

**Table 6.1**

**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 1967-2004**

Type of Entitlement and Year <sup>1</sup>	Covered Days of Care		Covered Charges		Total Medicare Program Payments in Millions	Program Payments				
	Number in Thousands	Per 1,000 HI Enrollees	Amount in Millions	Per Day		Amount in Millions	Percent of Covered Charges	Percent of Total Medicare Program Payments	Per HI Enrollee	Per Day
<b>All Beneficiaries</b>										
1967	19,997	1,026	---	---	\$4,239	\$313	---	7.4	\$16	\$16
1971	6,481	361	---	---	7,354	195	---	2.7	9	30
1975	8,874	360	\$420	\$47	14,549	261	62.1	1.8	11	29
1983	9,032	305	897	99	53,438	456	50.9	0.9	15	51
1984	8,864	296	975	110	59,132	465	47.7	0.8	16	52
1986	7,770	249	1,123	144	68,583	501	44.6	0.7	16	65
1987	7,041	221	1,188	169	75,817	544	45.8	0.7	17	77
1988	11,802	364	1,982	168	80,595	964	48.7	1.2	30	82
1989	28,571	865	4,537	159	86,038	2,837	62.5	3.3	86	99
1990	21,242	630	4,263	201	101,419	1,827	42.9	1.8	54	86
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
2004	62,364	1,732	27,644	443	255,325	17,213	62.3	6.7	478	276
<b>Aged Beneficiaries</b>										
1967	19,997	1,026	---	---	\$4,239	\$313	---	7.4	\$16	\$16
1971	6,481	361	---	---	7,354	195	---	2.7	9	30
1975	8,585	382	\$406	\$47	13,056	252	62.0	1.9	11	29
1983	8,738	328	865	99	46,727	441	51.0	0.9	17	50
1984	8,578	361	940	110	52,118	449	47.8	0.9	17	52
1986	7,493	265	1,075	144	60,459	482	44.9	0.7	17	64
1987	6,875	235	1,136	167	67,893	524	46.1	0.8	18	77
1988	11,360	388	1,893	167	71,780	926	48.9	1.3	32	81
1989	27,216	911	4,300	158	76,356	2,698	62.7	3.5	90	99
1990	20,398	669	4,067	199	89,620	1,752	43.1	2.0	57	86
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

See footnotes at end of table.

**Table 6.1—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 1967-2004**

Type of Entitlement and Year <sup>1</sup>	Covered Days of Care		Covered Charges		Total Medicare Program Payments in Millions	Program Payments				
	Number in Thousands	Per 1,000 HI Enrollees	Amount in Millions	Per Day		Amount in Millions	Percent of Covered Charges	Percent of Total Medicare Program Payments	Per HI Enrollee	Per Day
<b>Aged Beneficiaries</b>										
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
2004	58,007	1,935	25,568	441	213,241	16,081	62.9	7.5	537	277
<b>Disabled Beneficiaries</b>										
1975	289	133	\$15	\$51	\$1,492	\$10	64.7	0.6	\$4	\$33
1983	293	101	33	111	6,711	16	48.0	0.2	5	53
1984	286	99	35	123	7,014	15	44.0	0.2	5	54
1986	277	93	47	171	8,123	19	39.4	0.2	6	68
1987	256	84	51	201	7,923	21	40.0	0.2	7	81
1988	442	142	88	200	8,796	38	43.6	0.4	12	87
1989	1,355	427	237	175	9,682	139	58.8	1.4	44	103
1990	844	260	195	231	11,800	76	38.7	0.6	23	90
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
2004	4,357	722	2,076	477	42,085	1,131	54.5	2.7	187	260

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

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

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

**Table 6.2**

**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 2004**

Demographic Characteristic, Type of Entitlement, and Discharge Status	Covered Admissions <sup>1</sup>		Covered Days of Care		
	Number	Per 1,000 HI Enrollees <sup>2</sup>	Total in Thousands	Per 1,000 HI Enrollees <sup>2</sup>	Per Admission
<b>Total</b>	2,419,943	67	62,364	1,732	26
<b>Age</b>					
Under 65 Years	164,516	27	4,208	697	26
65-69 Years	200,154	24	4,823	570	24
70-74 Years	247,866	36	5,887	851	24
75-79 Years	400,009	66	9,843	1,625	25
80-84 Years	533,664	117	13,842	3,032	26
85 Years or Over	873,734	220	23,761	5,984	27
<b>Sex</b>					
Male	851,091	53	20,933	1,314	25
Female	1,568,852	78	41,431	2,063	26
<b>Race<sup>4</sup></b>					
White	2,090,756	69	53,204	1,745	25
Other	320,628	59	8,937	1,643	28
<b>Type of Entitlement</b>					
Aged <sup>5</sup>	2,249,449	75	58,007	1,935	26
Disabled <sup>6</sup>	170,494	28	4,357	722	26
<b>Discharge Status</b>					
Alive	2,292,754	NA	60,108	NA	26
Dead	127,189	NA	2,256	NA	18

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

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

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

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

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

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

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

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

**Table 6.2—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 2004**

Covered Charges			Program Payments			
Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Percent of Covered Charges	Per Admission <sup>3</sup>	Per Day
\$27,643,607	\$11,423	\$443	\$17,212,822	62	\$7,115	\$276
2,006,434	12,196	477	1,092,158	54	6,642	260
2,304,355	11,513	478	1,313,718	57	6,566	272
2,832,634	11,428	481	1,639,806	58	6,618	279
4,575,960	11,440	465	2,751,876	60	6,882	280
6,128,369	11,484	443	3,860,574	63	7,236	279
9,795,855	11,211	412	6,554,690	67	7,504	276
9,546,148	11,216	456	5,805,065	61	6,823	277
18,097,459	11,535	437	11,407,757	63	7,274	275
23,634,082	11,304	444	14,741,186	62	7,053	277
3,910,494	12,196	438	2,410,120	62	7,520	270
25,567,541	11,366	441	16,081,548	63	7,151	277
2,076,065	12,177	477	1,131,273	54	6,639	260
26,674,323	11,634	444	16,588,187	62	7,238	276
969,283	7,621	430	624,635	64	4,912	277

