

Table 23
Discharges, Total Days of Care, Total Charges, and Program Payments for Medicare
Beneficiaries Discharged from Short-Stay Hospitals, by Type of Entitlement:
Calendar Years 1972-1999

Type of Entitlement and Year	Discharges		Total Days of Care		
	Number in Thousands	Rate per 1,000 HI Enrollees	Number in Thousands	Rate per 1,000 HI Enrollees	Per Discharge
All Beneficiaries					
1972	6,380	302	77,198	3,656	12.1
1973	6,984	300	81,529	3,499	11.7
1974	7,629	319	87,523	3,658	11.5
1975	8,001	325	89,275	3,623	11.2
1976	8,465	334	93,480	3,693	11.0
1977	8,808	338	96,825	3,711	11.0
1978	9,216	344	99,372	3,712	10.8
1979	9,642	351	102,469	3,750	10.7
1980	10,279	366	109,175	3,890	10.6
1981	10,660	368	110,806	3,827	10.4
1982	11,109	382	113,047	3,889	10.2
1983	11,436	387	112,011	3,786	9.8
1984	10,896	363	96,485	3,217	8.9
1985	10,027	328	86,339	2,822	8.6
1986	10,044	322	86,910	2,784	8.7
1987	10,110	317	89,651	2,815	8.9
1988	10,256	316	90,873	2,804	8.9
1989 ²	10,148	307	89,902	2,721	8.9
1990	10,522	312	92,735	2,749	8.8
1991 ³	10,737	312	92,935	2,699	8.7
1992 ³	10,958	312	91,990	2,616	8.4
1993 ³	10,979	306	87,883	2,446	8.0
1994 ³	11,282	331	84,742	2,487	7.5
1995 ³	11,435	336	80,056	2,350	7.0
1996 ³	11,474	340	75,660	2,245	6.6
1997 ³	11,527	349	73,029	2,212	6.3
1998 ³	11,355	351	70,055	2,166	6.2
1999 ³	11,605	365	70,508	2,219	6.1
			Average Annual Rate of Change		
1972-1983 ⁵	5.4	2.3	3.4	0.3	-1.9
1983-1999 ⁵	0.1	-0.4	-2.9	-3.3	-2.9
1972-1999	2.2	0.7	-0.3	-1.8	-2.5

See footnotes at end of table.

Table 23—Continued
Discharges, Total Days of Care, Total Charges, and Program Payments for Medicare
Beneficiaries Discharged from Short-Stay Hospitals, by Type of Entitlement:
Calendar Years 1972-1999

Total Charges		Program Payments					
Amount in Millions	Per Discharge	Amount in Millions	Per Discharge	Per HI Enrollee	Per Day	Percent of Total Charges	Percent of Total Medicare Payments ¹
\$7,401	\$1,160	\$5,576	\$874	\$264	\$72	75.3	69.5
8,494	1,216	6,446	923	277	79	75.9	69.7
10,471	1,373	7,837	1,027	328	90	74.8	69.7
13,073	1,634	9,748	1,218	396	109	74.6	67.0
15,951	1,882	11,803	1,394	466	126	74.1	67.0
19,157	2,170	13,944	1,583	534	144	73.0	68.1
22,408	2,431	16,008	1,737	598	161	71.4	68.0
26,120	2,709	18,463	1,915	672	180	70.7	66.7
31,992	3,112	22,099	2,150	787	202	69.1	66.4
38,164	3,580	25,936	2,433	907	234	68.0	65.0
46,369	4,174	30,601	2,755	1,053	271	66.0	63.6
54,127	4,733	34,338	3,003	1,161	307	63.4	64.3
52,901	4,855	38,500	3,533	1,284	399	72.8	65.1
53,397	5,332	40,200	4,009	1,314	466	75.2	62.9
59,376	5,911	41,781	4,160	1,338	481	70.4	60.7
68,490	6,775	44,068	4,359	1,383	492	64.3	58.1
78,536	7,657	46,879	4,571	1,446	516	59.7	57.6
88,038	8,676	49,091	4,838	1,486	546	55.8	52.3
102,544	9,746	53,708	5,281	1,593	579	52.4	53.0
117,616	10,954	58,750	5,610	1,706	632	50.0	53.0
131,451	11,996	64,810	6,057	1,843	705	49.3	53.7
139,375	12,695	67,260	6,257	1,872	765	48.3	52.0
146,074	12,948	70,624	6,377	2,097	833	48.3	48.2
149,502	13,074	74,836	6,656	2,223	935	50.1	47.1
152,854	13,322	78,546	6,953	2,359	1,038	51.4	47.0
159,285	13,818	80,725	7,118	2,475	1,105	50.7	46.0
163,541	14,402	78,364	7,021	2,452	1,119	47.9	46.6
178,399	15,373	79,013	6,920	2,486	1,121	44.3	47.4
Average Annual Rate of Change							
19.8	13.6	18.0	11.9	14.4	14.0	---	---
7.7	7.6	5.3	5.4	4.9	8.4	---	---
12.5	10.0	10.3	8.0	8.7	10.7	---	---

Table 23—Continued
Discharges, Total Days of Care, Total Charges, and Program Payments for Medicare
Beneficiaries Discharged from Short-Stay Hospitals, by Type of Entitlement:
Calendar Years 1972-1999

Type of Entitlement and Year	Discharges		Total Days of Care		
	Number in Thousands	Rate per 1,000 HI Enrollees	Number in Thousands	Rate per 1,000 HI Enrollees	Per Discharge
Aged Beneficiaries					
1972	6,380	302	77,198	3,656	12.1
1973	6,751	313	78,987	3,662	11.7
1974	7,033	320	80,880	3,677	11.5
1975	7,285	324	81,592	3,631	11.2
1976	7,607	332	84,438	3,684	11.1
1977	7,850	334	86,967	3,705	11.1
1978	8,133	339	88,557	3,692	10.9
1979	8,478	345	91,239	3,717	10.8
1980	9,051	361	96,772	3,855	10.7
1981	9,400	367	98,223	3,838	10.4
1982	9,817	376	100,431	3,846	10.2
1983	10,152	381	99,740	3,740	9.8
1984	9,705	358	86,062	3,174	8.9
1985	8,918	322	76,926	2,779	8.6
1986	8,917	316	77,240	2,733	8.7
1987	9,000	312	79,804	2,769	8.9
1988	9,146	312	80,938	2,761	8.8
1989 ²	9,026	302	79,784	2,671	8.8
1990	9,351	307	82,179	2,696	8.8
1991 ³	9,510	306	81,994	2,641	8.6
1992 ³	9,663	306	80,818	2,559	8.4
1993 ³	9,628	300	76,719	2,393	8.0
1994 ³	9,802	326	73,278	2,439	7.5
1995 ³	9,879	331	68,842	2,308	7.0
1996 ³	9,853	336	64,610	2,206	6.6
1997 ³	9,873	346	62,184	2,181	6.3
1998 ³	9,683	349	59,286	2,138	6.1
1999 ³	9,873	365	59,577	2,204	6.0
			Average Annual Rate of Change		
1972-1983 ⁵	4.3	2.1	2.4	0.2	-1.9
1983-1999 ⁵	-0.2	-0.3	-3.2	-3.3	-3.0
1972-1999	1.6	0.7	-1.0	-1.9	-2.5

See footnotes at end of table.

Table 23—Continued
Discharges, Total Days of Care, Total Charges, and Program Payments for Medicare
Beneficiaries Discharged from Short-Stay Hospitals, by Type of Entitlement:
Calendar Years 1972-1999

Total Charges		Program Payments					
Amount in Millions	Per Discharge	Amount in Millions	Per Discharge	Per HI Enrollee	Per Day	Percent of Total Charges	Percent of Total Medicare Payments ¹
\$7,401	\$1,160	\$5,576	\$874	\$264	\$72	75.3	69.5
8,227	1,219	6,245	925	290	79	75.9	69.1
9,614	1,367	7,209	1,025	328	89	75.0	70.3
11,853	1,627	8,859	1,216	394	109	74.7	67.9
14,263	1,875	10,589	1,392	462	125	74.2	67.7
17,072	2,175	12,455	1,587	531	143	73.0	69.1
19,772	2,431	14,182	1,744	591	160	71.7	68.9
22,938	2,706	16,251	1,917	662	178	70.8	67.7
28,114	3,106	19,460	2,150	775	201	69.2	66.6
33,564	3,571	22,814	2,427	891	232	68.0	62.3
40,875	4,164	27,008	2,751	1,034	269	66.1	64.6
47,851	4,713	30,398	2,994	1,140	305	63.5	65.1
46,964	4,839	34,188	3,523	1,261	397	72.8	65.6
47,371	5,312	35,738	4,007	1,291	465	75.4	63.3
52,623	5,901	37,030	4,153	1,310	479	70.4	60.9
60,900	6,766	39,350	4,372	1,365	493	64.6	58.6
69,920	7,645	41,918	4,583	1,430	518	60.0	58.1
78,204	8,665	43,747	4,847	1,465	548	55.9	52.9
90,948	9,726	47,842	5,270	1,570	582	52.6	53.4
103,871	10,922	52,278	5,601	1,684	638	50.3	53.3
115,789	11,982	57,494	6,058	1,821	704	49.7	54.1
122,083	12,681	59,281	6,253	1,849	764	48.6	52.3
126,880	12,944	61,691	6,375	2,081	831	48.6	48.3
129,319	13,091	64,987	6,656	2,209	928	50.3	47.1
131,673	13,364	67,860	6,961	2,349	1,050	51.5	47.0
136,777	13,854	69,547	7,124	2,473	1,118	50.8	46.4
139,738	14,432	67,204	7,022	2,458	1,134	48.1	46.5
152,293	15,426	67,588	6,918	2,500	1,134	44.4	47.5
Average Annual Rate of Change							
18.5	13.6	16.7	11.8	14.2	14.0	---	---
7.5	7.7	5.1	5.4	5.0	8.6	---	---
11.9	10.1	9.7	8.0	8.7	10.7	---	---

Table 23—Continued
Discharges, Total Days of Care, Total Charges, and Program Payments for Medicare
Beneficiaries Discharged from Short-Stay Hospitals, by Type of Entitlement:
Calendar Years 1972-1999

Type of Entitlement and Year	Discharges		Total Days of Care		
	Number in Thousands	Rate per 1,000 HI Enrollees	Number in Thousands	Rate per 1,000 HI Enrollees	Per Discharge
Disabled Beneficiaries					
1974 ⁴	596	309	6,643	3,446	11.1
1975	716	330	7,683	3,544	10.7
1976	858	359	9,042	3,780	10.5
1977	958	366	9,858	3,764	10.3
1978	1,083	388	10,815	3,872	10.0
1979	1,164	400	11,230	3,858	10.0
1980	1,228	414	12,403	4,186	10.0
1981	1,260	420	12,583	4,196	9.9
1982	1,292	437	12,616	4,271	9.8
1983	1,284	440	12,272	4,206	9.6
1984	1,191	413	10,423	3,614	8.8
1985	1,109	381	9,413	3,238	8.5
1986	1,127	381	9,670	3,269	8.6
1987	1,109	366	9,847	3,249	8.9
1988	1,111	358	9,936	3,203	8.9
1989 ²	1,122	354	10,118	3,191	9.0
1990	1,171	360	10,556	3,245	9.0
1991 ³	1,227	362	10,941	3,230	8.9
1992 ³	1,294	362	11,173	3,122	8.6
1993 ³	1,352	350	11,165	2,891	8.3
1994 ³	1,480	367	11,465	2,844	7.7
1995 ³	1,556	367	11,214	2,645	7.2
1996 ³	1,621	367	11,051	2,504	6.8
1997 ³	1,654	368	10,845	2,411	6.6
1998 ³	1,673	362	10,769	2,333	6.4
1999 ³	1,732	365	10,931	2,306	6.3
Average Annual Rate of Change					
1974-1983 ⁵	8.9	4.0	7.1	2.2	-1.6
1983-1999 ⁵	1.9	-1.2	-0.7	-3.7	-2.6
1974-1999	4.4	0.7	2.0	-1.6	-2.2

¹Based on total Medicare program payments.

²Represents the only year that the Medicare Catastrophic Coverage Act of 1988 was in effect.

³This table was revised from earlier editions for years 1991-1998 to exclude discharges from short-stay hospitals that were paid for by Medicare managed care plans, thus yielding fee-for-service utilization only for those years. Data for years prior to 1991 were not revised. However, these managed care enrollees were included in calculating all user rates per enrollee until 1994. Beginning with 1994, Medicare managed care enrollees are excluded from all calculations.

⁴Effective July 1, 1973, Medicare coverage was extended to disabled beneficiaries under the Social Security and Railroad Retirement Programs. Coverage was also extended to persons under 65 years of age who require dialysis or a kidney transplant for end stage renal disease. Public Law 95-292 removed the under age 65 restriction for persons with end stage renal disease, effective October 1978.

⁵Average annual rates of change are provided for periods before and after 1983 to show the impact of the prospective payment system's implementation (beginning October 1, 1983) on short-stay hospital utilization.

NOTES: Medicare program payments represent fee-for-service only, that is, program payments exclude amounts paid for managed care services. 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.

