

**Table 36**

**Trends in Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Type of Entitlement: Selected Calendar Years 1967-2002**

Type of Entitlement and Year	Covered Days of Care		Covered Charges		Total Medicare Program Payments in Millions	Program Payments				
	Number in Thousands	Per 1,000 HI Enrollees	Amount in Millions	Per Day		Amount in Millions	Percent of Covered Charges	Percent of Total Medicare Program Payments	Per HI Enrollee	Per Day
<b>All Beneficiaries</b>										
1967	19,997	1,026	---	---	\$4,239	\$313	---	7.4	\$16	\$16
1971	6,481	361	---	---	7,354	195	---	2.7	9	30
1975	8,874	360	\$420	\$47	14,549	261	62.1	1.8	11	29
1983	9,032	305	897	99	53,438	456	50.9	0.9	15	51
1984	8,864	296	975	110	59,132	465	47.7	0.8	16	52
1986	7,770	249	1,123	144	68,583	501	44.6	0.7	16	65
1987	7,041	221	1,188	169	75,817	544	45.8	0.7	17	77
1988	11,802	364	1,982	168	80,595	964	48.7	1.2	30	82
1989	28,571	865	4,537	159	86,038	2,837	62.5	3.3	86	99
1990	21,242	630	4,263	201	101,419	1,827	42.9	1.8	54	86
1991	22,210	645	5,308	239	110,887	2,277	42.9	2.2	66	103
1992	25,271	719	6,904	273	132,951	3,128	45.3	2.4	89	124
1993	30,985	863	9,711	313	136,718	4,385	45.2	3.2	122	142
1994 <sup>1</sup>	36,091	1,072	12,864	356	147,106	5,904	45.9	4.0	175	164
1995 <sup>1</sup>	40,182	1,194	16,099	401	158,980	7,495	46.6	4.7	223	187
1996 <sup>1</sup>	45,883	1,378	20,134	439	167,063	9,095	47.5	5.4	273	208
1997 <sup>1</sup>	48,239	1,479	23,274	482	175,423	11,199	48.1	6.4	343	232
1998 <sup>1</sup>	45,429	1,422	22,516	496	168,164	11,224	49.9	6.7	351	247
1999 <sup>1</sup>	43,397	1,366	18,226	420	166,687	9,617	52.8	5.8	303	222
2000 <sup>1</sup>	44,834	1,387	18,208	406	174,261	10,651	58.5	6.1	329	238
2001 <sup>1</sup>	48,974	1,464	20,274	414	197,505	13,105	64.6	6.6	392	268
2002 <sup>1</sup>	54,674	1,582	23,131	423	215,411	14,503	62.7	6.7	420	265
<b>Aged Beneficiaries</b>										
1967	19,997	1,026	---	---	\$4,239	\$313	---	7.4	\$16	\$16
1971	6,481	361	---	---	7,354	195	---	2.7	9	30
1975	8,585	382	\$406	\$47	13,056	252	62.0	1.9	11	29
1983	8,738	328	865	99	46,727	441	51.0	0.9	17	50
1984	8,578	361	940	110	52,118	449	47.8	0.9	17	52
1986	7,493	265	1,075	144	60,459	482	44.9	0.7	17	64
1987	6,875	235	1,136	167	67,893	524	46.1	0.8	18	77
1988	11,360	388	1,893	167	71,780	926	48.9	1.3	32	81
1989	27,216	911	4,300	158	76,356	2,698	62.7	3.5	90	99
1990	20,398	669	4,067	199	89,620	1,752	43.1	2.0	57	86

See footnotes at end of table.

**Table 36—Continued**  
**Trends in Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services Used**  
**by Medicare Beneficiaries, by Type of Entitlement: Selected Calendar Years 1967-2002**

Type of Entitlement and Year	Covered Days of Care		Covered Charges		Total Medicare Program Payments in Millions	Program Payments				
	Number in Thousands	Per 1,000 HI Enrollees	Amount in Millions	Per Day		Amount in Millions	Percent of Covered Charges	Percent of Total Medicare Program Payments	Per HI Enrollee	Per Day
<b>Aged Beneficiaries</b>										
1991	21,391	689	\$5,076	\$237	\$98,059	\$2,187	43.1	2.2	\$70	\$102
1992	24,377	772	6,616	271	117,534	3,009	45.5	2.6	95	123
1993	29,821	930	9,271	311	120,201	4,207	45.4	3.5	131	141
1994 <sup>1</sup>	34,667	1,169	12,247	353	128,069	5,650	46.1	4.4	191	163
1995 <sup>1</sup>	38,490	1,308	15,293	397	137,952	7,149	46.7	5.2	243	186
1996 <sup>1</sup>	43,842	1,518	19,084	435	144,485	9,094	47.7	6.3	315	207
1997 <sup>1</sup>	45,989	1,636	22,004	478	151,655	10,636	48.3	7.0	378	231
1998 <sup>1</sup>	43,206	1,580	21,245	492	144,418	10,647	50.1	7.4	389	246
1999 <sup>1</sup>	41,213	1,524	17,170	417	142,425	9,126	53.1	6.4	338	221
2000 <sup>1</sup>	42,443	1,548	17,109	403	148,488	10,097	59.0	6.8	368	238
2001 <sup>1</sup>	46,179	1,633	18,963	411	167,825	12,387	65.3	7.4	438	268
2002 <sup>1</sup>	51,297	1,762	21,541	420	182,303	13,658	63.4	7.5	469	266
<b>Disabled Beneficiaries</b>										
1975	289	133	\$15	\$51	\$1,492	\$10	64.7	0.6	\$4	\$33
1983	293	101	33	111	6,711	16	48.0	0.2	5	53
1984	286	99	35	123	7,014	15	44.0	0.2	5	54
1986	277	93	47	171	8,123	19	39.4	0.2	6	68
1987	256	84	51	201	7,923	21	40.0	0.2	7	81
1988	442	142	88	200	8,796	38	43.6	0.4	12	87
1989	1,355	427	237	175	9,682	139	58.8	1.4	44	103
1990	844	260	195	231	11,800	76	38.7	0.6	23	90
1991	819	242	232	283	12,828	90	38.8	0.7	26	109
1992	894	250	287	322	15,417	119	41.4	0.8	33	133
1993	1,164	302	440	378	16,517	177	40.3	1.1	46	152
1994 <sup>1</sup>	1,424	353	616	433	19,037	254	41.3	1.3	63	179
1995 <sup>1</sup>	1,692	399	806	476	21,029	347	43.0	1.7	82	205
1996 <sup>1</sup>	2,041	463	1,049	514	22,577	460	43.9	2.0	104	226
1997 <sup>1</sup>	2,250	500	1,270	564	23,768	563	44.3	2.4	125	250
1998 <sup>1</sup>	2,216	480	1,271	573	23,746	577	45.4	2.6	125	260
1999 <sup>1</sup>	2,184	461	1,056	484	24,262	491	46.5	2.0	104	225
2000 <sup>1</sup>	2,392	488	1,099	459	25,773	554	50.5	2.1	113	232
2001 <sup>1</sup>	2,795	540	1,312	469	29,680	718	54.7	2.4	139	257
2002 <sup>1</sup>	3,377	620	1,590	471	33,108	846	53.2	2.6	155	250

