

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 2000

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	Per Day
Total All Procedures	---	6,516,490	202	45,121,920	6.9	\$60,218,452	\$9,294	\$1,335
Leading Procedures ⁴	---	3,281,245	101	20,200,860	6.2	28,843,315	8,836	1,428
Operations on the Nervous System (MPC 1)	01-05	161,060	5	1,101,450	6.8	1,479,807	9,239	1,344
Spinal Tap	03.31	34,435	1	268,265	7.8	224,318	6,561	836
Operations on the Endocrine System (MPC 2)	06-07	20,020	1	77,365	3.9	126,961	6,361	1,641
Operations on the Eye (MPC 3)	08-16	14,815	(5)	55,500	3.7	78,256	5,313	1,410
Operations on the Ear (MPC 4)	18-20	3,295	(5)	18,200	5.5	22,413	6,865	1,231
Operations on the Nose, Mouth, and Pharynx (MPC 5)	21-29	30,970	1	150,390	4.9	182,295	5,935	1,212
Operations on the Respiratory System (MPC 6)	30-34	264,750	8	3,543,170	13.4	5,459,499	20,727	1,541
Bronchoscopy with or Without Biopsy	33.21-33.24,33.27	64,860	2	661,250	10.2	611,813	9,485	925
Operations on the Cardiovascular System (MPC 7)	35-39	1,660,580	51	10,161,380	6.1	19,875,877	12,042	1,956
Removal of Coronary Artery Obstruction	36.0	271,900	8	895,650	3.3	3,101,463	11,460	3,463
Coronary Artery Bypass Graft	36.1	156,270	5	1,502,625	9.6	3,968,380	25,491	2,641
Cardiac Catheterization	37.21-37.23	296,460	9	1,257,780	4.2	1,799,582	6,104	1,431
Insertion, Replacement, Removal, and Revision of Pacemaker Leads or Device	37.7-37.8	139,940	4	734,090	5.2	1,637,423	11,734	2,231
Hemodialysis	39.95	150,280	5	817,800	5.4	826,726	5,579	1,011
Operations on the Hemic and Lymphatic System (MPC 8)	40-41	46,270	1	408,585	8.8	502,055	10,906	1,229

See footnotes at end of table.

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Operations on the Digestive System (MPC 9)	42-54	1,239,575	38	9,475,590	7.6	\$10,140,452	\$8,218	\$1,070
Endoscopy of Small Intestine with or Without Biopsy	45.11-45.14,45.16	336,020	10	2,082,145	6.2	1,545,945	4,622	742
Endoscopy of Large Intestine with or Without Biopsy	45.21-45.25	145,745	5	894,330	6.1	657,406	4,531	735
Partial Excision of Large Intestine	45.7	105,170	3	1,179,445	11.2	1,736,479	16,562	1,472
Appendectomy, Excluding Incidental	47.0	14,900	(5)	85,235	5.7	112,906	7,626	1,325
Cholecystectomy	51.2	125,020	4	738,020	5.9	1,073,194	8,616	1,454
Lysis of Peritoneal Adhesions	54.5	25,435	1	284,005	11.2	354,000	13,984	1,246
Operations on the Urinary System (MPC 10)	55-59	171,225	5	1,074,085	6.3	1,341,300	7,879	1,249
Cystoscopy with or Without Biopsy	57.31-57.33	22,825	1	176,780	7.7	124,881	5,492	706
Operations on the Male Genital Organs (MPC 11) ⁶	60-64	114,510	8	438,175	3.8	516,746	4,530	1,179
Prostatectomy	60.2-60.6	101,360	7	365,140	3.6	428,815	4,245	1,174
Operations on the Female Genital Organs (MPC 12) ⁷	65-71	108,555	6	426,185	3.9	551,092	5,091	1,293
Unilateral Oophorectomy	65.3-65.6	10,240	1	53,300	5.2	67,480	6,609	1,266
Hysterectomy	68.3-68.7,68.9	57,590	3	226,460	3.9	300,802	5,237	1,328
Obstetrical Procedures (MPC 13)	72-75	7,915	(5)	26,395	3.3	21,379	2,741	810
Forceps, Vacuum, and Breech Delivery	72.1,72.21,72.31,72.71,73.6	830	(5)	2,155	2.6	1,371	1,662	636
Cesarean Section and Removal of Fetus	74.0-74.2,74.4-74.99	2,555	(5)	12,600	4.9	11,725	4,671	931
Repair of Current Obstetric Laceration	75.5-75.6	1,110	(5)	2,715	2.4	2,039	1,854	751
Operations on the Musculoskeletal System (MPC 14)	76-84	884,310	27	5,277,795	6.0	7,743,219	8,793	1,467
Partial Excision of Bone	76.2-76.3,77.6-77.8	12,585	(5)	102,715	8.2	132,833	10,610	1,293
Reduction of Facial Fracture	76.7,79.0-79.3	197,935	6	1,200,085	6.1	1,419,875	7,200	1,183
Open Reduction of Fracture with Internal Fixation	79.3	158,055	5	975,520	6.2	1,173,742	7,449	1,203
Excision or Destruction of Intervertebral Disc	80.5	34,610	1	115,935	3.3	195,738	5,686	1,688
Total Hip Replacement	81.51	87,685	3	423,320	4.8	826,379	9,450	1,952
Total Knee Replacement	81.54	156,890	5	694,475	4.4	1,464,513	9,360	2,109

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Operations on the Integumentary System (MPC 15)	85-86	257,660	8	2,138,550	8.3	\$2,073,328	\$8,114	\$970
Excision of Destruction of Lesion or Tissue of Skin and Subcutaneous Tissue	86.22-86.28	89,560	3	1,020,045	11.4	1,079,132	12,152	1,058
Miscellaneous Diagnostic and Therapeutic Procedures (MPC 16)	87-99	1,530,980	47	10,749,105	7.0	10,103,773	6,647	940
Computerized Axial Tomography	87.03,87.41,87.71,88.01,88.38	136,485	4	760,160	5.6	660,143	4,866	868
Arteriography and Angiocardiology Using Contrast Material	88.4-88.5	48,230	1	254,045	5.3	236,346	4,922	930
Diagnostic Ultrasound	88.7	156,010	5	893,235	5.7	771,738	4,972	864
Respiratory Therapy	93.9,96.7	205,385	6	1,840,915	9.0	2,625,140	12,886	1,426
Nonoperative Intubation of Gastrointestinal and Respiratory Tracts								
Insertion of Endotracheal Tube	96.04	50,385	2	415,660	8.2	545,029	10,897	1,311
Injection of Infusion of Cancer Chemotherapeutic Substance	99.25	42,320	1	239,815	5.7	299,275	7,120	1,248

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 the utilization rates.

⁴Specific 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.

⁵Less than 1 discharge per 1,000 enrollees.

⁶Only the male enrollment population used to calculate discharges per 1,000 HI enrollees.

⁷Only 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 Decision Support Access Facility; data development by the Office of Research, Development, and Information.