

Table 36

**Trends in Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services Used  
by Medicare Beneficiaries, by Type of Entitlement: Selected Calendar Years 1967-1999**

Type of Entitlement and Year	Covered Days of Care		Covered Charges		Total Medicare Program Payments in Millions	Program Payments				
	Number in Thousands	Per 1,000 HI Enrollees	Amount in Millions	Per Day		Amount in Millions	Percent of Covered Charges	Percent of Total Medicare Program Payments	Per HI Enrollee	Per Day
All Beneficiaries										
1967	19,997	1,026	---	---	\$4,239	\$313	---	7.4	\$16	\$16
1971	6,481	361	---	---	7,354	195	---	2.7	9	30
1975	8,874	360	\$420	\$47	14,549	261	62.1	1.8	11	29
1983	9,032	305	897	99	53,438	456	50.9	0.9	15	51
1984	8,864	296	975	110	59,132	465	47.7	0.8	16	52
1986	7,770	249	1,123	144	68,583	501	44.6	0.7	16	65
1987	7,041	221	1,188	169	75,817	544	45.8	0.7	17	77
1988	11,802	364	1,982	168	80,595	964	48.7	1.2	30	82
1989	28,571	865	4,537	159	86,038	2,837	62.5	3.3	86	99
1990	21,242	630	4,263	201	101,419	1,827	42.9	1.8	54	86
1991	22,210	645	5,308	239	110,887	2,277	42.9	2.2	66	103
1992	25,271	719	6,904	273	132,951	3,128	45.3	2.4	89	124
1993	30,985	863	9,711	313	136,718	4,385	45.2	3.2	122	142
1994 <sup>1</sup>	36,091	1,072	12,864	356	147,106	5,904	45.9	4.0	175	164
1995 <sup>1</sup>	40,182	1,194	16,099	401	158,980	7,495	46.6	4.7	223	187
1996 <sup>1</sup>	45,883	1,378	20,134	439	167,063	9,095	47.5	5.4	273	208
1997 <sup>1</sup>	48,239	1,479	23,274	482	175,423	11,199	48.1	6.4	343	232
1998 <sup>1</sup>	45,422	1,421	22,516	496	168,164	11,224	49.9	6.7	351	247
1999 <sup>1</sup>	43,397	1,366	18,226	420	166,687	9,617	52.8	5.8	303	222
Aged Beneficiaries										
1967	19,997	1,026	---	---	\$4,239	\$313	---	7.4	\$16	\$16
1971	6,481	361	---	---	7,354	195	---	2.7	9	30
1975	8,585	382	\$406	\$47	13,056	252	62.0	1.9	11	29
1983	8,738	328	865	99	46,727	441	51.0	0.9	17	50
1984	8,578	361	940	110	52,118	449	47.8	0.9	17	52
1986	7,493	265	1,075	144	60,459	482	44.9	0.7	17	64
1987	6,875	235	1,136	167	67,893	524	46.1	0.8	18	77
1988	11,360	388	1,893	167	71,780	926	48.9	1.3	32	81
1989	27,216	911	4,300	158	76,356	2,698	62.7	3.5	90	99
1990	20,398	669	4,067	199	89,620	1,752	43.1	2.0	57	86

See footnotes at end of table.

Table 36—Continued

**Trends in Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services Used  
by Medicare Beneficiaries, by Type of Entitlement: Selected Calendar Years 1967-1999**

Type of Entitlement and Year	Covered Days of Care		Covered Charges		Total Medicare Program Payments in Millions	Program Payments				
	Number in Thousands	Per 1,000 HI Enrollees	Amount in Millions	Per Day		Amount in Millions	Percent of Covered Charges	Percent of Total Medicare Program Payments	Per HI Enrollee	Per Day
Aged Beneficiaries										
1991	21,391	689	\$5,076	\$237	\$98,059	\$2,187	41.9	2.2	\$70	\$102
1992	24,377	772	6,616	271	117,534	3,009	45.5	2.6	95	123
1993	29,821	930	9,271	311	120,201	4,207	45.4	3.5	131	141
1994 <sup>1</sup>	34,667	1,169	12,247	353	128,069	5,650	46.1	4.4	191	163
1995 <sup>1</sup>	38,490	1,308	15,293	397	137,952	7,149	46.7	5.2	243	186
1996 <sup>1</sup>	43,842	1,518	19,084	435	144,485	9,094	47.7	6.3	315	207
1997 <sup>1</sup>	45,989	1,636	22,004	478	151,655	10,636	48.3	7.0	378	231
1998 <sup>1</sup>	43,206	1,580	21,245	492	144,418	10,647	50.1	7.4	389	246
1999 <sup>1</sup>	41,213	1,524	17,170	417	142,425	9,126	53.1	6.4	338	221
Disabled Beneficiaries										
1975	289	133	\$15	\$51	\$1,492	\$10	64.7	0.6	\$4	\$33
1983	293	101	33	111	6,711	16	48.0	0.2	5	53
1984	286	99	35	123	7,014	15	44.0	0.2	5	54
1986	277	93	47	171	8,123	19	39.4	0.2	6	68
1987	256	84	51	201	7,923	21	40.0	0.2	7	81
1988	442	142	88	200	8,796	38	43.6	0.4	12	87
1989	1,355	427	237	175	9,682	139	58.8	1.4	44	103
1990	844	260	195	231	11,800	76	38.7	0.6	23	90
1991	819	242	232	283	12,828	90	38.8	0.7	26	109
1992	894	250	287	322	15,417	119	41.4	0.8	33	133
1993	1,164	302	440	378	16,517	177	40.3	1.1	46	152
1994 <sup>1</sup>	1,424	353	616	433	19,036	254	41.3	1.3	63	179
1995 <sup>1</sup>	1,692	399	806	476	21,029	347	43.0	1.8	82	205
1996 <sup>1</sup>	2,041	463	1,049	514	22,577	460	43.9	2.0	104	226
1997 <sup>1</sup>	2,250	500	1,270	564	23,768	563	44.3	2.4	125	250
1998 <sup>1</sup>	2,216	480	1,271	573	23,746	577	45.4	2.4	125	260
1999 <sup>1</sup>	2,184	461	1,056	484	24,262	491	46.5	2.0	104	225

<sup>1</sup>Beginning with 1994, the utilization rate and program payment rates per 1,000 enrollees are based on fee-for-service enrollees only.

NOTES: HI is hospital insurance. 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.

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 37

**Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for Skilled  
Nursing Facility Services Used by Medicare Beneficiaries, by Demographic Characteristics, Type  
of Entitlement, and Discharge Status: Calendar Year 1999**

Demographic Characteristic, Type of Entitlement, and Discharge Status	Covered Admissions <sup>1</sup>		Covered Days of Care		
	Number	Per 1,000 HI Enrollees <sup>2</sup>	Total in Thousands	Per 1,000 HI Enrollees <sup>2</sup>	Per Admission
<b>Total</b>	1,902,496	60	43,397	1,366	23
<b>Age</b>					
Under 65 Years	93,193	20	2,099	443	23
65-69 Years	132,943	19	2,731	385	21
70-74 Years	218,222	32	4,518	665	21
75-79 Years	348,402	61	7,574	1,318	22
80-84 Years	415,179	108	9,492	2,466	23
85 Years or Over	694,557	195	16,983	4,772	25
<b>Sex</b>					
Male	654,860	48	14,241	1,036	22
Female	1,247,636	69	29,156	1,617	23
<b>Race<sup>4</sup></b>					
White	1,672,824	62	37,585	1,393	23
Other	218,724	47	5,557	1,202	25
<b>Type of Entitlement</b>					
Aged <sup>5</sup>	1,805,444	67	41,213	1,524	23
Disabled <sup>6</sup>	97,052	20	2,184	461	23
<b>Discharge Status</b>					
Alive	1,770,614	NA	41,157	NA	23
Dead	131,882	NA	2,240	NA	17

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

<sup>2</sup>Beginning with 1994, the utilization rate and program payment rates per 1,000 enrollees are based on fee-for-service enrollees only.

