

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 1972-2001**

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
2001 ³	12,231	366	72,607	2,171	5.9
			Average Annual Rate of Change		
1972-1983 ⁵	5.4	2.3	3.4	0.3	-1.9
1983-2001 ⁵	0.4	-0.3	-2.4	-3.0	-2.7
1972-2001	2.3	0.7	-0.2	-1.8	-2.4

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 1972-2001**

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
227,145	18,572	88,323	7,262	2,641	1,216	38.9	44.7
Average Annual Rate of Change							
19.8	13.6	18.0	11.9	14.4	14.0	---	---
8.3	7.9	5.4	5.0	4.7	8.0	---	---
12.5	10.0	10.0	7.6	8.3	10.2	---	---

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 1972-2001**

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
2001 ³	10,289	364	60,470	2,139	5.9
			Average Annual Rate of Change		
1972-1983 ⁵	4.3	2.1	2.4	0.2	-1.9
1983-2001 ⁵	0.1	-0.3	-2.7	-3.1	-2.8
1972-2001	1.7	0.6	-0.8	-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 1972-2001**

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	52.2
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
191,263	18,590	74,742	7,291	2,643	1,236	39.1	44.5
Average Annual Rate of Change							
18.5	13.6	16.7	11.8	14.2	14.0	---	---
8.0	7.9	5.1	5.1	4.8	8.1	---	---
11.9	10.0	9.4	7.6	8.3	10.3	---	---

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 1972-2001**

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
2001 ³	1,942	376	12,137	2,347	6.2
Average Annual Rate of Change					
1972-1983 ⁵	8.9	4.0	7.1	2.2	-1.6
1983-2001 ⁵	2.3	-0.9	-0.1	-3.2	-2.4
1974-2001	4.5	0.7	2.3	-1.4	-2.1

¹Based on total Medicare program payments.

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

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

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

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

NOTES: Medicare program payments represent fee-for-service only 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 1972-2001**

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
35,882	18,475	13,581	7,106	2,626	1,119	37.8	45.8
Average Annual Rate of Change							
24.8	14.6	22.6	12.6	17.1	14.6	---	---
10.2	7.7	7.1	4.8	3.8	7.2	---	---
14.8	9.9	12.1	7.3	8.0	9.6	---	---

Table 24
Discharges, Coinsurance Days, Coinsurance Payments, and Deductible Payments for Medicare Beneficiaries Discharged
from Short-Stay Hospitals, by Type of Entitlement: Calendar Years 1985-2001

Type of Entitlement and Year	Discharges		Coinsurance Days		Per Discharge		Coinsurance Payments		Per HI Enrollee	Deductible Payments in Thousands	
	Number	Number with Coinsurance	Percent with Coinsurance	Number	Percent of TDOC	with Coinsurance	Amount in Thousands	Per Discharge with Coinsurance			Per Day with Coinsurance
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
1987	10,109,560	186,300	1.8	2,223,675	2.5	11.9	506,323	2,718	228	16	3,818,919
1988	10,256,235	192,840	1.9	2,380,635	2.6	12.4	586,203	3,040	246	18	4,004,024
1989 ¹	10,147,665	9,075	0.1	140,285	0.2	15.5	39,013	4,299	278	1	3,607,489
1990	10,521,925	159,405	1.5	1,990,245	2.1	12.5	495,351	3,107	249	15	4,519,088
1991	10,887,700	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	5,880,735
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
2001 ²	12,230,660	156,340	1.3	1,454,450	2.0	9.3	530,950	3,396	365	16	6,579,229
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
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	298	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	4,805,070
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
2001 ²	10,288,530	109,450	1.1	1,025,070	1.7	9.4	359,299	3,283	351	13	5,619,671

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 1985-2001

Type of Entitlement and Year	Discharges		Coinsurance Days			Coinsurance Payments				Deductible Payments in Thousands	
	Number	Number with Coin-surance	Percent with Coin-surance	Number	Percent of TDOC	Per Discharge with Coin-surance	Amount in Thousands	Per Discharge with Coin-surance	Per Day with Coin-surance		Per HI Enrollee
Disabled Beneficiaries											
1985	1,152,415	34,135	3.0	352,555	3.7	10.3	63,373	1,857	180	22	291,768
1987	1,109,145	32,005	2.9	355,155	3.6	11.1	86,684	2,708	244	29	383,625
1988	1,110,530	31,575	2.8	364,870	3.7	11.6	95,765	3,033	262	31	398,571
1989 ¹	1,122,080	1,250	0.1	18,780	0.2	15.1	4,881	3,905	260	2	353,212
1990	1,170,810	28,920	2.5	335,145	3.2	11.6	85,162	2,945	254	26	457,027
1991	1,233,645	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
2001 ²	1,942,130	46,890	2.4	429,380	3.5	9.2	171,651	3,661	400	33	959,558

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

²Beginning with 1994, Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average payments.

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 2001

Demographic Characteristics, Medicare Status, and Discharge Status	Enrollees		Discharge ¹		Total Days of Care			Program Payments			
	Total HI in	Managed Care in	Number in	Rate Per 1,000 HI Enrollees ²	Number in	Percent	Per Dis-charge	Amount in Millions	Percent	Per Discharge	Per Day
	Thousands	Thousands	Thousands		Thousands						
Total	39,625	6,179	12,231	365	72,607	100.0	5.9	\$88,323	100.0	\$7,262	\$1,216
Age											
Under 65 Years	5,567	395	1,899	367	11,874	16.4	6.3	13,264	15.0	7,098	1,117
65-69 Years	9,139	1,534	1,698	223	9,519	13.1	5.6	13,199	14.9	7,825	1,387
70-74 Years	8,463	1,570	2,026	294	11,485	15.8	5.7	15,699	17.8	7,784	1,367
75-79 Years	7,194	1,265	2,265	382	13,330	18.4	5.9	17,177	19.4	7,609	1,289
80-84 Years	4,936	812	2,029	492	12,285	16.9	6.1	14,421	16.3	7,125	1,174
85 Years or Over	4,327	602	2,314	621	14,114	19.4	6.1	14,564	16.5	6,308	1,032
Sex											
Male	17,235	2,619	5,279	361	31,346	43.2	5.9	40,971	46.4	7,816	1,307
Female	22,390	3,560	6,951	369	41,261	56.8	5.9	47,352	53.6	6,842	1,148
Race³											
White	33,815	5,244	10,209	357	59,089	81.4	5.8	72,375	81.9	7,123	1,225
Other	5,716	924	1,966	410	13,186	18.2	6.7	15,549	17.6	7,990	1,179
Medicare Status											
Aged ⁴	34,059	5,784	10,289	364	60,470	83.3	5.9	74,742	84.6	7,291	1,236
Disabled ⁵	5,567	395	1,942	376	12,137	16.7	6.2	13,581	15.4	7,106	1,119
Discharge Status											
Alive	NA	NA	11,698	NA	67,970	93.6	5.8	80,918	91.6	6,956	1,190
Dead	NA	NA	533	NA	4,637	6.4	8.7	7,405	8.4	13,968	1,597

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 2001

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	12,230,660	366	72,606,780	2,171	5.9	\$88,323,316	\$7,262	\$2,641
United States	12,078,590	371	71,565,900	2,198	5.9	87,830,328	7,312	2,697
Northeast	2,388,230	367	16,295,880	2,503	6.8	20,856,389	8,791	3,204
Midwest	3,154,115	377	17,478,350	2,088	5.5	21,294,522	6,790	2,544
South	4,968,500	393	29,070,780	2,301	5.9	32,675,993	6,608	2,587
West	1,567,745	310	8,720,890	1,725	5.6	13,003,423	8,346	2,572
New England	587,320	332	3,460,635	1,959	5.9	4,763,892	8,166	2,697
Connecticut	138,680	313	853,705	1,928	6.2	1,247,241	9,033	2,817
Maine	69,640	320	392,050	1,801	5.6	459,405	6,623	2,111
Massachusetts	266,185	362	1,546,045	2,100	5.8	2,195,403	8,315	2,982
New Hampshire	47,730	283	272,830	1,618	5.7	348,263	7,364	2,066
Rhode Island	39,100	352	248,930	2,244	6.4	311,540	8,029	2,808
Vermont	25,985	287	147,075	1,626	5.7	202,038	7,826	2,234
Middle Atlantic	1,800,910	380	12,835,245	2,706	7.1	16,092,496	8,994	3,393
New Jersey	392,530	375	2,887,150	2,759	7.4	3,893,495	10,009	3,720
New York	770,990	363	6,091,450	2,868	7.9	7,537,548	9,856	3,549
Pennsylvania	637,390	405	3,856,645	2,452	6.1	4,661,452	7,335	2,964
East North Central	2,199,710	380	12,402,285	2,145	5.6	15,196,527	6,944	2,628
Illinois	609,270	417	3,436,465	2,355	5.6	4,180,106	6,911	2,864
Indiana	299,740	365	1,687,780	2,054	5.6	1,938,151	6,495	2,358
Michigan	488,460	368	2,906,440	2,192	6.0	3,767,588	7,741	2,841
Ohio	560,310	389	3,088,115	2,144	5.5	3,707,418	6,647	2,574
Wisconsin	241,930	329	1,283,485	1,747	5.3	1,603,263	6,662	2,182

