

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

	ICD-9-CM	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
Principal ICD-9-CM Procedure ¹ Within MPC	Code	Number	Enrollees ³	Number	Discharge	Thousands	Discharge ⁴	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

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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

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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.