<sup>3</sup>The denominator used to calculate the average program payment per covered admission includes only those bills with Medicare reimbursement greater than zero.

<sup>4</sup>Excludes unknown race.

<sup>5</sup>Includes aged persons with end stage renal disease (ESRD).

<sup>6</sup>Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: HI is hospital insurance. 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. 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 37—Continued

**Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for Skilled  
Nursing Facility Services Used by Medicare Beneficiaries, by Demographic Characteristics, Type  
of Entitlement, and Discharge Status: Calendar Year 1999**

Covered Charges			Program Payments			
Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Percent of Covered Charges	Per Admission <sup>3</sup>	Per Day
\$18,225,776	\$9,580	\$420	\$9,616,539	53	\$5,077	\$222
1,016,359	10,906	484	472,244	47	5,084	225
1,315,810	9,898	482	621,571	47	4,702	228
2,126,538	9,745	471	1,032,203	49	4,757	228
3,373,702	9,683	445	1,711,827	51	4,938	226
3,944,747	9,501	416	2,102,326	53	5,086	221
6,448,620	9,285	380	3,676,369	57	5,312	216
6,245,639	9,537	439	3,182,715	51	4,885	223
11,980,138	9,602	411	6,433,824	54	5,177	221
15,734,720	9,406	419	8,333,178	53	5,002	222
2,388,749	10,921	430	1,227,722	51	5,649	221
17,169,804	9,510	417	9,125,626	53	5,077	221
1,055,973	10,880	484	490,912	47	5,075	225
17,291,723	9,766	420	9,127,696	53	5,178	222
934,054	7,082	417	488,842	52	3,719	218

**Table 38**  
**Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services Used**  
**by Medicare Beneficiaries, by Area of Residence: Calendar Year 1999**

Area of Residence	Covered Admissions <sup>1</sup>		Covered Days of Care		Per Admis- sion	Covered Charges			Program Payments		
	Number	Per 1,000 HI	Number in Thousands	Per 1,000 HI		Amount in Thousands	Per Admis- sion	Per Day	Amount in Thousands	Per Admis- sion <sup>3</sup>	Per Day
		Enrollees <sup>2</sup>		Enrollees <sup>2</sup>							
All Areas <sup>4</sup>	1,902,496	60	43,397	1,366	22.8	\$18,225,776	\$9,580	\$420	\$9,616,539	\$5,077	\$222
United States	1,898,266	61	43,307	1,399	22.8	18,192,379	9,584	420	9,600,226	5,080	222
Northeast	410,298	66	10,903	1,747	26.6	4,167,370	10,157	382	2,337,553	5,732	214
Midwest	555,677	68	11,831	1,445	21.3	4,893,029	8,806	414	2,439,451	4,396	206
South	649,322	55	15,039	1,272	23.2	6,341,206	9,766	422	3,250,915	5,025	216
West	282,969	60	5,533	1,176	19.6	2,790,774	9,862	504	1,572,308	5,610	284
New England	133,434	80	3,408	2,040	25.5	1,346,206	10,089	395	731,114	5,508	214
Connecticut	33,274	82	1,055	2,598	31.7	381,752	11,473	362	213,847	6,466	203
Maine	12,876	61	280	1,322	21.7	101,372	7,873	363	57,571	4,474	206
Massachusetts	65,049	92	1,536	2,167	23.6	669,037	10,285	436	352,581	5,450	230
New Hampshire	8,865	60	209	1,407	23.6	81,404	9,183	389	47,586	5,404	228
Rhode Island	8,794	80	213	1,927	24.2	74,558	8,478	350	40,775	4,673	192
Vermont	4,576	53	116	1,353	25.4	38,084	8,323	328	18,753	4,098	161
Middle Atlantic	276,864	61	7,495	1,640	27.1	2,821,164	10,190	376	1,606,440	5,840	214
New Jersey	60,950	62	1,365	1,382	22.4	537,703	8,822	394	318,316	5,229	233
New York	101,866	49	3,555	1,712	34.9	1,153,627	11,325	325	751,523	7,436	211
Pennsylvania	114,048	76	2,575	1,710	22.6	1,129,834	9,907	439	536,601	4,744	208
East North Central	366,579	65	8,471	1,502	23.1	3,479,781	9,493	411	1,756,074	4,798	207
Illinois	104,201	73	2,109	1,487	20.2	1,037,019	9,952	492	463,734	4,455	220
Indiana	57,515	72	1,366	1,700	23.8	559,233	9,723	409	305,529	5,315	224
Michigan	55,917	43	1,705	1,303	30.5	608,704	10,886	357	296,928	5,317	174
Ohio	103,315	75	2,214	1,602	21.4	926,528	8,968	418	474,526	4,609	214
Wisconsin	45,631	63	1,078	1,485	23.6	348,297	7,633	323	215,358	4,724	200

See footnotes at end of table.

Table 38—Continued

**Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services Used  
by Medicare Beneficiaries, by Area of Residence: Calendar Year 1999**

By Medicare Beneficiaries, by Area of Residence: Calendar Year 1999											
Area of Residence	Covered Admissions <sup>1</sup>		Covered Days of Care		Per Admis- sion	Covered Charges			Program Payments		
	Number	Per 1,000 HI Enrollees <sup>2</sup>	Number in Thousands	Per 1,000 HI Enrollees <sup>2</sup>		Amount in Thousands	Per Admis- sion	Per Day	Amount in Thousands	Per Admis- sion <sup>3</sup>	Per Day
West North Central	189,098	74	3,360	1,319	17.8	\$1,413,248	\$7,474	\$421	\$683,377	\$3,617	\$203
Iowa	31,383	69	449	985	14.3	199,597	6,360	444	96,254	3,068	214
Kansas	28,043	79	437	1,235	15.6	215,910	7,699	494	97,933	3,494	224
Minnesota	40,607	73	880	1,582	21.7	238,805	5,881	271	148,802	3,667	169
Missouri	54,233	75	987	1,363	18.2	540,593	9,968	548	231,093	4,268	234
Nebraska	17,792	75	309	1,297	17.4	127,136	7,146	411	61,492	3,459	199
North Dakota	7,834	78	126	1,249	16.1	41,953	5,355	334	19,361	2,472	154
South Dakota	9,206	78	171	1,459	18.6	49,253	5,350	288	28,442	3,089	166
South Atlantic	332,877	53	8,135	1,293	24.4	3,136,062	9,421	385	1,765,919	5,328	217
Delaware	4,411	41	121	1,138	27.5	39,431	8,939	325	24,199	5,493	200
District of Columbia	3,582	54	89	1,350	24.8	36,932	10,310	415	20,331	5,688	228
Florida	133,540	67	3,039	1,528	22.8	1,355,443	10,150	446	789,713	5,967	260
Georgia	35,398	42	918	1,085	25.9	315,221	8,905	343	172,323	4,874	188
Maryland	35,787	66	767	1,414	21.4	297,950	8,326	388	173,070	4,843	226
North Carolina	47,360	45	1,334	1,255	28.2	416,144	8,787	312	224,809	4,756	169
South Carolina	22,708	41	603	1,099	26.6	215,503	9,490	357	107,851	4,750	179
Virginia	33,060	40	890	1,084	26.9	306,385	9,268	344	177,190	5,361	199
West Virginia	17,031	55	373	1,204	21.9	153,053	8,987	410	76,434	4,489	205
East South Central	129,077	55	3,171	1,340	24.6	1,213,582	9,402	383	595,617	4,620	188
Alabama	28,099	45	816	1,320	29.0	282,436	10,051	346	150,872	5,383	185
Kentucky	35,363	62	797	1,393	22.5	300,981	8,511	378	147,498	4,174	185
Mississippi	20,096	49	452	1,106	22.5	195,069	9,707	432	79,531	3,959	176
Tennessee	45,519	59	1,106	1,439	24.3	435,095	9,559	393	217,716	4,788	197

