

Table 5.6

Number of Discharges with a Procedure, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Principal Procedure Within Major Procedure Classifications (MPCs): Calendar Year 2011

Principal ICD-9-CM Procedure ¹ Within MPC	ICD-9-CM Code	Discharges ²		Total Days of Care		Program Payments		
		Number	Per 1,000 HI Enrollees ³	Number	Per Discharge	Amount in Thousands	Per Discharge ⁴	Per Day
Total All Procedures	---	6,748,109	187	41,398,836	6.1	\$88,682,465	\$13,356	\$2,142
Leading Procedures ⁵	---	2,827,337	78	15,953,561	5.6	33,588,936	12,046	2,105
Operations on the Nervous System (MPC 1)	01-05	158,139	4	993,590	6.3	2,459,055	15,824	2,475
Spinal Tap	03.31	37,153	1	244,530	6.6	334,939	9,124	1,370
Operations on the Endocrine System (MPC 2)	06-07	21,608	1	82,138	3.8	230,519	10,889	2,806
Operations on the Eye (MPC 3)	08-16	7,185	(6)	34,027	4.7	66,962	9,569	1,968
Operations on the Ear (MPC 4)	18-20	2,305	(6)	12,976	5.6	25,237	11,373	1,945
Operations on the Nose, Mouth, and Pharynx (MPC 5)	21-29	25,651	1	128,201	5.0	233,335	9,369	1,820
Operations on the Respiratory System (MPC 6)	30-34	264,839	7	2,574,935	9.7	5,187,864	19,717	2,015
Bronchoscopy with or Without Biopsy	33.21-33.24,33.27	56,402	2	487,898	8.7	665,859	11,892	1,365
Operations on the Cardiovascular System (MPC 7)	35-39	1,402,384	39	8,863,119	6.3	22,202,798	16,086	2,505
Removal of Coronary Artery Obstruction	36.0	1,675	(6)	5,705	3.4	24,422	15,001	4,281
Coronary Artery Bypass Graft	36.1	69,470	2	672,745	9.7	2,359,778	34,077	3,508
Cardiac Catheterization	37.21-37.23	203,712	6	831,756	4.1	1,572,163	7,840	1,890
Insertion, Replacement, Removal, and Revision of Pacemaker Leads or Device	37.7-37.8	104,570	3	532,802	5.1	1,735,084	16,787	3,257
Hemodialysis	39.95	255,910	7	1,245,927	4.9	2,413,130	9,663	1,937
Operations on the Hemic and Lymphatic System (MPC 8)	40-41	45,676	1	362,387	7.9	808,896	18,120	2,232

See footnotes at end of table.

