

Table 5.6

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 2006

Principal ICD-9-CM Procedure ¹ Within MPC	ICD-9-CM Code	Discharges ²		Total Days of Care		Program Payments		
		Number	Per 1,000 HI Enrollees ³	Number	Per Discharge	Amount in Thousands	Per Discharge ⁴	Per Day
Total All Procedures	---	7,250,960	204	46,740,595	6.4	\$80,485,858	\$11,160	\$1,722
Leading Procedures ⁵	---	3,091,230	87	18,675,275	6.0	30,956,600	10,065	1,658
Operations on the Nervous System (MPC 1)	01-05	176,290	5	1,150,435	6.5	2,067,168	11,785	1,797
Spinal Tap	03.31	38,950	1	277,125	7.1	278,543	7,207	1,005
Operations on the Endocrine System (MPC 2)	06-07	26,990	1	102,620	3.8	228,932	8,510	2,231
Operations on the Eye (MPC 3)	08-16	9,500	(6)	41,330	4.4	68,964	7,302	1,669
Operations on the Ear (MPC 4)	18-20	2,640	(6)	13,965	5.3	22,587	8,605	1,617
Operations on the Nose, Mouth, and Pharynx (MPC 5)	21-29	30,105	1	149,150	5.0	216,924	7,279	1,454
Operations on the Respiratory System (MPC 6)	30-34	276,745	8	3,029,240	10.9	5,067,247	18,382	1,673
Bronchoscopy with or Without Biopsy	33.21-33.24,33.27	67,835	2	631,900	9.3	715,174	10,586	1,132
Operations on the Cardiovascular System (MPC 7)	35-39	1,574,395	44	10,225,105	6.5	21,475,969	13,728	2,100
Removal of Coronary Artery Obstruction	36.0	7,835	(6)	20,715	2.6	122,496	15,674	5,913
Coronary Artery Bypass Graft	36.1	105,025	3	1,042,815	9.9	3,115,831	29,745	2,988
Cardiac Catheterization	37.21-37.23	259,765	7	1,063,120	4.1	1,832,507	7,090	1,724
Insertion, Replacement, Removal, and Revision of Pacemaker Leads or Device	37.7-37.8	140,630	4	669,330	4.8	1,912,256	13,629	2,857
Hemodialysis	39.95	222,595	6	1,182,655	5.3	1,450,490	6,617	1,226
Operations on the Hemic and Lymphatic System (MPC 8)	40-41	40,985	1	365,640	8.9	588,659	14,407	1,610

See footnotes at end of table.

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Operations on the Digestive System (MPC 9)	42-54	1,226,995	35	9,172,195	7.5	\$12,490,172	\$10,223	\$1,362
Endoscopy of Small Intestine with or Without Biopsy	45.11-45.14,45.16	338,830	10	1,974,265	5.8	1,865,023	5,529	945
Endoscopy of Large Intestine with or Without Biopsy	45.21-45.25	126,555	4	748,990	5.9	693,620	5,503	926
Partial Excision of Large Intestine	45.7	104,895	3	1,161,775	11.1	2,083,975	19,907	1,794
Appendectomy, Excluding Incidental	47.0	19,585	1	100,465	5.1	177,906	9,123	1,771
Cholecystectomy	51.2	113,865	3	717,160	6.3	1,223,292	10,782	1,706
Lysis of Peritoneal Adhesions	54.5	30,075	1	321,775	10.7	506,776	16,890	1,575
Operations on the Urinary System (MPC 10)	55-59	204,040	6	1,245,500	6.1	1,908,941	9,395	1,533
Cystoscopy with or Without Biopsy	57.31-57.33	15,770	(6)	118,650	7.5	111,511	7,096	940
Operations on the Male Genital Organs (MPC 11 ⁷)	60-64	85,780	5	297,870	3.5	472,562	5,534	1,586
Prostatectomy	60.2-60.6	75,090	5	239,425	3.2	379,215	5,072	1,584
Operations on the Female Genital Organs (MPC 12 ⁸)	65-71	103,000	5	358,605	3.5	616,203	6,001	1,718
Unilateral Oophorectomy	65.3-65.6	9,945	1	48,085	4.8	75,200	7,577	1,564
Hysterectomy	68.3-68.7,68.9	52,770	3	187,480	3.6	324,104	6,162	1,729
Obstetrical Procedures (MPC 13)	72-75	12,615	1	42,135	3.3	35,495	2,833	842
Forceps, Vacuum, and Breech Delivery	72.1,72.21,72.31,72.71,73.6	490	(6)	1,195	2.4	670	1,367	561
Cesarean Section and Removal of Fetus	74.0-74.2,74.4-74.99	5,375	(6)	23,965	4.5	22,436	4,217	936
Repair of Current Obstetric Laceration	75.5-75.6	1,375	(6)	3,100	2.3	2,382	1,745	768
Operations on the Musculoskeletal System (MPC 14)	76-84	1,092,955	31	5,882,615	5.4	12,172,303	11,171	2,069
Partial Excision of Bone	76.2-76.3,77.6-77.8	14,265	(6)	126,420	8.9	199,211	14,074	1,576
Reduction of Facial Fracture	76.7,79.0-79.3	197,340	6	1,157,780	5.9	1,887,611	9,595	1,630
Open Reduction of Fracture with Internal Fixation	79.3	143,110	4	847,080	5.9	1,399,030	9,802	1,652
Excision or Destruction of Intervertebral Disc	80.5	28,590	1	82,735	2.9	187,510	6,578	2,266
Total Hip Replacement	81.51	113,435	3	470,255	4.1	1,209,583	10,686	2,572
Total Knee Replacement	81.54	264,975	7	1,008,460	3.8	2,803,893	10,597	2,780
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Operations on the Integumentary System (MPC 15)	85-86	262,765	7	2,046,340	7.8	\$2,532,914	\$9,708	\$1,238
Excision of Destruction of Lesion or Tissue of Skin and Subcutaneous Tissue	86.22-86.28	87,955	2	929,780	10.6	1,276,679	14,622	1,373
Miscellaneous Diagnostic and Therapeutic Procedures (MPC 16)	87-99	1,654,700	47	11,049,480	6.7	13,512,476	8,227	1,223
Computerized Axial Tomography	87.03,87.41,87.71,88.01,88.38	106,090	3	517,475	4.9	616,572	5,846	1,192
Arteriography and Angiocardiology Using Contrast Material	88.4-88.5	53,470	2	263,115	4.9	326,521	6,132	1,241
Diagnostic Ultrasound	88.7	141,210	4	744,470	5.3	843,551	5,995	1,133
Respiratory Therapy	93.9,96.7	266,175	8	2,283,845	8.6	3,837,694	14,552	1,680
Nonoperative Intubation of Gastrointestinal and Respiratory Tracts Insertion of Endotracheal Tube	96.04	42,930	1	336,990	7.8	513,538	12,039	1,524
Injection of Infusion of Cancer Chemotherapeutic Substance	99.25	37,305	1	219,405	5.9	360,463	9,700	1,643

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.

⁴The average program payment per discharge does not reflect discharges with covered services, but for whom no program payments were reported.

⁵Specific 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.

⁶Less than 1 discharge per 1,000 enrollees.

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

⁸Only 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 Data Extract System; data development by the Office of Research, Development, and Information.