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 2001

Area of Residence	Discharges ¹		Total Days of Care			Program Payments		
	Number	Per 1,000 HI	Number	Per 1,000 HI	Per Discharge	Amount in	Per	Per HI
		Enrollees ²		Enrollees ²		Thousands	Discharge	Enrollee ²
West North Central	954,405	369	5,076,065	1,963	5.3	\$6,097,994	\$6,434	\$2,358
Iowa	166,505	364	880,820	1,926	5.3	987,905	5,960	2,160
Kansas	136,680	386	736,825	2,082	5.4	837,204	6,139	2,366
Minnesota	204,640	355	1,016,725	1,765	5.0	1,362,675	6,770	2,366
Missouri	300,340	408	1,680,220	2,285	5.6	1,975,882	6,610	2,687
Nebraska	72,735	297	387,860	1,583	5.3	510,665	7,051	2,085
North Dakota	32,360	319	163,405	1,609	5.0	192,605	6,019	1,896
South Dakota	41,145	351	210,210	1,792	5.1	231,055	5,638	1,970
South Atlantic	2,532,280	374	14,834,375	2,193	5.9	17,335,041	6,878	2,562
Delaware	39,140	344	247,440	2,175	6.3	312,850	8,026	2,750
District of Columbia	27,095	396	207,545	3,034	7.7	261,802	9,771	3,828
Florida	814,205	374	4,720,310	2,166	5.8	5,533,950	6,829	2,540
Georgia	333,335	373	1,906,590	2,135	5.7	2,229,275	6,728	2,497
Maryland	244,205	387	1,359,475	2,155	5.6	2,018,859	8,296	3,201
North Carolina	404,715	366	2,381,175	2,155	5.9	2,631,968	6,535	2,382
South Carolina	221,455	385	1,370,530	2,380	6.2	1,509,365	6,839	2,621
Virginia	310,235	350	1,849,320	2,088	6.0	2,012,300	6,518	2,273
West Virginia	137,895	438	791,990	2,518	5.7	824,667	6,007	2,621
East South Central	1,046,870	428	6,036,830	2,466	5.8	6,119,173	5,877	2,500
Alabama	286,730	450	1,571,880	2,466	5.5	1,587,097	5,572	2,489
Kentucky	250,525	422	1,381,335	2,329	5.5	1,486,769	5,970	2,506
Mississippi	192,805	464	1,226,075	2,950	6.4	1,066,960	5,558	2,567
Tennessee	316,810	395	1,857,540	2,318	5.9	1,978,345	6,274	2,468
West South Central	1,389,350	406	8,199,575	2,399	5.9	9,221,777	6,666	2,698
Arkansas	168,350	406	989,650	2,390	5.9	972,795	5,802	2,349
Louisiana	238,275	465	1,436,900	2,806	6.0	1,560,760	6,577	3,048
Oklahoma	192,480	420	1,112,425	2,429	5.8	1,146,981	5,974	2,505
Texas	790,245	389	4,660,600	2,292	5.9	5,541,241	7,047	2,725

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 2001

Area of Residence	Discharges ¹		Total Days of Care			Program Payments		
	Number	Per 1,000 HI	Number	Per 1,000 HI	Per	Amount in Thousands	Per Discharge	Per HI Enrollee ²
		Enrollees ²		Enrollees ²	Discharge			
Mountain	508,605	298	2,555,600	1,498	5.0	\$3,477,312	\$6,868	\$2,038
Arizona	139,330	307	689,315	1,517	4.9	944,952	6,822	2,079
Colorado	97,870	305	480,755	1,500	4.9	682,558	7,015	2,130
Idaho	46,070	300	213,060	1,388	4.6	301,364	6,561	1,963
Montana	44,355	324	210,675	1,539	4.7	271,652	6,133	1,985
Nevada	49,690	288	301,950	1,752	6.1	390,092	7,889	2,263
New Mexico	56,075	280	299,315	1,494	5.3	374,781	6,727	1,871
Utah	53,560	263	253,465	1,246	4.7	366,897	6,864	1,804
Wyoming	21,655	334	107,065	1,653	4.9	145,012	6,707	2,239
Pacific	1,059,140	316	6,165,290	1,841	5.8	9,526,110	9,057	2,844
Alaska	12,895	300	77,345	1,799	6.0	124,400	9,861	2,893
California	759,015	332	4,632,105	2,027	6.1	7,206,449	9,564	3,153
Hawaii	25,455	226	207,560	1,845	8.2	221,497	8,786	1,969
Oregon	100,930	316	461,805	1,444	4.6	718,319	7,135	2,247
Washington	160,845	273	786,475	1,336	4.9	1,255,443	7,855	2,132
Outlying Areas ⁴	152,070	173	1,040,970	1,183	6.8	492,987	3,265	560

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 2001

Principal ICD-9-CM ¹ Diagnosis Within MDC	ICD-9-CM Code	Discharges ²		Total Days of Care		Program Payments		
		Number	Per 1,000 HI Enrollees ³	Number	Per Discharge	Amount in Thousands	Per Discharge	Per Day
Total All Diagnoses	---	12,230,660	366	72,606,870	5.9	\$88,323,316	\$7,262	\$1,216
Leading Diagnoses ⁴	---	6,872,415	205	41,021,905	6.0	52,317,927	7,651	1,275
Infectious and Parasitic Diseases (MDC 1)	001-139	299,090	9	2,422,200	8.1	2,725,358	9,175	1,125
Septicemia	038	193,190	6	1,682,110	8.7	1,953,898	10,185	1,162
Neoplasms (MDC 2)	140-239	657,060	20	4,714,285	7.2	6,771,809	10,348	1,436
Malignant Neoplasms	140-208,230-234	578,185	17	4,284,505	7.4	6,078,647	10,557	1,419
Malignant Neoplasm of Large Intestine and Rectum	153-154,197.5	88,910	3	873,190	9.8	1,302,593	14,696	1,492
Malignant Neoplasm of Trachea, Bronchus, and Lung	162,176.4,197.0, 197.3	88,535	3	706,895	8.0	1,014,468	11,505	1,435
Malignant Neoplasm of Breast	174-175,198.81	41,615	1	106,190	2.6	149,169	3,600	1,405
Benign Neoplasms and Neoplasms of Uncertain Behavior and Unspecified Nature	210-229	58,050	2	301,685	5.2	495,420	8,566	1,642
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	546,235	16	3,050,470	5.6	2,801,468	5,162	918
Diabetes Mellitus	250	195,020	6	1,283,800	6.6	1,267,731	6,551	987
Volume Depletion	276.5	201,510	6	1,020,035	5.1	813,873	4,058	798
Diseases of Blood and Blood-Forming Organs (MDC 4)	280-289	144,910	4	698,090	4.8	737,158	5,178	1,056
Mental Disorders (MDC 5)	290-319	514,560	15	4,983,760	9.7	2,691,069	5,310	540
Psychoses	290-299	431,095	13	4,469,515	10.4	2,411,930	5,679	540
Alcohol Dependence Syndrome	303	21,240	1	132,975	6.3	61,193	2,929	460
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	177,485	5	1,132,010	6.4	1,085,532	6,157	959

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 2001

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	3,517,030	105	18,541,770	5.3	\$29,261,442	\$8,354	\$1,578
Heart Disease	391-392.0, 393-398,402,404, 410-416,420-429	2,453,700	73	12,598,785	5.1	21,553,702	8,820	1,711
Acute Myocardial Infarction	410	395,260	12	2,415,345	6.1	4,410,606	11,201	1,826
Coronary Atherosclerosis	414.0	614,180	18	2,573,640	4.2	6,912,794	11,308	2,686
Other Ischemic Heart Disease	411-413, 414.1-414.9	81,875	2	240,550	2.9	286,319	3,513	1,190
Cardiac Dysrhythmias	427	410,555	12	1,632,225	4.0	2,713,495	6,634	1,662
Congestive Heart Failure	428.0	676,245	20	3,844,440	5.7	3,982,230	5,912	1,036
Cerebrovascular Disease	430-438	612,380	18	3,179,930	5.2	3,684,283	6,037	1,159
Diseases of the Respiratory System (MDC 8)	460-519	1,510,720	45	10,030,840	6.6	10,667,187	7,095	1,063
Acute Respiratory Infections	466	33,585	1	146,705	4.4	103,256	3,086	704
Pneumonia	480-486	651,675	19	4,299,990	6.6	4,073,306	6,277	947
Asthma	493	78,295	2	386,000	4.9	331,422	4,260	859
Diseases of the Digestive System (MDC 9)	520-579	1,235,140	37	7,131,985	5.8	8,299,039	6,753	1,164
Appendicitis	540-543	17,295	1	106,455	6.2	151,650	8,830	1,425
Non Infectious Enteritis and Colitis	555-558	91,730	3	541,420	5.9	616,039	6,757	1,138
Diverticula of Intestine	562	141,795	4	836,715	5.9	875,301	6,196	1,046
Cholelithiasis	574	124,205	4	653,735	5.3	949,312	7,668	1,452
Diseases of the Genitourinary System (MDC 10)	580-629	586,260	18	2,879,935	4.9	2,836,676	4,862	985
Calculus of Kidney and Ureter	592	33,875	1	102,740	3.0	135,917	4,040	1,326

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 2001

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	198,260	6	1,330,315	6.7	\$1,016,247	\$5,157	\$764
Cellulitis and Abscess	681-682	144,575	4	857,305	5.9	621,656	4,324	725
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	674,030	20	3,140,585	4.7	5,107,221	7,613	1,626
Arthropathies and Related Disorders	715	275,685	8	1,191,015	4.3	2,498,008	9,086	2,097
Intervertebral Disc Disorders	722	72,485	2	280,800	3.9	463,570	6,430	1,651
Congenital Anomalies (MDC 14)	740-759	8,775	(5)	50,000	5.7	106,681	12,185	2,134
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	791,745	24	2,565,060	3.2	2,714,743	3,451	1,058
Injury and Poisoning (MDC 17)	800-999	998,725	30	5,954,250	6.0	8,199,533	8,263	1,377
Fractures, All Sites	800-829	425,265	13	2,527,200	5.9	3,027,113	7,148	1,198
Fracture of Neck of Femur	820	229,140	7	1,479,665	6.5	1,930,748	8,443	1,305
Poisoning by Drugs, Medicinal and Biological Substances	960-989	37,580	1	138,755	3.7	150,699	4,054	1,086
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	359,010	11	3,937,605	11.0	3,269,571	9,149	830

