

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 1972-2003**

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
<b>All Beneficiaries</b>					
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 <sup>3</sup>	10,148	307	89,902	2,721	8.9
1990	10,522	312	92,735	2,749	8.8
1991 <sup>4</sup>	10,737	312	92,935	2,699	8.7
1992 <sup>4</sup>	10,958	312	91,990	2,616	8.4
1993 <sup>4</sup>	10,979	306	87,883	2,446	8.0
1994 <sup>4</sup>	11,282	335	84,742	2,516	7.5
1995 <sup>4</sup>	11,435	340	80,056	2,378	7.0
1996 <sup>4</sup>	11,474	345	75,660	2,272	6.6
1997 <sup>4</sup>	11,527	353	73,029	2,239	6.3
1998 <sup>4</sup>	11,355	355	70,055	2,192	6.2
1999 <sup>4</sup>	11,605	365	70,508	2,219	6.1
2000 <sup>4</sup>	11,720	363	70,330	2,175	6.0
2001 <sup>4</sup>	12,231	366	72,607	2,171	5.9
2002 <sup>4</sup>	12,607	365	74,566	2,158	5.9
2003 <sup>4</sup>	12,858	363	75,230	2,126	5.9
			Average Annual Rate of Change		
1972-1983 <sup>6</sup>	5.4	2.3	3.4	0.3	-1.9
1983-2003 <sup>6</sup>	0.6	-0.3	-2.0	-2.8	-2.5
1972-2003	2.3	0.6	-0.1	-1.7	-2.3

**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 1972-2003**

Total Charges		Program Payments					
Amount in Millions	Per Discharge	Amount in Millions	Per Discharge <sup>1</sup>	Per HI Enrollee	Per Day	Percent of Total Charges	Percent of Total Medicare Payments <sup>2</sup>
\$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
271,750	21,555	94,194	7,507	2,726	1,263	34.7	43.7
310,889	24,180	98,432	7,691	2,781	1,308	31.7	42.3
Average Annual Rate of Change							
19.8	13.6	18.0	11.9	14.4	14.0	---	---
9.1	8.5	5.4	4.8	4.5	7.5	---	---
12.8	10.3	9.7	7.3	7.9	9.8	---	---

**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 1972-2003**

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
<b>Aged Beneficiaries</b>					
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 <sup>3</sup>	9,026	302	79,784	2,671	8.8
1990	9,351	307	82,179	2,696	8.8
1991 <sup>4</sup>	9,510	306	81,994	2,641	8.6
1992 <sup>4</sup>	9,663	306	80,818	2,559	8.4
1993 <sup>4</sup>	9,628	300	76,719	2,393	8.0
1994 <sup>4</sup>	9,802	331	73,278	2,471	7.5
1995 <sup>4</sup>	9,879	336	68,842	2,340	7.0
1996 <sup>4</sup>	9,853	341	64,610	2,237	6.6
1997 <sup>4</sup>	9,873	351	62,184	2,212	6.3
1998 <sup>4</sup>	9,683	354	59,286	2,169	6.1
1999 <sup>4</sup>	9,873	365	59,577	2,204	6.0
2000 <sup>4</sup>	9,913	361	59,002	2,152	6.0
2001 <sup>4</sup>	10,289	364	60,470	2,139	5.9
2002 <sup>4</sup>	10,510	361	61,515	2,113	5.9
2003 <sup>4</sup>	10,648	359	61,553	2,075	5.8
			Average Annual Rate of Change		
1972-1983 <sup>6</sup>	4.3	2.1	2.4	0.2	-1.9
1983-2003 <sup>6</sup>	0.2	-0.3	-2.4	-2.9	-2.6
1972-2003	1.7	0.6	-0.7	-1.8	-2.4

**Table 23—Continued**

**Discharges, Total Days of Care, Total Charges, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Type of Entitlement: Calendar Years 1972-2003**

Total Charges		Program Payments					
Amount in Millions	Per Discharge	Amount in Millions	Per Discharge <sup>1</sup>	Per HI Enrollee	Per Day	Percent of Total Charges	Percent of Total Medicare Payments <sup>2</sup>
\$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
226,904	21,590	79,120	7,550	2,718	1,286	34.9	43.4
257,787	24,211	82,195	7,742	2,771	1,335	31.9	42.0
Average Annual Rate of Change							
18.5	13.6	16.7	11.8	14.2	14.0	---	---
8.8	8.5	5.1	4.9	4.5	7.7	---	---
12.1	10.3	9.1	7.3	7.9	9.9	---	---

**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 1972-2003**

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
<b>Disabled Beneficiaries</b>					
1974 <sup>5</sup>	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 <sup>3</sup>	1,122	354	10,118	3,191	9.0
1990	1,171	360	10,556	3,245	9.0
1991 <sup>4</sup>	1,227	362	10,941	3,230	8.9
1992 <sup>4</sup>	1,294	362	11,173	3,122	8.6
1993 <sup>4</sup>	1,352	350	11,165	2,891	8.3
1994 <sup>4</sup>	1,480	367	11,465	2,846	7.7
1995 <sup>4</sup>	1,556	367	11,214	2,646	7.2
1996 <sup>4</sup>	1,621	367	11,051	2,505	6.8
1997 <sup>4</sup>	1,654	368	10,845	2,411	6.6
1998 <sup>4</sup>	1,673	362	10,769	2,333	6.4
1999 <sup>4</sup>	1,732	365	10,931	2,306	6.3
2000 <sup>4</sup>	1,807	368	11,328	2,309	6.3
2001 <sup>4</sup>	1,942	376	12,137	2,347	6.2
2002 <sup>4</sup>	2,098	385	13,051	2,395	6.2
2003 <sup>4</sup>	2,210	386	13,677	2,387	6.2
			Average Annual Rate of Change		
1974-1983 <sup>6</sup>	8.9	4.0	7.1	2.2	-1.6
1983-2003 <sup>6</sup>	2.8	-0.7	0.5	-2.8	-2.2
1974-2003	4.6	0.8	2.5	-1.3	-2.0

<sup>1</sup>Beginning in 1990, the average program payment per discharge does not reflect discharges with covered services, but for whom no program payments were reported.

<sup>2</sup>Based on total Medicare program payments.

<sup>3</sup>Represents the only year that the Medicare Catastrophic Coverage Act of 1988 was in effect.

<sup>4</sup>This 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.

<sup>5</sup>Effective 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.

<sup>6</sup>Average 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 Data Extract System; 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 1972-2003**

Total Charges		Program Payments					
Amount in Millions	Per Discharge	Amount in Millions	Per Discharge <sup>1</sup>	Per HI Enrollee	Per Day	Percent of Total Charges	Percent of Total Medicare Payments <sup>2</sup>
\$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
44,846	21,380	15,074	7,287	2,767	1,155	33.6	45.5
53,102	24,028	16,237	7,442	2,834	1,187	30.6	43.8
Average Annual Rate of Change							
24.8	14.6	22.6	12.6	17.1	14.6	---	---
11.3	8.3	7.3	4.5	3.8	6.8	---	---
15.3	10.2	11.9	7.0	7.7	9.1	---	---

**Table 24**

**Discharges, Coinsurance Days, Coinsurance Payments, and Deductible Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Type of Entitlement: Selected Calendar Years 1985-2003**

Type of Entitlement and Year	Discharges		Coinsurance Days			Coinsurance Payment:				Deductible Payments in Thousands	
	Number	Number With Coinsurance	Percent With Coinsurance	Number	Percent of TDOC	Per Discharge With Coinsurance	Amount in Thousands	Per Discharge With Coinsurance	Per Day With Coinsurance		Per HI Enrollee
<b>All Beneficiaries</b>											
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
1989 <sup>1</sup>	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
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 <sup>2</sup>	11,470,605	181,110	1.6	2,015,355	2.4	11.1	637,692	3,521	316	19	5,656,015
1995 <sup>2</sup>	11,680,885	164,535	1.4	1,738,950	2.1	10.6	535,923	3,257	308	16	5,880,735
1996 <sup>2</sup>	11,795,535	149,265	1.3	1,492,815	1.9	10.0	472,289	3,164	316	14	6,066,239
1997 <sup>2</sup>	11,919,085	144,780	1.2	1,400,900	1.9	9.7	454,071	3,136	324	14	6,274,527
1998 <sup>2</sup>	11,677,045	137,380	1.2	1,288,950	1.8	9.4	412,001	2,999	320	13	6,157,044
1999 <sup>2</sup>	11,604,590	137,940	1.2	1,278,785	1.8	9.3	423,526	3,070	331	13	6,077,414
2000 <sup>2</sup>	11,719,960	145,880	1.2	1,379,135	2.0	9.5	492,771	3,378	357	15	6,214,175
2001 <sup>2</sup>	12,230,660	156,340	1.3	1,454,450	2.0	9.3	530,950	3,396	365	16	6,579,229
2002 <sup>2</sup>	12,607,370	162,690	1.3	1,506,820	2.0	9.3	578,659	3,557	384	17	6,959,581
2003 <sup>2</sup>	12,857,535	168,950	1.3	1,531,665	2.0	9.1	594,767	3,520	388	17	7,299,864
<b>Aged Beneficiaries</b>											
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
1989 <sup>1</sup>	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
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 <sup>2</sup>	9,981,910	140,710	1.4	1,587,770	2.1	11.3	490,226	3,484	309	17	4,988,249
1995 <sup>2</sup>	10,110,745	125,305	1.2	1,348,065	1.9	10.8	407,180	3,250	302	14	5,160,234
1996 <sup>2</sup>	10,154,130	109,210	1.1	1,118,230	1.7	10.2	347,960	3,186	311	12	5,300,481
1997 <sup>2</sup>	10,238,610	105,800	1.0	1,041,835	1.6	9.8	325,899	3,080	313	12	5,469,574
1998 <sup>2</sup>	9,981,860	97,640	1.0	930,890	1.5	9.4	287,393	2,943	309	11	5,343,214
1999 <sup>2</sup>	9,872,680	97,240	1.0	921,210	1.5	9.5	296,315	3,047	322	11	5,245,762
2000 <sup>2</sup>	9,912,740	102,475	1.0	982,075	1.7	9.6	339,119	3,309	345	12	5,335,548
2001 <sup>2</sup>	10,288,530	109,450	1.1	1,025,070	1.7	9.4	359,299	3,283	351	13	5,619,671
2002 <sup>2</sup>	10,509,835	112,105	1.1	1,045,585	1.7	9.3	381,837	3,406	365	13	5,892,427
2003 <sup>2</sup>	10,647,510	113,995	1.1	1,040,375	1.7	9.1	384,424	3,372	370	13	6,142,079

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: Selected Calendar Years 1985-2003**

Type of Entitlement and Year	Discharges		Coinsurance Days			Coinsurance Payment:				Deductible Payments in Thousands	
	Number	With Coinsurance	Percent With Coinsurance	Number	Percent of TDOC	Per Discharge With Coinsurance	Amount in Thousands	Per Discharge With Coinsurance	Per Day With Coinsurance		Per HI Enrollee
<b>Disabled Beneficiaries</b>											
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
1989 <sup>1</sup>	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
1993	1,360,320	38,785	2.9	431,820	3.9	11.1	140,702	3,628	326	36	602,109
1994 <sup>2</sup>	1,488,695	40,400	2.7	427,585	3.8	11.0	147,466	3,650	345	37	667,766
1995 <sup>2</sup>	1,570,140	39,230	2.5	390,885	3.5	10.0	128,743	3,282	329	30	720,502
1996 <sup>2</sup>	1,641,405	40,055	2.4	374,585	3.4	9.4	124,329	3,104	332	29	765,758
1997 <sup>2</sup>	1,680,475	38,980	2.3	359,065	3.3	9.2	128,172	3,288	357	28	804,953
1998 <sup>2</sup>	1,695,185	39,740	2.3	358,060	3.3	9.0	124,608	3,136	348	27	813,830
1999 <sup>2</sup>	1,731,910	40,700	2.4	357,575	3.3	8.8	127,211	3,126	356	27	831,652
2000 <sup>2</sup>	1,807,220	43,405	2.4	397,060	3.5	9.1	153,652	3,540	387	31	878,628
2001 <sup>2</sup>	1,942,130	46,890	2.4	429,380	3.5	9.2	171,651	3,661	400	33	959,558
2002 <sup>2</sup>	2,097,535	50,585	2.4	461,235	3.5	9.1	196,822	3,891	427	35	1,067,155
2003 <sup>2</sup>	2,210,025	54,955	2.5	491,290	3.6	8.9	210,343	3,828	428	37	1,157,786

<sup>1</sup>The 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.

