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See footnotes at end of table.
Table 36—Continued
Trends in Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Type of Entitlement: Selected Calendar Years 1967-2000

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1Beginning with 1994, Medicare enrollees in managed care plans are not included in the denominator used to calculate the utilization rates and average payments.

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

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.
Table 37
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Demographic Characteristics, Type of Entitlement, and Discharge Status: Calendar Year 2000

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<td>127,295</td>
<td>NA</td>
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</tbody>
</table>

¹Includes skilled nursing care admissions with at least 1 day of covered care under Medicare.
²Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average payments.
³The denominator used to calculate the average program payment per covered admission includes only those bills with Medicare reimbursement greater than zero.
⁴Excludes unknown race.
⁵Includes aged persons with end stage renal disease (ESRD).
⁶Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

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

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.
Table 37—Continued
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Demographic Characteristics, Type of Entitlement, and Discharge Status: Calendar Year 2000

<table>
<thead>
<tr>
<th>Covered Charges</th>
<th>Program Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount in Thousands</td>
<td>Per Admission</td>
</tr>
<tr>
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<tr>
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See footnotes at end of table.
Table 38—Continued
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services Used
by Medicare Beneficiaries, by Area of Residence: Calendar Year 2000

<table>
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<tr>
<th>Area of Residence</th>
<th>Covered Admissions(^2)</th>
<th>Covered Days of Care</th>
<th>Covered Charges</th>
<th>Program Payments</th>
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<tbody>
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<td></td>
<td>Number</td>
<td>Per 1,000 HI</td>
<td>Per 1,000 HI Admissions(^2)</td>
<td>Amount inThousands</td>
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<td>954</td>
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<td>77</td>
<td>323</td>
<td>1,329</td>
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<td>133</td>
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<td>1,560</td>
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<td>3,284</td>
<td>1,374</td>
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<td>840</td>
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<td>498</td>
<td>1,210</td>
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<td>58</td>
<td>1,134</td>
<td>1,456</td>
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</tbody>
</table>

See footnotes at end of table.
### Table 38—Continued

**Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Area of Residence: Calendar Year 2000**

<table>
<thead>
<tr>
<th>Area of Residence</th>
<th>Covered Admissions&lt;sup&gt;2&lt;/sup&gt;</th>
<th>Covered Days of Care</th>
<th>Covered Charges</th>
<th>Program Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Per 1,000 Hl Enrollees&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Thousands</td>
<td>Per 1,000 Hl Admis-&lt;sup&gt;3&lt;/sup&gt; sion</td>
</tr>
<tr>
<td>West South Central</td>
<td>183,161</td>
<td>57</td>
<td>3,765</td>
<td>1,171</td>
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<td>432</td>
<td>1,044</td>
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<td>Louisiana</td>
<td>27,165</td>
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<td>516</td>
<td>1,082</td>
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<td>Oklahoma</td>
<td>26,004</td>
<td>58</td>
<td>462</td>
<td>1,024</td>
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<tr>
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<td>57</td>
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<td>1,263</td>
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<td>1,086</td>
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<td>361</td>
<td>841</td>
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<td>370</td>
<td>1,222</td>
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<td>1,524</td>
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<td>Nevada</td>
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<td>39</td>
<td>138</td>
<td>841</td>
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<td>136</td>
<td>732</td>
</tr>
<tr>
<td>Utah</td>
<td>11,672</td>
<td>58</td>
<td>253</td>
<td>1,262</td>
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<td>85</td>
<td>1,329</td>
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<td>23</td>
<td>558</td>
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<td>2,843</td>
<td>1,285</td>
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<td>Hawaii</td>
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<td>56</td>
<td>459</td>
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<td>Oregon</td>
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<td>243</td>
<td>795</td>
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<tr>
<td>Washington</td>
<td>31,703</td>
<td>58</td>
<td>662</td>
<td>1,211</td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

**SOURCE:** Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.
Table 39

Persons Served, Coinsurance Days, and Coinsurance Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Area of Residence: Calendar Year 2000

