

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 1967-2003

Type of Entitlement and Year ¹	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
All Beneficiaries										
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
1992	25,271	719	6,904	273	132,951	3,128	45.3	2.4	89	124
1994	36,091	1,072	12,864	356	147,106	5,904	45.9	4.0	175	164
1995	40,182	1,194	16,099	401	158,980	7,495	46.6	4.7	223	187
1996	45,883	1,378	20,134	439	167,063	9,095	47.5	5.4	273	208
1997	48,239	1,479	23,274	482	175,423	11,199	48.1	6.4	343	232
1998	45,429	1,422	22,516	496	168,164	11,224	49.9	6.7	351	247
1999	43,397	1,366	18,226	420	166,687	9,617	52.8	5.8	303	222
2000	44,834	1,387	18,208	406	174,261	10,651	58.5	6.1	329	238
2001	48,974	1,464	20,274	414	197,505	13,105	64.6	6.6	392	268
2002	54,674	1,582	23,131	423	215,411	14,503	62.7	6.7	420	265
2003	59,240	1,674	25,738	434	232,821	15,172	58.9	6.5	429	256
Aged Beneficiaries										
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 1967-2003

Type of Entitlement and Year ¹	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
Aged Beneficiaries										
1992	24,377	772	6,616	271	117,534	3,009	45.5	2.6	95	123
1994	34,667	1,169	12,247	353	128,069	5,650	46.1	4.4	191	163
1995	38,490	1,308	15,293	397	137,952	7,149	46.7	5.2	243	186
1996	43,842	1,518	19,084	435	144,485	9,094	47.7	6.3	315	207
1997	45,989	1,636	22,004	478	151,655	10,636	48.3	7.0	378	231
1998	43,206	1,580	21,245	492	144,418	10,647	50.1	7.4	389	246
1999	41,213	1,524	17,170	417	142,425	9,126	53.1	6.4	338	221
2000	42,443	1,548	17,109	403	148,488	10,097	59.0	6.8	368	238
2001	46,179	1,633	18,963	411	167,825	12,387	65.3	7.4	438	268
2002	51,297	1,762	21,541	420	182,303	13,658	63.4	7.5	469	266
2003	55,370	1,867	23,908	432	195,726	14,243	59.6	7.3	480	257
Disabled Beneficiaries										
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
1992	894	250	287	322	15,417	119	41.4	0.8	33	133
1994	1,424	353	616	433	19,037	254	41.3	1.3	63	179
1995	1,692	399	806	476	21,029	347	43.0	1.7	82	205
1996	2,041	463	1,049	514	22,577	460	43.9	2.0	104	226
1997	2,250	500	1,270	564	23,768	563	44.3	2.4	125	250
1998	2,216	480	1,271	573	23,746	577	45.4	2.6	125	260
1999	2,184	461	1,056	484	24,262	491	46.5	2.0	104	225
2000	2,392	488	1,099	459	25,773	554	50.5	2.1	113	232
2001	2,795	540	1,312	469	29,680	718	54.7	2.4	139	257
2002	3,377	620	1,590	471	33,108	846	53.2	2.6	155	250
2003	3,870	675	1,830	473	37,095	928	50.7	2.5	162	240

¹Beginning 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 2003

Demographic Characteristic, Type of Entitlement, and Discharge Status	Covered Admissions ¹		Covered Days of Care		
	Number	Per 1,000 HI Enrollees ²	Total in Thousands	Per 1,000 HI Enrollees ²	Per Admission
Total	2,336,359	66	59,240	1,674	25
Age					
Under 65 Years	147,312	26	3,732	652	25
65-69 Years	180,676	22	4,252	515	24
70-74 Years	243,139	35	5,675	817	23
75-79 Years	397,818	65	9,653	1,585	24
80-84 Years	515,088	116	13,113	2,951	26
85 Years or Over	852,326	217	22,814	5,811	27
Sex					
Male	816,704	52	19,759	1,267	24
Female	1,519,655	77	39,481	1,995	26
Race⁴					
White	2,027,396	67	50,747	1,688	25
Other	300,314	57	8,267	1,574	28
Type of Entitlement					
Aged ⁵	2,183,487	74	55,370	1,867	25
Disabled ⁶	152,872	27	3,870	675	25
Discharge Status					
Alive	2,201,702	NA	56,897	NA	26
Dead	134,657	NA	2,343	NA	17

¹Includes skilled nursing care admissions with at least 1 day of covered care under Medicare.

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

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

⁴Excludes unknown race.

⁵Includes aged persons with end stage renal disease (ESRD).

⁶Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: HI is hospital insurance. Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. NA is not 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 2003

Covered Charges			Program Payments			
Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Percent of Covered Charges	Per Admission ³	Per Day
\$25,738,362	\$11,016	\$434	\$15,171,550	59	\$6,496	\$256
1,768,104	12,002	474	895,413	51	6,081	240
2,017,836	11,168	475	1,078,740	54	5,973	254
2,711,247	11,151	478	1,469,650	54	6,046	259
4,404,632	11,072	456	2,503,361	57	6,295	259
5,690,248	11,047	434	3,389,875	60	6,583	259
9,146,295	10,731	401	5,834,511	64	6,847	256
8,864,931	10,855	449	5,082,757	57	6,226	257
16,873,431	11,103	427	10,088,793	60	6,641	256
22,056,756	10,879	435	13,045,826	59	6,437	257
3,586,004	11,941	434	2,068,129	58	6,889	250
23,908,324	10,950	432	14,243,382	60	6,525	257
1,830,038	11,971	473	928,169	51	6,074	240
24,737,644	11,236	435	14,565,155	59	6,617	256
1,000,718	7,432	427	606,395	61	4,504	259