<sup>2</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: 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 Data Extract System; 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 2003**

Demographic Characteristics, Medicare Status, and Discharge Status	Enrollees		Discharge <sup>1</sup>		Total Days of Care			Program Payments			
	Total HI in Thousands	Managed Care in Thousands	Number in Thousands	Rate Per 1,000 HI Enrollees <sup>2</sup>	Number in Thousands	Percent	Per Discharge	Amount in Millions	Percent	Per Discharge <sup>3</sup>	Per Day
<b>Total</b>	40,696	5,307	12,858	363	75,230	100.0	5.9	\$98,432	100.0	\$7,691	\$1,308
<b>Age</b>											
Under 65 Years	6,074	345	2,163	378	13,394	17.8	6.2	15,868	16.1	7,431	1,185
65-69 Years	9,424	1,172	1,846	224	10,310	13.7	5.6	15,229	15.5	8,295	1,477
70-74 Years	8,286	1,337	2,013	290	11,213	14.9	5.6	16,574	16.8	8,264	1,478
75-79 Years	7,207	1,116	2,306	379	13,378	17.8	5.8	18,637	18.9	8,103	1,393
80-84 Years	5,205	762	2,123	478	12,632	16.8	5.9	16,109	16.4	7,601	1,275
85 Years or Over	4,500	575	2,406	613	14,303	19.0	5.9	16,014	16.3	6,667	1,120
<b>Sex</b>											
Male	17,819	2,218	5,587	358	32,777	43.6	5.9	45,997	46.7	8,281	1,403
Female	22,877	3,089	7,271	367	42,452	56.4	5.8	52,435	53.3	7,239	1,235
<b>Race<sup>4</sup></b>											
White	34,517	4,454	10,649	354	60,767	80.8	5.7	80,172	81.4	7,557	1,319
Other	6,098	845	2,161	411	14,193	18.9	6.6	17,889	18.2	8,353	1,260
<b>Medicare Status</b>											
Aged <sup>5</sup>	34,622	4,962	10,648	359	61,553	81.8	5.8	82,195	83.5	7,742	1,335
Disabled <sup>6</sup>	6,074	345	2,210	386	13,677	18.2	6.2	16,237	16.5	7,442	1,187
<b>Discharge Status</b>											
Alive	N/A	N/A	12,333	N/A	70,746	94.0	5.7	90,933	92.4	7,407	1,285
Dead	N/A	N/A	524	N/A	4,484	6.0	8.6	7,499	7.6	14,358	1,672

<sup>1</sup>Excludes discharges for managed care enrollees that were paid by the managed care plan.

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

<sup>3</sup>The average program payment per discharge does not reflect discharges with covered services, but for whom no program payments were reported.

<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: 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 Data Extract System; 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 2003**

Area of Residence	Discharges <sup>1</sup>		Total Days of Care			Program Payments		
	Number	Per 1,000 HI Enrollees <sup>2</sup>	Number	Per 1,000 HI Enrollees <sup>2</sup>	Per Discharge	Amount in Thousands	Per Discharge <sup>3</sup>	Per HI Enrollee <sup>2</sup>
All Areas <sup>4</sup>	12,857,535	363	75,229,845	2,126	5.9	\$98,432,089	\$7,691	\$2,781
United States	12,713,090	369	74,206,565	2,151	5.8	97,922,772	7,738	2,839
Northeast	2,488,930	369	16,363,680	2,428	6.6	22,482,006	9,088	3,336
Midwest	3,251,700	372	17,810,305	2,039	5.5	23,633,248	7,295	2,706
South	5,262,275	392	30,518,690	2,275	5.8	36,865,872	7,034	2,748
West	1,710,185	305	9,513,890	1,697	5.6	14,941,644	8,789	2,665
New England	625,265	331	3,561,020	1,886	5.7	5,282,149	8,499	2,797
Connecticut	157,355	321	928,785	1,896	5.9	1,478,136	9,427	3,017
Maine	69,105	307	369,795	1,642	5.4	482,021	6,997	2,141
Massachusetts	286,025	362	1,607,040	2,033	5.6	2,398,251	8,447	3,034
New Hampshire	48,635	274	281,170	1,585	5.8	392,463	8,138	2,213
Rhode Island	39,320	349	239,790	2,128	6.1	322,258	8,263	2,860
Vermont	24,825	267	134,440	1,447	5.4	209,017	8,469	2,249
Middle Atlantic	1,863,665	384	12,802,660	2,639	6.9	17,199,857	9,285	3,545
New Jersey	423,430	381	2,971,415	2,675	7.0	4,079,666	9,695	3,673
New York	792,430	370	5,977,265	2,790	7.5	8,138,441	10,355	3,799
Pennsylvania	647,805	405	3,853,980	2,411	5.9	4,981,749	7,716	3,117
East North Central	2,306,815	380	12,809,165	2,111	5.6	17,116,947	7,450	2,821
Illinois	644,310	415	3,591,300	2,314	5.6	4,641,387	7,247	2,990
Indiana	303,190	355	1,706,745	1,998	5.6	2,098,278	6,947	2,456
Michigan	529,960	376	3,038,510	2,155	5.7	4,442,406	8,412	3,150
Ohio	579,880	390	3,171,205	2,130	5.5	4,117,944	7,122	2,767
Wisconsin	249,475	327	1,301,405	1,706	5.2	1,816,930	7,300	2,382

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 2003**

Area of Residence	Discharges <sup>1</sup>		Total Days of Care			Program Payments		
	Number	Per 1,000 HI Enrollees <sup>2</sup>	Number	Per 1,000 HI Enrollees <sup>2</sup>	Per Discharge	Amount in Thousands	Per Discharge <sup>3</sup>	Per HI Enrollee <sup>2</sup>
West North Central	944,885	354	5,001,140	1,876	5.3	\$6,516,300	\$6,919	\$2,444
Iowa	153,345	333	806,710	1,751	5.3	997,288	6,516	2,164
Kansas	136,215	363	715,920	1,910	5.3	896,701	6,598	2,392
Minnesota	204,135	349	980,375	1,675	4.8	1,494,853	7,359	2,553
Missouri	311,100	402	1,757,155	2,272	5.6	2,117,854	6,832	2,739
Nebraska	72,430	291	395,125	1,585	5.5	559,483	7,746	2,244
North Dakota	29,315	286	150,700	1,472	5.1	206,896	7,090	2,020
South Dakota	38,345	320	195,155	1,630	5.1	243,222	6,354	2,032
South Atlantic	2,683,605	374	15,634,925	2,180	5.8	19,627,337	7,342	2,736
Delaware	40,520	334	268,050	2,213	6.6	335,056	8,293	2,766
District of Columbia	26,415	393	187,720	2,795	7.1	261,072	10,061	3,887
Florida	888,745	371	5,159,810	2,153	5.8	6,352,819	7,174	2,651
Georgia	344,400	367	2,008,145	2,141	5.8	2,522,852	7,355	2,690
Maryland	259,705	401	1,405,235	2,168	5.4	2,326,382	9,009	3,590
North Carolina	430,925	372	2,502,240	2,162	5.8	3,051,526	7,103	2,636
South Carolina	227,595	378	1,403,895	2,333	6.2	1,655,576	7,290	2,751
Virginia	326,260	354	1,927,795	2,089	5.9	2,261,040	6,958	2,450
West Virginia	139,040	434	772,035	2,409	5.6	861,010	6,212	2,686
East South Central	1,079,340	424	6,152,770	2,417	5.7	6,795,640	6,315	2,670
Alabama	300,870	448	1,631,345	2,426	5.4	1,789,697	5,967	2,662
Kentucky	256,160	411	1,411,650	2,266	5.5	1,639,451	6,414	2,631
Mississippi	194,155	446	1,210,330	2,781	6.2	1,182,168	6,114	2,716
Tennessee	328,155	403	1,899,445	2,332	5.8	2,184,322	6,675	2,681
West South Central	1,499,330	406	8,730,995	2,362	5.8	10,442,894	7,000	2,825
Arkansas	177,570	403	1,024,015	2,326	5.8	1,100,632	6,215	2,500
Louisiana	251,305	461	1,522,755	2,794	6.1	1,682,164	6,724	3,087
Oklahoma	202,935	421	1,116,275	2,315	5.5	1,296,054	6,406	2,688
Texas	867,520	389	5,067,950	2,273	5.8	6,364,043	7,380	2,855

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 2003**

Area of Residence	Discharges <sup>1</sup>		Total Days of Care			Program Payments		
	Number	Per 1,000 HI Enrollees <sup>2</sup>	Number	Per 1,000 HI Enrollees <sup>2</sup>	Per Discharge	Amount in Thousands	Per Discharge <sup>3</sup>	Per HI Enrollee <sup>2</sup>
Mountain	546,960	293	2,778,265	1,489	5.1	\$4,037,407	\$7,410	\$2,164
Arizona	162,610	313	828,970	1,595	5.1	1,225,464	7,573	2,357
Colorado	108,715	305	550,465	1,547	5.1	817,693	7,542	2,298
Idaho	43,485	268	204,225	1,260	4.7	305,636	7,046	1,886
Montana	41,185	287	196,160	1,368	4.8	268,716	6,535	1,875
Nevada	56,935	289	343,740	1,747	6.0	460,880	8,144	2,343
New Mexico	57,710	279	300,870	1,453	5.2	416,125	7,248	2,009
Utah	56,725	267	259,260	1,218	4.6	402,624	7,116	1,892
Wyoming	19,595	289	94,575	1,395	4.8	140,266	7,166	2,068
Pacific	1,163,225	311	6,735,625	1,800	5.8	10,904,237	9,440	2,915
Alaska	12,665	270	74,600	1,591	5.9	134,197	10,910	2,863
California	848,985	327	5,140,060	1,981	6.1	8,324,808	9,883	3,209
Hawaii	26,235	223	191,330	1,629	7.3	219,304	8,414	1,867
Oregon	104,555	306	481,370	1,408	4.6	783,233	7,511	2,291
Washington	170,785	267	848,265	1,324	5.0	1,442,692	8,481	2,251
Outlying Areas <sup>5</sup>	144,445	162	1,023,280	1,147	7.1	509,317	3,552	571

<sup>1</sup>Excludes discharges for managed care enrollees that were paid by the managed care plan.

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

<sup>3</sup>The average program payment per discharge does not reflect discharges with covered services, but for whom no program payments were reported.

<sup>4</sup>Includes 50 States and outlying areas.

<sup>5</sup>Includes 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. Reliability of estimates - the statistics presented in this table are based on sample data and, therefore, may differ from the figures that would be obtained if a complete census of the data had been taken. The sampling error, which is primarily a measure of sampling variability that occurs by chance because only a sample rather than an entire universe is surveyed, would be relatively small for national estimates and table cells based on a large sample size. The sampling error, however, for table cell below the national level and based on a relatively small sample size could possibly reflect a large sampling error and should be utilized with caution when analyzing the data for utilization and trend purposes.

