

Table 23

**Discharges, Total Days of Care, Total Charges, and Program Payments for Medicare
Beneficiaries Discharged from Short-Stay Hospitals, by Type of Entitlement:
Calendar Years 1972-2002**

Type of Entitlement and Year	Discharges		Total Days of Care		
	Number in Thousands	Rate per 1,000 HI Enrollees	Number in Thousands	Rate per 1,000 HI Enrollees	Per Discharge
All Beneficiaries					
1972	6,380	302	77,198	3,656	12.1
1973	6,984	300	81,529	3,499	11.7
1974	7,629	319	87,523	3,658	11.5
1975	8,001	325	89,275	3,623	11.2
1976	8,465	334	93,480	3,693	11.0
1977	8,808	338	96,825	3,711	11.0
1978	9,216	344	99,372	3,712	10.8
1979	9,642	351	102,469	3,750	10.7
1980	10,279	366	109,175	3,890	10.6
1981	10,660	368	110,806	3,827	10.4
1982	11,109	382	113,047	3,889	10.2
1983	11,436	387	112,011	3,786	9.8
1984	10,896	363	96,485	3,217	8.9
1985	10,027	328	86,339	2,822	8.6
1986	10,044	322	86,910	2,784	8.7
1987	10,110	317	89,651	2,815	8.9
1988	10,256	316	90,873	2,804	8.9
1989 ³	10,148	307	89,902	2,721	8.9
1990	10,522	312	92,735	2,749	8.8
1991 ⁴	10,737	312	92,935	2,699	8.7
1992 ⁴	10,958	312	91,990	2,616	8.4
1993 ⁴	10,979	306	87,883	2,446	8.0
1994 ⁴	11,282	335	84,742	2,516	7.5
1995 ⁴	11,435	340	80,056	2,378	7.0
1996 ⁴	11,474	345	75,660	2,272	6.6
1997 ⁴	11,527	353	73,029	2,239	6.3
1998 ⁴	11,355	355	70,055	2,192	6.2
1999 ⁴	11,605	365	70,508	2,219	6.1
2000 ⁴	11,720	363	70,330	2,175	6.0
2001 ⁴	12,231	366	72,607	2,171	5.9
2002 ⁴	12,607	365	74,566	2,158	5.9
			Average Annual Rate of Change		
1972-1983 ⁶	5.4	2.3	3.4	0.3	-1.9
1983-2002 ⁶	0.5	-0.3	-2.1	-2.9	-2.6
1972-2002	2.3	0.6	-0.1	-1.7	-2.4

See footnotes at end of table.

Table 23—Continued

**Discharges, Total Days of Care, Total Charges, and Program Payments for Medicare
Beneficiaries Discharged from Short-Stay Hospitals, by Type of Entitlement:
Calendar Years 1972-2002**

Total Charges		Program Payments					
Amount in Millions	Per Discharge	Amount in Millions	Per Discharge ¹	Per HI Enrollee	Per Day	Percent of Total Charges	Percent of Total Medicare Payments ²
\$7,401	\$1,160	\$5,576	\$874	\$264	\$72	75.3	69.5
8,494	1,216	6,446	923	277	79	75.9	69.7
10,471	1,373	7,837	1,027	328	90	74.8	69.7
13,073	1,634	9,748	1,218	396	109	74.6	67.0
15,951	1,882	11,803	1,394	466	126	74.1	67.0
19,157	2,170	13,944	1,583	534	144	73.0	68.1
22,408	2,431	16,008	1,737	598	161	71.4	68.0
26,120	2,709	18,463	1,915	672	180	70.7	66.7
31,992	3,112	22,099	2,150	787	202	69.1	66.4
38,164	3,580	25,936	2,433	907	234	68.0	65.0
46,369	4,174	30,601	2,755	1,053	271	66.0	63.6
54,127	4,733	34,338	3,003	1,161	307	63.4	64.3
52,901	4,855	38,500	3,533	1,284	399	72.8	65.1
53,397	5,332	40,200	4,009	1,314	466	75.2	62.9
59,376	5,911	41,781	4,160	1,338	481	70.4	60.7
68,490	6,775	44,068	4,359	1,383	492	64.3	58.1
78,536	7,657	46,879	4,571	1,446	516	59.7	57.6
88,038	8,676	49,091	4,838	1,486	546	55.8	52.3
102,544	9,746	53,708	5,281	1,593	579	52.4	53.0
117,616	10,954	58,750	5,610	1,706	632	50.0	53.0
131,451	11,996	64,810	6,057	1,843	705	49.3	53.7
139,375	12,695	67,260	6,257	1,872	765	48.3	52.0
146,074	12,948	70,624	6,377	2,097	833	48.3	48.2
149,502	13,074	74,836	6,656	2,223	935	50.1	47.1
152,854	13,322	78,546	6,953	2,359	1,038	51.4	47.0
159,285	13,818	80,725	7,118	2,475	1,105	50.7	46.0
163,541	14,402	78,364	7,021	2,452	1,119	47.9	46.6
178,399	15,373	79,013	6,920	2,486	1,121	44.3	47.4
196,017	16,725	81,231	6,971	2,513	1,155	41.4	46.6
227,145	18,572	88,323	7,262	2,641	1,216	38.9	44.7
271,750	21,555	94,194	7,507	2,726	1,263	34.7	43.7
Average Annual Rate of Change							
19.8	13.6	18.0	11.9	14.4	14.0	---	---
8.9	8.3	5.5	4.9	4.6	7.7	---	---
12.8	10.2	9.9	7.4	8.1	10.0	---	---

Table 23—Continued

**Discharges, Total Days of Care, Total Charges, and Program Payments for Medicare
Beneficiaries Discharged from Short-Stay Hospitals, by Type of Entitlement:
Calendar Years 1972-2002**

Type of Entitlement and Year	Discharges		Total Days of Care		
	Number in Thousands	Rate per 1,000 HI Enrollees	Number in Thousands	Rate per 1,000 HI Enrollees	Per Discharge
Aged Beneficiaries					
1972	6,380	302	77,198	3,656	12.1
1973	6,751	313	78,987	3,662	11.7
1974	7,033	320	80,880	3,677	11.5
1975	7,285	324	81,592	3,631	11.2
1976	7,607	332	84,438	3,684	11.1
1977	7,850	334	86,967	3,705	11.1
1978	8,133	339	88,557	3,692	10.9
1979	8,478	345	91,239	3,717	10.8
1980	9,051	361	96,772	3,855	10.7
1981	9,400	367	98,223	3,838	10.4
1982	9,817	376	100,431	3,846	10.2
1983	10,152	381	99,740	3,740	9.8
1984	9,705	358	86,062	3,174	8.9
1985	8,918	322	76,926	2,779	8.6
1986	8,917	316	77,240	2,733	8.7
1987	9,000	312	79,804	2,769	8.9
1988	9,146	312	80,938	2,761	8.8
1989 ³	9,026	302	79,784	2,671	8.8
1990	9,351	307	82,179	2,696	8.8
1991 ⁴	9,510	306	81,994	2,641	8.6
1992 ⁴	9,663	306	80,818	2,559	8.4
1993 ⁴	9,628	300	76,719	2,393	8.0
1994 ⁴	9,802	331	73,278	2,471	7.5
1995 ⁴	9,879	336	68,842	2,340	7.0
1996 ⁴	9,853	341	64,610	2,237	6.6
1997 ⁴	9,873	351	62,184	2,212	6.3
1998 ⁴	9,683	354	59,286	2,169	6.1
1999 ⁴	9,873	365	59,577	2,204	6.0
2000 ⁴	9,913	361	59,002	2,152	6.0
2001 ⁴	10,289	364	60,470	2,139	5.9
2002 ⁴	10,510	361	61,515	2,113	5.9
			Average Annual Rate of Change		
1972-1983 ⁶	4.3	2.1	2.4	0.2	-1.9
1983-2002 ⁶	0.2	-0.3	-2.5	-3.0	-2.7
1972-2002	1.7	0.6	-0.8	-1.8	-2.4

See footnotes at end of table.

Table 23—Continued

**Discharges, Total Days of Care, Total Charges, and Program Payments for Medicare
Beneficiaries Discharged from Short-Stay Hospitals, by Type of Entitlement:
Calendar Years 1972-2002**

Total Charges		Program Payments					
Amount in Millions	Per Discharge	Amount in Millions	Per Discharge ¹	Per HI Enrollee	Per Day	Percent of Total Charges	Percent of Total Medicare Payments ²
\$7,401	\$1,160	\$5,576	\$874	\$264	\$72	75.3	69.5
8,227	1,219	6,245	925	290	79	75.9	69.1
9,614	1,367	7,209	1,025	328	89	75.0	70.3
11,853	1,627	8,859	1,216	394	109	74.7	67.9
14,263	1,875	10,589	1,392	462	125	74.2	67.7
17,072	2,175	12,455	1,587	531	143	73.0	69.1
19,772	2,431	14,182	1,744	591	160	71.7	68.9
22,938	2,706	16,251	1,917	662	178	70.8	67.7
28,114	3,106	19,460	2,150	775	201	69.2	66.6
33,564	3,571	22,814	2,427	891	232	68.0	62.3
40,875	4,164	27,008	2,751	1,034	269	66.1	64.6
47,851	4,713	30,398	2,994	1,140	305	63.5	65.1
46,964	4,839	34,188	3,523	1,261	397	72.8	65.6
47,371	5,312	35,738	4,007	1,291	465	75.4	63.3
52,623	5,901	37,030	4,153	1,310	479	70.4	60.9
60,900	6,766	39,350	4,372	1,365	493	64.6	58.6
69,920	7,645	41,918	4,583	1,430	518	60.0	58.1
78,204	8,665	43,747	4,847	1,465	548	55.9	52.9
90,948	9,726	47,842	5,270	1,570	582	52.6	53.4
103,871	10,922	52,278	5,601	1,684	638	50.3	53.3
115,789	11,982	57,494	6,058	1,821	704	49.7	54.1
122,083	12,681	59,281	6,253	1,849	764	48.6	52.2
126,880	12,944	61,691	6,375	2,081	831	48.6	48.3
129,319	13,091	64,987	6,656	2,209	928	50.3	47.1
131,673	13,364	67,860	6,961	2,349	1,050	51.5	47.0
136,777	13,854	69,547	7,124	2,473	1,118	50.8	46.4
139,738	14,432	67,204	7,022	2,458	1,134	48.1	46.5
152,293	15,426	67,588	6,918	2,500	1,134	44.4	47.5
165,964	16,742	69,088	6,995	2,519	1,171	41.6	46.5
191,263	18,590	74,742	7,291	2,643	1,236	39.1	44.5
226,904	21,590	79,120	7,550	2,718	1,286	34.9	43.4
Average Annual Rate of Change							
18.5	13.6	16.7	11.8	14.2	14.0	---	---
8.5	8.3	5.2	5.0	4.7	7.9	---	---
12.1	10.2	9.2	7.5	8.1	10.1	---	---

Table 23—Continued

Discharges, Total Days of Care, Total Charges, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Type of Entitlement: Calendar Years 1972-2002

Type of Entitlement and Year	Discharges		Total Days of Care		
	Number in Thousands	Rate per 1,000 HI Enrollees	Number in Thousands	Rate per 1,000 HI Enrollees	Per Discharge
Disabled Beneficiaries					
1974 ⁵	596	309	6,643	3,446	11.1
1975	716	330	7,683	3,544	10.7
1976	858	359	9,042	3,780	10.5
1977	958	366	9,858	3,764	10.3
1978	1,083	388	10,815	3,872	10.0
1979	1,164	400	11,230	3,858	10.0
1980	1,228	414	12,403	4,186	10.1
1981	1,260	420	12,583	4,196	9.9
1982	1,292	437	12,616	4,271	9.8
1983	1,284	440	12,272	4,206	9.6
1984	1,191	413	10,423	3,614	8.8
1985	1,109	381	9,413	3,238	8.5
1986	1,127	381	9,670	3,269	8.6
1987	1,109	366	9,847	3,249	8.9
1988	1,111	358	9,936	3,203	8.9
1989 ³	1,122	354	10,118	3,191	9.0
1990	1,171	360	10,556	3,245	9.0
1991 ⁴	1,227	362	10,941	3,230	8.9
1992 ⁴	1,294	362	11,173	3,122	8.6
1993 ⁴	1,352	350	11,165	2,891	8.3
1994 ⁴	1,480	367	11,465	2,846	7.7
1995 ⁴	1,556	367	11,214	2,646	7.2
1996 ⁴	1,621	367	11,051	2,505	6.8
1997 ⁴	1,654	368	10,845	2,411	6.6
1998 ⁴	1,673	362	10,769	2,333	6.4
1999 ⁴	1,732	365	10,931	2,306	6.3
2000 ⁴	1,807	368	11,328	2,309	6.3
2001 ⁴	1,942	376	12,137	2,347	6.2
2002 ⁴	2,098	385	13,051	2,395	6.2
Average Annual Rate of Change					
1974-1983 ⁶	8.9	4.0	7.1	2.2	-1.6
1983-2002 ⁶	2.6	-0.7	0.3	-2.9	-2.3
1974-2002	4.6	0.8	2.4	-1.3	-2.1

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

²Based on total Medicare program payments.

