

Table 5.6
Number of Discharges with a Procedure, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals, by Principal Procedure Within Major Procedure Classifications (MPCs): Calendar Year 2004

Principal ICD-9-CM Procedure ¹ Within MPC	ICD-9-CM Code	Discharges ²		Total Days of Care		Program Payments		
		Number	Per 1,000 HI Enrollees ³	Number	Per Discharge	Amount in Thousands	Per Discharge ⁴	Per Day
Total All Procedures	---	7,438,640	207	49,080,680	6.6	\$76,800,973	\$10,372	\$1,565
Leading Procedures ⁵	---	3,626,665	101	21,083,910	5.8	35,045,873	9,703	1,662
Operations on the Nervous System (MPC 1)	01-05	183,690	5	1,165,995	6.3	1,841,913	10,059	1,580
Spinal Tap	03.31	39,235	1	280,405	7.1	264,442	6,770	943
Operations on the Endocrine System (MPC 2)	06-07	24,625	1	87,065	3.5	162,983	6,652	1,872
Operations on the Eye (MPC 3)	08-16	11,660	(6)	49,405	4.2	78,971	6,820	1,598
Operations on the Ear (MPC 4)	18-20	2,975	(6)	15,765	5.3	22,536	7,575	1,430
Operations on the Nose, Mouth, and Pharynx (MPC 5)	21-29	32,770	1	158,150	4.8	215,828	6,656	1,365
Operations on the Respiratory System (MPC 6)	30-34	293,465	8	3,686,370	12.6	6,227,728	21,287	1,689
Bronchoscopy with or Without Biopsy	33.21-33.24,33.27	70,955	2	673,215	9.5	684,339	9,675	1,017
Operations on the Cardiovascular System (MPC 7)	35-39	1,989,260	55	11,662,755	5.9	25,465,628	12,865	2,184
Removal of Coronary Artery Obstruction	36.0	381,280	11	1,144,545	3.0	5,018,760	13,194	4,385
Coronary Artery Bypass Graft	36.1	129,870	4	1,261,160	9.7	3,547,099	27,383	2,813
Cardiac Catheterization	37.21-37.23	304,995	8	1,263,440	4.1	2,032,971	6,692	1,609
Insertion, Replacement, Removal, and Revision of Pacemaker Leads or Device	37.7-37.8	153,635	4	765,715	5.0	1,976,571	12,891	2,581
Hemodialysis	39.95	202,365	6	1,082,590	5.3	1,222,720	6,126	1,129
Operations on the Hemic and Lymphatic System (MPC 8)	40-41	45,510	1	410,055	9.0	586,313	12,944	1,430

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		Per 1,000 HI	Per 1,000 HI	Per	Per	Amount in	Per	Per
		Number	Enrollees ³	Number	Discharge	Thousands	Discharge ⁴	Day
Operations on the Digestive System (MPC 9)	42-54	1,322,945	37	9,868,590	7.5	\$11,900,910	\$9,029	\$1,206
Endoscopy of Small Intestine with or Without Biopsy	45.11-45.14,45.16	370,390	10	2,200,395	5.9	1,874,789	5,083	852
Endoscopy of Large Intestine with or Without Biopsy	45.21-45.25	144,985	4	872,855	6.0	731,750	5,067	838
Partial Excision of Large Intestine	45.7	111,605	3	1,233,695	11.1	1,984,561	17,816	1,609
Appendectomy, Excluding Incidental	47.0	18,785	1	96,480	5.1	154,196	8,233	1,598
Cholecystectomy	51.2	124,380	3	782,655	6.3	1,219,633	9,831	1,558
Lysis of Peritoneal Adhesions	54.5	29,740	1	321,050	10.8	450,493	15,189	1,403
Operations on the Urinary System (MPC 10)	55-59	200,700	6	1,228,395	6.1	1,749,349	8,752	1,424
Cystoscopy with or Without Biopsy	57.31-57.33	18,805	1	140,290	7.5	119,762	6,392	854
Operations on the Male Genital Organs (MPC 11 ⁷)	60-64	100,640	6	360,505	3.6	512,546	5,107	1,422
Prostatectomy	60.2-60.6	88,185	6	294,290	3.3	400,467	4,554	1,361
Operations on the Female Genital Organs (MPC 12 ⁸)	65-71	110,950	6	405,185	3.7	614,017	5,547	1,515
Unilateral Oophorectomy	65.3-65.6	11,195	1	54,305	4.9	77,743	6,966	1,432
Hysterectomy	68.3-68.7,68.9	56,990	3	210,930	3.7	323,384	5,684	1,533
Obstetrical Procedures (MPC 13)	72-75	11,190	1	35,070	3.1	29,841	2,687	851
Forceps, Vacuum, and Breech Delivery	72.1,72.21,72.31,72.71,73.6	620	(6)	1,435	2.3	870	1,403	606
Cesarean Section and Removal of Fetus	74.0-74.2,74.4-74.99	4,740	(6)	19,015	4.0	18,280	3,906	961
Repair of Current Obstetric Laceration	75.5-75.6	1,100	(6)	2,800	2.5	1,837	1,678	656
Operations on the Musculoskeletal System (MPC 14)	76-84	1,125,205	31	6,203,160	5.5	11,342,590	10,105	1,829
Partial Excision of Bone	76.2-76.3,77.6-77.8	14,020	(6)	126,760	9.0	178,689	12,832	1,410
Reduction of Facial Fracture	76.7,79.0-79.3	204,110	6	1,217,205	6.0	1,709,867	8,394	1,405
Open Reduction of Fracture with Internal Fixation	79.3	154,365	4	929,685	6.0	1,324,015	8,594	1,424
Excision or Destruction of Intervertebral Disc	80.5	33,980	1	100,600	3.0	202,502	5,974	2,013
Total Hip Replacement	81.51	118,660	3	507,035	4.3	1,203,303	10,159	2,373
Total Knee Replacement	81.54	250,585	7	987,850	3.9	2,518,209	10,063	2,549

Table 5.6—Continued

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Operations on the Integumentary System (MPC 15)	85-86	283,880	8	2,262,405	8.0	\$2,563,535	\$9,089	\$1,133
Excision of Destruction of Lesion or Tissue of Skin and Subcutaneous Tissue	86.22-86.28	99,260	3	1,061,745	10.7	1,343,990	13,622	1,266
Miscellaneous Diagnostic and Therapeutic Procedures (MPC 16)	87-99	1,652,110	46	11,221,660	6.8	12,348,688	7,523	1,100
Computerized Axial Tomography	87.03,87.41,87.71, 88.01,88.38	112,120	3	573,375	5.1	622,975	5,585	1,087
Arteriography and Angiocardiology Using Contrast Material	88.4-88.5	54,915	2	278,400	5.1	313,871	5,747	1,127
Diagnostic Ultrasound	88.7	141,515	4	773,525	5.5	800,199	5,677	1,034
Respiratory Therapy	93.9,96.7	243,990	7	2,125,605	8.7	3,175,601	13,111	1,494
Nonoperative Intubation of Gastrointestinal and Respiratory Tracts Insertion of Endotracheal Tube	96.04	49,700	1	389,500	7.8	514,336	10,394	1,321
Injection of Infusion of Cancer Chemotherapeutic Substance	99.25	39,575	1	240,020	6.1	356,876	9,073	1,487

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.