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 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 2003**

Principal ICD-9-CM <sup>1</sup> Diagnosis Within MDC	ICD-9-CM Code	Discharges <sup>2</sup>		Total Days of Care		Program Payments		
		Number	Per 1,000 HI Enrollees <sup>3</sup>	Number	Per Discharge	Amount in Thousands	Per Discharge <sup>4</sup>	Per Day
Total All Diagnoses	---	12,857,535	363	75,229,845	5.9	\$98,432,090	\$7,691	\$1,308
Leading Diagnoses <sup>5</sup>	---	7,125,895	201	41,894,230	5.9	57,403,271	8,088	1,370
Infectious and Parasitic Diseases (MDC 1)	001-139	350,800	10	2,756,845	7.9	3,230,922	9,262	1,172
Septicemia	038	224,430	6	1,906,635	8.5	2,340,106	10,484	1,227
Neoplasms (MDC 2)	140-239	659,410	19	4,772,285	7.2	7,172,551	10,908	1,503
Malignant Neoplasms	140-208,230-234	575,470	16	4,318,360	7.5	6,388,202	11,132	1,479
Malignant Neoplasm of Large Intestine and Rectum	153-154,197.5	88,090	2	862,065	9.8	1,326,974	15,088	1,539
Malignant Neoplasm of Trachea, Bronchus, and Lung	162,176.4,197.0,197.3	91,910	3	725,475	7.9	1,100,427	11,998	1,517
Malignant Neoplasm of Breast	174-175,198.81	33,220	1	85,755	2.6	126,921	3,830	1,480
Benign Neoplasms	210-229	61,965	2	319,665	5.2	566,072	9,163	1,771
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	562,590	16	3,022,260	5.4	3,006,555	5,372	995
Diabetes Mellitus	250	198,590	6	1,265,220	6.4	1,334,320	6,764	1,055
Volume Depletion	276.5	193,315	5	925,760	4.8	784,941	4,075	848
Diseases of Blood and Blood-Forming Organs (MDC 4)	280-289	157,095	4	757,860	4.8	848,036	5,500	1,119
Mental Disorders (MDC 5)	290-319	529,765	15	5,046,525	9.5	2,886,752	5,522	572
Psychoses	290-299	450,905	13	4,567,315	10.1	2,612,465	5,872	572
Alcohol Dependence Syndrome	303	19,215	1	116,995	6.1	57,115	3,013	488
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	191,330	5	1,209,855	6.3	1,216,336	6,395	1,005

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 2003**

Principal ICD-9-CM <sup>1</sup> Diagnosis Within MDC	ICD-9-CM Code	Discharges <sup>2</sup>		Total Days of Care		Program Payments		
		Number	Per 1,000 HI Enrollees <sup>3</sup>	Number	Per Discharge	Amount in Thousands	Per Discharge <sup>4</sup>	Per Day
Diseases of the Circulatory System (MDC 7)	390-459	3,544,205	100	18,341,345	5.2	\$31,670,204	\$8,966	\$1,727
Heart Disease	391-392.0, 393-398,402,404, 410-416,420-429							
Acute Myocardial Infarction	410	2,484,070	70	12,661,825	5.1	23,653,384	9,553	1,868
Coronary Atherosclerosis	414.0	394,495	11	2,390,075	6.1	4,847,599	12,321	2,028
Other Ischemic Heart Disease	411-413, 414.1-414.9	602,695	17	2,392,865	4.0	7,075,591	11,783	2,957
Cardiac Dysrhythmias	427	62,495	2	185,315	3.0	318,764	5,127	1,720
Congestive Heart Failure	428.0	420,510	12	1,677,415	4.0	3,066,017	7,312	1,828
Cerebrovascular Disease	430-438	674,600	19	3,778,445	5.6	4,422,731	6,577	1,171
Diseases of the Respiratory System (MDC 8)	460-519	588,890	17	2,946,605	5.0	3,737,428	6,363	1,268
Acute Bronchitis and Bronchocollitis	466	1,633,990	46	10,537,095	6.4	11,593,782	7,123	1,100
Pneumonia	480-486	33,705	1	140,910	4.2	106,724	3,179	757
Asthma	493	698,085	20	4,443,650	6.4	4,349,287	6,252	979
Diseases of the Digestive System (MDC 9)	520-579	102,030	3	508,215	5.0	445,608	4,387	877
Appendicitis	540-543	1,273,990	36	7,330,175	5.8	8,795,963	6,933	1,200
Non Infectious Enteritis and Colitis	555-558	19,710	1	118,720	6.0	175,028	8,921	1,474
Diverticula of Intestine	562	101,430	3	593,395	5.9	669,562	6,637	1,128
Cholelithiasis	574	148,300	4	862,330	5.8	934,239	6,312	1,083
Diseases of the Genitourinary System (MDC 10)	580-629	119,340	3	639,630	5.4	951,337	7,991	1,487
Calculus of Kidney and Ureter	592	645,955	18	3,199,080	5.0	3,293,080	5,118	1,029
		35,520	1	112,055	3.2	161,724	4,576	1,443

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 2003**

Principal ICD-9-CM <sup>1</sup> Diagnosis Within MDC	ICD-9-CM Code	Discharges <sup>2</sup>		Total Days of Care		Program Payments		
		Number	Per 1,000 HI Enrollees <sup>3</sup>	Number	Per Discharge	Amount in Thousands	Per Discharge <sup>4</sup>	Per Day
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	216,360	6	1,401,890	6.5	\$1,151,253	\$5,348	\$821
Cellulitis and Abscess	681-682	161,790	5	937,620	5.8	730,791	4,536	779
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	767,445	22	3,431,415	4.5	6,304,036	8,242	1,837
Osteoarthritis and Allied Disorders	715	333,970	9	1,360,320	4.1	3,168,521	9,506	2,329
Intervertebral Disc Disorders	722	79,995	2	309,545	3.9	592,036	7,435	1,913
Congenital Anomalies (MDC 14)	740-759	10,385	(6)	53,285	5.1	144,571	14,016	2,713
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	823,605	23	2,667,750	3.2	3,014,838	3,683	1,130
Injury and Poisoning (MDC 17)	800-999	1,081,305	31	6,513,090	6.0	9,434,073	8,768	1,448
Fractures, All Sites	800-829	450,610	13	2,678,590	5.9	3,457,924	7,694	1,291
Fracture of Neck of Femur	820	230,590	7	1,496,845	6.5	2,092,631	9,086	1,398
Poisoning by Drugs, Medicinal and Biological Substances	960-989	44,560	1	160,870	3.6	186,456	4,219	1,159
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	395,055	11	4,140,165	10.5	4,631,066	11,770	1,119

<sup>1</sup>ICD-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.

<sup>2</sup>Excludes discharges for managed care enrollees that were paid by the managed care plan.

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

<sup>4</sup>The average program payment per discharge does not reflect discharges with covered services, but for whom no program payments were reported.

<sup>5</sup>Specific 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.

<sup>6</sup>Less 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 Data Extract System; 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 2003**

Principal ICD-9-CM Procedure <sup>1</sup> Within MPC	ICD-9-CM Code	Discharges <sup>2</sup>		Total Days of Care		Program Payments		
		Number	Per 1,000 HI Enrollees <sup>3</sup>	Number	Per Discharge	Amount in Thousands	Per Discharge <sup>4</sup>	Per Day
Total All Procedures	---	7,268,890	205	48,943,660	6.7	\$73,206,129	\$10,117	\$1,496
Leading Procedures <sup>5</sup>	---	3,580,035	101	21,256,530	5.9	33,582,579	9,419	1,580
Operations on the Nervous System (MPC 1)	01-05	185,635	5	1,201,365	6.5	1,796,050	9,710	1,495
Spinal Tap	03.31	40,115	1	300,685	7.5	267,962	6,712	891
Operations on the Endocrine System (MPC 2)	06-07	24,980	1	88,950	3.6	167,399	6,730	1,882
Operations on the Eye (MPC 3)	08-16	12,310	(6)	47,650	3.9	73,864	6,057	1,550
Operations on the Ear (MPC 4)	18-20	3,000	(6)	14,975	5.0	23,508	7,836	1,570
Operations on the Nose, Mouth, and Pharynx (MPC 5)	21-29	32,275	1	156,535	4.9	206,966	6,458	1,322
Operations on the Respiratory System (MPC 6)	30-34	294,180	8	3,836,225	13.0	6,711,691	22,896	1,750
Bronchoscopy with or Without Biopsy	33.21-33.24,33.27	71,480	2	687,275	9.6	678,888	9,528	988
Operations on the Cardiovascular System (MPC 7)	35-39	1,938,515	55	11,549,955	6.0	24,008,816	12,446	2,079
Removal of Coronary Artery Obstruction	36.0	354,925	10	1,090,865	3.1	4,338,383	12,264	3,977
Coronary Artery Bypass Graft	36.1	136,810	4	1,338,295	9.8	3,682,443	26,981	2,752
Cardiac Catheterization	37.21-37.23	313,460	9	1,337,795	4.3	2,097,039	6,720	1,568
Insertion, Replacement, Removal, and Revision of Pacemaker Leads or Device	37.7-37.8	157,285	4	792,695	5.0	1,917,801	12,216	2,419
Hemodialysis	39.95	194,415	5	1,053,285	5.4	1,147,966	5,978	1,090
Operations on the Hemic and Lymphatic System (MPC 8)	40-41	46,020	1	408,840	8.9	565,993	12,342	1,384

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 2003**

Principal ICD-9-CM Procedure <sup>1</sup> Within MPC	ICD-9-CM Code	Discharges <sup>2</sup>		Total Days of Care		Program Payments		
		Number	Per 1,000 HI Enrollees <sup>3</sup>	Number	Per Discharge	Amount in Thousands	Per Discharge <sup>4</sup>	Per Day
Operations on the Digestive System (MPC 9)	42-54	1,318,260	37	9,923,770	7.5	\$11,464,973	\$8,728	\$1,155
Endoscopy of Small Intestine with or Without Biopsy	45.11-45.14,45.16	364,620	10	2,190,110	6.0	1,768,691	4,870	808
Endoscopy of Large Intestine with or Without Biopsy	45.21-45.25	149,755	4	913,450	6.1	721,285	4,834	790
Partial Excision of Large Intestine	45.7	112,365	3	1,237,285	11.0	1,945,018	17,334	1,572
Appendectomy, Excluding Incidental	47.0	18,205	1	100,465	5.5	145,977	8,054	1,453
Cholecystectomy	51.2	124,600	4	782,910	6.3	1,177,237	9,472	1,504
Lysis of Peritoneal Adhesions	54.5	28,290	1	313,225	11.1	415,427	14,742	1,326
Operations on the Urinary System (MPC 10)	55-59	195,305	6	1,200,785	6.1	1,611,464	8,284	1,342
Cystoscopy with or Without Biopsy	57.31-57.33	20,155	1	151,225	7.5	120,197	5,981	795
Operations on the Male Genital Organs (MPC 11 <sup>7</sup> )	60-64	106,895	7	390,960	3.7	520,396	4,882	1,331
Prostatectomy	60.2-60.6	94,645	6	329,050	3.5	430,051	4,556	1,307
Operations on the Female Genital Organs (MPC 12 <sup>8</sup> )	65-71	111,130	6	413,540	3.7	599,538	5,411	1,450
Unilateral Oophorectomy	65.3-65.6	11,255	1	54,505	4.8	75,979	6,766	1,394
Hysterectomy	68.3-68.7,68.9	57,685	3	215,025	3.7	320,226	5,564	1,489
Obstetrical Procedures (MPC 13)	72-75	10,220	1	34,300	3.4	26,962	2,656	786
Forceps, Vacuum, and Breech Delivery	72.1,72.21,72.31, 72.71,73.6	675	(6)	1,580	2.3	934	1,394	591
Cesarean Section and Removal of Fetus	74.0-74.2, 74.4-74.99	3,945	(6)	18,435	4.7	15,432	3,942	837
Repair of Current Obstetric Laceration	75.5-75.6	1,150	(6)	3,015	2.6	2,277	1,997	755
Operations on the Musculoskeletal System (MPC 14)	76-84	1,060,890	30	6,032,945	5.7	10,336,167	9,769	1,713
Partial Excision of Bone	76.2-76.3,77.6-77.8	13,765	(6)	120,650	8.8	168,191	12,299	1,394
Reduction of Facial Fracture	76.7,79.0-79.3	207,355	6	1,241,335	6.0	1,668,986	8,065	1,345
Open Reduction of Fracture with Internal Fixation	79.3	159,745	5	974,705	6.1	1,324,442	8,308	1,359
Excision or Destruction of Intervertebral Disc	80.5	34,335	1	103,750	3.0	197,060	5,756	1,899
Total Hip Replacement	81.51	111,535	3	498,035	4.5	1,111,123	9,979	2,231
Total Knee Replacement	81.54	219,840	6	891,870	4.1	2,158,388	9,836	2,420
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 2003**