Table 23—Continued
Discharges, Total Days of Care, Total Charges, and Program Payments for Medicare
Beneficiaries Discharged from Short-Stay Hospitals, by Type of Entitlement:
Calendar Years 1972-1999

Total Charges		Program Payments					
Amount in Millions	Per Discharge	Amount in Millions	Per Discharge	Per HI Enrollee	Per Day	Percent of Total Charges	Percent of Total Medicare Payments ¹
\$857	\$1,438	\$628	#####	\$326	\$95	73.3	64.0
1,220	1,704	889	1,242	410	116	72.9	59.6
1,688	1,967	1,214	1,415	508	134	71.9	61.2
2,085	2,176	1,489	1,554	569	151	71.4	60.5
2,636	2,434	1,826	1,686	654	169	69.3	61.6
3,182	2,734	2,212	1,900	760	197	69.5	59.9
3,878	3,158	2,639	2,149	891	213	68.1	58.6
4,600	3,651	3,122	2,478	1,041	248	67.9	58.9
5,494	4,252	3,593	2,781	1,216	285	65.4	56.6
6,276	4,887	3,940	3,068	1,350	321	62.8	58.7
5,937	4,987	4,312	3,621	1,495	414	72.6	61.5
6,026	5,435	4,462	4,023	1,535	474	73.9	59.9
6,752	5,991	4,751	4,216	1,606	491	70.4	59.0
7,590	6,843	4,718	4,254	1,557	479	62.2	54.1
8,617	7,759	4,961	4,468	1,600	499	57.6	53.8
9,834	8,764	5,344	4,763	1,685	528	54.3	48.2
11,596	9,904	5,866	5,371	1,809	556	50.6	49.7
13,746	11,206	6,473	5,680	1,912	592	47.1	50.5
15,661	12,101	7,316	6,051	2,086	665	46.7	50.6
17,292	12,794	7,978	6,294	2,107	726	46.1	50.2
19,193	12,971	8,933	6,390	2,218	776	46.5	47.4
20,182	12,968	9,849	6,655	2,324	878	48.8	46.8
21,181	13,067	10,686	6,901	2,422	967	50.5	47.3
22,508	13,609	11,178	7,084	2,485	1,031	49.7	47.0
23,803	14,231	11,160	7,012	2,418	1,036	46.9	47.0
26,106	15,074	11,425	6,933	2,410	1,045	43.8	47.1
Average Annual Rate of Change							
24.8	14.6	22.6	12.6	17.1	14.6	---	---
9.3	7.3	6.9	5.2	3.7	7.7	---	---
14.6	9.9	12.3	7.8	8.3	10.1	---	---

Table 24

**Discharges, Coinsurance Days, Coinsurance Payments, and Deductible Payments for Medicare Beneficiaries Discharged
from Short-Stay Hospitals, by Type of Entitlement: Calendar Years 1984-1999**

Type of Entitlement and Year	Discharges		Coinsurance Days			Coinsurance Payments				Deductible Payments in Thousands	
	Number	Number with Coin- surance	Percent with Coin- surance	Number	Percent of TDOC	Per Discharge with Coin- surance	Amount in Thousands	Per Discharge with Coin- surance	Per Day with Coin- surance		Per HI Enrollee
All Beneficiaries											
1984	10,894,925	223,635	2.1	2,455,125	2.5	11.0	\$380,921	\$1,703	\$155	\$13	\$2,775,972
1985	10,333,990	201,340	1.9	2,230,005	2.6	11.1	386,145	1,918	173	13	2,867,199
1986	10,044,315	165,520	1.6	1,842,405	2.1	11.1	368,441	2,226	200	12	3,584,677
1987	10,109,560	186,300	1.8	2,223,675	2.5	11.9	506,323	2,718	228	16	3,818,919
1988	10,256,235	192,840	1.9	2,380,635	2.6	12.4	586,203	3,040	246	18	4,004,024
1989 ¹	10,147,665	9,075	0.1	140,285	0.2	15.5	39,013	4,299	278	1	3,607,489
1990	10,521,925	159,405	1.5	1,990,245	2.1	12.5	495,351	3,107	249	15	4,519,088
1991	10,736,935	209,065	1.9	2,572,220	2.8	12.3	744,949	3,563	290	22	4,870,240
1992	10,957,725	204,080	1.9	2,452,290	2.7	12.0	747,037	3,661	305	21	5,080,773
1993	10,979,070	190,090	1.7	2,222,150	2.5	11.7	677,024	3,562	305	19	5,309,558
1994 ²	11,281,890	180,435	1.6	2,008,490	2.4	11.1	635,929	3,524	317	19	5,549,685
1995 ²	11,436,230	164,180	1.4	1,736,175	2.2	10.6	537,846	3,276	310	16	5,738,841
1996 ²	11,474,365	148,785	1.3	1,488,100	2.0	10.0	473,481	3,182	318	14	5,877,496
1997 ²	11,527,495	143,915	1.2	1,392,665	1.9	9.7	453,861	3,154	326	14	6,036,840
1998 ²	11,355,860	136,920	1.2	1,285,715	1.8	9.4	414,348	3,026	322	13	5,960,285
1999 ²	11,604,590	137,940	1.2	1,278,785	1.8	9.3	423,526	3,070	331	13	6,077,414
Aged Beneficiaries											
1984	9,704,445	188,850	1.9	2,098,595	2.4	11.1	323,136	1,711	154	12	2,496,857
1985	9,181,575	167,205	1.8	1,877,450	2.4	11.2	322,772	1,930	172	12	2,575,432
1986	8,917,265	136,945	1.5	1,542,405	2.0	11.3	305,239	2,229	198	11	3,215,219
1987	9,000,415	154,295	1.7	1,868,520	2.3	12.1	419,639	2,720	225	15	3,435,293
1988	9,145,705	161,265	1.8	2,015,765	2.5	12.5	490,438	3,041	243	17	3,605,453
1989 ¹	9,025,585	7,825	0.1	121,505	0.2	15.5	34,131	4,362	281	1	3,254,277
1990	9,351,115	130,485	1.4	1,655,100	2.0	12.7	410,189	3,144	248	13	4,062,061
1991	9,510,235	171,650	1.8	2,139,470	2.6	12.5	605,749	3,529	283	20	4,360,851
1992	9,663,470	165,145	1.7	2,017,350	2.5	12.2	601,876	3,645	298	19	4,531,021
1993	9,627,525	151,330	1.6	1,790,670	2.3	11.8	536,393	3,545	300	17	4,711,948
1994 ²	9,802,705	140,085	1.4	1,581,520	2.2	11.3	488,674	3,488	309	16	4,886,920
1995 ²	9,880,285	124,975	1.3	1,345,260	2.0	10.8	408,001	3,265	303	14	5,026,171
1996 ²	9,853,675	108,740	1.1	1,113,155	1.7	10.2	347,920	3,200	313	12	5,123,085
1997 ²	9,873,445	105,070	1.1	1,034,885	1.7	9.8	325,276	3,096	314	12	5,246,910
1998 ²	9,683,155	97,215	1.0	927,735	1.6	9.5	289,086	2,974	312	11	5,159,545
1999 ²	9,872,680	97,240	1.0	921,210	1.5	9.5	296,315	3,047	322	11	5,245,762

See footnotes at end of table.

Table 24—Continued

**Discharges, Coinsurance Days, Coinsurance Payments, and Deductible Payments for Medicare Beneficiaries Discharged
from Short-Stay Hospitals, by Type of Entitlement: Calendar Years 1984-1999**

Type of Entitlement and Year	Discharges			Coinsurance Days			Coinsurance Payments				Deductible Payments in Thousands	
	Number	Number with Coin- surance	Percent with Coin- surance	Number	Percent of TDOC	Per Discharge with Coin- surance	Amount in Thousands	Per Discharge with Coin- surance	Per Day with Coin- surance	Per HI Enrollee		
Disabled Beneficiaries												
1984	1,190,480	34,785	2.9	356,530	3.4	10.3	\$57,785	\$1,661	\$162	\$20	\$279,115	
1985	1,152,415	34,135	3.0	352,555	3.7	10.3	63,373	1,857	180	22	291,768	
1986	1,127,050	28,575	2.5	300,000	3.1	10.5	63,202	2,212	211	21	369,458	
1987	1,109,145	32,005	2.9	355,155	3.6	11.1	86,684	2,708	244	29	383,625	
1988	1,110,530	31,575	2.8	364,870	3.7	11.6	95,765	3,033	262	31	398,571	
1989 ¹	1,122,080	1,250	0.1	18,780	0.2	15.1	4,881	3,905	260	2	353,212	
1990	1,170,810	28,920	2.5	335,145	3.2	11.6	85,162	2,945	254	26	457,027	
1991	1,226,700	37,415	3.1	432,750	4.0	11.6	139,200	3,720	322	41	509,390	
1992	1,294,255	38,935	3.0	434,940	3.9	11.2	145,161	3,728	334	41	549,752	
1993	1,351,545	38,760	2.9	431,480	3.9	11.1	140,631	3,628	326	36	597,611	
1994 ²	1,479,185	40,350	2.7	426,970	3.7	10.6	147,256	3,649	345	37	662,764	
1995 ²	1,555,945	39,205	2.5	390,915	3.5	10.0	129,846	3,312	332	31	712,670	
1996 ²	1,620,690	40,045	2.5	374,945	3.4	9.4	125,561	3,135	335	28	754,412	
1997 ²	1,654,050	38,845	2.3	357,780	3.3	9.2	128,585	3,310	359	29	789,930	
1998 ²	1,672,705	39,705	2.4	357,980	3.3	9.0	125,263	3,155	350	27	800,739	
1999 ²	1,731,910	40,700	2.4	357,575	3.3	8.8	127,211	3,126	356	27	831,652	

¹The general provisions of the Medicare Catastrophic Coverage Act of 1988 affecting cost sharing were only in effect for calendar year 1989. Special provisions covered hospital stays that transitioned the effective dates.

²Beginning with 1994, Medicare managed care enrollees are excluded from all calculations.

NOTES: Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. TDOC is total days of care. 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.

Table 25

Enrollees, Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Demographic Characteristics, Medicare Status, and Discharge Status: Calendar Year 1999

Demographic Characteristics, Medicare Status, and Discharge Status	Enrollees		Discharges ¹		Total Days of Care			Program Payments			
	Total HI in	Managed Care in	Number in	Rate Per 1,000 HI Enrollees ²	Number in	Percent	Per Dis-charge	Amount in Millions	Percent Discharge	Per Discharge	Per Day
	Thousands	Thousands	Thousands		Thousands						
Total	38,737	6,961	11,605	365	70,508	100.0	6.1	\$79,013	100.0	\$6,920	\$1,121
Age											
Under 65 Years	5,219	478	1,691	357	10,687	15.2	6.3	11,146	14.1	6,928	1,043
65-69 Years	8,992	1,907	1,595	225	9,174	13.0	5.8	11,768	14.9	7,585	1,283
70-74 Years	8,553	1,757	2,010	296	11,674	16.6	5.8	14,665	18.6	7,399	1,256
75-79 Years	7,131	1,384	2,216	386	13,431	19.0	6.1	15,861	20.1	7,212	1,181
80-84 Years	4,676	827	1,890	491	11,752	16.7	6.2	12,493	15.8	6,643	1,063
85 Years or Over	4,167	608	2,202	619	13,789	19.6	6.3	13,081	16.6	5,958	949
Sex											
Male	16,743	2,996	5,034	366	30,558	43.3	6.1	36,660	46.4	7,444	1,200
Female	21,993	3,964	6,570	364	39,950	56.7	6.1	42,353	53.6	6,523	1,060
Race³											
White	32,847	5,873	9,714	360	57,700	81.8	5.9	65,114	82.4	6,808	1,128
Other	5,676	1,054	1,835	397	12,461	17.7	6.8	13,528	17.1	7,521	1,086
Medicare Status											
Aged ⁴	33,519	6,483	9,873	365	59,577	84.5	6.0	67,588	85.5	6,918	1,134
Disabled ⁵	5,219	478	1,732	365	10,931	15.5	6.3	11,425	14.5	6,933	1,045
Discharge Status											
Alive	NA	NA	11,065	NA	65,913	93.5	6.0	72,208	91.4	6,634	1,096
Dead	NA	NA	540	NA	4,595	6.5	8.5	6,805	8.6	12,750	1,481

¹Excludes discharges for managed care enrollees that were paid for by the managed care plan.

²Utilization rate is based only on fee-for-service HI enrollees; that is, Medicare enrollees in managed care plans are not included in the denominator.

³Excludes unknown race.

⁴Includes aged persons with end stage renal disease (ESRD).

⁵Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

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

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.