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

⁴This table was revised from earlier editions for years 1991-1998 to exclude discharges from short-stay hospitals that were paid for by Medicare managed care plans, thus yielding fee-for-service utilization only for those years. Data for years prior to 1991 were not revised. However, these managed care enrollees were included in calculating all user rates per enrollee until 1994. Beginning with 1994, Medicare managed care enrollees are excluded from all calculations.

⁵Effective July 1, 1973, Medicare coverage was extended to disabled beneficiaries under the Social Security and Railroad Retirement Programs. Coverage was also extended to persons under 65 years of age who require dialysis or a kidney transplant for end stage renal disease. Public Law 95-292 removed the under age 65 restriction for persons with end stage renal disease, effective October 1978.

⁶Average annual rates of change are provided for periods before and after 1983 to show the impact of the prospective payment system's implementation (beginning October 1, 1983) on short-stay hospital utilization.

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

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

Table 23—Continued

**Discharges, Total Days of Care, Total Charges, and Program Payments for Medicare
Beneficiaries Discharged from Short-Stay Hospitals, by Type of Entitlement:
Calendar Years 1972-2002**

Total Charges		Program Payments					
Amount in Millions	Per Discharge	Amount in Millions	Per Discharge ¹	Per HI Enrollee	Per Day	Percent of Total Charges	Percent of Total Medicare Payments ²
\$857	\$1,438	\$628	\$1,054	\$326	\$95	73.3	64.0
1,220	1,704	889	1,242	410	116	72.9	59.6
1,688	1,967	1,214	1,415	508	134	71.9	61.2
2,085	2,176	1,489	1,554	569	151	71.4	60.5
2,636	2,434	1,826	1,686	654	169	69.3	61.6
3,182	2,734	2,212	1,900	760	197	69.5	59.9
3,878	3,158	2,639	2,149	891	213	68.1	58.6
4,600	3,651	3,122	2,478	1,041	248	67.9	58.9
5,494	4,252	3,593	2,781	1,216	285	65.4	56.6
6,276	4,887	3,940	3,068	1,350	321	62.8	58.7
5,937	4,987	4,312	3,621	1,495	414	72.6	61.5
6,026	5,435	4,462	4,023	1,535	474	73.9	59.9
6,752	5,991	4,751	4,216	1,606	491	70.4	59.0
7,590	6,843	4,718	4,254	1,557	479	62.2	54.1
8,617	7,759	4,961	4,468	1,600	499	57.6	53.8
9,834	8,764	5,344	4,763	1,685	528	54.3	48.2
11,596	9,904	5,866	5,371	1,809	556	50.6	49.7
13,746	11,206	6,473	5,680	1,912	592	47.1	50.5
15,661	12,101	7,316	6,051	2,086	665	46.7	50.6
17,292	12,794	7,978	6,294	2,107	726	46.1	50.2
19,193	12,971	8,933	6,390	2,218	776	46.5	47.4
20,182	12,968	9,849	6,655	2,324	878	48.8	46.8
21,181	13,067	10,686	6,901	2,422	967	50.5	47.3
22,508	13,609	11,178	7,084	2,485	1,031	49.7	47.0
23,803	14,231	11,160	7,012	2,418	1,036	46.9	47.0
26,106	15,074	11,425	6,933	2,410	1,045	43.8	47.1
30,053	16,629	12,143	6,835	2,475	1,072	40.4	47.1
35,882	18,475	13,581	7,106	2,626	1,119	37.8	45.8
44,846	21,380	15,074	7,287	2,767	1,155	33.6	45.5
Average Annual Rate of Change							
24.8	14.6	22.6	12.6	17.1	14.6	---	---
10.9	8.1	7.3	4.7	3.8	7.0	---	---
15.2	10.1	12.0	7.1	7.9	9.4	---	---

Table 24

Discharges, Coinsurance Days, Coinsurance Payments, and Deductible Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Type of Entitlement: Calendar Years 1985-2002

Type of Entitlement and Year	Discharges		Coinsurance Days			Coinsurance Payments				Deductible Payments in Thousands	
	Number	With	Percent	Number	Percent of TDOC	Per Discharge With Coinsurance	Amount in Thousands	Per Discharge With Coinsurance	Per Day With Coinsurance		Per HI Enrollee
		Coin-surance	Coin-surance								
All Beneficiaries											
1985	10,333,990	201,340	1.9	2,230,005	2.6	11.1	386,145	1,918	173	13	2,867,199
1987	10,109,560	186,300	1.8	2,223,675	2.5	11.9	506,323	2,718	228	16	3,818,919
1989 ¹	10,147,665	9,075	0.1	140,285	0.2	15.5	39,013	4,299	278	1	3,607,489
1990	10,521,925	159,405	1.5	1,990,245	2.1	12.5	495,351	3,107	249	15	4,519,088
1991	10,887,700	208,650	1.9	2,564,295	2.7	12.3	740,119	3,547	289	21	4,938,491
1992	11,110,545	204,690	1.8	2,459,625	2.7	12.0	749,110	3,660	305	21	5,161,207
1993	11,157,860	190,640	1.7	2,230,130	2.5	11.7	678,846	3,561	304	19	5,407,178
1994 ²	11,470,605	181,110	1.6	2,015,355	2.4	11.1	637,692	3,521	316	19	5,656,015
1995 ²	11,680,885	164,535	1.4	1,738,950	2.1	10.6	535,923	3,257	308	16	5,880,735
1996 ²	11,795,535	149,265	1.3	1,492,815	1.9	10.0	472,289	3,164	316	14	6,066,239
1997 ²	11,919,085	144,780	1.2	1,400,900	1.9	9.7	454,071	3,136	324	14	6,274,527
1998 ²	11,677,045	137,380	1.2	1,288,950	1.8	9.4	412,001	2,999	320	13	6,157,044
1999 ²	11,604,590	137,940	1.2	1,278,785	1.8	9.3	423,526	3,070	331	13	6,077,414
2000 ²	11,719,960	145,880	1.2	1,379,135	2.0	9.5	492,771	3,378	357	15	6,214,175
2001 ²	12,230,660	156,340	1.3	1,454,450	2.0	9.3	530,950	3,396	365	16	6,579,229
2002 ²	12,607,370	162,690	1.3	1,506,820	2.0	9.3	578,659	3,557	384	17	6,959,581
Aged Beneficiaries											
1985	9,181,575	167,205	1.8	1,877,450	2.4	11.2	322,772	1,930	172	12	2,575,432
1987	9,000,415	154,295	1.7	1,868,520	2.3	12.1	419,639	2,720	225	15	3,435,293
1989 ¹	9,025,585	7,825	0.1	121,505	0.2	15.5	34,131	4,362	281	1	3,254,277
1990	9,351,115	130,485	1.4	1,655,100	2.0	12.7	410,189	3,144	248	13	4,062,061
1991	9,654,955	171,485	1.8	2,134,965	2.6	12.4	602,694	3,515	282	19	4,428,249
1992	9,809,310	165,705	1.7	2,024,330	2.5	12.2	603,867	3,644	298	19	4,607,969
1993	9,797,540	151,855	1.5	1,798,310	2.3	11.8	678,846	3,544	299	21	4,805,070
1994 ²	9,981,910	140,710	1.4	1,587,770	2.1	11.3	490,226	3,484	309	17	4,988,249
1995 ²	10,110,745	125,305	1.2	1,348,065	1.9	10.8	407,180	3,250	302	14	5,160,234
1996 ²	10,154,130	109,210	1.1	1,118,230	1.7	10.2	347,960	3,186	311	12	5,300,481
1997 ²	10,238,610	105,800	1.0	1,041,835	1.6	9.8	325,899	3,080	313	12	5,469,574
1998 ²	9,981,860	97,640	1.0	930,890	1.5	9.4	287,393	2,943	309	11	5,343,214
1999 ²	9,872,680	97,240	1.0	921,210	1.5	9.5	296,315	3,047	322	11	5,245,762
2000 ²	9,912,740	102,475	1.0	982,075	1.7	9.6	339,119	3,309	345	12	5,335,548
2001 ²	10,288,530	109,450	1.1	1,025,070	1.7	9.4	359,299	3,283	351	13	5,619,671
2002 ²	10,509,835	112,105	1.1	1,045,585	1.7	9.3	381,837	3,406	365	13	5,892,427

See footnotes at end of table.

Table 24—Continued

Discharges, Coinsurance Days, Coinsurance Payments, and Deductible Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Type of Entitlement: Calendar Years 1985-2002

Type of Entitlement and Year	Discharges		Coinsurance Days			Coinsurance Payments				Deductible Payments in Thousands	
	Number	With Coinsurance	Percent With Coinsurance	Number	Percent of TDOC	Per Discharge With Coinsurance	Amount in Thousands	Per Discharge With Coinsurance	Per Day With Coinsurance		Per HI Enrollee
Disabled Beneficiaries											
1985	1,152,415	34,135	3.0	352,555	3.7	10.3	63,373	1,857	180	22	291,768
1987	1,109,145	32,005	2.9	355,155	3.6	11.1	86,684	2,708	244	29	383,625
1989 ¹	1,122,080	1,250	0.1	18,780	0.2	15.1	4,881	3,905	260	2	353,212
1990	1,170,810	28,920	2.5	335,145	3.2	11.6	85,162	2,945	254	26	457,027
1991	1,233,645	37,165	3.0	429,330	3.9	11.6	137,425	3,698	320	41	510,241
1992	1,301,235	38,985	3.0	435,295	4.0	11.2	145,243	3,726	334	41	553,238
1993	1,360,320	38,785	2.9	431,820	3.9	11.1	140,702	3,628	326	36	602,109
1994 ²	1,488,695	40,400	2.7	427,585	3.8	11.0	147,466	3,650	345	37	667,766
1995 ²	1,570,140	39,230	2.5	390,885	3.5	10.0	128,743	3,282	329	30	720,502
1996 ²	1,641,405	40,055	2.4	374,585	3.4	9.4	124,329	3,104	332	29	765,758
1997 ²	1,680,475	38,980	2.3	359,065	3.3	9.2	128,172	3,288	357	28	804,953
1998 ²	1,695,185	39,740	2.3	358,060	3.3	9.0	124,608	3,136	348	27	813,830
1999 ²	1,731,910	40,700	2.4	357,575	3.3	8.8	127,211	3,126	356	27	831,652
2000 ²	1,807,220	43,405	2.4	397,060	3.5	9.1	153,652	3,540	387	31	878,628
2001 ²	1,942,130	46,890	2.4	429,380	3.5	9.2	171,651	3,661	400	33	959,558
2002 ²	2,097,535	50,585	2.4	461,235	3.5	9.1	196,822	3,891	427	35	1,067,155

¹The general provisions of the Medicare Catastrophic Coverage Act of 1988 affecting cost sharing were only in effect for calendar year 1989. Special provisions covered hospital stays that transitioned the effective dates.

²Beginning with 1994, Medicare enrollees in managed care plans are not included in the denominator used to calculation utilization rates and average payments.

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

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

Table 25

Enrollees, Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Demographic Characteristics, Medicare Status, and Discharge Status: Calendar Year 2002

Demographic Characteristics, Medicare Status, and Discharge Status	Enrollees		Discharge ¹		Total Days of Care			Program Payments			
	Total HI in	Managed Care in	Number in	Rate Per 1,000 HI Enrollees ²	Number in	Per Dis-	Amount in	Per	Per	Per	
	Thousands	Thousands	Thousands		Thousands	charge	Millions	Percent	Discharge ³	Day	
Total	40,079	5,522	12,607	365	74,566	100.0	5.9	\$94,194	100.0	\$7,507	\$1,263
Age											
Under 65 Years	5,804	356	2,053	377	12,771	17.1	6.2	14,721	15.6	7,273	1,153
65-69 Years	9,215	1,278	1,767	223	9,927	13.3	5.6	14,293	15.2	8,136	1,440
70-74 Years	8,375	1,396	2,032	291	11,460	15.4	5.6	16,294	17.3	8,047	1,422
75-79 Years	7,198	1,151	2,302	381	13,564	18.2	5.9	18,187	19.3	7,921	1,341
80-84 Years	5,090	768	2,092	484	12,596	16.9	6.0	15,398	16.3	7,374	1,222
85 Years or Over	4,396	572	2,362	618	14,247	19.1	6.0	15,300	16.2	6,490	1,074
Sex											
Male	17,494	2,313	5,466	360	32,420	43.5	5.9	43,993	46.7	8,098	1,357
Female	22,585	3,209	7,142	369	42,146	56.5	5.9	50,201	53.3	7,056	1,191
Race⁴											
White	34,079	4,655	10,475	356	60,450	81.1	5.8	76,844	81.6	7,364	1,271
Other	5,912	857	2,080	412	13,817	18.5	6.6	16,974	18.0	8,236	1,229
Medicare Status											
Aged ⁵	34,275	5,166	10,510	361	61,515	82.5	5.9	79,120	84.0	7,550	1,286
Disabled ⁶	5,804	356	2,098	385	13,051	17.5	6.2	15,074	16.0	7,287	1,155
Discharge Status											
Alive	NA	NA	12,070	NA	69,889	93.7	5.8	86,417	91.7	7,194	1,236
Dead	NA	NA	537	NA	4,677	6.3	8.7	7,777	8.3	14,542	1,663

¹Excludes discharges for managed care enrollees that were paid by the managed care plan.