<sup>1</sup>Beginning with 1994, Medicare enrollees in managed care plans are not included in the denominator used to calculate 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 Data Extract System; 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 2002**

Demographic Characteristic, Type of Entitlement, and Discharge Status	Covered Admissions <sup>1</sup>		Covered Days of Care		
	Number	Per 1,000 HI Enrollees <sup>2</sup>	Total in Thousands	Per 1,000 HI Enrollees <sup>2</sup>	Per Admission
<b>Total</b>	2,222,923	64	54,674	1,582	25
<b>Age</b>					
Under 65 Years	131,941	24	3,256	598	25
65-69 Years	162,758	21	3,699	466	23
70-74 Years	236,732	34	5,371	770	23
75-79 Years	386,264	64	9,127	1,509	24
80-84 Years	493,248	114	12,170	2,816	25
85 Years or Over	811,980	212	21,051	5,505	26
<b>Sex</b>					
Male	774,721	51	18,191	1,198	24
Female	1,448,202	75	36,484	1,883	25
<b>Race<sup>4</sup></b>					
White	1,934,392	66	46,900	1,594	24
Other	279,003	55	7,536	1,491	27
<b>Type of Entitlement</b>					
Aged <sup>5</sup>	2,086,025	72	51,297	1,762	25
Disabled <sup>6</sup>	136,898	25	3,377	620	25
<b>Discharge Status</b>					
Alive	2,087,169	NA	52,316	NA	25
Dead	135,754	NA	2,358	NA	17

<sup>1</sup>Includes skilled nursing care 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.

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

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

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

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

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

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; 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 2002**

Covered Charges			Program Payments			
Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Percent of Covered Charges	Per Admission <sup>3</sup>	Per Day
\$23,131,058	\$10,406	\$423	\$14,503,083	63	\$6,528	\$265
1,534,514	11,630	471	814,124	53	6,175	250
1,745,542	10,725	472	973,288	56	5,983	263
2,508,508	10,596	467	1,433,727	57	6,059	267
4,062,795	10,518	445	2,441,308	60	6,324	267
5,121,264	10,383	421	3,250,868	64	6,594	267
8,158,435	10,048	388	5,589,769	69	6,887	266
7,966,929	10,284	438	4,843,710	61	6,255	266
15,164,128	10,471	416	9,659,372	64	6,673	265
19,837,923	10,255	423	12,480,840	63	6,455	266
3,195,699	11,454	424	1,959,584	61	7,028	260
21,541,366	10,327	420	13,657,515	63	6,550	266
1,589,691	11,612	471	845,568	53	6,181	250
22,147,794	10,611	423	13,869,386	63	6,648	265
983,263	7,243	417	633,697	64	4,670	269

**Table 38**  
**Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services Used**  
**by Medicare Beneficiaries, by Area of Residence: Calendar Year 2002**

Area of Residence	Covered Admissions <sup>1</sup>		Covered Days of Care		Covered Charges			Program Payments			
	Number	Per 1,000 HI Enrollees <sup>2</sup>	Number in Thousands	Per 1,000 HI Enrollees <sup>2</sup>	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admission <sup>3</sup>	Per Day
All Areas <sup>4</sup>	2,222,923	64	54,674	1,582	24.6	\$23,131,058	\$10,406	\$423	\$14,503,083	\$6,528	\$265
United States	2,218,802	66	54,586	1,621	24.6	23,097,326	10,410	423	14,484,787	6,531	265
Northeast	494,249	74	13,176	1,981	26.7	5,444,989	11,017	413	3,704,816	7,502	281
Midwest	643,772	75	14,858	1,732	23.1	6,268,141	9,737	422	3,910,435	6,077	263
South	778,408	60	19,724	1,510	25.3	7,855,953	10,092	398	4,828,459	6,205	245
West	302,373	56	6,828	1,270	22.6	3,528,243	11,669	517	2,041,077	6,753	299
New England	153,005	84	4,125	2,254	27.0	1,716,062	11,216	416	1,160,114	7,585	281
Connecticut	42,497	87	1,349	2,778	31.8	533,098	12,544	395	385,237	9,068	286
Maine	14,682	66	324	1,463	22.1	142,468	9,704	440	84,732	5,776	261
Massachusetts	69,456	93	1,784	2,388	25.7	779,578	11,224	437	503,177	7,246	282
New Hampshire	11,463	66	289	1,672	25.2	124,017	10,819	429	84,279	7,363	292
Rhode Island	9,736	87	240	2,148	24.6	87,799	9,018	367	65,403	6,718	273
Vermont	5,171	57	139	1,525	27.0	49,101	9,495	352	37,286	7,211	267
Middle Atlantic	341,244	71	9,051	1,877	26.5	3,728,927	10,927	412	2,544,702	7,465	281
New Jersey	88,947	81	2,040	1,865	22.9	913,082	10,265	448	605,316	6,813	297
New York	130,463	61	4,085	1,912	31.3	1,535,491	11,770	376	1,184,032	9,083	290
Pennsylvania	121,834	77	2,926	1,839	24.0	1,280,354	10,509	438	755,354	6,208	258
East North Central	433,860	73	10,770	1,807	24.8	4,525,695	10,431	420	2,842,021	6,553	264
Illinois	124,659	82	2,794	1,835	22.4	1,384,537	11,107	496	765,917	6,146	274
Indiana	64,311	77	1,763	2,114	27.4	695,679	10,817	395	434,137	6,754	246
Michigan	69,240	50	2,031	1,467	29.3	769,702	11,116	379	539,641	7,803	266
Ohio	123,717	85	2,903	1,990	23.5	1,230,445	9,946	424	761,918	6,159	262
Wisconsin	51,933	68	1,279	1,679	24.6	445,332	8,575	348	340,409	6,557	266