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 2003

Area of Residence	Covered Admissions ¹		Covered Days of Care		Covered Charges			Program Payments			
	Number	Per 1,000 HI Enrollees ²	Number	Per	Amount	Per	Per Day	Amount	Per		
			in Thousands	Admission	in Thousands	Admission		in Thousands	Admission ³		
All Areas ⁴	2,336,359	66	59,240	1,674	25.4	\$25,738,362	\$11,016	\$434	\$15,171,550	\$6,496	\$256
United States	2,332,549	68	59,155	1,715	25.4	25,704,404	11,020	435	15,154,159	6,499	256
Northeast	516,767	77	13,909	2,064	26.9	6,005,758	11,622	432	3,744,554	7,249	269
Midwest	677,930	78	16,159	1,850	23.8	7,046,284	10,394	436	4,116,919	6,075	255
South	823,010	61	21,608	1,611	26.3	8,711,840	10,585	403	5,119,926	6,222	237
West	314,842	56	7,478	1,334	23.8	3,940,522	12,516	527	2,172,760	6,903	291
New England	160,325	85	4,380	2,319	27.3	1,895,440	11,822	433	1,195,924	7,461	273
Connecticut	44,306	90	1,398	2,853	31.5	571,541	12,900	409	389,541	8,794	279
Maine	15,634	69	338	1,503	21.7	153,217	9,800	453	89,671	5,742	265
Massachusetts	73,087	92	1,939	2,453	26.5	886,533	12,130	457	525,192	7,186	271
New Hampshire	12,122	68	315	1,775	26.0	137,008	11,302	435	88,113	7,271	280
Rhode Island	9,540	85	242	2,144	25.3	93,217	9,771	386	63,653	6,676	263
Vermont	5,636	61	148	1,592	26.2	53,923	9,568	365	39,754	7,054	269
Middle Atlantic	356,442	73	9,529	1,964	26.7	4,110,318	11,532	431	2,548,631	7,154	267
New Jersey	95,158	86	2,208	1,987	23.2	1,051,461	11,050	476	629,958	6,621	285
New York	136,897	64	4,215	1,968	30.8	1,676,449	12,246	398	1,167,720	8,532	277
Pennsylvania	124,387	78	3,107	1,944	25.0	1,382,408	11,114	445	750,952	6,045	242
East North Central	459,621	76	11,762	1,938	25.6	5,097,999	11,092	433	2,984,810	6,497	254
Illinois	131,509	85	3,117	2,008	23.7	1,589,188	12,084	510	821,758	6,250	264
Indiana	66,290	78	1,890	2,213	28.5	750,615	11,323	397	448,175	6,764	237
Michigan	74,566	53	2,159	1,531	29.0	854,780	11,463	396	548,726	7,371	254
Ohio	133,233	90	3,222	2,165	24.2	1,398,277	10,495	434	810,549	6,084	252
Wisconsin	54,023	71	1,373	1,800	25.4	505,140	9,350	368	355,602	6,589	259

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 2003

Area of Residence	Covered Admissions ¹		Covered Days of Care		Covered Charges			Program Payments			
	Number	Per 1,000 HI	Number in Thousands	Per 1,000 HI	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admission ³	Per Day
		Enrollees ²		Enrollees ²							
West North Central	218,309	82	4,398	1,650	20.1	\$1,948,285	\$8,924	\$443	\$1,132,109	\$5,187	\$257
Iowa	37,736	82	575	1,249	15.2	276,615	7,330	481	157,371	4,170	273
Kansas	30,533	81	559	1,491	18.3	259,889	8,512	465	155,157	5,082	278
Minnesota	50,960	87	1,173	2,004	23.0	427,550	8,390	364	308,162	6,049	263
Missouri	58,598	76	1,328	1,718	22.7	668,456	11,407	503	302,635	5,166	228
Nebraska	20,764	83	405	1,624	19.5	183,261	8,826	453	115,083	5,544	284
North Dakota	9,050	88	170	1,665	18.8	64,061	7,079	376	42,027	4,644	247
South Dakota	10,668	89	187	1,559	17.5	68,455	6,417	367	51,675	4,844	277
South Atlantic	439,773	61	11,695	1,630	26.6	4,460,512	10,143	381	2,886,901	6,566	247
Delaware	7,103	59	178	1,468	25.0	66,921	9,422	376	46,538	6,555	262
District of Columbia	4,869	72	120	1,788	24.7	55,980	11,497	466	32,889	6,755	274
Florida	168,195	70	4,390	1,832	26.1	1,779,931	10,583	405	1,119,632	6,657	255
Georgia	45,532	49	1,195	1,274	26.2	408,270	8,967	342	284,929	6,260	238
Maryland	50,263	78	1,143	1,763	22.7	454,022	9,033	397	300,830	5,988	263
North Carolina	63,340	55	1,908	1,648	30.1	642,603	10,145	337	443,516	7,003	232
South Carolina	28,619	48	821	1,365	28.7	301,892	10,549	368	188,163	6,578	229
Virginia	51,212	55	1,429	1,548	27.9	542,526	10,594	380	353,514	6,904	247
West Virginia	20,640	64	511	1,595	24.8	208,366	10,095	407	116,892	5,664	229
East South Central	161,522	63	4,338	1,704	26.9	1,660,645	10,281	383	952,333	5,897	220
Alabama	37,860	56	1,043	1,552	27.6	363,696	9,606	349	226,065	5,971	217
Kentucky	43,330	70	1,127	1,808	26.0	438,038	10,109	389	246,872	5,698	219
Mississippi	25,487	59	656	1,508	25.7	277,501	10,888	423	146,092	5,732	223
Tennessee	54,845	67	1,512	1,856	27.6	581,410	10,601	385	333,305	6,079	220