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

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

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

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

Table 26

Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Area of Residence: Calendar Year 2002

Area of Residence	Discharges ¹		Total Days of Care			Program Payments		
	Number	Per 1,000 HI Enrollees ²	Number	Per 1,000 HI Enrollees ²	Per Discharge	Amount in Thousands	Per Discharge ³	Per HI Enrollee ²
All Areas ⁴	12,607,370	365	74,565,880	2,158	5.9	\$94,194,023	\$7,507	\$2,726
United States	12,456,850	370	73,511,030	2,183	5.9	93,678,538	7,556	2,782
Northeast	2,449,915	368	16,445,245	2,472	6.7	21,979,737	9,034	3,304
Midwest	3,214,575	375	17,783,400	2,074	5.5	22,480,888	7,022	2,621
South	5,135,525	393	30,012,530	2,298	5.8	34,843,780	6,810	2,667
West	1,656,835	308	9,269,855	1,724	5.6	14,374,132	8,729	2,673
New England	602,520	329	3,514,915	1,921	5.8	5,000,642	8,361	2,733
Connecticut	153,795	317	933,445	1,922	6.1	1,427,858	9,327	2,940
Maine	68,220	308	383,590	1,732	5.6	453,345	6,673	2,047
Massachusetts	271,420	363	1,559,665	2,088	5.7	2,267,252	8,433	3,035
New Hampshire	46,290	268	258,115	1,495	5.6	347,108	7,562	2,010
Rhode Island	38,540	346	238,655	2,140	6.2	302,668	7,925	2,714
Vermont	24,255	265	141,445	1,547	5.8	202,408	8,388	2,214
Middle Atlantic	1,847,395	383	12,930,330	2,682	7.0	16,979,094	9,253	3,521
New Jersey	413,640	378	2,974,630	2,719	7.2	4,135,860	10,085	3,781
New York	787,750	369	6,057,930	2,835	7.7	7,885,996	10,098	3,690
Pennsylvania	646,005	406	3,897,770	2,450	6.0	4,957,238	7,698	3,116
East North Central	2,271,655	381	12,750,455	2,139	5.6	16,178,830	7,151	2,714
Illinois	638,955	420	3,613,590	2,374	5.7	4,530,252	7,131	2,976
Indiana	295,205	354	1,663,860	1,995	5.6	1,952,610	6,642	2,341
Michigan	520,770	376	3,057,415	2,209	5.9	4,106,472	7,911	2,966
Ohio	568,215	390	3,109,920	2,132	5.5	3,858,988	6,815	2,646
Wisconsin	248,510	326	1,305,670	1,714	5.3	1,730,507	6,984	2,271

See footnotes at end of table.

Table 26—Continued

Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Area of Residence: Calendar Year 2002

Area of Residence	Discharges ¹		Total Days of Care			Program Payments		
	Number	Per 1,000 HI Enrollees ²	Number	Per 1,000 HI Enrollees ²	Per Discharge	Amount in Thousands	Per Discharge ³	Per HI Enrollee ²
West North Central	942,920	361	5,032,945	1,925	5.3	\$6,302,057	\$6,712	\$2,410
Iowa	160,605	350	847,885	1,847	5.3	987,191	6,169	2,150
Kansas	134,540	372	731,205	2,020	5.4	853,571	6,363	2,358
Minnesota	205,885	354	1,014,835	1,747	4.9	1,434,054	7,011	2,469
Missouri	302,835	406	1,710,600	2,291	5.6	2,065,502	6,850	2,767
Nebraska	71,045	287	376,595	1,523	5.3	533,112	7,518	2,156
North Dakota	30,005	295	160,500	1,575	5.3	204,444	6,862	2,007
South Dakota	38,005	324	191,325	1,632	5.0	224,179	5,915	1,912
South Atlantic	2,616,960	375	15,277,280	2,188	5.8	18,524,694	7,104	2,653
Delaware	39,465	332	251,690	2,117	6.4	321,699	8,183	2,706
District of Columbia	26,385	389	197,660	2,911	7.5	265,216	10,130	3,906
Florida	867,805	376	5,060,430	2,193	5.8	6,098,271	7,053	2,643
Georgia	337,640	369	1,944,520	2,126	5.8	2,354,732	7,004	2,574
Maryland	251,720	393	1,367,550	2,137	5.4	2,161,117	8,617	3,377
North Carolina	417,265	370	2,436,610	2,163	5.8	2,807,782	6,749	2,492
South Carolina	224,470	382	1,395,950	2,378	6.2	1,572,731	7,027	2,680
Virginia	314,875	349	1,837,690	2,036	5.8	2,102,409	6,700	2,329
West Virginia	137,335	432	785,180	2,472	5.7	840,732	6,142	2,646
East South Central	1,068,485	428	6,194,250	2,479	5.8	6,497,348	6,101	2,601
Alabama	299,015	456	1,638,865	2,498	5.5	1,707,848	5,737	2,603
Kentucky	257,175	421	1,437,935	2,353	5.6	1,595,406	6,223	2,610
Mississippi	191,255	450	1,224,785	2,885	6.4	1,107,545	5,806	2,608
Tennessee	321,040	398	1,892,665	2,347	5.9	2,086,547	6,517	2,588
West South Central	1,450,080	405	8,541,000	2,385	5.9	9,821,737	6,801	2,742
Arkansas	175,695	404	1,021,330	2,348	5.8	1,035,947	5,923	2,381
Louisiana	247,865	466	1,509,020	2,838	6.1	1,643,087	6,659	3,090
Oklahoma	196,705	416	1,123,575	2,375	5.7	1,212,503	6,184	2,562
Texas	829,815	387	4,887,075	2,282	5.9	5,930,199	7,176	2,769

See footnotes at end of table.

Table 26—Continued

Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Area of Residence: Calendar Year 2002

Area of Residence	Discharges ¹		Total Days of Care			Program Payments		
	Number	Per 1,000 HI Enrollees ²	Number	Per 1,000 HI Enrollees ²	Per Discharge	Amount in Thousands	Per Discharge ³	Per HI Enrollee ²
Mountain	532,270	297	2,718,600	1,518	5.1	\$3,788,973	\$7,150	\$2,116
Arizona	153,385	313	781,505	1,594	5.1	1,091,863	7,162	2,227
Colorado	104,715	306	517,720	1,514	4.9	762,843	7,315	2,231
Idaho	45,845	290	214,815	1,360	4.7	307,683	6,733	1,947
Montana	41,590	299	201,800	1,451	4.9	265,670	6,397	1,910
Nevada	55,630	302	345,035	1,872	6.2	443,942	8,021	2,409
New Mexico	56,670	279	305,970	1,506	5.4	397,880	7,056	1,959
Utah	53,325	257	248,770	1,199	4.7	377,191	7,099	1,818
Wyoming	21,110	318	102,985	1,552	4.9	141,897	6,730	2,138
Pacific	1,124,565	314	6,551,255	1,827	5.8	10,585,159	9,479	2,951
Alaska	13,190	294	77,405	1,728	5.9	129,221	10,135	2,884
California	813,220	328	4,975,410	2,010	6.1	8,105,983	10,041	3,274
Hawaii	25,850	225	192,665	1,679	7.5	217,919	8,481	1,899
Oregon	104,515	315	477,185	1,440	4.6	742,075	7,116	2,240
Washington	167,790	271	828,590	1,336	4.9	1,389,958	8,338	2,241
Outlying Areas⁵	150,520	169	1,054,850	1,185	7.0	515,485	3,447	579

¹Excludes discharges for managed care enrollees that were paid by the managed care plan.

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

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

⁴Includes 50 States and outlying areas.

⁵Includes Puerto Rico, Guam, Virgin Islands, residence unknown, and all other outlying areas not shown separately.

NOTES: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. HI is hospital insurance. Reliability of estimates - the statistics presented in this table are based on sample data and, therefore, may differ from the figures that would be obtained if a complete census of the data had been taken. The sampling error, which is primarily a measure of sampling variability that occurs by chance because only a sample rather than an entire universe is surveyed, would be relatively small for national estimates and table cells based on a large sample size. The sampling error, however, for table cell below the national level and based on a relatively small sample size could possibly reflect a large sampling error and should be utilized with caution when analyzing the data for utilization and trend purposes.

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

Table 27
Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals,
by Principal Diagnoses Within Major Diagnostic Classifications (MDCs): Calendar Year 2002

Principal ICD-9-CM ¹ Diagnosis Within MDC	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 Diagnoses	---	12,607,370	365	74,565,880	5.9	\$94,194,024	\$7,507	\$1,263
Leading Diagnoses ⁵	---	7,048,400	204	41,964,430	6.0	55,218,900	7,867	1,316
Infectious and Parasitic Diseases (MDC 1)	001-139	327,220	9	2,649,930	8.1	3,096,162	9,522	1,168
Septicemia	038	209,410	6	1,841,815	8.8	2,224,523	10,695	1,208
Neoplasms (MDC 2)	140-239	665,705	19	4,799,275	7.2	7,186,160	10,827	1,497
Malignant Neoplasms	140-208,230-234	582,690	17	4,355,395	7.5	6,433,237	11,074	1,477
Malignant Neoplasm of Large Intestine and Rectum	153-154,197.5	88,825	3	869,235	9.8	1,345,283	15,172	1,548
Malignant Neoplasm of Trachea, Bronchus, and Lung	162,176.4,197.0, 197.3	91,805	3	732,395	8.0	1,109,112	12,123	1,514
Malignant Neoplasm of Breast	174-175,198.81	37,995	1	96,735	2.5	138,840	3,663	1,435
Benign Neoplasms	210-229	62,610	2	318,345	5.1	549,223	8,797	1,725
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	583,735	17	3,201,690	5.5	3,053,451	5,260	954
Diabetes Mellitus	250	201,000	6	1,294,330	6.4	1,333,472	6,686	1,030
Volume Depletion	276.5	220,295	6	1,105,605	5.0	908,225	4,138	821
Diseases of Blood and Blood-Forming Organs (MDC 4)	280-289	151,675	4	740,195	4.9	798,475	5,365	1,079
Mental Disorders (MDC 5)	290-319	527,840	15	5,034,975	9.5	2,770,902	5,326	550
Psychoses	290-299	445,165	13	4,531,870	10.2	2,492,918	5,681	550
Alcohol Dependence Syndrome	303	20,715	1	127,475	6.2	61,151	3,001	480
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	185,810	5	1,191,085	6.4	1,192,313	6,457	1,001

See footnotes at end of table.

Table 27—Continued

Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Principal Diagnoses Within Major Diagnostic Classifications (MDCs): Calendar Year 2002

Principal ICD-9-CM ¹ Diagnosis Within MDC	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
Diseases of the Circulatory System (MDC 7)	390-459	3,543,890	103	18,622,710	5.3	\$30,541,642	\$8,647	\$1,640
Heart Disease	391-392.0, 393-398,402,404, 410-416,420-429	2,470,815	71	12,743,205	5.2	22,670,547	9,205	1,779
Acute Myocardial Infarction	410	399,845	12	2,448,275	6.1	4,780,431	11,995	1,953
Coronary Atherosclerosis	414.0	602,450	17	2,507,430	4.2	6,835,220	11,383	2,726
Other Ischemic Heart Disease	411-413, 414.1-414.9	73,655	2	218,000	3.0	299,798	4,092	1,375
Cardiac Dysrhythmias	427	427,510	12	1,710,180	4.0	2,937,874	6,893	1,718
Congestive Heart Failure	428.0	677,715	20	3,861,255	5.7	4,265,211	6,314	1,105
Cerebrovascular Disease	430-438	609,070	18	3,115,690	5.1	3,658,996	6,025	1,174
Diseases of the Respiratory System (MDC 8)	460-519	1,582,790	46	10,454,015	6.6	11,439,178	7,256	1,094
Acute Bronchitis and Bronchocolitis	466	34,970	1	153,050	4.4	108,891	3,125	711
Pneumonia	480-486	683,085	20	4,481,535	6.6	4,369,109	6,420	975
Asthma	493	84,450	2	422,325	5.0	364,788	4,342	864
Diseases of the Digestive System (MDC 9)	520-579	1,260,900	36	7,308,695	5.8	8,683,195	6,916	1,188
Appendicitis	540-543	18,175	1	110,760	6.1	165,065	9,052	1,481
Non Infectious Enteritis and Colitis	555-558	97,515	3	563,585	5.8	647,403	6,669	1,149
Diverticula of Intestine	562	145,310	4	851,415	5.9	913,445	6,302	1,073
Cholelithiasis	574	123,650	4	668,045	5.4	992,023	8,041	1,485
Diseases of the Genitourinary System (MDC 10)	580-629	598,025	17	2,930,175	4.9	2,956,501	4,964	1,009
Calculus of Kidney and Ureter	592	35,815	1	109,935	3.1	154,387	4,333	1,404

See footnotes at end of table.

