

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 2007**

Principal ICD-9-CM Procedure <sup>1</sup> Within MPC	ICD-9-CM	Discharges <sup>2</sup>		Total Days of Care		Program Payments		
		Number	Per 1,000 HI	Number	Per	Amount in Thousands	Per Discharge <sup>4</sup>	Per Day
			Enrollees <sup>3</sup>		Discharge			
Total All Procedures	Code	7,086,110	202	45,488,345	6.4	\$80,538,060	\$11,431	\$1,771
Leading Procedures <sup>5</sup>	---	3,021,540	86	18,086,870	6.0	31,229,447	10,389	1,727
Operations on the Nervous System (MPC 1)	---	170,550	5	1,114,925	6.5	2,117,794	12,472	1,899
Spinal Tap	01-05	36,690	1	261,145	7.1	272,758	7,473	1,044
	03.31							
Operations on the Endocrine System (MPC 2)	06-07	26,100	1	99,365	3.8	227,599	8,742	2,291
Operations on the Eye (MPC 3)	08-16	8,545	(6)	36,880	4.3	63,625	7,507	1,725
Operations on the Ear (MPC 4)	18-20	2,580	(6)	13,520	5.2	22,450	8,787	1,660
Operations on the Nose, Mouth, and Pharynx (MPC 5)	21-29	29,200	1	146,350	5.0	230,807	7,974	1,577
Operations on the Respiratory System (MPC 6)	30-34	272,955	8	2,929,020	10.7	4,946,344	18,193	1,689
Bronchoscopy with or Without Biopsy	33.21-33.24,33.27	65,780	2	608,085	9.2	705,510	10,770	1,160
Operations on the Cardiovascular System (MPC 7)	35-39	1,528,880	44	9,874,200	6.5	21,103,464	13,898	2,137
Removal of Coronary Artery Obstruction	36.0	4,740	(6)	13,465	2.8	67,436	14,363	5,008
Coronary Artery Bypass Graft	36.1	94,135	3	941,055	10.0	2,869,257	30,558	3,049
Cardiac Catheterization	37.21-37.23	240,890	7	984,460	4.1	1,696,848	7,081	1,724
Insertion, Replacement, Removal, and Revision of								
Pacemaker Leads or Device	37.7-37.8	136,845	4	657,925	4.8	1,919,109	14,053	2,917
Hemodialysis	39.95	229,735	7	1,201,105	5.2	1,577,909	6,975	1,314
Operations on the Hemic and Lymphatic System (MPC 8)	40-41	42,300	1	363,470	8.6	631,770	14,989	1,738

See footnotes at end of table.