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 2003

Area of Residence	Covered Admissions ¹		Covered Days of Care		Per Admission	Covered Charges			Program Payments		
	Number	Per 1,000 HI Enrollees ²	Number in Thousands	Per 1,000 HI Enrollees ²		Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admission ³	Per Day
West South Central	221,715	60	5,575	1,508	25.1	\$2,590,684	\$11,685	\$465	\$1,280,692	\$5,777	\$230
Arkansas	27,652	63	585	1,328	21.1	284,468	10,287	486	124,728	4,511	213
Louisiana	35,147	64	862	1,582	24.5	461,716	13,137	536	192,876	5,488	224
Oklahoma	27,778	58	603	1,251	21.7	310,720	11,186	515	140,446	5,056	233
Texas	131,138	59	3,525	1,581	26.9	1,533,779	11,696	435	822,642	6,275	233
Mountain	95,006	51	2,208	1,184	23.2	945,792	9,955	428	583,125	6,139	264
Arizona	22,251	43	476	916	21.4	197,566	8,879	415	124,460	5,595	261
Colorado	21,889	62	513	1,441	23.4	223,366	10,204	436	140,899	6,439	275
Idaho	10,409	64	256	1,577	24.5	103,530	9,946	405	63,180	6,070	247
Montana	9,943	69	196	1,366	19.7	76,833	7,727	392	49,905	5,020	255
Nevada	6,189	31	177	898	28.5	72,976	11,791	413	52,597	8,500	298
New Mexico	7,684	37	181	872	23.5	91,566	11,916	507	44,108	5,741	244
Utah	12,164	57	312	1,464	25.6	138,861	11,416	446	83,896	6,897	269
Wyoming	4,477	66	99	1,456	22.1	41,095	9,179	416	24,080	5,380	244
Pacific	219,836	59	5,270	1,409	24.0	2,994,730	13,623	568	1,589,635	7,233	302
Alaska	1,048	22	27	584	26.1	17,031	16,251	622	9,688	9,244	354
California	163,305	63	3,954	1,524	24.2	2,449,079	14,997	619	1,208,806	7,403	306
Hawaii	2,873	24	76	645	26.4	39,591	13,780	522	22,865	7,959	302
Oregon	16,953	50	354	1,036	20.9	138,979	8,198	392	102,836	6,074	290
Washington	35,657	56	859	1,340	24.1	350,050	9,817	408	245,439	6,886	286
Outlying Areas ⁵	3,810	4	85	96	22.4	33,958	8,913	398	17,391	4,566	204

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

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

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

⁴Includes 50 States, District of Columbia, and outlying areas.

⁵Includes 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 2003

Area of Residence	Number	Persons Served ^d		Coinsurance Days			Coinsurance Payments		
		Per 1,000 HI Enrollees ²	With Coinsurance	Number	Per 1,000 HI Enrollees ²	Per Person With Coinsurance	Amount	Per 1,000 HI Enrollees ²	Per Person With Coinsurance
All Areas ³	1,622,204	46	915,073	32,948,613	931	36	\$3,474,814,317	\$98,189	\$3,797
United States	1,619,001	47	913,262	32,913,639	954	36	3,471,123,319	100,624	3,801
Northeast	359,889	53	212,387	7,865,817	1,167	37	829,576,673	123,080	3,906
Midwest	464,359	53	252,391	8,794,600	1,007	35	927,487,755	106,191	3,675
South	567,653	42	328,269	12,277,032	915	37	1,294,643,742	96,505	3,944
West	227,100	41	120,215	3,976,190	709	33	419,415,149	74,804	3,489
New England	112,575	60	66,019	2,508,612	1,328	38	264,632,511	140,120	4,008
Connecticut	31,932	65	19,595	846,779	1,728	43	89,376,101	182,415	4,561
Maine	11,397	51	6,154	158,254	703	26	16,685,093	74,103	2,711
Massachusetts	50,057	63	29,286	1,109,948	1,404	38	117,064,283	148,078	3,997
New Hampshire	8,655	49	4,826	178,276	1,005	37	18,799,748	106,010	3,896
Rhode Island	6,486	58	3,831	130,795	1,161	34	13,789,348	122,376	3,599
Vermont	4,048	44	2,327	84,560	910	36	8,917,938	95,974	3,832
Middle Atlantic	247,314	51	146,368	5,357,205	1,104	37	564,944,162	116,447	3,860
New Jersey	63,511	57	37,448	1,135,790	1,022	30	119,717,201	107,772	3,197
New York	97,978	46	59,611	2,521,375	1,177	42	265,941,302	124,131	4,461
Pennsylvania	85,825	54	49,309	1,700,040	1,064	35	179,285,659	112,177	3,636
East North Central	314,608	52	179,636	6,592,967	1,086	37	695,326,711	114,582	3,871
Illinois	87,306	56	48,115	1,718,813	1,107	36	181,225,628	116,745	3,767
Indiana	45,896	54	26,748	1,133,683	1,327	42	119,606,794	139,993	4,472
Michigan	52,114	37	31,599	1,263,522	896	40	133,264,627	94,494	4,217
Ohio	90,245	61	51,294	1,739,821	1,169	34	183,482,002	123,266	3,577
Wisconsin	39,047	51	21,880	737,128	966	34	77,747,660	101,916	3,553

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 2003

Area of Residence	Number	Persons Served ^d		Number	Coinsurance Days		Amount	Coinsurance Payments	
		Per 1,000	With		Per 1,000	Per Person With		Per 1,000	Per Person With
		HI Enrollees ²	Coinsurance		HI Enrollees ²	Coinsurance		HI Enrollees ²	Coinsurance
West North Central	149,751	56	72,755	2,201,633	826	30	\$232,161,044	\$87,089	\$3,191
Iowa	26,065	57	10,824	240,105	521	22	25,307,338	54,925	2,338
Kansas	20,868	56	9,774	264,782	706	27	27,915,917	74,466	2,856
Minnesota	35,821	61	18,469	614,073	1,049	33	64,761,068	110,616	3,506
Missouri	39,061	51	20,815	715,123	925	34	75,419,915	97,532	3,623
Nebraska	14,535	58	6,758	195,748	785	29	20,648,358	82,825	3,055
North Dakota	6,246	61	2,821	85,046	831	30	8,969,712	87,595	3,180
South Dakota	7,155	60	3,294	86,756	725	26	9,138,736	76,347	2,774
South Atlantic	308,229	43	181,979	6,556,610	914	36	691,392,771	96,385	3,799
Delaware	5,040	42	2,911	94,064	776	32	9,920,898	81,896	3,408
District of Columbia	3,326	50	1,932	65,267	972	34	6,880,866	102,455	3,562
Florida	115,636	48	68,528	2,439,496	1,018	36	257,219,918	107,341	3,754
Georgia	31,525	34	18,452	675,781	721	37	71,230,814	75,946	3,860
Maryland	34,728	54	19,499	589,738	910	30	62,177,486	95,947	3,189
North Carolina	45,790	40	27,941	1,133,781	980	41	119,605,430	103,334	4,281
South Carolina	20,960	35	12,527	473,573	787	38	49,921,139	82,956	3,985
Virginia	36,871	40	22,367	798,696	865	36	84,243,729	91,280	3,766
West Virginia	14,353	45	7,822	286,214	893	37	30,192,491	94,198	3,860
East South Central	110,904	44	63,293	2,514,131	988	40	265,174,050	104,181	4,190
Alabama	27,402	41	15,361	574,822	855	37	60,644,984	90,203	3,948
Kentucky	28,813	46	16,419	668,186	1,072	41	70,471,092	113,105	4,292
Mississippi	16,859	39	9,405	384,676	884	41	40,555,718	93,176	4,312
Tennessee	37,830	46	22,108	886,447	1,088	40	93,502,256	114,772	4,229