Table 27—Continued
Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals,
by Principal Diagnoses Within Major Diagnostic Classifications (MDCs): Calendar Year 2002

Principal ICD-9-CM ¹ Diagnosis Within MDC	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
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	206,695	6	1,355,965	6.6	\$1,070,480	\$5,207	\$789
Cellulitis and Abscess	681-682	153,300	4	895,140	5.8	674,755	4,421	754
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	717,930	21	3,278,660	4.6	5,557,011	7,767	1,695
Osteoarthritis and Allied Disorders	715	301,080	9	1,263,465	4.2	2,707,938	9,009	2,143
Intervertebral Disc Disorders	722	75,105	2	287,800	3.8	501,703	6,704	1,743
Congenital Anomalies (MDC 14)	740-759	10,250	(6)	55,570	5.4	126,537	12,412	2,277
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	816,875	24	2,651,455	3.2	2,849,029	3,509	1,075
Injury and Poisoning (MDC 17)	800-999	1,042,185	30	6,273,625	6.0	8,879,577	8,563	1,415
Fractures, All Sites	800-829	432,830	13	2,575,055	5.9	3,123,179	7,234	1,213
Fracture of Neck of Femur	820	227,010	7	1,479,795	6.5	1,932,536	8,524	1,306
Poisoning by Drugs, Medicinal and Biological Substances	960-989	41,345	1	148,590	3.6	164,920	4,029	1,110
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	372,770	11	3,970,940	10.7	3,958,364	10,657	997

¹ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification*. Although as many as 10 codes are reported on the HCFA Form-1450, only the principal diagnosis (first listed) has been used.

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 the utilization rates.

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

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

⁶Less than 1 discharge per 1,000 enrollees.

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

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

Table 28

Number of Discharges with a Procedure, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Principal Procedure Within Major Procedure Classifications (MPCs): Calendar Year 2002

Principal ICD-9-CM Procedure ¹ Within MPC	ICD-9-CM Code	Discharges ²		Total Days of Care		Program Payments		
		Number	Per 1,000 Enrollees ³	Number	Per Discharge	Amount in Thousands	Per Discharge ⁴	Per Day
Total All Procedures	---	7,086,975	206	48,355,735	6.8	\$70,307,761	\$9,965	\$1,454
Leading Procedures ⁵	---	3,512,355	102	21,252,095	6.1	32,589,479	9,316	1,533
Operations on the Nervous System (MPC 1)	01-05	180,070	5	1,182,805	6.6	1,761,861	9,825	1,490
Spinal Tap	03.31	38,475	1	298,535	7.8	265,019	6,918	888
Operations on the Endocrine System (MPC 2)	06-07	24,225	1	86,825	3.6	158,555	6,564	1,826
Operations on the Eye (MPC 3)	08-16	12,815	(6)	49,190	3.8	74,224	5,824	1,509
Operations on the Ear (MPC 4)	18-20	3,195	(6)	16,300	5.1	23,906	7,530	1,467
Operations on the Nose, Mouth, and Pharynx (MPC 5)	21-29	32,490	1	159,330	4.9	209,578	6,508	1,315
Operations on the Respiratory System (MPC 6)	30-34	289,440	8	3,839,785	13.3	6,496,635	22,529	1,692
Bronchoscopy with or Without Biopsy	33.21-33.24,33.27	67,305	2	662,875	9.8	680,146	10,144	1,026
Operations on the Cardiovascular System (MPC 7)	35-39	1,881,795	54	11,336,785	6.0	23,343,251	12,464	2,059
Removal of Coronary Artery Obstruction	36.0	325,165	9	1,028,860	3.2	3,726,868	11,503	3,622
Coronary Artery Bypass Graft	36.1	149,310	4	1,444,480	9.7	3,986,054	26,774	2,760
Cardiac Catheterization	37.21-37.23	313,610	9	1,321,445	4.2	1,972,324	6,313	1,493
Insertion, Replacement, Removal, and Revision of Pacemaker Leads or Device	37.7-37.8	161,210	5	832,085	5.2	1,943,908	12,081	2,336
Hemodialysis	39.95	181,160	5	976,005	5.4	1,052,077	5,883	1,078
Operations on the Hemic and Lymphatic System (MPC 8)	40-41	45,835	1	407,435	8.9	563,612	12,336	1,383

See footnotes at end of table.

Table 28—Continued

Number of Discharges with a Procedure, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Principal Procedure Within Major Procedure Classifications (MPCs): Calendar Year 2002

Principal ICD-9-CM Procedure ¹ Within MPC	ICD-9-CM Code	Discharges ²		Total Days of Care		Program Payments		
		Number	Per 1,000 Enrollees ³	Number	Per Discharge	Amount in Thousands	Per Discharge ⁴	Per Day
Operations on the Digestive System (MPC 9)	42-54	1,316,595	38	10,016,215	7.6	\$11,533,705	\$8,789	\$1,152
Endoscopy of Small Intestine with or Without Biopsy	45.11-45.14,45.16	363,315	11	2,232,485	6.1	1,757,032	4,853	787
Endoscopy of Large Intestine with or Without Biopsy	45.21-45.25	152,260	4	935,070	6.1	726,992	4,790	777
Partial Excision of Large Intestine	45.7	112,500	3	1,258,035	11.2	1,981,735	17,643	1,575
Appendectomy, Excluding Incidental	47.0	17,085	1	94,475	5.5	135,894	7,973	1,438
Cholecystectomy	51.2	129,005	4	798,245	6.2	1,212,264	9,419	1,519
Lysis of Peritoneal Adhesions	54.5	27,375	1	301,425	11.0	406,347	14,893	1,348
Operations on the Urinary System (MPC 10)	55-59	188,285	5	1,165,775	6.2	1,571,806	8,379	1,348
Cystoscopy with or Without Biopsy	57.31-57.33	21,480	1	157,705	7.3	128,953	6,026	818
Operations on the Male Genital Organs (MPC 11) ⁷	60-64	113,600	7	418,165	3.7	531,092	4,689	1,270
Prostatectomy	60.2-60.6	99,930	7	346,330	3.5	431,800	4,334	1,247
Operations on the Female Genital Organs (MPC 12) ⁸	65-71	115,180	6	441,690	3.8	616,535	5,370	1,396
Unilateral Oophorectomy	65.3-65.6	11,725	1	57,720	4.9	79,453	6,805	1,377
Hysterectomy	68.3-68.7,68.9	60,520	3	229,305	3.8	329,811	5,468	1,438
Obstetrical Procedures (MPC 13)	72-75	9,375	(6)	31,215	3.3	24,229	2,604	776
Forceps, Vacuum, and Breech Delivery	72.1,72.21,72.31, 72.71,73.6	780	(6)	2,175	2.8	1,666	2,150	766
Cesarean Section and Removal of Fetus	74.0-74.2, 74.4-74.99	3,450	(6)	15,260	4.4	13,387	3,926	877
Repair of Current Obstetric Laceration	75.5-75.6	1,210	(6)	3,475	2.9	2,052	1,696	591
Operations on the Musculoskeletal System (MPC 14)	76-84	999,695	29	5,804,260	5.8	9,280,098	9,306	1,599
Partial Excision of Bone	76.2-76.3,77.6-77.8	13,395	(6)	119,035	8.9	159,493	11,996	1,340
Reduction of Facial Fracture	76.7,79.0-79.3	202,330	6	1,223,745	6.0	1,541,962	7,636	1,260
Open Reduction of Fracture with Internal Fixation	79.3	157,225	5	971,275	6.2	1,237,355	7,884	1,274
Excision or Destruction of Intervertebral Disc	80.5	34,580	1	110,825	3.2	200,894	5,822	1,813
Total Hip Replacement	81.51	103,195	3	475,640	4.6	983,578	9,551	2,068
Total Knee Replacement	81.54	195,880	6	819,080	4.2	1,826,623	9,341	2,230

See footnotes at end of table.

Table 28—Continued

Number of Discharges with a Procedure, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Principal Procedure Within Major Procedure Classifications (MPCs): Calendar Year 2002

Principal ICD-9-CM Procedure ¹ Within MPC	ICD-9-CM Code	Discharges ²		Total Days of Care		Program Payments		
		Number	Per 1,000 Enrollees ³	Number	Per Discharge	Amount in Thousands	Per Discharge ⁴	Per Day
Operations on the Integumentary System (MPC 15)	85-86	277,440	8	2,310,820	8.3	\$2,497,674	\$9,067	\$1,081
Excision of Destruction of Lesion or Tissue of Skin and Subcutaneous Tissue	86.22-86.28	97,905	3	1,115,125	11.4	1,341,399	13,800	1,203
Miscellaneous Diagnostic and Therapeutic Procedures (MPC 16)	87-99	1,594,110	46	11,072,435	6.9	11,553,022	7,293	1,043
Computerized Axial Tomography	87.03,87.41,87.71,88.01,88.38	119,625	3	630,550	5.3	615,818	5,174	977
Arteriography and Angiocardiology Using Contrast Material	88.4-88.5	51,750	1	270,135	5.2	272,074	5,279	1,007
Diagnostic Ultrasound	88.7	141,740	4	800,945	5.7	754,565	5,345	942
Respiratory Therapy	93.9,96.7	224,805	7	2,022,140	9.0	3,140,018	14,079	1,553
Nonoperative Intubation of Gastrointestinal and Respiratory Tracts	96.04	50,770	1	418,510	8.2	576,035	11,395	1,376
Insertion of Endotracheal Tube	96.04	50,770	1	418,510	8.2	576,035	11,395	1,376
Injection of Infusion of Cancer Chemotherapeutic Substance	99.25	39,255	1	249,835	6.4	342,813	8,763	1,372

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 Medicare Data Extract System; data development by the Office of Research, Development, and Information.

Table 29

**Discharges, Total Days of Care, and Average Charge per Discharge for Medicare Beneficiaries
Discharged from Short-Stay Hospitals, by Leading Diagnosis-Related Groups (DRGs) for 2002:
Calendar Years 1984, 1990, and 2002**

Leading DRG Code Number in 2002	Description	Discharges			Percent Change 1984-1990	Percent Change 1990-2002	Percent Change 1984-2002
		1984	1990	2002			
Total All DRGs	-----	10,894,925	10,521,925	12,607,370	-3.4	19.8	15.7
Leading DRGs ¹	-----	6,260,055	6,701,780	9,171,240	7.1	36.8	46.5
005 ²	Extracranial Vascular Procedures	56,890	46,340	96,175	-18.5	107.5	69.1
012	Degenerative Nervous System Disorders	56,410	25,915	79,570	-54.1	207.0	41.1
014	Specific Cerebrovascular Disorders Except TIA	318,405	336,080	301,550	5.6	-10.3	-5.3
015	Transient Ischemic Attack & Precerebral Occlusions	175,530	135,850	134,075	-22.6	-1.3	-23.6
024	Seizure & Headache Age >17 with CC	55,510	53,255	60,900	-4.1	14.4	9.7
075 ²	Major Chest Procedures	28,675	31,690	44,975	10.5	41.9	56.8
076 ²	Other Respiratory System O.R. Procedures with CC	10,055	38,855	45,570	286.4	17.3	353.2
079	Respiratory Infections & Inflammations Age >17 with CC	51,635	129,780	171,965	151.3	32.5	233.0
082	Respiratory Neoplasms	120,990	72,840	66,040	-39.8	-9.3	-45.4
087	Pulmonary Edema & Respiratory Failure	94,770	67,520	62,460	-28.8	-7.5	-34.1
088	Chronic Obstructive Pulmonary Disease	212,480	144,825	411,815	-31.8	184.4	93.8
089	Simple Pneumonia & Pleurisy Age >17 with CC	314,980	391,725	539,075	24.4	37.6	71.1
090	Simple Pneumonia & Pleurisy Age >17 without CC	24,740	53,105	48,565	114.7	-8.5	96.3
096	Bronchitis & Asthma Age >17 with CC	178,075	189,710	57,245	6.5	-69.8	-67.9
107 ^{2,3}	Coronary Bypass Without Cardiac Cath	38,285	46,765	-----	22.1	-----	-----
107 ^{2,4}	Coronary Bypass With Cardiac Cath	-----	-----	83,790	-----	-----	-----
109 ^{2,4}	Coronary Bypass Without Cardiac Cath	-----	-----	58,070	-----	-----	-----
110 ²	Major Cardiovascular Procedures with CC	56,230	75,660	55,860	34.6	-26.2	-0.7
116 ²	Other Perm Cardiac Pacemaker Implant	53,905	62,050	117,330	15.1	89.1	117.7
121	Circulatory Disorders with AMI & Major Comp Disch Alive	102,930	137,625	166,560	33.7	21.0	61.8
122	Circulatory Disorders with AMI & Without Major Comp Disch Alive	158,400	102,935	76,305	-35.0	-25.9	-51.8
124	Circulatory Disorders Except AMI, with Card Cath and Complex Diagnosis	31,120	113,890	134,830	266.0	18.4	333.3
125	Circulatory Disorders Except AMI, with Card Cath Without Complex Diagnosis	64,085	93,045	95,325	45.2	2.5	48.7

See footnotes at end of table.