<table>
<thead>
<tr>
<th>Area of Residence</th>
<th>Persons Served&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Coinsurance Days</th>
<th>Coinsurance Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>HI Enrollees&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Per 1,000</td>
</tr>
<tr>
<td>All Areas&lt;sup&gt;3&lt;/sup&gt;</td>
<td>1,400,385</td>
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<td>707,775</td>
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<td>705,987</td>
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<tr>
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<td>310,076</td>
<td>49</td>
<td>169,475</td>
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<td>53,796</td>
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<td>Connecticut</td>
<td>25,283</td>
<td>62</td>
<td>14,784</td>
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<tr>
<td>Maine</td>
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<td>5,227</td>
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<td>45,902</td>
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<td>24,260</td>
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<td>7,557</td>
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<td>3,954</td>
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<td>Vermont</td>
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<td>17,528</td>
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See footnotes at end of table.
### Table 39—Continued
Persons Served, Coinsurance Days, and Coinsurance Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Area of Residence: Calendar Year 2000

<table>
<thead>
<tr>
<th>Area of Residence</th>
<th>Persons Served&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Coinsurance Days</th>
<th>Coinsurance Payments</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Number HI Enrollees&lt;sup&gt;2&lt;/sup&gt; Per 1,000</td>
<td>Number HI Enrollees&lt;sup&gt;2&lt;/sup&gt; Per Person with</td>
<td>Amount HI Enrollees&lt;sup&gt;2&lt;/sup&gt; Per Person with</td>
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<tr>
<td>West North Central</td>
<td>135,515</td>
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<td>11,800</td>
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<td>16,948</td>
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See footnotes at end of table.
Table 39—Continued
Persons Served, Coinsurance Days, and Coinsurance Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Area of Residence: Calendar Year 2000

<table>
<thead>
<tr>
<th>Area of Residence</th>
<th>Persons Served1</th>
<th>Coinsurance Days</th>
<th>Coinsurance Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Per 1,000 HI Enrollees</td>
<td>Number</td>
</tr>
<tr>
<td></td>
<td>With</td>
<td>With</td>
<td>Amount</td>
</tr>
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<td>206,836</td>
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<td>19,093</td>
<td>8,468</td>
<td>254,899</td>
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<td>18,953</td>
<td>7,955</td>
<td>208,174</td>
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<td>Texas</td>
<td>75,722</td>
<td>36,714</td>
<td>1,215,359</td>
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<td>29,602</td>
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<td>15,502</td>
<td>7,454</td>
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<td>13,718</td>
<td>6,210</td>
<td>170,151</td>
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<td>7,596</td>
<td>3,396</td>
<td>119,910</td>
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<td>4,775</td>
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<td>3,875</td>
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<td>2,912</td>
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<td>99,092</td>
<td>46,445</td>
<td>1,395,044</td>
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<td>1,788</td>
<td>691</td>
<td>28,258</td>
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<td>11,198</td>
<td>4,873</td>
<td>87,152</td>
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<td>Washington</td>
<td>24,033</td>
<td>10,938</td>
<td>304,625</td>
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<tr>
<td>Outlying Areas4</td>
<td>3,322</td>
<td>1,788</td>
<td>35,481</td>
</tr>
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</table>

1Number of beneficiaries receiving Medicare skilled nursing facility services.
2Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average payments.
3Includes 50 States, District of Columbia, and outlying areas.
4Includes Puerto Rico, Guam, Virgin Islands, foreign countries, and other outlying areas.