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 2001

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	---	6,837,435	204	46,871,195	6.9	\$65,717,165	\$9,664	\$1,402
Leading Procedures ⁴	---	3,417,575	102	20,767,845	6.1	31,091,717	9,142	1,497
Operations on the Nervous System (MPC 1)	01-05	170,340	5	1,130,795	6.6	1,629,066	9,619	1,441
Spinal Tap	03.31	34,420	1	268,280	7.8	232,357	6,791	866
Operations on the Endocrine System (MPC 2)	06-07	23,130	1	86,780	3.8	151,576	6,575	1,747
Operations on the Eye (MPC 3)	08-16	13,975	(5)	49,920	3.6	76,664	5,525	1,536
Operations on the Ear (MPC 4)	18-20	3,235	(5)	16,285	5.0	23,157	7,203	1,422
Operations on the Nose, Mouth, and Pharynx (MPC 5)	21-29	31,815	1	156,740	4.9	201,100	6,381	1,283
Operations on the Respiratory System (MPC 6)	30-34	277,970	8	3,697,285	13.3	6,025,883	21,788	1,630
Bronchoscopy with or Without Biopsy	33.21-33.24,33.27	67,035	2	660,940	9.9	654,220	9,800	990
Operations on the Cardiovascular System (MPC 7)	35-39	1,774,740	53	10,728,085	6.0	21,711,168	12,303	2,024
Removal of Coronary Artery Obstruction	36.0	305,760	9	988,900	3.2	3,525,226	11,583	3,565
Coronary Artery Bypass Graft	36.1	151,155	5	1,471,010	9.7	3,992,442	26,514	2,714
Cardiac Catheterization	37.21-37.23	310,615	9	1,305,045	4.2	1,947,889	6,303	1,493
Insertion, Replacement, Removal, and Revision of Pacemaker Leads or Device	37.7-37.8	152,095	5	779,810	5.1	1,828,811	12,057	2,345
Hemodialysis	39.95	164,300	5	890,215	5.4	936,600	5,776	1,052
Operations on the Hemic and Lymphatic System (MPC 8)	40-41	46,575	1	415,765	8.9	553,052	11,942	1,330

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 2001

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	1,288,915	39	9,804,565	7.6	\$10,958,740	\$8,540	\$1,118
Endoscopy of Small Intestine with or Without Biopsy	45.11-45.14,45.16	354,945	11	2,173,915	6.1	1,687,294	4,775	776
Endoscopy of Large Intestine with or Without Biopsy	45.21-45.25	152,860	5	941,155	6.2	719,823	4,728	765
Partial Excision of Large Intestine	45.7	108,495	3	1,227,010	11.3	1,867,594	17,268	1,522
Appendectomy, Excluding Incidental	47.0	16,285	(5)	91,235	5.6	126,852	7,852	1,390
Cholecystectomy	51.2	129,505	4	773,515	6.0	1,154,158	8,941	1,492
Lysis of Peritoneal Adhesions	54.5	25,210	1	285,440	11.3	371,510	14,789	1,302
Operations on the Urinary System (MPC 10)	55-59	178,025	5	1,099,895	6.2	1,450,039	8,187	1,318
Cystoscopy with or Without Biopsy	57.31-57.33	21,915	1	168,020	7.7	129,740	5,951	772
Operations on the Male Genital Organs (MPC 11) ⁶	60-64	116,900	8	444,565	3.8	547,848	4,707	1,232
Prostatectomy	60.2-60.6	103,750	7	372,525	3.6	453,335	4,387	1,217
Operations on the Female Genital Organs (MPC 12) ⁷	65-71	112,315	6	430,355	3.8	593,546	5,308	1,379
Unilateral Oophorectomy	65.3-65.6	10,855	1	53,910	5.0	74,971	6,929	1,391
Hysterectomy	68.3-68.7,68.9	59,295	3	228,600	3.9	319,041	5,403	1,396
Obstetrical Procedures (MPC 13)	72-75	8,045	(5)	28,570	3.6	22,308	2,790	781
Forceps, Vacuum, and Breech Delivery	72.1,72.21,72.31, 72.71,73.6	725	(5)	1,765	2.4	1,215	1,688	688
Cesarean Section and Removal of Fetus	74.0-74.2, 74.4-74.99	2,850	(5)	15,085	5.3	12,240	4,325	811
Repair of Current Obstetric Laceration	75.5-75.6	1,045	(5)	2,610	2.5	1,941	1,876	744
Operations on the Musculoskeletal System (MPC 14)	76-84	954,390	29	5,622,665	5.9	8,726,430	9,179	1,552
Partial Excision of Bone	76.2-76.3,77.6-77.8	12,875	(5)	114,520	8.9	153,087	11,951	1,337
Reduction of Facial Fracture	76.7,79.0-79.3	201,750	6	1,209,070	6.0	1,510,712	7,510	1,249
Open Reduction of Fracture with Internal Fixation	79.3	159,885	5	978,430	6.1	1,239,527	7,775	1,267
Excision or Destruction of Intervertebral Disc	80.5	35,655	1	113,190	3.2	202,271	5,695	1,787
Total Hip Replacement	81.51	96,660	3	453,675	4.7	925,348	9,595	2,040
Total Knee Replacement	81.54	178,140	5	767,565	4.3	1,681,299	9,464	2,190

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 2001

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)	85-86	272,015	8	2,254,680	8.3	\$2,316,648	\$8,575	\$1,027
Excision of Destruction of Lesion or Tissue of Skin and Subcutaneous Tissue	86.22-86.28	94,805	3	1,094,460	11.5	1,227,404	13,030	1,121
Miscellaneous Diagnostic and Therapeutic Procedures (MPC 16)	87-99	1,565,050	47	10,904,245	7.0	10,729,942	6,903	984
Computerized Axial Tomography	87.03,87.41,87.71,88.01,88.38	124,080	4	680,685	5.5	632,257	5,127	929
Arteriography and Angiocardiography Using Contrast Material	88.4-88.5	50,700	2	271,050	5.3	266,902	5,293	985
Diagnostic Ultrasound	88.7	149,670	4	847,235	5.7	773,830	5,196	913
Respiratory Therapy	93.9,96.7	212,190	6	1,885,670	8.9	2,834,240	13,465	1,503
Nonoperative Intubation of Gastrointestinal and Respiratory Tracts Insertion of Endotracheal Tube	96.04	48,480	1	397,090	8.2	536,748	11,125	1,352
Injection of Infusion of Cancer Chemotherapeutic Substance	99.25	39,245	1	234,205	6.0	310,035	7,932	1,324

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

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

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

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 2001:
Calendar Years 1984, 1990, and 2001**

Leading DRG Code Number in 2001	Description	Discharges			Discharges		
		Number			Percent Change 1984-1990	Percent Change 1990-2001	Percent Change 1984-2001
		1984	1990	2001			
Total All DRGs	-----	10,894,925	10,521,925	12,230,660	-3.4	16.2	12.3
Leading DRGs ¹	-----	6,324,165	6,908,915	8,945,970	9.2	29.5	41.5
005 ²	Extracranial Vascular Procedures	56,890	46,340	94,330	-18.5	103.6	65.8
012	Degenerative Nervous System Disorders	56,410	25,915	75,875	-54.1	192.8	34.5
014	Specific Cerebrovascular Disorders Except TIA	318,405	336,080	321,190	5.6	-4.4	0.9
015	Transient Ischemic Attack & Precerebral Occlusions	175,530	135,850	150,715	-22.6	10.9	-14.1
024	Seizure & Headache Age >17 with CC	55,510	53,255	57,505	-4.1	8.0	3.6
075 ²	Major Chest Procedures	28,675	31,690	41,595	10.5	31.3	45.1
076 ²	Other Respiratory System O.R. Procedures with CC	10,055	38,855	41,875	286.4	7.8	316.5
079	Respiratory Infections & Inflammations Age >17 with CC	51,635	129,780	168,150	151.3	29.6	225.7
082	Respiratory Neoplasms	120,990	72,840	64,895	-39.8	-10.9	-46.4
087	Pulmonary Edema & Respiratory Failure	94,770	67,520	58,960	-28.8	-12.7	-37.8
088	Chronic Obstructive Pulmonary Disease	212,480	144,825	398,115	-31.8	174.9	87.4
089	Simple Pneumonia & Pleurisy Age >17 with CC	314,980	391,725	508,475	24.4	29.8	61.4
090	Simple Pneumonia & Pleurisy Age >17 without CC	24,740	53,105	48,170	114.7	-9.3	94.7
096	Bronchitis & Asthma Age >17 with CC	178,075	189,710	53,585	6.5	-71.8	-69.9
107 ^{2,3}	Coronary Bypass Without Cardiac Cath	38,285	46,765	-----	22.1	-----	-----
107 ^{2,4}	Coronary Bypass With Cardiac Cath	-----	-----	85,110	-----	-----	-----
109 ^{2,4}	Coronary Bypass Without Cardiac Cath	-----	-----	58,530	-----	-----	-----
110 ²	Major Cardiovascular Procedures with CC	56,230	75,660	52,755	34.6	-30.3	-6.2
112 ²	Percutaneous Cardiovascular Procedures	37,355	163,040	47,490	336.5	-70.9	27.1
113 ²	Amputation for Circ System Disorders Except Upper Limb & Toe	22,500	34,710	41,215	54.3	18.7	83.2
116 ²	Other Perm Cardiac Pacemaker Implant or PTCA with Coronary Artery Stent Implant	53,905	62,050	310,565	15.1	400.5	476.1
121	Circulatory Disorders with AMI & Major Comp Disch Alive	102,930	137,625	164,960	33.7	19.9	60.3
122	Circulatory Disorders with AMI & Without Major Comp Disch Alive	158,400	102,935	80,730	-35.0	-21.6	-49.0
124	Circulatory Disorders Except AMI, with Card Cath and Complex Diagnosis	31,120	113,890	136,930	266.0	20.2	340.0
125	Circulatory Disorders Except AMI, with Card Cath Without Complex Diagnosis	64,085	93,045	92,235	45.2	-0.9	43.9