Table 29—Continued

Discharges, Total Days of Care, and Average Charge per Discharge for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Leading Diagnosis-Related Groups (DRGs) for 2002: Calendar Years 1984, 1990, and 2002

	Average Total Days of Care per Discharge						Average Charge Per Discharge					
	Number of Days			Percent Change	Percent Change	Percent Change	Amount			Percent Change	Percent Change	Percent Change
	1984	1990	2002	1984-1990	1990-2002	1984-2002	1984	1990	2002	1984-1990	1990-2002	1984-2002
	8.8	8.8	5.9	0.0	-33.0	-33.0	\$4,855	\$9,765	\$21,555	101.1	120.7	344.0
	9.4	9.1	6.0	-3.2	-34.1	-36.2	5,031	9,527	20,957	89.4	120.0	316.6
	9.5	7.1	3.0	-25.3	-57.7	-68.4	7,078	11,238	19,435	58.8	72.9	174.6
	13.0	13.0	8.1	0.0	-37.7	-37.7	5,239	9,022	14,763	72.2	63.6	181.8
	12.4	10.5	5.8	-15.3	-44.8	-53.2	5,591	8,971	17,691	60.5	97.2	216.4
	6.1	5.5	3.7	-9.8	-32.7	-39.3	2,603	4,609	11,507	77.1	149.7	342.1
	6.9	7.7	4.8	11.6	-37.7	-30.4	3,422	7,389	15,171	115.9	105.3	343.3
	16.3	14.1	9.9	-13.5	-29.8	-39.3	13,500	22,075	45,213	63.5	104.8	234.9
	15.4	15.0	11.1	-2.6	-26.0	-27.9	12,061	17,221	43,246	42.8	151.1	258.6
	12.8	12.2	8.5	-4.7	-30.3	-33.6	8,385	12,281	23,706	46.5	93.0	182.7
	9.7	9.6	6.9	-1.0	-28.1	-28.9	4,860	8,785	20,405	80.8	132.3	319.9
	10.0	8.3	6.3	-17.0	-24.1	-37.0	7,731	9,294	19,008	20.2	104.5	145.9
	8.6	7.4	5.0	-14.0	-32.4	-41.9	4,709	6,932	12,931	47.2	86.5	174.6
	9.4	8.9	5.8	-5.3	-34.8	-38.3	4,863	7,889	14,949	62.2	89.5	207.4
	8.3	6.4	4.0	-22.9	-37.5	-51.8	4,084	4,817	8,760	17.9	81.9	114.5
	7.2	7.3	4.6	1.4	-37.0	-36.1	3,501	6,361	10,866	81.7	70.8	210.4
	14.5	12.3	-----	-15.2	-----	-----	21,949	33,394	-----	52.1	-----	-----
	-----	-----	10.5	-----	-----	-----	-----	-----	80,210	-----	-----	-----
	-----	-----	7.8	-----	-----	-----	-----	-----	59,825	-----	-----	-----
	16.3	15.3	8.7	-6.1	-43.1	-46.6	15,072	27,264	60,579	80.9	122.2	301.9
	9.2	7.5	4.4	-18.5	-41.3	-52.2	12,002	17,112	34,543	42.6	101.9	187.8
	12.2	10.0	6.3	-18.0	-37.0	-48.4	7,341	11,335	22,408	54.4	97.7	205.2
	10.3	7.1	3.5	-31.1	-50.7	-66.0	5,422	7,970	14,045	47.0	76.2	159.0
	7.0	5.9	4.4	-15.7	-25.4	-37.1	5,703	8,719	21,107	52.9	142.1	270.1
	3.7	3.2	2.8	-13.5	-12.5	-24.3	3,220	5,370	16,284	66.8	203.2	405.7

Table 29—Continued

Discharges, Total Days of Care, and Average Charge per Discharge for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Leading Diagnosis-Related Groups (DRGs) for 2002: Calendar Years 1984, 1990, and 2002

Leading DRG Code Number in 2002	Description	Discharges					
		Number			Percent Change	Percent Change	Percent Change
		1984	1990	2002	1984-1990	1990-2002	1984-2002
127	Heart Failure & Shock	515,865	586,335	681,090	13.7	16.2	32.0
130	Peripheral Vascular Disorders with CC	91,655	68,330	90,930	-25.4	33.1	-0.8
132	Atherosclerosis with CC	100,810	18,250	138,365	-81.9	658.2	37.3
138	Cardiac Arrhythmia & Conduction Disorders with CC	212,265	180,470	212,860	-15.0	17.9	0.3
139	Cardiac Arrhythmia & Conduction Disorders Without CC	28,345	73,020	87,765	157.6	20.2	209.6
140	Angina Pectoris	330,000	352,355	54,115	6.8	-84.6	-83.6
141	Syncope & Collapse with CC	86,675	77,205	110,970	-10.9	43.7	28.0
142	Syncope & Collapse Without CC	11,315	39,370	52,905	247.9	34.4	367.6
143	Chest Pain	75,690	112,905	252,585	49.2	123.7	233.7
144	Other Circulatory System Diagnoses with CC	40,825	54,995	97,250	34.7	76.8	138.2
148 ²	Major Small & Large Bowel Procedures with CC	106,455	140,245	137,130	31.7	-2.2	28.8
174	GI Hemorrhage with CC	144,620	157,895	256,020	9.2	62.1	77.0
180	GI Obstruction with CC	65,930	66,485	91,805	0.8	38.1	39.2
182	Esophagitis, Gastroent & Misc Digest Disorders Age >17 with CC	372,580	254,750	284,625	-31.6	11.7	-23.6
183	Esophagitis, Gastroent & Misc Digest Disorders Age >17 Without CC	72,525	81,770	92,340	12.7	12.9	27.3
188	Other Digestive System Diagnoses Age >17 with CC	54,075	50,110	86,320	-7.3	72.3	59.6
204	Disorders of Pancreas Except Malignancy	31,890	37,715	68,505	18.3	81.6	114.8
209 ²	Major Joint & Limb Reattachment Procedures of Lower Extremity	149,660	257,780	405,120	72.2	57.2	170.7
210 ²	Hip & Femur Procedures Except Major Joint Age >17 with CC	120,100	112,470	123,945	-6.4	10.2	3.2
236	Fractures of Hip & Pelvis	47,350	41,255	42,530	-12.9	3.1	-10.2
239	Pathological Fractures & Musculoskeletal & Conn Tiss Malignancy	61,760	60,890	47,525	-1.4	-21.9	-23.0
243	Medical Back Problems	200,190	112,455	98,215	-43.8	-12.7	-50.9
277	Cellulitis Age >17 with CC	58,155	66,830	104,535	14.9	56.4	79.8

See footnotes at end of table.

Table 29—Continued

Discharges, Total Days of Care, and Average Charge per Discharge for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Leading Diagnosis-Related Groups (DRGs) for 2002: Calendar Years 1984, 1990, and 2002

	Average Total Days of Care per Discharge						Average Charge Per Discharge					
	Number of Days			Percent Change	Percent Change	Percent Change	Amount			Percent Change	Percent Change	Percent Change
	1984	1990	2002	1984-1990	1990-2002	1984-2002	1984	1990	2002	1984-1990	1990-2002	1984-2002
	8.7	7.9	5.3	-9.2	-32.9	-39.1	\$4,264	\$7,207	\$15,144	69.0	110.1	255.2
	8.1	8.3	5.6	2.5	-32.5	-30.9	3,523	6,627	13,831	88.1	108.7	292.6
	7.0	6.1	2.9	-12.9	-52.5	-58.6	3323	6229	9,222	87.5	48.0	177.5
	6.3	6.0	4.0	-4.8	-33.3	-36.5	3,376	5,848	12,133	73.2	107.5	259.4
	4.9	3.9	2.5	-20.4	-35.9	-49.0	2,685	3,624	7,634	35.0	110.7	184.3
	5.6	4.6	2.5	-17.9	-45.7	-55.4	2,821	4,311	7,644	52.8	77.3	171.0
	5.8	5.7	3.6	-1.7	-36.8	-37.9	2,672	4,987	11,197	86.6	124.5	319.0
	4.5	4.0	2.5	-11.1	-37.5	-44.4	2,207	3,554	8,767	61.0	146.7	297.2
	4.4	3.4	2.1	-22.7	-38.2	-52.3	2,427	3,577	8,164	47.4	128.2	236.4
	8.3	7.3	5.6	-12.0	-23.3	-32.5	4,765	7,867	18,823	65.1	139.3	295.0
	17.7	16.6	12.2	-6.2	-26.5	-31.1	12,686	23,471	49,706	85.0	111.8	291.8
	7.4	7.0	4.8	-5.4	-31.4	-35.1	3,860	6,944	14,776	79.9	112.8	282.8
	7.4	7.8	5.5	5.4	-29.5	-25.7	3,281	6,632	14,438	102.1	117.7	340.0
	6.1	6.4	4.4	4.9	-31.3	-27.9	2,526	5,374	11,917	112.7	121.8	371.8
	5.0	4.9	2.9	-2.0	-40.8	-42.0	2,103	3,630	8,317	72.6	129.1	295.5
	6.4	7.5	5.6	17.2	-25.3	-12.5	3,100	7,392	16,982	138.5	129.7	447.8
	8.1	8.1	5.8	0.0	-28.4	-28.4	4,050	8,099	17,234	100.0	112.8	325.5
	15.6	11.1	4.8	-28.8	-56.8	-69.2	10,205	16,542	28,994	62.1	75.3	184.1
	16.8	13.9	6.9	-17.3	-50.4	-58.9	8,600	14,236	26,594	65.5	86.8	209.2
	12.7	10.0	5.0	-21.3	-50.0	-60.6	4,573	6,530	10,876	42.8	66.6	137.8
	10.5	10.4	6.2	-1.0	-40.4	-41.0	3,989	7,605	15,201	90.6	99.9	281.1
	8.0	6.9	4.7	-13.8	-31.9	-41.3	2,858	4,657	11,047	62.9	137.2	286.5
	9.1	8.6	5.7	-5.5	-33.7	-37.4	3,740	6,570	13,191	75.7	100.8	252.7

Table 29—Continued

Discharges, Total Days of Care, and Average Charge per Discharge for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Leading Diagnosis-Related Groups (DRGs) for 2002: Calendar Years 1984, 1990, and 2002

Leading DRG Code Number in 2002	Description	Discharges			Percent Change 1984-1990	Percent Change 1990-2002	Percent Change 1984-2002
		1984	1990	2002			
294	Diabetes Age >35	141,500	92,520	100,835	-34.6	9.0	-28.7
296	Nutritional & Misc Metabolic Disorders Age >17 with CC	176,150	206,595	282,735	17.3	36.9	60.5
297	Nutritional & Misc Metabolic Disorders Age >17 without CC	13,910	47,395	49,760	240.7	5.0	257.7
316	Renal Failure	46,410	48,670	127,195	4.9	161.3	174.1
320	Kidney & Urinary Tract Infections Age>17 with CC	137,845	157,780	195,795	14.5	24.1	42.0
331	Other Kidney & Urinary Tract Diagnoses Age>17 with CC	38,080	28,380	52,085	-25.5	83.5	36.8
395	Red Blood Cell Disorders Age >17	93,510	72,730	109,530	-22.2	50.6	17.1
415 ²	OR Procedure for Infectious & Parasitic Diseases	16,165	27,735	45,320	71.6	63.4	180.4
416	Septicemia Age >17	66,180	128,085	199,250	93.5	55.6	201.1
429	Organic Disturbances & Mental Retardation	52,710	49,305	62,905	-6.5	27.6	19.3
430	Psychoses	118,455	195,595	336,215	65.1	71.9	183.8
462	Rehabilitation	9,490	106,680	295,250	1,024.1	176.8	3,011.2
468	Extensive OR Procedure Unrelated to Principal Diagnosis	166,815	75,885	60,655	-54.5	-20.1	-63.6
475	Respiratory System Diagnosis with Ventilator Support	---	78,805	112,870	---	43.2	---
478 ²	Other Vascular Procedures with CC	---	24,230	109,640	---	352.5	---
483	Tracheostomy Except for Face, Mouth and Neck Diagnosis	---	8,045	46,410	---	476.9	---
493	Laparoscopic Cholecystectomy Without CDE with CC	---	---	61,265	---	---	---
500	Back and Neck Procedures Except Spinal Fusion Without CC	---	---	50,345	---	---	---
516	Percutaneous Cardiovascular Procedures with AMI	---	---	86,100	---	---	---
517	Percutaneous Cardiovascular Procedures with Coronary Artery Stent without AMI	---	---	212,350	---	---	---
518	Percutaneous Cardiovascular Procedures without Coronary Artery Stent or AMI	---	---	49,230	---	---	---
All Other DRGs	----	4,634,870	3,820,145	3,436,130	-17.6	-10.1	-25.9

¹Based on frequency of occurrence in 2002.

²Represents surgical DRGs.

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

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

NOTES: Composition of some DRGs have changed over time. For complete DRG description, refer to *Diagnosis Related Groups, Version 3.0* (1984), *Version 7.0 and 8.0* (1990), *Versions 19.0 and 20.0* (2002), *Definitions Manual*. The most recent description is used in this table. TIA is transient ischemic attack. CC is complications and/or comorbidities. Cath is catheterization, AMI is acute myocardial infarction. CV is cardiovascular. Card is cardiac. G.I. is gastrointestinal. O.R. is operating room. CDE is common duct exploration. Conn is connective. Tiss is tissue. Resp is respiratory. Proc is procedure. PTCA is percutaneous transluminal coronary angioplasty. Perm is permanent. Comp is complications. Circ is circulatory.

