

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 1972-2000

| 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 | 335 | 84,742 | 2,516 | 7.5 |
| 1995 ³ | 11,435 | 340 | 80,056 | 2,378 | 7.0 |
| 1996 ³ | 11,474 | 345 | 75,660 | 2,272 | 6.6 |
| 1997 ³ | 11,527 | 353 | 73,029 | 2,239 | 6.3 |
| 1998 ³ | 11,355 | 355 | 70,055 | 2,192 | 6.2 |
| 1999 ³ | 11,605 | 365 | 70,508 | 2,219 | 6.1 |
| 2000 ³ | 11,720 | 363 | 70,330 | 2,175 | 6.0 |
| | | | Average Annual Rate of Change | | |
| 1972-1983 ⁵ | 5.4 | 2.3 | 3.4 | 0.3 | -1.9 |
| 1983-2000 ⁵ | 0.1 | -0.4 | -2.7 | -3.2 | -2.8 |
| 1972-2000 | 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 1972-2000

| 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 |
| 196,017 | 16,725 | 81,231 | 6,971 | 2,513 | 1,155 | 41.4 | 46.6 |
| Average Annual Rate of Change | | | | | | | |
| 19.8 | 13.6 | 18.0 | 11.9 | 14.4 | 14.0 | --- | --- |
| 7.9 | 7.7 | 5.2 | 5.1 | 4.6 | 8.1 | --- | --- |
| 12.4 | 10.0 | 10.0 | 7.7 | 8.4 | 10.4 | --- | --- |

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 1972-2000

| 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 | 331 | 73,278 | 2,471 | 7.5 |
| 1995 ³ | 9,879 | 336 | 68,842 | 2,340 | 7.0 |
| 1996 ³ | 9,853 | 341 | 64,610 | 2,237 | 6.6 |
| 1997 ³ | 9,873 | 351 | 62,184 | 2,212 | 6.3 |
| 1998 ³ | 9,683 | 354 | 59,286 | 2,169 | 6.1 |
| 1999 ³ | 9,873 | 365 | 59,577 | 2,204 | 6.0 |
| 2000 ³ | 9,913 | 361 | 59,002 | 2,152 | 6.0 |
| | | | Average Annual Rate of Change | | |
| 1972-1983 ⁵ | 4.3 | 2.1 | 2.4 | 0.2 | -1.9 |
| 1983-2000 ⁵ | -0.1 | -0.3 | -3.0 | -3.2 | -2.9 |
| 1972-2000 | 1.6 | 0.6 | -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 1972-2000

| 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 |
| 165,964 | 16,742 | 69,088 | 6,995 | 2,519 | 1,171 | 41.6 | 46.5 |
| Average Annual Rate of Change | | | | | | | |
| 18.5 | 13.6 | 16.7 | 11.8 | 14.2 | 14.0 | --- | --- |
| 7.6 | 7.7 | 4.9 | 5.1 | 4.8 | 8.2 | --- | --- |
| 11.7 | 10.0 | 9.4 | 7.7 | 8.4 | 10.5 | --- | --- |

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 1972-2000

| 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 | 10.1 |
| 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 | 2,846 | 7.7 |
| 1995 ³ | 1,556 | 367 | 11,214 | 2,646 | 7.2 |
| 1996 ³ | 1,621 | 367 | 11,051 | 2,505 | 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 |
| 2000 ³ | 1,807 | 368 | 11,328 | 2,309 | 6.3 |
| | | | Average Annual Rate of Change | | |
| 1974-1983 ⁵ | 8.9 | 4.0 | 7.1 | 2.2 | -1.6 |
| 1983-2000 ⁵ | 2.0 | -1.0 | -0.5 | -3.5 | -2.4 |
| 1974-2000 | 4.4 | 0.7 | 2.1 | -1.5 | -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 the short-stay hospital utilization.

NOTES: Medicare program payments represent fee-for-service only and 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 1972-2000

| 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 | \$1,054 | \$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 |
| 30,053 | 16,629 | 12,143 | 6,835 | 2,475 | 1,072 | 40.4 | 47.1 |
| Average Annual Rate of Change | | | | | | | |
| 24.8 | 14.6 | 22.6 | 12.6 | 17.1 | 14.6 | --- | --- |
| 9.7 | 7.5 | 6.8 | 4.8 | 3.6 | 7.3 | --- | --- |
| 14.7 | 9.9 | 12.1 | 7.5 | 8.1 | 9.8 | --- | --- |

Table 24
Discharges, Coinsurance Days, Coinsurance Payments, and Deductible Payments for Medicare Beneficiaries Discharged
from Short-Stay Hospitals, by Type of Entitlement: Calendar Years 1985-2000

| Type of Entitlement and Year | Discharges | | | Coinsurance Days | | Per Discharge with Coinsurance | Coinsurance Payments | | | Deductible Payments in Thousands | |
|------------------------------|------------|-------------------------|--------------------------|------------------|-----------------|--------------------------------|----------------------|--------------------------------|--------------------------|----------------------------------|-----------------|
| | Number | Number with Coinsurance | Percent with Coinsurance | Number | Percent of TDOC | | Amount in Thousands | Per Discharge with Coinsurance | Per Day with Coinsurance | | Per HI Enrollee |
| All Beneficiaries | | | | | | | | | | | |
| 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 | 223 | 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 | 10,887,700 | 208,650 | 1.9 | 2,564,295 | 2.7 | 12.3 | 740,119 | 3,547 | 289 | 21 | 4,938,491 |
| 1992 | 11,110,545 | 204,690 | 1.8 | 2,459,625 | 2.7 | 12.0 | 749,110 | 3,660 | 305 | 21 | 5,161,207 |
| 1993 | 11,157,860 | 190,640 | 1.7 | 2,230,130 | 2.5 | 11.7 | 678,846 | 3,561 | 304 | 19 | 5,407,178 |
| 1994 ² | 11,470,605 | 181,110 | 1.6 | 2,015,355 | 2.4 | 11.1 | 637,692 | 3,521 | 316 | 19 | 5,656,015 |
| 1995 ² | 11,680,885 | 164,535 | 1.4 | 1,738,950 | 2.1 | 10.6 | 535,923 | 3,257 | 308 | 16 | 5,890,735 |
| 1996 ² | 11,795,535 | 149,265 | 1.3 | 1,492,815 | 1.9 | 10.0 | 472,289 | 3,164 | 316 | 14 | 6,066,239 |
| 1997 ² | 11,919,085 | 144,780 | 1.2 | 1,400,900 | 1.9 | 9.7 | 454,071 | 3,136 | 324 | 14 | 6,274,527 |
| 1998 ² | 11,677,045 | 137,380 | 1.2 | 1,288,950 | 1.8 | 9.4 | 412,001 | 2,999 | 320 | 13 | 6,157,044 |
| 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 |
| 2000 ² | 11,719,960 | 145,880 | 1.2 | 1,379,135 | 2.0 | 9.5 | 492,771 | 3,378 | 357 | 15 | 6,214,175 |
| Aged Beneficiaries | | | | | | | | | | | |
| 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 | 9,654,955 | 171,485 | 1.8 | 2,134,965 | 2.6 | 12.4 | 602,694 | 3,515 | 282 | 19 | 4,428,249 |
| 1992 | 9,809,310 | 165,705 | 1.7 | 2,024,330 | 2.5 | 12.2 | 603,867 | 3,644 | 296 | 19 | 4,607,969 |
| 1993 | 9,797,540 | 151,855 | 1.5 | 1,798,310 | 2.3 | 11.8 | 678,846 | 3,544 | 299 | 21 | 4,905,070 |
| 1994 ² | 9,981,910 | 140,710 | 1.4 | 1,587,770 | 2.1 | 11.3 | 490,226 | 3,484 | 309 | 17 | 4,988,249 |
| 1995 ² | 10,110,745 | 125,305 | 1.2 | 1,348,065 | 1.9 | 10.8 | 407,180 | 3,250 | 302 | 14 | 5,160,234 |
| 1996 ² | 10,154,130 | 109,210 | 1.1 | 1,118,230 | 1.7 | 10.2 | 347,960 | 3,186 | 311 | 12 | 5,300,481 |
| 1997 ² | 10,238,610 | 105,800 | 1.0 | 1,041,835 | 1.6 | 9.8 | 325,899 | 3,080 | 313 | 12 | 5,469,574 |
| 1998 ² | 9,981,860 | 97,640 | 1.0 | 930,890 | 1.5 | 9.4 | 287,393 | 2,943 | 309 | 11 | 5,343,214 |
| 1999 ² | 9,872,680 | 97,240 | 1.0 | 921,210 | 1.5 | 9.5 | 296,315 | 3,047 | 322 | 11 | 5,245,762 |
| 2000 ² | 9,912,740 | 102,475 | 1.0 | 982,075 | 1.7 | 9.6 | 339,119 | 3,309 | 345 | 12 | 5,335,548 |

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 1985-2000

| Type of Entitlement and Year | Discharges | | | Coinsurance Days | | Per Discharge with Coinsurance | Coinsurance Payments | | | | Deductible Payments in Thousands | |
|-------------------------------|------------|-------------------------|--------------------------|------------------|-----------------|--------------------------------|----------------------|--------------------------------|--------------------------|-----------------|----------------------------------|--|
| | Number | Number with Coinsurance | Percent with Coinsurance | Number | Percent of TDOC | | Amount in Thousands | Per Discharge with Coinsurance | Per Day with Coinsurance | Per HI Enrollee | | |
| Disabled Beneficiaries | | | | | | | | | | | | |
| 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 | 86,694 | 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 | 1,233,645 | 37,165 | 3.0 | 429,330 | 3.9 | 11.6 | 137,425 | 3,698 | 320 | 41 | 510,241 | |
| 1992 | 1,301,235 | 38,985 | 3.0 | 435,295 | 4.0 | 11.2 | 145,243 | 3,726 | 334 | 41 | 553,238 | |
| 1993 | 1,360,320 | 38,785 | 2.9 | 431,820 | 3.9 | 11.1 | 140,702 | 3,628 | 326 | 36 | 602,109 | |
| 1994 ² | 1,488,695 | 40,400 | 2.7 | 427,585 | 3.8 | 11.0 | 147,466 | 3,650 | 345 | 37 | 667,766 | |
| 1995 ² | 1,570,140 | 39,230 | 2.5 | 390,885 | 3.5 | 10.0 | 128,743 | 3,282 | 329 | 30 | 720,502 | |
| 1996 ² | 1,641,405 | 40,055 | 2.4 | 374,585 | 3.4 | 9.4 | 124,329 | 3,104 | 332 | 29 | 765,758 | |
| 1997 ² | 1,680,475 | 38,980 | 2.3 | 359,065 | 3.3 | 9.2 | 128,172 | 3,288 | 357 | 28 | 804,953 | |
| 1998 ² | 1,695,185 | 39,740 | 2.3 | 358,060 | 3.3 | 9.0 | 124,608 | 3,136 | 348 | 27 | 813,830 | |
| 1999 ² | 1,731,910 | 40,700 | 2.4 | 357,575 | 3.3 | 8.8 | 127,211 | 3,126 | 356 | 27 | 831,652 | |
| 2000 ² | 1,807,220 | 43,405 | 2.4 | 397,060 | 3.5 | 9.1 | 153,652 | 3,540 | 387 | 31 | 878,628 | |

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 date.

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

NOTES: Medicare program payments represent fee-for-service only and 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 2000

| Demographic Characteristics, Medicare Status, and Discharge Status | Enrollees | | Discharges ¹ | | Total Days of Care | | | Program Payments | | | |
|--|-----------------------|---------------------------|-------------------------|--|---------------------|---------|---------------|--------------------|---------|---------------|---------|
| | Total HI in Thousands | Managed Care in Thousands | Number in Thousands | Rate Per 1,000 HI Enrollees ² | Number in Thousands | Percent | Per Discharge | Amount in Millions | Percent | Per Discharge | Per Day |
| Total | 39,211 | 6,883 | 11,720 | 363 | 70,330 | 100.0 | 6.0 | \$81,231 | 100.0 | \$6,971 | \$1,155 |
| Age | | | | | | | | | | | |
| Under 65 Years | 5,370 | 464 | 1,766 | 360 | 11,068 | 15.7 | 6.3 | 11,842 | 14.6 | 6,824 | 1,070 |
| 65-69 Years | 9,088 | 1,814 | 1,580 | 217 | 8,926 | 12.7 | 5.6 | 11,811 | 14.5 | 7,526 | 1,323 |
| 70-74 Years | 8,501 | 1,738 | 1,987 | 294 | 11,372 | 16.2 | 5.7 | 14,810 | 18.2 | 7,489 | 1,302 |
| 75-79 Years | 7,197 | 1,382 | 2,220 | 382 | 13,305 | 18.9 | 6.0 | 16,238 | 20.0 | 7,339 | 1,220 |
| 80-84 Years | 4,800 | 853 | 1,926 | 488 | 11,809 | 16.8 | 6.1 | 13,056 | 16.1 | 6,796 | 1,106 |
| 85 Years or Over | 4,254 | 631 | 2,241 | 619 | 13,849 | 19.7 | 6.2 | 13,474 | 16.6 | 6,024 | 973 |
| Sex | | | | | | | | | | | |
| Male | 17,010 | 2,944 | 5,056 | 359 | 30,370 | 43.2 | 6.0 | 37,610 | 46.3 | 7,495 | 1,238 |
| Female | 22,202 | 3,939 | 6,664 | 365 | 39,960 | 56.8 | 6.0 | 43,620 | 53.7 | 6,575 | 1,092 |
| Race³ | | | | | | | | | | | |
| White | 33,539 | 5,861 | 9,800 | 354 | 57,451 | 81.7 | 5.9 | 66,771 | 82.2 | 6,847 | 1,162 |
| Other | 5,570 | 1,009 | 1,863 | 408 | 12,537 | 17.8 | 6.7 | 14,068 | 17.3 | 7,631 | 1,122 |
| Medicare Status | | | | | | | | | | | |
| Aged ⁴ | 33,841 | 6,419 | 9,913 | 361 | 59,002 | 83.9 | 6.0 | 69,088 | 85.1 | 6,995 | 1,171 |
| Disabled ⁵ | 5,370 | 464 | 1,807 | 368 | 11,328 | 16.1 | 6.3 | 12,143 | 14.9 | 6,835 | 1,072 |
| Discharge Status | | | | | | | | | | | |
| Alive | NA | NA | 11,192 | NA | 65,741 | 93.5 | 5.9 | 74,262 | 91.4 | 6,674 | 1,130 |
| Dead | NA | NA | 528 | NA | 4,589 | 6.5 | 8.7 | 6,969 | 8.6 | 13,269 | 1,519 |

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

²Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates.