**Table 6.3**

**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 2004**

Area of Residence	Covered Admissions <sup>1</sup>		Covered Days of Care		Per Admission	Covered Charges			Program Payments		
	Number	Per 1,000 HI Enrollees <sup>2</sup>	Number in Thousands	Per 1,000 HI Enrollees <sup>2</sup>		Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admission <sup>3</sup>	Per Day
All Areas <sup>4</sup>	2,419,943	67	62,364	1,732	25.8	\$25,643,607	\$11,423	\$443	\$17,212,822	\$7,115	\$276
United States	2,416,576	69	62,291	1,773	25.8	27,611,908	11,426	443	17,196,587	7,119	276
Northeast	534,233	78	14,328	2,093	26.8	6,398,797	11,978	447	4,139,800	7,752	289
Midwest	705,256	80	17,185	1,947	24.4	7,573,588	10,739	441	4,714,063	6,688	274
South	854,653	62	22,804	1,668	26.7	9,397,186	10,995	412	5,835,567	6,829	256
West	322,434	56	7,975	1,379	24.7	4,242,337	13,157	532	2,507,157	7,779	314
New England	165,656	87	4,533	2,371	27.4	2,056,520	12,414	454	1,338,198	8,080	295
Connecticut	46,089	94	1,438	2,928	31.2	617,494	13,398	429	427,811	9,283	297
Maine	15,659	68	363	1,580	23.2	175,639	11,216	484	106,609	6,815	294
Massachusetts	75,001	94	1,987	2,481	26.5	949,288	12,657	478	583,886	7,786	294
New Hampshire	13,123	71	336	1,823	25.6	152,230	11,600	453	103,603	7,897	308
Rhode Island	10,126	90	259	2,303	25.6	105,467	10,415	407	74,156	7,329	286
Vermont	5,658	60	150	1,600	26.5	56,402	9,969	376	42,133	7,447	281
Middle Atlantic	368,577	75	9,795	1,985	26.6	4,342,278	11,781	443	2,801,602	7,604	286
New Jersey	99,382	90	2,297	2,069	23.1	1,127,050	11,341	491	707,700	7,121	308
New York	143,072	64	4,317	1,942	30.2	1,798,942	12,574	417	1,269,861	8,880	294
Pennsylvania	126,123	79	3,181	1,987	25.2	1,416,286	11,229	445	824,041	6,537	259
East North Central	480,983	78	12,572	2,048	26.1	5,514,543	11,465	439	3,421,830	7,118	272
Illinois	138,035	88	3,353	2,142	24.3	1,696,597	12,291	506	941,750	6,824	281
Indiana	67,958	78	2,007	2,309	29.5	802,922	11,815	400	515,296	7,587	257
Michigan	80,861	56	2,324	1,616	28.7	939,301	11,616	404	630,688	7,816	271
Ohio	139,942	93	3,499	2,332	25.0	1,529,850	10,932	437	937,614	6,700	268
Wisconsin	54,187	71	1,389	1,813	25.6	545,873	10,074	393	396,482	7,320	285

See footnotes at end of table.

**Table 6.3—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 2004**

Area of Residence	Covered Admissions <sup>1</sup>		Covered Days of Care		Covered Charges			Program Payments			
	Number	Per 1,000 HI Enrollees <sup>2</sup>	Number	Per	Amount	Per	Per Day	Amount	Per	Per Day	
			in Thousands	Admission	in Thousands	Admission		in Thousands	Admission <sup>3</sup>		
West North Central	224,273	83	4,613	1,716	20.6	\$2,059,045	\$9,181	\$446	\$1,292,233	\$5,766	\$280
Iowa	39,821	86	599	1,290	15.0	297,896	7,481	497	182,567	4,586	305
Kansas	31,275	82	605	1,581	19.4	274,619	8,781	454	184,390	5,900	305
Minnesota	52,468	90	1,194	2,037	22.8	459,799	8,763	385	344,919	6,580	289
Missouri	59,937	77	1,432	1,831	23.9	688,387	11,485	481	345,693	5,774	241
Nebraska	21,259	86	429	1,730	20.2	197,859	9,307	461	132,749	6,246	309
North Dakota	9,127	90	178	1,746	19.5	70,165	7,688	393	47,371	5,190	266
South Dakota	10,386	85	175	1,426	16.8	70,320	6,771	402	54,543	5,252	312
South Atlantic	458,322	63	12,312	1,682	26.9	4,864,414	10,614	395	3,286,751	7,172	267
Delaware	7,403	61	187	1,529	25.2	75,025	10,134	402	53,367	7,209	286
District of Columbia	5,225	79	131	1,976	25.0	62,848	12,028	482	38,374	7,344	294
Florida	177,353	73	4,703	1,933	26.5	1,980,410	11,166	421	1,300,308	7,332	276
Georgia	47,285	49	1,275	1,310	27.0	452,635	9,572	355	331,152	7,005	260
Maryland	51,388	79	1,157	1,771	22.5	466,657	9,081	403	330,899	6,440	286
North Carolina	65,785	56	1,965	1,662	29.9	698,476	10,618	355	490,108	7,451	249
South Carolina	29,134	47	876	1,408	30.1	324,180	11,127	370	216,410	7,430	247
Virginia	54,269	58	1,486	1,580	27.4	588,136	10,837	396	395,258	7,283	266
West Virginia	20,480	63	533	1,630	26.0	216,048	10,549	406	130,874	6,390	246
East South Central	166,373	64	4,548	1,762	27.3	1,794,431	10,786	395	1,078,081	6,481	237
Alabama	39,564	58	1,099	1,625	27.8	390,354	9,866	355	254,738	6,439	232
Kentucky	44,017	69	1,155	1,815	26.2	473,347	10,754	410	272,328	6,188	236
Mississippi	25,800	58	682	1,536	26.4	302,318	11,718	443	168,099	6,517	246
Tennessee	56,992	69	1,612	1,957	28.3	628,411	11,026	390	382,916	6,719	238

See footnotes at end of table.