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 2001:
Calendar Years 1984, 1990, and 2001**

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	2001	1984-1990	1990-2001	1984-2001	1984	1990	2001	1984-1990	1990-2001	1984-2001
8.8	8.8	5.9	0.0	-33.0	-33.0	\$4,855	\$9,765	\$18,572	101.1	90.2	282.5
9.4	9.1	6.1	-3.2	-33.0	-35.1	5,031	9,527	18,226	89.4	91.3	262.3
9.5	7.1	3.0	-25.3	-57.7	-68.4	7,078	11,238	17,344	58.8	54.3	145.0
13.0	13.0	8.3	0.0	-36.2	-36.2	5,239	9,022	13,464	72.2	49.2	157.0
12.4	10.5	5.8	-15.3	-44.8	-53.2	5,591	8,971	15,217	60.5	69.6	172.2
6.1	5.5	3.5	-9.8	-36.4	-42.6	2,603	4,609	9,597	77.1	108.2	268.7
6.9	7.7	4.9	11.6	-36.4	-29.0	3,422	7,389	13,118	115.9	77.5	283.3
16.3	14.1	9.8	-13.5	-30.5	-39.9	13,500	22,075	40,036	63.5	81.4	196.6
15.4	15.0	11.2	-2.6	-25.3	-27.3	12,061	17,221	37,208	42.8	116.1	208.5
12.8	12.2	8.5	-4.7	-30.3	-33.6	8,385	12,281	20,847	46.5	69.8	148.6
9.7	9.6	6.9	-1.0	-28.1	-28.9	4,860	8,785	17,831	80.8	103.0	266.9
10.0	8.3	6.3	-17.0	-24.1	-37.0	7,731	9,294	16,589	20.2	78.5	114.6
8.6	7.4	5.1	-14.0	-31.1	-40.7	4,709	6,932	11,284	47.2	62.8	139.6
9.4	8.9	5.9	-5.3	-33.7	-37.2	4,863	7,889	13,038	62.2	65.3	168.1
8.3	6.4	4.0	-22.9	-37.5	-51.8	4,084	4,817	7,691	17.9	59.7	88.3
7.2	7.3	4.5	1.4	-38.4	-37.5	3,501	6,361	9,251	81.7	45.4	164.2
14.5	12.3	-----	-15.2	-----	-----	21,949	33,394	-----	52.1	-----	-----
-----	-----	10.5	-----	-----	-----	-----	-----	70,235	-----	-----	-----
-----	-----	7.6	-----	-----	-----	-----	-----	51,491	-----	-----	-----
16.3	15.3	8.9	-6.1	-41.8	-45.4	15,072	27,264	52,968	80.9	94.3	251.4
12.2	6.9	3.5	-43.4	-49.3	-71.3	9,590	14,142	24,023	47.5	69.9	150.5
20.0	18.5	12.6	-7.5	-31.9	-37.0	10,025	18,614	36,443	85.7	95.8	263.5
9.2	7.5	3.6	-18.5	-52.0	-60.9	12,002	17,112	29,237	42.6	70.9	143.6
12.2	10.0	6.3	-18.0	-37.0	-48.4	7,341	11,335	19,579	54.4	72.7	166.7
10.3	7.1	3.6	-31.1	-49.3	-65.0	5,422	7,970	12,649	47.0	58.7	133.3
7.0	5.9	4.4	-15.7	-25.4	-37.1	5,703	8,719	18,465	52.9	111.8	223.8
3.7	3.2	2.8	-13.5	-12.5	-24.3	3,220	5,370	13,934	66.8	159.5	332.7

Table 29—Continued

**Discharges, Total Days of Care, and Average Charge per Discharge for Medicare Beneficiaries
Discharged from Short-Stay Hospitals, by Leading Diagnosis-Related Groups (DRGs) for 2001:
Calendar Years 1984, 1990, and 2001**

Leading DRG Code Number in 2001	Description	Discharges			Discharges		
		Number			Percent Change	Percent Change	Percent Change
		1984	1990	2001	1984-1990	1990-2001	1984-2001
127	Heart Failure & Shock	515,865	586,335	683,545	13.7	16.6	32.5
130	Peripheral Vascular Disorders with CC	91,655	68,330	90,310	-25.4	32.2	-1.5
132	Atherosclerosis with CC	100,810	18,250	151,290	-81.9	729.0	50.1
138	Cardiac Arrhythmia & Conduction Disorders with CC	212,265	180,470	205,625	-15.0	13.9	-3.1
139	Cardiac Arrhythmia & Conduction Disorders Without CC	28,345	73,020	90,505	157.6	23.9	219.3
140	Angina Pectoris	330,000	352,355	63,385	6.8	-82.0	-80.8
141	Syncope & Collapse with CC	86,675	77,205	103,680	-10.9	34.3	19.6
142	Syncope & Collapse Without CC	11,315	39,370	51,450	247.9	30.7	354.7
143	Chest Pain	75,690	112,905	251,780	49.2	123.0	232.6
144	Other Circulatory System Diagnoses with CC	40,825	54,995	91,260	34.7	65.9	123.5
148 ²	Major Small & Large Bowel Procedures with CC	106,455	140,245	132,865	31.7	-5.3	24.8
174	GI Hemorrhage with CC	144,620	157,895	251,180	9.2	59.1	73.7
180	GI Obstruction with CC	65,930	66,485	89,815	0.8	35.1	36.2
182	Esophagitis, Gastroent & Misc Digest Disorders Age >17 with CC	372,580	254,750	264,880	-31.6	4.0	-28.9
183	Esophagitis, Gastroent & Misc Digest Disorders Age >17 Without CC	72,525	81,770	92,360	12.7	13.0	27.3
188	Other Digestive System Diagnoses Age >17 with CC	54,075	50,110	81,055	-7.3	61.8	49.9
204	Disorders of Pancreas Except Malignancy	31,890	37,715	63,275	18.3	67.8	98.4
209 ²	Major Joint & Limb Reattachment Procedures of Lower Extremity	149,660	257,780	381,830	72.2	48.1	155.1
210 ²	Hip & Femur Procedures Except Major Joint Age >17 with CC	120,100	112,470	122,845	-6.4	9.2	2.3
236	Fractures of Hip & Pelvis	47,350	41,255	41,815	-12.9	1.4	-11.7

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 2001:
Calendar Years 1984, 1990, and 2001**

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	2001	1984-1990	1990-2001	1984-2001	1984	1990	2001	1984-1990	1990-2001	1984-2001
8.7	7.9	5.3	-9.2	-32.9	-39.1	\$4,264	\$7,207	\$12,897	69.0	79.0	202.5
8.1	8.3	5.7	2.5	-31.3	-29.6	3,523	6,627	12,179	88.1	83.8	245.7
7.0	6.1	2.9	-12.9	-52.5	-58.6	3323	6229	8,044	87.5	29.1	142.1
6.3	6.0	4.0	-4.8	-33.3	-36.5	3,376	5,848	10,492	73.2	79.4	210.8
4.9	3.9	2.5	-20.4	-35.9	-49.0	2,685	3,624	6,483	35.0	78.9	141.5
5.6	4.6	2.6	-17.9	-43.5	-53.6	2,821	4,311	6,521	52.8	51.3	131.2
5.8	5.7	3.6	-1.7	-36.8	-37.9	2,672	4,987	9,400	86.6	88.5	251.8
4.5	4.0	2.5	-11.1	-37.5	-44.4	2,207	3,554	7,249	61.0	104.0	228.5
4.4	3.4	2.1	-22.7	-38.2	-52.3	2,427	3,577	6,929	47.4	93.7	185.5
8.3	7.3	5.5	-12.0	-24.7	-33.7	4,765	7,867	15,879	65.1	101.8	233.2
17.7	16.6	12.3	-6.2	-25.9	-30.5	12,686	23,471	44,309	85.0	88.8	249.3
7.4	7.0	4.8	-5.4	-31.4	-35.1	3,860	6,944	12,737	79.9	83.4	230.0
7.4	7.8	5.4	5.4	-30.8	-27.0	3,281	6,632	12,094	102.1	82.4	268.6
6.1	6.4	4.4	4.9	-31.3	-27.9	2,526	5,374	10,156	112.7	89.0	302.1
5.0	4.9	2.9	-2.0	-40.8	-42.0	2,103	3,630	7,054	72.6	94.3	235.4
6.4	7.5	5.6	17.2	-25.3	-12.5	3,100	7,392	14,585	138.5	97.3	370.5
8.1	8.1	5.8	0.0	-28.4	-28.4	4,050	8,099	15,257	100.0	88.4	276.7
15.6	11.1	5.0	-28.8	-55.0	-67.9	10,205	16,542	25,482	62.1	54.0	149.7
16.8	13.9	6.9	-17.3	-50.4	-58.9	8,600	14,236	22,942	65.5	61.2	166.8
12.7	10.0	5.1	-21.3	-49.0	-59.8	4,573	6,530	9,308	42.8	42.5	103.5