Principal ICD-9-CM Procedure <sup>1</sup> Within MPC	ICD-9-CM Code	Discharges <sup>2</sup>		Total Days of Care		Program Payments		
		Number	Per 1,000 HI Enrollees <sup>3</sup>	Number	Per Discharge	Amount in Thousands	Per Discharge <sup>4</sup>	Per Day
Operations on the Integumentary System (MPC 15)	85-86	282,675	8	2,327,660	8.2	\$2,534,824	\$9,021	\$1,089
Excision of Destruction of Lesion or Tissue of Skin and Subcutaneous Tissue	86.22-86.28	101,020	3	1,119,270	11.1	1,353,860	13,476	1,210
Miscellaneous Diagnostic and Therapeutic Procedures (MPC 16)	87-99	1,620,430	46	11,157,455	6.9	11,904,919	7,393	1,067
Computerized Axial Tomography	87.03,87.41,87.71,88.01,88.38	113,640	3	587,640	5.2	613,267	5,420	1,044
Arteriography and Angiocardiology Using Contrast Material	88.4-88.5	54,795	2	294,210	5.4	308,175	5,644	1,047
Diagnostic Ultrasound	88.7	138,980	4	769,340	5.5	756,639	5,473	983
Respiratory Therapy	93.9,96.7	239,130	7	2,090,705	8.7	3,113,942	13,130	1,489
Nonoperative Intubation of Gastrointestinal and Respiratory Tracts Insertion of Endotracheal Tube	96.04	49,840	1	386,465	7.8	520,418	10,495	1,347
Injection of Infusion of Cancer Chemotherapeutic Substance	99.25	39,675	1	241,475	6.1	342,722	8,681	1,419

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

<sup>2</sup>Excludes discharges for managed care enrollees that were paid by the managed care plan.

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

<sup>4</sup>The average program payment per discharge does not reflect discharges with covered services, but for whom no program payments were reported.

<sup>5</sup>Specific 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.

<sup>6</sup>Less than 1 discharge per 1,000 enrollees.

<sup>7</sup>Only the male enrollment population used to calculate discharges per 1,000 HI enrollees.

<sup>8</sup>Only 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 Data Extract System; 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 2003: Calendar Years 1984, 1990, and 2003**

Leading DRG Code Number in 2003	Description	Discharges					
		Number			Percent Change 1984-1990	Percent Change 1990-2003	Percent Change 1984-2003
		1984	1990	2003			
Total All DRGs	----	10,894,925	10,521,925	12,857,520	-3.4	22.2	18.0
Leading DRGs <sup>1</sup>	----	5,868,295	6,288,535	9,256,500	7.2	47.2	57.7
005 <sup>2</sup>	Extracranial Vascular Procedures	56,890	46,340	71,880	-18.5	55.1	26.3
012	Degenerative Nervous System Disorders	56,410	25,915	81,750	-54.1	215.5	44.9
014	Intracranial Hemorrhage and Stroke with Infarct	318,405	336,080	242,925	5.6	-27.7	-23.7
015	CVA and Precerebral Occlusion without Infarct	175,530	135,850	83,875	-22.6	-38.3	-52.2
024	Seizure & Headache Age >17 with CC	55,510	53,255	61,235	-4.1	15.0	10.3
075 <sup>2</sup>	Major Chest Procedures	28,675	31,690	45,370	10.5	43.2	58.2
076 <sup>2</sup>	Other Respiratory System O.R. Procedures with CC	10,055	38,855	47,370	286.4	21.9	371.1
079	Respiratory Infections & Inflammations Age >17 with CC	51,635	129,780	177,215	151.3	36.6	243.2
082	Respiratory Neoplasms	120,990	72,840	65,745	-39.8	-9.7	-45.7
087	Pulmonary Edema & Respiratory Failure	94,770	67,520	72,965	-28.8	8.1	-23.0
088	Chronic Obstructive Pulmonary Disease	212,480	144,825	420,600	-31.8	190.4	97.9
089	Simple Pneumonia & Pleurisy Age >17 with CC	314,980	391,725	560,150	24.4	43.0	77.8
090	Simple Pneumonia & Pleurisy Age >17 without CC	24,740	53,105	48,405	114.7	-8.9	95.7
096	Bronchitis & Asthma Age >17 with CC	178,075	189,710	56,350	6.5	-70.3	-68.4
107 <sup>2,4</sup>	Coronary Bypass Without Cardiac Cath	38,285	46,765	-----	22.1	-----	-----
107 <sup>2,4</sup>	Coronary Bypass With Cardiac Cath	-----	-----	77,240	-----	-----	-----
109 <sup>2,4</sup>	Coronary Bypass Without Cardiac Cath	-----	-----	54,060	-----	-----	-----
110 <sup>2</sup>	Major Cardiovascular Procedures with CC	56,230	75,660	56,155	34.6	-25.8	-0.1
116 <sup>2</sup>	Other Perm Cardiac Pacemaker Implant	53,905	62,050	118,475	15.1	90.9	119.8
121	Circulatory Disorders with AMI & Major Comp Disch Alive	102,930	137,625	166,220	33.7	20.8	61.5
122	Circulatory Disorders with AMI & Without Major Comp Disch Alive	158,400	102,935	69,430	-35.0	-32.5	-56.2
124	Circulatory Disorders Except AMI, with Card Cath and Complex Diagnosis	31,120	113,890	134,005	266.0	17.7	330.6
125	Circulatory Disorders Except AMI, with Card Cath Without Complex Diagnosis	64,085	93,045	94,545	45.2	1.6	47.5

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 2003:  
Calendar Years 1984, 1990, and 2003**

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	2003	1984-1990	1990-2003	1984-2003	1984	1990	2003	1984-1990	1990-2003	1984-2003
8.8	8.8	5.9	0.0	-33.0	-33.0	\$4,855	\$9,765	\$24,033	101.1	146.1	395.0
9.5	9.3	6.0	-2.1	-35.5	-36.8	5,118	9,668	23,314	88.9	141.1	355.5
9.5	7.1	2.9	-25.3	-59.2	-69.5	7,078	11,238	21,120	58.8	87.9	198.4
13.0	13.0	7.9	0.0	-39.2	-39.2	5,239	9,022	16,083	72.2	78.3	207.0
12.4	10.5	5.8	-15.3	-44.8	-53.2	5,591	8,971	20,834	60.5	132.2	272.6
6.1	5.5	4.7	-9.8	-14.5	-23.0	2,603	4,609	15,314	77.1	232.3	488.3
6.9	7.7	4.7	11.6	-39.0	-31.9	3,422	7,389	16,781	115.9	127.1	390.4
16.3	14.1	9.9	-13.5	-29.8	-39.3	13,500	22,075	50,579	63.5	129.1	274.7
15.4	15.0	11.0	-2.6	-26.7	-28.6	12,061	17,221	47,679	42.8	176.9	295.3
12.8	12.2	8.3	-4.7	-32.0	-35.2	8,385	12,281	26,036	46.5	112.0	210.5
9.7	9.6	6.8	-1.0	-29.2	-29.9	4,860	8,785	22,811	80.8	159.7	369.4
10.0	8.3	6.4	-17.0	-22.9	-36.0	7,731	9,294	21,385	20.2	130.1	176.6
8.6	7.4	4.9	-14.0	-33.8	-43.0	4,709	6,932	14,462	47.2	108.6	207.1
9.4	8.9	5.7	-5.3	-36.0	-39.4	4,863	7,889	16,636	62.2	110.9	242.1
8.3	6.4	3.8	-22.9	-40.6	-54.2	4,084	4,817	9,649	17.9	100.3	136.3
7.2	7.3	4.4	1.4	-39.7	-38.9	3,501	6,361	11,891	81.7	86.9	239.6
14.5	12.3	-----	-15.2	-----	-----	21,949	33,394	-----	52.1	-----	-----
-----	-----	10.6	-----	-----	-----	-----	-----	88,916	-----	-----	-----
-----	-----	7.7	-----	-----	-----	-----	-----	65,435	-----	-----	-----
16.3	15.3	8.6	-6.1	-43.8	-47.2	15,072	27,264	66,321	80.9	143.3	340.0
9.2	7.5	4.3	-18.5	-42.7	-53.3	12,002	17,112	38,202	42.6	123.2	218.3
12.2	10.0	6.2	-18.0	-38.0	-49.2	7,341	11,335	24,962	54.4	120.2	240.0
10.3	7.1	3.4	-31.1	-52.1	-67.0	5,422	7,970	15,454	47.0	93.9	185.0
7.0	5.9	4.4	-15.7	-25.4	-37.1	5,703	8,719	23,946	52.9	174.6	319.9
3.7	3.2	2.8	-13.5	-12.5	-24.3	3,220	5,370	18,218	66.8	239.3	465.8

**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 2003: Calendar Years 1984, 1990, and 2003**

Leading DRG Code Number in 2003	Description	Discharges					
		Number			Percent Change	Percent Change	Percent Change
		1984	1990	2003	1984-1990	1990-2003	1984-2003
127	Heart Failure & Shock	515,865	586,335	700,670	13.7	19.5	35.8
130	Peripheral Vascular Disorders with CC	91,655	68,330	91,250	-25.4	33.5	-0.4
132	Atherosclerosis with CC	100,810	18,250	127,435	-81.9	598.3	26.4
138	Cardiac Arrhythmia & Conduction Disorders with CC	212,265	180,470	205,830	-15.0	14.1	-3.0
139	Cardiac Arrhythmia & Conduction Disorders Without CC	28,345	73,020	82,225	157.6	12.6	190.1
141	Syncope & Collapse with CC	86,675	77,205	120,250	-10.9	55.8	38.7
142	Syncope & Collapse Without CC	11,315	39,370	53,090	247.9	34.8	369.2
143	Chest Pain	75,690	112,905	248,325	49.2	119.9	228.1
144	Other Circulatory System Diagnoses with CC	40,825	54,995	97,445	34.7	77.2	138.7
148 <sup>2</sup>	Major Small & Large Bowel Procedures with CC	106,455	140,245	137,915	31.7	-1.7	29.6
174	GI Hemorrhage with CC	144,620	157,895	262,975	9.2	66.6	81.8
180	GI Obstruction with CC	65,930	66,485	92,810	0.8	39.6	40.8
182	Esophagitis, Gastroent & Misc Digest Disorders Age >17 with CC	372,580	254,750	291,085	-31.6	14.3	-21.9
183	Esophagitis, Gastroent & Misc Digest Disorders Age >17 Without CC	72,525	81,770	90,720	12.7	10.9	25.1
188	Other Digestive System Diagnoses Age >17 with CC	54,075	50,110	89,690	-7.3	79.0	65.9
204	Disorders of Pancreas Except Malignancy	31,890	37,715	70,430	18.3	86.7	120.9
209 <sup>2</sup>	Major Joint & Limb Reattachment Procedures of Lower Extremity	149,660	257,780	440,170	72.2	70.8	194.1
210 <sup>2</sup>	Hip & Femur Procedures Except Major Joint Age >17 with CC	120,100	112,470	127,975	-6.4	13.8	6.6
236	Fractures of Hip & Pelvis	47,350	41,255	45,715	-12.9	10.8	-3.5
243	Medical Back Problems	200,190	112,455	102,405	-43.8	-8.9	-48.8
277	Cellulitis Age >17 with CC	58,155	66,830	111,045	14.9	66.2	90.9