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 2003

Area of Residence	Persons Served ¹			Coinsurance Days			Coinsurance Payments		
	Number	Per 1,000 HI Enrollees ²	With Coinsurance	Number	Per 1,000 HI Enrollees ²	Per Person With Coinsurance	Amount	Per 1,000 HI Enrollees ²	Per Person With Coinsurance
West South Central	148,520	40	82,997	3,206,291	867	39	\$338,076,921	\$91,452	\$4,073
Arkansas	18,264	41	9,793	313,572	712	32	33,040,393	75,047	3,374
Louisiana	21,951	40	12,443	511,041	938	41	53,874,129	98,852	4,330
Oklahoma	19,458	40	9,945	315,814	655	32	33,308,435	69,087	3,349
Texas	88,847	40	50,816	2,065,864	927	41	217,853,964	97,719	4,287
Mountain	70,304	38	36,333	1,142,813	613	32	120,570,248	64,628	3,318
Arizona	16,673	32	9,103	221,021	425	24	23,302,919	44,824	2,560
Colorado	15,704	44	8,171	268,259	754	33	28,303,220	79,535	3,464
Idaho	7,510	46	3,706	142,495	879	38	15,033,306	92,764	4,056
Montana	7,205	50	3,375	94,857	662	28	10,007,187	69,814	2,965
Nevada	4,707	24	2,557	99,358	505	39	10,486,009	53,299	4,101
New Mexico	5,913	29	3,124	89,593	433	29	9,458,073	45,665	3,028
Utah	9,339	44	4,648	174,645	821	38	18,433,406	86,631	3,966
Wyoming	3,253	48	1,649	52,585	775	32	5,546,128	81,777	3,363
Pacific	156,796	42	83,882	2,833,377	757	34	298,844,901	79,879	3,563
Alaska	830	18	422	14,873	317	35	1,570,570	33,502	3,722
California	114,053	44	61,719	2,183,848	842	35	230,325,593	88,786	3,732
Hawaii	2,321	20	1,265	39,098	333	31	4,120,249	35,072	3,257
Oregon	13,152	38	6,680	153,532	449	23	16,196,833	47,379	2,425
Washington	26,440	41	13,796	442,026	690	32	46,631,656	72,766	3,380
Outlying Areas ⁴	3,203	4	1,811	34,974	39	19	3,690,998	4,137	2,038

¹Number of beneficiaries receiving Medicare skilled nursing facility services.

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

³Includes 50 States, District of Columbia, and outlying areas.

⁴Includes Puerto Rico, Guam, Virgin Islands, foreign countries, and other outlying areas.

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

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare 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 2003

Type of Entitlement and Covered Days of Care	Persons ¹	Covered Admissions ²	Covered Days of Care			Covered Charges			
			Number	Per Admission	Per Person	Amount in Thousands	Per Admission	Per Person	Per Day
All Beneficiaries									
Total	1,622,204	2,336,359	59,239,925	25.4	36.5	\$25,738,362	\$11,016	\$15,866	\$434
1-8 Days	429,302	603,062	2,915,802	4.8	6.8	2,122,569	3,520	4,944	728
9-20 Days	526,934	734,246	10,361,364	14.1	19.7	5,875,261	8,002	11,150	567
21-40 Days	361,647	541,661	15,600,487	28.8	43.1	6,838,622	12,625	18,910	438
41-60 Days	145,617	227,893	11,272,070	49.5	77.4	4,301,359	18,874	29,539	382
61-80 Days	64,250	106,231	7,381,448	69.5	114.9	2,653,319	24,977	41,297	359
81 Days or More	94,454	123,266	11,708,754	95.0	124.0	3,947,232	32,022	41,790	337
Aged									
Total	1,520,048	2,183,487	55,370,354	25.4	36.4	23,908,324	10,950	15,729	432
1-8 Days	399,429	559,566	2,710,613	4.8	6.8	1,957,772	3,499	4,901	722
9-20 Days	494,485	686,898	9,691,902	14.1	19.6	5,468,130	7,961	11,058	564
21-40 Days	341,747	510,019	14,687,361	28.8	43.0	6,395,467	12,540	18,714	435
41-60 Days	137,139	214,054	10,588,277	49.5	77.2	4,013,760	18,751	29,268	379
61-80 Days	60,222	99,231	6,893,833	69.5	114.5	2,461,796	24,809	40,879	357
81 Days or More	87,026	113,719	10,798,368	95.0	124.1	3,611,398	31,757	41,498	334
Disabled									
Total	102,156	152,872	3,869,571	25.3	37.9	1,830,038	11,971	17,914	473
1-8 Days	29,873	43,496	205,189	4.7	6.9	164,798	3,789	5,517	803
9-20 Days	32,449	47,348	669,462	14.1	20.6	407,131	8,599	12,547	608
21-40 Days	19,900	31,642	913,126	28.9	45.9	443,155	14,005	22,269	485
41-60 Days	8,478	13,839	683,793	49.4	80.7	287,598	20,782	33,923	421
61-80 Days	4,028	7,000	487,615	69.7	121.1	191,522	27,360	47,548	393
81 Days or More	7,428	9,547	910,386	95.4	122.6	335,834	35,177	45,212	369