Table 26

Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Area of Residence: Calendar Year 1999

Area of Residence	Discharges ¹		Total Days of Care			Program Payments		
	Number	Per 1,000 HI Enrollees ²	Number	Per 1,000 HI Enrollees ²	Per Discharge	Amount in Thousands	Per Discharge	Per HI Enrollee ²
All Areas ³	11,604,590	365	70,507,765	2,219	6.1	\$79,013,112	\$6,920	\$2,486
United States	11,462,135	370	69,524,535	2,246	6.1	78,551,326	6,966	2,538
Northeast	2,333,710	374	16,417,280	2,630	7.0	18,674,082	8,123	2,992
Midwest	3,015,590	368	17,298,155	2,113	5.7	19,545,092	6,587	2,388
South	4,590,210	388	27,447,405	2,321	6.0	28,874,206	6,395	2,442
West	1,522,625	324	8,361,695	1,778	5.5	11,457,944	7,664	2,436
New England	557,185	333	3,291,225	1,969	5.9	4,243,005	7,711	2,539
Connecticut	125,480	309	781,795	1,926	6.2	1,073,598	8,688	2,645
Maine	67,935	321	380,080	1,797	5.6	414,956	6,194	1,962
Massachusetts	260,575	368	1,503,725	2,121	5.8	2,001,093	7,756	2,823
New Hampshire	40,800	275	234,165	1,576	5.7	284,750	7,107	1,916
Rhode Island	37,190	337	239,690	2,170	6.4	288,878	7,839	2,615
Vermont	25,205	293	151,770	1,767	6.0	179,726	7,256	2,093
Middle Atlantic	1,776,525	389	13,126,055	2,872	7.4	14,431,077	8,253	3,158
New Jersey	374,625	379	2,847,055	2,881	7.6	3,177,831	8,604	3,216
New York	765,695	369	6,343,450	3,055	8.3	6,994,519	9,312	3,369
Pennsylvania	636,205	422	3,935,550	2,613	6.2	4,258,726	6,780	2,828
East North Central	2,094,015	371	12,243,930	2,172	5.8	13,914,233	6,750	2,468
Illinois	573,245	404	3,362,455	2,371	5.9	3,769,677	6,701	2,658
Indiana	284,255	354	1,646,805	2,050	5.8	1,764,727	6,299	2,196
Michigan	466,570	357	2,906,150	2,221	6.2	3,502,778	7,599	2,677
Ohio	531,720	385	3,019,010	2,185	5.7	3,386,239	6,477	2,450
Wisconsin	238,225	328	1,309,510	1,804	5.5	1,490,809	6,349	2,054
See footnotes at end of table.								

Table 26—Continued

Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Area of Residence: Calendar Year 1999

Area of Residence	Discharges ¹		Total Days of Care			Program Payments		
	Number	Per 1,000 HI Enrollees ²	Number	Per 1,000 HI Enrollees ²	Per Discharge	Amount in Thousands	Per Discharge	Per HI Enrollee ²
West North Central	921,575	362	5,054,225	1,985	5.5	\$5,630,858	\$6,214	\$2,211
Iowa	162,225	356	899,080	1,972	5.5	928,468	5,802	2,036
Kansas	134,900	381	752,010	2,123	5.6	778,191	5,868	2,197
Minnesota	191,415	344	970,655	1,745	5.1	1,239,523	6,606	2,228
Missouri	277,465	383	1,623,590	2,243	5.9	1,774,730	6,498	2,452
Nebraska	77,980	327	404,825	1,698	5.2	486,652	6,382	2,041
North Dakota	35,125	349	182,955	1,817	5.2	198,775	5,745	1,974
South Dakota	42,465	362	221,110	1,883	5.2	224,518	5,365	1,912
South Atlantic	2,327,640	370	14,064,930	2,235	6.0	15,317,270	6,689	2,434
Delaware	36,015	338	230,155	2,160	6.4	267,111	7,491	2,507
District of Columbia	25,370	385	203,110	3,082	8.0	257,209	10,195	3,903
Florida	727,225	366	4,280,930	2,152	5.9	4,741,274	6,604	2,384
Georgia	312,100	369	1,836,295	2,170	5.9	2,007,371	6,567	2,372
Maryland	204,860	378	1,232,270	2,271	6.0	1,686,498	8,288	3,109
North Carolina	389,375	366	2,396,345	2,254	6.2	2,435,716	6,375	2,291
South Carolina	204,955	373	1,301,730	2,372	6.4	1,321,455	6,580	2,408
Virginia	291,360	355	1,778,430	2,168	6.1	1,825,366	6,399	2,225
West Virginia	136,380	440	805,665	2,598	5.9	775,266	5,788	2,500
East South Central	988,620	418	5,834,730	2,465	5.9	5,544,109	5,710	2,342
Alabama	271,625	440	1,523,290	2,465	5.6	1,489,906	5,594	2,411
Kentucky	236,850	414	1,355,030	2,369	5.7	1,295,782	5,576	2,265
Mississippi	187,410	459	1,209,680	2,960	6.5	982,619	5,327	2,405
Tennessee	292,735	381	1,746,730	2,273	6.0	1,775,801	6,173	2,311
West South Central	1,273,950	403	7,547,745	2,386	5.9	8,012,826	6,387	2,533
Arkansas	161,715	393	958,010	2,326	5.9	847,404	5,331	2,057
Louisiana	221,965	470	1,330,655	2,818	6.0	1,393,551	6,374	2,951
Oklahoma	183,955	408	1,076,935	2,388	5.9	1,068,331	5,883	2,369
Texas	706,315	386	4,182,145	2,288	5.9	4,703,539	6,764	2,573

See footnotes at end of table.

Table 26—Continued

Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Area of Residence: Calendar Year 1999

Area of Residence	Discharges ¹		Total Days of Care			Program Payments		
	Number	Per 1,000 HI Enrollees ²	Number	Per 1,000 HI Enrollees ²	Per Discharge	Amount in Thousands	Per Discharge	Per HI Enrollee ²
Mountain	475,695	305	2,442,685	1,566	5.1	\$3,050,484	\$6,537	\$1,956
Arizona	122,805	311	621,005	1,572	5.1	785,177	6,498	1,987
Colorado	93,480	320	475,330	1,628	5.1	612,876	6,729	2,099
Idaho	46,275	314	211,485	1,437	4.6	275,547	6,075	1,872
Montana	42,095	320	208,830	1,590	5.0	237,071	5,706	1,804
Nevada	46,180	298	283,910	1,832	6.1	345,760	7,672	2,231
New Mexico	54,140	299	294,810	1,631	5.4	333,031	6,246	1,842
Utah	49,565	253	238,625	1,218	4.8	326,346	6,711	1,666
Wyoming	21,155	341	108,690	1,752	5.1	134,673	6,455	2,171
Pacific	1,046,930	333	5,919,010	1,883	5.7	8,407,459	8,175	2,674
Alaska	12,045	304	71,200	1,794	5.9	109,042	9,292	2,748
California	767,020	354	4,479,855	2,068	5.8	6,385,759	8,469	2,948
Hawaii	25,435	234	188,110	1,730	7.4	204,581	8,407	1,882
Oregon	93,805	312	444,300	1,478	4.7	610,335	6,618	2,030
Washington	148,625	281	735,545	1,392	4.9	1,097,742	7,513	2,077
Outlying Areas⁴	142,455	173	983,230	1,193	6.9	461,786	3,275	560

¹Excludes discharges for managed care enrollees that were paid for by the managed care plan.

²Utilization rate is based only on fee-for-service HI enrollees; that is, Medicare enrollees in managed care plans are not included in the denominator.

³Includes 50 States and outlying areas.

⁴Includes Puerto Rico, Guam, Virgin Islands, residence unknown, and all other outlying areas not shown separately.

NOTES: Medicare program payments represent fee-for-service only, that is, program payments 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.

Table 27
Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals,
by Principal Diagnoses Within Major Diagnostic Classifications (MDCs): Calendar Year 1999

Principal ICD-9-CM ¹ Diagnosis Within MDC	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	Per Day
Total All Diagnoses	---	11,604,590	365	70,507,765	6.1	\$79,013,113	\$6,920	\$1,121
Leading Diagnoses ⁴	---	6,683,140	210	40,785,160	6.1	47,724,385	7,250	1,170
Infectious and Parasitic Diseases (MDC 1)	001-139	310,210	10	2,452,450	7.9	2,511,704	8,211	1,024
Septicemia	038	206,130	6	1,747,730	8.5	1,818,619	8,928	1,041
Neoplasms (MDC 2)	140-239	655,950	21	4,779,430	7.3	6,247,176	9,670	1,307
Malignant Neoplasms	140-208,230-234	581,990	18	4,368,670	7.5	5,641,626	9,843	1,291
Malignant Neoplasm of Large Intestine and Rectum	153-154,197.5	90,690	3	895,905	9.9	1,241,610	13,856	1,386
Malignant Neoplasm of Trachea, Bronchus, and Lung	162,176.4,197.0,197.3	88,320	3	712,095	8.1	946,753	10,888	1,330
Malignant Neoplasm of Breast	174-175,198.81	41,945	1	108,700	2.6	141,056	3,397	1,298
Benign Neoplasms and Neoplasms of Uncertain Behavior and Unspecified Nature	210-229	55,085	2	291,570	5.3	441,600	8,152	1,515
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	498,230	16	2,864,410	5.7	2,395,591	4,886	836
Diabetes Mellitus	250	179,645	6	1,207,570	6.7	1,101,437	6,282	912
Volume Depletion	276.5	190,830	6	1,000,680	5.2	733,548	3,880	733
Diseases of Blood and Blood-Forming Organs (MDC 4)	280-289	121,770	4	616,285	5.1	599,579	5,075	973
Mental Disorders (MDC 5)	290-319	483,655	15	4,848,830	10.0	2,556,610	5,409	527
Psychoses	290-299	402,655	13	4,319,895	10.7	2,283,329	5,801	529
Alcohol Dependence Syndrome	303	23,550	1	152,255	6.5	67,289	2,926	442
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	162,425	5	1,011,810	6.2	937,444	5,873	927

See footnotes at end of table.

Table 27—Continued

**Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals,
by Principal Diagnoses Within Major Diagnostic Classifications (MDCs): Calendar Year 1999**

Principal ICD-9-CM ¹ Diagnosis Within MDC	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	Per Day
Diseases of the Circulatory System (MDC 7)	390-459	3,381,760	106	18,279,235	5.4	\$26,282,709	\$7,883	\$1,438
Heart Disease	391-392.0, 393-398,402,404, 410-416,420-429	2,350,940	74	12,302,075	5.2	19,255,536	8,311	1,565
Acute Myocardial Infarction	410	384,750	12	2,378,830	6.2	3,913,674	10,336	1,645
Coronary Atherosclerosis	414.0	583,085	18	2,583,445	4.4	6,438,720	11,270	2,492
Other Ischemic Heart Disease	411-413, 414.1-414.9	96,540	3	298,235	3.1	329,986	3,472	1,106
Cardiac Dysrhythmias	427	363,025	11	1,462,965	4.0	2,167,798	6,041	1,482
Congestive Heart Failure	428.0	659,535	21	3,767,835	5.7	3,560,902	5,456	945
Cerebrovascular Disease	430-438	608,430	19	3,275,620	5.4	3,425,643	5,692	1,046
Diseases of the Respiratory System (MDC 8)	460-519	1,615,455	51	10,702,995	6.6	10,519,823	6,602	983
Acute Respiratory Infections	466	50,320	2	227,900	4.5	152,326	3,062	668
Pneumonia	480-486	709,640	22	4,755,320	6.7	4,237,041	6,044	891
Asthma	493	76,490	2	383,535	5.0	306,167	4,085	798
Diseases of the Digestive System (MDC 9)	520-579	1,144,245	36	6,672,110	5.8	7,204,143	6,392	1,080
Appendicitis	540-543	14,690	(5)	97,205	6.6	127,912	8,923	1,316
Noninfectious Enteritis and Colitis	555-558	83,375	3	491,825	5.9	521,183	6,342	1,060
Diverticula of Intestine	562	127,545	4	764,585	6.0	747,944	5,937	978
Cholelithiasis	574	121,550	4	649,240	5.3	876,091	7,312	1,349
Diseases of the Genitourinary System (MDC 10)	580-629	550,675	17	2,698,580	4.9	2,463,494	4,542	913
Calculus of Kidney and Ureter	592	30,450	1	96,055	3.2	112,453	3,784	1,171

See footnotes at end of table.

Table 27—Continued

**Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals,
by Principal Diagnoses Within Major Diagnostic Classifications (MDCs): Calendar Year 1999**

Principal ICD-9-CM ¹ Diagnosis Within MDC	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	Per Day
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	181,620	6	1,223,360	6.7	\$872,001	\$4,870	\$713
Cellulitis and Abscess	681-682	126,970	4	752,345	5.9	506,889	4,051	674
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	579,190	18	2,769,015	4.8	4,115,684	7,255	1,486
Arthropathies and Related Disorders	715	233,780	7	1,047,925	4.5	2,083,632	9,082	1,988
Intervertebral Disc Disorders	722	61,435	2	241,375	3.9	346,560	5,837	1,436
Congenital Anomalies (MDC 14)	740-759	8,230	(5)	47,210	5.7	88,116	11,084	1,866
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	642,945	20	2,186,050	3.4	2,098,610	3,324	960
Injury and Poisoning (MDC 17)	800-999	924,370	29	5,504,600	6.0	7,036,798	7,784	1,278
Fractures, All Sites	800-829	415,100	13	2,493,910	6.0	2,815,089	6,899	1,129
Fracture of Neck of Femur	820	232,235	7	1,505,795	6.5	1,878,334	8,139	1,247
Poisoning by Drugs, Medicinal and Biological Substances	960-989	32,540	1	117,875	3.6	122,468	3,848	1,039
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	333,105	10	3,814,890	11.5	3,055,681	9,312	801

¹ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification*. Although as many as 10 codes are reported on the HCFA Form-1450, only the principal diagnosis (first listed) has been used.