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 2001:
Calendar Years 1984, 1990, and 2001

Leading DRG Code Number in 2001	Description	Discharges			Discharges		
		Number			Percent Change	Percent Change	Percent Change
		1984	1990	2001	1984-1990	1990-2001	1984-2001
239	Pathological Fractures & Musculoskeletal & Conn Tiss Malignancy	61,760	60,890	48,960	-1.4	-19.6	-20.7
243	Medical Back Problems	200,190	112,455	95,310	-43.8	-15.2	-52.4
277	Cellulitis Age >17 with CC	58,155	66,830	96,690	14.9	44.7	66.3
294	Diabetes Age >35	141,500	92,520	97,385	-34.6	5.3	-31.2
296	Nutritional & Misc Metabolic Disorders Age >17 with CC	176,150	206,595	257,965	17.3	24.9	46.4
297	Nutritional & Misc Metabolic Disorders Age >17 without CC	13,910	47,395	48,370	240.7	2.1	247.7
316	Renal Failure	46,410	48,670	118,925	4.9	144.3	156.2
320	Kidney & Urinary Tract Infections	137,845	157,780	193,915	14.5	22.9	40.7
331	Other Kidney & Urinary Tract Diagnoses Age>17 with CC	38,080	28,380	49,800	-25.5	75.5	30.8
395	Red Blood Cell Disorders Age >17	93,510	72,730	104,195	-22.2	43.3	11.4
415 ²	OR Procedure for Infectious & Parasitic Diseases	16,165	27,735	41,195	71.6	48.5	154.8
416	Septicemia Age >17	66,180	128,085	183,085	93.5	42.9	176.6
429	Organic Disturbances & Mental Retardation	52,710	49,305	63,925	-6.5	29.7	21.3
430	Psychoses	118,455	195,595	325,340	65.1	66.3	174.7
462	Rehabilitation	9,490	106,680	283,520	1,024.1	165.8	2,887.6
468	Extensive OR Procedure Unrelated to Principal Diagnosis	166,815	75,885	62,540	-54.5	-17.6	-62.5
475	Respiratory System Diagnosis with Ventilator Support	---	78,805	105,380	---	33.7	---
478 ²	Other Vascular Procedures with CC	---	24,230	109,875	---	353.5	---
483	Tracheostomy Except for Face, Mouth and Neck Diagnosis	---	8,045	44,285	---	450.5	---
493	Laparoscopic Cholecystectomy Without CDE with CC	---	---	58,940	---	---	---
500	Back and Neck Procedures Except Spinal Fusion Without CC	---	---	50,160	---	---	---
517	Percutaneous Cardiovascular Procedures with Coronary Artery Stent without AMI	---	---	47,505	---	---	---
All Other DRGs	----	4,570,760	3,613,010	3,284,690	-21.0	-9.1	-28.1

¹Based on frequency of occurrence in 2001.

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), *Version 7.0 and 8.0* (1990), *Versions 18.0 and 19.0* (2001), *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 2001:
Calendar Years 1984, 1990, and 2001**

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	2001	1984-1990	1990-2001	1984-2001	1984	1990	2001	1984-1990	1990-2001	1984-2001
10.5	10.4	6.2	-1.0	-40.4	-41.0	3,989	7,605	13,060	90.6	71.7	227.4
8.0	6.9	4.8	-13.8	-30.4	-40.0	2,858	4,657	9,567	62.9	105.4	234.7
9.1	8.6	5.7	-5.5	-33.7	-37.4	3,740	6,570	11,212	75.7	70.7	199.8
8.4	7.5	4.6	-10.7	-38.7	-45.2	3,267	5,491	10,102	68.1	84.0	209.2
8.4	8.5	5.1	1.2	-40.0	-39.3	3,556	6,840	10,938	92.4	59.9	207.6
6.9	5.3	3.3	-23.2	-37.7	-52.2	3,032	3,724	6,466	22.8	73.6	113.3
9.6	9.4	6.6	-2.1	-29.8	-31.3	5,572	9,555	17,297	71.5	81.0	210.4
8.2	8.6	5.3	4.9	-38.4	-35.4	3,581	7,174	11,075	100.3	54.4	209.3
7.3	7.6	5.6	4.1	-26.3	-23.3	3,456	7,338	14,447	112.3	96.9	318.0
6.6	6.5	4.3	-1.5	-33.8	-34.8	3,000	5,639	10,705	88.0	89.8	256.8
19.9	21.2	14.4	6.5	-32.1	-27.6	14,476	27,339	48,876	88.9	78.8	237.6
11.4	10.7	7.5	-6.1	-29.9	-34.2	6,811	10,981	20,645	61.2	88.0	203.1
11.3	14.5	9.9	28.3	-31.7	-12.4	3,717	8,417	13,456	126.4	59.9	262.0
16.1	16.9	11.0	5.0	-34.9	-31.7	5,069	9,359	13,977	84.6	49.3	175.7
22.5	21.2	12.3	-5.8	-42.0	-45.3	9,151	15,745	19,413	72.1	23.3	112.1
16.6	19.3	12.9	16.3	-33.2	-22.3	10,595	24,871	47,914	134.7	92.7	352.2
---	14.3	11.1	---	-22.4	---	---	25,548	47,350	---	85.3	---
---	10.4	7.4	---	-28.8	---	---	16,682	31,447	---	88.5	---
---	55.8	39.6	---	-29.0	---	---	125,493	207,122	---	65.0	---
---	---	5.9	---	---	---	---	---	22,685	---	---	---
---	---	2.4	---	---	---	---	---	12,200	---	---	---
---	---	2.6	---	---	---	---	---	29,230	---	---	---
8.1	8.4	5.5	3.7	-34.5	-32.1	4,611	10,221	19,293	121.7	88.8	318.4

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 2001**

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	12,230,660	10,376,495	3,648,870	12,172,940	3,974,525	12,081,890
1-8 Days	9,939,165	8,299,410	2,713,750	9,893,260	2,928,935	9,819,160
9-20 Days	1,911,500	1,729,665	740,490	1,903,110	820,345	1,890,670
21-30 Days	246,975	226,750	116,520	245,320	135,910	242,775
31-40 Days	71,625	65,290	39,630	70,910	45,690	70,045
41-50 Days	29,690	26,860	17,590	29,270	20,485	28,830
51-60 Days	13,365	11,975	8,450	13,140	9,470	12,885
61-90 Days	13,400	12,090	9,060	13,130	9,990	12,795
91 Days or More	4,940	4,455	3,380	4,800	3,700	4,730
Percent of Total Discharges ³						
Total	100.0	84.8	29.8	99.5	32.5	98.8
1-8 Days	100.0	83.5	27.3	99.5	29.5	98.8
9-20 Days	100.0	90.5	38.7	99.6	42.9	98.9
21-30 Days	100.0	91.8	47.2	99.3	55.0	98.3
31-40 Days	100.0	91.2	55.3	99.0	63.8	97.8
41-50 Days	100.0	90.5	59.2	98.6	69.0	97.1
51-60 Days	100.0	89.6	63.2	98.3	70.9	96.4
61-90 Days	100.0	90.2	67.6	98.0	74.6	95.5
91 Days or More	100.0	90.2	68.4	97.2	74.9	95.7
Total Charges in Thousands						
Total	\$227,144,777	\$43,625,122	\$23,402,035	\$160,121,095	\$16,651,707	\$34,326,161
1-8 Days	122,558,257	20,921,807	9,617,697	92,021,456	11,178,746	15,626,856
9-20 Days	65,773,667	14,734,241	7,576,050	43,464,007	3,939,803	11,007,351
21-30 Days	17,724,933	3,911,104	2,425,101	11,388,814	786,304	3,444,557
31-40 Days	8,153,144	1,622,099	1,290,780	5,240,291	322,361	1,669,528
41-50 Days	4,559,145	860,545	811,223	2,887,387	170,513	929,748
51-60 Days	2,633,093	485,071	489,726	1,658,301	91,244	539,347
61-90 Days	3,561,983	665,313	715,093	2,181,581	111,191	713,306
91 Days or More	2,180,553	424,937	476,362	1,279,254	51,542	395,465

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 2001**

Type of Ancillary Service					
Laboratory	Radiology ¹	Supplies	Cardiology	Inhalation Therapy	Other ²
Number of Discharges					
11,987,120	10,418,280	10,992,275	8,928,985	5,965,750	10,811,470
9,722,800	8,365,610	8,914,265	7,163,165	4,523,935	8,643,010
1,889,680	1,708,975	1,737,515	1,463,735	1,183,150	1,806,185
243,900	221,515	221,565	191,670	162,635	235,870
70,625	65,630	64,380	58,635	50,465	68,360
29,140	27,260	26,560	24,660	21,360	28,315
13,100	12,320	11,880	11,195	10,045	12,575
13,080	12,385	11,790	11,605	10,275	12,530
4,795	4,585	4,320	4,320	3,885	4,625
Percent of Total Discharges ³					
98.0	85.2	89.9	73.0	48.8	88.4
97.8	84.2	89.7	72.1	45.5	87.0
98.9	89.4	90.9	76.6	61.9	94.5
98.8	89.7	89.7	77.6	65.9	95.5
98.6	91.6	89.9	81.9	70.5	95.4
98.1	91.8	89.5	83.1	71.9	95.4
98.0	92.2	88.9	83.8	75.2	94.1
97.6	92.4	88.0	86.6	76.7	93.5
97.1	92.8	87.4	87.7	78.6	93.6
Total Charges in Thousands					
\$24,576,498	\$14,932,349	\$30,405,557	\$12,549,197	\$8,640,944	\$18,038,679
13,727,716	9,258,508	19,836,598	9,576,702	2,994,080	9,822,247
7,010,224	3,921,064	7,140,404	2,320,133	2,875,004	5,250,021
1,803,110	886,804	1,621,234	364,285	1,029,697	1,452,821
826,560	372,804	714,305	134,678	577,705	622,348
448,210	193,823	396,995	61,780	362,020	324,294
254,641	103,777	222,357	32,669	229,612	184,650
324,276	129,919	296,804	37,717	329,783	238,582
181,760	65,648	176,855	21,229	243,039	143,713