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 and exclude amounts paid for managed care services. Numbers may not add to totals because of rounding.

HI is hospital insurance. NA is not available.

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 2000

| 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 | 11,719,960 | 363 | 70,329,960 | 2,175 | 6.0 | \$81,230,259 | \$6,971 | \$2,513 |
| United States | 11,574,200 | 368 | 69,337,260 | 2,202 | 6.0 | 80,769,047 | 7,019 | 2,565 |
| Northeast | 2,311,265 | 366 | 16,086,710 | 2,545 | 7.0 | 19,230,432 | 8,380 | 3,042 |
| Midwest | 3,044,540 | 370 | 17,120,025 | 2,079 | 5.6 | 19,856,424 | 6,559 | 2,412 |
| South | 4,716,180 | 390 | 27,828,905 | 2,304 | 5.9 | 29,831,194 | 6,357 | 2,469 |
| West | 1,502,215 | 310 | 8,301,620 | 1,712 | 5.5 | 11,850,995 | 7,937 | 2,443 |
| New England | 563,305 | 329 | 3,295,275 | 1,926 | 5.8 | 4,365,878 | 7,797 | 2,552 |
| Connecticut | 125,295 | 305 | 775,375 | 1,888 | 6.2 | 1,097,034 | 8,807 | 2,671 |
| Maine | 69,740 | 327 | 389,345 | 1,828 | 5.6 | 434,302 | 6,239 | 2,039 |
| Massachusetts | 257,720 | 357 | 1,481,500 | 2,055 | 5.7 | 2,035,018 | 7,952 | 2,823 |
| New Hampshire | 46,970 | 284 | 265,050 | 1,601 | 5.6 | 334,202 | 7,167 | 2,019 |
| Rhode Island | 37,325 | 333 | 233,065 | 2,081 | 6.2 | 276,771 | 7,449 | 2,471 |
| Vermont | 26,255 | 297 | 150,940 | 1,705 | 5.7 | 188,547 | 7,237 | 2,130 |
| Middle Atlantic | 1,747,960 | 379 | 12,791,435 | 2,774 | 7.3 | 14,864,554 | 8,569 | 3,224 |
| New Jersey | 380,730 | 372 | 2,838,530 | 2,771 | 7.5 | 3,384,886 | 8,983 | 3,305 |
| New York | 750,130 | 358 | 6,157,960 | 2,942 | 8.2 | 7,155,309 | 9,625 | 3,419 |
| Pennsylvania | 617,100 | 413 | 3,794,945 | 2,541 | 6.1 | 4,324,358 | 7,036 | 2,896 |
| East North Central | 2,118,675 | 373 | 12,124,460 | 2,137 | 5.7 | 14,097,236 | 6,693 | 2,485 |
| Illinois | 580,250 | 409 | 3,309,770 | 2,330 | 5.7 | 3,840,706 | 6,672 | 2,704 |
| Indiana | 291,380 | 359 | 1,653,005 | 2,036 | 5.7 | 1,796,295 | 6,198 | 2,212 |
| Michigan | 468,095 | 355 | 2,859,170 | 2,169 | 6.1 | 3,473,727 | 7,459 | 2,636 |
| Ohio | 538,445 | 386 | 3,008,310 | 2,155 | 5.6 | 3,466,013 | 6,471 | 2,483 |
| Wisconsin | 240,505 | 330 | 1,294,205 | 1,778 | 5.4 | 1,520,493 | 6,352 | 2,089 |

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 2000

| 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 | 925,865 | 362 | 4,995,565 | 1,952 | 5.4 | \$5,759,187 | \$6,250 | \$2,250 |
| Iowa | 164,590 | 360 | 888,765 | 1,945 | 5.4 | 959,210 | 5,844 | 2,099 |
| Kansas | 134,585 | 380 | 734,420 | 2,074 | 5.5 | 806,523 | 6,005 | 2,277 |
| Minnesota | 193,910 | 342 | 977,635 | 1,725 | 5.0 | 1,256,854 | 6,545 | 2,218 |
| Missouri | 281,505 | 391 | 1,612,790 | 2,238 | 5.7 | 1,810,063 | 6,460 | 2,511 |
| Nebraska | 76,015 | 313 | 397,605 | 1,637 | 5.2 | 506,171 | 6,686 | 2,085 |
| North Dakota | 33,640 | 335 | 169,930 | 1,692 | 5.1 | 193,994 | 5,793 | 1,932 |
| South Dakota | 41,620 | 354 | 214,420 | 1,822 | 5.2 | 226,370 | 5,454 | 1,924 |
| South Atlantic | 2,403,790 | 371 | 14,303,535 | 2,209 | 6.0 | 15,911,326 | 6,655 | 2,457 |
| Delaware | 36,845 | 338 | 236,565 | 2,169 | 6.4 | 275,714 | 7,513 | 2,528 |
| District of Columbia | 26,940 | 406 | 211,940 | 3,196 | 7.9 | 269,614 | 10,121 | 4,065 |
| Florida | 754,145 | 367 | 4,397,865 | 2,141 | 5.8 | 5,004,157 | 6,675 | 2,436 |
| Georgia | 320,335 | 371 | 1,845,720 | 2,139 | 5.8 | 2,061,225 | 6,469 | 2,389 |
| Maryland | 217,605 | 381 | 1,268,950 | 2,221 | 5.8 | 1,773,771 | 8,190 | 3,105 |
| North Carolina | 396,985 | 367 | 2,388,190 | 2,208 | 6.0 | 2,467,636 | 6,251 | 2,282 |
| South Carolina | 214,540 | 380 | 1,326,865 | 2,351 | 6.2 | 1,390,229 | 6,504 | 2,463 |
| Virginia | 300,785 | 353 | 1,834,900 | 2,151 | 6.1 | 1,896,484 | 6,338 | 2,223 |
| West Virginia | 135,610 | 434 | 792,540 | 2,538 | 5.8 | 772,492 | 5,724 | 2,474 |
| East South Central | 1,013,885 | 424 | 5,877,350 | 2,459 | 5.8 | 5,704,817 | 5,652 | 2,387 |
| Alabama | 274,470 | 442 | 1,499,375 | 2,415 | 5.5 | 1,492,353 | 5,454 | 2,404 |
| Kentucky | 244,210 | 422 | 1,362,695 | 2,356 | 5.6 | 1,362,272 | 5,614 | 2,355 |
| Mississippi | 191,685 | 465 | 1,228,460 | 2,982 | 6.4 | 1,013,536 | 5,310 | 2,460 |
| Tennessee | 303,520 | 390 | 1,786,820 | 2,295 | 5.9 | 1,836,655 | 6,078 | 2,359 |
| West South Central | 1,298,505 | 404 | 7,648,020 | 2,378 | 5.9 | 8,215,049 | 6,357 | 2,555 |
| Arkansas | 163,480 | 395 | 962,050 | 2,322 | 5.9 | 872,811 | 5,364 | 2,107 |
| Louisiana | 226,020 | 465 | 1,341,200 | 2,760 | 5.9 | 1,408,934 | 6,263 | 2,899 |
| Oklahoma | 187,220 | 414 | 1,093,730 | 2,421 | 5.8 | 1,069,986 | 5,730 | 2,369 |
| Texas | 721,785 | 387 | 4,251,040 | 2,281 | 5.9 | 4,863,318 | 6,774 | 2,609 |

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 2000

| 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 | 488,870 | 300 | 2,458,150 | 1,507 | 5.0 | \$3,196,062 | \$6,569 | \$1,959 |
| Arizona | 131,325 | 306 | 656,955 | 1,532 | 5.0 | 866,364 | 6,642 | 2,020 |
| Colorado | 92,655 | 306 | 461,860 | 1,527 | 5.0 | 625,753 | 6,788 | 2,069 |
| Idaho | 47,780 | 320 | 217,615 | 1,457 | 4.6 | 290,241 | 6,102 | 1,943 |
| Montana | 44,270 | 325 | 211,440 | 1,554 | 4.8 | 258,894 | 5,850 | 1,902 |
| Nevada | 46,945 | 287 | 279,465 | 1,707 | 6.0 | 349,025 | 7,473 | 2,132 |
| New Mexico | 53,130 | 285 | 278,565 | 1,494 | 5.2 | 327,251 | 6,196 | 1,755 |
| Utah | 50,715 | 253 | 242,650 | 1,211 | 4.8 | 336,745 | 6,661 | 1,680 |
| Wyoming | 22,050 | 344 | 109,600 | 1,710 | 5.0 | 141,785 | 6,442 | 2,212 |
| Pacific | 1,013,345 | 315 | 5,843,470 | 1,815 | 5.8 | 8,654,933 | 8,599 | 2,689 |
| Alaska | 12,715 | 307 | 74,375 | 1,796 | 5.8 | 120,546 | 9,682 | 2,910 |
| California | 731,050 | 331 | 4,390,995 | 1,985 | 6.0 | 6,543,541 | 9,015 | 2,959 |
| Hawaii | 25,510 | 226 | 204,990 | 1,815 | 8.0 | 213,726 | 8,431 | 1,893 |
| Oregon | 92,985 | 304 | 426,775 | 1,395 | 4.6 | 624,464 | 6,741 | 2,041 |
| Washington | 151,085 | 276 | 746,335 | 1,365 | 4.9 | 1,152,655 | 7,672 | 2,108 |
| Outlying Areas⁴ | 145,760 | 173 | 992,700 | 1,178 | 6.8 | 461,482 | 3,187 | 547 |

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

²Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average payments.

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 and exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. HI is hospital insurance.

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

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 2000

| 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 | Per | Amount in Thousands | Per Discharge | Per Day |
| Total All Diagnoses | --- | 11,719,960 | 363 | 70,329,960 | 6.3 | 6.0 | \$81,230,530 | \$6,971 | \$1,155 |
| Leading Diagnoses ⁴ | --- | 6,668,260 | 206 | 40,215,490 | 6.3 | 6.0 | 48,593,273 | 7,325 | 1,208 |
| Infectious and Parasitic Diseases (MDC 1) | 001-139 | 292,550 | 9 | 2,316,705 | 8.0 | 7.9 | 2,457,424 | 8,460 | 1,061 |
| Septicemia | 038 | 190,650 | 6 | 1,619,260 | 8.4 | 8.5 | 1,750,724 | 9,250 | 1,081 |
| Neoplasms (MDC 2) | 140-239 | 639,070 | 20 | 4,617,705 | 7.4 | 7.2 | 6,228,425 | 9,785 | 1,349 |
| Malignant Neoplasms | 140-208,230-234 | 563,640 | 17 | 4,208,850 | 7.6 | 7.5 | 5,610,023 | 9,993 | 1,333 |
| Malignant Neoplasm of Large Intestine and Rectum | 153-154,197.5 | 88,115 | 3 | 862,150 | 10.2 | 9.8 | 1,232,542 | 14,029 | 1,430 |
| Malignant Neoplasm of Trachea, Bronchus, and Lung | 162,176.4,197.0, 197.3 | 84,655 | 3 | 692,100 | 8.2 | 8.2 | 943,261 | 11,191 | 1,363 |
| Malignant Neoplasm of Breast | 174-175,198.81 | 40,960 | 1 | 107,605 | 2.8 | 2.6 | 144,542 | 3,537 | 1,343 |
| Benign Neoplasms and Neoplasms of Uncertain Behavior and Unspecified Nature | 210-229 | 55,870 | 2 | 293,155 | 5.6 | 5.2 | 450,560 | 8,101 | 1,537 |
| Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3) | 240-279 | 510,105 | 16 | 2,872,545 | 5.9 | 5.6 | 2,477,478 | 4,891 | 862 |
| Diabetes Mellitus | 250 | 184,965 | 6 | 1,213,910 | 6.8 | 6.6 | 1,138,160 | 6,208 | 938 |
| Volume Depletion | 276.5 | 192,340 | 6 | 995,055 | 5.4 | 5.2 | 736,643 | 3,849 | 740 |
| Diseases of Blood and Blood-Forming Organs (MDC 4) | 280-289 | 130,135 | 4 | 633,940 | 5.3 | 4.9 | 632,102 | 4,960 | 997 |
| Mental Disorders (MDC 5) | 290-319 | 497,500 | 15 | 4,855,845 | 10.6 | 9.8 | 2,571,498 | 5,250 | 530 |
| Psychoses | 290-299 | 415,100 | 13 | 4,346,420 | 11.4 | 10.5 | 2,303,114 | 5,634 | 530 |
| Alcohol Dependence Syndrome | 303 | 22,680 | 1 | 141,250 | 6.7 | 6.2 | 63,081 | 2,832 | 447 |
| Diseases of the Nervous System and Sense Organs (MDC 6) | 320-389 | 165,550 | 5 | 1,038,160 | 6.5 | 6.3 | 973,769 | 5,921 | 938 |