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

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility, data development by the Office of Research, Development, and Information.
<table>
<thead>
<tr>
<th>Type of Entitlement and Covered Days of Care</th>
<th>Covered Persons</th>
<th>Covered Admissions</th>
<th>Covered Days of Care</th>
<th>Covered Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Persons¹</td>
<td>Admissions²</td>
<td>Number</td>
<td>Per Admission</td>
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<td><strong>All Beneficiaries</strong></td>
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<tr>
<td>Total</td>
<td>1,400,385</td>
<td>1,936,127</td>
<td>44,834,467</td>
<td>23.2</td>
</tr>
<tr>
<td>1-8 Days</td>
<td>406,789</td>
<td>544,284</td>
<td>2,678,887</td>
<td>4.9</td>
</tr>
<tr>
<td>9-20 Days</td>
<td>483,514</td>
<td>647,650</td>
<td>9,028,585</td>
<td>13.9</td>
</tr>
<tr>
<td>21-40 Days</td>
<td>293,202</td>
<td>426,469</td>
<td>12,171,595</td>
<td>28.5</td>
</tr>
<tr>
<td>41-60 Days</td>
<td>105,136</td>
<td>161,845</td>
<td>7,974,053</td>
<td>49.3</td>
</tr>
<tr>
<td>61-80 Days</td>
<td>44,069</td>
<td>72,454</td>
<td>5,036,477</td>
<td>69.5</td>
</tr>
<tr>
<td>81 Days or More</td>
<td>65,175</td>
<td>83,625</td>
<td>7,944,270</td>
<td>95.0</td>
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<tr>
<td><strong>Aged</strong></td>
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<td></td>
<td></td>
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<tr>
<td>Total</td>
<td>1,326,406</td>
<td>1,832,216</td>
<td>42,442,647</td>
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</tr>
<tr>
<td>1-8 Days</td>
<td>384,768</td>
<td>511,766</td>
<td>2,523,705</td>
<td>4.9</td>
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<tr>
<td>9-20 Days</td>
<td>458,912</td>
<td>613,524</td>
<td>8,558,925</td>
<td>13.9</td>
</tr>
<tr>
<td>21-40 Days</td>
<td>279,619</td>
<td>406,209</td>
<td>11,591,541</td>
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<tr>
<td>41-60 Days</td>
<td>99,989</td>
<td>153,543</td>
<td>7,574,193</td>
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</tr>
<tr>
<td>61-80 Days</td>
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<td>68,539</td>
<td>4,764,053</td>
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</tr>
<tr>
<td>81 Days or More</td>
<td>60,892</td>
<td>78,235</td>
<td>7,430,230</td>
<td>95.0</td>
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<tr>
<td><strong>Disabled</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>73,979</td>
<td>103,911</td>
<td>2,391,820</td>
<td>23.0</td>
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<tr>
<td>1-8 Days</td>
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<td>32,518</td>
<td>155,182</td>
<td>4.8</td>
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<td>9-20 Days</td>
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<td>33,726</td>
<td>469,600</td>
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</tr>
<tr>
<td>21-40 Days</td>
<td>13,583</td>
<td>20,260</td>
<td>580,054</td>
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</tr>
<tr>
<td>41-60 Days</td>
<td>5,147</td>
<td>8,102</td>
<td>400,460</td>
<td>49.4</td>
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<tr>
<td>61-80 Days</td>
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<td>3,915</td>
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<tr>
<td>81 Days or More</td>
<td>4,283</td>
<td>5,390</td>
<td>514,040</td>
<td>96.4</td>
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See footnotes at end of table.
Table 40—Continued