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		Number	Per 1,000 HI Enrollees ³	Number	Per Discharge	Amount in Thousands	Per Discharge ⁴	Per Day
Operations on the Digestive System (MPC 9)	42-54	1,050,598	29	7,245,312	6.9	\$12,733,345	\$12,298	\$1,757
Endoscopy of Small Intestine with or Without Biopsy	45.11-45.14,45.16	282,032	8	1,510,442	5.4	1,921,527	6,921	1,272
Endoscopy of Large Intestine with or Without Biopsy	45.21-45.25	91,164	3	494,104	5.4	591,325	6,593	1,197
Partial Excision of Large Intestine	45.7	60,192	2	690,083	11.5	1,520,383	25,333	2,203
Appendectomy, Excluding Incidental	47.0	18,344	1	81,929	4.5	185,457	10,196	2,264
Cholecystectomy	51.2	94,206	3	558,085	5.9	1,183,111	12,759	2,120
Lysis of Peritoneal Adhesions	54.5	30,116	1	292,029	9.7	580,188	19,415	1,987
Operations on the Urinary System (MPC 10)	55-59	200,858	6	1,176,947	5.9	2,295,900	11,608	1,951
Cystoscopy with or Without Biopsy	57.31-57.33	10,942	(6)	73,753	6.7	91,036	8,418	1,234
Operations on the Male Genital Organs (MPC 11) ⁷	60-64	60,041	4	201,101	3.3	436,623	7,558	2,171
Prostatectomy	60.2-60.6	51,732	3	154,553	3.0	350,502	7,050	2,268
Operations on the Female Genital Organs (MPC 12) ⁸	65-71	73,235	4	238,634	3.3	576,169	8,132	2,414
Unilateral Oophorectomy	65.3-65.6	10,229	1	41,657	4.1	93,764	9,329	2,251
Hysterectomy	68.3-68.7,68.9	37,623	2	113,156	3.0	293,561	7,985	2,594
Obstetrical Procedures (MPC 13) ⁸	72-75	15,434	1	50,113	3.2	70,950	4,649	1,416
Forceps, Vacuum, and Breech Delivery	72.1,72.21,72.31,72.71,73.6	420	(6)	1,203	2.9	1,182	2,841	983
Cesarean Section and Removal of Fetus	74.0-74.2,74.4-74.99	13,128	1	53,855	4.1	83,255	6,434	1,546
Repair of Current Obstetric Laceration	75.5-75.6	1,505	(6)	3,939	2.6	4,793	3,206	1,217
Operations on the Musculoskeletal System (MPC 14)	76-84	1,108,821	31	5,365,949	4.8	15,965,019	14,540	2,975
Partial Excision of Bone	76.2-76.3,77.6-77.8	18,112	1	148,745	8.2	309,461	17,350	2,080
Reduction of Facial Fracture	76.7,79.0-79.3	186,850	5	1,014,855	5.4	2,303,485	12,422	2,270
Open Reduction of Fracture with Internal Fixation	79.3	127,531	4	690,121	5.4	1,589,062	12,563	2,303
Excision or Destruction of Intervertebral Disc	80.5	19,066	1	54,076	2.8	151,185	8,217	2,796
Total Hip Replacement	81.51	125,964	3	441,596	3.5	1,585,235	12,662	3,590
Total Knee Replacement	81.54	272,734	8	897,065	3.3	3,343,204	12,371	3,727
See footnotes at end of table.								

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		Number	Per 1,000 HI Enrollees ³	Number	Per Discharge	Amount in Thousands	Per Discharge ⁴	Per Day
Operations on the Integumentary System (MPC 15)	85-86	216,242	6	1,507,856	7.0	\$2,441,918	\$11,490	\$1,619
Excision of Destruction of Lesion or Tissue of Skin and Subcutaneous Tissue	86.22-86.28	71,663	2	653,919	9.1	1,086,696	15,349	1,662
Miscellaneous Diagnostic and Therapeutic Procedures (MPC 16)	87-99	1,755,255	49	11,196,341	6.4	17,617,082	10,187	1,573
Computerized Axial Tomography	87.03,87.41,87.71,88.01,88.38	82,088	2	370,219	4.5	595,873	7,396	1,610
Arteriography and Angiocardiology Using Contrast Material	88.4-88.5	41,124	1	189,858	4.6	311,589	7,726	1,641
Diagnostic Ultrasound	88.7	153,936	4	750,281	4.9	1,079,813	7,130	1,439
Respiratory Therapy	93.9,96.7	360,589	10	2,900,565	8.0	5,934,295	16,637	2,046
Nonoperative Intubation of Gastrointestinal and Respiratory Tracts Insertion of Endotracheal Tube	96.04	38,736	1	265,807	6.9	520,499	13,532	1,958
Injection of Infusion of Cancer Chemotherapeutic Substance	99.25	32,406	1	202,515	6.2	402,794	12,628	1,989

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

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

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

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

⁵Specific leading procedure categories were selected for presentation because of frequency of occurrences or because of special interest. The leading classifications were developed by the National Center for Health Statistics.

⁶Less than 1 discharge per 1,000 enrollees.

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

⁸Only the female enrollment population used to calculate discharges per 1,000 HI enrollees.

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

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the MEDPAR files: Medicare Provider Analysis and Review; data development by the Office of Information Products and Data Analytics.