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 2000

| 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 | 3,429,575 | 106 | 18,302,340 | 5.6 | 5.3 | \$27,332,732 | \$8,004 | \$1,493 |
| Heart Disease | 391-392.0, 393-398,402,404, 410-416,420-429 | 2,392,480 | 74 | 12,431,860 | 5.4 | 5.2 | 20,121,425 | 8,448 | 1,619 |
| Acute Myocardial Infarction | 410 | 388,030 | 12 | 2,394,830 | 6.4 | 6.2 | 4,105,267 | 10,624 | 1,714 |
| Coronary Atherosclerosis | 414.0 | 595,245 | 18 | 2,583,755 | 4.8 | 4.3 | 6,665,323 | 11,254 | 2,580 |
| Other Ischemic Heart Disease | 411-413, 414.1-414.9 | 90,380 | 3 | 274,110 | 3.4 | 3.0 | 304,823 | 3,389 | 1,112 |
| Cardiac Dysrhythmias | 427 | 384,535 | 12 | 1,543,660 | 4.2 | 4.0 | 2,378,302 | 6,211 | 1,541 |
| Congestive Heart Failure | 428.0 | 667,965 | 21 | 3,814,410 | 5.9 | 5.7 | 3,732,811 | 5,612 | 979 |
| Cerebrovascular Disease | 430-438 | 604,775 | 19 | 3,185,175 | 5.7 | 5.3 | 3,447,748 | 5,723 | 1,082 |
| Diseases of the Respiratory System (MDC 8) | 460-519 | 1,512,680 | 47 | 10,145,535 | 7.0 | 6.7 | 10,187,282 | 6,766 | 1,004 |
| Acute Respiratory Infections | 466 | 38,895 | 1 | 178,575 | 4.6 | 4.6 | 116,206 | 2,998 | 651 |
| Pneumonia | 480-486 | 656,675 | 20 | 4,408,170 | 7.1 | 6.7 | 3,996,453 | 6,109 | 907 |
| Asthma | 493 | 71,205 | 2 | 347,190 | 5.2 | 4.9 | 284,635 | 4,026 | 820 |
| Diseases of the Digestive System (MDC 9) | 520-579 | 1,180,820 | 37 | 6,781,440 | 6.0 | 5.7 | 7,580,758 | 6,452 | 1,118 |
| Appendicitis | 540-543 | 15,895 | (5) | 99,585 | 7.0 | 6.3 | 133,277 | 8,435 | 1,338 |
| Non Infectious Enteritis and Colitis | 555-558 | 86,665 | 3 | 513,690 | 6.1 | 5.9 | 553,874 | 6,425 | 1,078 |
| Diverticula of Intestine | 562 | 133,975 | 4 | 792,570 | 5.9 | 5.9 | 797,365 | 5,968 | 1,006 |
| Cholelithiasis | 574 | 122,520 | 4 | 636,050 | 5.4 | 5.2 | 896,771 | 7,344 | 1,410 |
| Diseases of the Genitourinary System (MDC 10) | 580-629 | 560,885 | 17 | 2,739,015 | 5.0 | 4.9 | 2,578,053 | 4,618 | 941 |
| Calculus of Kidney and Ureter | 592 | 32,540 | 1 | 98,390 | 3.2 | 3.0 | 126,666 | 3,917 | 1,287 |

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 2000

| 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 | 187,385 | 6 | 1,266,755 | 6.9 | 6.8 | \$918,569 | \$4,934 | \$725 |
| Cellulitis and Abscess | 681-682 | 133,380 | 4 | 791,840 | 6.2 | 5.9 | 545,608 | 4,113 | 689 |
| Diseases of the Musculoskeletal System and Connective Tissue (MDC 13) | 710-739 | 607,505 | 19 | 2,885,605 | 5.0 | 4.7 | 4,398,398 | 7,271 | 1,524 |
| Arthropathies and Related Disorders | 715 | 242,390 | 7 | 1,070,645 | 4.8 | 4.4 | 2,166,919 | 8,963 | 2,024 |
| Intervertebral Disc Disorders | 722 | 65,750 | 2 | 256,695 | 4.1 | 3.9 | 394,698 | 6,041 | 1,538 |
| Congenital Anomalies (MDC 14) | 740-759 | 8,220 | (5) | 48,220 | 5.9 | 5.9 | 89,329 | 10,954 | 1,853 |
| Symptoms, Signs, and Ill-Defined Conditions (MDC 16) | 780-799 | 706,600 | 22 | 2,326,685 | 3.5 | 3.3 | 2,329,032 | 3,317 | 1,001 |
| Injury and Poisoning (MDC 17) | 800-999 | 938,620 | 29 | 5,610,235 | 6.1 | 6.0 | 7,316,962 | 7,851 | 1,304 |
| Fractures, All Sites | 800-829 | 411,065 | 13 | 2,462,180 | 6.2 | 6.0 | 2,827,852 | 6,910 | 1,148 |
| Fracture of Neck of Femur | 820 | 226,015 | 7 | 1,464,115 | 6.7 | 6.5 | 1,849,045 | 8,201 | 1,263 |
| Poisoning by Drugs, Medicinal and Biological Substances | 960-989 | 34,805 | 1 | 124,975 | 7.3 | 3.6 | 131,474 | 3,824 | 1,052 |
| Supplementary Classification of Factors Influencing Health Status and Contact with Health Services | V01-V82 | 341,715 | 11 | 3,851,315 | 11.4 | 11.3 | 3,127,794 | 9,212 | 812 |

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 by the managed care plan.

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

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 and exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. HI is hospital insurance.

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

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 2000

| Principal ICD-9-CM Procedure ¹ Within MPC | ICD-9-CM Code | Discharges ² | | Total Days of Care | | Program Payments | | |
|--|-------------------|-------------------------|----------------------------------|--------------------|---------------|---------------------|---------------|---------|
| | | Number | Per 1,000 Enrollees ³ | Number | Per Discharge | Amount in Thousands | Per Discharge | Per Day |
| Total All Procedures | --- | 6,516,490 | 202 | 45,121,920 | 6.9 | \$60,218,452 | \$9,294 | \$1,335 |
| Leading Procedures ⁴ | --- | 3,281,245 | 101 | 20,200,860 | 6.2 | 28,843,315 | 8,836 | 1,428 |
| Operations on the Nervous System (MPC 1) | 01-05 | 161,060 | 5 | 1,101,450 | 6.8 | 1,479,807 | 9,239 | 1,344 |
| Spinal Tap | 03.31 | 34,435 | 1 | 268,265 | 7.8 | 224,318 | 6,561 | 836 |
| Operations on the Endocrine System (MPC 2) | 06-07 | 20,020 | 1 | 77,365 | 3.9 | 126,961 | 6,361 | 1,641 |
| Operations on the Eye (MPC 3) | 08-16 | 14,815 | (5) | 55,500 | 3.7 | 78,256 | 5,313 | 1,410 |
| Operations on the Ear (MPC 4) | 18-20 | 3,295 | (5) | 18,200 | 5.5 | 22,413 | 6,865 | 1,231 |
| Operations on the Nose, Mouth, and Pharynx (MPC 5) | 21-29 | 30,970 | 1 | 150,390 | 4.9 | 182,295 | 5,935 | 1,212 |
| Operations on the Respiratory System (MPC 6) | 30-34 | 264,750 | 8 | 3,543,170 | 13.4 | 5,459,499 | 20,727 | 1,541 |
| Bronchoscopy with or Without Biopsy | 33.21-33.24,33.27 | 64,860 | 2 | 661,250 | 10.2 | 611,813 | 9,485 | 925 |
| Operations on the Cardiovascular System (MPC 7) | 35-39 | 1,660,580 | 51 | 10,161,380 | 6.1 | 19,875,877 | 12,042 | 1,956 |
| Removal of Coronary Artery Obstruction | 36.0 | 271,900 | 8 | 895,650 | 3.3 | 3,101,463 | 11,460 | 3,463 |
| Coronary Artery Bypass Graft | 36.1 | 156,270 | 5 | 1,502,625 | 9.6 | 3,968,380 | 25,491 | 2,641 |
| Cardiac Catheterization | 37.21-37.23 | 296,460 | 9 | 1,257,780 | 4.2 | 1,799,582 | 6,104 | 1,431 |
| Insertion, Replacement, Removal, and Revision of Pacemaker Leads or Device | 37.7-37.8 | 139,940 | 4 | 734,090 | 5.2 | 1,637,423 | 11,734 | 2,231 |
| Hemodialysis | 39.95 | 150,280 | 5 | 817,800 | 5.4 | 826,726 | 5,579 | 1,011 |
| Operations on the Hemic and Lymphatic System (MPC 8) | 40-41 | 46,270 | 1 | 408,585 | 8.8 | 502,055 | 10,906 | 1,229 |

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 2000

| Principal ICD-9-CM Procedure ¹ Within MPC | ICD-9-CM Code | Discharges ² | | Total Days of Care | | Program Payments | | |
|---|---------------------------------|-------------------------|----------------------------------|--------------------|---------------|---------------------|---------------|---------|
| | | Number | Per 1,000 Enrollees ³ | Number | Per Discharge | Amount in Thousands | Per Discharge | Per Day |
| Operations on the Digestive System (MPC 9) | 42-54 | 1,239,575 | 38 | 9,475,590 | 7.6 | \$10,140,452 | \$8,218 | \$1,070 |
| Endoscopy of Small Intestine with or Without Biopsy | 45.11-45.14,45.16 | 336,020 | 10 | 2,082,145 | 6.2 | 1,545,945 | 4,622 | 742 |
| Endoscopy of Large Intestine with or Without Biopsy | 45.21-45.25 | 145,745 | 5 | 894,330 | 6.1 | 657,406 | 4,531 | 735 |
| Partial Excision of Large Intestine | 45.7 | 105,170 | 3 | 1,179,445 | 11.2 | 1,736,479 | 16,562 | 1,472 |
| Appendectomy, Excluding Incidental | 47.0 | 14,900 | (5) | 85,235 | 5.7 | 112,906 | 7,626 | 1,325 |
| Cholecystectomy | 51.2 | 125,020 | 4 | 738,020 | 5.9 | 1,073,194 | 8,616 | 1,454 |
| Lysis of Peritoneal Adhesions | 54.5 | 25,435 | 1 | 284,005 | 11.2 | 354,000 | 13,984 | 1,246 |
| Operations on the Urinary System (MPC 10) | 55-59 | 171,225 | 5 | 1,074,085 | 6.3 | 1,341,300 | 7,879 | 1,249 |
| Cystoscopy with or Without Biopsy | 57.31-57.33 | 22,825 | 1 | 176,780 | 7.7 | 124,881 | 5,492 | 706 |
| Operations on the Male Genital Organs (MPC 11) ⁶ | 60-64 | 114,510 | 8 | 438,175 | 3.8 | 516,746 | 4,530 | 1,179 |
| Prostatectomy | 60.2-60.6 | 101,360 | 7 | 365,140 | 3.6 | 428,815 | 4,245 | 1,174 |
| Operations on the Female Genital Organs (MPC 12) ⁷ | 65-71 | 108,555 | 6 | 426,185 | 3.9 | 551,092 | 5,091 | 1,293 |
| Unilateral Oophorectomy | 65.3-65.6 | 10,240 | 1 | 53,300 | 5.2 | 67,480 | 6,609 | 1,266 |
| Hysterectomy | 68.3-68.7,68.9 | 57,590 | 3 | 226,460 | 3.9 | 300,802 | 5,237 | 1,328 |
| Obstetrical Procedures (MPC 13) | 72-75 | 7,915 | (5) | 26,395 | 3.3 | 21,379 | 2,741 | 810 |
| Forceps, Vacuum, and Breech Delivery | 72.1,72.21,72.31, 72.71,73.6 | 830 | (5) | 2,155 | 2.6 | 1,371 | 1,662 | 636 |
| Cesarean Section and Removal of Fetus | 74.0-74.2, 74.4-74.99 | 2,555 | (5) | 12,600 | 4.9 | 11,725 | 4,671 | 931 |
| Repair of Current Obstetric Laceration | 75.5-75.6 | 1,110 | (5) | 2,715 | 2.4 | 2,039 | 1,854 | 751 |
| Operations on the Musculoskeletal System (MPC 14) | 76-84 | 884,310 | 27 | 5,277,795 | 6.0 | 7,743,219 | 8,793 | 1,467 |
| Partial Excision of Bone | 76.2-76.3,77.6-77.8 | 12,585 | (5) | 102,715 | 8.2 | 132,833 | 10,610 | 1,293 |
| Reduction of Facial Fracture | 76.7,79.0-79.3 | 197,935 | 6 | 1,200,085 | 6.1 | 1,419,875 | 7,200 | 1,183 |
| Open Reduction of Fracture with Internal Fixation | 79.3 | 158,055 | 5 | 975,520 | 6.2 | 1,173,742 | 7,449 | 1,203 |
| Excision or Destruction of Intervertebral Disc | 80.5 | 34,610 | 1 | 115,935 | 3.3 | 195,738 | 5,686 | 1,688 |
| Total Hip Replacement | 81.51 | 87,685 | 3 | 423,320 | 4.8 | 826,379 | 9,450 | 1,952 |
| Total Knee Replacement | 81.54 | 156,890 | 5 | 694,475 | 4.4 | 1,464,513 | 9,360 | 2,109 |

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 2000

| Principal ICD-9-CM Procedure ¹ Within MPC | ICD-9-CM Code | Discharges ² | | Total Days of Care | | Program Payments | | |
|--|-------------------------------|-------------------------|----------------------------------|--------------------|---------------|---------------------|---------------|---------|
| | | Number | Per 1,000 Enrollees ³ | Number | Per Discharge | Amount in Thousands | Per Discharge | Per Day |
| Operations on the Integumentary System (MPC 15) Excision or Destruction of Lesion or Tissue of Skin and Subcutaneous Tissue | 85-86 | 257,660 | 8 | 2,138,550 | 8.3 | \$2,073,328 | \$8,114 | \$970 |
| Miscellaneous Diagnostic and Therapeutic Procedures (MPC 16) Computerized Axial Tomography | 86.22-86.28 | 89,560 | 3 | 1,020,045 | 11.4 | 1,079,132 | 12,152 | 1,058 |
| Arteriography and Angiocardigraphy Using Contrast Material | 87-99 | 1,530,980 | 47 | 10,749,105 | 7.0 | 10,103,773 | 6,647 | 940 |
| Diagnostic Ultrasound | 87.03,87.41,87.71,88.01,88.38 | 136,485 | 4 | 760,160 | 5.6 | 660,143 | 4,866 | 868 |
| Respiratory Therapy | 88.4-88.5 | 48,230 | 1 | 254,045 | 5.3 | 236,346 | 4,922 | 930 |
| Nonoperative Intubation of Gastrointestinal and Respiratory Tracts | 88.7 | 156,010 | 5 | 893,235 | 5.7 | 771,738 | 4,972 | 864 |
| Insertion of Endotracheal Tube | 93.9,96.7 | 205,385 | 6 | 1,840,915 | 9.0 | 2,625,140 | 12,886 | 1,426 |
| Injection of Infusion of Cancer Chemotherapeutic Substance | 96.04 | 50,385 | 2 | 415,660 | 8.2 | 545,029 | 10,897 | 1,311 |
| | 99.25 | 42,320 | 1 | 239,815 | 5.7 | 299,275 | 7,120 | 1,248 |

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

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

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

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

⁵Less than 1 discharge per 1,000 enrollees.