See footnotes at end of table.

Table 38—Continued

**Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services Used  
by Medicare Beneficiaries, by Area of Residence: Calendar Year 1999**

By Medicare Beneficiaries, by Area of Residence: Calendar Year 1999											
Area of Residence	Covered Admissions <sup>1</sup>		Covered Days of Care		Per Admis- sion	Covered Charges			Program Payments		
	Number	Per 1,000 HI Enrollees <sup>2</sup>	Number in Thousands	Per 1,000 HI Enrollees <sup>2</sup>		Amount in Thousands	Per Admis- sion	Per Day	Amount in Thousands	Per Admis- sion <sup>3</sup>	Per Day
West South Central	187,368	59	3,733	1,180	19.9	\$1,991,563	\$10,629	\$534	\$889,378	\$4,767	\$238
Arkansas	23,360	57	443	1,077	19.0	201,082	8,608	454	82,015	3,512	185
Louisiana	27,671	59	478	1,012	17.3	336,373	12,156	704	118,073	4,282	247
Oklahoma	26,336	58	468	1,039	17.8	248,689	9,443	531	108,804	4,135	232
Texas	110,001	60	2,343	1,282	21.3	1,205,419	10,958	514	580,486	5,310	248
Mountain	86,785	56	1,693	1,086	19.5	771,613	8,891	456	425,738	4,922	252
Arizona	20,398	52	361	914	17.7	186,764	9,156	517	99,616	4,922	276
Colorado	18,831	64	366	1,253	19.4	173,663	9,222	475	99,139	5,285	271
Idaho	10,075	68	208	1,412	20.6	77,389	7,681	372	44,654	4,437	215
Montana	9,475	72	165	1,256	17.4	58,276	6,150	353	32,007	3,379	194
Nevada	6,014	39	129	832	21.4	72,112	11,991	559	35,516	5,922	275
New Mexico	6,383	35	139	768	21.7	70,869	11,103	511	33,866	5,314	244
Utah	11,680	60	245	1,248	20.9	102,014	8,734	417	63,740	5,460	261
Wyoming	3,929	63	81	1,305	20.6	30,527	7,770	377	17,200	4,379	213
Pacific	196,184	62	3,841	1,222	19.6	2,019,161	10,292	526	1,146,570	5,917	299
Alaska	970	24	22	560	22.9	14,988	15,451	675	5,891	6,073	265
California	145,843	67	2,869	1,324	19.7	1,643,621	11,270	573	891,440	6,166	311
Hawaii	2,222	20	53	490	24.0	22,750	10,239	427	12,574	6,060	236
Oregon	14,685	49	252	838	17.2	95,006	6,470	377	67,756	4,658	269
Washington	32,464	61	644	1,219	19.8	242,795	7,479	377	168,910	5,341	262
Outlying Areas <sup>5</sup>	4,230	5	90	109	21.3	33,398	7,895	370	16,312	3,859	181

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

<sup>2</sup>Beginning with 1994, the utilization rate and program payment rates per 1,000 enrollees are based on fee-for-service enrollees only.

<sup>3</sup>The denominator used to calculate the average program payment per covered admission includes only those bills with Medicare reimbursement greater than zero.

<sup>4</sup>Includes 50 States, District of Columbia, and outlying areas.

<sup>5</sup>Includes Puerto Rico, Guam, Virgin Islands, residence unknown, and outlying areas not shown separately.

NOTES: HI is hospital insurance. 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.

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 39

**Persons Served, Coinsurance Days, and Coinsurance Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries,  
by Area of Residence: Calendar Year 1999**

Area of Residence	Persons Served <sup>1</sup>			Coinsurance Days			Coinsurance Payments		
	Number	Per 1,000 HI Enrollees <sup>2</sup>	With Coinsurance	Number	Per 1,000 HI Enrollees <sup>2</sup>	Per Person with Coinsurance	Amount	Per 1,000 HI Enrollees <sup>2</sup>	Per Person with Coinsurance
All Areas <sup>3</sup>	1,390,326	44	683,856	22,191,368	698	33	\$2,132,086,794	\$67,095	\$3,118
United States	1,386,914	45	682,054	22,147,135	716	33	2,127,839,163	68,744	3,120
Northeast	300,578	48	161,572	6,019,622	964	37	578,464,573	92,680	3,580
Midwest	402,573	49	188,563	5,796,445	708	31	556,894,915	68,037	2,953
South	474,773	40	238,913	7,769,351	657	33	746,326,067	63,124	3,124
West	208,990	44	93,006	2,561,717	545	28	246,153,608	52,336	2,647
New England	96,808	58	51,959	1,844,257	1,104	36	177,226,141	106,052	3,411
Connecticut	24,733	61	14,505	630,573	1,554	44	60,600,085	149,320	4,178
Maine	9,756	46	4,810	126,515	598	26	12,157,139	57,475	2,527
Massachusetts	45,874	65	24,062	806,978	1,138	34	77,542,495	109,397	3,223
New Hampshire	6,705	45	3,389	107,428	723	32	10,323,682	69,473	3,046
Rhode Island	6,316	57	3,372	108,409	981	32	10,418,421	94,318	3,090
Vermont	3,424	40	1,821	64,354	749	35	6,184,319	72,011	3,396
Middle Atlantic	203,770	45	109,613	4,175,365	914	38	401,238,432	87,791	3,661
New Jersey	44,132	45	23,300	654,774	663	28	62,912,234	63,669	2,700
New York	77,168	37	45,033	2,221,246	1,070	49	213,471,709	102,816	4,740
Pennsylvania	82,470	55	41,280	1,299,345	863	32	124,854,489	82,904	3,025
East North Central	266,159	47	132,465	4,312,936	765	33	414,413,446	73,499	3,128
Illinois	73,989	52	34,243	1,000,550	705	29	96,117,266	67,765	2,807
Indiana	41,868	52	21,066	713,196	888	34	68,532,952	85,293	3,253
Michigan	41,818	32	23,781	994,870	760	42	95,602,671	73,055	4,020
Ohio	74,174	54	36,149	1,068,381	773	30	102,651,544	74,279	2,840
Wisconsin	34,310	47	17,226	535,939	738	31	51,509,013	70,963	2,990

See footnotes at end of table.