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 2003: Calendar Years 1984, 1990, and 2003**

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	2003	1984-1990	1990-2003	1984-2003	1984	1990	2003	1984-1990	1990-2003	1984-2003
8.7	7.9	5.2	-9.2	-34.2	-40.2	\$4,264	\$7,207	\$16,906	69.0	134.6	296.5
8.1	8.3	5.5	2.5	-33.7	-32.1	3,523	6,627	15,542	88.1	134.5	341.2
7.0	6.1	2.8	-12.9	-54.1	-60.0	3323	6229	10,223	87.5	64.1	207.6
6.3	6.0	4.0	-4.8	-33.3	-36.5	3,376	5,848	13,910	73.2	137.9	312.0
4.9	3.9	2.5	-20.4	-35.9	-49.0	2,685	3,624	8,694	35.0	139.9	223.8
5.8	5.7	3.5	-1.7	-38.6	-39.7	2,672	4,987	12,831	86.6	157.3	380.2
4.5	4.0	2.5	-11.1	-37.5	-44.4	2,207	3,554	10,067	61.0	183.3	356.1
4.4	3.4	2.1	-22.7	-38.2	-52.3	2,427	3,577	9,364	47.4	161.8	285.8
8.3	7.3	5.7	-12.0	-21.9	-31.3	4,765	7,867	21,459	65.1	172.8	350.3
17.7	16.6	12.2	-6.2	-26.5	-31.1	12,686	23,471	55,486	85.0	136.4	337.4
7.4	7.0	4.7	-5.4	-32.9	-36.5	3,860	6,944	16,585	79.9	138.8	329.7
7.4	7.8	5.3	5.4	-32.1	-28.4	3,281	6,632	15,806	102.1	138.3	381.7
6.1	6.4	4.4	4.9	-31.3	-27.9	2,526	5,374	13,594	112.7	153.0	438.2
5.0	4.9	2.9	-2.0	-40.8	-42.0	2,103	3,630	9,512	72.6	162.0	352.3
6.4	7.5	5.5	17.2	-26.7	-14.1	3,100	7,392	18,543	138.5	150.9	498.2
8.1	8.1	5.7	0.0	-29.6	-29.6	4,050	8,099	18,888	100.0	133.2	366.4
15.6	11.1	4.7	-28.8	-57.7	-69.9	10,205	16,542	32,079	62.1	93.9	214.3
16.8	13.9	6.8	-17.3	-51.1	-59.5	8,600	14,236	30,014	65.5	110.8	249.0
12.7	10.0	5.0	-21.3	-50.0	-60.6	4,573	6,530	12,692	42.8	94.4	177.5
8.0	6.9	4.7	-13.8	-31.9	-41.3	2,858	4,657	12,631	62.9	171.2	342.0
9.1	8.6	5.6	-5.5	-34.9	-38.5	3,740	6,570	14,514	75.7	120.9	288.1

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 2003:  
Calendar Years 1984, 1990, and 2003**

Leading DRG Code Number in 2003	Description	Discharges			Percent Change 1984-1990	Percent Change 1990-2003	Percent Change 1984-2003
		1984	1990	2003			
294	Diabetes Age >35	141,500	92,520	99,725	-34.6	7.8	-29.5
296	Nutritional & Misc Metabolic Disorders Age >17 with CC	176,150	206,595	261,450	17.3	26.6	48.4
297	Nutritional & Misc Metabolic Disorders Age >17 without CC	13,910	47,395	47,505	240.7	0.2	241.5
316	Renal Failure	46,410	48,670	162,155	4.9	233.2	249.4
320	Kidney & Urinary Tract Infections Age>17 with CC	137,845	157,780	215,295	14.5	36.5	56.2
331	Other Kidney & Urinary Tract Diagnoses Age>17 with CC	38,080	28,380	54,485	-25.5	92.0	43.1
395	Red Blood Cell Disorders Age >17	93,510	72,730	114,480	-22.2	57.4	22.4
415 <sup>2</sup>	OR Procedure for Infectious & Parasitic Diseases	16,165	27,735	47,455	71.6	71.1	193.6
416	Septicemia Age >17	66,180	128,085	216,780	93.5	69.2	227.6
429	Organic Disturbances & Mental Retardation	52,710	49,305	63,080	-6.5	27.9	19.7
430	Psychoses	118,455	195,595	341,250	65.1	74.5	188.1
462	Rehabilitation	9,490	106,680	314,920	1,024.1	195.2	3,218.4
468	Extensive OR Procedure Unrelated to Principal Diagnosis	166,815	75,885	55,340	-54.5	-27.1	-66.8
475	Respiratory System Diagnosis with Ventilator Support	----	78,805	115,630	----	46.7	----
478 <sup>2</sup>	Other Vascular Procedures with CC	----	24,230	112,665	----	365.0	----
483	Tracheostomy with Mechanical Vent or PDX Except for Face, Mouth and Neck Diagnosis	----	8,045	46,865	----	482.5	----
493	Laparoscopic Cholecystectomy Without CDE with CC	----	----	60,955	----	----	----
500	Back and Neck Procedures Except Spinal Fusion Without CC	----	----	51,060	----	----	----
516	Percutaneous Cardiovascular Procedures with AMI	----	----	70,855	----	----	----
517	Percutaneous Cardiovascular Procedures with Non-Drug Eluting Stent without AMI	----	----	153,565	----	----	----
518	Percutaneous Cardiovascular Procedures without Coronary Artery Stent or AMI	----	----	47,890	----	----	----
524	Transient Ischemia	----	----	122,245	----	----	----
527	Percutaneous Cardiovascular Procedures with Drug-Eluting Stent without AMI	----	----	85,430	----	----	----
All Other DRGs	----	5,026,630	4,233,390	3,601,020	-15.8	-14.9	-28.4

<sup>1</sup>Based on frequency of occurrence in 2003.

<sup>2</sup>Represents surgical DRGs.

<sup>3</sup>Prior to 1999, DRG code 107 was defined as coronary bypass without cardiac cath.

<sup>4</sup>In 1999 the DRG code 107 was revised and defined as coronary bypass with cardiac cath. In addition, DRG code 109 was introduced and defined as coronary bypass without cardiac cath.

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 20.0* and *21.0* (2003), *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. PDX is primary diagnosis. CVA is cerebrovascular accident.

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 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 2003: Calendar Years 1984, 1990, and 2003

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	2003	1984-1990	1990-2003	1984-2003	1984	1990	2003	1984-1990	1990-2003	1984-2003
8.4	7.5	4.4	-10.7	-41.3	-47.6	3,267	5,491	13,261	68.1	141.5	305.9
8.4	8.5	4.8	1.2	-43.5	-42.9	3,556	6,840	13,691	92.4	100.2	285.0
6.9	5.3	3.2	-23.2	-39.6	-53.6	3,032	3,724	8,294	22.8	122.7	173.5
9.6	9.4	6.4	-2.1	-31.9	-33.3	5,572	9,555	21,219	71.5	122.1	280.8
8.2	8.6	5.2	4.9	-39.5	-36.6	3,581	7,174	14,356	100.3	100.1	300.9
7.3	7.6	5.6	4.1	-26.3	-23.3	3,456	7,338	18,480	112.3	151.8	434.7
6.6	6.5	4.3	-1.5	-33.8	-34.8	3,000	5,639	14,196	88.0	151.7	373.2
19.9	21.2	14.1	6.5	-33.5	-29.1	14,476	27,339	61,818	88.9	126.1	327.0
11.4	10.7	7.3	-6.1	-31.8	-36.0	6,811	10,981	26,477	61.2	141.1	288.7
11.3	14.5	9.5	28.3	-34.5	-15.9	3,717	8,417	15,755	126.4	87.2	323.9
16.1	16.9	10.8	5.0	-36.1	-32.9	5,069	9,359	16,925	84.6	80.8	233.9
22.5	21.2	11.7	-5.8	-44.8	-48.0	9,151	15,745	22,634	72.1	43.8	147.3
16.6	19.3	12.8	16.3	-33.7	-22.9	10,595	24,871	62,447	134.7	151.1	489.4
-----	14.3	10.9	-----	-23.8	-----	-----	25,548	59,689	-----	133.6	-----
-----	10.4	7.3	-----	-29.8	-----	-----	16,682	41,051	-----	146.1	-----
-----	55.8	38.0	-----	-31.9	-----	-----	125,493	244,859	-----	95.1	-----
-----	-----	6.0	-----	-----	-----	-----	-----	29,491	-----	-----	-----
-----	-----	2.3	-----	-----	-----	-----	-----	15,500	-----	-----	-----
-----	-----	4.6	-----	-----	-----	-----	-----	43,141	-----	-----	-----
-----	-----	2.5	-----	-----	-----	-----	-----	34,362	-----	-----	-----
-----	-----	3.5	-----	-----	-----	-----	-----	29,734	-----	-----	-----
-----	-----	3.3	-----	-----	-----	-----	-----	12,002	-----	-----	-----
-----	-----	2.1	-----	-----	-----	-----	-----	39,088	-----	-----	-----
8.0	8.1	5.6	1.3	-30.9	-30.0	4,547	9,911	25,883	118.0	161.2	469.2

**Table 30**

**Number of Discharges and Total Charges for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Total Days of Care and Type of Service: Calendar Year 2003**

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	12,857,535	10,727,260	4,005,410	12,806,910	4,268,775	12,734,005
1-8 Days	10,491,710	8,621,670	2,987,695	10,451,255	3,150,925	10,392,375
9-20 Days	1,987,985	1,768,380	810,645	1,980,600	882,950	1,970,680
21-30 Days	249,165	223,535	127,215	247,795	144,940	245,515
31-40 Days	70,430	62,375	41,275	69,935	47,265	69,220
41-50 Days	28,125	24,930	17,950	27,785	20,275	27,435
51-60 Days	12,590	11,030	8,530	12,425	9,415	12,180
61-90 Days	12,465	10,940	8,570	12,250	9,355	11,910
91 Days or More	5,065	4,400	3,530	4,865	3,650	4,690
Percent of Total Discharges <sup>3</sup>						
Total	100.0	83.4	31.2	99.6	33.2	99.0
1-8 Days	100.0	82.2	28.5	99.6	30.0	99.1
9-20 Days	100.0	89.0	40.8	99.6	44.4	99.1
21-30 Days	100.0	89.7	51.1	99.5	58.2	98.5
31-40 Days	100.0	88.6	58.6	99.3	67.1	98.3
41-50 Days	100.0	88.6	63.8	98.8	72.1	97.5
51-60 Days	100.0	87.6	67.8	98.7	74.8	96.7
61-90 Days	100.0	87.8	68.8	98.3	75.1	95.5
91 Days or More	100.0	86.9	69.7	96.1	72.1	92.6
Total Charges in Thousands						
Total	\$310,889,300	\$56,196,478	\$33,967,750	\$220,728,434	\$23,397,982	\$46,393,193
1-8 Days	170,861,941	27,393,269	13,952,481	129,518,823	15,804,796	21,137,588
9-20 Days	88,769,655	18,975,340	11,134,150	58,660,766	5,428,629	14,836,501
21-30 Days	23,967,207	4,872,906	3,659,398	15,434,986	1,138,152	4,680,440
31-40 Days	10,546,565	1,965,734	1,808,689	6,772,166	449,331	2,213,309
41-50 Days	5,879,194	1,036,284	1,104,468	3,738,452	234,370	1,270,323
51-60 Days	3,340,923	581,897	675,061	2,083,968	120,810	712,933
61-90 Days	4,432,511	742,807	923,346	2,766,362	145,762	955,730
91 Days or More	3,091,298	628,238	710,154	1,752,908	76,130	586,366