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

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

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

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

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 2000:
Calendar Years 1984, 1990, and 2000

| Leading DRG Code Number in 2000 | Description | Discharges | | | Discharges | | |
|---------------------------------------|---|------------|------------|------------|--------------------------------|--------------------------------|--------------------------------|
| | | Number | | | Percent Change 1984-1990 | Percent Change 1990-2000 | Percent Change 1984-2000 |
| | | 1984 | 1990 | 2000 | | | |
| Total All DRGs | ----- | 10,894,925 | 10,521,925 | 11,719,955 | -3.4 | 11.4 | 7.6 |
| Leading DRGs ¹ | ----- | 6,390,350 | 6,955,555 | 8,659,895 | 8.8 | 24.5 | 35.5 |
| 005 ² | Extracranial Vascular Procedures | 56,890 | 46,340 | 91,635 | -18.5 | 97.7 | 61.1 |
| 012 | Degenerative Nervous System Disorders | 56,410 | 25,915 | 67,780 | -54.1 | 161.5 | 20.2 |
| 014 | Specific Cerebrovascular Disorders Except TIA | 318,405 | 336,080 | 321,125 | 5.6 | -4.4 | 0.9 |
| 015 | Transient Ischemic Attack & Precerebral Occlusions | 175,530 | 135,850 | 148,085 | -22.6 | 9.0 | -15.6 |
| 024 | Seizure & Headache Age >17 with CC | 55,510 | 53,255 | 54,685 | -4.1 | 2.7 | -1.5 |
| 075 ² | Major Chest Procedures | 28,675 | 31,690 | 39,655 | 10.5 | 25.1 | 38.3 |
| 076 ² | Other Respiratory System O.R. Procedures with CC | 10,055 | 38,855 | 39,715 | 286.4 | 2.2 | 295.0 |
| 079 | Respiratory Infections & Inflammations Age >17 with CC | 51,635 | 129,780 | 169,375 | 151.3 | 30.5 | 228.0 |
| 082 | Respiratory Neoplasms | 120,990 | 72,840 | 61,555 | -39.8 | -15.5 | -49.1 |
| 087 | Pulmonary Edema & Respiratory Failure | 94,770 | 67,520 | 58,930 | -28.8 | -12.7 | -37.8 |
| 088 | Chronic Obstructive Pulmonary Disease | 212,480 | 144,825 | 389,170 | -31.8 | 168.7 | 83.2 |
| 089 | Simple Pneumonia & Pleurisy Age >17 with CC | 314,980 | 391,725 | 512,000 | 24.4 | 30.7 | 62.6 |
| 090 | Simple Pneumonia & Pleurisy Age >17 without CC | 24,740 | 53,105 | 49,055 | 114.7 | -7.6 | 98.3 |
| 096 | Bronchitis & Asthma Age >17 with CC | 178,075 | 189,710 | 57,655 | 6.5 | -69.6 | -67.6 |
| 107 ^{2,3} | Coronary Bypass Without Cardiac Cath | 38,285 | 46,765 | ----- | 22.1 | ----- | ----- |
| 107 ^{2,4} | Coronary Bypass With Cardiac Cath | ----- | ----- | 88,480 | ----- | ----- | ----- |
| 109 ^{2,4} | Coronary Bypass Without Cardiac Cath | ----- | ----- | 60,560 | ----- | ----- | ----- |
| 110 ² | Major Cardiovascular Procedures with CC | 56,230 | 75,660 | 53,155 | 34.6 | -29.7 | -5.5 |
| 112 ² | Percutaneous Cardiovascular Procedures | 37,355 | 163,040 | 55,870 | 336.5 | -65.7 | 49.6 |
| 113 ² | Amputation for Circ System Disorders Except Upper Limb & Toe | 22,500 | 34,710 | 41,765 | 54.3 | 20.3 | 85.6 |
| 116 ² | Other Perm Cardiac Pacemaker Implant or PTCA with Coronary Stent Implant | 53,905 | 62,050 | 339,790 | 15.1 | 447.6 | 530.3 |
| 121 | Circulatory Disorders with AMI & CV Comp Disch Alive | 102,930 | 137,625 | 165,090 | 33.7 | 20.0 | 60.4 |
| 122 | Circulatory Disorders with AMI & Without CV Comp Disch Alive | 158,400 | 102,935 | 79,715 | -35.0 | -22.6 | -49.7 |
| 123 | Circulatory Disorders with AMI, Expired | 70,440 | 56,025 | 41,215 | -20.5 | -26.4 | -41.5 |
| 124 | Circulatory Disorders Except AMI, with Card Cath and Complex Diagnosis | 31,120 | 113,890 | 133,655 | 266.0 | 17.4 | 329.5 |
| 125 | Circulatory Disorders Except AMI, with Card Cath Without Complex Diagnosis | 64,085 | 93,045 | 82,685 | 45.2 | -11.1 | 29.0 |

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 2000:
Calendar Years 1984, 1990, and 2000

| 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 | 2000 | 1984-1990 | 1990-2000 | 1984-2000 | 1984 | 1990 | 2000 | 1984-1990 | 1990-2000 | 1984-2000 |
| 8.8 | 8.8 | 6.0 | 0.0 | -31.8 | -31.8 | \$4,855 | \$9,765 | \$16,693 | 101.1 | 70.9 | 243.8 |
| 9.3 | 9.0 | 6.1 | -3.2 | -32.2 | -34.4 | 5,039 | 9,531 | 16,547 | 89.1 | 73.6 | 228.4 |
| 9.5 | 7.1 | 3.1 | -25.3 | -56.3 | -67.4 | 7,078 | 11,238 | 15,673 | 58.8 | 39.5 | 121.4 |
| 13.0 | 13.0 | 8.1 | 0.0 | -37.7 | -37.7 | 5,239 | 9,022 | 11,911 | 72.2 | 32.0 | 127.4 |
| 12.4 | 10.5 | 5.9 | -15.3 | -43.8 | -52.4 | 5,591 | 8,971 | 13,621 | 60.5 | 51.8 | 143.6 |
| 6.1 | 5.5 | 3.5 | -9.8 | -36.4 | -42.6 | 2,603 | 4,609 | 8,435 | 77.1 | 83.0 | 224.0 |
| 6.9 | 7.7 | 5.0 | 11.6 | -35.1 | -27.5 | 3,422 | 7,389 | 11,912 | 115.9 | 61.2 | 248.1 |
| 16.3 | 14.1 | 10.1 | -13.5 | -28.4 | -38.0 | 13,500 | 22,075 | 36,830 | 63.5 | 66.8 | 172.8 |
| 15.4 | 15.0 | 11.4 | -2.6 | -24.0 | -26.0 | 12,061 | 17,221 | 34,348 | 42.8 | 99.5 | 184.8 |
| 12.8 | 12.2 | 8.5 | -4.7 | -30.3 | -33.6 | 8,385 | 12,281 | 18,690 | 46.5 | 52.2 | 122.9 |
| 9.7 | 9.6 | 7.0 | -1.0 | -27.1 | -27.8 | 4,860 | 8,785 | 16,119 | 80.8 | 83.5 | 231.7 |
| 10.0 | 8.3 | 6.4 | -17.0 | -22.9 | -36.0 | 7,731 | 9,294 | 15,351 | 20.2 | 65.2 | 98.6 |
| 8.6 | 7.4 | 5.1 | -14.0 | -31.1 | -40.7 | 4,709 | 6,932 | 10,152 | 47.2 | 46.5 | 115.6 |
| 9.4 | 8.9 | 6.0 | -5.3 | -32.6 | -36.2 | 4,863 | 7,889 | 11,828 | 62.2 | 49.9 | 143.2 |
| 8.3 | 6.4 | 4.1 | -22.9 | -35.9 | -50.6 | 4,084 | 4,817 | 7,088 | 17.9 | 47.1 | 73.6 |
| 7.2 | 7.3 | 4.7 | 1.4 | -35.6 | -34.7 | 3,501 | 6,361 | 8,455 | 81.7 | 32.9 | 141.5 |
| 14.5 | 12.3 | ----- | -15.2 | ----- | ----- | 21,949 | 33,394 | ----- | 52.1 | ----- | ----- |
| ----- | ----- | 10.3 | ----- | ----- | ----- | ----- | ----- | 62,274 | ----- | ----- | ----- |
| ----- | ----- | 7.7 | ----- | ----- | ----- | ----- | ----- | 46,857 | ----- | ----- | ----- |
| 16.3 | 15.3 | 9.2 | -6.1 | -39.9 | -43.6 | 15,072 | 27,264 | 49,411 | 80.9 | 81.2 | 227.8 |
| 12.2 | 6.9 | 3.7 | -43.4 | -46.4 | -69.7 | 9,590 | 14,142 | 21,960 | 47.5 | 55.3 | 129.0 |
| 20.0 | 18.5 | 12.1 | -7.5 | -34.6 | -39.5 | 10,025 | 18,614 | 31,858 | 85.7 | 71.2 | 217.8 |
| 9.2 | 7.5 | 3.6 | -18.5 | -52.0 | -60.9 | 12,002 | 17,112 | 27,074 | 42.6 | 58.2 | 125.6 |
| 12.2 | 10.0 | 6.4 | -18.0 | -36.0 | -47.5 | 7,341 | 11,335 | 17,672 | 54.4 | 55.9 | 140.7 |
| 10.3 | 7.1 | 3.7 | -31.1 | -47.9 | -64.1 | 5,422 | 7,970 | 11,501 | 47.0 | 44.3 | 112.1 |
| 5.6 | 5.7 | 4.6 | 1.8 | -19.3 | -17.9 | 5,741 | 10,060 | 17,726 | 75.2 | 76.2 | 208.8 |
| 7.0 | 5.9 | 4.3 | -15.7 | -27.1 | -38.6 | 5,703 | 8,719 | 16,229 | 52.9 | 86.1 | 184.6 |
| 3.7 | 3.2 | 2.8 | -13.5 | -12.5 | -24.3 | 3,220 | 5,370 | 12,393 | 66.8 | 130.8 | 284.9 |

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 2000:
Calendar Years 1984, 1990, and 2000**

| Leading DRG Code Number in 2000 | Description | Discharges | | | Discharges | | |
|---------------------------------------|--|------------|---------|---------|--------------------------------|--------------------------------|--------------------------------|
| | | Number | | | Percent Change 1984-1990 | Percent Change 1990-2000 | Percent Change 1984-2000 |
| | | 1984 | 1990 | 2000 | | | |
| 127 | Heart Failure & Shock | 515,865 | 586,335 | 679,965 | 13.7 | 16.0 | 31.8 |
| 130 | Peripheral Vascular Disorders with CC | 91,655 | 68,330 | 87,640 | -25.4 | 28.3 | -4.4 |
| 132 | Atherosclerosis with CC | 100,810 | 18,250 | 150,180 | -81.9 | 722.9 | 49.0 |
| 138 | Cardiac Arrhythmia & Conduction Disorders with CC | 212,265 | 180,470 | 199,350 | -15.0 | 10.5 | -6.1 |
| 139 | Cardiac Arrhythmia & Conduction Disorders Without CC | 28,345 | 73,020 | 84,950 | 157.6 | 16.3 | 199.7 |
| 140 | Angina Pectoris | 330,000 | 352,355 | 70,175 | 6.8 | -80.1 | -78.7 |
| 141 | Syncope & Collapse with CC | 86,675 | 77,205 | 93,795 | -10.9 | 21.5 | 8.2 |
| 142 | Syncope & Collapse Without CC | 11,315 | 39,370 | 47,660 | 247.9 | 21.1 | 321.2 |
| 143 | Chest Pain | 75,690 | 112,905 | 216,465 | 49.2 | 91.7 | 186.0 |
| 144 | Other Circulatory System Diagnoses with CC | 40,825 | 54,995 | 84,025 | 34.7 | 52.8 | 105.8 |
| 148 ² | Major Small & Large Bowel Procedures with CC | 106,455 | 140,245 | 128,830 | 31.7 | -8.1 | 21.0 |
| 174 | GI Hemorrhage with CC | 144,620 | 157,895 | 241,850 | 9.2 | 53.2 | 67.2 |
| 180 | GI Obstruction with CC | 65,930 | 66,485 | 87,270 | 0.8 | 31.3 | 32.4 |
| 182 | Esophagitis, Gastroent & Misc Digest Disorders Age >17 with CC | 372,580 | 254,750 | 247,455 | -31.6 | -2.9 | -33.6 |
| 183 | Esophagitis, Gastroent & Misc Digest Disorders Age >17 Without CC | 72,525 | 81,770 | 85,680 | 12.7 | 4.8 | 18.1 |
| 188 | Other Digestive System Diagnoses Age >17 with CC | 54,075 | 50,110 | 76,455 | -7.3 | 52.6 | 41.4 |
| 204 | Disorders of Pancreas Except Malignancy | 31,890 | 37,715 | 58,380 | 18.3 | 54.8 | 83.1 |
| 209 ² | Major Joint & Limb Reattachment Procedures of Lower Extremity | 149,660 | 257,780 | 346,845 | 72.2 | 34.6 | 131.8 |
| 210 ² | Hip & Femur Procedures Except Major Joint Age >17 with CC | 120,100 | 112,470 | 120,585 | -6.4 | 7.2 | 0.4 |