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

Calendar Year 2000

<table>
<thead>
<tr>
<th>Covered Charges</th>
<th>Per Person</th>
<th>Per Day</th>
<th>Amount in Thousands</th>
<th>Per Person</th>
<th>Per Day</th>
<th>Amount in Thousands</th>
<th>Per Person</th>
<th>Per Day</th>
<th>Amount in Thousands</th>
<th>Per Person</th>
<th>Per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission</td>
<td>13,002</td>
<td>406</td>
<td>$2,258,041</td>
<td>1,166</td>
<td>72</td>
<td>50</td>
<td>6,162</td>
<td>11</td>
<td>10,651,274</td>
<td>5,511</td>
<td>7,606</td>
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<tr>
<td>Admission</td>
<td>4,270</td>
<td>652</td>
<td>29,247</td>
<td>54</td>
<td>72</td>
<td>11</td>
<td>748,364</td>
<td>1380</td>
<td>1,933</td>
<td>3,894</td>
<td>5,205</td>
</tr>
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<td>10,022</td>
<td>537</td>
<td>137,632</td>
<td>212</td>
<td>264</td>
<td>15</td>
<td>2,516,835</td>
<td>3,894</td>
<td>5,205</td>
<td>279</td>
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<tr>
<td>Admission</td>
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<td>411</td>
<td>541,280</td>
<td>1,269</td>
<td>1,846</td>
<td>44</td>
<td>3,008,041</td>
<td>7,061</td>
<td>10,259</td>
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<td>341</td>
<td>539,479</td>
<td>3,337</td>
<td>5,131</td>
<td>68</td>
<td>1,749,459</td>
<td>10,831</td>
<td>16,640</td>
<td>219</td>
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<tr>
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<td>315</td>
<td>387,625</td>
<td>5,330</td>
<td>8,697</td>
<td>77</td>
<td>1,041,977</td>
<td>14,360</td>
<td>23,379</td>
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<tr>
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<td>290</td>
<td>622,877</td>
<td>7,448</td>
<td>9,557</td>
<td>78</td>
<td>1,585,598</td>
<td>18,968</td>
<td>24,328</td>
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<tr>
<td>Admission</td>
<td>12,899</td>
<td>403</td>
<td>2,132,305</td>
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<td>1,608</td>
<td>50</td>
<td>10,066,779</td>
<td>5,520</td>
<td>7,612</td>
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<tr>
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<td>4,230</td>
<td>645</td>
<td>27,391</td>
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<td>71</td>
<td>11</td>
<td>706,453</td>
<td>1,384</td>
<td>1,836</td>
<td>280</td>
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<tr>
<td>Admission</td>
<td>9,923</td>
<td>532</td>
<td>129,631</td>
<td>211</td>
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<td>15</td>
<td>2,398,694</td>
<td>3,898</td>
<td>5,205</td>
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<td>Admission</td>
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<td>407</td>
<td>514,291</td>
<td>1,266</td>
<td>1,839</td>
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<td>2,867,694</td>
<td>7,068</td>
<td>10,256</td>
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<tr>
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<td>339</td>
<td>511,900</td>
<td>3,334</td>
<td>5,120</td>
<td>68</td>
<td>1,663,550</td>
<td>10,842</td>
<td>16,637</td>
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<td>313</td>
<td>366,508</td>
<td>5,347</td>
<td>8,680</td>
<td>77</td>
<td>986,545</td>
<td>14,402</td>
<td>23,363</td>
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<tr>
<td>Admission</td>
<td>35,294</td>
<td>289</td>
<td>582,583</td>
<td>7,447</td>
<td>9,567</td>
<td>78</td>
<td>1,483,933</td>
<td>18,975</td>
<td>24,370</td>
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<tr>
<td>Admission</td>
<td>14,853</td>
<td>459</td>
<td>125,737</td>
<td>1,210</td>
<td>1,700</td>
<td>53</td>
<td>554,495</td>
<td>5,343</td>
<td>7,495</td>
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<td>Admission</td>
<td>4,913</td>
<td>760</td>
<td>1,856</td>
<td>57</td>
<td>77</td>
<td>12</td>
<td>42,911</td>
<td>1,322</td>
<td>1,786</td>
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<tr>
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<td>621</td>
<td>7,901</td>
<td>234</td>
<td>321</td>
<td>17</td>
<td>128,231</td>
<td>3,898</td>
<td>5,212</td>
<td>273</td>
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<td>489</td>
<td>26,899</td>
<td>1,332</td>
<td>1,987</td>
<td>47</td>
<td>140,347</td>
<td>6,933</td>
<td>10,333</td>
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<tr>
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<td>29,901</td>
<td>384</td>
<td>27,580</td>
<td>3,404</td>
<td>5,358</td>
<td>69</td>
<td>85,909</td>
<td>10,611</td>
<td>16,691</td>
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<td>Admission</td>
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<td>55,432</td>
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<td>101,665</td>
<td>18,865</td>
<td>23,737</td>
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</table>

1Number of beneficiaries receiving Medicare skilled nursing facility covered services.
2Reflects skilled nursing facility admissions with at least 1 day of covered care under Medicare.
3The denominator used to calculate the average program payment per covered admission includes only those bills with Medicare reimbursement greater than zero.

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

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.
Table 41  
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses Within Major Diagnostic Classification (MDC): Calendar Year 2000