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 2001**

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	19.2	10.3	70.5	7.3	15.1
1-8 Days	100.0	17.1	7.8	75.1	9.1	12.8
9-20 Days	100.0	22.4	11.5	66.1	6.0	16.7
21-30 Days	100.0	22.1	13.7	64.3	4.4	19.4
31-40 Days	100.0	19.9	15.8	64.3	4.0	20.5
41-50 Days	100.0	18.9	17.8	63.3	3.7	20.4
51-60 Days	100.0	18.4	18.6	63.0	3.5	20.5
61-90 Days	100.0	18.7	20.1	61.2	3.1	20.0
91 Days or More	100.0	19.5	21.8	58.7	2.4	18.1
				Average Total Charge Per Discharge		
Total	\$18,572	\$4,204	\$6,414	\$13,154	\$4,190	\$2,841
1-8 Days	12,331	2,521	3,544	9,301	3,817	1,591
9-20 Days	34,409	8,519	10,231	22,838	4,803	5,822
21-30 Days	71,768	17,249	20,813	46,424	5,785	14,188
31-40 Days	113,831	24,845	32,571	73,901	7,055	23,835
41-50 Days	153,558	32,038	46,118	98,647	8,324	32,249
51-60 Days	197,014	40,507	57,956	126,203	9,635	41,859
61-90 Days	265,820	55,030	78,929	166,152	11,130	55,749
91 Days or More	441,408	95,384	140,936	266,511	13,930	83,608

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 2001**

Type of Ancillary Service					
Laboratory	Radiology ¹	Supplies	Cardiology	Inhalation Therapy	Other ²
Percent of Total Charges ⁴					
10.8	6.6	13.4	5.5	3.8	7.9
11.2	7.6	16.2	7.8	2.4	8.0
10.7	6.0	10.9	3.5	4.4	8.0
10.2	5.0	9.1	2.1	5.8	8.2
10.1	4.6	8.8	1.7	7.1	7.6
9.8	4.3	8.7	1.4	7.9	7.1
9.7	3.9	8.4	1.2	8.7	7.0
9.1	3.6	8.3	1.1	9.3	6.7
8.3	3.0	8.1	1.0	11.1	6.6
Average Total Charge Per Discharge					
\$2,050	\$1,433	\$2,766	\$1,405	\$1,448	\$1,668
1,412	1,107	2,225	1,337	662	1,136
3,710	2,294	4,110	1,585	2,430	2,907
7,393	4,003	7,317	1,901	6,331	6,159
11,704	5,680	11,095	2,297	11,448	9,104
15,381	7,110	14,947	2,505	16,949	11,453
19,438	8,423	18,717	2,918	22,858	14,684
24,792	10,490	25,174	3,250	32,096	19,041
37,906	14,318	40,939	4,914	62,558	31,073

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 2001

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	12,230,660	100.0	72,606,870	100.0	5.9	\$88,323,316	100.0	\$7,262	\$1,216
1 Day	1,653,965	13.5	1,653,965	2.3	1.0	7,960,841	9.0	4,849	4,813
2 Days	1,707,475	14.0	3,414,950	4.7	2.0	7,775,470	8.8	4,580	2,277
3 Days	1,781,920	14.6	5,345,760	7.4	3.0	8,927,005	10.1	5,036	1,670
4 Days	1,510,440	12.3	6,041,760	8.3	4.0	8,566,553	9.7	5,699	1,418
5 Days	1,143,920	9.4	5,719,600	7.9	5.0	7,132,944	8.1	6,267	1,247
6 Days	888,180	7.3	5,329,080	7.3	6.0	6,067,158	6.9	6,864	1,139
7 Days	720,865	5.9	5,046,055	6.9	7.0	5,348,377	6.1	7,453	1,060
8 Days	532,400	4.4	4,259,200	5.9	8.0	4,249,503	4.8	8,019	998
9 Days	388,910	3.2	3,500,190	4.8	9.0	3,293,158	3.7	8,508	941
10 Days	308,895	2.5	3,088,950	4.3	10.0	2,762,168	3.1	8,987	894
11 Days	245,495	2.0	2,700,445	3.7	11.0	2,326,841	2.6	9,531	862
12 Days	194,620	1.6	2,335,440	3.2	12.0	1,946,474	2.2	10,057	833
13 Days	166,420	1.4	2,163,460	3.0	13.0	1,760,824	2.0	10,642	814

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 2001

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	152,815	1.2	2,139,410	2.9	14.0	\$1,714,821	1.9	\$11,275	\$802
15 Days	120,215	1.0	1,803,225	2.5	15.0	1,441,339	1.6	12,052	799
16 Days	91,430	0.7	1,462,880	2.0	16.0	1,177,221	1.3	12,951	805
17 Days	75,950	0.6	1,291,150	1.8	17.0	1,032,660	1.2	13,689	800
18 Days	63,840	0.5	1,149,120	1.6	18.0	922,214	1.0	14,535	803
19 Days	54,120	0.4	1,028,280	1.4	19.0	837,847	0.9	15,585	815
20 Days	48,790	0.4	975,800	1.3	20.0	785,954	0.9	16,224	805
21-30 Days	246,975	2.0	6,022,800	8.3	24.4	5,347,474	6.1	21,824	888
31-40 Days	71,625	0.6	2,479,715	3.4	34.6	2,671,364	3.0	37,643	1,077
41-50 Days	29,690	0.2	1,329,135	1.8	44.8	1,536,870	1.7	52,364	1,156
51-60 Days	13,365	0.1	734,050	1.0	54.9	898,481	1.0	68,274	1,224
61-90 Days	13,400	0.1	962,690	1.3	71.8	1,197,448	1.4	91,199	1,244
91 Days or More	4,940	(2)	629,760	0.9	127.5	642,306	0.7	133,674	1,020

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 2001**

Location and Bedsize of Hospital	Hospitals		Discharges ¹		Total Days of Care per Discharge	Program Payments		
	Number	Percent	Number	Percent		Amount in Thousands	Percent	Per Discharge
Total All Hospitals ²	4,371	100.0	12,086,640	100.0	5.9	\$87,922,384	100.0	\$7,315
1-99 Beds	1,901	43.5	1,571,730	13.0	4.7	7,234,162	8.2	4,624
100-299 Beds	1,537	35.2	4,393,455	36.3	5.8	27,820,915	31.6	6,363
300-499 Beds	600	13.7	3,279,295	27.1	6.2	25,331,434	28.8	7,767
500 Beds or More	333	7.6	2,842,160	23.5	6.6	27,535,872	31.3	9,761
Total Urban Hospitals	2,488	100.0	9,629,360	100.0	6.2	76,078,648	100.0	7,948
1-99 Beds	525	21.1	503,290	5.2	5.1	2,760,584	3.6	5,514
100-299 Beds	1,083	43.5	3,276,775	34.0	5.9	22,179,605	29.2	6,803
300-499 Beds	555	22.3	3,043,100	31.6	6.2	23,884,829	31.4	7,893
500 Beds or More	325	13.1	2,806,195	29.1	6.6	27,253,630	35.8	9,785
Total Rural Hospitals	1,883	100.0	2,457,280	100.0	5.0	11,843,736	100.0	4,839
1-99 Beds	1,376	73.1	1,068,440	43.5	4.5	4,473,578	37.8	4,205
100-299 Beds	454	24.1	1,116,680	45.4	5.3	5,641,310	47.6	5,071
300-499 Beds	45	2.4	236,195	9.6	6.0	1,446,604	12.2	6,152
500 Beds or More	8	0.4	35,965	1.5	6.4	282,243	2.4	7,876

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 2001

MSA and Type of Control	Hospitals		Discharges ¹		Total Days of Care per Discharge	Program Payments		
	Number	Percent	Number	Percent		Amount in Thousands	Percent	Per Discharge
Total All Hospitals ²	4,371	100.0	12,086,640	100.0	5.9	\$87,922,384	100.0	\$7,315
Voluntary	2,645	60.5	8,947,275	74.0	6.0	66,347,205	75.5	7,457
Proprietary	637	14.6	1,338,270	11.1	5.9	9,505,003	10.8	7,135
Government	1,089	24.9	1,801,095	14.9	5.7	12,070,176	13.7	6,742
Total Teaching Hospitals ³	1,152	100.0	5,521,245	100.0	6.3	48,332,073	100.0	8,813
Voluntary	865	75.1	4,630,830	83.9	6.3	40,172,456	83.1	8,733
Proprietary	77	6.7	228,335	4.1	6.2	1,937,868	4.0	8,540
Government	210	18.2	662,080	12.0	6.6	6,221,748	12.9	9,474
Total Non-Teaching Hospitals	3,219	100.0	6,565,395	100.0	5.6	39,590,311	100.0	6,058
Voluntary	1,780	55.3	4,316,445	65.7	5.6	26,174,748	66.1	6,092
Proprietary	560	17.4	1,109,935	16.9	5.8	7,567,134	19.1	6,847
Government	879	27.3	1,139,015	17.3	5.2	5,848,428	14.8	5,159