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 2000:
Calendar Years 1984, 1990, and 2000**

| Average Total Days of Care per Discharge | | | | | | Average Charge Per Discharge | | | | | |
|--|------|------|-----------------------------|-----------------------------|-----------------------------|------------------------------|---------|----------|-----------------------------|-----------------------------|-----------------------------|
| Number of Days | | | Percent Change 1984-1990 | Percent Change 1990-2000 | Percent Change 1984-2000 | Amount | | | Percent Change 1984-1990 | Percent Change 1990-2000 | Percent Change 1984-2000 |
| 1984 | 1990 | 2000 | | | | 1984 | 1990 | 2000 | | | |
| 8.7 | 7.9 | 5.3 | -9.2 | -32.9 | -39.1 | \$4,264 | \$7,207 | \$11,485 | 69.0 | 59.4 | 169.3 |
| 8.1 | 8.3 | 5.7 | 2.5 | -31.3 | -29.6 | 3,523 | 6,627 | 11,012 | 88.1 | 66.2 | 212.6 |
| 7.0 | 6.1 | 3.0 | -12.9 | -50.8 | -57.1 | 3323 | 6229 | 7,403 | 87.5 | 18.8 | 122.8 |
| 6.3 | 6.0 | 4.0 | -4.8 | -33.3 | -36.5 | 3,376 | 5,848 | 9,375 | 73.2 | 60.3 | 177.7 |
| 4.9 | 3.9 | 2.5 | -20.4 | -35.9 | -49.0 | 2,685 | 3,624 | 5,793 | 35.0 | 59.9 | 115.8 |
| 5.6 | 4.6 | 2.6 | -17.9 | -43.5 | -53.6 | 2,821 | 4,311 | 5,922 | 52.8 | 37.4 | 109.9 |
| 5.8 | 5.7 | 3.6 | -1.7 | -36.8 | -37.9 | 2,672 | 4,987 | 8,563 | 86.6 | 71.7 | 220.5 |
| 4.5 | 4.0 | 2.6 | -11.1 | -35.0 | -42.2 | 2,207 | 3,554 | 6,500 | 61.0 | 82.9 | 194.5 |
| 4.4 | 3.4 | 2.1 | -22.7 | -38.2 | -52.3 | 2,427 | 3,577 | 6,152 | 47.4 | 72.0 | 153.5 |
| 8.3 | 7.3 | 5.4 | -12.0 | -26.0 | -34.9 | 4,765 | 7,867 | 14,045 | 65.1 | 78.5 | 194.8 |
| 17.7 | 16.6 | 12.2 | -6.2 | -26.5 | -31.1 | 12,686 | 23,471 | 39,675 | 85.0 | 69.0 | 212.7 |
| 7.4 | 7.0 | 4.8 | -5.4 | -31.4 | -35.1 | 3,860 | 6,944 | 11,345 | 79.9 | 63.4 | 193.9 |
| 7.4 | 7.8 | 5.3 | 5.4 | -32.1 | -28.4 | 3,281 | 6,632 | 10,676 | 102.1 | 61.0 | 225.4 |
| 6.1 | 6.4 | 4.4 | 4.9 | -31.3 | -27.9 | 2,526 | 5,374 | 8,968 | 112.7 | 66.9 | 255.0 |
| 5.0 | 4.9 | 2.9 | -2.0 | -40.8 | -42.0 | 2,103 | 3,630 | 6,350 | 72.6 | 74.9 | 201.9 |
| 6.4 | 7.5 | 5.6 | 17.2 | -25.3 | -12.5 | 3,100 | 7,392 | 13,144 | 138.5 | 77.8 | 324.0 |
| 8.1 | 8.1 | 5.7 | 0.0 | -29.6 | -29.6 | 4,050 | 8,099 | 13,399 | 100.0 | 65.4 | 230.8 |
| 15.6 | 11.1 | 5.1 | -28.8 | -54.1 | -67.3 | 10,205 | 16,542 | 23,195 | 62.1 | 40.2 | 127.3 |
| 16.8 | 13.9 | 6.8 | -17.3 | -51.1 | -59.5 | 8,600 | 14,236 | 20,463 | 65.5 | 43.7 | 137.9 |

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 2000:
Calendar Years 1984, 1990, and 2000**

| Leading DRG Code Number in 2000 | Description | Discharges | | | Discharges | | |
|---------------------------------------|--|------------|-----------|-----------|--------------------------------|--------------------------------|--------------------------------|
| | | 1984 | Number | | Percent Change 1984-1990 | Percent Change 1990-2000 | Percent Change 1984-2000 |
| | | | 1990 | 2000 | | | |
| 236 | Fractures of Hip & Pelvis | 47,350 | 41,255 | 39,410 | -12.9 | -4.5 | -16.8 |
| 239 | Pathological Fractures & Musculoskeletal & Conn Tiss Malignancy | 61,760 | 60,890 | 48,535 | -1.4 | -20.3 | -21.4 |
| 243 | Medical Back Problems | 200,190 | 112,455 | 89,700 | -43.8 | -20.2 | -55.2 |
| 277 | Cellulitis Age >17 with CC | 58,155 | 66,830 | 89,010 | 14.9 | 33.2 | 53.1 |
| 294 | Diabetes Age >35 | 141,500 | 92,520 | 89,420 | -34.6 | -3.4 | -36.8 |
| 296 | Nutritional & Misc Metabolic Disorders Age >17 with CC | 176,150 | 206,595 | 240,255 | 17.3 | 16.3 | 36.4 |
| 297 | Nutritional & Misc Metabolic Disorders Age >17 without CC | 13,910 | 47,395 | 45,030 | 240.7 | -5.0 | 223.7 |
| 316 | Renal Failure | 46,410 | 48,670 | 108,545 | 4.9 | 123.0 | 133.9 |
| 320 | Kidney & Urinary Tract Infections | 137,845 | 157,780 | 187,680 | 14.5 | 19.0 | 36.2 |
| 331 | Other Kidney & Urinary Tract Diagnoses Age>17 with CC | 38,080 | 28,380 | 46,540 | -25.5 | 64.0 | 22.2 |
| 395 | Red Blood Cell Disorders Age >17 | 93,510 | 72,730 | 90,625 | -22.2 | 24.6 | -3.1 |
| 415 ² | OR Procedure for Infectious & Parasitic Diseases | 16,165 | 27,735 | 38,560 | 71.6 | 39.0 | 138.5 |
| 416 | Septicemia Age >17 | 66,180 | 128,085 | 180,905 | 93.5 | 41.2 | 173.4 |
| 429 | Organic Disturbances & Mental Retardation | 52,710 | 49,305 | 64,795 | -6.5 | 31.4 | 22.9 |
| 430 | Psychoses | 118,455 | 195,595 | 308,935 | 65.1 | 57.9 | 160.8 |
| 462 | Rehabilitation | 9,490 | 106,680 | 266,020 | 1,024.1 | 149.4 | 2,703.2 |
| 468 | Extensive OR Procedure Unrelated to Principal Diagnosis | 166,815 | 75,885 | 59,690 | -54.5 | -21.3 | -64.2 |
| 475 | Respiratory System Diagnosis with Ventilator Support | --- | 78,805 | 105,760 | --- | 34.2 | --- |
| 478 ² | Other Vascular Procedures with CC | --- | 24,230 | 107,400 | --- | 343.3 | --- |
| 483 | Tracheostomy Except for Face, Mouth and Neck Diagnosis | --- | 8,045 | 42,510 | --- | 428.4 | --- |
| 493 | Laparoscopic Cholecystectomy Without CDE with CC | --- | --- | 55,185 | --- | --- | --- |
| 500 | Back and Neck Procedures Except Spinal Fusion Without CC | --- | --- | 45,430 | --- | --- | --- |
| All Other DRGs | ----- | 4,504,575 | 3,566,370 | 3,059,560 | -20.8 | -14.2 | -32.1 |

¹Based on frequency of occurrence in 2000.

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 (2000), Definitions Manual*. The most recent description is used in this 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 2000:
Calendar Years 1984, 1990, and 2000

| 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 | 2000 | 1984-1990 | 1990-2000 | 1984-2000 | 1984 | 1990 | 2000 | 1984-1990 | 1990-2000 | 1984-2000 |
| 12.7 | 10.0 | 5.2 | -21.3 | -48.0 | -59.1 | 4,573 | 6,530 | 8,458 | 42.8 | 29.5 | 85.0 |
| 10.5 | 10.4 | 6.2 | -1.0 | -40.4 | -41.0 | 3,989 | 7,605 | 11,447 | 90.6 | 50.5 | 187.0 |
| 8.0 | 6.9 | 4.7 | -13.8 | -31.9 | -41.3 | 2,858 | 4,657 | 8,424 | 62.9 | 80.9 | 194.8 |
| 9.1 | 8.6 | 5.7 | -5.5 | -33.7 | -37.4 | 3,740 | 6,570 | 9,996 | 75.7 | 52.1 | 167.3 |
| 8.4 | 7.5 | 4.6 | -10.7 | -38.7 | -45.2 | 3,267 | 5,491 | 8,949 | 68.1 | 63.0 | 173.9 |
| 8.4 | 8.5 | 5.2 | 1.2 | -38.8 | -38.1 | 3,556 | 6,840 | 9,814 | 92.4 | 43.5 | 176.0 |
| 6.9 | 5.3 | 3.5 | -23.2 | -34.0 | -49.3 | 3,032 | 3,724 | 6,014 | 22.8 | 61.5 | 98.4 |
| 9.6 | 9.4 | 6.6 | -2.1 | -29.8 | -31.3 | 5,572 | 9,555 | 15,538 | 71.5 | 62.6 | 178.9 |
| 8.2 | 8.6 | 5.3 | 4.9 | -38.4 | -35.4 | 3,581 | 7,174 | 9,871 | 100.3 | 37.6 | 175.6 |
| 7.3 | 7.6 | 5.6 | 4.1 | -26.3 | -23.3 | 3,456 | 7,338 | 12,541 | 112.3 | 70.9 | 262.9 |
| 6.6 | 6.5 | 4.3 | -1.5 | -33.8 | -34.8 | 3,000 | 5,639 | 9,389 | 88.0 | 66.5 | 213.0 |
| 19.9 | 21.2 | 14.5 | 6.5 | -31.6 | -27.1 | 14,476 | 27,339 | 43,733 | 88.9 | 60.0 | 202.1 |
| 11.4 | 10.7 | 7.3 | -6.1 | -31.8 | -36.0 | 6,811 | 10,981 | 17,908 | 61.2 | 63.1 | 162.9 |
| 11.3 | 14.5 | 9.9 | 28.3 | -31.7 | -12.4 | 3,717 | 8,417 | 12,359 | 126.4 | 46.8 | 232.5 |
| 16.1 | 16.9 | 11.1 | 5.0 | -34.3 | -31.1 | 5,069 | 9,359 | 13,127 | 84.6 | 40.3 | 159.0 |
| 22.5 | 21.2 | 12.9 | -5.8 | -39.2 | -42.7 | 9,151 | 15,745 | 18,640 | 72.1 | 18.4 | 103.7 |
| 16.6 | 19.3 | 12.8 | 16.3 | -33.7 | -22.9 | 10,595 | 24,871 | 43,017 | 134.7 | 73.0 | 306.0 |
| --- | 14.3 | 11.3 | --- | -21.0 | --- | --- | 25,548 | 43,254 | --- | 69.3 | --- |
| --- | 10.4 | 7.3 | --- | -29.8 | --- | --- | 16,682 | 27,725 | --- | 66.2 | --- |
| --- | 55.8 | 40.0 | --- | -28.3 | --- | --- | 125,493 | 188,444 | --- | 50.2 | --- |
| --- | --- | 5.8 | --- | --- | --- | --- | --- | 20,031 | --- | --- | --- |
| --- | --- | 2.6 | --- | --- | --- | --- | --- | 11,257 | --- | --- | --- |
| 8.1 | 8.4 | 5.6 | 3.7 | -33.3 | -30.9 | 4,594 | 10,224 | 17,008 | 122.6 | 66.4 | 270.2 |

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 2000

| 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 | 11,719,960 | 10,023,345 | 3,449,430 | 11,644,415 | 3,778,170 | 11,553,995 |
| 1-8 Days | 9,478,670 | 7,989,790 | 2,550,025 | 9,430,515 | 2,777,515 | 9,356,235 |
| 9-20 Days | 1,860,915 | 1,692,500 | 713,825 | 1,848,345 | 786,970 | 1,835,355 |
| 21-30 Days | 241,675 | 222,890 | 111,240 | 238,765 | 128,595 | 236,880 |
| 31-40 Days | 70,480 | 64,410 | 37,610 | 69,280 | 43,465 | 68,640 |
| 41-50 Days | 28,475 | 25,960 | 16,600 | 27,850 | 19,180 | 27,520 |
| 51-60 Days | 13,035 | 11,850 | 8,175 | 12,625 | 9,320 | 12,500 |
| 61-90 Days | 12,520 | 11,150 | 8,510 | 12,070 | 9,350 | 11,945 |
| 91 Days or More | 5,190 | 4,795 | 3,445 | 4,965 | 3,775 | 4,920 |
| | Percent of Total Discharges ³ | | | | | |
| Total | 100.0 | 85.5 | 29.4 | 99.4 | 32.2 | 98.6 |
| 1-8 Days | 100.0 | 84.2 | 26.9 | 99.4 | 29.3 | 98.6 |
| 9-20 Days | 100.0 | 90.9 | 38.4 | 99.3 | 42.3 | 98.6 |
| 21-30 Days | 100.0 | 92.2 | 46.0 | 98.8 | 53.2 | 98.0 |
| 31-40 Days | 100.0 | 91.4 | 53.4 | 98.3 | 61.7 | 97.4 |
| 41-50 Days | 100.0 | 91.2 | 58.3 | 97.8 | 67.4 | 96.6 |
| 51-60 Days | 100.0 | 90.9 | 62.7 | 96.9 | 71.5 | 95.9 |
| 61-90 Days | 100.0 | 89.1 | 68.0 | 96.4 | 74.7 | 95.4 |
| 91 Days or More | 100.0 | 92.4 | 66.4 | 95.7 | 72.7 | 94.8 |
| | Total Charges in Thousands | | | | | |
| Total | \$196,017,023 | \$38,557,070 | \$19,506,156 | \$137,957,278 | \$14,165,731 | \$29,361,205 |
| 1-8 Days | 105,048,017 | 18,340,492 | 8,013,326 | 78,696,903 | 9,467,990 | 13,500,935 |
| 9-20 Days | 57,458,405 | 13,008,798 | 6,330,909 | 38,119,336 | 3,407,436 | 9,512,399 |
| 21-30 Days | 15,523,642 | 3,544,514 | 2,063,712 | 9,915,504 | 674,018 | 2,878,145 |
| 31-40 Days | 6,950,351 | 1,458,001 | 1,045,108 | 4,447,267 | 267,217 | 1,368,451 |
| 41-50 Days | 3,829,368 | 760,293 | 645,069 | 2,424,016 | 137,313 | 753,147 |
| 51-60 Days | 2,293,070 | 446,869 | 419,262 | 1,426,943 | 75,913 | 452,105 |
| 61-90 Days | 2,955,119 | 534,027 | 604,696 | 1,816,400 | 88,769 | 569,735 |
| 91 Days or More | 1,959,048 | 464,073 | 384,072 | 1,110,904 | 47,072 | 326,283 |