<table>
<thead>
<tr>
<th>Principal Diagnosis</th>
<th>Covered Admissions</th>
<th>Percent Distribution</th>
</tr>
</thead>
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<tr>
<td><strong>ICD-9-CM Code</strong></td>
<td><strong>Number</strong></td>
<td><strong>Admissions</strong></td>
</tr>
<tr>
<td>Total All Diagnoses</td>
<td>1,936,127</td>
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<td>Leading Diagnoses</td>
<td>1,539,933</td>
<td>79.5</td>
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<td><strong>Infectious and Parasitic Diseases (MDC 1)</strong></td>
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<td></td>
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<tr>
<td>001-139</td>
<td>30,554</td>
<td>1.6</td>
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<tr>
<td>Septicemia</td>
<td>19,299</td>
<td>1.0</td>
</tr>
<tr>
<td>Other</td>
<td>11,255</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>Neoplasms (MDC 2)</strong></td>
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<td></td>
</tr>
<tr>
<td>140-239</td>
<td>73,809</td>
<td>3.8</td>
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<tr>
<td>Malignant Neoplasm of Colon</td>
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<td>6,704</td>
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<tr>
<td>Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus</td>
<td>154</td>
<td>4,614</td>
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<tr>
<td>Malignant Neoplasm of Trachea, Bronchus, and Lung</td>
<td>162</td>
<td>11,570</td>
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<tr>
<td>Malignant Neoplasm of Female Breast</td>
<td>174</td>
<td>3,657</td>
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<tr>
<td>Malignant Neoplasm of Prostate</td>
<td>185</td>
<td>3,894</td>
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<tr>
<td>Secondary Malignant Neoplasm of Respiratory and Digestive Systems and Other Specified Sites</td>
<td>197-198</td>
<td>6,728</td>
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<td>Other</td>
<td>36,642</td>
<td>1.9</td>
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<tr>
<td><strong>Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)</strong></td>
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</tr>
<tr>
<td>240-279</td>
<td>82,544</td>
<td>4.3</td>
</tr>
<tr>
<td>Diabetes</td>
<td>250</td>
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</tr>
<tr>
<td>Nutritional Deficiencies</td>
<td>266-263</td>
<td>3,981</td>
</tr>
<tr>
<td>Disorders of Fluid, Electrolyte, and Acid-Base Balance</td>
<td>276</td>
<td>28,609</td>
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<tr>
<td>Other</td>
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<tr>
<td>Diseases of the Blood and Blood Forming Organs (MDC 4)</td>
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<tr>
<td>280-289</td>
<td>14,700</td>
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<tr>
<td>Other and Unspecified Anemias</td>
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<td>8,454</td>
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<tr>
<td>Other</td>
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<td>0.3</td>
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<tr>
<td><strong>Mental Disorders (MDC 5)</strong></td>
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<tr>
<td>290-319</td>
<td>47,055</td>
<td>2.4</td>
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<tr>
<td>Senile and Prosenile Organic Psychotic Conditions</td>
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<td>14,923</td>
</tr>
<tr>
<td>Other Organic Psychotic Conditions (Chronic)</td>
<td>294</td>
<td>9,046</td>
</tr>
<tr>
<td>Other Non-Organic Psychoses</td>
<td>298</td>
<td>4,408</td>
</tr>
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<td>Other</td>
<td>18,678</td>
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<tr>
<td>Diseases of the Nervous System and Sense Organs (MDC 6)</td>
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<tr>
<td>320-389</td>
<td>48,832</td>
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<tr>
<td>Other Cerebral Degenerations</td>
<td>331</td>
<td>13,844</td>
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<tr>
<td>Parkinson's Disease</td>
<td>332</td>
<td>11,401</td>
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<td>Hemiplegia</td>
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<td>3,832</td>
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<tr>
<td>Other</td>
<td>19,755</td>
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See footnotes at end of table.
### Table 41—Continued

Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses Within Major Diagnostic Classification (MDC): Calendar Year 2000

<table>
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See footnotes at end of table.
Table 41—Continued
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses
Within Major Diagnostic Classification (MDC): Calendar Year 2000

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<th>Program Payments</th>
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<td>Per Day</td>
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Table 41—Continued
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses Within Major Diagnostic Classification (MDC): Calendar Year 2000

<table>
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<th>Principal Diagnosis Within MDC Category</th>
<th>Number</th>
<th>Percent</th>
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<tr>
<td>Supplementary Classification of Factors Influencing Health Status and Contact with Health Services</td>
<td>V01-V82</td>
<td>267,322</td>
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<tr>
<td>Organ of Tissue Replaced by Other Means</td>
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<td>10,422</td>
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<td>Orthopedic Aftercare</td>
<td>V54</td>
<td>9,475</td>
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<td>Breathing Exercises</td>
<td>V57</td>
<td>185,012</td>
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<td>Encounter for Other and Unspecified Procedures and Aftercare</td>
<td>V58</td>
<td>37,446</td>
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<tr>
<td>Convalescence</td>
<td>V66</td>
<td>8,950</td>
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<tr>
<td>Other</td>
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<td>16,017</td>
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1Reflects skilled nursing facility admissions with at least 1 day of covered care under Medicare.
2ICD-9-CM is International Classification of Diseases, 9th Revision, Clinical Modification (Volume 1). Only the first listed or principal diagnosis has been used.
3The denominator used to calculate the average program payment per covered admission includes only those bills with Medicare reimbursement greater than zero.
4Includes invalid codes not shown separately.
5Specific leading diagnostic categories were selected for presentation because of frequency of occurrences or special interest.