**Table 6.3—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 2004**

Area of Residence	Covered Admissions <sup>1</sup>		Covered Days of Care		Covered Charges			Program Payments			
	Number	Per 1,000 HI Enrollees <sup>2</sup>	Number	Per	Amount	Per	Per Day	Amount	Per	Per Day	
			in Thousands	Admission	in Thousands	Admission		in Thousands	Admission <sup>3</sup>		
West South Central	229,958	61	5,944	1,575	25.8	\$2,738,342	\$11,908	\$461	\$1,470,734	\$6,396	\$247
Arkansas	27,736	61	609	1,330	22.0	301,857	10,883	496	142,194	5,127	233
Louisiana	35,922	65	886	1,598	24.7	476,308	13,260	538	211,343	5,885	239
Oklahoma	28,134	58	643	1,319	22.9	330,196	11,737	513	161,133	5,729	251
Texas	138,166	61	3,806	1,674	27.5	1,629,981	11,797	428	956,065	6,920	251
Mountain	98,677	51	2,382	1,235	24.1	1,036,824	10,507	435	683,698	6,934	287
Arizona	23,987	44	537	975	22.4	218,457	9,107	407	150,384	6,270	280
Colorado	22,922	63	554	1,522	24.2	249,770	10,897	451	168,363	7,346	304
Idaho	9,989	60	252	1,515	25.3	106,540	10,666	422	68,592	6,891	272
Montana	9,965	69	198	1,373	19.9	80,961	8,124	409	55,995	5,621	283
Nevada	6,719	33	195	958	29.0	80,498	11,981	414	61,957	9,275	318
New Mexico	7,848	37	202	950	25.7	95,048	12,111	471	51,982	6,624	258
Utah	12,559	57	336	1,533	26.7	158,693	12,636	473	97,036	7,728	289
Wyoming	4,688	69	109	1,597	23.3	46,859	9,995	429	29,389	6,269	269
Pacific	223,757	58	5,592	1,452	25.0	3,205,512	14,326	573	1,823,459	8,152	326
Alaska	990	20	26	528	25.9	16,397	16,562	639	8,976	9,066	350
California	164,808	62	4,155	1,557	25.2	2,587,323	15,699	623	1,372,492	8,330	330
Hawaii	3,142	27	86	732	27.3	46,293	14,734	539	26,856	8,575	313
Oregon	18,202	52	406	1,160	22.3	169,268	9,299	417	129,649	7,130	319
Washington	36,615	55	920	1,380	25.1	386,231	10,548	420	285,487	7,797	310
Outlying Areas <sup>5</sup>	3,367	4	72	82	21.5	31,698	9,414	438	16,235	4,825	224

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

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

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

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

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

NOTES: HI is hospital insurance. Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. Swing-bed hospitals are not skilled nursing facilities (SNFs) and are not included in the count of total SNFs; however, swing-bed hospital services are included in the total use and cost of Medicare SNF services.

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

**Table 6.4**

**Persons Served, Coinsurance Days, and Coinsurance Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Area of Residence: Calendar Year 2004**

Area of Residence	Number	Persons Served <sup>d</sup>		Coinsurance Days			Coinsurance Payments		
		Per 1,000	With	Number	Per 1,000	Per Person With	Amount	Per 1,000	Per Person With
		HI Enrollees <sup>2</sup>	Coinsurance		HI Enrollees <sup>2</sup>	Coinsurance		HI Enrollees <sup>2</sup>	Coinsurance
All Areas <sup>3</sup>	1,664,348	46	960,851	35,150,562	976	37	\$3,864,766,139	\$107,323	\$4,022
United States	1,661,552	47	959,239	35,122,524	1,000	37	3,861,692,167	109,928	4,026
Northeast	368,102	54	220,676	8,125,965	1,187	37	893,491,115	130,502	4,049
Midwest	477,906	54	267,139	9,526,216	1,079	36	1,047,320,522	118,657	3,921
South	584,582	43	345,226	13,103,712	958	38	1,440,710,899	105,351	4,173
West	230,962	40	126,198	4,366,631	755	35	480,169,631	83,060	3,805
New England	115,549	60	68,576	2,601,879	1,361	38	286,102,295	149,605	4,172
Connecticut	32,919	67	20,243	867,191	1,766	43	95,388,032	194,230	4,712
Maine	11,375	50	6,285	181,990	792	29	20,004,409	87,045	3,183
Massachusetts	51,086	64	30,205	1,132,728	1,414	38	124,532,730	155,475	4,123
New Hampshire	9,208	50	5,354	190,594	1,034	36	20,961,652	113,748	3,915
Rhode Island	6,913	61	4,204	141,999	1,263	34	15,609,332	138,815	3,713
Vermont	4,048	43	2,285	87,377	932	38	9,606,140	102,462	4,204
Middle Atlantic	252,553	51	152,100	5,524,086	1,120	36	607,388,820	123,099	3,993
New Jersey	65,174	59	38,912	1,193,408	1,075	31	131,155,088	118,138	3,371
New York	101,166	46	62,239	2,569,659	1,156	41	282,630,041	127,181	4,541
Pennsylvania	86,213	54	50,949	1,761,019	1,100	35	193,603,691	120,954	3,800
East North Central	324,927	53	190,347	7,179,436	1,170	38	789,380,968	128,593	4,147
Illinois	89,995	57	50,962	1,896,560	1,212	37	208,479,511	133,188	4,091
Indiana	46,717	54	28,106	1,223,472	1,408	44	134,579,831	154,847	4,788
Michigan	55,511	39	34,446	1,364,045	949	40	149,976,206	104,305	4,354
Ohio	93,502	62	54,719	1,944,800	1,296	36	213,818,420	142,533	3,908
Wisconsin	39,202	51	22,114	750,559	980	34	82,527,000	107,714	3,732

See footnotes at end of table.