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 2000

| Type of Ancillary Service | | | | | |
|--|------------------------|--------------|--------------|-----------------------|--------------------|
| Laboratory | Radiology ¹ | Supplies | Cardiology | Inhalation Therapy | Other ² |
| Number of Discharges | | | | | |
| 11,451,635 | 9,965,645 | 10,698,545 | 8,570,675 | 6,256,590 | 10,323,915 |
| 9,255,945 | 7,969,800 | 8,655,510 | 6,852,220 | 4,784,745 | 8,218,710 |
| 1,832,680 | 1,663,105 | 1,707,745 | 1,426,705 | 1,213,680 | 1,752,785 |
| 236,955 | 214,790 | 218,865 | 185,505 | 162,620 | 229,865 |
| 68,910 | 63,740 | 63,590 | 56,770 | 50,610 | 66,855 |
| 27,690 | 26,065 | 25,485 | 23,435 | 20,985 | 26,945 |
| 12,545 | 11,910 | 11,625 | 10,960 | 9,940 | 12,235 |
| 12,005 | 11,530 | 11,215 | 10,725 | 9,950 | 11,700 |
| 4,905 | 4,705 | 4,510 | 4,355 | 4,060 | 4,820 |
| Percent of Total Discharges ³ | | | | | |
| 97.7 | 85.0 | 91.3 | 73.1 | 53.4 | 88.1 |
| 97.6 | 84.0 | 91.2 | 72.2 | 50.4 | 86.6 |
| 98.5 | 89.4 | 91.8 | 76.7 | 65.2 | 94.2 |
| 98.0 | 88.9 | 90.6 | 76.8 | 67.3 | 95.1 |
| 97.8 | 90.4 | 90.2 | 80.5 | 71.8 | 94.9 |
| 97.2 | 91.5 | 89.5 | 82.3 | 73.7 | 94.6 |
| 96.2 | 91.4 | 89.2 | 84.1 | 76.3 | 93.9 |
| 95.9 | 92.1 | 89.6 | 85.7 | 79.5 | 93.5 |
| 94.5 | 90.7 | 86.9 | 83.9 | 78.2 | 92.9 |
| Total Charges in Thousands | | | | | |
| \$21,149,974 | \$12,459,981 | \$26,260,908 | \$10,812,650 | \$8,174,893 | \$15,571,933 |
| 11,799,705 | 7,661,748 | 16,848,806 | 8,170,984 | 2,941,124 | 8,305,608 |
| 6,074,408 | 3,323,080 | 6,362,841 | 2,065,177 | 2,750,779 | 4,623,212 |
| 1,550,410 | 750,481 | 1,457,611 | 326,555 | 955,877 | 1,322,402 |
| 691,978 | 307,948 | 627,129 | 114,603 | 512,029 | 557,908 |
| 376,771 | 159,920 | 343,118 | 54,826 | 311,711 | 287,207 |
| 217,568 | 89,499 | 200,763 | 27,731 | 204,123 | 159,239 |
| 274,282 | 107,682 | 257,228 | 35,063 | 287,333 | 196,304 |
| 164,848 | 59,619 | 163,408 | 17,707 | 211,913 | 120,050 |

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 2000

| 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 | 19.7 | 10.0 | 70.4 | 7.2 | 15.0 | |
| 1-8 Days | 100.0 | 17.5 | 7.6 | 74.9 | 9.0 | 12.9 | |
| 9-20 Days | 100.0 | 22.6 | 11.0 | 66.3 | 5.9 | 16.6 | |
| 21-30 Days | 100.0 | 22.8 | 13.3 | 63.9 | 4.3 | 18.5 | |
| 31-40 Days | 100.0 | 21.0 | 15.0 | 64.0 | 3.8 | 19.7 | |
| 41-50 Days | 100.0 | 19.9 | 16.8 | 63.3 | 3.6 | 19.7 | |
| 51-60 Days | 100.0 | 19.5 | 18.3 | 62.2 | 3.3 | 19.7 | |
| 61-90 Days | 100.0 | 18.1 | 20.5 | 61.5 | 3.0 | 19.3 | |
| 91 Days or More | 100.0 | 23.7 | 19.6 | 56.7 | 2.4 | 16.7 | |
| | | | Average Total Charge Per Discharge | | | | |
| Total | \$16,725 | \$3,847 | \$5,655 | \$11,848 | \$3,749 | \$2,541 | |
| 1-8 Days | 11,072 | 2,295 | 3,142 | 8,345 | 3,409 | 1,443 | |
| 9-20 Days | 30,876 | 7,686 | 8,869 | 20,623 | 4,330 | 5,183 | |
| 21-30 Days | 64,234 | 15,903 | 18,552 | 41,528 | 5,241 | 12,150 | |
| 31-40 Days | 98,615 | 22,636 | 27,788 | 64,193 | 6,148 | 19,937 | |
| 41-50 Days | 134,482 | 29,287 | 38,860 | 87,038 | 7,159 | 27,367 | |
| 51-60 Days | 175,916 | 37,711 | 51,286 | 113,025 | 8,145 | 36,168 | |
| 61-90 Days | 236,032 | 47,895 | 71,057 | 150,489 | 9,494 | 47,697 | |
| 91 Days or More | 377,466 | 96,783 | 111,487 | 223,747 | 12,469 | 66,318 | |

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 2000

| Type of Ancillary Service | | | | | |
|---------------------------------------|------------------------|----------|------------|-----------------------|--------------------|
| Laboratory | Radiology ¹ | Supplies | Cardiology | Inhalation Therapy | Other ² |
| Percent of Total Charges ⁴ | | | | | |
| 10.8 | 6.4 | 13.4 | 5.5 | 4.2 | 7.9 |
| 11.2 | 7.3 | 16.0 | 7.8 | 2.8 | 7.9 |
| 10.6 | 5.8 | 11.1 | 3.6 | 4.8 | 8.0 |
| 10.0 | 4.8 | 9.4 | 2.1 | 6.2 | 8.5 |
| 10.0 | 4.4 | 9.0 | 1.6 | 7.4 | 8.0 |
| 9.8 | 4.2 | 9.0 | 1.4 | 8.1 | 7.5 |
| 9.5 | 3.9 | 8.8 | 1.2 | 8.9 | 6.9 |
| 9.3 | 3.6 | 8.7 | 1.2 | 9.7 | 6.6 |
| 8.4 | 3.0 | 8.3 | 0.9 | 10.8 | 6.1 |
| Average Total Charge Per Discharge | | | | | |
| \$1,847 | \$1,250 | \$2,455 | \$1,262 | \$1,307 | \$1,508 |
| 1,275 | 961 | 1,947 | 1,192 | 615 | 1,011 |
| 3,314 | 1,998 | 3,726 | 1,448 | 2,266 | 2,638 |
| 6,543 | 3,494 | 6,660 | 1,760 | 5,878 | 5,753 |
| 10,042 | 4,831 | 9,862 | 2,019 | 10,117 | 8,345 |
| 13,607 | 6,135 | 13,464 | 2,339 | 14,854 | 10,659 |
| 17,343 | 7,515 | 17,270 | 2,530 | 20,536 | 13,015 |
| 22,847 | 9,339 | 22,936 | 3,269 | 28,878 | 16,778 |
| 33,608 | 12,672 | 36,233 | 4,066 | 52,196 | 24,907 |

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 2000

| 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 | 11,719,960 | 100.0 | 70,329,960 | 100.0 | 6.0 | \$81,230,530 | 100.0 | \$6,971 | \$1,155 |
| 1 Day | 1,519,790 | 13.0 | 1,519,790 | 2.2 | 1.0 | 6,956,285 | 8.6 | 4,611 | 4,577 |
| 2 Days | 1,621,895 | 13.8 | 3,243,790 | 4.6 | 2.0 | 7,047,749 | 8.7 | 4,371 | 2,173 |
| 3 Days | 1,706,830 | 14.6 | 5,120,490 | 7.3 | 3.0 | 8,116,853 | 10.0 | 4,781 | 1,585 |
| 4 Days | 1,446,705 | 12.3 | 5,786,820 | 8.2 | 4.0 | 7,817,031 | 9.6 | 5,430 | 1,351 |
| 5 Days | 1,113,835 | 9.5 | 5,569,175 | 7.9 | 5.0 | 6,641,585 | 8.2 | 5,993 | 1,193 |
| 6 Days | 860,055 | 7.3 | 5,160,330 | 7.3 | 6.0 | 5,610,605 | 6.9 | 6,557 | 1,087 |
| 7 Days | 700,500 | 6.0 | 4,903,500 | 7.0 | 7.0 | 4,975,841 | 6.1 | 7,140 | 1,015 |
| 8 Days | 518,060 | 4.4 | 4,144,480 | 5.9 | 8.0 | 3,959,773 | 4.9 | 7,683 | 955 |
| 9 Days | 383,250 | 3.3 | 3,449,250 | 4.9 | 9.0 | 3,119,788 | 3.8 | 8,183 | 904 |
| 10 Days | 299,820 | 2.6 | 2,998,200 | 4.3 | 10.0 | 2,559,372 | 3.2 | 8,582 | 854 |
| 11 Days | 238,945 | 2.0 | 2,628,395 | 3.7 | 11.0 | 2,176,395 | 2.7 | 9,159 | 828 |
| 12 Days | 189,155 | 1.6 | 2,269,860 | 3.2 | 12.0 | 1,830,139 | 2.3 | 9,727 | 806 |
| 13 Days | 159,940 | 1.4 | 2,079,220 | 3.0 | 13.0 | 1,621,854 | 2.0 | 10,203 | 780 |

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 2000

| 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 | 148,825 | 1.3 | 2,083,550 | 3.0 | 14.0 | \$1,591,897 | 2.0 | \$10,760 | \$764 |
| 15 Days | 115,350 | 1.0 | 1,730,250 | 2.5 | 15.0 | 1,323,015 | 1.6 | 11,540 | 765 |
| 16 Days | 89,820 | 0.8 | 1,437,120 | 2.0 | 16.0 | 1,116,770 | 1.4 | 12,518 | 777 |
| 17 Days | 73,490 | 0.6 | 1,249,330 | 1.8 | 17.0 | 970,895 | 1.2 | 13,299 | 777 |
| 18 Days | 62,080 | 0.5 | 1,117,440 | 1.6 | 18.0 | 864,270 | 1.1 | 14,013 | 773 |
| 19 Days | 52,625 | 0.4 | 999,875 | 1.4 | 19.0 | 776,488 | 1.0 | 14,861 | 777 |
| 20 Days | 47,615 | 0.4 | 952,300 | 1.4 | 20.0 | 752,788 | 0.9 | 15,920 | 790 |
| 21-30 Days | 241,675 | 2.1 | 5,894,370 | 8.4 | 24.4 | 5,045,988 | 6.2 | 21,031 | 856 |
| 31-40 Days | 70,480 | 0.6 | 2,444,510 | 3.5 | 34.7 | 2,462,451 | 3.0 | 35,324 | 1,007 |
| 41-50 Days | 28,475 | 0.2 | 1,275,090 | 1.8 | 44.8 | 1,396,424 | 1.7 | 49,580 | 1,095 |
| 51-60 Days | 13,035 | 0.1 | 716,225 | 1.0 | 54.9 | 828,913 | 1.0 | 64,809 | 1,157 |
| 61-90 Days | 12,520 | 0.1 | 896,390 | 1.3 | 71.6 | 1,070,568 | 1.3 | 87,003 | 1,194 |
| 91 Days or More | 5,190 | (2) | 660,210 | 0.9 | 127.2 | 596,792 | 0.7 | 120,808 | 904 |

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 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 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 2000

| Location and Bedsize of Hospital | Hospitals | | Discharges ¹ | | Total Days of Care per Discharge | Program Payments | | Per Discharge |
|-------------------------------------|-----------|---------|-------------------------|---------|--|------------------------|---------|------------------|
| | Number | Percent | Number | Percent | | Amount in Thousands | Percent | |
| Total All Hospitals ² | 4,647 | 100.0 | 11,581,610 | 100.0 | 6.0 | \$80,849,359 | 100.0 | \$7,021 |
| 1-99 Beds | 2,137 | 46.0 | 1,548,555 | 13.4 | 4.7 | 6,654,036 | 8.2 | 4,315 |
| 100-299 Beds | 1,563 | 33.6 | 4,193,110 | 36.2 | 5.8 | 25,435,819 | 31.5 | 6,096 |
| 300-499 Beds | 616 | 13.3 | 3,180,915 | 27.5 | 6.3 | 23,726,349 | 29.3 | 7,502 |
| 500 Beds or More | 331 | 7.1 | 2,659,030 | 23.0 | 6.7 | 25,033,154 | 31.0 | 9,489 |
| Total Urban Hospitals | 2,548 | 100.0 | 9,122,855 | 100.0 | 6.2 | 69,479,030 | 100.0 | 7,664 |
| 1-99 Beds | 551 | 21.6 | 467,425 | 5.1 | 5.1 | 2,394,818 | 3.4 | 5,149 |
| 100-299 Beds | 1,104 | 43.3 | 3,085,675 | 33.8 | 5.9 | 20,051,807 | 28.9 | 6,534 |
| 300-499 Beds | 570 | 22.4 | 2,946,820 | 32.3 | 6.3 | 22,261,916 | 32.0 | 7,599 |
| 500 Beds or More | 323 | 12.7 | 2,622,935 | 28.8 | 6.7 | 24,770,488 | 35.7 | 9,519 |
| Total Rural Hospitals | 2,099 | 100.0 | 2,458,755 | 100.0 | 5.1 | 11,370,329 | 100.0 | 4,642 |
| 1-99 Beds | 1,586 | 75.6 | 1,081,130 | 44.0 | 4.5 | 4,259,218 | 37.5 | 3,955 |
| 100-299 Beds | 459 | 21.9 | 1,107,435 | 45.0 | 5.4 | 5,384,012 | 47.4 | 4,879 |
| 300-499 Beds | 46 | 2.2 | 234,095 | 9.5 | 6.2 | 1,464,433 | 12.9 | 6,287 |
| 500 Beds or More | 8 | 0.4 | 36,095 | 1.5 | 6.4 | 262,666 | 2.3 | 7,293 |