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 2002**

Area of Residence	Covered Admissions <sup>1</sup>		Covered Days of Care			Covered Charges			Program Payments		
	Number	Per 1,000 HI Enrollees <sup>2</sup>	Number	Per 1,000 HI Enrollees <sup>2</sup>	Per Admis- sion	Amount	Per Admis- sion	Per Day	Amount	Per Admis- sion <sup>3</sup>	Per Day
			in Thousands			in Thousands			in Thousands		
West North Central	209,912	80	4,087	1,563	19.5	\$1,742,446	\$8,301	\$426	\$1,068,414	\$5,092	\$261
Iowa	36,057	79	544	1,185	15.1	251,618	6,978	463	147,710	4,098	272
Kansas	29,043	80	494	1,364	17.0	230,335	7,931	466	137,453	4,736	278
Minnesota	49,564	85	1,129	1,945	22.8	367,469	7,414	325	301,939	6,093	267
Missouri	55,379	74	1,184	1,586	21.4	601,963	10,870	509	281,365	5,084	238
Nebraska	20,539	83	385	1,556	18.7	170,223	8,288	442	108,315	5,275	281
North Dakota	8,750	86	165	1,619	18.8	57,549	6,577	349	41,828	4,780	254
South Dakota	10,580	90	187	1,593	17.7	63,289	5,982	339	49,803	4,709	267
South Atlantic	418,992	60	10,884	1,559	26.0	4,037,913	9,637	371	2,762,232	6,595	254
Delaware	6,360	53	161	1,355	25.3	56,689	8,913	352	44,068	6,932	274
District of Columbia	4,504	66	119	1,749	26.4	50,395	11,189	424	33,562	7,453	283
Florida	164,524	71	4,145	1,797	25.2	1,631,104	9,914	393	1,083,070	6,584	261
Georgia	43,486	48	1,122	1,226	25.8	368,009	8,463	328	272,804	6,278	243
Maryland	47,173	74	1,039	1,624	22.0	400,627	8,493	385	282,210	5,984	272
North Carolina	59,022	52	1,765	1,567	29.9	580,466	9,835	329	418,646	7,095	237
South Carolina	28,007	48	781	1,330	27.9	282,854	10,099	362	187,740	6,705	240
Virginia	46,175	51	1,268	1,405	27.5	466,851	10,110	368	324,338	7,028	256
West Virginia	19,741	62	484	1,523	24.5	200,918	10,178	415	115,795	5,868	239
East South Central	153,371	61	4,016	1,608	26.2	1,521,853	9,923	379	913,226	5,955	227
Alabama	35,649	54	983	1,499	27.6	333,757	9,362	339	217,804	6,110	221
Kentucky	41,974	69	1,047	1,712	24.9	394,199	9,391	377	237,857	5,668	227
Mississippi	23,290	55	598	1,408	25.7	242,751	10,423	406	133,139	5,718	223
Tennessee	52,458	65	1,388	1,721	26.5	551,146	10,506	397	324,426	6,186	234

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 2002**

Area of Residence	Covered Admissions <sup>1</sup>		Covered Days of Care			Covered Charges			Program Payments		
	Number	Per 1,000 HI Enrollees <sup>2</sup>	Number	Per	Amount	Per	Amount	Per			
			in Thousands	1,000 HI Admis- sion	in Thousands	Admis- sion	in Thousands	Admis- sion <sup>3</sup>			
West South Central	206,045	58	4,825	1,347	23.4	\$2,296,186	\$11,144	\$476	\$1,153,001	\$5,600	\$239
Arkansas	25,722	59	519	1,192	20.2	243,633	9,472	470	115,190	4,479	222
Louisiana	31,371	59	725	1,363	23.1	398,049	12,688	549	170,556	5,437	235
Oklahoma	27,190	57	539	1,140	19.8	283,243	10,417	525	128,856	4,741	239
Texas	121,762	57	3,042	1,420	25.0	1,371,261	11,262	451	738,398	6,071	243
Mountain	92,812	52	2,048	1,144	22.1	879,436	9,475	429	544,796	5,871	266
Arizona	21,171	43	438	893	20.7	185,257	8,751	423	117,325	5,543	268
Colorado	21,529	63	469	1,372	21.8	212,008	9,848	452	126,951	5,898	271
Idaho	10,477	66	244	1,547	23.3	95,580	9,123	391	60,243	5,751	246
Montana	9,879	71	183	1,316	18.5	69,622	7,048	380	46,333	4,690	253
Nevada	6,166	33	161	871	26.0	68,484	11,107	427	48,675	7,898	303
New Mexico	7,009	35	160	788	22.8	81,343	11,606	509	41,313	5,896	258
Utah	12,276	59	297	1,429	24.2	128,988	10,507	435	81,861	6,668	276
Wyoming	4,305	65	97	1,459	22.5	38,154	8,863	394	22,094	5,132	228
Pacific	209,561	58	4,780	1,333	22.8	2,648,806	12,640	554	1,496,282	7,144	313
Alaska	1,039	23	25	567	24.4	17,092	16,450	673	8,340	8,027	328
California	154,357	62	3,557	1,437	23.0	2,157,979	13,980	607	1,132,208	7,337	318
Hawaii	2,639	23	74	644	28.0	35,107	13,303	475	22,666	8,599	307
Oregon	16,349	49	318	959	19.4	121,001	7,401	381	95,896	5,871	302
Washington	35,177	57	805	1,299	22.9	317,628	9,029	394	237,172	6,755	295
Outlying Areas <sup>5</sup>	4,121	5	88	99	21.4	33,732	8,185	383	18,296	4,443	208

<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.

<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. Swing-bed hospitals are not skilled nursing facilities (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.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; 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 2002**

Area of Residence	Persons Served <sup>d</sup>			Coinsurance Days			Coinsurance Payments		
	Number	Per 1,000 HI Enrollees <sup>2</sup>	With Coinsurance	Number	Per 1,000 HI Enrollees <sup>2</sup>	Per Person With Coinsurance	Amount	Per 1,000 HI Enrollees <sup>2</sup>	Per Person With Coinsurance
All Areas <sup>3</sup>	1,560,556	45	849,465	29,740,200	861	35	\$3,029,367,427	\$87,662	\$3,566
United States	1,557,246	46	847,651	29,701,578	882	35	3,025,432,647	89,862	3,569
Northeast	347,644	52	199,936	7,396,384	1,112	37	753,515,676	113,284	3,769
Midwest	446,616	52	233,770	7,861,339	917	34	800,705,387	93,367	3,425
South	543,423	42	303,078	10,937,781	837	36	1,114,058,694	85,286	3,676
West	219,563	41	110,867	3,506,074	652	32	357,152,890	66,418	3,221
New England	108,522	59	62,202	2,337,741	1,278	38	238,184,971	130,166	3,829
Connecticut	30,834	63	18,647	821,492	1,691	44	83,716,848	172,349	4,490
Maine	10,889	49	5,787	153,913	695	27	15,673,335	70,760	2,708
Massachusetts	48,023	64	27,078	996,255	1,334	37	101,492,673	135,874	3,748
New Hampshire	8,327	48	4,558	159,405	923	35	16,244,467	94,073	3,564
Rhode Island	6,668	60	3,978	126,843	1,137	32	12,915,410	115,792	3,247
Vermont	3,781	41	2,154	79,833	873	37	8,142,238	89,045	3,780
Middle Atlantic	239,122	50	137,734	5,058,643	1,049	37	515,330,705	106,878	3,741
New Jersey	60,143	55	34,316	1,034,478	946	30	105,347,055	96,297	3,070
New York	94,306	44	56,503	2,461,584	1,152	44	250,833,505	117,384	4,439
Pennsylvania	84,673	53	46,915	1,562,581	982	33	159,150,145	100,042	3,392
East North Central	301,401	51	166,101	5,870,350	985	35	597,959,625	100,310	3,600
Illinois	84,207	55	44,048	1,467,424	964	33	149,443,919	98,163	3,393
Indiana	44,911	54	25,154	1,030,222	1,235	41	104,963,596	125,868	4,173
Michigan	49,282	36	29,439	1,182,936	855	40	120,523,773	87,062	4,094
Ohio	84,959	58	46,899	1,525,995	1,046	33	155,409,979	106,558	3,314
Wisconsin	38,042	50	20,561	663,773	871	32	67,618,358	88,740	3,289