Table 39—Continued

**Persons Served, Coinsurance Days, and Coinsurance Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries,  
by Area of Residence: Calendar Year 1999**

Area of Residence	Persons Served <sup>1</sup>			Coinsurance Days			Coinsurance Payments		
	Number	Per 1,000	With	Number	Per 1,000	Per Person with	Amount	Per 1,000	Per Person with
		HI Enrollees <sup>2</sup>	Coinsurance		HI Enrollees <sup>2</sup>	Coinsurance		HI Enrollees <sup>2</sup>	Coinsurance
West North Central	136,414	54	56,098	1,483,509	583	26	\$142,481,469	\$55,946	\$2,540
Iowa	23,411	51	8,243	169,848	373	21	16,314,605	35,781	1,979
Kansas	20,114	57	7,610	177,228	500	23	17,023,094	48,066	2,237
Minnesota	29,886	54	13,915	422,328	759	30	40,546,159	72,878	2,914
Missouri	37,868	52	16,357	445,303	615	27	42,780,777	59,111	2,615
Nebraska	12,965	54	5,045	136,249	571	27	13,085,915	54,881	2,594
North Dakota	5,675	56	2,182	52,473	521	24	5,038,853	50,048	2,309
South Dakota	6,495	55	2,746	80,080	682	29	7,692,066	65,509	2,801
South Atlantic	246,542	39	131,357	4,236,646	673	32	407,016,388	64,678	3,099
Delaware	3,390	32	1,803	66,242	622	37	6,366,270	59,755	3,531
District of Columbia	2,571	39	1,339	47,534	721	36	4,566,758	69,298	3,411
Florida	96,660	49	51,729	1,517,058	763	29	145,773,103	73,287	2,818
Georgia	26,068	31	14,255	499,363	590	35	47,900,222	56,605	3,360
Maryland	26,037	48	12,870	375,325	692	29	36,058,274	66,462	2,802
North Carolina	36,160	34	20,122	747,631	703	37	71,852,391	67,576	3,571
South Carolina	17,492	32	9,487	329,150	600	35	31,626,376	57,620	3,334
Virginia	25,596	31	13,723	469,499	572	34	45,110,799	54,986	3,287
West Virginia	12,568	41	6,029	184,844	596	31	17,762,195	57,283	2,946
East South Central	94,056	40	47,491	1,700,505	718	36	163,375,973	69,020	3,440
Alabama	21,054	34	11,245	457,871	741	41	43,994,614	71,200	3,912
Kentucky	25,131	44	12,379	420,995	736	34	40,450,867	70,708	3,268
Mississippi	14,845	36	7,015	228,512	559	33	21,936,710	53,685	3,127
Tennessee	33,026	43	16,852	593,127	772	35	56,993,782	74,164	3,382

See footnotes at end of table.

Table 39—Continued

**Persons Served, Coinsurance Days, and Coinsurance Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries,  
by Area of Residence: Calendar Year 1999**

Area of Residence	Persons Served <sup>1</sup>			Coinsurance Days			Coinsurance Payments		
	Number	Per 1,000 HI Enrollees <sup>2</sup>	With Coinsurance	Number	Per 1,000 HI Enrollees <sup>2</sup>	Per Person with Coinsurance	Amount	Per 1,000 HI Enrollees <sup>2</sup>	Per Person with Coinsurance
West South Central	134,175	42	60,065	1,832,200	579	31	\$175,933,706	\$55,618	\$2,929
Arkansas	16,643	40	7,462	210,932	512	28	20,255,572	49,178	2,714
Louisiana	19,929	42	8,224	218,441	463	27	20,973,643	44,417	2,550
Oklahoma	19,373	43	8,025	210,200	466	26	20,154,232	44,690	2,511
Texas	78,230	43	36,354	1,192,627	652	33	114,550,259	62,657	3,151
Mountain	64,967	42	28,816	783,529	502	27	75,289,296	48,282	2,613
Arizona	15,628	40	7,218	148,231	375	21	14,241,775	36,044	1,973
Colorado	13,719	47	6,133	169,737	581	28	16,309,194	55,853	2,659
Idaho	7,344	50	3,197	104,692	711	33	10,061,396	68,352	3,147
Montana	6,871	52	2,835	70,838	539	25	6,806,884	51,811	2,401
Nevada	4,584	30	2,102	63,514	410	30	6,103,603	39,378	2,904
New Mexico	5,033	28	2,343	65,517	362	28	6,295,255	34,823	2,687
Utah	8,856	45	3,704	122,146	624	33	11,737,064	59,926	3,169
Wyoming	2,932	47	1,284	38,854	626	30	3,734,125	60,208	2,908
Pacific	144,023	46	64,190	1,778,188	566	28	170,864,312	54,346	2,662
Alaska	758	19	349	10,986	277	32	1,055,752	26,607	3,025
California	104,768	48	47,217	1,369,169	632	29	131,561,832	60,726	2,786
Hawaii	1,919	18	881	25,503	235	29	2,450,706	22,541	2,782
Oregon	11,699	39	4,937	91,080	303	18	8,750,755	29,109	1,772
Washington	24,879	47	10,806	281,450	533	26	27,045,267	51,176	2,503
Outlying Areas <sup>4</sup>	3,412	4	1,802	44,233	54	25	4,247,631	5,154	2,357

<sup>1</sup>Reflects admissions for beneficiaries with at least 1 day of covered care under Medicare. Excludes stays of beneficiaries who have exhausted their benefits and for whom no discharge record was received. A person covered under Medicare may have 1 or more covered skilled nursing facility admission per benefit period.

<sup>2</sup>Beginning with 1994, the utilization rate and program payment rates per 1,000 enrollees are based on fee-for-service enrollees only.

<sup>3</sup>Includes 50 States, District of Columbia, and outlying areas.

<sup>4</sup>Includes Puerto Rico, Guam, Virgin Islands, foreign countries, and other outlying areas.

NOTES: HI is hospital insurance. Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services.

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 40

**Covered Persons, Covered Admissions, Covered Days of Care, Covered Charges, Coinsurance and Program Payments for  
Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Type of Entitlement and Covered Days of Care:**

**Calendar Year 1999**

Type of Entitlement and Covered		Covered	Covered Days of Care			Covered Charges	
				Per	Per	Amount	Per
Days of Care	Persons <sup>1</sup>	Admissions <sup>2</sup>	Number	Admission	Person	in Thousands	Admission
<b>All Beneficiaries</b>							
Total	1,390,326	1,902,496	43,396,902	22.8	31.2	\$18,225,776	\$9,580
1-8 Days	396,835	544,444	2,693,219	4.9	6.8	1,817,082	3,338
9-20 Days	470,124	644,327	8,966,448	13.9	19.1	4,972,653	7,718
21-40 Days	294,374	411,526	11,730,081	28.5	39.8	4,992,707	12,132
41-60 Days	109,825	152,433	7,520,145	49.3	68.5	2,652,937	17,404
61-80 Days	49,260	68,297	4,743,663	69.5	96.3	1,523,560	22,308
More than 81 Days	69,908	81,469	7,743,346	95.0	110.8	2,266,837	27,825
<b>Aged</b>							
Total	1,320,583	1,805,444	41,213,319	22.8	31.2	17,169,804	9,510
1-8 Days	374,465	513,358	2,543,547	5.0	6.8	1,696,868	3,305
9-20 Days	447,352	612,604	8,525,871	13.9	19.1	4,685,741	7,649
21-40 Days	281,272	392,695	11,192,135	28.5	39.8	4,715,116	12,007
41-60 Days	104,971	145,411	7,173,898	49.3	68.3	2,512,242	17,277
61-80 Days	46,800	64,774	4,499,042	69.5	96.1	1,437,943	22,199
More than 81 Days	65,723	76,602	7,278,826	95.0	110.8	2,121,893	27,700
<b>Disabled</b>							
Total	69,743	97,052	2,183,583	22.5	31.3	1,055,973	10,880
1-8 Days	22,370	31,086	149,672	4.8	6.7	120,214	3,867
9-20 Days	22,772	31,723	440,577	13.9	19.3	286,913	9,044
21-40 Days	13,102	18,831	537,946	28.6	41.1	277,591	14,741
41-60 Days	4,854	7,022	346,247	49.3	71.3	140,694	20,036
61-80 Days	2,460	3,523	244,621	69.4	99.4	85,617	24,302
More than 81 Days	4,185	4,867	464,520	95.4	111.0	144,944	29,781