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

³Utilization rate is based only on fee-for-service HI enrollees; that is, Medicare enrollees in managed care plans are not included in the denominator.

⁴Specific diagnostic categories were selected for presentation because of frequency of occurrence 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.

NOTES: Medicare program payments represent fee-for-service only; that is, program payments 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.

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 1999

Principal ICD-9-CM Procedure ¹ Within MPC	ICD-9-CM Procedure 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	---	6,485,090	204	45,272,645	7.0	\$58,586,818	\$9,200	\$1,294
Leading Procedures ⁴	---	3,290,905	104	20,575,450	6.3	28,399,110	8,786	1,380
Operations on the Nervous System (MPC 1)	01-05	162,810	5	1,125,300	6.9	1,471,908	9,241	1,308
Spinal Tap	03.31	35,705	1	277,885	7.8	223,299	6,389	804
Operations on the Endocrine System (MPC 2)	06-07	18,085	1	75,040	4.1	117,523	6,625	1,566
Operations on the Eye (MPC 3)	08-16	16,865	1	55,250	3.3	83,769	5,036	1,516
Operations on the Ear (MPC 4)	18-20	3,190	(5)	17,585	5.5	22,930	7,397	1,304
Operations on the Nose, Mouth, and Pharynx (MPC 5)	21-29	30,735	1	154,435	5.0	185,028	6,143	1,198
Operations on the Respiratory System (MPC 6)	30-34	263,380	8	3,393,685	12.9	5,053,540	19,527	1,489
Bronchoscopy with or Without Biopsy	33.21-33.24,33.27	68,770	2	686,735	10.0	618,961	9,155	901
Operations on the Cardiovascular System (MPC 7)	35-39	1,598,390	50	9,903,455	6.2	18,984,995	12,119	1,917
Removal of Coronary Artery Obstruction	36.0	253,545	8	865,560	3.4	2,871,873	11,593	3,318
Coronary Artery Bypass Graft	36.1	159,385	5	1,525,520	9.6	3,966,980	25,470	2,600
Cardiac Catheterization	37.21-37.23	288,235	9	1,242,185	4.3	1,712,976	6,073	1,379
Insertion, Replacement, Removal, and Revision of Pacemaker Leads or Device	37.7-37.8	130,345	4	683,130	5.2	1,497,221	11,584	2,192
Hemodialysis	39.95	143,155	5	788,870	5.5	775,929	5,574	984
Operations on the Hemic and Lymphatic System (MPC 8)	40-41	47,110	1	405,115	8.6	477,569	10,314	1,179

See footnotes at end of table.

Table 28—Continued

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 1999

Principal ICD-9-CM Procedure ¹ Within MPC	ICD-9-CM Procedure 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
Operations on the Digestive System (MPC 9)	42-54	1,232,915	39	9,599,395	7.8	\$9,963,431	\$8,205	\$1,038
Endoscopy of Small Intestine with or Without Biopsy	45.11-45.14,45.16	332,275	10	2,105,370	6.3	1,524,399	4,653	724
Endoscopy of Large Intestine with or Without Biopsy	45.21-45.25	143,095	5	899,660	6.3	639,568	4,525	711
Partial Excision of Large Intestine	45.7	106,065	3	1,190,820	11.2	1,703,679	16,288	1,431
Appendectomy, Excluding Incidental	47.0	13,830	(5)	81,875	5.9	104,435	7,756	1,276
Cholecystectomy	51.2	123,430	4	755,575	6.1	1,051,988	8,660	1,392
Lysis of Peritoneal Adhesions	54.5	24,805	1	285,330	11.5	338,289	13,898	1,186
Operations on the Urinary System (MPC 10)	55-59	172,360	5	1,079,815	6.3	1,314,381	7,805	1,217
Cystoscopy with or Without Biopsy	57.31-57.33	24,810	1	192,315	7.8	134,666	5,489	700
Operations on the Male Genital Organs (MPC 11 ⁶)	60-64	120,570	4	471,050	3.9	545,265	4,606	1,158
Prostatectomy	60.2-60.6	106,625	3	395,925	3.7	452,397	4,320	1,143
Operations on the Female Genital Organs (MPC 12 ⁷)	65-71	111,240	4	452,625	4.1	564,153	5,179	1,246
Unilateral Oophorectomy	65.3-65.6	10,240	(5)	54,490	5.3	69,128	6,889	1,269
Hysterectomy	68.3-68.7,68.9	58,650	2	237,855	4.1	302,538	5,283	1,272
Obstetrical Procedures (MPC 13)	72-75	7,575	(5)	24,445	3.2	19,474	2,699	797
Forceps, Vacuum, and Breech Delivery	72.1,72.21,72.31, 72.71,73.6	845	(5)	2,265	2.7	1,491	1,819	658
Cesarean Section and Removal of Fetus	74.0-74.2, 74.4,74.99	2,590	(5)	11,260	4.3	10,380	4,237	922
Repair of Current Obstetric Laceration	75.5-75.6	940	(5)	2,410	2.6	1,736	1,962	720
Operations on the Musculoskeletal System (MPC 14)	76-84	866,190	27	5,205,120	6.0	7,453,526	8,770	1,432
Partial Excision of Bone	76.2-76.3,77.6-77.8	11,440	(5)	91,210	8.0	117,321	10,517	1,286
Reduction of Facial Fracture	76.7,79.0-79.3	202,620	6	1,233,435	6.1	1,425,206	7,143	1,155
Open Reduction of Fracture with Internal Fixation	79.3	163,825	5	1,018,590	6.2	1,196,074	7,406	1,174
Excision or Destruction of Intervertebral Disc	80.5	33,680	1	116,595	3.5	187,966	5,760	1,612
Total Hip Replacement	81.51	85,575	3	417,830	4.9	805,545	9,591	1,928
Total Knee Replacement	81.54	152,450	5	684,565	4.5	1,421,430	9,513	2,076

See footnotes at end of table.

Table 28—Continued

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 1999

Principal ICD-9-CM Procedure ¹ Within MPC	ICD-9-CM Procedure 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
Operations on the Integumentary System (MPC 15)	85-86	256,280	8	2,128,370	8.3	\$2,029,744	\$8,071	\$954
Excision of Destruction of Lesion or Tissue of Skin and Subcutaneous Tissue	86.22,86.28	89,400	3	1,018,470	11.4	1,047,128	11,905	1,028
Miscellaneous Diagnostic and Therapeutic Procedures (MPC 16)	87-99	1,577,395	50	11,181,960	7.1	10,299,583	6,641	921
Computerized Axial Tomography	87.03,87.41,87.71,88.01,88.38	153,930	5	899,525	5.8	733,421	4,836	815
Arteriography and Angiocardiology Using Contrast Material	88.4-88.5	49,470	2	266,345	5.4	241,410	4,972	906
Diagnostic Ultrasound	88.7	168,765	5	971,370	5.8	821,374	4,944	846
Respiratory Therapy	93.9,96.7	205,565	6	1,815,815	8.8	2,597,611	12,844	1,431
Nonoperative Intubation of Gastrointestinal and Respiratory Tracts								
Insertion of Endotracheal Tube	96.04	61,185	2	500,285	8.2	660,777	10,965	1,321
Injection of Infusion of Cancer Chemotherapeutic Substance	99.25	49,245	2	274,360	5.6	337,545	6,983	1,230

¹ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification, Volume 3* procedures include surgical and non-surgical procedures. Includes invalid codes not shown separately.

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

³Utilization rate is based only on fee-for-service HI enrollees; that is, Medicare enrollees in managed care plans are not included in the denominator.

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, that is, program payments 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.

Table 29

**Discharges, Total Days of Care, and Average Charge per Discharge for Medicare Beneficiaries
Discharged from Short-Stay Hospitals, by Leading Diagnosis Related Groups (DRGs) for 1999:
Calendar Years 1984, 1990, and 1999**

Leading DRG Code Number in 1999	Description	Discharges					
		Number			Percent Change	Percent Change	Percent Change
		1984	1990	1999	1984-1990	1990-1999	1984-1999
Total All DRGs	----	10,894,925	10,521,925	11,604,590	-3.4	10.3	6.5
Leading DRGs ¹	----	6,468,765	7,063,290	8,595,680	9.2	21.7	32.9
005 ²	Extracranial Vascular Procedures	56,890	46,340	94,605	-18.5	104.2	66.3
012	Degenerative Nervous System Disorders	56,410	25,915	64,185	-54.1	147.7	13.8
014	Specific Cerebrovascular Disorders Except TIA	318,405	336,080	329,430	5.6	-2.0	3.5
015	Transient Ischemic Attack & Precerebral Occlusions	175,530	135,850	141,050	-22.6	3.8	-19.6
024	Seizure & Headaches Age >17 with CC	55,510	53,255	52,430	-4.1	-1.5	-5.5
075 ²	Major Chest Procedures	28,675	31,690	39,660	10.5	25.1	38.3
079	Respiratory Infections & Inflammations Age >17 with CC	51,635	129,780	183,060	151.3	41.1	254.5
082	Respiratory Neoplasm	120,990	72,840	63,745	-39.8	-12.5	-47.3
087	Pulmonary Edema & Respiratory Failure	94,770	67,520	62,770	-28.8	-7.0	-33.8
088	Chronic Obstructive Pulmonary Disease	212,480	144,825	411,275	-31.8	184.0	93.6
089	Simple Pneumonia & Pleurisy Age >17 with CC	314,980	391,725	544,490	24.4	39.0	72.9
090	Simple Pneumonia & Pleurisy Age >17 without CC	24,740	53,105	54,000	114.7	1.7	118.3
096	Bronchitis & Asthma Age >17 with CC	178,075	189,710	68,695	6.5	-63.8	-61.4
107 ^{2,3}	Coronary Bypass without Cardiac Cath	38,285	46,765	-----	22.1	-----	-----
107 ^{2,4}	Coronary Bypass with Cardiac Cath	-----	-----	89,735	-----	-----	-----
109 ^{2,4}	Coronary Bypass without Cardiac Cath	-----	-----	61,715	-----	-----	-----
110 ²	Major Cardiovascular Procedures with CC	56,230	75,660	54,840	34.6	-27.5	-2.5
112 ²	Percutaneous Cardiovascular Procedures	37,355	163,040	57,950	336.5	-64.5	55.1
113 ²	Amputation for Circ System Disorders Except Upper Limb & Toe	22,500	34,710	44,330	54.3	27.7	97.0
116 ²	Other Perm Cardiac Pacemaker Implant or PTCA with Coronary Artery Stent Implant	53,905	62,050	311,335	15.1	401.7	477.6
121	Circulatory Disorders with AMI & CV Comp Disch Alive	102,930	137,625	164,560	33.7	19.6	59.9
122	Circulatory Disorders with AMI & without CV Comp Disch Alive	158,400	102,935	80,790	-35.0	-21.5	-49.0
123	Circulatory Disorders with AMI, Expired	70,440	56,025	41,680	-20.5	-25.6	-40.8
124	Circulatory Disorders Except AMI, with Card Cath and Complex Diagnosis	31,120	113,890	134,545	266.0	18.1	332.3
125	Circulatory Disorders Except AMI, with Card Cath without Complex Diagnosis	64,085	93,045	75,010	45.2	-19.4	17.0

See footnotes at end of table.