**Table 6.4—Continued**

**Persons Served, Coinsurance Days, and Coinsurance Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Area of Residence: Calendar Year 2004**

Area of Residence	Number	Persons Served <sup>d</sup>		Number	Coinsurance Days		Amount	Coinsurance Payments	
		Per 1,000 HI Enrollees <sup>2</sup>	With Coinsurance		Per 1,000 HI Enrollees <sup>2</sup>	Per Person With Coinsurance		Per 1,000 HI Enrollees <sup>2</sup>	Per Person With Coinsurance
West North Central	152,979	57	76,792	2,346,780	873	31	\$257,939,554	\$95,963	\$3,359
Iowa	26,973	58	11,683	247,573	533	21	27,205,790	58,574	2,329
Kansas	21,259	56	10,520	298,267	780	28	32,772,541	85,661	3,115
Minnesota	36,827	63	19,010	620,358	1,058	33	68,201,187	116,351	3,588
Missouri	39,894	51	22,329	795,215	1,017	36	87,403,328	111,768	3,914
Nebraska	14,782	60	7,171	214,967	867	30	23,625,116	95,250	3,295
North Dakota	6,180	61	2,890	92,076	903	32	10,126,558	99,355	3,504
South Dakota	7,064	58	3,189	78,324	638	25	8,605,034	70,123	2,698
South Atlantic	318,584	44	191,165	6,961,921	951	36	765,463,258	104,555	4,004
Delaware	5,118	42	3,021	100,290	820	33	11,023,461	90,112	3,649
District of Columbia	3,538	53	2,096	71,611	1,080	34	7,869,286	118,689	3,754
Florida	120,507	50	73,013	2,650,708	1,089	36	291,422,826	119,756	3,991
Georgia	32,864	34	19,427	733,273	753	38	80,615,282	82,805	4,150
Maryland	34,749	53	20,140	594,324	910	30	65,317,077	99,965	3,243
North Carolina	47,650	40	29,254	1,159,857	981	40	127,583,033	107,901	4,361
South Carolina	21,504	35	13,024	515,871	829	40	56,721,937	91,187	4,355
Virginia	38,526	41	23,153	827,910	880	36	91,033,914	96,783	3,932
West Virginia	14,128	43	8,037	308,077	942	38	33,876,442	103,588	4,215
East South Central	113,555	44	65,944	2,663,674	1,032	40	292,910,937	113,504	4,442
Alabama	28,344	42	16,116	608,322	899	38	66,907,546	98,930	4,152
Kentucky	29,093	46	16,854	689,186	1,083	41	75,779,678	119,059	4,496
Mississippi	17,299	39	9,877	402,739	907	41	44,280,908	99,721	4,483
Tennessee	38,819	47	23,097	963,427	1,170	42	105,942,805	128,605	4,587

See footnotes at end of table.

**Table 6.4—Continued**

**Persons Served, Coinsurance Days, and Coinsurance Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Area of Residence: Calendar Year 2004**

Area of Residence	Persons Served <sup>1</sup>			Coinsurance Days			Coinsurance Payments		
	Number	Per 1,000 HI Enrollees <sup>2</sup>	With Coinsurance	Number	Per 1,000 HI Enrollees <sup>2</sup>	Per Person With Coinsurance	Amount	Per 1,000 HI Enrollees <sup>2</sup>	Per Person With Coinsurance
West South Central	152,443	40	88,117	3,478,117	922	40	\$382,336,704	\$101,321	\$4,339
Arkansas	18,152	40	10,034	334,103	730	33	36,714,326	80,173	3,659
Louisiana	22,347	40	13,146	527,688	952	40	57,997,098	104,632	4,412
Oklahoma	19,507	40	10,487	347,996	714	33	38,273,332	78,491	3,650
Texas	92,437	41	54,450	2,268,330	998	42	249,351,948	109,670	4,579
Mountain	72,216	37	38,644	1,271,113	659	33	139,783,803	72,456	3,617
Arizona	17,769	32	10,063	262,027	476	26	28,798,748	52,267	2,862
Colorado	16,313	45	8,846	295,928	813	34	32,537,200	89,372	3,678
Idaho	7,184	43	3,670	143,142	861	39	15,744,151	94,676	4,290
Montana	7,206	50	3,465	96,224	667	28	10,580,426	73,354	3,054
Nevada	4,980	24	2,791	112,278	552	40	12,346,656	60,667	4,424
New Mexico	5,989	28	3,268	106,326	500	33	11,698,763	55,017	3,580
Utah	9,462	43	4,888	194,008	885	40	21,345,458	97,372	4,367
Wyoming	3,313	49	1,653	61,180	896	37	6,732,401	98,624	4,073
Pacific	158,746	41	87,554	3,095,518	804	35	340,385,828	88,371	3,888
Alaska	804	16	419	13,619	277	33	1,499,545	30,458	3,579
California	114,480	43	63,757	2,356,236	883	37	259,085,258	97,100	4,064
Hawaii	2,501	21	1,435	46,864	399	33	5,149,654	43,841	3,589
Oregon	13,977	40	7,360	188,267	538	26	20,697,959	59,123	2,812
Washington	26,984	40	14,583	490,532	736	34	53,953,412	80,918	3,700
Outlying Areas <sup>4</sup>	2,796	3	1,612	28,038	32	17	3,083,972	3,499	1,913

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

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

<sup>3</sup>Includes 50 States, District of Columbia, and outlying areas.