See footnotes at end of table.

Table 40—Continued

**Covered Persons, Covered Admissions, Covered Days of Care, Covered Charges, Coinsurance and Program Payments for  
Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Type of Entitlement and Covered Days of Care:  
Calendar Year 1999**

Covered Charges		Coinsurance Payments				Program Payments			
Per	Per	Amount	Per	Per	Per	Amount	Per	Per	Per
Person	Day	in Thousands	Admission	Person	Day	in Thousands	Admission <sup>3</sup>	Person	Day
\$13,109	\$420	\$2,132,087	\$1,121	\$1,534	\$49	\$9,616,539	\$5,077	\$6,917	\$222
4,579	675	27,208	50	69	10	754,957	1,396	1,902	280
10,577	555	129,816	201	276	14	2,437,382	3,801	5,185	272
16,960	426	510,942	1,242	1,736	44	2,708,340	6,601	9,200	231
24,156	353	502,237	3,295	4,573	67	1,486,650	9,772	13,537	198
30,929	321	361,566	5,294	7,340	76	870,086	12,760	17,663	183
32,426	293	600,317	7,369	8,587	78	1,359,123	16,705	19,442	176
13,002	417	2,020,409	1,119	1,530	49	9,125,626	5,077	6,910	221
4,531	667	25,551	50	68	10	712,203	1,396	1,902	280
10,474	550	122,801	200	275	14	2,316,318	3,800	5,178	272
16,764	421	486,335	1,238	1,729	43	2,580,943	6,592	9,176	231
23,933	350	478,669	3,292	4,560	67	1,416,871	9,763	13,498	198
30,725	320	342,760	5,292	7,324	76	824,048	12,742	17,608	183
32,285	292	564,293	7,367	8,586	78	1,275,244	16,671	19,403	175
15,141	484	111,677	1,151	1,601	51	490,912	5,075	7,039	225
5,374	803	1,657	53	74	11	42,755	1,382	1,911	286
12,599	651	7,015	221	308	16	121,064	3,829	5,316	275
21,187	516	24,607	1,307	1,878	46	127,397	6,781	9,723	237
28,985	406	23,569	3,356	4,855	68	69,780	9,963	14,376	202
34,804	350	18,806	5,338	7,645	77	46,038	13,094	18,715	188
34,634	312	36,024	7,402	8,608	78	83,879	17,245	20,043	181

<sup>1</sup>Number of beneficiaries receiving Medicare skilled nursing facility covered services.

<sup>2</sup>Reflects skilled nursing facility admissions with at least 1 day of covered care under Medicare.

<sup>3</sup>The denominator used to calculate the average program payment per covered admission includes only those bills with Medicare reimbursement greater than zero.

NOTE: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services.

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 41**  
**Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for**  
**Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses**  
**Within Major Diagnostic Classification (MDC): Calendar Year 1999**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Total All Diagnoses <sup>4</sup>	---	1,902,496	100.0
Leading Diagnoses <sup>5</sup>	---	1,508,330	79.3
Infectious and Parasitic Diseases (MDC 1)	001-139	30,966	1.6
Septicemia	038	20,373	1.1
Other	---	10,593	0.6
Neoplasms (MDC 2)	140-239	78,568	4.1
Malignant Neoplasm of Colon	153	7,475	0.4
Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus	154	4,826	0.3
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	12,382	0.7
Malignant Neoplasm of Female Breast	174	3,840	0.2
Malignant Neoplasm of Prostate	185	4,029	0.2
Secondary Malignant Neoplasm of Respiratory and Digestive Systems and Other Specified Sites	197-198	8,021	0.4
Other	---	37,995	2.0
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	85,850	4.5
Diabetes	250	39,995	2.1
Nutritional Deficiencies	260-263	4,405	0.2
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	31,826	1.7
Other	---	9,624	0.5
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	13,258	0.7
Other and Unspecified Anemias	285	7,363	0.4
Other	---	5,895	0.3
Mental Disorders (MDC 5)	290-319	43,383	2.3
Senile and Prosenile Organic Psychotic Conditions	290	14,302	0.8
Other Organic Psychotic Conditions (Chronic)	294	7,760	0.4
Other Non-Organic Psychoses	298	4,286	0.2
Other	---	17,035	0.9
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	48,103	2.5
Other Cerebral Degenerations	331	12,824	0.7
Parkinson's Disease	332	11,359	0.6
Hemiplegia	342	4,373	0.2
Other	---	19,547	1.0

See footnotes at end of table.

**Table 41—Continued**  
**Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for**  
**Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses**  
**Within Major Diagnostic Classification (MDC): Calendar Year 1999**

Covered Days of Care			Covered Charges			Program Payments		
Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admis- sion <sup>2</sup>	Per Day
43,397	1,366	23	\$18,225,776	\$9,580	\$420	\$9,616,539	\$5,077	\$222
34,434	1,084	23	14,508,364	9,619	421	7,642,944	5,089	222
637	20	21	325,076	10,498	510	149,228	4,842	234
405	13	20	214,622	10,535	530	95,636	4,718	236
232	7	22	110,455	10,427	476	53,592	5,080	231
1,540	48	20	689,492	8,776	448	347,984	4,452	226
132	4	18	61,387	8,212	466	31,203	4,194	237
100	3	21	40,561	8,405	404	22,163	4,622	221
219	7	18	105,638	8,532	482	50,404	4,089	230
91	3	24	32,762	8,532	361	19,150	5,013	211
92	3	23	33,502	8,315	366	19,299	4,810	211
128	4	16	80,684	10,059	630	32,205	4,031	251
778	24	21	334,958	8,816	431	173,560	4,594	223
2,204	69	26	811,219	9,449	368	456,423	5,337	207
1,082	34	27	403,713	10,094	373	218,847	5,492	202
122	4	28	48,142	10,929	394	24,170	5,497	198
757	24	24	271,262	8,523	358	161,829	5,107	214
243	8	25	88,103	9,154	362	51,576	5,377	212
315	10	24	114,888	8,666	365	65,507	4,963	208
186	6	25	62,883	8,540	338	38,217	5,217	205
129	4	22	52,005	8,822	403	27,291	4,648	211
1,289	41	30	380,550	8,772	295	250,324	5,795	194
446	14	31	128,036	8,952	287	85,153	5,991	191
229	7	30	65,213	8,404	285	43,890	5,667	192
120	4	28	35,885	8,373	298	23,549	5,533	196
494	16	29	151,416	8,889	306	97,732	5,755	198
1,420	45	30	488,388	10,153	344	291,209	6,083	205
374	12	29	107,486	8,382	288	71,261	5,583	191
335	11	30	113,578	9,999	339	69,473	6,143	207
169	5	39	59,669	13,645	352	34,788	8,032	205
541	17	28	207,655	10,623	384	115,687	5,943	214