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 2000

| MSA and Type of Control | Hospitals | | Discharges ¹ | | Total Days of Care per Discharge | Program Payments | | Per Discharge |
|---------------------------------------|-----------|---------|-------------------------|---------|----------------------------------|---------------------|---------|---------------|
| | Number | Percent | Number | Percent | | Amount in Thousands | Percent | |
| Total All Hospitals ² | 4,647 | 100.0 | 11,581,610 | 100.0 | 6.0 | \$80,849,359 | 100.0 | \$7,021 |
| Voluntary | 2,797 | 60.2 | 8,569,070 | 74.0 | 6.1 | 61,213,240 | 75.7 | 7,185 |
| Proprietary | 630 | 13.6 | 1,227,575 | 10.6 | 5.8 | 8,197,925 | 10.1 | 6,712 |
| Government | 1,220 | 26.3 | 1,784,965 | 15.4 | 5.8 | 11,438,195 | 14.1 | 6,447 |
| Total Teaching Hospitals ³ | 1,171 | 100.0 | 5,235,725 | 100.0 | 6.4 | 44,393,559 | 100.0 | 8,538 |
| Voluntary | 873 | 74.6 | 4,382,295 | 83.7 | 6.4 | 36,878,744 | 83.1 | 8,473 |
| Proprietary | 75 | 6.4 | 198,925 | 3.8 | 6.2 | 1,600,281 | 3.6 | 8,098 |
| Government | 223 | 19.0 | 654,505 | 12.5 | 6.6 | 5,914,534 | 13.3 | 9,113 |
| Total Non-Teaching Hospitals | 3,476 | 100.0 | 6,345,885 | 100.0 | 5.6 | 36,455,800 | 100.0 | 5,772 |
| Voluntary | 1,924 | 55.4 | 4,186,775 | 66.0 | 5.7 | 24,334,496 | 66.8 | 5,840 |
| Proprietary | 555 | 16.0 | 1,028,650 | 16.2 | 5.8 | 6,597,644 | 18.1 | 6,444 |
| Government | 997 | 28.7 | 1,130,460 | 17.8 | 5.3 | 5,523,661 | 15.2 | 4,909 |

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 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 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 2000

| Type of Hospital and PPS Status | Hospitals | | Discharges | | Covered Days of Care | | |
|---|-----------|---------|------------|---------|----------------------|---------|------------------|
| | Number | Percent | Number | Percent | Number | Percent | Per Discharge |
| Total All Hospitals ² | 6,031 | 100.0 | 12,094,085 | 100.0 | 74,878,220 | 100.0 | 6.2 |
| Short-Stay Hospitals | 4,704 | 78.0 | 11,719,960 | 96.9 | 68,594,415 | 91.6 | 5.9 |
| Hospitals Under PPS | 4,640 | 76.9 | 10,857,245 | 89.8 | 59,752,285 | 79.8 | 5.5 |
| Non-PPS Hospitals and Units | 64 | 1.1 | 862,715 | 7.1 | 8,842,130 | 11.8 | 10.2 |
| Special Exclusion Status ³ | 64 | 1.1 | 235,880 | 2.0 | 1,383,605 | 1.8 | 5.9 |
| Excluded Psychiatric Hospital Units ⁴ | NA | --- | 351,350 | 2.9 | 3,903,295 | 5.2 | 11.1 |
| Excluded Rehabilitation Hospital Units ⁴ | NA | --- | 275,485 | 2.3 | 3,555,230 | 4.7 | 12.9 |
| Specialty Hospitals ⁵ | 1,327 | 22.0 | 374,125 | 3.1 | 6,283,805 | 8.4 | 16.8 |
| Childrens | 74 | 1.2 | 2,070 | (6) | 13,210 | (6) | 6.4 |
| Psychiatric | 519 | 8.6 | 113,930 | 0.9 | 1,624,575 | 2.2 | 14.3 |
| Rehabilitation | 202 | 3.3 | 135,455 | 1.1 | 2,308,820 | 3.1 | 17.0 |
| Long Term | 248 | 4.1 | 79,660 | 0.7 | 2,192,915 | 2.9 | 27.5 |
| All Other ⁷ | 284 | 4.7 | 43,010 | 0.4 | 144,285 | 0.2 | 3.4 |

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 2000

| 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 | \$202,951,842 | 100.0 | \$16,781 | \$2,710 | \$84,964,139 | 100.0 | \$7,065 | \$1,135 |
| Short-Stay Hospitals | 194,035,133 | 95.6 | 16,556 | 2,829 | 81,230,530 | 95.6 | 6,971 | 1,184 |
| Hospitals Under PPS | 181,617,444 | 89.5 | 16,728 | 3,040 | 74,478,888 | 87.7 | 6,898 | 1,246 |
| Non-PPS Hospitals and Units | 12,417,689 | 6.1 | 14,394 | 1,404 | 6,751,642 | 7.9 | 7,886 | 764 |
| Special Exclusion Status ³ | 2,458,749 | 1.2 | 10,424 | 1,777 | 1,960,461 | 2.3 | 8,318 | 1,417 |
| Excluded Psychiatric Hospital Units ⁴ | 4,638,493 | 2.3 | 13,202 | 1,188 | 2,131,914 | 2.5 | 6,158 | 546 |
| Excluded Rehabilitation Hospital Units ⁴ | 5,320,447 | 2.6 | 19,313 | 1,497 | 2,659,267 | 3.1 | 9,695 | 748 |
| Specialty Hospitals ⁵ | 8,916,709 | 4.4 | 23,834 | 1,419 | 3,733,609 | 4.4 | 9,980 | 594 |
| Childrens | 54,911 | (6) | 26,527 | 4,157 | 23,500 | (6) | 11,353 | 1,779 |
| Psychiatric | 1,390,533 | 0.7 | 12,205 | 856 | 599,788 | 0.7 | 5,265 | 369 |
| Rehabilitation | 3,066,957 | 1.5 | 22,642 | 1,328 | 1,379,716 | 1.6 | 10,186 | 598 |
| Long Term | 4,200,938 | 2.1 | 52,736 | 1,916 | 1,602,186 | 1.9 | 20,113 | 731 |
| All Other ⁷ | 203,370 | 0.1 | 4,728 | 1,410 | 128,418 | 0.2 | 2,986 | 890 |

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 2000, there were an estimated 1,450 distinct-part psychiatric hospital units and 846 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 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 34
Short-Stay Hospital Discharges and Case-Mix Index, by Location and
Bedsizes of Hospital, and Procedure Status: Calendar Year 2000

| Location and Bedsizes of Hospital | Discharges | Hospital Case-Mix Index ¹ |
|--------------------------------------|------------|--|
| Total All Hospitals ² | 11,581,610 | 1.4533 |
| 1-99 Beds | 1,548,555 | 1.1452 |
| 100-299 Beds | 4,193,110 | 1.3615 |
| 300-499 Beds | 3,180,915 | 1.5286 |
| 500 Beds or More | 2,659,030 | 1.6873 |
| Total Urban Hospitals | 9,122,855 | 1.5173 |
| 1-99 Beds | 467,425 | 1.2338 |
| 100-299 Beds | 3,085,675 | 1.3954 |
| 300-499 Beds | 2,946,820 | 1.5374 |
| 500 Beds or More | 2,622,935 | 1.6887 |
| Total Rural Hospitals | 2,458,755 | 1.2138 |
| 1-99 Beds | 1,081,130 | 1.1068 |
| 100-299 Beds | 1,107,435 | 1.2667 |
| 300-499 Beds | 234,095 | 1.4167 |
| 500 Beds or More | 36,095 | 1.5620 |

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
Bedsizes of Hospital, and Procedure Status: Calendar Year 2000

| Location and Bedsizes of Hospital | Percent of Discharges | | | | |
|--------------------------------------|-----------------------|-----------------|----------|--------------|----------------------|
| | Total | With Procedures | | | Without Procedure |
| | | Total | Surgical | Non-Surgical | |
| Total All Hospitals ² | 100.0 | 55.6 | 44.8 | 10.8 | 44.4 |
| 1-99 Beds | 100.0 | 37.2 | 26.1 | 11.1 | 62.9 |
| 100-299 Beds | 100.0 | 53.0 | 42.3 | 10.7 | 47.0 |
| 300-499 Beds | 100.0 | 59.7 | 49.2 | 10.5 | 40.3 |
| 500 Beds or More | 100.0 | 65.5 | 54.5 | 11.0 | 34.5 |
| Total Urban Hospitals | 100.0 | 59.0 | 48.1 | 10.9 | 41.0 |
| 1-99 Beds | 100.0 | 44.2 | 32.5 | 11.7 | 55.8 |
| 100-299 Beds | 100.0 | 54.7 | 43.7 | 11.0 | 45.3 |
| 300-499 Beds | 100.0 | 60.1 | 49.5 | 10.6 | 39.9 |
| 500 Beds or More | 100.0 | 65.5 | 54.5 | 11.0 | 34.5 |
| Total Rural Hospitals | 100.0 | 43.0 | 32.7 | 10.3 | 57.0 |
| 1-99 Beds | 100.0 | 34.1 | 23.3 | 10.8 | 65.9 |
| 100-299 Beds | 100.0 | 48.4 | 38.3 | 10.1 | 51.7 |
| 300-499 Beds | 100.0 | 55.5 | 46.6 | 8.9 | 44.5 |
| 500 Beds or More | 100.0 | 64.8 | 54.1 | 10.7 | 35.2 |

Table 35
Medicare Short-Stay Hospital Discharges and Total Charges, by Location and
Bedsizes of Hospital, and Type of Service: Calendar Year 2000

| Location and Bedsizes of Hospital | Type of Accommodation | | | | |
|--------------------------------------|-----------------------|------------------------------|--|---------------------------|-----------|
| | All Services | Routine Room and Board | Intensive/ Coronary Care | Type of Ancillary Service | |
| | | Total Ancillary | Operating Room | | |
| | | | Number of Discharges | | |
| Total All Hospitals ¹ | 11,581,610 | 9,891,935 | 3,424,930 | 11,506,700 | 3,740,850 |
| 1-99 Beds | 1,548,555 | 1,410,980 | 318,500 | 1,538,030 | 309,540 |
| 100-299 Beds | 4,193,110 | 3,562,240 | 1,252,650 | 4,181,440 | 1,296,010 |
| 300-499 Beds | 3,180,915 | 2,653,110 | 1,024,445 | 3,167,175 | 1,110,065 |
| 500 Beds or More | 2,659,030 | 2,265,605 | 829,335 | 2,620,055 | 1,025,235 |
| Total Urban Hospitals | 9,122,855 | 7,662,430 | 2,879,670 | 9,057,305 | 3,145,470 |
| 1-99 Beds | 467,425 | 409,080 | 121,865 | 464,755 | 116,015 |
| 100-299 Beds | 3,085,675 | 2,582,095 | 965,915 | 3,075,415 | 982,245 |
| 300-499 Beds | 2,946,820 | 2,441,105 | 967,260 | 2,933,175 | 1,035,510 |
| 500 Beds or More | 2,622,935 | 2,230,150 | 824,630 | 2,583,960 | 1,011,700 |
| Total Rural Hospitals | 2,458,755 | 2,229,505 | 545,260 | 2,449,395 | 595,380 |
| 1-99 Beds | 1,081,130 | 1,001,900 | 196,635 | 1,073,275 | 193,525 |
| 100-299 Beds | 1,107,435 | 980,145 | 286,735 | 1,106,025 | 313,765 |
| 300-499 Beds | 234,095 | 212,005 | 57,185 | 234,000 | 74,555 |
| 500 Beds or More | 36,095 | 35,455 | 4,705 | 36,095 | 13,535 |
| | | | Percent of Total Discharges ⁴ | | |
| Total All Hospitals ¹ | 100.0 | 85.4 | 29.6 | 99.4 | 32.3 |
| 1-99 Beds | 100.0 | 91.1 | 20.6 | 99.3 | 20.0 |
| 100-299 Beds | 100.0 | 85.0 | 29.9 | 99.7 | 30.9 |
| 300-499 Beds | 100.0 | 83.4 | 32.2 | 99.6 | 34.9 |
| 500 Beds or More | 100.0 | 85.2 | 31.2 | 98.5 | 38.6 |
| Total Urban Hospitals | 100.0 | 84.0 | 31.6 | 99.3 | 34.5 |
| 1-99 Beds | 100.0 | 87.5 | 26.1 | 99.4 | 24.8 |
| 100-299 Beds | 100.0 | 83.7 | 31.3 | 99.7 | 31.8 |
| 300-499 Beds | 100.0 | 82.8 | 32.8 | 99.5 | 35.1 |
| 500 Beds or More | 100.0 | 85.0 | 31.4 | 98.5 | 38.6 |
| Total Rural Hospitals | 100.0 | 90.7 | 22.2 | 99.6 | 24.2 |
| 1-99 Beds | 100.0 | 92.7 | 18.2 | 99.3 | 17.9 |
| 100-299 Beds | 100.0 | 88.5 | 25.9 | 99.9 | 28.3 |
| 300-499 Beds | 100.0 | 90.6 | 24.4 | 100.0 | 31.8 |
| 500 Beds or More | 100.0 | 98.2 | 13.0 | 100.0 | 37.5 |

See footnotes at end of table.