Table 5.6--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 2007**

Principal ICD-9-CM Procedure <sup>1</sup> Within MPC	ICD-9-CM Code	Discharges <sup>2</sup>		Total Days of Care		Program Payments		
		Number	Per 1,000 Hb <sub>s</sub> Enrollees	Number	Per Discharge	Amount in Thousands	Per Discharge <sup>4</sup>	Per Day
Operations on the Digestive System (MPC 9)	42-54	1,175,550	33	8,768,810	7.5	\$12,476,502	\$10,659	\$1,423
Endoscopy of Small Intestine with or Without Biopsy	45.11-45.14,45.16	320,505	9	1,859,380	5.8	1,829,098	5,734	984
Endoscopy of Large Intestine with or Without Biopsy	45.21-45.25	117,285	3	690,705	5.9	672,014	5,753	973
Partial Excision of Large Intestine	45.7	101,005	3	1,110,040	11.0	2,039,657	20,241	1,837
Appendectomy, Excluding Incidental	47.0	19,820	1	94,075	4.7	178,302	9,028	1,895
Cholecystectomy	51.2	107,005	3	677,150	6.3	1,209,866	11,337	1,787
Lysis of Peritoneal Adhesions	54.5	31,195	1	335,590	10.8	555,506	17,882	1,655
Operations on the Urinary System (MPC 10)	55-59	204,580	6	1,240,735	6.1	1,991,696	9,780	1,605
Cystoscopy with or Without Biopsy	57.31-57.33	14,420	(6)	104,880	7.3	105,155	7,308	1,003
Operations on the Male Genital Organs (MPC 11) <sup>7</sup>	60-64	82,580	5	278,620	3.4	481,961	5,858	1,730
Prostatectomy	60.2-60.6	72,700	5	220,800	3.0	388,795	5,366	1,761
Operations on the Female Genital Organs (MPC 12) <sup>8</sup>	65-71	96,990	5	335,060	3.5	609,947	6,300	1,820
Unilateral Oophorectomy	65.3-65.6	9,515	(6)	44,080	4.6	76,089	8,014	1,726
Hysterectomy	68.3-68.7,68.9	50,710	3	176,820	3.5	323,027	6,380	1,827
Obstetrical Procedures (MPC 13)	72-75	13,010	1	42,545	3.3	40,214	3,113	945
Forceps, Vacuum, and Breech Delivery	72.1,72.21,72.31,72.71,73.6	625	(6)	1,655	2.6	1,011	1,618	611
Cesarean Section and Removal of Fetus	74.0-74.2,74.4-74.99	5,350	(6)	22,760	4.3	24,081	4,548	1,058
Repair of Current Obstetric Laceration	75.5-75.6	1,345	(6)	3,435	2.6	2,767	2,065	805
Operations on the Musculoskeletal System (MPC 14)	76-84	1,101,815	31	5,837,415	5.3	12,937,796	11,776	2,216
Partial Excision of Bone	76.2-76.3,77.6-77.8	14,680	(6)	124,935	8.5	214,071	14,708	1,713
Reduction of Facial Fracture	76.7,79.0-79.3	199,610	6	1,169,105	5.9	2,007,819	10,085	1,717
Open Reduction of Fracture with Internal Fixation	79.3	143,690	4	845,430	5.9	1,470,944	10,266	1,740
Excision or Destruction of Intervertebral Disc	80.5	26,440	1	73,835	2.8	172,204	6,533	2,332
Total Hip Replacement	81.51	113,765	3	459,230	4.0	1,262,182	11,115	2,748
Total Knee Replacement	81.54	268,990	8	991,675	3.7	2,940,256	10,951	2,965

See footnotes at end of table.

Table 5.6--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 2007**

Principal ICD-9-CM Procedure <sup>1</sup> Within MPC	ICD-9-CM Code	Discharges <sup>2</sup>		Total Days of Care		Program Payments		
		Number	Per 1,000 HI Enrollees <sup>3</sup>	Number	Per Discharge	Amount in Thousands	Per Discharge <sup>4</sup>	Per Day
Operations on the Integumentary System (MPC 15)	85-86	252,615	7	1,949,360	7.7	\$2,518,078	\$10,046	\$1,292
Excision of Destruction of Lesion or Tissue of Skin and Subcutaneous Tissue	86.22-86.28	80,725	2	837,510	10.4	1,198,798	14,993	1,431
Miscellaneous Diagnostic and Therapeutic Procedures (MPC 16)	87-99	1,667,540	47	11,054,295	6.6	14,146,553	8,554	1,280
Computerized Axial Tomography	87.03,87.41,87.71,88.01,88.38	103,725	3	501,160	4.8	624,667	6,059	1,246
Arteriography and Angiocardiology Using Contrast Material	88.4-88.5	51,060	1	240,755	4.7	315,468	6,210	1,310
Diagnostic Ultrasound	88.7	145,175	4	755,455	5.2	883,565	6,112	1,170
Respiratory Therapy	93.9,96.7	280,085	8	2,410,765	8.6	4,269,308	15,384	1,771
Nonoperative Intubation of Gastrointestinal and Respiratory								
Tracts Insertion of Endotracheal Tube	96.04	39,590	1	295,295	7.5	465,589	11,830	1,577
Injection of Infusion of Cancer Chemotherapeutic Substance	99.02	37,145	1	217,820	5.9	360,821	9,768	1,657

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

<sup>2</sup>Excludes discharges for managed care enrollees that were paid by the managed care plan.

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

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

<sup>5</sup>Specific 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.

<sup>6</sup>Less than 1 discharge per 1,000 enrollees.

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

<sup>8</sup>Only 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.