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

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

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

**Table 6.5**

**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 2004**

Type of Entitlement and Covered Days of Care	Persons <sup>1</sup>	Covered Admissions <sup>2</sup>	Covered Days of Care			Covered Charges			
			Number	Per Admission	Per Person	Amount in Thousands	Per Admission	Per Person	Per Day
<b>All Beneficiaries</b>									
Total	1,664,348	2,419,943	62,363,859	25.8	37.5	\$27,643,607	\$11,423	\$16,609	\$443
1-8 Days	432,487	615,191	2,959,795	4.8	6.8	2,207,254	3,588	5,104	746
9-20 Days	530,143	747,316	10,569,776	14.1	19.9	6,073,686	8,127	11,457	575
21-40 Days	377,426	568,618	16,412,191	28.9	43.5	7,356,789	12,938	19,492	448
41-60 Days	154,899	243,718	12,061,932	49.5	77.9	4,745,035	19,469	30,633	393
61-80 Days	69,352	114,197	7,932,202	69.5	114.4	2,935,474	25,705	42,327	370
81 Days or More	100,041	130,903	12,427,963	94.9	124.2	4,325,369	33,043	43,236	348
<b>Aged</b>									
Total	1,552,198	2,249,449	58,007,356	25.8	37.4	25,567,541	11,366	16,472	441
1-8 Days	400,380	567,266	2,734,711	4.8	6.8	2,025,178	3,570	5,058	741
9-20 Days	494,511	694,694	9,822,564	14.1	19.9	5,621,640	8,092	11,368	572
21-40 Days	355,186	532,963	15,381,320	28.9	43.3	6,848,739	12,850	19,282	445
41-60 Days	145,623	228,186	11,293,186	49.5	77.6	4,419,858	19,370	30,351	391
61-80 Days	64,781	106,267	7,380,116	69.4	113.9	2,717,157	25,569	41,944	368
81 Days or More	91,717	120,073	11,395,459	94.9	124.2	3,934,969	32,771	42,903	345
<b>Disabled</b>									
Total	112,150	170,494	4,356,503	25.6	38.8	2,076,065	12,177	18,512	477
1-8 Days	32,107	47,925	225,084	4.7	7.0	182,076	3,799	5,671	809
9-20 Days	35,632	52,622	747,212	14.2	21.0	452,046	8,590	12,687	605
21-40 Days	22,240	35,655	1,030,871	28.9	46.4	508,050	14,249	22,844	493
41-60 Days	9,276	15,532	768,746	49.5	82.9	325,177	20,936	35,056	423
61-80 Days	4,571	7,930	552,086	69.6	120.8	218,316	27,530	47,761	395
81 Days or More	8,324	10,830	1,032,504	95.3	124.0	390,400	36,048	46,901	378

See footnotes at end of table.

**Table 6.5—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 2004**

Type of Entitlement and Covered Days of Care	Coinsurance Payments				Program Payments			
	Amount in Thousands	Per Admission	Per Person	Per Day	Amount in Thousands	Per Admission <sup>3</sup>	Per Person	Per Day
<b>All Beneficiaries</b>								
Total	\$3,864,776	\$1,597	\$2,322	\$62	\$17,212,822	\$7,115	\$10,342	\$276
1-8 Days	49,869	81	115	17	966,766	1,572	2,235	327
9-20 Days	220,002	294	415	21	3,396,497	4,547	6,407	321
21-40 Days	866,715	1,524	2,296	53	4,735,672	8,331	12,547	289
41-60 Days	932,070	3,824	6,017	77	3,172,754	13,020	20,483	263
61-80 Days	691,961	6,059	9,978	87	1,975,718	17,302	28,488	249
81 Days or More	1,104,160	8,435	11,037	89	2,965,415	22,655	29,642	239
<b>Aged</b>								
Total	3,582,502	1,593	2,308	62	16,081,548	7,151	10,361	277
1-8 Days	45,373	80	113	17	898,492	1,585	2,244	329
9-20 Days	201,985	291	408	21	3,172,071	4,568	6,415	323
21-40 Days	808,460	1,517	2,276	53	4,457,865	8,367	12,551	290
41-60 Days	871,191	3,818	5,983	77	2,982,238	13,071	20,479	264
61-80 Days	643,156	6,052	9,928	87	1,844,229	17,356	28,469	250
81 Days or More	1,012,337	8,431	11,038	89	2,726,653	22,709	29,729	239
<b>Disabled</b>								
Total	282,274	1,656	2,517	65	1,131,273	6,639	10,087	260
1-8 Days	4,496	94	140	20	68,273	1,426	2,126	303
9-20 Days	18,017	342	506	24	224,425	4,267	6,298	300
21-40 Days	58,255	1,634	2,619	57	277,807	7,795	12,491	269
41-60 Days	60,879	3,920	6,563	79	190,516	12,271	20,539	248
61-80 Days	48,805	6,155	10,677	88	131,489	16,583	28,766	238
81 Days or More	91,822	8,479	11,031	89	238,762	22,046	28,684	231

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

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

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

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

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

**Table 6.6**  
**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 2004**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Total All Diagnoses <sup>4</sup>	---	2,419,943	100.0
Leading Diagnoses <sup>5</sup>	---	1,926,867	79.6
Infectious and Parasitic Diseases (MDC 1)	001-139	39,782	1.6
Septicemia	038	22,123	0.9
Other	---	17,659	0.7
Neoplasms (MDC 2)	140-239	72,863	3.0
Malignant Neoplasm of Colon	153	5,477	0.2
Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus	154	4,332	0.2
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	11,869	0.5
Malignant Neoplasm of Female Breast	174	3,541	0.1
Malignant Neoplasm of Prostate	185	3,758	0.2
Secondary Malignant Neoplasm of Respiratory and Digestive Systems and Other Specified Sites	197-198	4,978	0.2
Other	---	38,908	1.6
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	88,926	3.7
Diabetes	250	44,951	1.9
Nutritional Deficiencies	260-263	2,924	0.1
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	26,205	1.1
Other	---	14,846	0.6
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	21,250	0.9
Other and Unspecified Anemias	285	13,127	0.5
Other	---	8,123	0.3
Mental Disorders (MDC 5)	290-319	67,862	2.8
Senile and Prosenile Organic Psychotic Conditions	290	17,359	0.7
Other Organic Psychotic Conditions (Chronic)	294	17,904	0.7
Other Non-Organic Psychoses	298	5,826	0.2
Other	---	26,773	1.1
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	58,569	2.4
Other Cerebral Degenerations	331	19,781	0.8
Parkinson's Disease	332	12,580	0.5
Hemiplegia	342	2,826	0.1
Other	---	23,382	1.0

See footnotes at end of table.