Table 35—Continued
Medicare Short-Stay Hospital Discharges and Total Charges, by Location and
Bedsizes of Hospital, and Type of Service: Calendar Year 2000

| Type of Ancillary Service | | | | | | |
|--|------------|------------------------|------------|------------|--------------------|--------------------|
| Pharmacy | Laboratory | Radiology ² | Supplies | Cardiology | Inhalation Therapy | Other ³ |
| Number of Discharges | | | | | | |
| 11,421,870 | 11,322,170 | 9,859,035 | 10,567,160 | 8,479,745 | 6,175,850 | 10,212,945 |
| 1,527,165 | 1,513,160 | 1,338,025 | 1,474,035 | 1,068,380 | 903,290 | 1,302,575 |
| 4,159,080 | 4,117,275 | 3,633,265 | 3,901,015 | 3,120,245 | 2,337,630 | 3,747,795 |
| 3,145,190 | 3,118,990 | 2,707,120 | 2,887,335 | 2,392,065 | 1,674,915 | 2,846,755 |
| 2,590,435 | 2,572,745 | 2,180,625 | 2,304,775 | 1,899,055 | 1,260,015 | 2,315,820 |
| 8,991,680 | 8,918,295 | 7,741,460 | 8,237,985 | 6,761,140 | 4,778,235 | 8,103,735 |
| 461,670 | 457,715 | 407,395 | 440,095 | 341,165 | 267,410 | 409,865 |
| 3,060,405 | 3,032,715 | 2,673,175 | 2,852,630 | 2,322,880 | 1,722,070 | 2,774,020 |
| 2,915,180 | 2,890,305 | 2,508,500 | 2,672,550 | 2,220,465 | 1,550,495 | 2,635,615 |
| 2,554,425 | 2,537,560 | 2,152,390 | 2,272,710 | 1,876,630 | 1,238,260 | 2,284,235 |
| 2,430,190 | 2,403,875 | 2,117,575 | 2,329,175 | 1,718,605 | 1,397,615 | 2,109,210 |
| 1,065,495 | 1,055,445 | 930,630 | 1,033,940 | 727,215 | 635,880 | 892,710 |
| 1,098,675 | 1,084,560 | 960,090 | 1,048,385 | 797,365 | 615,560 | 973,775 |
| 230,010 | 228,685 | 198,620 | 214,785 | 171,600 | 124,420 | 211,140 |
| 36,010 | 35,185 | 28,235 | 32,065 | 22,425 | 21,755 | 31,585 |
| Percent of Total Discharges ⁴ | | | | | | |
| 98.6 | 97.8 | 85.1 | 91.2 | 73.2 | 53.3 | 88.2 |
| 98.6 | 97.7 | 86.4 | 95.2 | 69.0 | 58.3 | 84.1 |
| 99.2 | 98.2 | 86.6 | 93.0 | 74.4 | 55.7 | 89.4 |
| 98.9 | 98.1 | 85.1 | 90.8 | 75.2 | 52.7 | 89.5 |
| 97.4 | 96.8 | 82.0 | 86.7 | 71.4 | 47.4 | 87.1 |
| 98.6 | 97.8 | 84.9 | 90.3 | 74.1 | 52.4 | 88.8 |
| 98.8 | 97.9 | 87.2 | 94.2 | 73.0 | 57.2 | 87.7 |
| 99.2 | 98.3 | 86.6 | 92.4 | 75.3 | 55.8 | 89.9 |
| 98.9 | 98.1 | 85.1 | 90.7 | 75.4 | 52.6 | 89.4 |
| 97.4 | 96.7 | 82.1 | 86.6 | 71.5 | 47.2 | 87.1 |
| 98.8 | 97.8 | 86.1 | 94.7 | 69.9 | 56.8 | 85.8 |
| 98.6 | 97.6 | 86.1 | 95.6 | 67.3 | 58.8 | 82.6 |
| 99.2 | 97.9 | 86.7 | 94.7 | 72.0 | 55.6 | 87.9 |
| 98.3 | 97.7 | 84.8 | 91.8 | 73.3 | 53.1 | 90.2 |
| 99.8 | 97.5 | 78.2 | 88.8 | 62.1 | 60.3 | 87.5 |

Table 35—Continued
Medicare Short-Stay Hospital Discharges and Total Charges, by Location and
Bedsizes of Hospital, and Type of Service: Calendar Year 2000

| Location and Bedsizes of Hospital | Type of Accommodation | | | | |
|--------------------------------------|-----------------------|-------------------|------------------|----------------------------|-------------------|
| | All Services | Routine | Intensive/ | Type of Ancillary Service | |
| | | Room and Board | Coronary Care | Total Ancillary | Operating Room |
| | | | | Total Charges in Thousands | |
| Total All Hospitals ¹ | \$195,112,794 | \$38,355,685 | \$19,443,103 | \$137,317,464 | \$14,139,780 |
| 1-99 Beds | 14,549,903 | 3,110,465 | 914,777 | 10,525,113 | 840,733 |
| 100-299 Beds | 63,807,326 | 11,701,784 | 5,846,054 | 46,260,838 | 4,355,357 |
| 300-499 Beds | 59,252,233 | 11,173,621 | 6,359,494 | 41,720,055 | 4,356,568 |
| 500 Beds or More | 57,503,333 | 12,369,815 | 6,322,779 | 38,811,458 | 4,587,123 |
| Total Urban Hospitals | 169,819,834 | 33,389,072 | 17,869,307 | 118,564,124 | 12,529,620 |
| 1-99 Beds | 5,801,741 | 1,176,282 | 458,636 | 4,166,959 | 367,374 |
| 100-299 Beds | 51,184,918 | 9,471,194 | 5,006,219 | 36,708,479 | 3,503,591 |
| 300-499 Beds | 55,888,146 | 10,504,219 | 6,097,623 | 39,287,157 | 4,114,695 |
| 500 Beds or More | 56,945,029 | 12,237,377 | 6,306,830 | 38,401,529 | 4,543,961 |
| Total Rural Hospitals | 25,292,960 | 4,966,613 | 1,573,796 | 18,753,341 | 1,610,160 |
| 1-99 Beds | 8,748,161 | 1,934,183 | 456,141 | 6,358,154 | 473,360 |
| 100-299 Beds | 12,622,408 | 2,230,590 | 839,835 | 9,552,360 | 851,766 |
| 300-499 Beds | 3,364,087 | 669,402 | 261,871 | 2,432,898 | 241,873 |
| 500 Beds or More | 558,304 | 132,438 | 15,948 | 409,929 | 43,162 |
| | | | | Percent of Total Charges | |
| Total All Hospitals ¹ | 100.0 | 19.7 | 10.0 | 70.4 | 7.2 |
| 1-99 Beds | 100.0 | 21.4 | 6.3 | 72.3 | 5.8 |
| 100-299 Beds | 100.0 | 18.3 | 9.2 | 72.5 | 6.8 |
| 300-499 Beds | 100.0 | 18.9 | 10.7 | 70.4 | 7.4 |
| 500 Beds or More | 100.0 | 21.5 | 11.0 | 67.5 | 8.0 |
| Total Urban Hospitals | 100.0 | 19.7 | 10.5 | 69.8 | 7.4 |
| 1-99 Beds | 100.0 | 20.3 | 7.9 | 71.8 | 6.3 |
| 100-299 Beds | 100.0 | 18.5 | 9.8 | 71.7 | 6.8 |
| 300-499 Beds | 100.0 | 18.8 | 10.9 | 70.3 | 7.4 |
| 500 Beds or More | 100.0 | 21.5 | 11.1 | 67.4 | 8.0 |
| Total Rural Hospitals | 100.0 | 19.6 | 6.2 | 74.1 | 6.4 |
| 1-99 Beds | 100.0 | 22.1 | 5.2 | 72.7 | 5.4 |
| 100-299 Beds | 100.0 | 17.7 | 6.7 | 75.7 | 6.7 |
| 300-499 Beds | 100.0 | 19.9 | 7.8 | 72.3 | 7.2 |
| 500 Beds or More | 100.0 | 23.7 | 2.9 | 73.4 | 7.7 |

See footnotes at end of table.

Table 35—Continued
Medicare Short-Stay Hospital Discharges and Total Charges, by Location and
Bedsizes of Hospital, and Type of Service: Calendar Year 2000

| Pharmacy | Type of Ancillary Service | | | | | |
|----------------------------|---------------------------|------------------------|--------------|--------------|-----------------------|--------------------|
| | Laboratory | Radiology ² | Supplies | Cardiology | Inhalation Therapy | Other ³ |
| Total Charges in Thousands | | | | | | |
| \$29,136,792 | \$21,063,162 | \$12,428,561 | \$26,143,304 | \$10,772,629 | \$8,098,485 | \$15,534,750 |
| 2,506,930 | 1,743,051 | 999,803 | 1,974,718 | 644,715 | 769,741 | 1,045,422 |
| 10,442,928 | 7,301,340 | 4,318,613 | 8,822,969 | 3,324,938 | 2,862,243 | 4,832,449 |
| 8,757,395 | 6,193,764 | 3,724,990 | 7,992,572 | 3,493,404 | 2,366,053 | 4,835,309 |
| 7,429,539 | 5,825,006 | 3,385,154 | 7,353,045 | 3,309,573 | 2,100,448 | 4,821,570 |
| 24,633,236 | 18,015,428 | 10,677,208 | 22,609,727 | 9,574,027 | 6,917,356 | 13,607,521 |
| 937,875 | 672,797 | 399,113 | 804,024 | 276,016 | 281,329 | 428,431 |
| 8,124,846 | 5,776,304 | 3,426,375 | 6,971,774 | 2,714,282 | 2,317,534 | 3,873,772 |
| 8,211,790 | 5,811,069 | 3,499,356 | 7,561,080 | 3,305,520 | 2,239,293 | 4,544,355 |
| 7,358,724 | 5,755,259 | 3,352,364 | 7,272,849 | 3,278,209 | 2,079,200 | 4,760,963 |
| 4,503,557 | 3,047,734 | 1,751,353 | 3,533,577 | 1,198,602 | 1,181,128 | 1,927,229 |
| 1,569,055 | 1,070,254 | 600,690 | 1,170,693 | 368,699 | 488,412 | 616,990 |
| 2,318,082 | 1,525,036 | 892,238 | 1,851,195 | 610,656 | 544,709 | 958,677 |
| 545,605 | 382,695 | 225,634 | 431,492 | 187,884 | 126,760 | 290,954 |
| 70,815 | 69,748 | 32,790 | 80,196 | 31,364 | 21,247 | 60,607 |
| Percent of Total Charges | | | | | | |
| 14.9 | 10.8 | 6.4 | 13.4 | 5.5 | 4.2 | 8.0 |
| 17.2 | 12.0 | 6.9 | 13.6 | 4.4 | 5.3 | 7.2 |
| 16.4 | 11.4 | 6.8 | 13.8 | 5.2 | 4.5 | 7.6 |
| 14.8 | 10.5 | 6.3 | 13.5 | 5.9 | 4.0 | 8.2 |
| 12.9 | 10.1 | 5.9 | 12.8 | 5.8 | 3.7 | 8.4 |
| 14.5 | 10.6 | 6.3 | 13.3 | 5.6 | 4.1 | 8.0 |
| 16.2 | 11.6 | 6.9 | 13.9 | 4.8 | 4.8 | 7.4 |
| 15.9 | 11.3 | 6.7 | 13.6 | 5.3 | 4.5 | 7.6 |
| 14.7 | 10.4 | 6.3 | 13.5 | 5.9 | 4.0 | 8.1 |
| 12.9 | 10.1 | 5.9 | 12.8 | 5.8 | 3.7 | 8.4 |
| 17.8 | 12.0 | 6.9 | 14.0 | 4.7 | 4.7 | 7.6 |
| 17.9 | 12.2 | 6.9 | 13.4 | 4.2 | 5.6 | 7.1 |
| 18.4 | 12.1 | 7.1 | 14.7 | 4.8 | 4.3 | 7.6 |
| 16.2 | 11.4 | 6.7 | 12.8 | 5.6 | 3.8 | 8.6 |
| 12.7 | 12.5 | 5.9 | 14.4 | 5.6 | 3.8 | 10.9 |

Table 35—Continued
Medicare Short-Stay Hospital Discharges and Total Charges, by Location and
Bedsizes of Hospital, and Type of Service: Calendar Year 2000

| 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 | |
| | | Average Charge per Discharge | | | | |
| Total All Hospitals ¹ | \$16,847 | \$3,877 | \$5,677 | \$11,934 | \$3,780 | |
| 1-99 Beds | 9,396 | 2,204 | 2,872 | 6,843 | 2,716 | |
| 100-299 Beds | 15,217 | 3,285 | 4,667 | 11,063 | 3,361 | |
| 300-499 Beds | 18,627 | 4,212 | 6,208 | 13,173 | 3,925 | |
| 500 Beds or More | 21,626 | 5,460 | 7,624 | 14,813 | 4,474 | |
| Total Urban Hospitals | 18,615 | 4,358 | 6,205 | 13,090 | 3,983 | |
| 1-99 Beds | 12,412 | 2,875 | 3,763 | 8,966 | 3,167 | |
| 100-299 Beds | 16,588 | 3,668 | 5,183 | 11,936 | 3,567 | |
| 300-499 Beds | 18,966 | 4,303 | 6,304 | 13,394 | 3,974 | |
| 500 Beds or More | 21,710 | 5,487 | 7,648 | 14,862 | 4,491 | |
| Total Rural Hospitals | 10,287 | 2,228 | 2,886 | 7,656 | 2,704 | |
| 1-99 Beds | 8,092 | 1,931 | 2,320 | 5,924 | 2,446 | |
| 100-299 Beds | 11,398 | 2,276 | 2,929 | 8,637 | 2,715 | |
| 300-499 Beds | 14,371 | 3,157 | 4,579 | 10,397 | 3,244 | |
| 500 Beds or More | 15,468 | 3,735 | 3,390 | 11,357 | 3,189 | |

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
Bedsizes of Hospital, and Type of Service: Calendar Year 2000

| Type of Ancillary Service | | | | | | |
|------------------------------|------------|------------------------|----------|------------|-----------------------|--------------------|
| Pharmacy | Laboratory | Radiology ² | Supplies | Cardiology | Inhalation Therapy | Other ³ |
| Average Charge per Discharge | | | | | | |
| \$2,551 | \$1,860 | \$1,261 | \$2,474 | \$1,270 | \$1,311 | \$1,521 |
| 1,642 | 1,152 | 747 | 1,340 | 603 | 852 | 803 |
| 2,511 | 1,773 | 1,189 | 2,262 | 1,066 | 1,224 | 1,289 |
| 2,784 | 1,986 | 1,376 | 2,768 | 1,460 | 1,413 | 1,699 |
| 2,868 | 2,264 | 1,552 | 3,190 | 1,743 | 1,667 | 2,082 |
| 2,740 | 2,020 | 1,379 | 2,745 | 1,416 | 1,448 | 1,679 |
| 2,031 | 1,470 | 980 | 1,827 | 809 | 1,052 | 1,045 |
| 2,655 | 1,905 | 1,282 | 2,444 | 1,168 | 1,346 | 1,396 |
| 2,817 | 2,011 | 1,395 | 2,829 | 1,489 | 1,444 | 1,724 |
| 2,881 | 2,268 | 1,558 | 3,200 | 1,747 | 1,679 | 2,084 |
| 1,853 | 1,268 | 827 | 1,517 | 697 | 845 | 914 |
| 1,473 | 1,014 | 645 | 1,132 | 507 | 768 | 691 |
| 2,110 | 1,406 | 929 | 1,766 | 766 | 885 | 984 |
| 2,372 | 1,673 | 1,136 | 2,009 | 1,095 | 1,019 | 1,378 |
| 1,967 | 1,982 | 1,161 | 2,501 | 1,399 | 977 | 1,919 |