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

Table 29—Continued

Discharges, Total Days of Care, and Average Charge per Discharge for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Leading Diagnosis-Related Groups (DRGs) for 2002: Calendar Years 1984, 1990, and 2002

	Average Total Days of Care per Discharge						Average Charge Per Discharge					
	Number of Days			Percent Change	Percent Change	Percent Change	Amount			Percent Change	Percent Change	Percent Change
	1984	1990	2002	1984-1990	1990-2002	1984-2002	1984	1990	2002	1984-1990	1990-2002	1984-2002
	8.4	7.5	4.5	-10.7	-40.0	-46.4	3,267	5,491	11,619	68.1	111.6	255.6
	8.4	8.5	5.0	1.2	-41.2	-40.5	3,556	6,840	12,634	92.4	84.7	255.3
	6.9	5.3	3.2	-23.2	-39.6	-53.6	3,032	3,724	7,423	22.8	99.3	144.8
	9.6	9.4	6.5	-2.1	-30.9	-32.3	5,572	9,555	19,493	71.5	104.0	249.8
	8.2	8.6	5.3	4.9	-38.4	-35.4	3,581	7,174	13,017	100.3	81.4	263.5
	7.3	7.6	5.6	4.1	-26.3	-23.3	3,456	7,338	16,344	112.3	122.7	372.9
	6.6	6.5	4.4	-1.5	-32.3	-33.3	3,000	5,639	12,670	88.0	124.7	322.3
	19.9	21.2	14.4	6.5	-32.1	-27.6	14,476	27,339	56,474	88.9	106.6	290.1
	11.4	10.7	7.5	-6.1	-29.9	-34.2	6,811	10,981	24,036	61.2	118.9	252.9
	11.3	14.5	9.6	28.3	-33.8	-15.0	3,717	8,417	14,566	126.4	73.1	291.9
	16.1	16.9	10.9	5.0	-35.5	-32.3	5,069	9,359	15,527	84.6	65.9	206.3
	22.5	21.2	12.0	-5.8	-43.4	-46.7	9,151	15,745	21,189	72.1	34.6	131.5
	16.6	19.3	12.6	16.3	-34.7	-24.1	10,595	24,871	54,615	134.7	119.6	415.5
	---	14.3	11.1	---	-22.4	---	---	25,548	54,178	---	112.1	---
	---	10.4	7.4	---	-28.8	---	---	16,682	36,567	---	119.2	---
	---	55.8	39.2	---	-29.7	---	---	125,493	229,540	---	82.9	---
	---	---	6.0	---	---	---	---	---	26,189	---	---	---
	---	---	2.4	---	---	---	---	---	13,883	---	---	---
	---	---	4.6	---	---	---	---	---	39,908	---	---	---
	---	---	2.5	---	---	---	---	---	31,409	---	---	---
	---	---	3.4	---	---	---	---	---	26,845	---	---	---
	8.1	8.4	5.6	3.7	-33.3	-30.9	4,611	10,221	22,790	121.7	123.0	394.3

Table 30

Number of Discharges and Total Charges for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Total Days of Care and Type of Service: Calendar Year 2002

Total Days of Care	Type of Accommodation			Type of Ancillary Service		
	All Services	Routine Room and Board	Intensive/ Coronary Care	Total Ancillary	Operating Room	Pharmacy
				Number of Discharges		
Total	12,607,370	10,605,925	3,849,615	12,552,630	4,154,310	12,470,835
1-8 Days	10,249,460	8,489,500	2,857,730	10,205,535	3,053,920	10,140,070
9-20 Days	1,974,445	1,770,910	786,800	1,966,635	866,435	1,954,845
21-30 Days	251,360	227,865	123,880	249,870	142,300	247,390
31-40 Days	72,190	64,470	41,785	71,600	47,580	70,720
41-50 Days	28,360	25,230	17,835	28,035	20,090	27,530
51-60 Days	13,415	11,715	9,045	13,185	10,245	12,940
61-90 Days	12,835	11,475	8,900	12,585	9,775	12,310
91 Days or More	5,305	4,760	3,640	5,185	3,965	5,030
				Percent of Total Discharges ³		
Total	100.0	84.1	30.5	99.6	33.0	98.9
1-8 Days	100.0	82.8	27.9	99.6	29.8	98.9
9-20 Days	100.0	89.7	39.8	99.6	43.9	99.0
21-30 Days	100.0	90.7	49.3	99.4	56.6	98.4
31-40 Days	100.0	89.3	57.9	99.2	65.9	98.0
41-50 Days	100.0	89.0	62.9	98.9	70.8	97.1
51-60 Days	100.0	87.3	67.4	98.3	76.4	96.5
61-90 Days	100.0	89.4	69.3	98.1	76.2	95.9
91 Days or More	100.0	89.7	68.6	97.7	74.7	94.8
				Total Charges in Thousands		
Total	\$271,749,605	\$50,576,995	\$29,123,255	\$192,052,817	\$20,089,123	\$40,870,907
1-8 Days	146,863,361	24,321,802	11,906,529	110,637,732	13,474,233	18,373,968
9-20 Days	78,813,128	17,154,874	9,557,127	52,101,750	4,738,516	13,201,753
21-30 Days	21,294,613	4,477,084	3,097,218	13,720,396	970,850	4,155,464
31-40 Days	9,674,934	1,815,082	1,621,670	6,238,207	397,036	2,026,187
41-50 Days	5,218,662	964,956	942,134	3,311,581	196,157	1,102,399
51-60 Days	3,199,482	558,455	626,845	2,014,186	116,132	679,663
61-90 Days	3,968,250	723,083	808,061	2,437,109	129,869	811,326
91 Days or More	2,717,173	561,653	563,668	1,591,852	66,327	520,143

See footnotes at end of table.

Table 30—Continued

**Number of Discharges and Total Charges for Medicare Beneficiaries Discharged
from Short-Stay Hospitals, by Total Days of Care and Type of Service: Calendar Year 2002**

Type of Ancillary Service					
Laboratory	Radiology ¹	Supplies	Cardiology	Inhalation Therapy	Other ²
Number of Discharges					
12,376,640	10,786,460	11,216,690	9,224,040	6,055,255	11,231,885
10,044,760	8,669,985	9,089,095	7,399,495	4,579,175	8,992,990
1,953,460	1,767,650	1,784,550	1,514,595	1,213,090	1,872,890
248,385	226,960	225,430	198,255	166,250	240,290
71,335	66,355	64,705	60,120	51,570	69,085
27,895	26,275	25,230	24,355	20,865	26,935
13,140	12,485	11,860	11,705	10,340	12,750
12,505	11,860	11,250	11,010	9,930	12,065
5,160	4,890	4,570	4,505	4,035	4,880
Percent of Total Discharges ³					
98.2	85.6	89.0	73.2	48.0	89.1
98.0	84.6	88.7	72.2	44.7	87.7
98.9	89.5	90.4	76.7	61.4	94.9
98.8	90.3	89.7	78.9	66.1	95.6
98.8	91.9	89.6	83.3	71.4	95.7
98.4	92.6	89.0	85.9	73.6	95.0
98.0	93.1	88.4	87.3	77.1	95.0
97.4	92.4	87.7	85.8	77.4	94.0
97.3	92.2	86.1	84.9	76.1	92.0
Total Charges in Thousands					
\$29,366,697	\$18,245,500	\$36,871,925	\$14,950,541	\$9,883,092	\$21,775,030
16,295,675	11,328,941	24,387,593	11,397,178	3,359,735	12,020,406
8,438,709	4,800,217	8,515,905	2,769,158	3,322,390	6,315,099
2,202,824	1,083,654	1,924,320	446,333	1,220,558	1,716,390
990,666	445,006	823,643	158,427	683,824	713,414
513,908	224,569	438,247	72,190	410,272	353,837
312,965	130,219	256,463	38,649	265,906	214,187
377,308	147,393	311,795	44,743	349,015	265,656
234,639	85,498	213,956	23,859	271,390	176,038

Table 30—Continued

Number of Discharges and Total Charges for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Total Days of Care and Type of Service: Calendar Year 2002

Total Days of Care	Type of Accommodation			Type of Ancillary Service		
	All Services	Routine Room and Board	Intensive/Coronary Care	Total Ancillary	Operating Room	Pharmacy
	Percent of Total Charges ⁴					
Total	100.0	18.6	10.7	70.7	7.4	15.0
1-8 Days	100.0	16.6	8.1	75.3	9.2	12.5
9-20 Days	100.0	21.8	12.1	66.1	6.0	16.8
21-30 Days	100.0	21.0	14.5	64.4	4.6	19.5
31-40 Days	100.0	18.8	16.8	64.5	4.1	20.9
41-50 Days	100.0	18.5	18.1	63.5	3.8	21.1
51-60 Days	100.0	17.5	19.6	63.0	3.6	21.2
61-90 Days	100.0	18.2	20.4	61.4	3.3	20.4
91 Days or More	100.0	20.7	20.7	58.6	2.4	19.1
	Average Total Charge Per Discharge					
Total	\$21,555	\$4,769	\$7,565	\$15,300	\$4,836	\$3,277
1-8 Days	14,329	2,865	4,166	10,841	4,412	1,812
9-20 Days	39,917	9,687	12,147	26,493	5,469	6,753
21-30 Days	84,718	19,648	25,002	54,910	6,823	16,797
31-40 Days	134,020	28,154	38,810	87,126	8,345	28,651
41-50 Days	184,015	38,246	52,825	118,123	9,764	40,044
51-60 Days	238,500	47,670	69,303	152,763	11,335	52,524
61-90 Days	309,174	63,014	90,793	193,652	13,286	65,908
91 Days or More	512,191	117,995	154,854	307,011	16,728	103,408

¹Includes magnetic resonance imaging.

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

³Does not sum to total because one person may have many services.

⁴The total for all services is equal to the sum of routine room and board, intensive or coronary care, and total ancillary services. Total ancillary services is equal to the sum of each type of ancillary service.

NOTE: Numbers may not add to totals because of rounding.

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

Table 30—Continued

**Number of Discharges and Total Charges for Medicare Beneficiaries Discharged
from Short-Stay Hospitals, by Total Days of Care and Type of Service: Calendar Year 2002**

Type of Ancillary Service					
Laboratory	Radiology ¹	Supplies	Cardiology	Inhalation Therapy	Other ²
Percent of Total Charges ⁴					
10.8	6.7	13.6	5.5	3.6	8.0
11.1	7.7	16.6	7.8	2.3	8.2
10.7	6.1	10.8	3.5	4.2	8.0
10.3	5.1	9.0	2.1	5.7	8.1
10.2	4.6	8.5	1.6	7.1	7.4
9.8	4.3	8.4	1.4	7.9	6.8
9.8	4.1	8.0	1.2	8.3	6.7
9.5	3.7	7.9	1.1	8.8	6.7
8.6	3.1	7.9	0.9	10.0	6.5
Average Total Charge Per Discharge					
\$2,373	\$1,692	\$3,287	\$1,621	\$1,632	\$1,939
1,622	1,307	2,683	1,540	734	1,337
4,320	2,716	4,772	1,828	2,739	3,372
8,869	4,775	8,536	2,251	7,342	7,143
13,888	6,706	12,729	2,635	13,260	10,327
18,423	8,547	17,370	2,964	19,663	13,137
23,818	10,430	21,624	3,302	24,716	16,799
30,173	12,428	27,715	4,064	35,148	22,019
45,473	17,484	46,818	5,296	67,259	36,073

Table 31

Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Total Days of Care: Calendar Year 2002

Total Days of Care	Discharges ¹		Total Days of Care			Program Payments			
	Number	Percent	Number	Percent	Per Discharge	Amount in Thousands	Percent	Per Discharge ²	Per Day
Total	12,607,370	100.0	74,565,880	100.0	5.9	\$94,194,024	100.0	\$7,507	\$1,263
1 Day	1,694,010	13.4	1,694,010	2.3	1.0	8,501,369	9.0	5,053	5,018
2 Days	1,763,080	14.0	3,526,160	4.7	2.0	8,261,801	8.8	4,709	2,343
3 Days	1,856,550	14.7	5,569,650	7.5	3.0	9,639,127	10.2	5,212	1,731
4 Days	1,561,610	12.4	6,246,440	8.4	4.0	9,137,250	9.7	5,874	1,463
5 Days	1,176,155	9.3	5,880,775	7.9	5.0	7,552,337	8.0	6,447	1,284
6 Days	908,465	7.2	5,450,790	7.3	6.0	6,409,114	6.8	7,082	1,176
7 Days	741,160	5.9	5,188,120	7.0	7.0	5,704,344	6.1	7,730	1,100
8 Days	548,430	4.4	4,387,440	5.9	8.0	4,559,806	4.8	8,350	1,039
9 Days	404,755	3.2	3,642,795	4.9	9.0	3,594,332	3.8	8,919	987
10 Days	316,135	2.5	3,161,350	4.2	10.0	2,954,504	3.1	9,382	935
11 Days	256,450	2.0	2,820,950	3.8	11.0	2,543,416	2.7	9,963	902
12 Days	201,085	1.6	2,413,020	3.2	12.0	2,120,802	2.3	10,591	879
13 Days	171,430	1.4	2,228,590	3.0	13.0	1,902,654	2.0	11,154	854

See footnotes at end of table.