**Table 6.6—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 2004**

Covered Days of Care			Covered Charges			Program Payments		
Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admis- sion <sup>3</sup>	Per Day
62,364	1,732	26	\$27,643,607	\$11,423	\$443	\$17,212,822	\$7,115	\$276
49,473	1,374	26	22,256,536	11,551	450	13,748,007	7,137	278
934	26	24	455,011	11,438	487	257,187	6,467	275
498	14	23	254,062	11,484	510	137,084	6,198	275
436	12	25	200,949	11,379	461	120,103	6,803	275
1,597	44	22	704,877	9,674	441	433,653	5,954	272
119	3	22	52,665	9,616	443	33,463	6,113	281
100	3	23	41,424	9,562	415	27,362	6,316	274
232	6	20	108,728	9,161	468	63,050	5,314	271
91	3	26	35,540	10,037	392	24,055	6,795	265
90	2	24	35,872	9,545	400	24,597	6,547	274
91	3	18	53,324	10,712	586	25,213	5,066	277
874	24	23	377,324	9,698	432	235,914	6,067	270
2,481	69	28	962,624	10,825	388	642,667	7,230	259
1,325	37	30	510,899	11,366	386	333,515	7,422	252
83	2	28	34,385	11,760	416	20,567	7,041	249
659	18	25	257,947	9,843	391	178,042	6,797	270
415	12	28	159,393	10,736	384	110,542	7,448	267
550	15	26	213,674	10,055	389	144,284	6,793	262
346	10	26	131,198	9,994	379	91,083	6,943	263
204	6	25	82,476	10,153	405	53,200	6,552	261
2,034	56	30	666,321	9,819	328	486,582	7,174	239
539	15	31	174,121	10,031	323	131,339	7,572	244
549	15	31	176,044	9,833	321	130,758	7,307	238
175	5	30	57,400	9,852	327	42,342	7,272	241
771	21	29	258,755	9,665	336	182,143	6,806	236
1,836	51	31	681,555	11,637	371	479,288	8,187	261
603	17	31	190,090	9,610	315	144,094	7,288	239
417	12	33	155,461	12,358	373	113,392	9,015	272
108	3	38	44,224	15,649	410	31,532	11,158	293
709	20	30	291,780	12,479	412	190,270	8,143	268

**Table 6.6—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 2004**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Diseases of the Circulatory System (MDC 7)	390-459	460,920	19.0
Essential Hypertension	401	37,386	1.5
Acute Myocardial Infarction	410	22,301	0.9
Ischemic Heart Disease	414	28,272	1.2
Cardiac Dysrhythmia	427	34,171	1.4
Heart Failure	428	117,539	4.9
Ill-Defined Descriptions and Complication of Heart Disease	429	4,125	0.2
Intracranial Hemorrhage	431	3,348	0.1
Occlusion of Cerebral Arteries	434	7,796	0.3
Transient Cerebral Ischemia	435	10,960	0.5
Acute, But Ill-Defined, Cerebrovascular Disease	436	67,917	2.8
Other and Ill-Defined Cerebrovascular Disease	437	3,796	0.2
Late Effects of Cerebrovascular Disease	438	45,063	1.9
Atherosclerosis	440	3,007	0.1
Other Peripheral Vascular Disease	443	10,397	0.4
Venous Embolism and Thrombosis	453	10,708	0.4
Other	---	54,134	2.2
Diseases of the Respiratory System (MDC 8)	460-519	256,857	10.6
Other Bacterial Pneumonia and Breathing Exercises (V-57.0)	482	9,143	0.4
Pneumonia, Organism Unspecified	486	109,000	4.5
Chronic Bronchitis	491	16,098	0.7
Chronic Airway Obstruction	496	49,347	2.0
Pneumonitis Due to Solids and Liquids	507	17,538	0.7
Other Diseases of Lung	518	20,543	0.8
Other	---	35,188	1.5
Diseases of the Digestive System (MDC 9)	520-579	99,393	4.1
Intestinal Obstruction Without Mention of Hernia	560	12,054	0.5
Diverticula of Intestine	562	7,649	0.3
Gastrointestinal Hemorrhage	578	27,154	1.1
Other	---	52,536	2.2

See footnotes at end of table.

**Table 6.6—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 2004**

Covered Days of Care			Covered Charges			Program Payments		
Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admission <sup>3</sup>	Per Day
12,742	354	28	\$5,129,660	\$11,129	\$403	\$3,500,687	\$7,598	\$275
1,111	31	30	408,657	10,931	368	297,418	7,959	268
515	14	23	214,245	9,607	416	142,377	6,387	276
675	19	24	275,906	9,759	409	185,981	6,581	275
889	25	26	347,378	10,166	391	241,635	7,073	272
2,890	80	25	1,152,216	9,803	399	759,917	6,468	263
117	3	28	42,546	10,314	365	30,711	7,449	264
103	3	31	44,263	13,221	428	30,958	9,247	300
208	6	27	104,419	13,394	501	63,856	8,193	307
314	9	29	121,108	11,050	386	86,959	7,936	277
2,242	62	33	879,911	12,956	393	639,180	9,416	285
126	3	33	46,960	12,371	373	35,333	9,310	281
1,524	42	34	640,930	14,223	421	443,431	9,844	291
73	2	24	38,905	12,938	536	19,338	6,431	266
304	8	29	118,719	11,419	391	78,536	7,555	259
289	8	27	113,492	10,599	393	74,557	6,964	258
1,364	38	25	580,005	10,714	425	370,501	6,846	272
6,152	171	24	2,750,491	10,708	447	1,648,340	6,419	268
187	5	21	113,539	12,418	606	51,268	5,609	273
2,561	71	24	1,072,432	9,839	419	696,493	6,392	272
300	8	19	170,085	10,566	567	82,393	5,119	275
1,295	36	26	492,045	9,971	380	330,862	6,708	255
432	12	25	201,568	11,493	467	116,145	6,623	269
540	15	26	352,133	17,141	652	148,413	7,227	275
836	23	24	348,687	9,909	417	222,764	6,333	266
2,391	66	24	975,675	9,816	408	641,522	6,456	268
280	8	23	114,638	9,510	409	76,643	6,358	274
171	5	22	75,595	9,883	441	47,395	6,200	277
696	19	26	255,452	9,408	367	182,892	6,738	263
1,244	35	24	529,990	10,088	426	334,592	6,371	269