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. MDCs 11 and 15 were not shown separately (but are included in the totals) because these diagnostic conditions are, for the most part, not applicable to Medicare beneficiaries.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.
Table 41—Continued
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses Within Major Diagnostic Classification (MDC): Calendar Year 2000

<table>
<thead>
<tr>
<th>Covered Days of Care</th>
<th>Covered Charges</th>
<th>Program Payments</th>
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<td>450</td>
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Table 42
Covered Admissions and Total Charges for Medicare Skilled Nursing Facility Admissions, by Covered Days of Care and Type of Service: Calendar Year 2000

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<th>Covered Days of Care</th>
<th>All Services</th>
<th>Total</th>
<th>Pharmacy</th>
<th>Laboratory</th>
<th>Radiology</th>
<th>Supply</th>
<th>Inhalation Therapy</th>
<th>Rehabilitation</th>
<th>Other</th>
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<td>1,936,115</td>
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<td>1,806,693</td>
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<td>1,194,613</td>
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<td>544,272</td>
<td>524,941</td>
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<td>263,996</td>
<td>86,933</td>
<td>315,437</td>
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<td>647,650</td>
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<td>352,520</td>
<td>102,237</td>
<td>373,725</td>
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<td>77,153</td>
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<td>21-40 Days</td>
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<td>426,469</td>
<td>425,225</td>
<td>398,171</td>
<td>242,125</td>
<td>64,125</td>
<td>225,225</td>
<td>70,000</td>
<td>55,713</td>
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<td>161,845</td>
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<td>90,950</td>
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<td>117,950</td>
<td>32,000</td>
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<tr>
<td>61-80 Days</td>
<td>72,454</td>
<td>72,454</td>
<td>72,255</td>
<td>70,505</td>
<td>44,155</td>
<td>12,155</td>
<td>59,155</td>
<td>18,000</td>
<td>13,713</td>
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<tr>
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<td>83,625</td>
<td>83,425</td>
<td>81,725</td>
<td>46,225</td>
<td>14,225</td>
<td>63,225</td>
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<td>16,713</td>
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Percent of Charges

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<td>9-20 Days</td>
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<td>47.0</td>
<td>53.0</td>
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<td>4.1</td>
<td>4.5</td>
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<tr>
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<td>26.8</td>
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<tr>
<td>81 Days or More</td>
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<td>36.2</td>
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<td>0.8</td>
<td>22.6</td>
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See footnotes at end of table.
Table 42—Continued
Covered Admissions and Total Charges for Medicare Skilled Nursing Facility Admissions, by Covered Days of Care and Type of Service: Calendar Year 2000

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<th>Covered Days of Care</th>
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<th>Laboratory</th>
<th>Radiology</th>
<th>Supply</th>
<th>Inhalation</th>
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<th>Other 2</th>
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<td>9,226</td>
<td>2,160</td>
<td>430</td>
<td>388</td>
<td>650</td>
<td>2,712</td>
<td>6,468</td>
</tr>
<tr>
<td>81 Days or More</td>
<td>27,981</td>
<td>17,853</td>
<td></td>
<td>10,144</td>
<td>2,434</td>
<td>430</td>
<td>354</td>
<td>855</td>
<td>3,000</td>
<td>7,131</td>
</tr>
</tbody>
</table>

1 Includes physical therapy, speech therapy, and occupational therapy.
2 Includes services such as blood and blood components, etc.
3 Reflects skilled nursing facility admissions with at least 1 day of covered care under Medicare.

