Procedure Classifications (MPCs): Calendar Year 2001**

Principal ICD-9-CM Procedure ¹ Within MPC	ICD-9-CM Code	Discharges ²		Total Days of Care		Program Payments		
		Number	Per 1,000 Enrollees ³	Number	Per Discharge	Amount in Thousands	Per Discharge	Per Day
Total All Procedures	---	6,837,435	204	46,871,195	6.9	\$65,717,165	\$9,664	\$1,402
Leading Procedures ⁴	---	3,417,575	102	20,767,845	6.1	31,091,717	9,142	1,497
Operations on the Nervous System (MPC 1)	01-05	170,340	5	1,130,795	6.6	1,629,066	9,619	1,441
Spinal Tap	03.31	34,420	1	268,280	7.8	232,357	6,791	866
Operations on the Endocrine System (MPC 2)	06-07	23,130	1	86,780	3.8	151,576	6,575	1,747
Operations on the Eye (MPC 3)	08-16	13,975	(5)	49,920	3.6	76,664	5,525	1,536
Operations on the Ear (MPC 4)	18-20	3,235	(5)	16,285	5.0	23,157	7,203	1,422
Operations on the Nose, Mouth, and Pharynx (MPC 5)	21-29	31,815	1	156,740	4.9	201,100	6,381	1,283
Operations on the Respiratory System (MPC 6)	30-34	277,970	8	3,697,285	13.3	6,025,883	21,788	1,630
Bronchoscopy with or Without Biopsy	33.21-33.24,33.27	67,035	2	660,940	9.9	654,220	9,800	990
Operations on the Cardiovascular System (MPC 7)	35-39	1,774,740	53	10,728,085	6.0	21,711,168	12,303	2,024
Removal of Coronary Artery Obstruction	36.0	305,760	9	988,900	3.2	3,525,226	11,583	3,565
Coronary Artery Bypass Graft	36.1	151,155	5	1,471,010	9.7	3,992,442	26,514	2,714
Cardiac Catheterization	37.21-37.23	310,615	9	1,305,045	4.2	1,947,889	6,303	1,493
Insertion, Replacement, Removal, and Revision of Pacemaker Leads or Device	37.7-37.8	152,095	5	779,810	5.1	1,828,811	12,057	2,345
Hemodialysis	39.95	164,300	5	890,215	5.4	936,600	5,776	1,052
Operations on the Hemic and Lymphatic System (MPC 8)	40-41	46,575	1	415,765	8.9	553,052	11,942	1,330

See footnotes at end of table.

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Operations on the Digestive System (MPC 9)	42-54	1,288,915	39	9,804,565	7.6	\$10,958,740	\$8,540	\$1,118
Endoscopy of Small Intestine with or Without Biopsy	45.11-45.14,45.16	354,945	11	2,173,915	6.1	1,687,294	4,775	776
Endoscopy of Large Intestine with or Without Biopsy	45.21-45.25	152,860	5	941,155	6.2	719,823	4,728	765
Partial Excision of Large Intestine	45.7	108,495	3	1,227,010	11.3	1,867,594	17,268	1,522
Appendectomy, Excluding Incidental	47.0	16,285	(5)	91,235	5.6	126,852	7,852	1,390
Cholecystectomy	51.2	129,505	4	773,515	6.0	1,154,158	8,941	1,492
Lysis of Peritoneal Adhesions	54.5	25,210	1	285,440	11.3	371,510	14,789	1,302
Operations on the Urinary System (MPC 10)	55-59	178,025	5	1,099,895	6.2	1,450,039	8,187	1,318
Cystoscopy with or Without Biopsy	57.31-57.33	21,915	1	168,020	7.7	129,740	5,951	772
Operations on the Male Genital Organs (MPC 11) ⁶	60-64	116,900	8	444,565	3.8	547,848	4,707	1,232
Prostatectomy	60.2-60.6	103,750	7	372,525	3.6	453,335	4,387	1,217
Operations on the Female Genital Organs (MPC 12) ⁷	65-71	112,315	6	430,355	3.8	593,546	5,308	1,379
Unilateral Oophorectomy	65.3-65.6	10,855	1	53,910	5.0	74,971	6,929	1,391
Hysterectomy	68.3-68.7,68.9	59,295	3	228,600	3.9	319,041	5,403	1,396
Obstetrical Procedures (MPC 13)	72-75	8,045	(5)	28,570	3.6	22,308	2,790	781
Forceps, Vacuum, and Breech Delivery	72.1,72.21,72.31,72.71,73.6	725	(5)	1,765	2.4	1,215	1,688	688
Cesarean Section and Removal of Fetus	74.0-74.2,74.4-74.99	2,850	(5)	15,085	5.3	12,240	4,325	811
Repair of Current Obstetric Laceration	75.5-75.6	1,045	(5)	2,610	2.5	1,941	1,876	744
Operations on the Musculoskeletal System (MPC 14)	76-84	954,390	29	5,622,665	5.9	8,726,430	9,179	1,552
Partial Excision of Bone	76.2-76.3,77.6-77.8	12,875	(5)	114,520	8.9	153,087	11,951	1,337
Reduction of Facial Fracture	76.7,79.0-79.3	201,750	6	1,209,070	6.0	1,510,712	7,510	1,249
Open Reduction of Fracture with Internal Fixation	79.3	159,885	5	978,430	6.1	1,239,527	7,775	1,267
Excision or Destruction of Intervertebral Disc	80.5	35,655	1	113,190	3.2	202,271	5,695	1,787
Total Hip Replacement	81.51	96,660	3	453,675	4.7	925,348	9,595	2,040
Total Knee Replacement	81.54	178,140	5	767,565	4.3	1,681,299	9,464	2,190

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Operations on the Integumentary System (MPC 15)	85-86	272,015	8	2,254,680	8.3	\$2,316,648	\$8,575	\$1,027
Excision of Destruction of Lesion or Tissue of Skin and Subcutaneous Tissue	86.22-86.28	94,805	3	1,094,460	11.5	1,227,404	13,030	1,121
Miscellaneous Diagnostic and Therapeutic Procedures (MPC 16)	87-99	1,565,050	47	10,904,245	7.0	10,729,942	6,903	984
Computerized Axial Tomography	87.03,87.41,87.71,88.01,88.38	124,080	4	680,685	5.5	632,257	5,127	929
Arteriography and Angiocardiography Using Contrast Material	88.4-88.5	50,700	2	271,050	5.3	266,902	5,293	985
Diagnostic Ultrasound	88.7	149,670	4	847,235	5.7	773,830	5,196	913
Respiratory Therapy	93.9,96.7	212,190	6	1,885,670	8.9	2,834,240	13,465	1,503
Nonoperative Intubation of Gastrointestinal and Respiratory Tracts	96.04	48,480	1	397,090	8.2	536,748	11,125	1,352
Insertion of Endotracheal Tube	96.04	48,480	1	397,090	8.2	536,748	11,125	1,352
Injection of Infusion of Cancer Chemotherapeutic Substance	99.25	39,245	1	234,205	6.0	310,035	7,932	1,324

¹ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification*. Includes surgical and non-surgical procedures. Includes invalid codes not shown separately.

²Excludes discharges for managed care enrollees that were paid by the managed care plan.

³Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates.

⁴Specific leading procedure categories were selected for presentation because of frequency of occurrences or because of special interest. The leading classifications were developed by the National Center for Health Statistics.

⁵Less than 1 discharge per 1,000 enrollees.

⁶Only the male enrollment population used to calculate discharges per 1,000 HI enrollees.

⁷Only the female enrollment population used to calculate discharges per 1,000 HI enrollees.

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

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.