**Table 6.6—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 2004**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Diseases of the Genitourinary System (MDC 10)	580-629	122,180	5.0
Chronic Renal Failure	585	17,413	0.7
Renal Failure, Unspecified	586	10,427	0.4
Other Disorders of Urethra and Urinary Tract	599	66,176	2.7
Other	---	28,164	1.2
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	60,743	2.5
Other Cellulitis and Abscess	682	34,522	1.4
Chronic Ulcer of Skin	707	22,916	0.9
Other	---	3,305	0.1
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	163,538	6.8
Osteoarthritis and Allied Disorders	715	48,220	2.0
Other and Unspecified Disorders of Joint	719	21,477	0.9
Spinal Stenosis	724	20,504	0.8
Disorders of Muscle, Ligament, and Fascia	728	22,956	0.9
Osteomyelitis, Periostitis, and Other Infections Involving Bone	730	8,446	0.3
Other Disorders of Bone and Cartilage	733	15,168	0.6
Other	---	26,767	1.1
Congenital Anomalies (MDC 14)	740-759	4,308	0.2
Other III Defined Conditions (MDC 16)	780-799	199,700	8.3
General Symptoms	780	79,109	3.3
Symptoms Involving Nervous and Musculoskeletal Systems	781	30,037	1.2
Symptom Disorders of Cardiovascular System	785	4,627	0.2
Symptoms Involving Respiratory System and Other Chest Symptoms	786	14,073	0.6
Symptoms Involving Digestive System	787	14,549	0.6
Other	---	57,305	2.4
Injury and Poisoning (MDC 17)	800-999	246,735	10.2
Fracture, Vertebra	805	13,767	0.6
Fracture, Pelvis	808	15,151	0.6
Fracture, Humerus	812	11,755	0.5
Fracture, Neck of Femur	820	95,273	3.9
Fracture, Shaft of Femur	821	14,013	0.6
Fracture, Tibia, Fibula	823	6,765	0.3
Fracture of Ankle	824	8,688	0.4
Amputation	897	6,597	0.3
Other	---	74,726	3.1

See footnotes at end of table.

**Table 6.6—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 2004**

Covered Days of Care			Covered Charges			Program Payments		
Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admission <sup>3</sup>	Per Day
3,208	89	26	\$1,210,392	\$9,907	\$377	\$844,400	\$6,913	\$263
449	12	26	160,544	9,220	357	112,727	6,474	251
269	7	26	95,651	9,173	356	68,924	6,616	256
1,782	49	27	668,107	10,096	375	475,058	7,180	267
708	20	25	286,090	10,158	404	187,692	6,667	265
1,784	50	29	771,688	12,704	433	461,904	7,606	259
915	25	27	407,391	11,801	445	247,407	7,168	270
781	22	34	326,403	14,243	418	191,263	8,350	245
88	2	27	37,895	11,466	429	23,234	7,032	263
4,156	115	25	1,793,058	10,964	431	1,186,401	7,258	285
948	26	20	438,227	9,088	462	295,557	6,132	312
615	17	29	247,027	11,502	402	171,906	8,008	279
507	14	25	211,704	10,325	418	147,212	7,185	290
704	20	31	276,937	12,064	393	190,968	8,325	271
255	7	30	139,241	16,486	545	66,815	7,914	262
424	12	28	173,427	11,434	409	117,228	7,730	277
703	20	26	306,497	11,451	436	196,714	7,352	280
111	3	26	42,036	9,758	378	30,197	7,014	271
5,477	152	27	2,185,709	10,945	399	1,498,654	7,507	274
2,153	60	27	841,043	10,631	391	594,608	7,519	276
852	24	28	360,583	12,005	423	244,943	8,158	287
129	4	28	50,102	10,828	389	34,024	7,358	264
341	9	24	131,791	9,365	386	90,777	6,453	266
465	13	32	163,012	11,204	351	117,747	8,095	253
1,537	43	27	639,178	11,154	416	416,555	7,271	271
8,024	223	33	3,297,451	13,364	411	2,241,029	9,086	279
382	11	28	154,972	11,257	405	108,097	7,855	283
470	13	31	190,607	12,581	405	134,505	8,881	286
427	12	36	168,516	14,336	395	118,933	10,123	278
3,316	92	35	1,327,107	13,930	400	939,463	9,864	283
528	15	38	204,588	14,600	387	144,565	10,322	274
257	7	38	100,905	14,916	393	68,901	10,188	269
306	9	35	122,131	14,057	399	83,881	9,659	274
227	6	34	80,645	12,225	356	55,778	8,462	246
2,111	59	28	947,980	12,686	449	586,906	7,857	278

**Table 6.6—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 2004**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	453,899	18.8
Organ of Tissue Replaced by Other Means	V43	16,752	0.7
Orthopedic Aftercare	V54	62,637	2.6
Breathing Exercises	V57	293,250	12.1
Encounter for Other and Unspecified Procedures and Aftercare	V58	48,495	2.0
Convalescence	V66	8,231	0.3
Other	---	24,534	1.0