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

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.
### Table 43
Number of Medicare Skilled Nursing Facilities (SNF) and Swing-Bed Hospitals Providing SNF Services, Covered Admissions, Covered Days of Care, and Program Payments, by Type of Facility and Bedsize: Calendar Year 2000

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>Number of Facilities</th>
<th>Number of Covered Admissions ¹</th>
<th>Number in Thousands</th>
<th>Percent</th>
<th>Number of Covered Days of Care</th>
<th>Percent</th>
<th>Amount in Thousands</th>
<th>Percent</th>
<th>Program Payments Per Admission</th>
<th>Percent</th>
<th>Program Payments Per Day</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SNFs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Total</td>
<td>14,841</td>
<td>1,824,281</td>
<td>100.0</td>
<td>24.0</td>
<td>$10,404,381</td>
<td>100.0</td>
<td>$5,714</td>
<td>237</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1-49 Beds</td>
<td>7,833</td>
<td>964,224</td>
<td>52.9</td>
<td>21.1</td>
<td>4,923,978</td>
<td>47.3</td>
<td>5,111</td>
<td>243</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50-99 Beds</td>
<td>3,961</td>
<td>419,006</td>
<td>22.9</td>
<td>26.7</td>
<td>2,487,635</td>
<td>23.9</td>
<td>5,963</td>
<td>231</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100-149 Beds</td>
<td>1,908</td>
<td>229,961</td>
<td>12.6</td>
<td>28.1</td>
<td>1,441,017</td>
<td>13.9</td>
<td>6,306</td>
<td>224</td>
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</tr>
<tr>
<td>150-199 Beds</td>
<td>638</td>
<td>102,805</td>
<td>5.6</td>
<td>28.0</td>
<td>668,406</td>
<td>6.4</td>
<td>6,547</td>
<td>232</td>
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<tr>
<td>200 Beds or More</td>
<td>501</td>
<td>110,295</td>
<td>6.0</td>
<td>31.3</td>
<td>893,346</td>
<td>8.5</td>
<td>8,039</td>
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<tr>
<td><strong>Hospital Based</strong></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Total</td>
<td>1,876</td>
<td>490,499</td>
<td>100.0</td>
<td>13.6</td>
<td>1,884,003</td>
<td>100.0</td>
<td>3,846</td>
<td>283</td>
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<tr>
<td>1-49 Beds</td>
<td>1,414</td>
<td>390,782</td>
<td>79.7</td>
<td>73.1</td>
<td>1,414,913</td>
<td>75.1</td>
<td>3,624</td>
<td>291</td>
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<tr>
<td>50-99 Beds</td>
<td>298</td>
<td>65,268</td>
<td>13.3</td>
<td>15.5</td>
<td>284,415</td>
<td>15.1</td>
<td>4,372</td>
<td>275</td>
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<tr>
<td>100-149 Beds</td>
<td>94</td>
<td>18,821</td>
<td>3.8</td>
<td>19.1</td>
<td>85,399</td>
<td>4.5</td>
<td>4,539</td>
<td>238</td>
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</tr>
<tr>
<td>150-199 Beds</td>
<td>32</td>
<td>6,596</td>
<td>1.3</td>
<td>21.3</td>
<td>34,264</td>
<td>1.8</td>
<td>5,198</td>
<td>244</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>200 Beds or More</td>
<td>38</td>
<td>9,032</td>
<td>1.8</td>
<td>28.3</td>
<td>65,011</td>
<td>3.5</td>
<td>7,211</td>
<td>255</td>
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</tr>
<tr>
<td><strong>Non-Hospital Based</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Total</td>
<td>12,965</td>
<td>1,333,782</td>
<td>100.0</td>
<td>27.9</td>
<td>8,520,378</td>
<td>100.0</td>
<td>6,401</td>
<td>229</td>
<td></td>
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<td></td>
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<tr>
<td>1-49 Beds</td>
<td>6,419</td>
<td>573,442</td>
<td>43.0</td>
<td>41.6</td>
<td>3,509,064</td>
<td>41.2</td>
<td>6,125</td>
<td>227</td>
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</tr>
<tr>
<td>50-99 Beds</td>
<td>3,663</td>
<td>352,738</td>
<td>26.4</td>
<td>27.6</td>
<td>2,203,219</td>
<td>25.9</td>
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<td>227</td>
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<td></td>
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</tr>
<tr>
<td>100-149 Beds</td>
<td>1,814</td>
<td>210,130</td>
<td>15.8</td>
<td>28.9</td>
<td>1,355,618</td>
<td>15.9</td>
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<td>223</td>
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</tr>
<tr>
<td>150-199 Beds</td>
<td>606</td>
<td>96,209</td>
<td>7.2</td>
<td>28.4</td>
<td>634,143</td>
<td>7.4</td>
<td>6,640</td>
<td>232</td>
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</tr>
<tr>
<td>200 Beds or More</td>
<td>463</td>
<td>101,203</td>
<td>7.6</td>
<td>31.5</td>
<td>818,334</td>
<td>9.6</td>
<td>8,113</td>
<td>256</td>
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<tr>
<td><strong>Swing-Bed Hospitals³</strong></td>
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</tr>
<tr>
<td>Total</td>
<td>1,183</td>
<td>111,848</td>
<td>100.0</td>
<td>9.2</td>
<td>246,894</td>
<td>100.0</td>
<td>2,208</td>
<td>241</td>
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<tr>
<td>1-49 Beds</td>
<td>906</td>
<td>88,870</td>
<td>79.5</td>
<td>9.1</td>
<td>196,781</td>
<td>79.7</td>
<td>2,215</td>
<td>242</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>50-99 Beds</td>
<td>277</td>
<td>22,870</td>
<td>20.5</td>
<td>20.7</td>
<td>50,113</td>
<td>20.3</td>
<td>2,182</td>
<td>237</td>
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</tr>
</tbody>
</table>