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 2002**

Area of Residence	Persons Served <sup>d</sup>			Coinsurance Days			Coinsurance Payments		
	Number	Per 1,000	With	Number	Per 1,000	Per Person With	Amount	Per 1,000	Per Person With
		HI Enrollees <sup>2</sup>	Coinsurance		HI Enrollees <sup>2</sup>	Coinsurance		HI Enrollees <sup>2</sup>	Coinsurance
West North Central	145,215	56	67,669	1,990,989	761	29	\$202,745,762	\$77,538	\$2,996
Iowa	25,234	55	10,023	225,173	491	23	22,923,418	49,936	2,287
Kansas	20,184	56	8,923	219,397	606	25	22,337,839	61,700	2,503
Minnesota	34,759	60	17,763	585,325	1,008	33	59,616,366	102,649	3,356
Missouri	37,397	50	18,834	609,032	816	32	62,024,370	83,085	3,293
Nebraska	14,434	58	6,326	183,695	743	29	18,701,479	75,641	2,956
North Dakota	6,102	60	2,672	81,636	801	31	8,313,012	81,596	3,111
South Dakota	7,105	61	3,128	86,731	740	28	8,829,278	75,297	2,823
South Atlantic	296,345	42	169,956	6,007,211	860	35	611,912,109	87,635	3,600
Delaware	4,557	38	2,539	85,925	723	34	8,750,711	73,610	3,447
District of Columbia	3,148	46	1,732	67,293	991	39	6,852,769	100,924	3,957
Florida	114,036	49	65,516	2,252,717	976	34	229,450,036	99,451	3,502
Georgia	30,318	33	17,316	625,219	683	36	63,647,804	69,579	3,676
Maryland	32,639	51	17,655	530,167	829	30	54,001,459	84,390	3,059
North Carolina	43,083	38	25,790	1,041,800	925	40	106,172,338	94,245	4,117
South Carolina	20,803	35	11,998	440,735	751	37	44,883,129	76,470	3,741
Virginia	33,811	37	19,909	698,093	773	35	71,134,832	78,799	3,573
West Virginia	13,950	44	7,501	265,262	835	35	27,019,031	85,051	3,602
East South Central	106,665	43	59,029	2,275,362	911	39	231,792,038	92,781	3,927
Alabama	25,950	40	14,331	538,989	821	38	54,916,281	83,699	3,832
Kentucky	28,033	46	15,434	601,936	985	39	61,312,382	100,318	3,973
Mississippi	15,930	38	8,677	341,740	805	39	34,795,631	81,949	4,010
Tennessee	36,752	46	20,587	792,697	983	39	80,767,744	100,163	3,923

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 2002**

Area of Residence	Persons Served <sup>1</sup>			Coinsurance Days			Coinsurance Payments		
	Number	Per 1,000 HI Enrollees <sup>2</sup>	With Coinsurance	Number	Per 1,000 HI Enrollees <sup>2</sup>	Per Person With Coinsurance	Amount	Per 1,000 HI Enrollees <sup>2</sup>	Per Person With Coinsurance
West South Central	140,413	39	74,093	2,655,208	741	36	\$270,354,547	\$75,479	\$3,649
Arkansas	17,361	40	8,771	265,176	610	30	26,991,780	62,047	3,077
Louisiana	20,273	38	10,789	415,651	782	39	42,321,872	79,597	3,923
Oklahoma	19,284	41	9,162	265,745	562	29	27,069,010	57,207	2,954
Texas	83,495	39	45,371	1,708,636	798	38	173,971,885	81,221	3,834
Mountain	68,623	38	34,024	1,031,333	576	30	105,060,243	58,673	3,088
Arizona	15,966	33	8,440	199,932	408	24	20,361,154	41,523	2,412
Colorado	15,380	45	7,649	235,904	690	31	24,029,959	70,275	3,142
Idaho	7,540	48	3,637	133,250	843	37	13,578,539	85,940	3,733
Montana	7,206	52	3,183	85,589	615	27	8,719,822	62,696	2,739
Nevada	4,650	25	2,416	86,362	469	36	8,796,578	47,730	3,641
New Mexico	5,454	27	2,780	76,363	376	28	7,776,612	38,290	2,797
Utah	9,315	45	4,461	161,468	778	36	16,452,578	79,305	3,688
Wyoming	3,112	47	1,458	52,465	791	36	5,345,001	80,546	3,666
Pacific	150,940	42	76,843	2,474,741	690	32	252,092,647	70,284	3,281
Alaska	814	18	409	13,371	298	33	1,362,195	30,406	3,331
California	108,917	44	56,080	1,890,695	764	34	192,589,154	77,789	3,434
Hawaii	2,153	19	1,183	40,415	352	34	4,118,482	35,888	3,481
Oregon	12,839	39	6,203	128,301	387	21	13,070,563	39,452	2,107
Washington	26,217	42	12,968	401,959	648	31	40,952,253	66,039	3,158
Outlying Areas <sup>4</sup>	3,310	4	1,814	38,622	43	21	3,934,780	4,422	2,169

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

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

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

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

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

**Table 40**

**Covered Persons, Covered Admissions, Covered Days of Care, Covered Charges, Coinsurance and Program Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Type of Entitlement and Covered Days of Care: Calendar Year 2002**