Table 29—Continued

**Discharges, Total Days of Care, and Average Charge per Discharge for Medicare Beneficiaries
Discharged from Short-Stay Hospitals, by Leading Diagnosis Related Groups (DRGs) for 1999:
Calendar Years 1984, 1990, and 1999**

Average Total Days of Care per Discharge						Average Charge Per Discharge					
Number of Days			Percent Change	Percent Change	Percent Change	Amount			Percent Change	Percent Change	Percent Change
1984	1990	1999	1984-1990	1990-1999	1984-1999	1984	1990	1999	1984-1990	1990-1999	1984-1999
8.8	8.8	6.1	0.0	-30.7	-30.7	\$4,855	\$9,765	\$15,373	101.1	57.4	216.6
9.3	8.9	6.2	-4.3	-30.3	-33.3	4,989	9,388	15,200	88.2	61.9	204.7
9.5	7.1	3.3	-25.3	-53.5	-65.3	7,078	11,238	14,752	58.8	31.3	108.4
13.0	13.0	8.1	0.0	-37.7	-37.7	5,239	9,022	11,063	72.2	22.6	111.2
12.4	10.5	6.1	-15.3	-41.9	-50.8	5,591	8,971	12,678	60.5	41.3	126.8
6.1	5.5	3.6	-9.8	-34.5	-41.0	2,603	4,609	7,755	77.1	68.3	197.9
6.9	7.7	5.0	11.6	-35.1	-27.5	3,422	7,389	10,839	115.9	46.7	216.7
16.3	14.1	9.9	-13.5	-29.8	-39.3	13,500	22,075	33,470	63.5	51.6	147.9
12.8	12.2	8.5	-4.7	-30.3	-33.6	8,385	12,281	17,296	46.5	40.8	106.3
9.7	9.6	7.0	-1.0	-27.1	-27.8	4,860	8,785	14,835	80.8	68.9	205.2
10.0	8.3	6.3	-17.0	-24.1	-37.0	7,731	9,294	13,843	20.2	48.9	79.1
8.6	7.4	5.2	-14.0	-29.7	-39.5	4,709	6,932	9,362	47.2	35.1	98.8
9.4	8.9	6.0	-5.3	-32.6	-36.2	4,863	7,889	10,839	62.2	37.4	122.9
8.3	6.4	4.1	-22.9	-35.9	-50.6	4,084	4,817	6,551	17.9	36.0	60.4
7.2	7.3	4.7	1.4	-35.6	-34.7	3,501	6,361	7,880	81.7	23.9	125.1
14.5	12.3	-----	-15.2	-----	-----	21,949	33,394	-----	52.1	-----	-----
-----	-----	10.3	-----	-----	-----	-----	-----	57,169	-----	-----	-----
-----	-----	7.6	-----	-----	-----	-----	-----	43,093	-----	-----	-----
16.3	15.3	9.4	-6.1	-38.6	-42.3	15,072	27,264	44,490	80.9	63.2	195.2
12.2	6.9	3.7	-43.4	-46.4	-69.7	9,590	14,142	20,287	47.5	43.5	111.5
20.0	18.5	12.0	-7.5	-35.1	-40.0	10,025	18,614	28,333	85.7	52.2	182.6
9.2	7.5	3.7	-18.5	-50.7	-59.8	12,002	17,112	25,480	42.6	48.9	112.3
12.2	10.0	6.4	-18.0	-36.0	-47.5	7,341	11,335	16,265	54.4	43.5	121.6
10.3	7.1	3.8	-31.1	-46.5	-63.1	5,422	7,970	10,677	47.0	34.0	96.9
5.6	5.7	4.5	1.8	-21.1	-19.6	5,741	10,060	16,194	75.2	61.0	182.1
7.0	5.9	4.4	-15.7	-25.4	-37.1	5,703	8,719	14,951	52.9	71.5	162.2
3.7	3.2	2.8	-13.5	-12.5	-24.3	3,220	5,370	11,067	66.8	106.1	243.7

Table 29—Continued

Discharges, Total Days of Care, and Average Charge per Discharge for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Leading Diagnosis Related Groups (DRGs) for 1999: Calendar Years 1984, 1990, and 1999

Leading DRG Code Number in 1999	Description	Discharges					
		Number			Percent Change 1984-1990	Percent Change 1990-1999	Percent Change 1984-1999
		1984	1990	1999			
127	Heart Failure & Shock	515,865	586,335	676,145	13.7	15.3	31.1
130	Peripheral Vascular Disorders with CC	91,655	68,330	89,140	-25.4	30.5	-2.7
132	Atherosclerosis with CC	100,810	18,250	149,960	-81.9	721.7	48.8
138	Cardiac Arrhythmia & Conduction Disorders with CC	212,265	180,470	192,770	-15.0	6.8	-9.2
139	Cardiac Arrhythmia & Conduction Disorders without CC	28,345	73,020	77,735	157.6	6.5	174.2
140	Angina	330,000	352,355	74,035	6.8	-79.0	-77.6
141	Syncope & Collapse with CC	86,675	77,205	87,220	-10.9	13.0	0.6
142	Syncope & Collapse without CC	11,315	39,370	43,205	247.9	9.7	281.8
143	Chest Pain	75,690	112,905	186,435	49.2	65.1	146.3
144	Other Circulatory System Diagnoses with CC	40,825	54,995	80,220	34.7	45.9	96.5
148 ²	Major Small & Large Bowel Procedures with CC	106,455	140,245	133,005	31.7	-5.2	24.9
174	G.I. Hemorrhage with CC	144,620	157,895	235,940	9.2	49.4	63.1
180	G.I. Obstruction with CC	65,930	66,485	85,170	0.8	28.1	29.2
182	Esophagitis, Gastroent & Misc Digest Disorders Age >17 with CC	372,580	254,750	237,215	-31.6	-6.9	-36.3
183	Esophagitis, Gastroent & Misc Digest Disorders Age >17 without CC	72,525	81,770	78,590	12.7	-3.9	8.4
188	Other Digestive System Diagnoses Age >17 with CC	54,075	50,110	73,640	-7.3	47.0	36.2
204	Disorders of Pancreas Except Malignancy	31,890	37,715	55,325	18.3	46.7	73.5
209 ²	Major Joint & Limb Reattachment Procedures of the Lower Extremity	149,660	257,780	340,300	72.2	32.0	127.4
210 ²	Hip & Femur Procedures Except Major Joint Age >17 with CC	120,100	112,470	125,595	-6.4	11.7	4.6

See footnotes at end of table.

Table 29—Continued

**Discharges, Total Days of Care, and Average Charge per Discharge for Medicare Beneficiaries
Discharged from Short-Stay Hospitals, by Leading Diagnosis Related Groups (DRGs) for 1999:
Calendar Years 1984, 1990, and 1999**

Average Total Days of Care per Discharge						Average Charge Per Discharge					
Number of Days			Percent Change	Percent Change	Percent Change	Amount			Percent Change	Percent Change	Percent Change
1984	1990	1999	1984-1990	1990-1999	1984-1999	1984	1990	1999	1984-1990	1990-1999	1984-1999
8.7	7.9	5.3	-9.2	-32.9	-39.1	\$4,264	\$7,207	\$10,600	69.0	47.1	148.6
8.1	8.3	5.8	2.5	-30.1	-28.4	3,523	6,627	10,050	88.1	51.7	185.3
7.0	6.1	3.0	-12.9	-50.8	-57.1	3323	6229	6,892	87.5	10.6	107.4
6.3	6.0	4.0	-4.8	-33.3	-36.5	3,376	5,848	8,576	73.2	46.6	154.0
4.9	3.9	2.5	-20.4	-35.9	-49.0	2,685	3,624	5,377	35.0	48.4	100.3
5.6	4.6	2.7	-17.9	-41.3	-51.8	2,821	4,311	5,626	52.8	30.5	99.4
5.8	5.7	3.7	-1.7	-35.1	-36.2	2,672	4,987	7,730	86.6	55.0	189.3
4.5	4.0	2.7	-11.1	-32.5	-40.0	2,207	3,554	6,109	61.0	71.9	176.8
4.4	3.4	2.2	-22.7	-35.3	-50.0	2,427	3,577	5,671	47.4	58.5	133.7
8.3	7.3	5.3	-12.0	-27.4	-36.1	4,765	7,867	12,703	65.1	61.5	166.6
17.7	16.6	12.1	-6.2	-27.1	-31.6	12,686	23,471	36,109	85.0	53.8	184.6
7.4	7.0	4.8	-5.4	-31.4	-35.1	3,860	6,944	10,549	79.9	51.9	173.3
7.4	7.8	5.4	5.4	-30.8	-27.0	3,281	6,632	9,839	102.1	48.4	199.9
6.1	6.4	4.4	4.9	-31.3	-27.9	2,526	5,374	8,256	112.7	53.6	226.8
5.0	4.9	2.9	-2.0	-40.8	-42.0	2,103	3,630	5,732	72.6	57.9	172.6
6.4	7.5	5.6	17.2	-25.3	-12.5	3,100	7,392	11,779	138.5	59.3	280.0
8.1	8.1	5.8	0.0	-28.4	-28.4	4,050	8,099	12,638	100.0	56.0	212.0
15.6	11.1	5.1	-28.8	-54.1	-67.3	10,205	16,542	21,450	62.1	29.7	110.2
16.8	13.9	6.9	-17.3	-50.4	-58.9	8,600	14,236	18,848	65.5	32.4	119.2

Table 29—Continued

**Discharges, Total Days of Care, and Average Charge per Discharge for Medicare Beneficiaries
Discharged from Short-Stay Hospitals, by Leading Diagnosis Related Groups (DRGs) for 1999:
Calendar Years 1984, 1990, and 1999**

Leading DRG Code Number in 1999	Description	Discharges					
		Number			Percent Change	Percent Change	Percent Change
		1984	1990	1999	1984-1990	1990-1999	1984-1999
236	Fractures of Hip & Pelvis	47,350	41,255	41,030	-12.9	-0.5	-13.3
239	Pathological Fractures & Musculoskeletal & Conn Tiss Malignancy	61,760	60,890	51,780	-1.4	-15.0	-16.2
243	Medical Back Problems	200,190	112,455	85,830	-43.8	-23.7	-57.1
277	Cellulitis Age >17 with CC	58,155	66,830	84,605	14.9	26.6	45.5
294	Diabetes Age >35	141,500	92,520	84,730	-34.6	-8.4	-40.1
296	Nutritional & Misc Metabolic Disorders Age >17 with CC	176,150	206,595	237,100	17.3	14.8	34.6
297	Nutritional & Misc Metabolic Disorders Age >17 without CC	13,910	47,395	42,610	240.7	-10.1	206.3
316	Renal Failure	46,410	48,670	99,415	4.9	104.3	114.2
320	Kidney & Urinary Tract Infections Age >17 w/CC	137,845	157,780	185,335	14.5	17.5	34.5
331	Other Kidney & Urinary Tract Diagnoses Age>17 with CC	38,080	28,380	42,365	-25.5	49.3	11.3
395	Red Blood Cell Disorders Age >17	93,510	72,730	80,355	-22.2	10.5	-14.1
410	Chemotherapy without Acute Leukemia as Secondary Diagnosis	84,215	137,205	40,750	62.9	-70.3	-51.6
415 ²	O.R. Procedure for Infectious & Parasitic Diseases	16,165	27,735	39,995	71.6	44.2	147.4
416	Septicemia Age >17	66,180	128,085	194,485	93.5	51.8	193.9
429	Organic Disturbances & Mental Retardation	52,710	49,305	62,835	-6.5	27.4	19.2
430	Psychoses	118,455	195,595	302,195	65.1	54.5	155.1
462	Rehabilitation	9,490	106,680	251,750	1,024.1	136.0	2,552.8
468	Extensive O.R. Procedure Unrelated to Principal Diagnosis	166,815	75,885	60,200	-54.5	-20.7	-63.9
475	Respiratory System Diagnosis with Ventilator Support	---	78,805	111,755	---	41.8	---
478 ²	Other Vascular Procedures with CC	---	24,230	110,725	---	357.0	---
483 ²	Tracheostomy Except for Face, Mouth and Neck Diagnosis	---	8,045	42,475	---	428.0	---
493 ²	Laparoscopic Cholecystectomy without CDE with CC	---	---	53,765	---	---	---
500 ²	Back and Neck Procedures Except Spinal Fusion without CC	---	---	42,065	---	---	---
All Other DRGs	-----	4,426,160	3,458,635	3,008,910	-21.9	-13.0	-32.0

¹Based on frequency of occurrence in 1999.

²Represents surgical DRGs.

³Prior to 1999, DRG code 107 was defined as coronary bypass without cardiac catheterization.

⁴In 1999 the DRG code 107 was revised and defined as coronary bypass with cardiac catheterization. In addition, DRG code 109 was introduced and defined as coronary bypass without cardiac catheterization.

NOTES: Composition of some DRGs have changed over time. For complete DRG description, refer to *Diagnosis Related Groups, Version 3.0* (1984), *Versions 7.0 and 8.0* (1990), and *Versions 16.0 and 17.0* (1999), *Definitions Manual*. The most recent description is used in the table. TIA is transient ischemic attack. CC is complications and/or comorbidities. Cath is catheterization, AMI is acute myocardial infarction. CV is cardiovascular. Card is cardiac. G.I. is gastrointestinal. O.R. is operating room. CDE is common duct exploration. Conn is connective. Tiss is tissue. Resp is respiratory. Proc is procedure. PTCA is Percutaneous Transluminal Coronary Angioplasty. Perm is permanent. Comp is complications. Circ is circulatory.

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.