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 the 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 2001

Type of Hospital and PPS Status	Hospitals		Discharges		Covered Days of Care		
	Number	Percent	Number	Percent	Number	Percent	Per Discharge
Total All Hospitals ²	6,272	100.0	12,690,850	100.0	77,614,630	100.0	6.1
Short-Stay Hospitals	4,661	74.3	12,230,660	96.4	70,746,445	91.2	5.8
Hospitals Under PPS	4,597	73.3	11,304,080	89.1	61,568,955	79.3	5.4
Non-PPS Hospitals and Units	64	1.0	926,580	7.3	9,177,490	11.8	9.9
Special Exclusion Status ³	64	1.0	265,050	2.1	1,470,850	1.9	5.5
Excluded Psychiatric Hospital Units ⁴	NA	---	366,865	2.9	4,065,215	5.2	11.1
Excluded Rehabilitation Hospital Units ⁴	NA	---	294,665	2.3	3,641,425	4.7	12.4
Specialty Hospitals ⁵	1,611	25.7	460,190	3.6	6,868,185	8.8	14.9
Childrens	76	1.2	1,930	(7)	13,155	(7)	6.8
Psychiatric	507	8.1	114,280	0.9	1,623,140	2.1	14.2
Rehabilitation	218	3.5	149,850	1.2	2,419,990	3.1	16.1
Long Term	271	4.3	90,280	0.7	2,460,315	3.2	27.3
All Other ⁶	539	8.6	103,850	0.8	351,585	0.5	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 2001

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	\$235,188,032	100.0	\$18,532	\$3,030	\$92,546,774	100.0	\$7,332	\$1,192
Short-Stay Hospitals	225,060,003	95.7	18,401	3,181	88,323,316	95.4	7,262	1,248
Hospitals Under PPS	211,130,270	89.8	18,677	3,429	81,052,957	87.6	7,209	1,316
Non-PPS Hospitals and Units	13,929,733	5.9	15,033	1,518	7,270,360	7.9	7,902	792
Special Exclusion Status ³	2,864,199	1.2	10,806	1,947	2,250,176	2.4	8,496	1,530
Excluded Psychiatric Hospital Units ⁴	5,169,345	2.2	14,091	1,272	2,254,273	2.4	6,233	555
Excluded Rehabilitation Hospital Units ⁴	5,896,188	2.5	20,010	1,619	2,765,910	3.0	9,422	760
Specialty Hospitals ⁵	10,128,029	4.3	22,008	1,475	4,223,458	4.6	9,179	615
Childrens	63,379	(7)	32,839	4,818	24,131	(7)	12,503	1,834
Psychiatric	1,420,878	0.6	12,433	875	606,733	0.7	5,309	374
Rehabilitation	3,291,740	1.4	21,967	1,360	1,474,704	1.6	9,841	609
Long Term	4,780,128	2.0	52,948	1,943	1,780,935	1.9	19,727	724
All Other ⁶	571,904	0.2	5,507	1,627	336,955	0.4	3,245	958

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).

⁴There were an estimated 1,391 distinct-part psychiatric hospital units and 817 rehabilitation hospital units exempt from participating in the Medicare PPS.

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

⁶Includes critical access hospitals and religious non-medical health care institutions.

⁷Less 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. 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 2001

Location and Bedsizes of Hospital	Discharges	Hospital Case-Mix Index ¹
Total All Hospitals ²	12,086,640	1.4201
1-99 Beds	1,571,730	1.1452
100-299 Beds	4,393,455	1.3358
300-499 Beds	3,279,295	1.4869
500 Beds or More	2,842,160	1.6270
 Total Urban Hospitals	 9,629,360	 1.4761
1-99 Beds	503,290	1.2333
100-299 Beds	3,276,775	1.3673
300-499 Beds	3,043,100	1.4950
500 Beds or More	2,806,195	1.6269
 Total Rural Hospitals	 2,457,280	 1.2017
1-99 Beds	1,068,440	1.1038
100-299 Beds	1,116,680	1.2435
300-499 Beds	236,195	1.3830
500 Beds or More	35,965	1.6295

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 2001

Location and Bedsizes of Hospital	Percent of Discharges				
	Total	With Procedures		Without Procedure	
		Total	Surgical		Non-Surgical
Total All Hospitals ²	100.0	55.9	45.5	10.4	44.1
1-99 Beds	100.0	38.2	27.4	10.8	61.9
100-299 Beds	100.0	53.2	42.9	10.3	46.9
300-499 Beds	100.0	60.0	49.9	10.1	40.0
500 Beds or More	100.0	65.3	54.5	10.8	34.7
Total Urban Hospitals	100.0	59.2	48.7	10.5	40.8
1-99 Beds	100.0	45.5	34.4	11.1	54.5
100-299 Beds	100.0	55.1	44.5	10.6	45.0
300-499 Beds	100.0	60.3	50.1	10.2	39.7
500 Beds or More	100.0	65.3	54.5	10.8	34.7
Total Rural Hospitals	100.0	43.0	33.1	9.9	56.9
1-99 Beds	100.0	34.6	24.0	10.6	65.4
100-299 Beds	100.0	47.7	38.2	9.5	52.3
300-499 Beds	100.0	55.6	46.8	8.8	44.4
500 Beds or More	100.0	67.7	56.9	10.8	32.3

Table 35

**Medicare Short-Stay Hospital Discharges and Total Charges, by Location and
Bedsizes of Hospital, and Type of Service: Calendar Year 2001**

Location and Bedsizes of Hospital	All Services	Type of Accommodation		Type of Ancillary Service	
		Routine Room and Board	Intensive/ Coronary Care	Total Ancillary	Operating Room
			Number of Discharges		
Total All Hospitals ¹	12,086,640	10,239,860	3,623,380	12,029,470	3,937,415
1-99 Beds	1,571,730	1,420,725	333,330	1,561,800	331,110
100-299 Beds	4,393,455	3,700,900	1,329,245	4,381,920	1,369,370
300-499 Beds	3,279,295	2,713,645	1,066,075	3,270,205	1,149,220
500 Beds or More	2,842,160	2,404,590	894,730	2,815,545	1,087,715
Total Urban Hospitals	9,629,360	8,027,275	3,066,350	9,581,190	3,335,730
1-99 Beds	503,290	437,660	132,385	500,785	131,090
100-299 Beds	3,276,775	2,721,685	1,035,375	3,266,810	1,058,390
300-499 Beds	3,043,100	2,498,840	1,008,815	3,034,015	1,072,945
500 Beds or More	2,806,195	2,369,090	889,775	2,779,580	1,073,305
Total Rural Hospitals	2,457,280	2,212,585	557,030	2,448,280	601,685
1-99 Beds	1,068,440	983,065	200,945	1,061,015	200,020
100-299 Beds	1,116,680	979,215	293,870	1,115,110	310,980
300-499 Beds	236,195	214,805	57,260	236,190	76,275
500 Beds or More	35,965	35,500	4,955	35,965	14,410
			Percent of Total Discharges ⁴		
Total All Hospitals ¹	100.0	84.7	30.0	99.5	32.6
1-99 Beds	100.0	90.4	21.2	99.4	21.1
100-299 Beds	100.0	84.2	30.3	99.7	31.2
300-499 Beds	100.0	82.8	32.5	99.7	35.0
500 Beds or More	100.0	84.6	31.5	99.1	38.3
Total Urban Hospitals	100.0	83.4	31.8	99.5	34.6
1-99 Beds	100.0	87.0	26.3	99.5	26.0
100-299 Beds	100.0	83.1	31.6	99.7	32.3
300-499 Beds	100.0	82.1	33.2	99.7	35.3
500 Beds or More	100.0	84.4	31.7	99.1	38.2
Total Rural Hospitals	100.0	90.0	22.7	99.6	24.5
1-99 Beds	100.0	92.0	18.8	99.3	18.7
100-299 Beds	100.0	87.7	26.3	99.9	27.8
300-499 Beds	100.0	90.9	24.2	100.0	32.3
500 Beds or More	100.0	98.7	13.8	100.0	40.1

See footnotes at end of table.