Type of Entitlement and Covered Days of Care			Covered Days of Care			Covered Charges			
	Persons <sup>1</sup>	Covered Admissions <sup>2</sup>	Number	Per Admission	Per Person	Amount in Thousands	Per Admission	Per Person	Per Day
<b>All Beneficiaries</b>									
Total	1,560,556	2,222,923	54,674,168	24.6	35.0	\$23,131,058	\$10,406	\$14,822	\$423
1-8 Days	428,926	591,496	2,879,112	4.9	6.7	1,995,740	3,374	4,653	693
9-20 Days	517,914	714,618	10,048,570	14.1	19.4	5,535,484	7,746	10,688	551
21-40 Days	341,901	507,871	14,583,265	28.7	42.7	6,227,263	12,262	18,214	427
41-60 Days	130,447	204,316	10,099,213	49.4	77.4	3,711,802	18,167	28,454	368
61-80 Days	56,157	93,353	6,490,141	69.5	115.6	2,245,278	24,051	39,982	346
81 Days or More	85,211	111,269	10,573,867	95.0	124.1	3,415,490	30,696	40,083	323
<b>Aged</b>									
Total	1,467,645	2,086,025	51,297,366	24.6	35.0	21,541,366	10,327	14,678	420
1-8 Days	401,010	551,450	2,689,718	4.9	6.7	1,848,091	3,351	4,609	687
9-20 Days	487,888	671,615	9,442,750	14.1	19.4	5,169,723	7,697	10,596	547
21-40 Days	323,979	479,836	13,775,627	28.7	42.5	5,831,712	12,154	18,000	423
41-60 Days	123,204	192,590	9,518,801	49.4	77.3	3,473,160	18,034	28,190	365
61-80 Days	52,778	87,496	6,082,087	69.5	115.2	2,085,855	23,839	39,521	343
81 Days or More	78,786	103,038	9,788,383	95.0	124.2	3,132,825	30,405	39,764	320
<b>Disabled</b>									
Total	92,911	136,898	3,376,802	24.7	36.3	1,589,691	11,612	17,110	471
1-8 Days	27,916	40,046	189,394	4.7	6.8	147,649	3,687	5,289	780
9-20 Days	30,026	43,003	605,820	14.1	20.2	365,760	8,505	12,181	604
21-40 Days	17,922	28,035	807,638	28.8	45.1	395,551	14,109	22,071	490
41-60 Days	7,243	11,726	580,412	49.5	80.1	238,642	20,352	32,948	411
61-80 Days	3,379	5,857	408,054	69.7	120.8	159,423	27,219	47,181	391
81 Days or More	6,425	8,231	785,484	95.4	122.3	282,665	34,342	43,995	360

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 2002**

Type of Entitlement and Covered Days of Care	Coinsurance Payments				Program Payments			
	Amount in Thousands	Per Admission	Per Person	Per Day	Amount in Thousands	Per Admission <sup>3</sup>	Per Person	Per Day
<b>All Beneficiaries</b>								
Total	\$3,029,367	\$1,363	\$1,941	\$55	\$14,503,083	\$6,528	\$9,294	\$265
1-8 Days	38,955	66	91	14	881,149	1,491	2,054	306
9-20 Days	177,522	248	343	18	3,083,495	4,317	5,954	307
21-40 Days	696,664	1,372	2,038	48	4,057,914	7,993	11,869	278
41-60 Days	720,322	3,526	5,522	71	2,545,137	12,460	19,511	252
61-80 Days	525,186	5,626	9,352	81	1,540,245	16,501	27,427	237
81 Days or More	870,719	7,825	10,218	82	2,395,144	21,527	28,108	227
<b>Aged</b>								
Total	2,832,470	1,358	1,930	55	13,657,515	6,550	9,306	266
1-8 Days	35,988	65	90	13	826,544	1,500	2,061	307
9-20 Days	165,160	246	339	17	2,908,931	4,334	5,962	308
21-40 Days	655,366	1,366	2,023	48	3,847,296	8,021	11,875	279
41-60 Days	678,166	3,521	5,504	71	2,406,536	12,499	19,533	253
61-80 Days	491,744	5,620	9,317	81	1,447,595	16,547	27,428	238
81 Days or More	806,046	7,823	10,231	82	2,220,612	21,552	28,185	227
<b>Disabled</b>								
Total	196,897	1,438	2,119	58	845,568	6,181	9,101	250
1-8 Days	2,967	74	106	16	54,604	1,365	1,956	288
9-20 Days	12,362	287	412	20	174,564	4,062	5,814	288
21-40 Days	41,297	1,473	2,304	51	210,618	7,518	11,752	261
41-60 Days	42,156	3,595	5,820	73	138,601	11,827	19,136	239
61-80 Days	33,442	5,710	9,897	82	92,650	15,824	27,419	227
81 Days or More	64,673	7,857	10,066	82	174,532	21,207	27,164	222

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

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

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

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

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; 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 2002**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Total All Diagnoses <sup>4</sup>	---	2,222,923	100.0
Leading Diagnoses <sup>5</sup>	---	1,767,548	79.5
<b>Infectious and Parasitic Diseases (MDC 1)</b>			
Septicemia	001-139 038	37,480 22,443	1.7 1.0
Other	---	15,037	0.7
<b>Neoplasms (MDC 2)</b>			
Malignant Neoplasm of Colon	140-239 153	75,658 6,361	3.4 0.3
Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus	154	4,588	0.2
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	12,106	0.5
Malignant Neoplasm of Female Breast	174	3,732	0.2
Malignant Neoplasm of Prostate	185	4,006	0.2
Secondary Malignant Neoplasm of Respiratory and Digestive Systems and Other Specified Sites	197-198	5,789	0.3
Other	---	39,076	1.8
<b>Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)</b>			
Diabetes	240-279 250	90,408 44,171	4.1 2.0
Nutritional Deficiencies	260-263	3,355	0.2
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	28,948	1.3
Other	---	13,934	0.6
<b>Diseases of the Blood and Blood Forming Organs (MDC 4)</b>			
Other and Unspecified Anemias	280-289 285	19,075 11,619	0.9 0.5
Other	---	7,456	0.3
<b>Mental Disorders (MDC 5)</b>			
Senile and Prosenile Organic Psychotic Conditions	290-319 290	58,531 16,242	2.6 0.7
Other Organic Psychotic Conditions (Chronic)	294	13,934	0.6
Other Non-Organic Psychoses	298	5,224	0.2
Other	---	23,131	1.0
<b>Diseases of the Nervous System and Sense Organs (MDC 6)</b>			
Other Cerebral Degenerations	320-389 331	55,634 17,588	2.5 0.8
Parkinson's Disease	332	12,734	0.6
Hemiplegia	342	3,323	0.1
Other	---	21,989	1.0

See footnotes at end of table.