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 2003

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 ³	Per Person	Per Day
All Beneficiaries								
Total	\$3,474,814	\$1,487	\$2,142	\$59	\$15,171,550	\$6,496	\$9,352	\$256
1-8 Days	44,447	74	104	15	875,367	1,452	2,039	300
9-20 Days	199,705	272	379	19	3,086,375	4,205	5,857	298
21-40 Days	782,355	1,444	2,163	50	4,181,728	7,722	11,563	268
41-60 Days	832,789	3,654	5,719	74	2,744,291	12,043	18,846	243
61-80 Days	617,398	5,812	9,609	84	1,702,992	16,032	26,506	231
81 Days or More	998,120	8,097	10,567	85	2,580,797	20,938	27,323	220
Aged								
Total	3,236,455	1,482	2,129	58	14,243,382	6,525	9,370	257
1-8 Days	40,804	73	102	15	818,362	1,463	2,049	302
9-20 Days	184,652	269	373	19	2,900,356	4,224	5,865	299
21-40 Days	733,105	1,437	2,145	50	3,954,960	7,757	11,573	269
41-60 Days	781,269	3,650	5,697	74	2,587,595	12,090	18,868	244
61-80 Days	576,125	5,806	9,567	84	1,596,146	16,087	26,504	232
81 Days or More	920,500	8,095	10,577	85	2,385,962	20,982	27,417	221
Disabled								
Total	238,360	1,559	2,333	62	928,169	6,074	9,086	240
1-8 Days	3,643	84	122	18	57,005	1,311	1,908	278
9-20 Days	15,054	318	464	22	186,019	3,931	5,733	278
21-40 Days	49,249	1,556	2,475	54	226,768	7,170	11,395	248
41-60 Days	51,520	3,723	6,077	75	156,696	11,324	18,483	229
61-80 Days	41,273	5,896	10,247	85	106,847	15,264	26,526	219
81 Days or More	77,620	8,130	10,450	85	194,834	20,408	26,230	214

¹Number of beneficiaries receiving Medicare skilled nursing facility covered services.

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

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

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

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare 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 2003

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions ¹	
		Number	Percent Distri- bution
Total All Diagnoses ⁴	---	2,336,359	100.0
Leading Diagnoses ⁵	---	1,858,367	79.5
Infectious and Parasitic Diseases (MDC 1)	001-139	39,726	1.7
Septicemia	038	23,637	1.0
Other	---	16,089	0.7
Neoplasms (MDC 2)	140-239	73,860	3.2
Malignant Neoplasm of Colon	153	5,924	0.3
Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus	154	4,534	0.2
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	11,688	0.5
Malignant Neoplasm of Female Breast	174	3,673	0.2
Malignant Neoplasm of Prostate	185	3,905	0.2
Secondary Malignant Neoplasm of Respiratory and Digestive Systems and Other Specified Sites	197-198	5,152	0.2
Other	---	38,984	1.7
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	90,016	3.9
Diabetes	250	44,912	1.9
Nutritional Deficiencies	260-263	3,259	0.1
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	27,506	1.2
Other	---	14,339	0.6
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	20,157	0.9
Other and Unspecified Anemias	285	12,294	0.5
Other	---	7,863	0.3
Mental Disorders (MDC 5)	290-319	64,734	2.8
Senile and Prosenile Organic Psychotic Conditions	290	17,333	0.7
Other Organic Psychotic Conditions (Chronic)	294	16,400	0.7
Other Non-Organic Psychoses	298	5,697	0.2
Other	---	25,304	1.1
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	58,251	2.5
Other Cerebral Degenerations	331	19,143	0.8
Parkinson's Disease	332	13,036	0.6
Hemiplegia	342	3,150	0.1
Other	---	22,922	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 2003

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 ³	Per Day
59,240	1,674	25	\$25,738,362	\$11,016	\$434	\$15,171,550	\$6,496	\$256
46,928	1,326	25	20,715,299	11,147	441	12,099,438	6,513	258
931	26	23	440,927	11,099	474	234,142	5,895	251
537	15	23	263,557	11,150	490	136,480	5,774	254
394	11	25	177,370	11,024	451	97,662	6,072	248
1,611	46	22	696,718	9,433	433	404,693	5,481	251
123	3	21	55,215	9,321	449	32,304	5,453	263
105	3	23	41,718	9,201	398	26,562	5,861	253
227	6	20	103,381	8,845	455	56,696	4,854	249
96	3	26	35,881	9,769	375	23,513	6,407	246
95	3	24	36,277	9,290	382	23,431	6,002	247
91	3	18	56,131	10,895	617	23,759	4,613	261
874	25	22	368,116	9,443	421	218,427	5,604	250
2,493	70	28	934,111	10,377	375	599,108	6,658	240
1,323	37	30	491,353	10,940	371	309,744	6,900	234
95	3	29	38,051	11,676	401	21,528	6,610	227
685	19	25	260,148	9,458	380	171,834	6,250	251
389	11	27	144,560	10,082	371	96,002	6,697	247
521	15	26	194,937	9,671	374	126,270	6,266	242
328	9	27	118,591	9,646	362	79,669	6,481	243
194	5	25	76,346	9,710	394	46,601	5,929	241
1,919	54	30	609,432	9,414	318	429,057	6,630	224
530	15	31	166,548	9,609	314	120,811	6,974	228
488	14	30	150,883	9,200	309	108,810	6,637	223
167	5	29	54,134	9,502	325	38,158	6,700	229
735	21	29	237,867	9,400	324	161,278	6,375	219
1,802	51	31	647,962	11,124	359	439,001	7,540	244
573	16	30	173,662	9,072	303	128,071	6,693	223
423	12	32	153,611	11,784	363	107,043	8,214	253
120	3	38	47,364	15,036	393	32,707	10,390	271
686	19	30	273,324	11,924	399	171,180	7,472	250