Table 29—Continued

**Discharges, Total Days of Care, and Average Charge per Discharge for Medicare Beneficiaries
Discharged from Short-Stay Hospitals, by Leading Diagnosis Related Groups (DRGs) for 1999:
Calendar Years 1984, 1990, and 1999**

Average Total Days of Care per Discharge						Average Charge Per Discharge					
Number of Days			Percent Change	Percent Change	Percent Change	Amount			Percent Change	Percent Change	Percent Change
1984	1990	1999	1984-1990	1990-1999	1984-1999	1984	1990	1999	1984-1990	1990-1999	1984-1999
12.7	10.0	5.2	-21.3	-48.0	-59.1	4,573	6,530	7,742	42.8	18.6	69.3
10.5	10.4	6.2	-1.0	-40.4	-41.0	3,989	7,605	10,469	90.6	37.7	162.4
8.0	6.9	4.8	-13.8	-30.4	-40.0	2,858	4,657	7,654	62.9	64.4	167.8
9.1	8.6	5.7	-5.5	-33.7	-37.4	3,740	6,570	9,079	75.7	38.2	142.8
8.4	7.5	4.8	-10.7	-36.0	-42.9	3,267	5,491	8,415	68.1	53.3	157.6
8.4	8.5	5.3	1.2	-37.6	-36.9	3,556	6,840	9,191	92.4	34.4	158.5
6.9	5.3	3.4	-23.2	-35.8	-50.7	3,032	3,724	5,452	22.8	46.4	79.8
9.6	9.4	6.7	-2.1	-28.7	-30.2	5,572	9,555	14,624	71.5	53.1	162.5
8.2	8.6	5.3	4.9	-38.4	-35.4	3,581	7,174	9,070	100.3	26.4	153.3
7.3	7.6	5.6	4.1	-26.3	-23.3	3,456	7,338	11,288	112.3	53.8	226.6
6.6	6.5	4.5	-1.5	-30.8	-31.8	3,000	5,639	8,866	88.0	57.2	195.5
3.3	3.6	3.7	9.1	2.8	12.1	2,053	4,317	10,834	110.3	151.0	427.7
19.9	21.2	14.1	6.5	-33.5	-29.1	14,476	27,339	38,703	88.9	41.6	167.4
11.4	10.7	7.4	-6.1	-30.8	-35.1	6,811	10,981	16,293	61.2	48.4	139.2
11.3	14.5	10.1	28.3	-30.3	-10.6	3,717	8,417	11,748	126.4	39.6	216.1
16.1	16.9	11.4	5.0	-32.5	-29.2	5,069	9,359	12,456	84.6	33.1	145.7
22.5	21.2	13.4	-5.8	-36.8	-40.4	9,151	15,745	18,032	72.1	14.5	97.0
16.6	19.3	13	16.3	-32.6	-21.7	10,595	24,871	38,966	134.7	56.7	267.8
---	14.3	11.1	---	-22.4	---	---	25,548	39,741	---	55.6	---
---	10.4	7.3	---	-29.8	---	---	16,682	25,625	---	53.6	---
---	55.8	36.8	---	-34.1	---	---	125,493	159,026	---	26.7	---
---	---	5.7	---	---	---	---	---	18,449	---	---	---
---	---	2.7	---	---	---	---	---	10,297	---	---	---
8.2	8.7	5.8	6.1	-33.3	-29.3	4,659	10,537	15,866	126.2	50.6	240.5

Table 30

**Number of Discharges and Total Charges for Medicare Beneficiaries Discharged
from Short-Stay Hospitals, by Total Days of Care and Type of Service: Calendar Year 1999**

Total Days of Care	Type of Accommodation			Type of Ancillary Service		
	All Services	Routine Room and Board	Intensive/ Coronary Care	Total Ancillary	Operating Room	Pharmacy
			Number of Discharges			
Total	11,604,590	10,049,560	3,351,470	11,488,060	3,727,125	11,391,535
1-8 Days	9,356,740	7,984,205	2,460,000	9,265,920	2,735,475	9,185,945
9-20 Days	1,873,270	1,718,335	710,575	1,855,405	782,260	1,841,850
21-30 Days	243,335	226,015	108,845	239,415	126,630	237,560
31-40 Days	72,515	66,990	37,435	70,775	43,390	70,170
41-50 Days	29,550	27,065	16,540	28,745	19,115	28,485
51-60 Days	12,850	11,910	7,830	12,330	8,905	12,190
61-90 Days	12,275	11,275	7,835	11,705	8,685	11,585
More than 91 Days	4,055	3,765	2,410	3,765	2,665	3,750
			Percent of Total Discharges ³			
Total	100.0	86.6	28.9	99.0	32.1	98.2
1-8 Days	100.0	85.3	26.3	99.0	29.2	98.2
9-20 Days	100.0	91.7	37.9	99.0	41.8	98.3
21-30 Days	100.0	92.9	44.7	98.4	52.0	97.6
31-40 Days	100.0	92.4	51.6	97.6	59.8	96.8
41-50 Days	100.0	91.6	56.0	97.3	64.7	96.4
51-60 Days	100.0	92.7	60.9	96.0	69.3	94.9
61-90 Days	100.0	91.9	63.8	95.4	70.8	94.4
More than 91 Days	100.0	92.8	59.4	92.8	65.7	92.5
			Total Charges in Thousands			
Total	\$178,399,057	\$36,397,063	\$16,856,793	\$125,148,745	\$12,742,415	\$26,224,777
1-8 Days	95,943,899	17,360,147	7,058,290	71,528,205	8,538,504	12,308,073
9-20 Days	53,075,791	12,255,924	5,606,684	35,213,840	3,097,515	8,579,635
21-30 Days	14,211,511	3,325,573	1,784,240	9,101,788	596,570	2,576,009
31-40 Days	6,451,753	1,424,170	925,526	4,102,085	238,610	1,224,042
41-50 Days	3,532,661	755,646	570,492	2,206,534	119,633	653,770
51-60 Days	1,921,412	417,870	337,825	1,165,721	62,269	345,856
61-90 Days	2,269,381	525,769	402,737	1,340,879	68,196	395,999
More than 91 Days	992,646	331,960	170,996	489,691	21,115	141,390

See footnotes at end of table.

Table 30—Continued

**Number of Discharges and Total Charges for Medicare Beneficiaries Discharged
from Short-Stay Hospitals, by Total Days of Care and Type of Service: Calendar Year 1999**

Type of Ancillary Service					
Laboratory	Radiology ¹	Supplies	Cardiology	Inhalation Therapy	Other ²
Number of Discharges					
11,288,785	9,832,255	10,685,195	8,468,675	6,574,205	10,197,355
9,086,925	7,829,645	8,618,315	6,735,440	5,050,875	8,083,300
1,838,185	1,670,210	1,728,330	1,441,115	1,261,710	1,758,845
237,275	214,640	221,605	186,230	165,970	231,570
70,250	64,840	65,240	57,595	51,640	68,685
28,560	26,625	26,365	24,190	21,970	27,895
12,230	11,635	11,305	10,585	9,640	12,035
11,610	11,100	10,685	10,170	9,420	11,375
3,750	3,560	3,350	3,350	2,980	3,650
Percent of Total Discharges ³					
97.3	84.7	92.1	73.0	56.7	87.9
97.1	83.7	92.1	72.0	54.0	86.4
98.1	89.2	92.3	76.9	67.4	93.9
97.5	88.2	91.1	76.5	68.2	95.2
96.9	89.4	90.0	79.4	71.2	94.7
96.6	90.1	89.2	81.9	74.3	94.4
95.2	90.5	88.0	82.4	75.0	93.7
94.6	90.4	87.0	82.9	76.7	92.7
92.5	87.8	82.6	82.6	73.5	90.0
Total Charges in Thousands					
\$19,169,986	\$10,907,900	\$24,315,205	\$9,691,124	\$7,861,487	\$14,235,846
10,709,770	6,660,781	15,495,884	7,267,260	2,999,539	7,548,391
5,598,666	2,970,841	6,071,846	1,914,047	2,719,547	4,261,739
1,426,655	671,810	1,381,543	296,659	908,983	1,243,556
638,198	276,858	607,614	103,480	475,491	537,787
344,108	143,942	322,239	50,286	296,447	276,107
178,106	75,903	169,571	24,663	166,088	143,261
204,492	81,080	195,736	26,190	207,507	161,675
69,987	26,681	70,770	8,535	87,883	63,326

Table 30—Continued

Number of Discharges and Total Charges for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Total Days of Care and Type of Service: Calendar Year 1999

Total Days of Care	Type of Accommodation			Type of Ancillary Service		
	All Services	Routine Room and Board	Intensive/Coronary Care	Total Ancillary	Operating Room	Pharmacy
	Percent of Total Charges ⁴					
Total	100.0	20.4	9.4	70.2	7.1	14.7
1-8 Days	100.0	18.1	7.4	74.6	8.9	12.8
9-20 Days	100.0	23.1	10.6	66.3	5.8	16.2
21-30 Days	100.0	23.4	12.6	64.0	4.2	18.1
31-40 Days	100.0	22.1	14.3	63.6	3.7	19.0
41-50 Days	100.0	21.4	16.1	62.5	3.4	18.5
51-60 Days	100.0	21.7	17.6	60.7	3.2	18.0
61-90 Days	100.0	23.2	17.7	59.1	3.0	17.4
More than 91 Days	100.0	33.4	17.2	49.3	2.1	14.2
	Average Total Charge Per Discharge					
Total	\$15,373	\$3,622	\$5,030	\$10,894	\$3,419	\$2,302
1-8 Days	10,254	2,174	2,869	7,719	3,121	1,340
9-20 Days	28,333	7,132	7,890	18,979	3,960	4,658
21-30 Days	58,403	14,714	16,392	38,017	4,711	10,844
31-40 Days	88,971	21,259	24,724	57,960	5,499	17,444
41-50 Days	119,549	27,920	34,492	76,762	6,259	22,951
51-60 Days	149,526	35,086	43,145	94,543	6,993	28,372
61-90 Days	184,878	46,631	51,402	114,556	7,852	34,182
More than 91 Days	244,796	88,170	70,953	130,064	7,923	37,704

¹Includes magnetic resonance imaging.

²Includes services such as physical therapy, occupational therapy, blood administration, anesthesia, ambulance, emergency room, clinic visits, etc.

³Does not sum to total because one person may have many services.

⁴The total for all services is equal to the sum of routine room and board, intensive or coronary care, and total ancillary services. Total ancillary services is equal to the sum of each type of ancillary service.

NOTE: Numbers may not add to totals 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.

Table 30—Continued

**Number of Discharges and Total Charges for Medicare Beneficiaries Discharged
from Short-Stay Hospitals, by Total Days of Care and Type of Service: Calendar Year 1999**

Type of Ancillary Service					
Laboratory	Radiology ¹	Supplies	Cardiology	Inhalation Therapy	Other ²
Percent of Total Charges ⁴					
10.7	6.1	13.6	5.4	4.4	8.0
11.2	6.9	16.2	7.6	3.1	7.9
10.5	5.6	11.4	3.6	5.1	8.0
10.0	4.7	9.7	2.1	6.4	8.8
9.9	4.3	9.4	1.6	7.4	8.3
9.7	4.1	9.1	1.4	8.4	7.8
9.3	4.0	8.8	1.3	8.6	7.5
9.0	3.6	8.6	1.2	9.1	7.1
7.1	2.7	7.1	0.9	8.9	6.4
Average Total Charge Per Discharge					
\$1,698	\$1,109	\$2,276	\$1,144	\$1,196	\$1,396
1,179	851	1,798	1,079	594	934
3,046	1,779	3,513	1,328	2,155	2,423
6,013	3,130	6,234	1,593	5,477	5,370
9,085	4,270	9,314	1,797	9,208	7,830
12,049	5,406	12,222	2,079	13,493	9,898
14,563	6,524	15,000	2,330	17,229	11,904
17,614	7,305	18,319	2,575	22,028	14,213
18,663	7,495	21,126	2,548	29,491	17,350

Table 31

Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Total Days of Care: Calendar Year 1999

Total Days of Care	Discharges ¹		Total Days of Care			Program Payments			
	Number	Percent	Number	Percent	Per Discharge	Amount in Thousands	Percent	Per Discharge	Per Day
Total	11,604,590	100.0	70,507,765	100.0	6.1	\$79,013,113	100.0	\$6,920	\$1,121
1 Day	1,399,980	12.1	1,399,980	2.0	1.0	6,266,876	7.9	\$4,557	4,476
2 Days	1,567,180	13.5	3,134,360	4.4	2.0	6,650,148	8.4	4,319	2,122
3 Days	1,686,870	14.5	5,060,610	7.2	3.0	7,790,051	9.9	4,692	1,539
4 Days	1,460,100	12.6	5,840,400	8.3	4.0	7,685,736	9.7	5,346	1,316
5 Days	1,127,660	9.7	5,638,300	8.0	5.0	6,610,517	8.4	5,957	1,172
6 Days	876,395	7.6	5,258,370	7.5	6.0	5,630,588	7.1	6,525	1,071
7 Days	710,805	6.1	4,975,635	7.1	7.0	4,973,991	6.3	7,104	1,000
8 Days	527,750	4.5	4,222,000	6.0	8.0	3,994,827	5.1	7,687	946
9 Days	388,325	3.3	3,494,925	5.0	9.0	3,100,343	3.9	8,108	887
10 Days	302,060	2.6	3,020,600	4.3	10.0	2,556,849	3.2	8,598	846
11 Days	239,450	2.1	2,633,950	3.7	11.0	2,148,900	2.7	9,108	816
12 Days	188,150	1.6	2,257,800	3.2	12.0	1,785,547	2.3	9,637	791
13 Days	162,565	1.4	2,113,345	3.0	13.0	1,643,493	2.1	10,255	778

See footnotes at end of table

Table 31—Continued

Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Total Days of Care: Calendar Year 1999

Total Days of Care	Discharges ¹		Total Days of Care			Program Payments			
	Number	Percent	Number	Percent	Per Discharge	Amount in Thousands	Percent	Per Discharge	Per Day
14 Days	147,040	1.3	2,058,560	2.9	14.0	\$1,567,540	2.0	\$10,814	\$761
15 Days	116,620	1.0	1,749,300	2.5	15.0	1,335,117	1.7	11,636	763
16 Days	90,750	0.8	1,452,000	2.1	16.0	1,110,529	1.4	12,423	765
17 Days	74,365	0.6	1,264,205	1.8	17.0	954,656	1.2	13,052	755
18 Days	63,195	0.5	1,137,510	1.6	18.0	864,233	1.1	13,875	760
19 Days	53,075	0.5	1,008,425	1.4	19.0	790,181	1.0	15,107	784
20 Days	47,675	0.4	953,500	1.4	20.0	741,855	0.9	15,853	778
21-30 Days	243,335	2.1	5,934,385	8.4	24.4	5,023,055	6.4	20,994	846
31-40 Days	72,515	0.6	2,514,985	3.6	34.7	2,436,050	3.1	34,226	969
41-50 Days	29,550	0.3	1,323,280	1.9	44.8	1,374,386	1.7	47,747	1,039
51-60 Days	12,850	0.1	706,935	1.0	55.0	758,303	1.0	60,859	1,073
61-90 Days	12,275	0.1	872,390	1.2	71.1	884,573	1.1	74,023	1,014
More than 91 Days	4,055	(2)	482,015	0.7	118.9	334,768	0.4	86,728	695

¹Excludes discharges for managed care enrollees that were paid by the managed care plan.