**Table 41—Continued**  
**Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for**  
**Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses**  
**Within Major Diagnostic Classification (MDC): Calendar Year 2002**

Covered Days of Care			Covered Charges			Program Payments		
Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admission <sup>3</sup>	Per Day
54,674	1,582	25	\$23,131,058	\$10,406	\$423	\$14,503,083	\$6,528	\$265
43,335	1,254	25	18,582,303	10,513	429	11,565,507	6,546	267
865	25	23	404,552	10,794	468	227,234	6,068	263
506	15	23	241,134	10,744	477	135,160	6,028	267
359	10	24	163,418	10,868	455	92,074	6,128	256
1,609	47	21	686,502	9,074	427	418,824	5,538	260
129	4	20	57,206	8,993	443	34,821	5,476	270
103	3	23	39,709	8,655	385	26,931	5,871	261
228	7	19	102,518	8,468	449	59,747	4,937	262
93	3	25	34,352	9,205	368	23,703	6,356	254
93	3	23	35,274	8,805	378	24,192	6,044	259
102	3	18	63,448	10,960	622	27,607	4,771	271
860	25	22	353,996	9,059	412	221,824	5,679	258
2,432	70	27	892,905	9,876	367	608,615	6,736	250
1,261	36	29	460,848	10,433	365	307,146	6,958	243
98	3	29	38,167	11,376	389	22,893	6,832	233
702	20	24	258,835	8,941	369	183,051	6,326	261
371	11	27	135,055	9,692	364	95,524	6,862	257
483	14	25	174,932	9,171	362	122,560	6,429	253
302	9	26	105,376	9,069	349	76,911	6,623	254
181	5	24	69,556	9,329	384	45,649	6,125	252
1,690	49	29	520,809	8,898	308	397,239	6,792	235
483	14	30	146,200	9,001	303	116,073	7,153	240
407	12	29	120,789	8,669	297	94,859	6,815	233
150	4	29	45,649	8,738	305	35,731	6,844	239
650	19	28	208,170	9,000	320	150,575	6,514	232
1,678	49	30	587,399	10,558	350	430,539	7,746	257
510	15	29	148,645	8,451	292	120,180	6,840	236
404	12	32	141,438	11,107	350	106,780	8,393	264
126	4	38	48,230	14,514	381	36,423	10,974	288
637	18	29	249,086	11,328	391	167,155	7,608	262

**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 2002**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Diseases of the Circulatory System (MDC 7)	390-459	450,898	20.3
Essential Hypertension	401	31,747	1.4
Acute Myocardial Infarction	410	24,305	1.1
Ischemic Heart Disease	414	28,895	1.3
Cardiac Dysrhythmia	427	30,841	1.4
Heart Failure	428	104,700	4.7
Ill-Defined Descriptions and Complication of Heart Disease	429	4,249	0.2
Intracranial Hemorrhage	431	3,824	0.2
Occlusion of Cerebral Arteries	434	7,295	0.3
Transient Cerebral Ischemia	435	11,338	0.5
Acute, But Ill-Defined, Cerebrovascular Disease	436	84,930	3.8
Other and Ill-Defined Cerebrovascular Disease	437	3,797	0.2
Late Effects of Cerebrovascular Disease	438	36,897	1.7
Atherosclerosis	440	3,785	0.2
Other Peripheral Vascular Disease	443	10,669	0.5
Venous Embolism and Thrombosis	453	9,933	0.4
Other	---	53,693	2.4
Diseases of the Respiratory System (MDC 8)	460-519	245,615	11.0
Other Bacterial Pneumonia and Breathing Exercises (V-57.0)	482	9,309	0.4
Pneumonia, Organism Unspecified	486	105,149	4.7
Chronic Bronchitis	491	16,325	0.7
Chronic Airway Obstruction	496	45,096	2.0
Pneumonitis Due to Solids and Liquids	507	17,474	0.8
Other Diseases of Lung	518	17,712	0.8
Other	---	34,550	1.6
Diseases of the Digestive System (MDC 9)	520-579	94,746	4.3
Intestinal Obstruction Without Mention of Hernia	560	12,181	0.5
Diverticula of Intestine	562	7,473	0.3
Gastrointestinal Hemorrhage	578	24,793	1.1
Other	---	50,299	2.3

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 2002**

Covered Days of Care			Covered Charges			Program Payments		
Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Admis- sion <sup>3</sup>	Per Day
11,956	346	27	\$4,597,644	\$10,197	\$385	\$3,176,456	\$7,049	\$266
917	27	29	310,482	9,780	338	237,644	7,493	259
515	15	21	206,133	8,481	401	136,194	5,606	265
644	19	22	254,780	8,817	396	173,754	6,017	270
767	22	25	282,434	9,158	368	201,074	6,524	262
2,451	71	23	931,154	8,894	380	624,371	5,967	255
122	4	29	40,017	9,418	328	30,473	7,179	250
112	3	29	47,699	12,474	426	31,781	8,320	284
162	5	22	87,330	11,971	539	46,873	6,429	290
305	9	27	110,823	9,774	364	81,496	7,190	268
2,750	80	32	1,015,479	11,957	369	756,317	8,911	275
120	3	32	43,008	11,327	358	32,077	8,452	267
1,173	34	32	485,976	13,171	414	327,265	8,875	279
78	2	21	46,554	12,300	596	20,788	5,497	266
304	9	28	110,570	10,364	364	76,544	7,176	252
256	7	26	94,326	9,496	369	63,721	6,418	249
1,282	37	24	530,880	9,887	414	336,082	6,262	262
5,597	162	23	2,405,050	9,792	430	1,452,079	5,915	259
175	5	19	105,664	11,351	605	45,998	4,943	263
2,366	68	23	941,577	8,955	398	622,793	5,925	263
275	8	17	164,168	10,056	597	71,959	4,411	262
1,135	33	25	407,078	9,027	359	281,179	6,238	248
411	12	24	187,141	10,710	455	107,091	6,131	260
460	13	26	295,520	16,685	642	123,651	6,987	269
775	22	22	303,903	8,796	392	199,409	5,774	257
2,182	63	23	842,061	8,888	386	566,133	5,978	259
276	8	23	107,497	8,825	390	73,045	5,997	265
160	5	22	67,008	8,967	418	42,327	5,665	264
619	18	25	208,432	8,407	337	158,068	6,378	256
1,128	33	22	459,125	9,128	407	292,694	5,822	260



**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 2002**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Diseases of the Genitourinary System (MDC 10)	580-629	102,847	4.6
Chronic Renal Failure	585	14,363	0.6
Renal Failure, Unspecified	586	9,686	0.4
Other Disorders of Urethra and Urinary Tract	599	54,685	2.5
Other	---	24,113	1.1
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	57,140	2.6
Other Cellulitis and Abscess	682	30,590	1.4
Chronic Ulcer of Skin	707	23,337	1.0
Other	---	3,213	0.1
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	154,525	7.0
Osteoarthritis and Allied Disorders	715	51,991	2.3
Other and Unspecified Disorders of Joint	719	19,354	0.9
Spinal Stenosis	724	18,342	0.8
Disorders of Muscle, Ligament, and Fascia	728	15,181	0.7
Osteomyelitis, Periostitis, and Other Infections Involving Bone	730	7,795	0.4
Other Disorders of Bone and Cartilage	733	15,828	0.7
Other	---	26,034	1.2
Congenital Anomalies (MDC 14)	740-759	4,080	0.2
Other Ill Defined Conditions (MDC 16)	780-799	171,976	7.7
General Symptoms	780	71,196	3.2
Symptoms Involving Nervous and Musculoskeletal Systems	781	24,358	1.1
Symptom Disorders of Cardiovascular System	785	4,527	0.2
Symptoms Involving Respiratory System and Other Chest Symptoms	786	11,354	0.5
Symptoms Involving Digestive System	787	13,027	0.6
Other	---	47,514	2.1
Injury and Poisoning (MDC 17)	800-999	266,261	12.0
Fracture, Vertebra	805	13,813	0.6
Fracture, Pelvis	808	16,088	0.7
Fracture, Humerus	812	12,520	0.6
Fracture, Neck of Femur	820	116,718	5.3
Fracture, Shaft of Femur	821	15,447	0.7
Fracture, Tibia, Fibula	823	7,155	0.3
Fracture of Ankle	824	8,146	0.4
Amputation	897	6,506	0.3
Other	---	69,868	3.1