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 2003**

Type of Ancillary Service					
Laboratory	Radiology <sup>1</sup>	Supplies	Cardiology	Inhalation Therapy	Other <sup>2</sup>
Number of Discharges					
12,639,405	11,024,660	11,315,725	9,411,625	6,239,155	11,514,980
10,297,830	8,902,465	9,195,605	7,583,455	4,758,105	9,264,020
1,968,275	1,778,290	1,783,650	1,523,970	1,220,870	1,890,090
246,520	224,975	222,310	195,850	165,350	238,430
69,645	65,000	63,105	58,250	50,965	67,455
27,700	26,130	25,110	24,050	20,930	26,855
12,390	11,650	10,970	10,895	9,600	11,915
12,200	11,600	10,770	10,810	9,495	11,660
4,845	4,550	4,205	4,345	3,840	4,555
Percent of Total Discharges <sup>3</sup>					
98.3	85.7	88.0	73.2	48.5	89.6
98.2	84.9	87.6	72.3	45.4	88.3
99.0	89.5	89.7	76.7	61.4	95.1
98.9	90.3	89.2	78.6	66.4	95.7
98.9	92.3	89.6	82.7	72.4	95.8
98.5	92.9	89.3	85.5	74.4	95.5
98.4	92.5	87.1	86.5	76.3	94.6
97.9	93.1	86.4	86.7	76.2	93.5
95.7	89.8	83.0	85.8	75.8	89.9
Total Charges in Thousands					
\$33,825,097	\$21,510,422	\$42,134,903	\$17,307,376	\$10,905,273	\$25,254,184
18,895,147	13,503,309	28,803,042	13,322,532	3,808,890	14,243,515
9,686,514	5,592,557	9,159,405	3,092,399	3,666,698	7,198,059
2,505,209	1,257,751	2,068,159	521,313	1,338,935	1,925,024
1,102,806	506,367	852,098	169,463	703,249	775,539
606,196	255,655	445,528	86,242	431,639	408,495
333,262	137,533	251,308	40,386	269,255	218,477
438,605	168,562	337,087	47,702	385,953	286,957
257,355	88,683	218,271	27,335	300,649	198,116

**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 2003**

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 <sup>4</sup>					
Total	100.0	18.1	10.9	71.0	7.5	14.9
1-8 Days	100.0	16.0	8.2	75.8	9.3	12.4
9-20 Days	100.0	21.4	12.5	66.1	6.1	16.7
21-30 Days	100.0	20.3	15.3	64.4	4.7	19.5
31-40 Days	100.0	18.6	17.1	64.2	4.3	21.0
41-50 Days	100.0	17.6	18.8	63.6	4.0	21.6
51-60 Days	100.0	17.4	20.2	62.4	3.6	21.3
61-90 Days	100.0	16.8	20.8	62.4	3.3	21.6
91 Days or More	100.0	20.3	23.0	56.7	2.5	19.0
	Average Total Charge Per Discharge					
Total	\$24,180	\$5,239	\$8,480	\$17,235	\$5,481	\$3,643
1-8 Days	16,285	3,177	4,670	12,393	5,016	2,034
9-20 Days	44,653	10,730	13,735	29,618	6,148	7,529
21-30 Days	96,190	21,799	28,765	62,289	7,853	19,064
31-40 Days	149,745	31,515	43,820	96,835	9,507	31,975
41-50 Days	209,038	41,568	61,530	134,549	11,560	46,303
51-60 Days	265,363	52,756	79,140	167,724	12,832	58,533
61-90 Days	355,597	67,898	107,742	225,825	15,581	80,246
91 Days or More	610,326	142,781	201,177	360,310	20,858	125,025

<sup>1</sup>Includes magnetic resonance imaging.

<sup>2</sup>Includes services such as physical therapy, occupational therapy, blood administration, anesthesia, ambulance, emergency room, clinic visits, etc.

<sup>3</sup>Does not sum to total because one person may have many services.

<sup>4</sup>The 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 Data Extract System; 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 2003**

Type of Ancillary Service					
Laboratory	Radiology <sup>1</sup>	Supplies	Cardiology	Inhalator Therapy	Other <sup>2</sup>
Percent of Total Charges <sup>4</sup>					
10.9	6.9	13.6	5.6	3.5	8.1
11.1	7.9	16.9	7.8	2.2	8.3
10.9	6.3	10.3	3.5	4.1	8.1
10.5	5.2	8.6	2.2	5.6	8.0
10.5	4.8	8.1	1.6	6.7	7.4
10.3	4.3	7.6	1.5	7.3	6.9
10.0	4.1	7.5	1.2	8.1	6.5
9.9	3.8	7.6	1.1	8.7	6.5
8.3	2.9	7.1	0.9	9.7	6.4
Average Total Charge Per Discharge					
\$2,676	\$1,951	\$3,724	\$1,839	\$1,748	\$2,193
1,835	1,517	3,132	1,757	801	1,538
4,921	3,145	5,135	2,029	3,003	3,808
10,162	5,591	9,303	2,662	8,098	8,074
15,835	7,790	13,503	2,909	13,799	11,497
21,884	9,784	17,743	3,586	20,623	15,211
26,898	11,805	22,909	3,707	28,047	18,336
35,951	14,531	31,299	4,413	40,648	24,610
53,118	19,491	51,908	6,291	78,294	43,494

**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 2003**

Total Days of Care	Discharges <sup>1</sup>		Total Days of Care			Program Payments			
	Number	Percent	Number	Percent	Per Discharge	Amount in Thousands	Percent	Per Discharge <sup>2</sup>	Per Day
Total	12,829,645	100.0	74,944,890	100.0	5.8	\$97,895,501	100.0	\$7,665	\$1,306
1 Day	1,740,290	13.6	1,740,290	2.3	1.0	9,490,570	9.7	5,492	5,453
2 Days	1,805,390	14.1	3,610,780	4.8	2.0	8,934,707	9.1	4,971	2,474
3 Days	1,922,405	15.0	5,767,215	7.7	3.0	10,522,177	10.7	5,494	1,824
4 Days	1,594,635	12.4	6,378,540	8.5	4.0	9,767,727	10.0	6,147	1,531
5 Days	1,191,055	9.3	5,955,275	7.9	5.0	7,956,325	8.1	6,704	1,336
6 Days	922,450	7.2	5,534,700	7.4	6.0	6,715,702	6.9	7,309	1,213
7 Days	747,600	5.8	5,233,200	7.0	7.0	5,954,063	6.1	7,996	1,138
8 Days	550,060	4.3	4,400,480	5.9	8.0	4,686,428	4.8	8,553	1,065
9 Days	407,595	3.2	3,668,355	4.9	9.0	3,694,764	3.8	9,098	1,007
10 Days	319,280	2.5	3,192,800	4.3	10.0	3,046,551	3.1	9,585	954
11 Days	254,600	2.0	2,800,600	3.7	11.0	2,572,377	2.6	10,146	919
12 Days	202,405	1.6	2,428,860	3.2	12.0	2,138,445	2.2	10,613	880
13 Days	170,945	1.3	2,222,285	3.0	13.0	1,904,704	1.9	11,202	857

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 2003**

Total Days of Care	Discharges <sup>1</sup>		Total Days of Care			Program Payments			
	Number	Percent	Number	Percent	Per Discharge	Amount in Thousands	Percent	Per Discharge <sup>2</sup>	Per Day
14 Days	157,945	1.2	2,211,230	3.0	14.0	\$1,876,123	1.9	\$11,935	\$848
15 Days	122,750	1.0	1,841,250	2.5	15.0	1,537,507	1.6	12,576	835
16 Days	94,255	0.7	1,508,080	2.0	16.0	1,251,732	1.3	13,337	830
17 Days	78,870	0.6	1,340,790	1.8	17.0	1,100,112	1.1	14,026	820
18 Days	67,215	0.5	1,209,870	1.6	18.0	987,078	1.0	14,759	816
19 Days	55,185	0.4	1,048,515	1.4	19.0	845,282	0.9	15,426	806
20 Days	51,040	0.4	1,020,800	1.4	20.0	835,724	0.9	16,459	819
21-30 Days	247,410	1.9	6,026,065	8.0	24.4	5,325,900	5.4	21,683	884
31-40 Days	69,090	0.5	2,391,960	3.2	34.6	2,603,171	2.7	38,005	1,088
41-50 Days	27,480	0.2	1,231,340	1.6	44.8	1,491,317	1.5	55,020	1,211
51-60 Days	12,605	0.1	692,115	0.9	54.9	847,597	0.9	68,493	1,225
61-90 Days	12,215	0.1	874,200	1.2	71.6	1,141,157	1.2	95,375	1,305
91 Days or More	4,875	(3)	615,295	0.8	126.2	668,260	0.7	143,558	1,086

<sup>1</sup>Excludes discharges for managed care enrollees that were paid by the managed care plan.

<sup>2</sup>The average program payment per discharge does not reflect discharges with covered services, but for whom no program payments were reported.

<sup>3</sup>Less than 0.05 percent.

NOTES: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. The Medicare SSH use and cost data presented in Tables 31-35 are slightly different from comparable national totals shown in SSH Tables 23-30 since two different sample data files were utilized to generate the data. 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 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 2003**

Location and Bedsize of Hospital	Hospitals		Discharges <sup>1</sup>		Total Days of Care per Discharge	Program Payments		
	Number	Percent	Number	Percent		Amount in Thousands	Percent	Per Discharge <sup>2</sup>
Total All Hospitals <sup>3</sup>	4,043	100.0	12,692,570	100.0	5.8	\$97,484,578	100.0	\$7,715
1-99 Beds	1,618	40.0	1,522,900	12.0	4.7	7,777,641	8.0	5,123
100-299 Beds	1,496	37.0	4,575,360	36.0	5.6	30,523,457	31.3	6,697
300-499 Beds	586	14.5	3,445,795	27.1	6.0	27,904,699	28.6	8,135
500 Beds or More	343	8.5	3,148,515	24.8	6.4	31,278,782	32.1	9,996
Total Urban Hospitals	2,450	100.0	10,272,780	100.0	6.0	84,552,083	100.0	8,271
1-99 Beds	522	21.3	528,750	5.1	5.0	3,162,740	3.7	6,002
100-299 Beds	1,050	42.9	3,433,195	33.4	5.8	24,217,610	28.6	7,084
300-499 Beds	543	22.2	3,207,855	31.2	6.1	26,272,280	31.1	8,228
500 Beds or More	335	13.7	3,102,980	30.2	6.4	30,899,454	36.5	10,020
Total Rural Hospitals	1,593	100.0	2,419,790	100.0	5.0	12,932,495	100.0	5,359
1-99 Beds	1,096	68.8	994,150	41.1	4.5	4,614,900	35.7	4,655
100-299 Beds	446	28.0	1,142,165	47.2	5.3	6,305,847	48.8	5,535
300-499 Beds	43	2.7	237,940	9.8	5.8	1,632,419	12.6	6,885
500 Beds or More	8	0.5	45,535	1.9	6.1	379,328	2.9	8,341