Table 35—Continued

Medicare Short-Stay Hospital Discharges and Total Charges, by Location and
 Bedsize of Hospital, and Type of Service: Calendar Year 2001

Type of Ancillary Service						
Pharmacy	Laboratory	Radiology ²	Supplies	Cardiology	Inhalation Therapy	Other ³
Number of Discharges						
11,942,735	11,850,170	10,303,495	10,853,415	8,833,080	5,888,530	10,697,920
1,554,690	1,539,630	1,358,455	1,477,685	1,084,095	848,230	1,333,410
4,356,825	4,317,385	3,802,355	4,026,425	3,256,905	2,241,350	3,930,810
3,250,440	3,224,450	2,792,330	2,938,690	2,461,360	1,580,065	2,943,360
2,780,780	2,768,705	2,350,355	2,410,615	2,030,720	1,218,885	2,490,340
9,506,070	9,441,405	8,184,935	8,540,305	7,122,855	4,601,505	8,583,105
497,535	493,395	436,265	463,310	365,470	266,820	442,400
3,248,280	3,222,810	2,837,070	2,977,675	2,461,250	1,676,530	2,951,555
3,015,385	2,991,505	2,589,445	2,719,760	2,287,285	1,459,180	2,730,135
2,744,870	2,733,695	2,322,155	2,379,560	2,008,850	1,198,975	2,459,015
2,436,665	2,408,765	2,118,560	2,313,110	1,710,225	1,287,025	2,114,815
1,057,155	1,046,235	922,190	1,014,375	718,625	581,410	891,010
1,108,545	1,094,575	965,285	1,048,750	795,655	564,820	979,255
235,055	232,945	202,885	218,930	174,075	120,885	213,225
35,910	35,010	28,200	31,055	21,870	19,910	31,325
Percent of Total Discharges ⁴						
98.8	98.0	85.2	89.8	73.1	48.7	88.5
98.9	98.0	86.4	94.0	69.0	54.0	84.8
99.2	98.3	86.5	91.6	74.1	51.0	89.5
99.1	98.3	85.2	89.6	75.1	48.2	89.8
97.8	97.4	82.7	84.8	71.4	42.9	87.6
98.7	98.0	85.0	88.7	74.0	47.8	89.1
98.9	98.0	86.7	92.1	72.6	53.0	87.9
99.1	98.4	86.6	90.9	75.1	51.2	90.1
99.1	98.3	85.1	89.4	75.2	48.0	89.7
97.8	97.4	82.8	84.8	71.6	42.7	87.6
99.2	98.0	86.2	94.1	69.6	52.4	86.1
98.9	97.9	86.3	94.9	67.3	54.4	83.4
99.3	98.0	86.4	93.9	71.3	50.6	87.7
99.5	98.6	85.9	92.7	73.7	51.2	90.3
99.8	97.3	78.4	86.3	60.8	55.4	87.1

Table 35—Continued

**Medicare Short-Stay Hospital Discharges and Total Charges, by Location and
Bedsize of Hospital, and Type of Service: Calendar Year 2001**

Location and Bedsize of Hospital	All Services	Type of Accommodation		Type of Ancillary Service	
		Routine Room and Board	Intensive/ Coronary Care	Total Ancillary	Operating Room
Total Charges in Thousands					
Total All Hospitals ¹	\$226,168,415	\$43,408,603	\$23,338,179	\$159,425,086	\$16,626,618
1-99 Beds	16,679,161	3,434,083	1,081,560	12,163,954	1,046,124
100-299 Beds	74,594,763	13,435,672	7,044,928	54,115,518	5,192,854
300-499 Beds	67,852,643	12,532,526	7,468,655	47,852,342	5,056,755
500 Beds or More	67,041,849	14,006,322	7,743,036	45,293,272	5,330,885
Total Urban Hospitals	199,287,154	38,261,622	21,681,893	139,346,324	14,853,492
1-99 Beds	7,123,143	1,378,054	554,258	5,190,962	494,459
100-299 Beds	61,171,816	11,091,794	6,156,360	43,924,645	4,265,164
300-499 Beds	64,586,146	11,932,694	7,246,685	45,407,564	4,815,412
500 Beds or More	66,406,050	13,859,080	7,724,590	44,823,154	5,278,457
Total Rural Hospitals	26,881,261	5,146,980	1,656,286	20,078,762	1,773,126
1-99 Beds	9,556,018	2,056,029	527,302	6,972,992	551,664
100-299 Beds	13,422,947	2,343,877	888,568	10,190,873	927,690
300-499 Beds	3,266,497	599,832	221,970	2,444,778	241,343
500 Beds or More	635,799	147,242	18,446	470,118	52,428
Percent of Total Charges					
Total All Hospitals ¹	100.0	19.2	10.3	70.5	7.4
1-99 Beds	100.0	20.6	6.5	72.9	6.3
100-299 Beds	100.0	18.0	9.4	72.5	7.0
300-499 Beds	100.0	18.5	11.0	70.5	7.5
500 Beds or More	100.0	20.9	11.5	67.6	8.0
Total Urban Hospitals	100.0	19.2	10.9	69.9	7.5
1-99 Beds	100.0	19.3	7.8	72.9	6.9
100-299 Beds	100.0	18.1	10.1	71.8	7.0
300-499 Beds	100.0	18.5	11.2	70.3	7.5
500 Beds or More	100.0	20.9	11.6	67.5	7.9
Total Rural Hospitals	100.0	19.1	6.2	74.7	6.6
1-99 Beds	100.0	21.5	5.5	73.0	5.8
100-299 Beds	100.0	17.5	6.6	75.9	6.9
300-499 Beds	100.0	18.4	6.8	74.8	7.4
500 Beds or More	100.0	23.2	2.9	73.9	8.2

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 2001**

Type of Ancillary Service						
Pharmacy	Laboratory	Radiology ²	Supplies	Cardiology	Inhalation Therapy	Other ³
Total Charges in Thousands						
\$34,079,456	\$24,481,724	\$14,894,874	\$30,277,013	\$12,503,344	\$8,568,345	\$17,993,712
2,896,324	2,009,394	1,183,236	2,281,509	762,164	758,970	1,226,235
12,345,336	8,582,450	5,204,196	10,109,722	3,871,042	3,059,237	5,750,680
10,057,955	7,110,146	4,372,060	9,247,655	4,026,690	2,487,539	5,493,543
8,779,842	6,779,733	4,135,382	8,638,127	3,843,449	2,262,599	5,523,254
29,204,159	21,229,599	12,950,673	26,508,211	11,237,232	7,431,853	15,931,105
1,171,336	818,262	501,307	997,715	364,459	292,279	551,145
9,855,502	6,956,189	4,219,309	8,171,343	3,221,038	2,529,607	4,706,493
9,477,927	6,751,165	4,133,985	8,794,720	3,846,782	2,368,247	5,219,327
8,699,394	6,703,983	4,096,072	8,544,433	3,804,953	2,241,721	5,454,141
4,875,297	3,252,125	1,944,201	3,768,802	1,266,112	1,136,492	2,062,607
1,724,988	1,191,132	681,928	1,283,794	397,705	466,691	675,090
2,489,834	1,626,261	984,887	1,938,380	650,003	529,631	1,044,187
580,027	358,982	238,075	452,934	179,908	119,292	274,216
80,448	75,750	39,310	93,694	38,496	20,878	69,114
Percent of Total Charges						
15.1	10.8	6.6	13.4	5.5	3.8	8.0
17.4	12.0	7.1	13.7	4.6	4.6	7.4
16.5	11.5	7.0	13.6	5.2	4.1	7.7
14.8	10.5	6.4	13.6	5.9	3.7	8.1
13.1	10.1	6.2	12.9	5.7	3.4	8.2
14.7	10.7	6.5	13.3	5.6	3.7	8.0
16.4	11.5	7.0	14.0	5.1	4.1	7.7
16.1	11.4	6.9	13.4	5.3	4.1	7.7
14.7	10.5	6.4	13.6	6.0	3.7	8.1
13.1	10.1	6.2	12.9	5.7	3.4	8.2
18.1	12.1	7.2	14.0	4.7	4.2	7.7
18.1	12.5	7.1	13.4	4.2	4.9	7.1
18.5	12.1	7.3	14.4	4.8	3.9	7.8
17.8	11.0	7.3	13.9	5.5	3.7	8.4
12.7	11.9	6.2	14.7	6.1	3.3	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 2001**

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	\$18,712	\$4,239	\$6,441	\$13,253	\$4,223	
1-99 Beds	10,612	2,417	3,245	7,788	3,159	
100-299 Beds	16,979	3,630	5,300	12,350	3,792	
300-499 Beds	20,691	4,618	7,006	14,633	4,400	
500 Beds or More	23,588	5,825	8,654	16,087	4,901	
Total Urban Hospitals	20,696	4,766	7,071	14,544	4,453	
1-99 Beds	14,153	3,149	4,187	10,366	3,772	
100-299 Beds	18,668	4,075	5,946	13,446	4,030	
300-499 Beds	21,224	4,775	7,183	14,966	4,488	
500 Beds or More	23,664	5,850	8,682	16,126	4,918	
Total Rural Hospitals	10,939	2,326	2,973	8,201	2,947	
1-99 Beds	8,944	2,091	2,624	6,572	2,758	
100-299 Beds	12,020	2,394	3,024	9,139	2,983	
300-499 Beds	13,830	2,792	3,877	10,351	3,164	
500 Beds or More	17,678	4,148	3,723	13,072	3,638	

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 2001**

Type of Ancillary Service						
Pharmacy	Laboratory	Radiology ²	Supplies	Cardiology	Inhalation Therapy	Other ³
		Average Charge per Discharge				
\$2,854	\$2,066	\$1,446	\$2,790	\$1,416	\$1,455	\$1,682
1,863	1,305	871	1,544	703	895	920
2,834	1,988	1,369	2,511	1,189	1,365	1,463
3,094	2,205	1,566	3,147	1,636	1,574	1,866
3,157	2,449	1,759	3,583	1,893	1,856	2,218
3,072	2,249	1,582	3,104	1,578	1,615	1,856
2,354	1,658	1,149	2,153	997	1,095	1,246
3,034	2,158	1,487	2,744	1,309	1,509	1,595
3,143	2,257	1,596	3,234	1,682	1,623	1,912
3,169	2,452	1,764	3,591	1,894	1,870	2,218
2,001	1,350	918	1,629	740	883	975
1,632	1,138	739	1,266	553	803	758
2,246	1,486	1,020	1,848	817	938	1,066
2,468	1,541	1,173	2,069	1,034	987	1,286
2,240	2,164	1,394	3,017	1,760	1,049	2,206