**Table 41—Continued**  
**Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for**  
**Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses**  
**Within Major Diagnostic Classification (MDC): Calendar Year 1999**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Diseases of the Circulatory System (MDC 7)	390-459	416,351	21.9
Essential Hypertension	401	22,430	1.2
Acute Myocardial Infarction	410	21,683	1.1
Ischemic Heart Disease	414	26,904	1.4
Cardiac Dysrhythmia	427	23,510	1.2
Heart Failure	428	91,212	4.8
III-Defined Descriptions and Complication of Heart Disease	429	3,941	0.2
Intracranial Hemorrhage	431	4,957	0.3
Occlusion of Cerebral Arteries	434	14,224	0.7
Transient Cerebral Ischemia	435	10,388	0.5
Acute, But III-Defined, Cerebrovascular Disease	436	98,042	5.2
Other and III-Defined Cerebrovascular Disease	437	3,548	0.2
Late Effects of Cerebrovascular Disease	438	19,837	1.0
Atherosclerosis	440	6,382	0.3
Other Peripheral Vascular Disease	443	9,089	0.5
Venous Embolism and Thrombosis	453	8,380	0.4
Other	---	51,824	2.7
Diseases of the Respiratory System (MDC 8)	460-519	225,209	11.8
Other Bacterial Pneumonia and Breathing Exercises (V-57.0)	482	10,310	0.5
Pneumonia, Organism Unspecified	486	91,904	4.8
Chronic Bronchitis	491	18,126	1.0
Chronic Airway Obstruction	496	39,841	2.1
Pneumonitis Due to Solids and Liquids	507	16,644	0.9
Other Diseases of Lung	518	15,041	0.8
Other	---	33,343	1.8
Diseases of the Digestive System (MDC 9)	520-579	81,803	4.3
Intestinal Obstruction Without Mention of Hernia	560	11,561	0.6
Diverticula of Intestine	562	6,862	0.4
Gastrointestinal Hemorrhage	578	18,092	1.0
Other	---	45,288	2.4

See footnotes at end of table.

**Table 41—Continued**  
**Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for**  
**Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses**  
**Within Major Diagnostic Classification (MDC): Calendar Year 1999**

Covered Days of Care			Covered Charges			Program Payments		
Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admis- sion <sup>3</sup>	Per Day
10,328	325	25	\$4,048,840	\$9,725	\$392	\$2,237,043	\$5,400	\$217
658	21	29	212,305	9,465	323	134,437	6,028	204
394	12	18	171,804	7,923	436	90,820	4,214	231
546	17	20	227,067	8,440	416	125,060	4,677	229
538	17	23	199,273	8,476	370	116,545	4,979	217
1,960	62	22	762,502	8,360	389	416,916	4,591	213
111	3	28	35,029	8,888	317	21,725	5,544	196
134	4	27	59,796	12,063	447	30,111	6,110	225
270	8	19	162,863	11,450	603	69,612	4,912	258
252	8	24	92,462	8,901	366	55,763	5,381	221
3,092	97	32	1,118,198	11,405	362	654,751	6,717	212
103	3	29	35,648	10,047	346	21,071	5,959	204
622	20	31	238,575	12,027	383	129,812	6,569	209
110	3	17	76,168	11,935	691	28,608	4,499	260
243	8	27	91,569	10,075	377	51,570	5,705	213
191	6	23	72,378	8,637	380	40,416	4,845	212
1,105	35	21	493,202	9,517	446	249,826	4,846	226
4,680	147	21	2,062,387	9,158	441	1,034,256	4,611	221
170	5	17	108,790	10,552	640	40,330	3,923	237
1,886	59	21	779,144	8,478	413	418,857	4,576	222
265	8	15	177,199	9,776	670	66,336	3,668	251
961	30	24	345,586	8,674	360	197,644	4,986	206
368	12	22	180,771	10,861	492	81,586	4,917	222
343	11	23	187,333	12,455	545	80,024	5,350	233
687	22	21	283,564	8,504	413	149,477	4,500	218
1,697	53	21	704,353	8,610	415	376,624	4,624	222
239	8	21	101,559	8,785	424	53,695	4,667	224
128	4	19	58,616	8,542	459	29,547	4,321	231
425	13	24	143,813	7,949	339	89,561	4,981	211
905	28	20	400,366	8,840	443	203,821	4,517	225



**Table 41—Continued**  
**Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for**  
**Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses**  
**Within Major Diagnostic Classification (MDC): Calendar Year 1999**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code	Covered Admissions <sup>1</sup>	
	Category	Number	Percent Distri- bution
Diseases of the Genitourinary System (MDC 10)	580-629	75,081	3.9
Chronic Renal Failure	585	10,173	0.5
Renal Failure, Unspecified	586	6,668	0.4
Other Disorders of Urethra and Urinary Tract	599	39,984	2.1
Other	---	18,256	1.0
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	48,757	2.6
Other Cellulitis and Abscess	682	23,266	1.2
Chronic Ulcer of Skin	707	22,769	1.2
Other	---	2,722	0.1
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	134,035	7.0
Osteoarthritis and Allied Disorders	715	53,068	2.8
Other and Unspecified Disorders of Joint	719	10,814	0.6
Spinal Stenosis	724	13,908	0.7
Disorders of Muscle, Ligament, and Fascia	728	8,721	0.5
Osteomyelitis, Periostitis, and Other Infections Involving Bone	730	6,486	0.3
Other Disorders of Bone and Cartilage	733	17,478	0.9
Other	---	23,560	1.2
Congenital Anomalies (MDC 14)	740-759	3,274	0.2
Other III Defined Conditions (MDC 16)	780-799	112,803	5.9
General Symptoms	780	45,199	2.4
Symptoms Involving Nervous and Musculoskeletal Systems	781	14,826	0.8
Symptom Disorders of Cardiovascular System	785	4,193	0.2
Symptoms Involving Respiratory System and Other Chest Symptoms	786	6,961	0.4
Symptoms Involving Digestive System	787	9,793	0.5
Other	---	31,831	1.7
Injury and Poisoning (MDC 17)	800-999	272,268	14.3
Fracture, Vertebra	805	13,212	0.7
Fracture, Pelvis	808	15,871	0.8
Fracture, Humerus	812	11,288	0.6
Fracture, Neck of Femur	820	130,956	6.9
Fracture, Shaft of Femur	821	15,002	0.8
Fracture, Tibia, Fibula	823	6,811	0.4
Fracture of Ankle	824	7,400	0.4
Amputation	897	5,717	0.3
Other	---	66,011	3.5

See footnotes at end of table.