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 2003

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions ¹	
		Number	Percent Distri- bution
Diseases of the Circulatory System (MDC 7)	390-459	461,237	19.7
Essential Hypertension	401	34,874	1.5
Acute Myocardial Infarction	410	23,398	1.0
Ischemic Heart Disease	414	28,982	1.2
Cardiac Dysrhythmia	427	32,772	1.4
Heart Failure	428	113,309	4.8
Ill-Defined Descriptions and Complication of Heart Disease	429	4,356	0.2
Intracranial Hemorrhage	431	3,602	0.2
Occlusion of Cerebral Arteries	434	6,362	0.3
Transient Cerebral Ischemia	435	11,149	0.5
Acute, But Ill-Defined, Cerebrovascular Disease	436	79,451	3.4
Other and Ill-Defined Cerebrovascular Disease	437	3,877	0.2
Late Effects of Cerebrovascular Disease	438	40,601	1.7
Atherosclerosis	440	3,285	0.1
Other Peripheral Vascular Disease	443	10,723	0.5
Venous Embolism and Thrombosis	453	10,159	0.4
Other	---	54,337	2.3
Diseases of the Respiratory System (MDC 8)	460-519	257,529	11.0
Other Bacterial Pneumonia and Breathing Exercises (V-57.0)	482	9,678	0.4
Pneumonia, Organism Unspecified	486	110,329	4.7
Chronic Bronchitis	491	15,831	0.7
Chronic Airway Obstruction	496	48,291	2.1
Pneumonitis Due to Solids and Liquids	507	18,127	0.8
Other Diseases of Lung	518	18,944	0.8
Other	---	36,329	1.6
Diseases of the Digestive System (MDC 9)	520-579	97,363	4.2
Intestinal Obstruction Without Mention of Hernia	560	12,130	0.5
Diverticula of Intestine	562	7,576	0.3
Gastrointestinal Hemorrhage	578	26,032	1.1
Other	---	51,625	2.2
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 2003

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 ³	Per Day
12,546	355	27	\$4,957,212	\$10,748	\$395	\$3,209,540	\$6,961	\$256
1,035	29	30	365,141	10,470	353	256,504	7,356	248
526	15	23	215,896	9,227	410	134,683	5,758	256
668	19	23	270,839	9,345	406	173,066	5,974	259
830	23	25	314,647	9,601	379	210,094	6,414	253
2,721	77	24	1,065,859	9,407	392	667,340	5,892	245
127	4	29	44,202	10,147	348	30,701	7,050	242
104	3	29	45,548	12,645	438	28,585	7,938	275
150	4	24	79,096	12,433	528	42,205	6,635	282
312	9	28	117,342	10,525	377	80,878	7,258	260
2,606	74	33	1,004,585	12,644	385	692,301	8,715	266
123	3	32	45,469	11,728	369	31,813	8,206	258
1,339	38	33	559,713	13,786	418	361,658	8,912	270
75	2	23	42,181	12,840	560	18,727	5,704	249
310	9	29	116,715	10,885	377	74,419	6,941	240
271	8	27	103,367	10,175	382	64,884	6,388	240
1,350	38	25	566,612	10,428	420	341,682	6,289	253
6,049	171	24	2,673,420	10,381	442	1,505,898	5,849	249
191	5	20	118,451	12,239	620	48,323	4,994	253
2,562	72	23	1,046,558	9,486	409	647,053	5,866	253
285	8	18	168,765	10,660	592	71,918	4,544	252
1,234	35	26	456,657	9,456	370	293,199	6,074	238
437	12	24	203,422	11,222	466	108,832	6,006	249
501	14	26	339,134	17,902	678	127,879	6,751	255
840	24	23	340,431	9,371	405	208,694	5,746	248
2,315	65	24	921,469	9,464	398	577,663	5,935	250
279	8	23	113,457	9,353	407	70,355	5,801	252
170	5	22	72,425	9,560	427	43,750	5,776	258
663	19	26	235,684	9,054	355	162,499	6,243	245
1,203	34	23	499,904	9,683	416	301,060	5,834	250

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 2003

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions ¹	
		Number	Percent Distri- bution
Diseases of the Genitourinary System (MDC 10)	580-629	113,114	4.8
Chronic Renal Failure	585	15,611	0.7
Renal Failure, Unspecified	586	10,332	0.4
Other Disorders of Urethra and Urinary Tract	599	61,330	2.6
Other	---	25,841	1.1
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	59,100	2.5
Other Cellulitis and Abscess	682	32,550	1.4
Chronic Ulcer of Skin	707	23,309	1.0
Other	---	3,241	0.1
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	159,207	6.8
Osteoarthritis and Allied Disorders	715	49,512	2.1
Other and Unspecified Disorders of Joint	719	20,787	0.9
Spinal Stenosis	724	19,528	0.8
Disorders of Muscle, Ligament, and Fascia	728	18,800	0.8
Osteomyelitis, Periostitis, and Other Infections Involving Bone	730	7,962	0.3
Other Disorders of Bone and Cartilage	733	15,414	0.7
Other	---	27,204	1.2
Congenital Anomalies (MDC 14)	740-759	4,345	0.2
Other III Defined Conditions (MDC 16)	780-799	186,485	8.0
General Symptoms	780	73,259	3.1
Symptoms Involving Nervous and Musculoskeletal Systems	781	27,466	1.2
Symptom Disorders of Cardiovascular System	785	4,822	0.2
Symptoms Involving Respiratory System and Other Chest Symptoms	786	12,687	0.5
Symptoms Involving Digestive System	787	14,123	0.6
Other	---	54,128	2.3
Injury and Poisoning (MDC 17)	800-999	260,094	11.1
Fracture, Vertebra	805	14,003	0.6
Fracture, Pelvis	808	16,138	0.7
Fracture, Humerus	812	12,492	0.5
Fracture, Neck of Femur	820	108,238	4.6
Fracture, Shaft of Femur	821	15,090	0.6
Fracture, Tibia, Fibula	823	7,095	0.3
Fracture of Ankle	824	8,922	0.4
Amputation	897	6,579	0.3
Other	---	71,537	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 2003