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 2003**

MSA and Type of Control	Hospitals		Discharges <sup>1</sup>		Total Days of Care per Discharge	Program Payments		
	Number	Percent	Number	Percent		Amount in Thousands	Percent	Per Discharge <sup>2</sup>
Total All Hospitals <sup>3</sup>	4,043	100.0	12,692,570	100.0	5.8	\$97,484,578	100.0	\$7,715
Voluntary	2,469	61.1	9,401,810	74.1	5.9	73,729,320	75.6	7,878
Proprietary	661	16.3	1,482,490	11.7	5.8	10,730,738	11.0	7,267
Government	913	22.6	1,808,270	14.2	5.7	13,024,521	13.4	7,237
Total Teaching Hospitals <sup>4</sup>	1,112	100.0	5,760,375	100.0	6.2	52,499,574	100.0	9,166
Voluntary	847	76.2	4,833,185	83.9	6.1	43,835,459	83.5	9,121
Proprietary	73	6.6	244,030	4.2	6.3	1,996,792	3.8	8,221
Government	192	17.3	683,160	11.9	6.4	6,667,323	12.7	9,822
Total Non-Teaching Hospitals	2,931	100.0	6,932,195	100.0	5.5	44,985,004	100.0	6,513
Voluntary	1,622	55.3	4,568,625	65.9	5.5	29,893,861	66.5	6,566
Proprietary	588	20.1	1,238,460	17.9	5.8	8,733,946	19.4	7,079
Government	721	24.6	1,125,110	16.2	5.3	6,357,198	14.1	5,672

<sup>1</sup>Excludes discharges for managed care enrollees that were paid by the managed care plan.

<sup>2</sup>The average program payment per discharge does not reflect discharges with covered services, but for whom no program payments were reported.

<sup>3</sup>Includes discharges from short-stay hospitals in the 50 States and the District of Columbia; excludes discharges from short-stay hospitals in all outlying areas.

<sup>4</sup>Represents hospitals with an approved resident program.

NOTES: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. The Medicare SSH use and cost data presented in Tables 31-35 are slightly different from comparable national totals shown in SSH Tables 23-30 since two different sample data files were utilized to generate the data. Numbers may not add to total due to 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 33**  
**Discharges, Covered Days of Care, Covered Charges, and Program Payments for Medicare Inpatient Hospital Beneficiaries, by Type of Hospital: Calendar Year 2003**

Type of Hospital	Hospitals		Discharges		Covered Days of Care		
	Number	Percent	Number	Percent	Number	Percent	Per Discharge
Total All Hospitals <sup>2</sup>	6,220	100.0	13,465,455	100.0	80,824,195	100.0	6.0
Short-Stay Hospitals	4,244	68.2	12,829,645	95.3	72,771,795	90.0	5.7
Hospitals	4,244	68.2	12,124,515	90.0	64,916,790	80.3	5.4
Psychiatric Hospital Units <sup>3</sup>	NA	----	378,375	2.8	4,065,005	5.0	10.7
Rehabilitation Hospital Units <sup>3</sup>	NA	----	326,755	2.4	3,790,000	4.7	11.6
Specialty Hospitals	1,976	31.8	635,810	4.7	8,052,400	10.0	12.7
Childrens	80	1.3	2,505	(4)	19,065	(4)	7.6
Psychiatric	486	7.8	119,180	0.9	1,661,620	2.1	13.9
Rehabilitation	222	3.6	177,020	1.3	2,528,195	3.1	14.3
Long Term	318	5.1	117,085	0.9	3,076,775	3.8	26.3
Critical Access (formerly Short-Stay)	855	13.7	219,480	1.6	753,955	0.9	3.4
Religious Non-Medical	15	0.2	540	(4)	12,790	(4)	23.7

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: Calendar Year 2003**

Type of Hospital	Covered Charges				Program Payments			
	Amount in Thousands	Percent	Per Discharge	Per Covered Day	Amount in Thousands	Percent	Per Discharge <sup>1</sup>	Per Covered Day
Total All Hospitals <sup>2</sup>	\$321,381,622	100.0	\$23,867	\$3,976	\$104,598,251	100.0	\$7,802	\$1,294
Short-Stay Hospitals	307,147,216	95.6	23,940	4,221	97,895,501	93.6	7,665	1,345
Hospitals	293,388,834	91.3	24,198	4,519	91,436,965	87.4	7,541	1,409
Psychiatric Hospital Units <sup>3</sup>	6,290,197	2.0	16,624	1,547	2,418,109	2.3	6,472	595
Rehabilitation Hospital Units <sup>3</sup>	7,468,185	2.3	22,856	1,970	4,040,427	3.9	12,396	1,066
Specialty Hospitals	14,234,406	4.4	22,388	1,768	6,702,750	6.4	10,542	832
Childrens	99,903	(4)	39,881	5,240	37,729	(4)	15,061	1,979
Psychiatric	1,587,352	0.5	13,319	955	662,736	0.6	5,561	399
Rehabilitation	3,797,610	1.2	21,453	1,502	2,352,256	2.2	13,288	930
Long Term	7,281,743	2.3	62,192	2,367	2,819,748	2.7	24,085	916
Critical Access (formerly Short-Stay)	1,462,874	0.5	6,665	1,940	826,487	0.8	3,766	1,096
Religious Non-Medical	4,924	(4)	9,118	385	3,794	(4)	7,027	297

<sup>1</sup>The average program payment per discharge does not reflect discharges with covered services, but for whom no program payments were reported.

<sup>2</sup>Includes inpatient short-stay hospitals (SSHs) and specialty hospitals.

<sup>3</sup>There were an estimated 1,404 distinct-part psychiatric units and 894 rehabilitation units participating in the Medicare Program during 2003.

<sup>4</sup>Less than 0.05 percent.

NOTES: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. The Medicare SSH use and cost data presented in Tables 31-35 are slightly different from comparable national totals shown in SSH Tables 23-30 since two different sample data files were utilized to generate the data. Numbers may not add to total due to rounding. NA is not applicable

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 34**  
**Short-Stay Hospital Discharges and Case-Mix Index, by Location and**  
**Bedsizes of Hospital, and Procedure Status: Calendar Year 2003**

Location and Bedsizes of Hospital	Discharges	Hospital Case-Mix Index <sup>1</sup>
Total All Hospitals <sup>2</sup>	12,692,570	1.3960
1-99 Beds	1,522,900	1.1688
100-299 Beds	4,575,360	1.3127
300-499 Beds	3,445,795	1.4470
500 Beds or More	3,148,515	1.5710
 Total Urban Hospitals	 10,272,780	 1.4394
1-99 Beds	528,750	1.2545
100-299 Beds	3,433,195	1.3382
300-499 Beds	3,207,855	1.4505
500 Beds or More	3,102,980	1.5715
 Total Rural Hospitals	 2,419,790	 1.2114
1-99 Beds	994,150	1.1233
100-299 Beds	1,142,165	1.2357
300-499 Beds	237,940	1.4002
500 Beds or More	45,535	1.5366

<sup>1</sup>For hospitals participating in the Medicare prospective payment system, the hospital case-mix index is a relative measure of the hospital's average cost per case relative to the average cost per case for all hospitals in some base or reference year. The case-mix index is presented by selected provider categories to provide a means for comparing the relative complexity, severity of illness, and costliness of the cases handled in each of these provider classifications.

<sup>2</sup>Includes discharges from short-stay hospitals in the 50 States and District of Columbia; excludes discharges from short-stay hospitals in all outlying areas.

NOTES: The Medicare SSH use and cost data presented in Tables 31-35 are slightly different from comparable national totals shown in SSH Tables 23-30 since two different sample data files were utilized to generate the data. Numbers may not add to total due to 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 34—Continued**  
**Short-Stay Hospital Discharges and Case-Mix Index, by Location and**  
**Bedsizes of Hospital, and Procedure Status: Calendar Year 2003**

Location and Bedsizes of Hospital	Percent of Discharges				
	Total	With Procedures			Without Procedure
		Total	Surgical	Non-Surgical	
Total All Hospitals <sup>2</sup>	100.0	56.5	46.3	10.2	43.5
1-99 Beds	100.0	39.8	29.5	10.3	60.3
100-299 Beds	100.0	53.3	43.3	10.0	46.8
300-499 Beds	100.0	60.0	50.1	9.9	40.0
500 Beds or More	100.0	65.6	54.7	10.9	34.4
Total Urban Hospitals	100.0	59.4	49.1	10.3	40.6
1-99 Beds	100.0	47.4	37.1	10.3	52.7
100-299 Beds	100.0	54.9	44.9	10.0	45.1
300-499 Beds	100.0	60.3	50.3	10.0	39.7
500 Beds or More	100.0	65.6	54.7	10.9	34.4
Total Rural Hospitals	100.0	44.3	34.2	10.1	55.7
1-99 Beds	100.0	35.7	25.5	10.2	64.3
100-299 Beds	100.0	48.3	38.3	10.0	51.7
300-499 Beds	100.0	56.7	47.1	9.6	43.3
500 Beds or More	100.0	64.3	54.4	9.9	35.7

**Table 35**

**Medicare Short-Stay Hospital Discharges and Total Charges, by Location and Bedsize of Hospital, and Type of Service: Calendar Year 2003**

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
Number of Discharges					
Total All Hospitals <sup>1</sup>	12,692,570	10,573,500	3,972,395	12,641,370	4,223,330
1-99 Beds	1,522,900	1,361,155	341,645	1,513,310	339,855
100-299 Beds	4,575,360	3,808,520	1,429,115	4,563,680	1,431,075
300-499 Beds	3,445,795	2,806,200	1,156,560	3,437,885	1,217,830
500 Beds or More	3,148,515	2,597,625	1,045,075	3,126,495	1,234,570
Total Urban Hospitals	10,272,780	8,411,625	3,405,570	10,231,690	3,616,375
1-99 Beds	528,750	451,690	146,840	527,115	148,040
100-299 Beds	3,433,195	2,812,665	1,123,665	3,423,640	1,111,010
300-499 Beds	3,207,855	2,593,320	1,097,340	3,199,965	1,141,000
500 Beds or More	3,102,980	2,553,950	1,037,725	3,080,970	1,216,325
Total Rural Hospitals	2,419,790	2,161,875	566,825	2,409,680	606,955
1-99 Beds	994,150	909,465	194,805	986,195	191,815
100-299 Beds	1,142,165	995,855	305,450	1,140,040	320,065
300-499 Beds	237,940	212,880	59,220	237,920	76,830
500 Beds or More	45,535	43,675	7,350	45,525	18,245
Percent of Total Discharges <sup>4</sup>					
Total All Hospitals <sup>1</sup>	100.0	83.3	31.3	99.6	33.3
1-99 Beds	100.0	89.4	22.4	99.4	22.3
100-299 Beds	100.0	83.2	31.2	99.7	31.3
300-499 Beds	100.0	81.4	33.6	99.8	35.3
500 Beds or More	100.0	82.5	33.2	99.3	39.2
Total Urban Hospitals	100.0	81.9	33.2	99.6	35.2
1-99 Beds	100.0	85.4	27.8	99.7	28.0
100-299 Beds	100.0	81.9	32.7	99.7	32.4
300-499 Beds	100.0	80.8	34.2	99.8	35.6
500 Beds or More	100.0	82.3	33.4	99.3	39.2
Total Rural Hospitals	100.0	89.3	23.4	99.6	25.1
1-99 Beds	100.0	91.5	19.6	99.2	19.3
100-299 Beds	100.0	87.2	26.7	99.8	28.0
300-499 Beds	100.0	89.5	24.9	100.0	32.3
500 Beds or More	100.0	95.9	16.1	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 2003**