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 2002**

Covered Days of Care			Covered Charges			Program Payments		
Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admis- sion <sup>3</sup>	Per Day
2,597	75	25	\$915,676	\$8,903	\$353	\$659,688	\$6,417	\$254
364	11	25	120,897	8,417	332	89,095	6,206	245
248	7	26	81,204	8,384	328	61,300	6,332	248
1,408	41	26	495,637	9,063	352	362,120	6,625	257
577	17	24	217,937	9,038	378	147,173	6,107	255
1,639	47	29	678,229	11,870	414	408,219	7,147	249
776	22	25	331,146	10,825	427	201,051	6,574	259
780	23	33	313,368	13,428	402	186,562	7,998	239
82	2	26	33,715	10,493	409	20,606	6,421	250
3,595	104	23	1,509,683	9,770	420	994,844	6,441	277
943	27	18	425,040	8,175	451	282,300	5,432	299
530	15	27	195,498	10,101	369	144,097	7,448	272
421	12	23	166,740	9,091	396	116,980	6,379	278
422	12	28	164,202	10,816	389	111,296	7,337	263
230	7	30	127,914	16,410	556	58,214	7,472	253
410	12	26	164,858	10,416	402	109,734	6,936	268
638	18	25	265,430	10,196	416	172,223	6,620	270
103	3	25	36,848	9,031	357	26,969	6,615	261
4,505	130	26	1,707,112	9,926	379	1,190,408	6,925	264
1,823	53	26	683,152	9,595	375	485,264	6,819	266
652	19	27	268,913	11,040	412	182,639	7,503	280
126	4	28	45,611	10,075	362	32,256	7,127	256
266	8	23	97,586	8,595	367	68,199	6,008	257
426	12	33	134,418	10,318	316	103,466	7,944	243
1,212	35	26	477,432	10,048	394	318,584	6,708	263
8,285	240	31	3,215,489	12,076	388	2,233,370	8,392	270
365	11	27	139,280	10,083	381	98,664	7,145	270
466	13	29	178,374	11,087	382	128,798	8,009	276
431	12	34	159,702	12,756	371	115,682	9,243	268
3,852	111	33	1,445,809	12,387	375	1,054,823	9,042	274
553	16	36	200,344	12,970	362	145,848	9,448	264
256	7	36	94,656	13,229	370	66,990	9,370	262
274	8	34	103,695	12,730	378	73,155	8,988	267
223	6	34	73,067	11,231	328	53,573	8,243	240
1,863	54	27	820,562	11,744	440	495,838	7,100	266

**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 2002**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	336,155	15.1
Organ of Tissue Replaced by Other Means	V43	11,641	0.5
Orthopedic Aftercare	V54	16,789	0.8
Breathing Exercises	V57	241,829	10.9
Encounter for Other and Unspecified Procedures and Aftercare	V58	36,616	1.6
Convalescence	V66	9,786	0.4
Other	---	19,494	0.9

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

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

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

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

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

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

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; 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 2002**

Covered Days of Care			Covered Charges			Program Payments		
Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admis- sion <sup>3</sup>	Per Day
5,406	156	16	\$3,937,522	\$11,713	\$728	\$1,576,230	\$4,691	\$292
241	7	21	98,369	8,450	408	71,309	6,126	296
366	11	22	206,187	12,281	564	104,234	6,211	285
3,583	104	15	2,905,474	12,051	811	1,069,925	4,426	299
489	14	13	434,740	11,873	889	144,562	3,949	296
159	5	16	87,754	8,967	553	44,680	4,568	281
569	16	29	204,998	10,516	360	141,521	7,264	249

**Table 42**

**Covered Admissions and Total Charges for Medicare Skilled Nursing Facility Admissions, by Covered Days of Care and Type of Service: Calendar Year 2002**

Covered Days of Care	All Services	Accommodations	Type of Ancillary Service							
			Total	Pharmacy	Laboratory	Radiology	Supply	Inhalation Therapy	Rehabilitation <sup>1</sup>	Other <sup>2</sup>
Number of Admissions <sup>3</sup>										
Total	2,222,923	2,222,917	2,191,769	2,080,910	1,324,761	512,677	1,230,429	262,824	1,884,302	267,951
1-8 Days	591,496	591,490	568,071	521,045	281,314	86,896	298,982	97,878	416,348	68,789
9-20 Days	714,618	714,618	708,501	669,333	434,606	160,283	397,766	94,843	621,066	95,531
21-40 Days	507,871	507,871	506,746	489,567	321,981	129,722	284,577	43,010	468,232	56,451
41-60 Days	204,316	204,316	204,059	199,809	138,307	61,432	120,338	13,483	190,510	21,537
61-80 Days	93,353	93,353	93,264	91,779	66,438	31,848	58,056	6,046	86,998	10,953
81 Days or More	111,269	111,269	111,128	109,377	82,115	42,496	70,710	7,564	101,148	14,690
Total Charges in Thousands										
Total	\$23,609,827	\$12,230,787	\$11,379,212	\$3,169,309	\$636,967	\$196,404	\$687,538	\$413,842	\$6,095,582	\$179,571
1-8 Days	2,047,940	915,542	1,132,455	412,015	99,408	28,900	106,928	71,439	386,300	27,466
9-20 Days	5,623,110	2,666,734	2,956,446	897,932	224,328	63,861	227,485	141,191	1,346,410	55,239
21-40 Days	6,333,392	3,213,987	3,119,467	852,748	166,601	51,790	169,161	88,401	1,746,488	44,278
41-60 Days	3,777,168	2,035,592	1,741,544	426,078	66,805	22,858	71,051	34,565	1,100,875	19,312
61-80 Days	2,289,952	1,275,256	1,014,703	242,928	34,118	12,245	41,254	24,038	647,440	12,679
81 Days or More	3,538,264	2,123,675	1,414,596	337,608	45,706	16,748	71,659	54,208	868,069	20,597
Percent of Charges										
Total	100.0	51.8	48.2	13.4	2.7	0.8	2.9	1.8	25.8	0.8
1-8 Days	100.0	44.7	55.3	20.1	4.9	1.4	5.2	3.5	18.9	1.3
9-20 Days	100.0	47.4	52.6	16.0	4.0	1.1	4.0	2.5	23.9	1.0
21-40 Days	100.0	50.7	49.3	13.5	2.6	0.8	2.7	1.4	27.6	0.7
41-60 Days	100.0	53.9	46.1	11.3	1.8	0.6	1.9	0.9	29.1	0.5
61-80 Days	100.0	55.7	44.3	10.6	1.5	0.5	1.8	1.0	28.3	0.6
81 Days or More	100.0	60.0	40.0	9.5	1.3	0.5	2.0	1.5	24.5	0.6