²Less than 0.05 percent.

NOTES: Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals 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.

Table 32

Number of Participating Short-Stay Hospitals (SSHs), Medicare Utilization and Program Payments for Beneficiaries Discharged from SSHs, by Location and Bedsize of Hospital, and by Medical School Affiliation (MSA) and Type of Control: Calendar Year 1999

Location and Bedsize of Hospital	Hospitals		Discharges ¹		Total Days of Care per Discharge	Program Payments		
	Number	Percent	Number	Percent		Amount in Thousands	Percent	Per Discharge
Total All Hospitals ²	4,858	100.0	11,555,310	100.0	6.1	\$79,059,633	100.0	\$6,965
1-99 Beds	2,310	47.6	1,556,025	13.5	4.8	6,747,743	8.5	4,387
100-299 Beds	1,590	32.7	4,127,300	35.7	5.9	24,737,549	31.3	6,090
300-499 Beds	632	13.0	3,223,400	27.9	6.3	23,365,381	29.6	7,390
More than 500 Beds	326	6.7	2,648,585	22.9	6.8	24,208,960	30.6	9,350
Total Urban Hospitals	2,586	100.0	9,133,445	100.0	6.3	68,000,564	100.0	7,587
1-99 Beds	562	21.7	486,065	5.3	5.3	2,586,021	3.8	5,394
100-299 Beds	1,116	43.2	3,020,700	33.1	6.0	19,352,969	28.5	6,510
300-499 Beds	588	22.7	3,014,060	33.0	6.3	22,114,208	32.5	7,481
More than 500 Beds	320	12.4	2,612,620	28.6	6.8	23,947,365	35.2	9,375
Total Rural Hospitals	2,272	100.0	2,421,865	100.0	5.2	11,059,069	100.0	4,631
1-99 Beds	1,748	76.9	1,069,960	44.2	4.6	4,161,721	37.6	3,931
100-299 Beds	474	20.9	1,106,600	45.7	5.6	5,384,580	48.7	4,945
300-499 Beds	44	1.9	209,340	8.6	6.1	1,251,173	11.3	6,081
More than 500 Beds	6	0.3	35,965	1.5	6.5	261,595	2.4	7,500

See footnotes at end of table

Table 32—Continued
Number of Participating Short-Stay Hospitals (SSHs), Medicare Utilization and Program Payments for Beneficiaries
Discharged from SSHs, by Location and Bedsize of Hospital, and by Medical School Affiliation (MSA) and
Type of Control: Calendar Year 1999

MSA and Type of Control	Hospitals		Discharges ¹		Total Days of Care per Discharge	Program Payments		
	Number	Percent	Number	Percent		Amount in Thousands	Percent	Per Discharge
Total All Hospitals ²	4,858	100.0	11,555,310	100.0	6.1	\$79,059,633	100.0	\$6,965
Voluntary	2,881	59.3	8,536,150	73.9	6.1	59,697,564	75.5	7,123
Proprietary	625	12.9	1,202,160	10.4	5.9	7,835,031	9.9	6,629
Government	1,352	27.8	1,817,000	15.7	5.8	11,527,039	14.6	6,449
Total Teaching Hospitals ³	1,190	100.0	5,235,335	100.0	6.5	43,192,734	100.0	8,426
Voluntary	884	74.3	4,369,345	83.5	6.5	35,696,005	82.6	8,342
Proprietary	75	6.3	203,290	3.9	6.1	1,532,164	3.5	7,700
Government	231	19.4	662,700	12.7	6.7	5,964,565	13.8	9,205
Total Non-Teaching Hospitals	3,668	100.0	6,319,975	100.0	5.7	35,866,900	100.0	5,762
Voluntary	1,997	54.4	4,166,805	65.9	5.8	24,001,559	66.9	5,851
Proprietary	550	15.0	998,870	15.8	5.9	6,302,867	17.6	6,413
Government	1,121	30.6	1,154,300	18.3	5.3	5,562,474	15.5	4,882

¹Excludes discharges for managed care enrollees that were paid by the managed care plan.

²Includes discharges from short-stay hospitals in the 50 States and District of Columbia; excludes discharges from short-stay hospitals in all outlying areas.

³Represents hospitals with an approved resident program.

NOTES: Totals include data for SSHs located in the U.S. only, and may be slightly different from U.S. totals shown in other SSH tables. Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals 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.

Table 33

Discharges, Covered Days of Care, Covered Charges, and Program Payments for Medicare Inpatient Hospital Beneficiaries, by Type of Hospital and Prospective Payment System (PPS) Status: Calendar Year 1999

Type of Hospital and PPS Status	Hospitals		Discharges		Covered Days of Care		
	Number	Percent	Number	Percent	Number	Percent	Per Discharge
Total All Hospitals ²	6,081	100.0	11,938,330	100.0	74,913,645	100.0	6.3
Short-Stay Hospitals	4,917	80.9	11,604,590	97.2	68,950,765	92.0	5.9
Hospitals Under PPS	4,853	79.8	10,779,780	90.3	60,190,745	80.3	5.6
Non-PPS Hospitals and Units	64	1.1	824,810	6.9	8,760,020	11.7	10.6
Special Exclusion Status ³	64	1.1	223,635	1.9	1,357,390	1.8	6.1
Excluded Psychiatric Hospital Units ⁴	NA	NA	340,590	2.9	3,905,630	5.2	11.5
Excluded Rehabilitation Hospital Units ⁴	NA	NA	260,585	2.2	3,497,000	4.7	13.4
Specialty Hospitals ⁵	1,164	19.1	333,740	2.8	5,962,880	8.0	17.9
Childrens	72	1.2	1,770	(6)	11,240	(6)	6.4
Psychiatric	570	9.4	125,615	1.1	1,778,270	2.4	14.2
Rehabilitation	194	3.2	124,250	1.0	2,179,505	2.9	17.5
Long Term	232	3.8	71,210	0.6	1,947,795	2.6	27.4
All Other ⁶	96	1.6	10,895	0.1	46,070	0.1	4.2

See footnotes at end of table.

Table 33—Continued

Discharges, Covered Days of Care, Covered Charges, and Program Payments for Medicare Inpatient Hospital Beneficiaries, by Type of Hospital and Prospective Payment System (PPS) Status: Calendar Year 1999

Type of Hospital and PPS Status	Covered Charges				Program Payments			
	Amount in Thousands	Percent	Per Discharge	Per Covered Day	Amount in Thousands	Percent	Per Discharge ¹	Per Covered Day
Total All Hospitals ²	\$184,822,237	100.0	\$15,481	\$2,467	\$82,669,219	100.0	\$7,035	\$1,104
Short-Stay Hospitals	176,811,331	95.7	15,236	2,564	79,013,113	95.6	6,920	1,146
Hospitals Under PPS	165,336,074	89.5	15,338	2,747	72,421,877	87.6	6,829	1,203
Non-PPS Hospitals and Units	11,475,256	6.2	13,913	1,310	6,591,236	8.0	8,112	752
Special Exclusion Status ³	2,328,680	1.3	10,413	1,716	1,881,840	2.3	8,480	1,386
Excluded Psychiatric Hospital Units ⁴	4,301,737	2.3	12,630	1,101	2,131,544	2.6	6,401	546
Excluded Rehabilitation Hospital Un	4,844,839	2.6	18,592	1,385	2,577,852	3.1	10,005	737
Specialty Hospitals ⁵	8,010,906	4.3	24,003	1,343	3,656,107	4.4	10,964	613
Childrens	41,547	(6)	23,473	3,696	17,594	(6)	9,940	1,565
Psychiatric	1,563,549	0.8	12,447	879	686,125	0.8	5,472	386
Rehabilitation	2,748,667	1.5	22,122	1,261	1,382,418	1.7	11,127	634
Long Term	3,609,616	2.0	50,690	1,853	1,533,453	1.9	21,534	787
All Other ⁷	47,527	(6)	4,362	1,032	36,517	(6)	3,366	793

¹Excludes discharges for beneficiaries who received covered services, but for whom no program payments were reported during the year.

²Includes inpatient short-stay hospitals (SSHs) and specialty hospitals.

³Represents SSHs granted a special exclusion status from participating in the Medicare PPS (e.g., cancer SSHs, and SSHs in waiver States).

⁴As of May 1999, there were an estimated 1,468 distinct-part psychiatric hospital units and 827 rehabilitation hospital units exempt from participating in the Medicare PPS.

⁵Represents specialty hospitals categorically exempt from participating in the Medicare PPS.

⁶Less than 0.05 percent.

⁷Includes critical access hospitals and religious non-medical health care institutions.

NOTES: Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. NA is not applicable.

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.

Table 34

**Short-Stay Hospital Discharges and Hospital Case-Mix Index, by Location and
Bedsizes of Hospital, and Procedure Status: Calendar Year 1999**

Location and Bedsizes of Hospital	Discharges	Hospital Case-Mix Index ¹
Total All Hospitals ²	11,555,310	1.4565
1-99 Beds	1,556,025	1.1537
100-299 Beds	4,127,300	1.3653
300-499 Beds	3,223,400	1.5312
More than 500 Beds	2,648,585	1.6854
Total Urban Hospitals	9,133,445	1.5191
1-99 Beds	486,065	1.2477
100-299 Beds	3,020,700	1.3986
300-499 Beds	3,014,060	1.5379
More than 500 Beds	2,612,620	1.6872
Total Rural Hospitals	2,421,865	1.2183
1-99 Beds	1,069,960	1.1108
100-299 Beds	1,106,600	1.2742
300-499 Beds	209,340	1.4329
More than 500 Beds	35,965	1.5260

¹For hospitals participating in the Medicare prospective payment system, the case-mix index is a measure of the hospital's average cost per case in relation to the average cost per case for all hospitals.

²Includes discharges from short-stay hospitals in the 50 States and District of Columbia; excludes discharges from short-stay hospitals in all outlying areas.

NOTES: Totals include data for short-stay hospitals located in the U.S. only, and may be slightly different from U.S. totals shown in other short-stay hospital tables. Numbers may not add to totals 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.

Table 34—Continued

Short-Stay Hospital Discharges and Case-Mix Index, by Location and
 Bedsize of Hospital, and Procedure Status: Calendar Year 1999

Location and Bedsize of Hospital	Percent of Discharges				
	Total	With Procedures		Without Procedures	
		Total	Surgical		Non-Surgical
Total All Hospitals ²	100.0	55.9	44.5	11.4	44.1
1-99 Beds	100.0	37.0	25.7	11.3	62.9
100-299 Beds	100.0	53.3	41.9	11.4	46.7
300-499 Beds	100.0	60.1	49.0	11.1	39.9
More than 500 Beds	100.0	65.7	54.1	11.6	34.3
Total Urban Hospitals	100.0	59.3	47.8	11.5	40.7
1-99 Beds	100.0	45.0	33.1	11.9	55.0
100-299 Beds	100.0	55.2	43.4	11.8	44.9
300-499 Beds	100.0	60.4	49.2	11.2	39.7
More than 500 Beds	100.0	65.7	54.1	11.6	34.3
Total Rural Hospitals	100.0	42.8	32.1	10.7	57.2
1-99 Beds	100.0	33.5	22.4	11.1	66.5
100-299 Beds	100.0	48.4	37.9	10.5	51.6
300-499 Beds	100.0	56.3	47.1	9.2	43.7
More than 500 Beds	100.0	67.6	55.0	12.6	32.5

Table 35

**Medicare Short-Stay Hospital Discharges and Total Charges, by Location and
Bedsizes of Hospital, and Type of Service: Calendar Year 1999**

Location and Bedsizes of Hospital	All Services	Type of Accommodation		Type of Ancillary Service	
		Routine Room and Board	Intensive/ Coronary Care	Total Ancillary	Operating Room
Number of Discharges					
Total All Hospitals ¹	11,470,400	9,920,605	3,328,805	11,355,350	3,692,015
1-99 Beds	1,551,230	1,428,415	306,525	1,540,180	308,355
100-299 Beds	4,100,225	3,526,285	1,207,080	4,078,960	1,261,850
300-499 Beds	3,196,455	2,707,635	1,006,220	3,164,295	1,117,045
More than 500 Beds	2,622,490	2,258,270	808,980	2,571,915	1,004,765
Total Urban Hospitals	9,052,400	7,714,285	2,799,820	8,946,670	3,112,975
1-99 Beds	482,965	433,750	117,910	479,555	122,020
100-299 Beds	2,995,460	2,540,000	924,045	2,975,805	950,580
300-499 Beds	2,987,430	2,517,605	954,020	2,955,340	1,049,055
More than 500 Beds	2,586,545	2,222,930	803,845	2,535,970	991,320
Total Rural Hospitals	2,418,000	2,206,320	528,985	2,408,680	579,040
1-99 Beds	1,068,265	994,665	188,615	1,060,625	186,335
100-299 Beds	1,104,765	986,285	283,035	1,103,155	311,270
300-499 Beds	209,025	190,030	52,200	208,955	67,990
More than 500 Beds	35,945	35,340	5,135	35,945	13,445
Percent of Total Discharges ²					
Total All Hospitals ¹	100.0	86.5	29.0	99.0	32.2
1-99 Beds	100.0	92.1	19.8	99.3	19.9
100-299 Beds	100.0	86.0	29.4	99.5	30.8
300-499 Beds	100.0	84.7	31.5	99.0	34.9
More than 500 Beds	100.0	86.1	30.8	98.1	38.3
Total Urban Hospitals	100.0	85.2	30.9	98.8	34.4
1-99 Beds	100.0	89.8	24.4	99.3	25.3
100-299 Beds	100.0	84.8	30.8	99.3	31.7
300-499 Beds	100.0	84.3	31.9	98.9	35.1
More than 500 Beds	100.0	85.9	31.1	98.0	38.3
Total Rural Hospitals	100.0	91.2	21.9	99.6	23.9
1-99 Beds	100.0	93.1	17.7	99.3	17.4
100-299 Beds	100.0	89.3	25.6	99.9	28.2
300-499 Beds	100.0	90.9	25.0	100.0	32.5
More than 500 Beds	100.0	98.3	14.3	100.0	37.4

See footnotes at end of table.