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 ³	Per Day
2,922	83	26	\$1,069,194	\$9,452	\$366	\$714,420	\$6,319	\$244
401	11	26	138,843	8,894	347	93,929	6,023	234
268	8	26	93,525	9,052	349	63,290	6,128	236
1,612	46	26	585,837	9,552	363	399,578	6,517	248
642	18	25	250,988	9,713	391	157,623	6,103	246
1,721	49	29	726,591	12,294	422	409,294	6,927	238
843	24	26	367,281	11,284	436	210,643	6,474	250
792	22	34	323,860	13,894	409	178,104	7,642	225
86	2	27	35,450	10,938	412	20,547	6,344	239
3,943	111	25	1,666,867	10,470	423	1,050,385	6,600	266
954	27	19	430,698	8,699	451	277,958	5,616	291
589	17	28	227,873	10,962	387	153,811	7,402	261
473	13	24	194,239	9,947	411	127,458	6,528	270
561	16	30	212,331	11,294	379	141,498	7,528	252
235	7	30	130,451	16,384	556	57,024	7,167	243
420	12	27	170,634	11,070	407	108,064	7,014	258
712	20	26	300,641	11,051	422	184,572	6,786	259
113	3	26	41,874	9,637	370	28,632	6,593	253
5,033	142	27	1,948,843	10,450	387	1,282,034	6,877	255
1,947	55	27	742,066	10,129	381	501,052	6,842	257
763	22	28	316,536	11,525	415	205,667	7,491	270
136	4	28	51,818	10,746	380	33,441	6,939	245
313	9	25	117,473	9,259	376	76,847	6,061	246
451	13	32	148,429	10,510	329	105,344	7,461	233
1,424	40	26	572,522	10,577	402	359,683	6,647	253
8,343	236	32	3,340,805	12,845	400	2,170,464	8,347	260
385	11	28	151,963	10,852	395	100,325	7,170	261
485	14	30	193,432	11,986	399	129,445	8,026	267
437	12	35	168,032	13,451	384	113,571	9,096	260
3,700	105	34	1,440,543	13,309	389	976,235	9,021	264
560	16	37	210,605	13,957	376	142,969	9,478	255
265	7	37	101,434	14,297	383	66,567	9,385	251
309	9	35	120,457	13,501	390	79,005	8,859	256
226	6	34	76,315	11,600	338	51,757	7,869	229
1,975	56	28	878,024	12,274	445	510,588	7,139	259

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 2003

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions ¹	
		Number	Percent Distri- bution
Supplementary Classification of Factors Influencing			
Health Status and Contact with Health Services	V01-V82	388,934	16.6
Organ of Tissue Replaced by Other Means	V43	12,925	0.6
Orthopedic Aftercare	V54	39,904	1.7
Breathing Exercises	V57	263,664	11.3
Encounter for Other and Unspecified Procedures and Aftercare	V58	42,057	1.8
Convalescence	V66	8,687	0.4
Other	---	21,697	0.9

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

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

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

⁴Includes invalid codes not shown separately.

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

NOTES: Medicare program payments represent fee-for-service only. 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 2003

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 ³	Per Day
6,914	195	18	\$4,844,742	\$12,456	\$701	\$1,974,557	\$5,078	\$286
282	8	22	121,996	9,439	433	81,467	6,305	289
979	28	25	478,424	11,989	489	269,058	6,744	275
4,230	120	16	3,398,144	12,888	803	1,243,049	4,716	294
638	18	15	534,992	12,721	838	186,080	4,426	291
153	4	18	75,408	8,681	494	43,411	5,001	284
633	18	29	235,778	10,867	373	151,492	6,983	239

Table 42

Covered Admissions and Total Charges for Medicare Skilled Nursing Facility Admissions, by Covered Days of Care and Type of Service: Calendar Year 2003

Covered Days of Care	All Services	Accommodations	Type of Ancillary Service							Rehabilitation ¹	Other ²
			Total	Pharmacy	Laboratory	Radiology	Supply	Inhalation Therapy			
Number of Admissions ³											
Total	2,336,359	2,336,347	2,303,511	2,184,721	1,417,466	554,168	1,219,644	257,329	1,995,301	260,354	
1-8 Days	603,062	603,050	578,255	527,150	284,610	86,031	285,781	94,464	424,700	64,105	
9-20 Days	734,246	734,246	727,861	685,983	450,492	164,445	384,253	90,723	640,352	89,399	
21-40 Days	541,661	541,661	540,451	522,395	352,412	142,864	286,207	43,214	502,192	55,876	
41-60 Days	227,893	227,893	227,696	223,303	159,008	72,665	127,000	14,313	214,482	23,251	
61-80 Days	106,231	106,231	106,134	104,534	77,551	38,870	61,993	6,697	99,947	12,032	
81 Days or More	123,266	123,266	123,114	121,356	93,393	49,293	74,410	7,918	113,628	15,691	
Total Charges in Thousands											
Total	\$26,173,994	\$13,377,201	\$12,796,999	\$3,508,557	\$681,885	\$214,771	\$681,444	\$440,554	\$7,090,946	\$178,843	
1-8 Days	2,169,943	961,682	1,208,330	448,754	106,738	29,406	109,552	74,989	411,938	26,954	
9-20 Days	5,956,031	2,795,219	3,160,878	964,470	236,553	66,448	226,014	147,784	1,465,049	54,561	
21-40 Days	6,935,140	3,490,386	3,444,792	924,095	174,946	56,084	160,797	89,617	1,996,579	42,673	
41-60 Days	4,366,338	2,309,500	2,056,854	493,201	73,916	27,571	70,742	38,713	1,332,393	20,318	
61-80 Days	2,695,617	1,471,042	1,224,582	281,150	38,312	15,133	41,810	27,915	807,211	13,052	
81 Days or More	4,050,926	2,349,372	1,701,563	396,887	51,420	20,129	72,528	61,536	1,077,776	21,285	
Percent of Charges											
Total	100.0	51.1	48.9	13.4	2.6	0.8	2.6	1.7	27.1	0.7	
1-8 Days	100.0	44.3	55.7	20.7	4.9	1.4	5.0	3.5	19.0	1.2	
9-20 Days	100.0	46.9	53.1	16.2	4.0	1.1	3.8	2.5	24.6	0.9	
21-40 Days	100.0	50.3	49.7	13.3	2.5	0.8	2.3	1.3	28.8	0.6	
41-60 Days	100.0	52.9	47.1	11.3	1.7	0.6	1.6	0.9	30.5	0.5	
61-80 Days	100.0	54.6	45.4	10.4	1.4	0.6	1.6	1.0	29.9	0.5	
81 Days or More	100.0	58.0	42.0	9.8	1.3	0.5	1.8	1.5	26.6	0.5	