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 2002**

Covered Days of Care	All Services	Accommodations	Type of Ancillary Service							
			Total	Pharmacy	Laboratory	Radiology	Supply	Inhalation Therapy	Rehabilitation <sup>1</sup>	Other <sup>2</sup>
Average Total Charge per Admission										
Total	\$10,621	\$5,502	\$5,192	\$1,523	\$481	\$383	\$559	\$1,575	\$3,235	\$670
1-8 Days	3,462	1,548	1,994	791	353	333	358	730	928	399
9-20 Days	7,869	3,732	4,173	1,342	516	398	572	1,489	2,168	578
21-40 Days	12,470	6,328	6,156	1,742	517	399	594	2,055	3,730	784
41-60 Days	18,487	9,963	8,535	2,132	483	372	590	2,564	5,779	897
61-80 Days	24,530	13,661	10,880	2,647	514	384	711	3,976	7,442	1,158
81 Days or More	31,799	19,086	12,729	3,087	557	394	1,013	7,167	8,582	1,402

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

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

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

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

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; 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 2002**

Type of Facility and Bed Size	Number of Facilities	Covered Admissions <sup>1</sup>		Covered Days of Care			Program Payments			
		Number	Percent	Number in Thousands	Percent	Per Admission	Amount in Thousands	Percent	Per Admission <sup>2</sup>	Per Day
<b>SNFs</b>										
Total	14,838	2,096,674	100.0	53,476	100.0	25.5	\$14,051,235	100.0	\$6,704	\$263
1-49 Beds	4,731	688,052	32.8	13,722	25.7	19.9	3,676,855	26.2	5,346	268
50-99 Beds	4,897	510,475	24.3	13,797	25.8	27.0	3,564,171	25.4	6,984	258
100-149 Beds	3,395	500,551	23.9	14,437	27.0	28.8	3,688,883	26.3	7,372	256
150-199 Beds	1,103	216,494	10.3	6,165	11.5	28.5	1,603,938	11.4	7,414	260
200 Beds or More	712	181,102	8.6	5,356	10.0	29.6	1,517,389	10.8	8,382	283
<b>Hospital Based</b>										
Total	1,571	414,289	100.0	5,845	100.0	14.1	1,652,141	100.0	3,989	283
1-49 Beds	1,146	327,938	79.2	4,137	70.8	12.6	1,187,658	71.9	3,622	287
50-99 Beds	274	53,502	12.9	948	16.2	17.7	258,951	15.7	4,841	273
100-149 Beds	90	17,212	4.2	352	6.0	20.4	88,842	5.4	5,162	253
150-199 Beds	27	5,720	1.4	128	2.2	22.4	33,776	2.0	5,905	264
200 Beds or More	34	9,917	2.4	280	4.8	28.2	82,915	5.0	8,362	296
<b>Non-Hospital Based</b>										
Total	13,267	1,682,385	100.0	47,631	100.0	28.3	12,399,094	100.0	7,373	260
1-49 Beds	3,585	360,114	21.4	9,585	20.1	26.6	2,489,197	20.1	6,916	260
50-99 Beds	4,623	456,973	27.2	12,848	27.0	28.1	3,305,220	26.7	7,235	257
100-149 Beds	3,305	483,339	28.7	14,086	29.6	29.1	3,600,041	29.0	7,451	256
150-199 Beds	1,076	210,774	12.5	6,036	12.7	28.6	1,570,162	12.7	7,455	260
200 Beds or More	678	171,185	10.2	5,076	10.7	29.7	1,434,474	11.6	8,383	283
<b>Swing-Bed Hospitals<sup>3</sup></b>										
Total	991	123,810	100.0	1,098	100.0	8.9	433,643	100.0	3,504	395
1-49 Beds	660	95,548	77.2	877	79.9	9.2	377,040	86.9	3,947	430
50-99 Beds	331	28,262	22.8	221	20.1	7.8	56,603	13.1	2,003	256

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

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

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

NOTES: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Due to differences in timing, the number of covered admissions, covered days of care, and associated payments will differ slightly from the other tables on Medicare SNF utilization. Numbers may not add to total because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; 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 1998, 2000, and 2002**

Principal ICD-9-CM Diagnosis <sup>1</sup>	ICD- 9-CM Code	1998 Covered Admissions <sup>2</sup>			2000 Covered Admissions <sup>2</sup>			2002 Covered Admissions <sup>2</sup>		
		Number	Average Covered Days of Care per Admission	Average Program Payment per Admission <sup>3</sup>	Number	Average Covered Days of Care per Admission	Average Program Payment per Admission <sup>3</sup>	Number	Average Covered Days of Care per Admission	Average Program Payment per Admission <sup>3</sup>
Total All Diagnoses	---	1,984,713	22.9	\$5,708	1,936,127	23.2	\$5,511	2,222,923	24.6	\$6,528
Fracture of Neck of Femur	820	133,347	28.9	7,021	120,261	30.3	7,389	116,718	33.0	9,042
Pneumonia	486	89,866	21.2	5,278	90,147	21.1	4,960	105,149	22.5	5,925
Heart Failure	428	96,921	21.7	5,215	93,765	21.9	5,002	104,700	23.4	5,967
Acute But Ill-Defined, Cerebrovascular Disease	436	103,913	31.4	7,238	90,653	31.6	7,484	84,930	32.4	8,911
General Symptoms	780	43,210	24.0	5,861	53,320	23.8	5,688	71,196	25.6	6,819
Other Disorders of Urethra and Urinary Tract	599	40,642	24.7	6,009	42,606	24.0	5,631	54,685	25.8	6,625
Osteoarthritis and Allied Disorders	715	54,851	14.5	4,360	48,245	16.1	4,327	51,991	18.1	5,432
Chronic Airway Obstruction, Not Elsewhere Classified	496	42,300	24.4	5,619	40,241	24.6	5,379	45,096	25.2	6,238
Diabetes Mellitus	250	48,266	29.6	6,529	39,334	27.3	5,984	44,171	28.6	6,958
Late Effects of Cerebrovascular Disease	438	17,242	31.2	7,068	27,236	29.7	7,176	36,897	31.8	8,875

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

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

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

NOTES: The leading conditions were selected based on the most frequently reported principal diagnoses for beneficiaries admitted to SNFs during 2002; 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 and exclude amounts paid for managed care services.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.