Table 31—Continued
Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Total Days of Care: Calendar Year 2002

Total Days of Care	Discharges ¹		Total Days of Care			Program Payments			
	Number	Percent	Number	Percent	Per Discharge	Amount in Thousands	Percent	Per Discharge ²	Per Day
14 Days	157,935	1.3	2,211,090	3.0	14.0	\$1,848,044	2.0	\$11,756	\$836
15 Days	122,595	1.0	1,838,925	2.5	15.0	1,520,912	1.6	12,455	827
16 Days	93,260	0.7	1,492,160	2.0	16.0	1,227,227	1.3	13,232	822
17 Days	78,135	0.6	1,328,295	1.8	17.0	1,092,624	1.2	14,071	823
18 Days	67,265	0.5	1,210,770	1.6	18.0	1,019,828	1.1	15,246	842
19 Days	55,235	0.4	1,049,465	1.4	19.0	884,564	0.9	16,134	843
20 Days	50,165	0.4	1,003,300	1.3	20.0	841,956	0.9	16,908	839
21-30 Days	251,360	2.0	6,123,640	8.2	24.4	5,612,084	6.0	22,501	916
31-40 Days	72,190	0.6	2,497,930	3.3	34.6	2,782,383	3.0	38,947	1,114
41-50 Days	28,360	0.2	1,270,225	1.7	44.8	1,565,020	1.7	55,824	1,232
51-60 Days	13,415	0.1	737,440	1.0	55.0	985,945	1.0	74,948	1,337
61-90 Days	12,835	0.1	920,535	1.2	71.7	1,205,034	1.3	95,676	1,309
91 Days or More	5,305	(3)	672,015	0.9	126.7	727,546	0.8	140,861	1,083

¹Excludes discharges for managed care enrollees that were paid by the managed care plan.

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

³Less than 0.05 percent.

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 32

**Number of Participating Short-Stay Hospitals (SSHs), Medicare Utilization and Program Payments for Beneficiaries
Discharged from SSHs, by Location and Bedsize of Hospital, and by Medical School Affiliation (MSA) and
Type of Control: Calendar Year 2002**

Location and Bedsize of Hospital	Hospitals		Discharges ¹		Total Days of Care per Discharge	Program Payments		
	Number	Percent	Number	Percent		Amount in Thousands	Percent	Per Discharge ²
Total All Hospitals ³	4,287	100.0	12,465,110	100.0	5.9	\$93,777,563	100.0	\$7,559
1-99 Beds	1,829	42.7	1,548,930	12.4	4.7	7,478,342	8.0	4,845
100-299 Beds	1,522	35.5	4,470,350	35.9	5.7	29,279,752	31.2	6,577
300-499 Beds	597	13.9	3,411,565	27.4	6.1	27,154,299	29.0	7,998
500 Beds or More	339	7.9	3,034,265	24.3	6.6	29,865,170	31.8	9,903
Total Urban Hospitals	2,456	100.0	10,016,810	100.0	6.1	81,415,486	100.0	8,170
1-99 Beds	505	20.6	518,495	5.2	5.1	2,968,857	3.6	5,748
100-299 Beds	1,070	43.6	3,345,410	33.4	5.9	23,384,026	28.7	7,023
300-499 Beds	550	22.4	3,164,110	31.6	6.1	25,562,986	31.4	8,120
500 Beds or More	331	13.5	2,988,795	29.8	6.6	29,499,618	36.2	9,931
Total Rural Hospitals	1,831	100.0	2,448,300	100.0	5.0	12,362,077	100.0	5,064
1-99 Beds	1,324	72.3	1,030,435	42.1	4.5	4,509,485	36.5	4,391
100-299 Beds	452	24.7	1,124,940	45.9	5.3	5,895,726	47.7	5,253
300-499 Beds	47	2.6	247,455	10.1	5.9	1,591,313	12.9	6,449
500 Beds or More	8	0.4	45,470	1.9	6.1	365,552	3.0	8,048

See footnotes at end of table.

Table 32—Continued
Number of Participating Short-Stay Hospitals (SSHs), Medicare Utilization and Program Payments for Beneficiaries
Discharged from SSHs, by Location and Bedsize of Hospital, and by Medical School Affiliation (MSA) and
Type of Control: Calendar Year 2002

MSA and Type of Control	Hospitals		Discharges ¹		Total Days of Care per Discharge	Program Payments		
	Number	Percent	Number	Percent		Amount in Thousands	Percent	Per Discharge ²
Total All Hospitals ³	4,287	100.0	12,465,110	100.0	5.9	\$93,777,563	100.0	\$7,559
Voluntary	2,600	60.6	9,210,830	73.9	5.9	70,498,781	75.2	7,691
Proprietary	628	14.6	1,427,080	11.4	5.9	10,587,992	11.3	7,450
Government	1,059	24.7	1,827,200	14.7	5.8	12,690,790	13.5	6,981
Total Teaching Hospitals ⁴	1,147	100.0	5,726,745	100.0	6.3	51,267,605	100.0	9,006
Voluntary	861	75.1	4,792,500	83.7	6.2	42,651,491	83.2	8,951
Proprietary	77	6.7	243,855	4.3	6.3	2,059,872	4.0	8,492
Government	209	18.2	690,390	12.1	6.5	6,556,243	12.8	9,570
Total Non-Teaching Hospitals	3,140	100.0	6,738,365	100.0	5.6	42,509,958	100.0	6,332
Voluntary	1,739	55.4	4,418,330	65.6	5.6	27,847,290	65.5	6,326
Proprietary	551	17.5	1,183,225	17.6	5.9	8,528,120	20.1	7,236
Government	850	27.1	1,136,810	16.9	5.3	6,134,547	14.4	5,416

¹Excludes discharges for managed care enrollees that were paid by the managed care plan.

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

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

⁴Represents hospitals with an approved resident program.

NOTES: Totals include data for SSHs located in the U.S. only, and may be slightly different from U.S. totals shown in other SSH tables. 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 33

Discharges, Covered Days of Care, Covered Charges, and Program Payments for Medicare Inpatient Hospital Beneficiaries, by Type of Hospital : Calendar Year 2002

Type of Hospital	Hospitals		Discharges		Covered Days of Care		
	Number	Percent	Number	Percent	Number	Percent	Per Discharge
Total All Hospitals ²	6,197	100.0	13,165,705	100.0	79,963,545	100.0	6.1
Short-Stay Hospitals	4,379	70.7	12,607,370	95.8	72,418,655	90.6	5.7
Hospitals	4,379	70.7	11,923,275	90.6	64,625,910	80.8	5.4
Psychiatric Hospital Units ³	NA	----	376,140	2.9	4,124,055	5.2	11.0
Rehabilitation Hospital Units ³	NA	----	307,955	2.3	3,668,690	4.6	11.9
Specialty Hospitals	1,818	29.3	558,335	4.2	7,544,890	9.4	13.5
Childrens	81	1.3	2,345	(4)	15,525	(4)	6.6
Psychiatric	492	7.9	116,935	0.9	1,659,485	2.1	14.2
Rehabilitation	229	3.7	168,135	1.3	2,491,580	3.1	14.8
Long Term	287	4.6	103,945	0.8	2,803,975	3.5	27.0
Critical Access (formerly Short-Stay)	714	11.5	166,570	1.3	562,870	0.7	3.4
Religious Non-Medical	15	0.2	405	(4)	11,455	(4)	28.3

See footnotes at end of table.

Table 33—Continued

Discharges, Covered Days of Care, Covered Charges, and Program Payments for Medicare Inpatient Hospital Beneficiaries, by Type of Hospital: Calendar Year 2002

Type of Hospital	Covered Charges				Program Payments			
	Amount in Thousands	Percent	Per Discharge	Per Covered Day	Amount in Thousands	Percent	Per Discharge ¹	Per Covered Day
Total All Hospitals ²	\$281,539,928	100.0	\$21,384	\$3,521	\$99,664,720	100.0	\$7,605	\$1,246
Short-Stay Hospitals	269,458,719	95.7	21,373	3,721	94,194,024	94.5	7,507	1,301
Hospitals	256,914,405	91.3	21,547	3,975	88,427,172	88.7	7,416	1,368
Psychiatric Hospital Units ³	5,861,389	2.1	15,583	1,421	2,323,415	2.3	6,261	563
Rehabilitation Hospital Units ³	6,682,925	2.4	21,701	1,822	3,443,437	3.5	11,215	939
Specialty Hospitals	12,081,209	4.3	21,638	1,601	5,470,696	5.5	9,799	725
Childrens	82,483	(4)	35,174	5,313	30,536	(4)	13,134	1,967
Psychiatric	1,514,654	0.5	12,953	913	631,582	0.6	5,402	381
Rehabilitation	3,529,060	1.3	20,989	1,416	2,091,766	2.1	12,442	840
Long Term	5,911,635	2.1	56,873	2,108	2,141,968	2.1	20,608	764
Critical Access (formerly Short-Stay)	1,039,629	0.4	6,241	1,847	572,079	0.6	3,434	1,016
Religious Non-Medical	3,748	(4)	9,255	327	2,765	(4)	6,827	241

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

²Includes inpatient short-stay hospitals (SSHs) and specialty hospitals.

³There were an estimated 1,431 distinct-part psychiatric units and 895 rehabilitation units participating in the Medicare Program during 2002.

⁴Less than 0.05 percent.

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. NA is not applicable.

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

Table 34
Short-Stay Hospital Discharges and Case-Mix Index, by Location and
Bedsizes of Hospital, and Procedure Status: Calendar Year 2002

Location and Bedsizes of Hospital	Discharges	Hospital Case-Mix Index ¹
Total All Hospitals ²	12,465,110	1.4261
1-99 Beds	1,548,930	1.1606
100-299 Beds	4,470,350	1.3351
300-499 Beds	3,411,565	1.4854
500 Beds or More	3,034,265	1.6290
Total Urban Hospitals	10,016,810	1.4785
1-99 Beds	518,495	1.2505
100-299 Beds	3,345,410	1.3659
300-499 Beds	3,164,110	1.4923
500 Beds or More	2,988,795	1.6294
Total Rural Hospitals	2,448,300	1.2118
1-99 Beds	1,030,435	1.1154
100-299 Beds	1,124,940	1.2435
300-499 Beds	247,455	1.3981
500 Beds or More	45,470	1.6008

¹For hospitals participating in the Medicare prospective payment system, the case-mix index is a measure of the hospital's average cost per case in relation to the average cost per case for all hospitals.

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

NOTES: Totals include data for short-stay hospitals located in the U.S. only, and may be slightly different from U.S. totals shown in other short-stay hospital tables. 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 34—Continued
Short-Stay Hospital Discharges and Case-Mix Index, by Location and
Bedsizes of Hospital, and Procedure Status: Calendar Year 2002

Location and Bedsizes of Hospital	Total	Percent of Discharges			
		Total	With Procedures		Without Procedure
			Surgical	Non-Surgical	
Total All Hospitals ²	100.0	56.2	45.9	10.3	43.8
1-99 Beds	100.0	38.8	28.2	10.6	61.2
100-299 Beds	100.0	53.2	43.1	10.1	46.9
300-499 Beds	100.0	60.1	50.0	10.1	40.0
500 Beds or More	100.0	65.4	54.6	10.8	34.6
Total Urban Hospitals	100.0	59.3	48.9	10.4	40.7
1-99 Beds	100.0	46.0	35.4	10.6	54.0
100-299 Beds	100.0	55.0	44.7	10.3	45.0
300-499 Beds	100.0	60.3	50.2	10.1	39.6
500 Beds or More	100.0	65.4	54.6	10.8	34.6
Total Rural Hospitals	100.0	43.6	33.6	10.0	56.5
1-99 Beds	100.0	35.1	24.5	10.6	64.9
100-299 Beds	100.0	47.8	38.2	9.6	52.2
300-499 Beds	100.0	55.5	46.4	9.1	44.5
500 Beds or More	100.0	64.6	55.0	9.6	35.3

Table 35

Medicare Short-Stay Hospital Discharges and Total Charges, by Location and Bedsize of Hospital, and Type of Service: Calendar Year 2002

Location and Bedsize of Hospital	All Services	Type of Accommodation		Type of Ancillary Service	
		Routine Room and Board	Intensive/ Coronary Care	Total Ancillary	Operating Room
Number of Discharges					
Total All Hospitals ¹	12,465,110	10,471,895	3,822,825	12,410,985	4,119,050
1-99 Beds	1,548,930	1,397,250	334,395	1,538,455	332,495
100-299 Beds	4,470,350	3,729,925	1,385,770	4,457,795	1,395,730
300-499 Beds	3,411,565	2,804,320	1,124,100	3,402,840	1,205,580
500 Beds or More	3,034,265	2,540,400	978,560	3,011,895	1,185,245
Total Urban Hospitals	10,016,810	8,276,355	3,259,470	9,973,045	3,512,990
1-99 Beds	518,495	449,100	139,175	516,185	137,675
100-299 Beds	3,345,410	2,747,015	1,086,880	3,335,030	1,082,950
300-499 Beds	3,164,110	2,583,210	1,062,385	3,155,405	1,124,995
500 Beds or More	2,988,795	2,497,030	971,030	2,966,425	1,167,370
Total Rural Hospitals	2,448,300	2,195,540	563,355	2,437,940	606,060
1-99 Beds	1,030,435	948,150	195,220	1,022,270	194,820
100-299 Beds	1,124,940	982,910	298,890	1,122,765	312,780
300-499 Beds	247,455	221,110	61,715	247,435	80,585
500 Beds or More	45,470	43,370	7,530	45,470	17,875
Percent of Total Discharges ⁴					
Total All Hospitals ¹	100.0	84.0	30.7	99.6	33.0
1-99 Beds	100.0	90.2	21.6	99.3	21.5
100-299 Beds	100.0	83.4	31.0	99.7	31.2
300-499 Beds	100.0	82.2	32.9	99.7	35.3
500 Beds or More	100.0	83.7	32.3	99.3	39.1
Total Urban Hospitals	100.0	82.6	32.5	99.6	35.1
1-99 Beds	100.0	86.6	26.8	99.6	26.6
100-299 Beds	100.0	82.1	32.5	99.7	32.4
300-499 Beds	100.0	81.6	33.6	99.7	35.6
500 Beds or More	100.0	83.5	32.5	99.3	39.1
Total Rural Hospitals	100.0	89.7	23.0	99.6	24.8
1-99 Beds	100.0	92.0	18.9	99.2	18.9
100-299 Beds	100.0	87.4	26.6	99.8	27.8
300-499 Beds	100.0	89.4	24.9	100.0	32.6
500 Beds or More	100.0	95.4	16.6	100.0	39.3

See footnotes at end of table.