Table 35—Continued

Medicare Short-Stay Hospital Discharges and Total Charges, by Location and
 Bedsize of Hospital, and Type of Service: Calendar Year 1999

Type of Ancillary Service						
Pharmacy	Laboratory	Radiology ²	Supplies	Cardiology	Inhalation Therapy	Other ³
Number of Discharges						
11,266,150	11,166,930	9,733,335	10,560,875	8,383,875	6,493,560	10,090,010
1,527,830	1,514,420	1,344,120	1,485,925	1,072,545	960,985	1,300,730
4,056,640	4,017,215	3,554,290	3,855,110	3,061,280	2,417,100	3,656,815
3,143,325	3,113,270	2,701,865	2,918,500	2,386,765	1,786,345	2,856,735
2,538,355	2,522,025	2,133,060	2,301,340	1,863,285	1,329,130	2,275,730
8,878,035	8,805,535	7,644,780	8,246,455	6,691,075	5,035,375	8,017,590
475,240	472,075	420,745	455,395	353,425	294,580	421,310
2,961,810	2,935,560	2,593,495	2,798,415	2,261,370	1,764,375	2,685,080
2,938,440	2,910,815	2,525,645	2,724,435	2,235,520	1,669,815	2,667,240
2,502,545	2,487,085	2,104,895	2,268,210	1,840,760	1,306,605	2,243,960
2,388,115	2,361,395	2,088,555	2,314,420	1,692,800	1,458,185	2,072,420
1,052,590	1,042,345	923,375	1,030,530	719,120	666,405	879,420
1,094,830	1,081,655	960,795	1,056,695	799,910	652,725	971,735
204,885	202,455	176,220	194,065	151,245	116,530	189,495
35,810	34,940	28,165	33,130	22,525	22,525	31,770
Percent of Total Discharges ⁴						
98.2	97.4	84.9	92.1	73.1	56.6	88.0
98.5	97.6	86.6	95.8	69.1	61.9	83.9
98.9	98.0	86.7	94.0	74.7	59.0	89.2
98.3	97.4	84.5	91.3	74.7	55.9	89.4
96.8	96.2	81.3	87.8	71.1	50.7	86.8
98.1	97.3	84.5	91.1	73.9	55.6	88.6
98.4	97.7	87.1	94.3	73.2	61.0	87.2
98.9	98.0	86.6	93.4	75.5	58.9	89.6
98.4	97.4	84.5	91.2	74.8	55.9	89.3
96.8	96.2	81.4	87.7	71.2	50.5	86.8
98.8	97.7	86.4	95.7	70.0	60.3	85.7
98.5	97.6	86.4	96.5	67.3	62.4	82.3
99.1	97.9	87.0	95.6	72.4	59.1	88.0
98.0	96.9	84.3	92.8	72.4	55.7	90.7
99.6	97.2	78.4	92.2	62.7	62.7	88.4

Table 35—Continued

Medicare Short-Stay Hospital Discharges and Total Charges, by Location and Bedsize of Hospital, and Type of Service: Calendar Year 1999

Location and Bedsize of Hospital	All Services	Type of Accommodation		Type of Ancillary Service	
		Routine Room and Board	Intensive/Coronary Care	Total Ancillary	Operating Room
Total Charges in Thousands					
Total All Hospitals ¹	\$177,557,661	\$36,198,626	\$16,799,495	\$124,563,067	\$12,717,073
1-99 Beds	13,987,419	3,019,130	835,960	10,132,807	772,723
100-299 Beds	57,469,607	11,079,194	5,047,902	41,343,836	3,800,195
300-499 Beds	54,284,551	10,714,156	5,491,042	38,080,325	4,029,319
More than 500 Beds	51,816,084	11,386,146	5,424,592	35,006,099	4,114,836
Total Urban Hospitals	154,297,113	31,554,056	15,390,942	107,354,840	11,308,044
1-99 Beds	5,832,233	1,196,419	417,372	4,218,585	362,495
100-299 Beds	45,509,083	8,901,546	4,266,372	32,342,112	3,040,107
300-499 Beds	51,663,260	10,198,625	5,300,356	36,165,172	3,831,850
More than 500 Beds	51,292,538	11,257,466	5,406,842	34,628,972	4,073,592
Total Rural Hospitals	23,260,547	4,644,570	1,408,553	17,208,227	1,409,029
1-99 Beds	8,155,186	1,822,712	418,587	5,914,223	410,228
100-299 Beds	11,960,524	2,177,648	781,530	9,001,724	760,088
300-499 Beds	2,621,291	515,530	190,687	1,915,153	197,469
More than 500 Beds	523,546	128,679	17,750	377,128	41,244
Percent of Total Charges					
Total All Hospitals ¹	100.0	20.4	9.5	70.2	7.2
1-99 Beds	100.0	21.6	6.0	72.4	5.5
100-299 Beds	100.0	19.3	8.8	71.9	6.6
300-499 Beds	100.0	19.7	10.1	70.1	7.4
More than 500 Beds	100.0	22.0	10.5	67.6	7.9
Total Urban Hospitals	100.0	20.5	10.0	69.6	7.3
1-99 Beds	100.0	20.5	7.2	72.3	6.2
100-299 Beds	100.0	19.6	9.4	71.1	6.7
300-499 Beds	100.0	19.7	10.3	70.0	7.4
More than 500 Beds	100.0	21.9	10.5	67.5	7.9
Total Rural Hospitals	100.0	20.0	6.1	74.0	6.1
1-99 Beds	100.0	22.4	5.1	72.5	5.0
100-299 Beds	100.0	18.2	6.5	75.3	6.4
300-499 Beds	100.0	19.7	7.3	73.1	7.5
More than 500 Beds	100.0	24.6	3.4	72.0	7.9

See footnotes at end of table.

Table 35—Continued

Medicare Short-Stay Hospital Discharges and Total Charges, by Location and
 Bedsize of Hospital, and Type of Service: Calendar Year 1999

Type of Ancillary Service						
Pharmacy	Laboratory	Radiology ²	Supplies	Cardiology	Inhalation Therapy	Other ³
Total Charges in Thousands						
\$26,023,382	\$19,087,683	\$10,879,422	\$24,209,424	\$9,654,445	\$7,788,863	\$14,202,775
2,453,303	1,666,694	907,036	1,940,172	603,979	812,880	976,021
9,220,293	6,518,451	3,784,642	8,046,528	2,940,520	2,731,002	4,302,203
7,847,714	5,613,778	3,270,674	7,457,452	3,140,422	2,274,795	4,446,170
6,502,071	5,288,759	2,917,070	6,765,271	2,969,524	1,970,186	4,478,381
21,874,316	16,335,426	9,327,425	20,902,730	8,558,812	6,591,506	12,456,581
976,391	688,498	374,090	839,721	256,966	306,072	414,351
7,039,357	5,096,975	2,963,928	6,259,566	2,377,888	2,153,219	3,411,072
7,418,702	5,326,849	3,101,509	7,112,798	2,984,097	2,182,247	4,207,120
6,439,866	5,223,104	2,887,899	6,690,644	2,939,861	1,949,968	4,424,038
4,149,065	2,752,257	1,551,997	3,306,694	1,095,633	1,197,357	1,746,194
1,476,912	978,196	532,946	1,100,450	347,013	506,808	561,669
2,180,936	1,421,476	820,715	1,786,962	562,633	577,783	891,132
429,012	286,929	169,165	344,654	156,325	92,548	239,050
62,205	65,656	29,171	74,627	29,662	20,219	54,343
Percent of Total Charges						
14.7	10.8	6.1	13.6	5.4	4.4	8.0
17.5	11.9	6.5	13.9	4.3	5.8	7.0
16.0	11.3	6.6	14.0	5.1	4.8	7.5
14.5	10.3	6.0	13.7	5.8	4.2	8.2
12.5	10.2	5.6	13.1	5.7	3.8	8.6
14.2	10.6	6.0	13.5	5.5	4.3	8.1
16.7	11.8	6.4	14.4	4.4	5.2	7.1
15.5	11.2	6.5	13.8	5.2	4.7	7.5
14.4	10.3	6.0	13.8	5.8	4.2	8.1
12.6	10.2	5.6	13.0	5.7	3.8	8.6
17.8	11.8	6.7	14.2	4.7	5.1	7.5
18.1	12.0	6.5	13.5	4.3	6.2	6.9
18.2	11.9	6.9	14.9	4.7	4.8	7.5
16.4	10.9	6.5	13.1	6.0	3.5	9.1
11.9	12.5	5.6	14.3	5.7	3.9	10.4

Table 35—Continued

Medicare Short-Stay Hospital Discharges and Total Charges, by Location and Bedsize of Hospital, and Type of Service: Calendar Year 1999

Location and Bedsize of Hospital	All Services	Type of Accommodation		Type of Ancillary Service	
		Routine Room and Board	Intensive/ Coronary Care	Total Ancillary	Operating Room
				Average Charge per Discharge	
Total All Hospitals ¹	\$15,480	\$3,649	\$5,047	\$10,970	\$3,444
1-99 Beds	9,017	2,114	2,727	6,579	2,506
100-299 Beds	14,016	3,142	4,182	10,136	3,012
300-499 Beds	16,983	3,957	5,457	12,034	3,607
More than 500 Beds	19,758	5,042	6,705	13,611	4,095
Total Urban Hospitals	17,045	4,090	5,497	11,999	3,633
1-99 Beds	12,076	2,758	3,540	8,797	2,971
100-299 Beds	15,193	3,505	4,617	10,868	3,198
300-499 Beds	17,294	4,051	5,556	12,237	3,653
More than 500 Beds	19,831	5,064	6,726	13,655	4,109
Total Rural Hospitals	9,620	2,105	2,663	7,144	2,433
1-99 Beds	7,634	1,832	2,219	5,576	2,202
100-299 Beds	10,826	2,208	2,761	8,160	2,442
300-499 Beds	12,541	2,713	3,653	9,165	2,904
More than 500 Beds	14,565	3,641	3,457	10,492	3,068

¹Includes discharges from short-stay hospitals in the 50 States and District of Columbia; excludes discharges from short-stay hospitals in all outlying areas.

²Includes magnetic resonance imaging.

³Includes services such as physical therapy, occupational therapy, blood administration, anesthesia, ambulance, emergency room, clinic visits, etc.

⁴Does not sum to total since discharges may have many services.

NOTES: Totals include data for short-stay hospitals located in the U.S. only, and may be slightly different from U.S. totals shown in other short-stay hospital tables. Numbers may not add to totals 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.

Table 35—Continued

**Medicare Short-Stay Hospital Discharges and Total Charges, by Location and
Bedsize of Hospital, and Type of Service: Calendar Year 1999**

Type of Ancillary Service						
Pharmacy	Laboratory	Radiology ²	Supplies	Cardiology	Inhalation Therapy	Other ³
Average Charge per Discharge						
\$2,310	\$1,709	\$1,118	\$2,292	\$1,152	\$1,199	\$1,408
1,606	1,101	675	1,306	563	846	750
2,273	1,623	1,065	2,087	961	1,130	1,176
2,497	1,803	1,211	2,555	1,316	1,273	1,556
2,562	2,097	1,368	2,940	1,594	1,482	1,968
2,464	1,855	1,220	2,535	1,279	1,309	1,554
2,055	1,458	889	1,844	727	1,039	983
2,377	1,736	1,143	2,237	1,052	1,220	1,270
2,525	1,830	1,228	2,611	1,335	1,307	1,577
2,573	2,100	1,372	2,950	1,597	1,492	1,972
1,737	1,166	743	1,429	647	821	843
1,403	938	577	1,068	483	761	639
1,992	1,314	854	1,691	703	885	917
2,094	1,417	960	1,776	1,034	794	1,262
1,737	1,879	1,036	2,253	1,317	898	1,711