**Table 41—Continued**  
**Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for**  
**Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses**  
**Within Major Diagnostic Classification (MDC): Calendar Year 1999**

Covered Days of Care			Covered Charges			Program Payments		
Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admis- sion <sup>3</sup>	Per Day
1,764	56	24	\$639,945	\$8,523	\$363	\$377,612	\$5,051	\$214
252	8	25	85,474	8,402	339	50,961	5,024	202
162	5	24	52,270	7,839	322	32,810	4,944	202
963	30	24	345,026	8,629	358	209,042	5,254	217
387	12	21	157,175	8,610	406	84,799	4,662	219
1,315	41	27	554,027	11,363	421	280,015	5,775	213
534	17	23	234,431	10,076	439	120,508	5,212	226
715	22	31	292,401	12,842	409	145,296	6,414	203
67	2	25	27,195	9,991	407	14,211	5,244	213
2,571	81	19	1,179,461	8,800	459	615,020	4,612	239
779	25	15	387,003	7,293	497	203,993	3,870	262
247	8	23	103,337	9,556	419	54,619	5,076	221
273	9	20	113,183	8,138	414	65,422	4,723	239
217	7	25	90,613	10,390	418	47,270	5,434	218
170	5	26	101,845	15,702	598	39,703	6,155	233
380	12	22	164,904	9,435	434	87,795	5,036	231
505	16	21	218,576	9,277	433	116,218	4,957	230
82	3	25	28,023	8,559	343	17,252	5,313	211
2,838	89	25	1,043,083	9,247	368	608,708	5,421	214
1,077	34	24	398,684	8,821	370	236,895	5,265	220
366	12	25	150,312	10,138	411	80,309	5,433	220
114	4	27	41,024	9,784	361	23,796	5,715	209
160	5	23	59,093	8,489	370	34,012	4,941	213
319	10	33	96,408	9,845	302	60,158	6,162	189
803	25	25	297,563	9,348	371	173,538	5,474	216
7,446	234	27	2,956,903	10,860	397	1,654,535	6,105	222
304	10	23	119,010	9,008	392	69,555	5,282	229
399	13	25	158,008	9,956	396	91,907	5,807	230
345	11	31	127,902	11,331	371	75,444	6,704	219
3,794	119	29	1,452,728	11,093	383	837,994	6,430	221
482	15	32	177,650	11,842	369	102,625	6,885	213
215	7	32	80,275	11,786	374	46,561	6,861	217
206	6	28	80,364	10,860	389	46,203	6,270	224
186	6	33	59,042	10,327	317	35,348	6,207	190
1,516	48	23	701,924	10,633	463	348,898	5,312	230

**Table 41—Continued**  
**Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for**  
**Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses**  
**Within Major Diagnostic Classification (MDC): Calendar Year 1999**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Supplementary Classification of Factors Influencing			
Health Status and Contact with Health Services	V01-V82	230,753	12.1
Organ of Tissue Replaced by Other Means	V43	9,567	0.5
Orthopedic Aftercare	V54	4,657	0.2
Breathing Exercises	V57	154,038	8.1
Encounter for Other and Unspecified Procedures and Aftercare	V58	36,266	1.9
Convalescence	V66	10,891	0.6
Other	---	15,334	0.8

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

<sup>2</sup>ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification* (Volume 1). Only the first listed or principal diagnosis has been used.

<sup>3</sup>The denominator used to calculate the average program payment per covered admission includes only those bills with Medicare reimbursement greater than zero.

<sup>4</sup>Includes invalid codes not shown separately.

<sup>5</sup>Specific leading diagnostic categories were selected for presentation because of frequency of occurrences or special interest.

NOTES: Medicare program payments represent fee-for-service only. Numbers may not add to totals because of rounding. MDCs 11 and 15 were not shown separately (but are included in the totals) because these diagnostic conditions are, for the most part, not applicable to Medicare beneficiaries.

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 41—Continued**  
**Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for**  
**Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses**  
**Within Major Diagnostic Classification (MDC): Calendar Year 1999**

Covered Days of Care			Covered Charges			Program Payments		
Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admis- sion <sup>3</sup>	Per Day
3,217	101	14	\$2,181,152	\$9,452	\$678	\$843,066	\$3,662	\$262
190	6	20	74,254	7,761	392	43,322	4,554	228
91	3	20	47,358	10,169	522	21,573	4,696	238
1,916	60	12	1,475,410	9,578	770	538,943	3,505	281
434	14	12	358,176	9,876	825	121,644	3,361	280
149	5	14	78,710	7,227	527	33,201	3,058	222
437	14	29	147,244	9,602	337	84,384	5,517	193

Table 42

**Covered Admissions and Total Charges for Medicare Skilled Nursing Facility Admissions, by Covered Days of Care and Type of Service: Calendar Year 1999**

Covered Days of Care	All Services	Accommodations	Type of Ancillary Service							
			Total	Pharmacy	Laboratory	Radiology	Supply	Inhalation Therapy	Rehabilitation <sup>1</sup>	Other <sup>2</sup>
Number of Admissions <sup>3</sup>										
Total	1,902,496	1,902,489	1,879,590	1,783,095	1,049,089	452,586	1,256,721	336,748	1,618,566	309,963
1-8 Days	544,444	544,437	528,351	489,601	271,405	94,195	343,975	125,868	402,512	87,982
9-20 Days	644,327	644,327	639,312	605,260	371,784	161,330	432,243	126,667	565,641	119,226
21-40 Days	411,526	411,526	410,271	394,230	226,060	106,411	270,227	54,820	375,722	61,078
41-60 Days	152,433	152,433	152,180	148,048	86,770	42,131	103,552	15,326	140,495	19,957
61-80 Days	68,297	68,297	68,197	66,623	40,937	20,827	48,532	6,509	62,261	9,564
More than 81 Days	81,469	81,469	81,279	79,333	52,133	27,692	58,192	7,558	71,935	12,156
Total Charges in Thousands										
Total	\$18,417,408	\$9,342,422	\$9,075,212	\$2,382,909	\$509,298	\$180,982	\$689,698	\$463,390	\$4,659,669	\$189,265
1-8 Days	1,840,308	781,620	1,058,759	347,997	91,780	29,869	110,648	85,029	363,788	29,648
9-20 Days	5,017,949	2,299,237	2,718,800	766,540	201,305	67,208	244,493	182,026	1,194,459	62,769
21-40 Days	5,043,788	2,487,085	2,556,747	658,729	134,455	48,850	179,247	117,004	1,370,650	47,813
41-60 Days	2,680,384	1,436,203	1,244,194	281,463	42,399	17,638	67,723	38,392	777,169	19,410
61-80 Days	1,539,989	880,923	659,072	142,812	18,055	7,763	34,461	17,950	427,010	11,020
More than 81 Days	2,294,991	1,457,354	837,640	185,369	21,305	9,653	53,126	22,989	526,593	18,604
Percent of Charges										
Total	100.0	50.7	49.3	12.9	2.8	1.0	3.7	2.5	25.3	1.0
1-8 Days	100.0	42.5	57.5	18.9	5.0	1.6	6.0	4.6	19.8	1.6
9-20 Days	100.0	45.8	54.2	15.3	4.0	1.3	4.9	3.6	23.8	1.3
21-40 Days	100.0	49.3	50.7	13.1	2.7	1.0	3.6	2.3	27.2	0.9
41-60 Days	100.0	53.6	46.4	10.5	1.6	0.7	2.5	1.4	29.0	0.7
61-80 Days	100.0	57.2	42.8	9.3	1.2	0.5	2.2	1.2	27.7	0.7
More than 81 Days	100.0	63.5	36.5	8.1	0.9	0.4	2.3	1.0	22.9	0.8
See footnotes at end of table.										