Type of Ancillary Service						
Pharmacy	Laboratory	Radiology <sup>2</sup>	Supplies	Cardiology	Inhalation Therapy	Other <sup>3</sup>
Number of Discharges						
12,570,135	12,478,710	10,886,375	11,157,405	9,307,970	6,161,665	11,383,770
1,507,840	1,493,525	1,318,215	1,406,405	1,053,355	816,700	1,307,880
4,550,970	4,509,270	3,981,515	4,094,045	3,401,870	2,333,680	4,137,490
3,421,245	3,394,495	2,950,655	3,007,150	2,581,185	1,653,110	3,133,610
3,090,080	3,081,420	2,635,990	2,649,805	2,271,560	1,358,175	2,804,790
10,165,050	10,100,205	8,789,780	8,926,335	7,615,645	4,883,925	9,272,070
524,520	519,410	457,015	479,135	382,885	269,310	468,975
3,412,335	3,383,510	2,986,230	3,047,110	2,582,925	1,748,555	3,122,890
3,183,600	3,160,295	2,746,600	2,789,135	2,407,065	1,532,060	2,917,270
3,044,595	3,036,990	2,599,935	2,610,955	2,242,770	1,334,000	2,762,935
2,405,085	2,378,505	2,096,595	2,231,070	1,692,325	1,277,740	2,111,700
983,320	974,115	861,200	927,270	670,470	547,390	838,905
1,138,635	1,125,760	995,285	1,046,935	818,945	585,125	1,014,600
237,645	234,200	204,055	218,015	174,120	121,050	216,340
45,485	44,430	36,055	38,850	28,790	24,175	41,855
Percent of Total Discharges <sup>4</sup>						
99.0	98.3	85.8	87.9	73.3	48.5	89.7
99.0	98.1	86.6	92.4	69.2	53.6	85.9
99.5	98.6	87.0	89.5	74.4	51.0	90.4
99.3	98.5	85.6	87.3	74.9	48.0	90.9
98.1	97.9	83.7	84.2	72.1	43.1	89.1
99.0	98.3	85.6	86.9	74.1	47.5	90.3
99.2	98.2	86.4	90.6	72.4	50.9	88.7
99.4	98.6	87.0	88.8	75.2	50.9	91.0
99.2	98.5	85.6	86.9	75.0	47.8	90.9
98.1	97.9	83.8	84.1	72.3	43.0	89.0
99.4	98.3	86.6	92.2	69.9	52.8	87.3
98.9	98.0	86.6	93.3	67.4	55.1	84.4
99.7	98.6	87.1	91.7	71.7	51.2	88.8
99.9	98.4	85.8	91.6	73.2	50.9	90.9
99.9	97.6	79.2	85.3	63.2	53.1	91.9

**Table 35—Continued**

**Medicare Short-Stay Hospital Discharges and Total Charges, by Location and  
Bedsize of Hospital, and Type of Service: Calendar Year 2003**

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 <sup>1</sup>	\$308,583,011	\$55,726,238	\$33,845,771	\$219,014,324	\$23,331,083
1-99 Beds	21,159,292	3,984,622	1,495,456	15,679,640	1,508,885
100-299 Beds	100,715,103	17,338,392	10,044,488	73,333,588	7,185,773
300-499 Beds	93,024,618	16,576,040	11,175,581	65,273,772	6,934,043
500 Beds or More	93,683,997	17,827,185	11,130,246	64,727,324	7,702,382
Total Urban Hospitals	275,007,263	49,802,176	31,678,107	193,529,568	20,974,700
1-99 Beds	9,787,563	1,709,161	837,263	7,241,284	774,551
100-299 Beds	83,632,870	14,548,242	8,918,827	60,166,775	5,961,368
300-499 Beds	88,826,016	15,910,055	10,828,440	62,088,237	6,617,652
500 Beds or More	92,760,813	17,634,719	11,093,577	64,033,273	7,621,129
Total Rural Hospitals	33,575,748	5,924,062	2,167,664	25,484,756	2,356,382
1-99 Beds	11,371,729	2,275,461	658,193	8,438,356	734,334
100-299 Beds	17,082,233	2,790,150	1,125,660	13,166,813	1,224,405
300-499 Beds	4,198,602	665,985	347,142	3,185,536	316,391
500 Beds or More	923,184	192,466	36,669	694,051	81,252
Percent of Total Charge:					
Total All Hospitals <sup>1</sup>	100.0	18.1	11.0	71.0	7.6
1-99 Beds	100.0	18.8	7.1	74.1	7.1
100-299 Beds	100.0	17.2	10.0	72.8	7.1
300-499 Beds	100.0	17.8	12.0	70.2	7.5
500 Beds or More	100.0	19.0	11.9	69.1	8.2
Total Urban Hospitals	100.0	18.1	11.5	70.4	7.6
1-99 Beds	100.0	17.5	8.6	74.0	7.9
100-299 Beds	100.0	17.4	10.7	71.9	7.1
300-499 Beds	100.0	17.9	12.2	69.9	7.5
500 Beds or More	100.0	19.0	12.0	69.0	8.2
Total Rural Hospitals	100.0	17.6	6.5	75.9	7.0
1-99 Beds	100.0	20.0	5.8	74.2	6.5
100-299 Beds	100.0	16.3	6.6	77.1	7.2
300-499 Beds	100.0	15.9	8.3	75.9	7.5
500 Beds or More	100.0	20.8	4.0	75.2	8.8

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 2003**

Type of Ancillary Service						
Pharmacy	Laboratory	Radiology <sup>2</sup>	Supplies	Cardiology	Inhalation Therapy	Other <sup>3</sup>
Total Charges in Thousands						
\$45,783,691	\$33,571,351	\$21,352,302	\$41,887,704	\$17,245,791	\$10,753,021	\$25,089,382
3,590,679	2,537,451	1,579,367	2,913,230	1,023,880	890,082	1,636,065
16,415,304	11,787,572	7,398,798	13,360,363	5,368,236	3,792,735	8,024,807
13,557,346	9,721,684	6,220,733	12,793,060	5,423,891	3,105,067	7,517,949
12,220,363	9,524,643	6,153,403	12,821,051	5,429,784	2,965,136	7,910,562
39,685,228	29,534,987	18,814,179	37,160,320	15,626,615	9,379,955	22,353,584
1,557,516	1,135,924	722,795	1,393,560	524,101	353,611	779,225
13,222,680	9,689,588	6,081,203	10,933,585	4,526,533	3,143,417	6,608,401
12,812,758	9,288,281	5,915,245	12,146,132	5,199,208	2,949,418	7,159,542
12,092,274	9,421,194	6,094,936	12,687,042	5,376,772	2,933,510	7,806,416
6,098,463	4,036,364	2,538,122	4,727,385	1,619,176	1,373,065	2,735,798
2,033,162	1,401,527	856,572	1,519,670	499,779	536,472	856,840
3,192,624	2,097,985	1,317,595	2,426,778	841,703	649,318	1,416,405
744,588	433,403	305,488	646,928	224,682	155,650	358,406
128,089	103,449	58,468	134,009	53,013	31,626	104,146
Percent of Total Charge:						
14.8	10.9	6.9	13.6	5.6	3.5	8.1
17.0	12.0	7.5	13.8	4.8	4.2	7.7
16.3	11.7	7.3	13.3	5.3	3.8	8.0
14.6	10.5	6.7	13.8	5.8	3.3	8.1
13.0	10.2	6.6	13.7	5.8	3.2	8.4
14.4	10.7	6.8	13.5	5.7	3.4	8.1
15.9	11.6	7.4	14.2	5.4	3.6	8.0
15.8	11.6	7.3	13.1	5.4	3.8	7.9
14.4	10.5	6.7	13.7	5.9	3.3	8.1
13.0	10.2	6.6	13.7	5.8	3.2	8.4
18.2	12.0	7.6	14.1	4.8	4.1	8.1
17.9	12.3	7.5	13.4	4.4	4.7	7.5
18.7	12.3	7.7	14.2	4.9	3.8	8.3
17.7	10.3	7.3	15.4	5.4	3.7	8.5
13.9	11.2	6.3	14.5	5.7	3.4	11.3

**Table 35—Continued**  
**Medicare Short-Stay Hospital Discharges and Total Charges, by Location and**  
**Bedsizes of Hospital, and Type of Service: Calendar Year 2003**

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 <sup>1</sup>	\$24,312	\$5,270	\$8,520	\$17,325	\$5,524	
1-99 Beds	13,894	2,927	4,377	10,361	4,440	
100-299 Beds	22,012	4,553	7,028	16,069	5,021	
300-499 Beds	26,997	5,907	9,663	18,987	5,694	
500 Beds or More	29,755	6,863	10,650	20,703	6,239	
Total Urban Hospitals	26,770	5,921	9,302	18,915	5,800	
1-99 Beds	18,511	3,784	5,702	13,738	5,232	
100-299 Beds	24,360	5,172	7,937	17,574	5,366	
300-499 Beds	27,690	6,135	9,868	19,403	5,800	
500 Beds or More	29,894	6,905	10,690	20,783	6,266	
Total Rural Hospitals	13,875	2,740	3,824	10,576	3,882	
1-99 Beds	11,439	2,502	3,379	8,556	3,828	
100-299 Beds	14,956	2,802	3,685	11,549	3,825	
300-499 Beds	17,646	3,128	5,862	13,389	4,118	
500 Beds or More	20,274	4,407	4,989	15,245	4,453	

<sup>1</sup>Includes discharges from short-stay hospitals in the 50 States and District of Columbia; excludes discharges from short-stay hospitals in all outlying areas.

<sup>2</sup>Includes magnetic resonance imaging.

<sup>3</sup>Includes services such as physical therapy, occupational therapy, blood administration, anesthesia, ambulance, emergency room, clinic visits, etc.

<sup>4</sup>Does not sum to total since discharges may have many services.

NOTES: The Medicare SSH use and cost data presented in Tables 31-35 are slightly different from comparable national totals shown in SSH Tables 23-30 since two different sample data files were utilized to generate the data. Numbers may not add to total due to 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 35—Continued**  
**Medicare Short-Stay Hospital Discharges and Total Charges, by Location and**  
**Bedsize of Hospital, and Type of Service: Calendar Year 2003**

Type of Ancillary Service						
Pharmacy	Laboratory	Radiology <sup>2</sup>	Supplies	Cardiology	Inhalation Therapy	Other <sup>3</sup>
Average Charge per Discharge						
\$3,642	\$2,690	\$1,961	\$3,754	\$1,853	\$1,745	\$2,204
2,381	1,699	1,198	2,071	972	1,090	1,251
3,607	2,614	1,858	3,263	1,578	1,625	1,940
3,963	2,864	2,108	4,254	2,101	1,878	2,399
3,955	3,091	2,334	4,838	2,390	2,183	2,820
3,904	2,924	2,140	4,163	2,052	1,921	2,411
2,969	2,187	1,582	2,908	1,369	1,313	1,662
3,875	2,864	2,036	3,588	1,752	1,798	2,116
4,025	2,939	2,154	4,355	2,160	1,925	2,454
3,972	3,102	2,344	4,859	2,397	2,199	2,825
2,536	1,697	1,211	2,119	957	1,075	1,296
2,068	1,439	995	1,639	745	980	1,021
2,804	1,864	1,324	2,318	1,028	1,110	1,396
3,133	1,851	1,497	2,967	1,290	1,286	1,657
2,816	2,328	1,622	3,449	1,841	1,308	2,488