Table 35—Continued
Medicare Short-Stay Hospital Discharges and Total Charges, by Location and
Bedsizes of Hospital, and Type of Service: Calendar Year 2002

Type of Ancillary Service						
Pharmacy	Laboratory	Radiology ²	Supplies	Cardiology	Inhalation Therapy	Other ³
Number of Discharges						
12,334,230	12,239,130	10,671,645	11,081,835	9,130,865	5,981,255	11,116,365
1,532,370	1,518,440	1,339,180	1,441,770	1,068,305	822,910	1,326,170
4,442,690	4,399,480	3,880,195	4,050,405	3,320,800	2,245,905	4,022,415
3,385,980	3,357,285	2,915,655	3,019,295	2,555,215	1,607,025	3,082,145
2,973,190	2,963,925	2,536,615	2,570,365	2,186,545	1,305,415	2,685,635
9,903,510	9,835,950	8,557,300	8,799,960	7,424,535	4,711,280	8,993,220
513,430	508,945	448,845	472,820	376,115	266,245	459,550
3,323,415	3,293,600	2,904,685	3,006,395	2,516,830	1,680,425	3,031,130
3,138,885	3,113,745	2,703,250	2,789,545	2,374,640	1,484,245	2,857,015
2,927,780	2,919,660	2,500,520	2,531,200	2,156,950	1,280,365	2,645,525
2,430,720	2,403,180	2,114,345	2,281,875	1,706,330	1,269,975	2,123,145
1,018,940	1,009,495	890,335	968,950	692,190	556,665	866,620
1,119,275	1,105,880	975,510	1,044,010	803,970	565,480	991,285
247,095	243,540	212,405	229,750	180,575	122,780	225,130
45,410	44,265	36,095	39,165	29,595	25,050	40,110
Percent of Total Discharges ⁴						
99.0	98.2	85.6	88.9	73.3	48.0	89.2
98.9	98.0	86.5	93.1	69.0	53.1	85.6
99.4	98.4	86.8	90.6	74.3	50.2	90.0
99.3	98.4	85.5	88.5	74.9	47.1	90.3
98.0	97.7	83.6	84.7	72.1	43.0	88.5
98.9	98.2	85.4	87.9	74.1	47.0	89.8
99.0	98.2	86.6	91.2	72.5	51.3	88.6
99.3	98.5	86.8	89.9	75.2	50.2	90.6
99.2	98.4	85.4	88.2	75.0	46.9	90.3
98.0	97.7	83.7	84.7	72.2	42.8	88.5
99.3	98.2	86.4	93.2	69.7	51.9	86.7
98.9	98.0	86.4	94.0	67.2	54.0	84.1
99.5	98.3	86.7	92.8	71.5	50.3	88.1
99.9	98.4	85.8	92.8	73.0	49.6	91.0
99.9	97.3	79.4	86.1	65.1	55.1	88.2

Table 35—Continued
Medicare Short-Stay Hospital Discharges and Total Charges, by Location and
Bedsize of Hospital, and Type of Service: Calendar Year 2002

Location and Bedsize of Hospital	All Services	Type of Accommodation		Type of Ancillary Service	
		Routine Room and Board	Intensive/ Coronary Care	Total Ancillary	Operating Room
Total Charges in Thousands					
Total All Hospitals ¹	\$270,704,553	\$50,350,777	\$29,050,816	\$191,306,403	\$20,064,383
1-99 Beds	18,789,382	3,735,762	1,263,797	13,790,253	1,238,524
100-299 Beds	88,418,382	15,672,585	8,783,275	63,963,873	6,181,512
300-499 Beds	81,708,862	14,547,710	9,490,181	57,671,862	6,097,054
500 Beds or More	81,787,927	16,394,720	9,513,562	55,880,416	6,547,293
Total Urban Hospitals	240,473,912	44,767,734	27,123,678	168,585,175	18,035,139
1-99 Beds	8,413,326	1,549,314	685,006	6,179,136	621,828
100-299 Beds	73,339,768	13,100,400	7,774,187	52,466,154	5,135,951
300-499 Beds	77,788,390	13,906,123	9,183,045	54,700,030	5,803,339
500 Beds or More	80,932,428	16,211,897	9,481,440	55,239,855	6,474,021
Total Rural Hospitals	30,230,641	5,583,043	1,927,137	22,721,228	2,029,244
1-99 Beds	10,376,057	2,186,448	578,791	7,611,117	616,696
100-299 Beds	15,078,614	2,572,184	1,009,088	11,497,719	1,045,562
300-499 Beds	3,920,472	641,587	307,136	2,971,831	293,714
500 Beds or More	855,499	182,823	32,122	640,561	73,272
Percent of Total Charges					
Total All Hospitals ¹	100.0	18.6	10.7	70.7	7.4
1-99 Beds	100.0	19.9	6.7	73.4	6.6
100-299 Beds	100.0	17.7	9.9	72.3	7.0
300-499 Beds	100.0	17.8	11.6	70.6	7.5
500 Beds or More	100.0	20.0	11.6	68.3	8.0
Total Urban Hospitals	100.0	18.6	11.3	70.1	7.5
1-99 Beds	100.0	18.4	8.1	73.4	7.4
100-299 Beds	100.0	17.9	10.6	71.5	7.0
300-499 Beds	100.0	17.9	11.8	70.3	7.5
500 Beds or More	100.0	20.0	11.7	68.3	8.0
Total Rural Hospitals	100.0	18.5	6.4	75.2	6.7
1-99 Beds	100.0	21.1	5.6	73.4	5.9
100-299 Beds	100.0	17.1	6.7	76.3	6.9
300-499 Beds	100.0	16.4	7.8	75.8	7.5
500 Beds or More	100.0	21.4	3.8	74.9	8.6

See footnotes at end of table.

Table 35—Continued
Medicare Short-Stay Hospital Discharges and Total Charges, by Location and
Bedsizes of Hospital, and Type of Service: Calendar Year 2002

Type of Ancillary Service						
Pharmacy	Laboratory	Radiology ²	Supplies	Cardiology	Inhalation Therapy	Other ³
Total Charges in Thousands						
\$40,592,856	\$29,265,066	\$18,205,229	\$36,741,024	\$14,909,753	\$9,807,704	\$21,720,388
3,233,978	2,261,993	1,364,908	2,586,787	870,804	798,660	1,434,600
14,492,546	10,200,509	6,294,798	11,831,565	4,615,287	3,457,210	6,890,445
12,025,996	8,580,950	5,381,368	11,357,251	4,764,948	2,872,666	6,591,629
10,840,337	8,221,614	5,164,155	10,965,421	4,658,713	2,679,169	6,803,714
35,094,118	25,609,686	15,965,084	32,511,175	13,488,786	8,578,420	19,302,767
1,358,573	969,895	596,789	1,201,598	440,896	317,139	672,419
11,683,675	8,358,374	5,159,841	9,694,913	3,884,886	2,872,171	5,676,342
11,326,996	8,152,831	5,096,575	10,784,747	4,556,256	2,735,792	6,243,494
10,724,875	8,128,587	5,111,878	10,829,917	4,606,747	2,653,318	6,710,512
5,498,738	3,655,380	2,240,145	4,229,849	1,420,967	1,229,284	2,417,621
1,875,405	1,292,098	768,119	1,385,189	429,908	481,521	762,181
2,808,871	1,842,136	1,134,957	2,136,652	730,401	585,039	1,214,102
699,000	428,119	284,793	572,505	208,692	136,873	348,135
115,462	93,027	52,277	135,503	51,967	25,851	93,202
Percent of Total Charges						
15.0	10.8	6.7	13.6	5.5	3.6	8.0
17.2	12.0	7.3	13.8	4.6	4.3	7.6
16.4	11.5	7.1	13.4	5.2	3.9	7.8
14.7	10.5	6.6	13.9	5.8	3.5	8.1
13.3	10.1	6.3	13.4	5.7	3.3	8.3
14.6	10.6	6.6	13.5	5.6	3.6	8.0
16.1	11.5	7.1	14.3	5.2	3.8	8.0
15.9	11.4	7.0	13.2	5.3	3.9	7.7
14.6	10.5	6.6	13.9	5.9	3.5	8.0
13.3	10.0	6.3	13.4	5.7	3.3	8.3
18.2	12.1	7.4	14.0	4.7	4.1	8.0
18.1	12.5	7.4	13.3	4.1	4.6	7.3
18.6	12.2	7.5	14.2	4.8	3.9	8.1
17.8	10.9	7.3	14.6	5.3	3.5	8.9
13.5	10.9	6.1	15.8	6.1	3.0	10.9

Table 35—Continued
Medicare Short-Stay Hospital Discharges and Total Charges, by Location and
Bedsize of Hospital, and Type of Service: Calendar Year 2002

Location and Bedsize of Hospital	All Services	Type of Accommodation		Type of Ancillary Service		
		Routine Room and Board	Intensive/ Coronary Care	Total Ancillary	Operating Room	
		Average Charge per Discharge				
Total All Hospitals ¹	\$21,717	\$4,808	\$7,599	\$15,414	\$4,871	
1-99 Beds	12,131	2,674	3,779	8,964	3,725	
100-299 Beds	19,779	4,202	6,338	14,349	4,429	
300-499 Beds	23,951	5,188	8,442	16,948	5,057	
500 Beds or More	26,955	6,454	9,722	18,553	5,524	
Total Urban Hospitals	24,007	5,409	8,321	16,904	5,134	
1-99 Beds	16,226	3,450	4,922	11,971	4,517	
100-299 Beds	21,923	4,769	7,153	15,732	4,743	
300-499 Beds	24,585	5,383	8,644	17,335	5,159	
500 Beds or More	27,079	6,492	9,764	18,622	5,546	
Total Rural Hospitals	12,348	2,543	3,421	9,320	3,348	
1-99 Beds	10,070	2,306	2,965	7,445	3,165	
100-299 Beds	13,404	2,617	3,376	10,241	3,343	
300-499 Beds	15,843	2,902	4,977	12,011	3,645	
500 Beds or More	18,815	4,215	4,266	14,088	4,099	

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

²Includes magnetic resonance imaging.

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

⁴Does not sum to total since discharges may have many services.

NOTES: Totals include data for short-stay hospitals located in the U.S. only, and may be slightly different from U.S. totals shown in other short-stay hospital tables. 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 35—Continued
Medicare Short-Stay Hospital Discharges and Total Charges, by Location and
Bedsizes of Hospital, and Type of Service: Calendar Year 2002

Type of Ancillary Service						
Pharmacy	Laboratory	Radiology ²	Supplies	Cardiology	Inhalation Therapy	Other ³
Average Charge per Discharge						
\$3,291	\$2,391	\$1,706	\$3,315	\$1,633	\$1,640	\$1,954
2,110	1,490	1,019	1,794	815	971	1,082
3,262	2,319	1,622	2,921	1,390	1,539	1,713
3,552	2,556	1,846	3,762	1,865	1,788	2,139
3,646	2,774	2,036	4,266	2,131	2,052	2,533
3,544	2,604	1,866	3,694	1,817	1,821	2,146
2,646	1,906	1,330	2,541	1,172	1,191	1,463
3,516	2,538	1,776	3,225	1,544	1,709	1,873
3,609	2,618	1,885	3,866	1,919	1,843	2,185
3,663	2,784	2,044	4,279	2,136	2,072	2,537
2,262	1,521	1,059	1,854	833	968	1,139
1,841	1,280	863	1,430	621	865	879
2,510	1,666	1,163	2,047	908	1,035	1,225
2,829	1,758	1,341	2,492	1,156	1,115	1,546
2,543	2,102	1,448	3,460	1,756	1,032	2,324