See footnotes at end of table.

Table 42—Continued

**Covered Admissions and Total Charges for Medicare Skilled Nursing Facility Admissions, by Covered Days of Care and Type of Service: Calendar Year 1999**

Covered Days of Care	All Services	Accommodations	Type of Ancillary Service							
			Total	Pharmacy	Laboratory	Radiology	Supply	Inhalation Therapy	Rehabilitation <sup>1</sup>	Other <sup>2</sup>
Average Total Charge per Admission										
Total	\$9,681	\$4,911	\$4,828	\$1,336	\$485	\$400	\$549	\$1,376	\$2,879	\$611
1-8 Days	3,380	1,436	2,004	711	338	317	322	676	904	337
9-20 Days	7,788	3,568	4,253	1,266	541	417	566	1,437	2,112	526
21-40 Days	12,256	6,044	6,232	1,671	595	459	663	2,134	3,648	783
41-60 Days	17,584	9,422	8,176	1,901	489	419	654	2,505	5,532	973
61-80 Days	22,548	12,898	9,664	2,144	441	373	710	2,758	6,858	1,152
More than 81 Days	28,170	17,888	10,306	2,337	409	349	913	3,042	7,320	1,530

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

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

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

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

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

Table 43

**Number of Medicare Skilled Nursing Facilities (SNF) and Swing-Bed Hospitals Providing SNF Services, Covered Admissions,  
Covered Days of Care, and Program Payments, by Type of Facility and Bedsize: Calendar Year 1999**

Type of Facility and Bed Size	Number of Facilities	Covered Admissions <sup>1</sup>		Covered Days of Care			Program Payments			
		Number	Percent	Number in Thousands	Percent	Per Admission	Amount in Thousands	Percent	Per Admissions <sup>2</sup>	Per Day
SNFs										
Total	14,914	1,795,672	100.0	42,411	100.0	23.6	\$9,400,197	100.0	\$5,259	\$222
1-49 Beds	9,012	1,094,667	61.0	23,235	54.8	21.2	5,407,971	57.5	4,952	233
50-99 Beds	3,464	373,500	20.8	9,397	22.2	25.2	2,033,693	21.6	5,472	216
100-149 Beds	1,495	161,370	9.0	4,572	10.8	28.3	877,424	9.3	5,481	192
150-199 Beds	495	74,962	4.2	2,159	5.1	28.8	425,776	4.5	5,804	197
More than 200 Beds	448	91,173	5.1	3,049	7.2	33.4	655,334	7.0	7,271	215
Hospital Based										
Total	2,046	550,017	100.0	7,338	100.0	13.3	2,127,775	100.0	3,880	290
1-49 Beds	1,588	446,393	81.2	5,501	75.0	12.3	1,664,683	78.2	3,739	303
50-99 Beds	301	73,989	13.5	1,151	15.7	15.5	318,771	15.0	4,330	277
100-149 Beds	90	15,477	2.8	308	4.2	19.9	62,855	3.0	4,064	204
150-199 Beds	29	6,353	1.2	142	1.9	22.4	30,861	1.5	4,862	217
More than 200 Beds	38	7,805	1.4	235	3.2	30.1	50,605	2.4	6,494	215
Non-Hospital Based										
Total	12,868	1,245,655	100.0	35,074	100.0	28.2	7,272,422	100.0	5,870	207
1-49 Beds	7,424	648,274	52.0	17,734	50.6	27.4	3,743,288	51.5	5,785	211
50-99 Beds	3,163	299,511	24.0	8,247	23.5	27.5	1,714,922	23.6	5,755	208
100-149 Beds	1,405	145,893	11.7	4,263	12.2	29.2	814,569	11.2	5,632	191
150-199 Beds	466	68,609	5.5	2,016	5.7	29.4	394,914	5.4	5,893	196
More than 200 Beds	410	83,368	6.7	2,814	8.0	33.7	604,729	8.3	7,345	215
Swing-Bed Hospitals <sup>3</sup>										
Total	1,320	106,824	100.0	986	100.0	9.2	216,342	100.0	2,026	219
1-49 Beds	1,025	85,219	79.8	786	79.7	9.2	173,436	80.2	2,036	221
50-99 Beds	295	21,605	20.2	200	20.3	9.2	42,906	19.8	1,987	215

<sup>1</sup>Reflects SNF admissions with at least 1 day of covered care under Medicare.

<sup>2</sup>Does not reflect admissions for beneficiaries with no program payments reported in the calendar year.

<sup>3</sup>Swing-bed hospitals are not SNFs and are not included in the count of total SNFs; however, swing-bed hospital services are included in the total use and cost of Medicare SNF services.

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

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

Table 44

**Number and Distribution of Covered Admissions for Medicare Beneficiaries Admitted to Skilled Nursing Facilities (SNF), by the Leading Principal Diagnoses: Calendar Years 1987 and 1999**

Principal ICD-9-CM Diagnosis <sup>1</sup>	ICD-9-CM Code	1987 Covered Admissions <sup>2</sup>			1999 Covered Admissions <sup>2</sup>			Percent Change 1987-1999		
		Number	Average Covered Days of Care per Admission	Average Program Payment per Admission <sup>3</sup>	Number	Average Covered Days of Care per Admission	Average Program Payment per Admission <sup>3</sup>	Covered Admissions	Average Covered Days of Care per Admission	Average Program Payment per Admission <sup>3</sup>
Total All Diagnoses	---	327,012	21.5	\$1,712	1,902,496	22.8	\$5,077	482	6	\$197
Fracture of Neck of Femur	820	43,875	22.6	1,770	130,956	29.0	6,430	198	28	263
Acute But Ill-Defined, Cerebrovascular Disease	436	36,063	25.7	1,719	98,042	31.5	6,717	172	23	291
Pneumonia	486	9,918	17.4	1,263	91,904	20.5	4,576	827	18	262
Heart Failure	428	8,779	15.9	1,181	91,212	21.5	4,591	939	35	289
Osteoarthritis and Allied Disorders	715	4,381	14.8	1,694	53,068	14.7	3,870	1,111	-1	128
General Symptoms	780	2,205	21.0	1,432	45,199	23.8	5,265	1,950	13	268
Diabetes Mellitus	250	5,773	21.7	1,425	39,995	27.1	5,492	593	25	285
Other Disorders of Urethra and Urinary Tract	599	6,841	19.6	1,341	39,984	24.1	5,254	484	23	292
Chronic Airway Obstruction, Not Elsewhere Classified	496	4,082	16.4	1,254	39,841	24.1	4,986	876	47	298
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	4,165	22.9	1,509	31,826	23.8	5,107	664	4	238
All Other Diagnoses	---	205,311	20.5	1,704	1,240,469	21.8	4,907	504	6	188

<sup>1</sup>ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification* (Volume 1). Only the first listed or principal diagnosis has been used.

<sup>2</sup>Reflects SNF admissions with at least 1 day of covered care under Medicare.

<sup>3</sup>The denominator used to calculate the average program payment per covered admission includes only those bills with Medicare reimbursement greater than zero.

NOTES: The leading conditions were selected based on the most frequently reported principal diagnoses for beneficiaries admitted to SNFs during 1999; excludes ICD-9-CM V codes (Supplementary Classification of Factors Influencing Health Status and Contact with Health Services). Medicare program payments represent fee-for-service only.

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.