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

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

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

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

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

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

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

**Table 6.6—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 2004**

Covered Days of Care			Covered Charges			Program Payments		
Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admis- sion <sup>3</sup>	Per Day
8,817	245	19	\$5,776,690	\$12,727	\$655	\$2,696,507	\$5,942	\$306
364	10	22	160,894	9,604	442	114,178	6,822	313
1,684	47	27	775,659	12,383	461	498,026	7,956	296
5,092	141	17	3,882,609	13,240	762	1,598,133	5,450	314
818	23	17	610,880	12,597	747	253,645	5,232	310
149	4	18	75,307	9,149	507	48,559	5,902	327
710	20	29	271,341	11,060	382	183,966	7,502	259

**Table 6.7**

**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 2004**

Type of Facility and Bed Size	Number of Facilities	Covered Admissions <sup>1</sup>		Covered Days of Care			Program Payments			
		Number	Percent	Number in Thousands	Percent	Per Admission	Amount in Thousands	Percent	Per Admission <sup>2</sup>	Per Day
<b>SNFs</b>										
Total	14,986	2,285,214	100.0	61,154	100.0	26.8	\$16,531,168	100.0	\$7,237	\$270
1-49 Beds	3,291	483,899	21.2	9,235	15.1	19.1	2,545,082	15.4	5,260	276
50-99 Beds	5,259	548,568	24.0	15,358	25.1	28.0	4,080,855	24.7	7,441	266
100-149 Beds	4,208	696,147	30.5	20,494	33.5	29.4	5,445,394	32.9	7,825	266
150-199 Beds	1,413	319,104	14.0	9,204	15.1	28.8	2,494,131	15.1	7,820	271
200 Beds or More	815	237,496	10.4	6,863	11.2	28.9	1,965,705	11.9	8,283	286
<b>Hospital Based</b>										
Total	1,338	340,039	100.0	4,872	100.0	14.3	1,382,538	100.0	4,066	284
1-49 Beds	913	254,977	75.0	3,157	64.8	12.4	918,295	66.4	3,602	291
50-99 Beds	272	51,315	15.1	933	19.1	18.2	252,350	18.3	4,918	271
100-149 Beds	92	16,021	4.7	335	6.9	20.9	84,806	6.1	5,293	253
150-199 Beds	26	5,589	1.6	125	2.6	22.3	33,235	2.4	5,947	267
200 Beds or More	35	12,137	3.6	322	6.6	26.6	93,853	6.8	7,733	291
<b>Non-Hospital Based</b>										
Total	13,648	1,945,175	100.0	56,281	100.0	28.9	15,148,629	100.0	7,791	269
1-49 Beds	2,378	228,922	11.8	6,077	10.8	26.5	1,626,788	10.7	7,107	268
50-99 Beds	4,987	497,253	25.6	14,425	25.6	29.0	3,828,505	25.3	7,702	265
100-149 Beds	4,116	680,126	35.0	20,159	35.8	29.6	5,360,588	35.4	7,885	266
150-199 Beds	1,387	313,515	16.1	9,079	16.1	29.0	2,460,896	16.2	7,853	271
200 Beds or More	780	225,359	11.6	6,541	11.6	29.0	1,871,852	12.4	8,312	286
<b>Swing-Bed Hospitals<sup>3</sup></b>										
Total	717	134,729	100.0	1,210	100.0	9.0	681,654	100.0	5,059	563
1-49 Beds	448	109,559	81.3	1,018	84.1	9.3	631,872	92.7	5,767	620
50-99 Beds	269	25,170	18.7	192	15.9	7.6	49,782	7.3	1,978	259

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

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

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

NOTES: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. 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 6.8**

**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 2004**

Principal ICD-9-CM Diagnosis <sup>1</sup>	ICD- 9-CM Code	1998 Covered Admissions <sup>2</sup>			2000 Covered Admissions <sup>2</sup>			2004 Covered Admissions <sup>2</sup>		
		Number	Average Covered Days of Care per Admission	Average Program Payment per Admission <sup>3</sup>	Number	Average Covered Days of Care per Admission	Average Program Payment per Admission <sup>3</sup>	Number	Average Covered Days of Care per Admission	Average Program Payment per Admission <sup>3</sup>
Total All Diagnoses	---	1,984,713	22.9	\$5,708	1,936,127	23.2	\$5,511	2,419,943	25.8	\$7,115
Heart Failure	428	96,921	21.7	5,215	93,765	21.9	5,002	117,539	24.6	6,468
Pneumonia	486	89,866	21.2	5,278	90,147	21.1	4,960	109,000	23.5	6,392
Fracture of Neck of Femur	820	133,347	28.9	7,021	120,261	30.3	7,389	95,273	34.8	9,864
General Symptoms	780	43,210	24.0	5,861	53,320	23.8	5,688	79,109	27.2	7,519
Acute But Ill-Defined, Cerebrovascular Disease	436	103,913	31.4	7,238	90,653	31.6	7,484	67,917	33.0	9,416
Other Disorders of Urethra and Urinary Tract	599	40,642	24.7	6,009	42,606	24.0	5,631	66,176	26.9	7,180
Chronic Airway Obstruction, Not Elsewhere Classified	496	42,300	24.4	5,619	40,241	24.6	5,379	49,347	26.2	6,708
Osteoarthritis and Allied Disorders	715	54,851	14.5	4,360	48,245	16.1	4,327	48,220	19.7	6,132
Late Effects of Cerebrovascular Disease	438	17,242	31.2	7,068	27,236	29.7	7,176	45,063	33.8	9,844
Diabetes Mellitus	250	48,266	29.6	6,529	39,334	27.3	5,984	44,951	29.5	7,422

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

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

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

NOTES: The leading conditions were selected based on the most frequently reported or special interest principal diagnoses for beneficiaries admitted to SNFs during 2004; 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.