¹Reflects SNF admissions with at least 1 day of covered care under Medicare.

²The denominator used to calculate the average program payment per covered admission includes only those bills with Medicare reimbursement greater than zero.

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

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

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.
Table 44
Number and Distribution of Covered Admissions for Medicare Beneficiaries Admitted to Skilled Nursing Facilities (SNF), by the Leading Principal Diagnoses: Calendar Years 1987, 1997, and 2000

<table>
<thead>
<tr>
<th>Principal ICD-9-CM Diagnosis</th>
<th>1987 Covered Admissions 2</th>
<th>1997 Covered Admissions 2</th>
<th>2000 Covered Admissions 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average Covered Days per Admission</td>
<td>Average Program Payment per Admission</td>
<td>Average Covered Days per Admission</td>
</tr>
<tr>
<td>ICD-9-CM Code</td>
<td>Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total All Diagnoses</td>
<td>---</td>
<td>327,012</td>
<td>21.5</td>
</tr>
<tr>
<td>Fracture of Neck of Femur</td>
<td>820</td>
<td>43,875</td>
<td>22.6</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>428</td>
<td>8,779</td>
<td>15.9</td>
</tr>
<tr>
<td>Acute But Ill-Defined,</td>
<td>436</td>
<td>36,063</td>
<td>25.7</td>
</tr>
<tr>
<td>Cerebrovascular Disease</td>
<td>486</td>
<td>9,918</td>
<td>17.4</td>
</tr>
<tr>
<td>General Symptoms</td>
<td>780</td>
<td>2,205</td>
<td>21.0</td>
</tr>
<tr>
<td>Osteoarthrosis and Allied</td>
<td>715</td>
<td>4,381</td>
<td>14.8</td>
</tr>
<tr>
<td>Disorders of Urethra and</td>
<td>599</td>
<td>6,841</td>
<td>19.6</td>
</tr>
<tr>
<td>Urinary Tract</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Airway Obstruction,</td>
<td>496</td>
<td>4,082</td>
<td>16.4</td>
</tr>
<tr>
<td>Not Elsewhere Classified</td>
<td>250</td>
<td>5,773</td>
<td>21.7</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>276</td>
<td>4,165</td>
<td>22.9</td>
</tr>
<tr>
<td>Disorders of Fluid,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrolyte, and Acid-Base</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Other Diagnoses</td>
<td></td>
<td>200,930</td>
<td>20.5</td>
</tr>
</tbody>
</table>

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

2Reflects SNF admissions with at least 1 day of covered care under Medicare.

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

NOTES: The leading conditions were selected based on the most frequently reported principal diagnoses for beneficiaries admitted to SNFs during 2000; excludes ICD-9-CM V codes (Supplementary Classification of Factors Influencing Health Status and Contact with Health Services). Medicare program payments represent fee-for-service only.

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