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 2003

Covered Days of Care	All Services	Accommodations	Type of Ancillary Service							
			Total	Pharmacy	Laboratory	Radiology	Supply	Inhalation Therapy	Rehabilitator ¹	Other ²
Average Total Charge per Admission										
Total	\$11,203	\$5,726	\$5,555	\$1,606	\$481	\$388	\$559	\$1,712	\$3,554	\$687
1-8 Days	3,598	1,595	2,090	851	375	342	383	794	970	420
9-20 Days	8,112	3,807	4,343	1,406	525	404	588	1,629	2,288	610
21-40 Days	12,803	6,444	6,374	1,769	496	393	562	2,074	3,976	764
41-60 Days	19,160	10,134	9,033	2,209	465	379	557	2,705	6,212	874
61-80 Days	25,375	13,848	11,538	2,690	494	389	674	4,168	8,076	1,085
81 Days or More	32,863	19,059	13,821	3,270	551	408	975	7,772	9,485	1,357

¹Includes physical therapy, speech therapy, and occupational therapy.

²Includes services such as blood and blood components, etc.

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

NOTES: Total charges represent fee-for-service only and exclude amounts 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 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 2003

Type of Facility and Bed Size	Number of Facilities	Covered Admissions ¹		Covered Days of Care			Program Payments			
		Number	Percent	Number in Thousands	Percent	Per Admission	Amount in Thousands	Percent	Per Admission ²	Per Day
SNFs										
Total	14,939	2,208,526	100.0	58,101	100.0	26.3	\$14,630,864	100.0	\$6,627	\$252
1-49 Beds	3,852	573,453	26.0	11,166	19.2	19.5	2,872,928	19.6	5,011	257
50-99 Beds	5,095	527,029	23.9	14,611	25.1	27.7	3,619,957	24.7	6,870	248
100-149 Beds	3,920	618,750	28.0	18,088	31.1	29.2	4,450,594	30.4	7,195	246
150-199 Beds	1,304	277,590	12.6	8,002	13.8	28.8	2,010,634	13.7	7,245	251
200 Beds or More	768	211,704	9.6	6,235	10.7	29.5	1,676,751	11.5	7,926	269
Hospital Based										
Total	1,450	373,335	100.0	5,359	100.0	14.4	1,428,536	100.0	3,828	267
1-49 Beds	1,020	288,198	77.2	3,599	67.2	12.5	980,118	68.6	3,402	272
50-99 Beds	266	49,668	13.3	912	17.0	18.4	232,542	16.3	4,682	255
100-149 Beds	94	16,722	4.5	359	6.7	21.5	85,382	6.0	5,107	238
150-199 Beds	32	6,089	1.6	145	2.7	23.8	35,369	2.5	5,826	244
200 Beds or More	38	12,658	3.4	344	6.4	27.2	95,126	6.7	7,523	277
Non-Hospital Based										
Total	13,489	1,835,191	100.0	52,741	100.0	28.7	13,202,328	100.0	7,196	250
1-49 Beds	2,832	285,255	15.5	7,566	14.3	26.5	1,892,810	14.3	6,637	250
50-99 Beds	4,829	477,361	26.0	13,699	26.0	28.7	3,387,415	25.7	7,098	247
100-149 Beds	3,826	602,028	32.8	17,728	33.6	29.4	4,365,213	33.1	7,253	246
150-199 Beds	1,272	271,501	14.8	7,857	14.9	28.9	1,975,265	15.0	7,277	251
200 Beds or More	730	199,046	10.8	5,891	11.2	29.6	1,581,626	12.0	7,952	268
Swing-Bed Hospitals³										
Total	849	127,833	100.0	1,139	100.0	8.9	540,686	100.0	4,231	475
1-49 Beds	541	101,503	79.4	936	82.2	9.2	490,597	90.7	4,834	524
50-99 Beds	308	26,330	20.6	203	17.8	7.7	50,089	9.3	1,903	247

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

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

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

NOTES: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Numbers may not add to 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 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 2003

Principal ICD-9-CM Diagnosis ¹	ICD- 9-CM Code	1998 Covered Admissions ²			2000 Covered Admissions ²			2003 Covered Admissions ²		
		Number	Average Covered Days of Care per Admission	Average Program Payment per Admission ³	Number	Average Covered Days of Care per Admission	Average Program Payment per Admission ³	Number	Average Covered Days of Care per Admission	Average Program Payment per Admission ³
Total All Diagnoses	---	1,984,713	22.9	\$5,708	1,936,127	23.2	\$5,511	2,336,359	25.4	\$6,496
Heart Failure	428	96,921	21.7	5,215	93,765	21.9	5,002	113,309	24.0	5,892
Pneumonia	486	89,866	21.2	5,278	90,147	21.1	4,960	110,329	23.2	5,866
Fracture of Neck of Femur	820	133,347	28.9	7,021	120,261	30.3	7,389	108,238	34.2	9,021
Acute But Ill-Defined, Cerebrovascular Disease	436	103,913	31.4	7,238	90,653	31.6	7,484	79,451	32.8	8,715
General Symptoms	780	43,210	24.0	5,861	53,320	23.8	5,688	73,259	26.6	6,842
Other Disorders of Urethra and Urinary Tract	599	40,642	24.7	6,009	42,606	24.0	5,631	61,330	26.3	6,517
Osteoarthritis and Allied Disorders	715	54,851	14.5	4,360	48,245	16.1	4,327	49,512	19.3	5,616
Chronic Airway Obstruction, Not Elsewhere Classified	496	42,300	24.4	5,619	40,241	24.6	5,379	48,291	25.6	6,074
Diabetes Mellitus	250	48,266	29.6	6,529	39,334	27.3	5,984	44,912	29.5	6,900
Late Effects of Cerebrovascular Disease	438	17,242	31.2	7,068	27,236	29.7	7,176	40,601	33.0	8,912

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

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

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

NOTES: The leading conditions were selected based on the most frequently reported principal diagnoses for beneficiaries admitted to SNFs during 2003; 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.