

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 2012

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	---	6,568,353	178	39,797,001	6.1	\$87,705,284	\$13,720	\$2,204
Leading Procedures ⁵	---	2,763,097	75	15,375,035	5.6	33,102,391	12,303	2,153
Operations on the Nervous System (MPC 1)	01-05	154,882	4	966,816	6.2	2,467,836	16,613	2,553
Spinal Tap	03.31	37,524	1	245,466	6.5	345,520	9,408	1,408
Operations on the Endocrine System (MPC 2)	06-07	19,155	1	74,872	3.9	206,004	11,407	2,751
Operations on the Eye (MPC 3)	08-16	6,973	(6)	31,487	4.5	66,081	9,913	2,099
Operations on the Ear (MPC 4)	18-20	2,118	(6)	11,728	5.5	23,374	11,503	1,993
Operations on the Nose, Mouth, and Pharynx (MPC 5)	21-29	24,464	1	121,437	5.0	233,213	9,982	1,920
Operations on the Respiratory System (MPC 6)	30-34	257,173	7	2,411,389	9.4	4,950,964	19,475	2,053
Bronchoscopy with or Without Biopsy	33.21-33.24,33.27	54,301	1	458,243	8.4	654,763	12,203	1,429
Operations on the Cardiovascular System (MPC 7)	35-39	1,349,834	37	8,463,209	6.3	21,763,130	16,594	2,571
Removal of Coronary Artery Obstruction	36.0	1,539	(6)	5,439	3.5	22,557	15,283	4,147
Coronary Artery Bypass Graft	36.1	65,324	2	634,091	9.7	2,258,216	34,765	3,561
Cardiac Catheterization	37.21-37.23	198,363	5	806,998	4.1	1,516,412	8,025	1,879
Insertion, Replacement, Removal, and Revision of Pacemaker Leads or Device	37.7-37.8	95,303	3	486,906	5.1	1,590,671	17,255	3,267
Hemodialysis	39.95	252,889	7	1,226,812	4.9	2,407,737	9,857	1,963
Operations on the Hemic and Lymphatic System (MPC 8)	40-41	43,260	1	358,548	8.3	822,905	19,619	2,295
See footnotes at end of table.								

Table 5.6--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 HI Enrollees ³	Number	Per Discharge	Amount in Thousands	Per Discharge ⁴	Per Day
Operations on the Digestive System (MPC 9)	42-54	1,010,527	27	6,848,029	6.8	\$12,387,732	\$12,575	\$1,809
Endoscopy of Small Intestine with or Without Biopsy	45.11-45.14,45.16	266,431	7	1,401,971	5.3	1,826,371	7,067	1,303
Endoscopy of Large Intestine with or Without Biopsy	45.21-45.25	83,894	2	442,689	5.3	544,472	6,704	1,230
Partial Excision of Large Intestine	45.7	57,349	2	645,191	11.3	1,452,936	25,486	2,252
Appendectomy, Excluding Incidental	47.0	17,914	(6)	77,528	4.3	181,292	10,427	2,338
Cholecystectomy	51.2	91,282	2	526,388	5.8	1,149,778	12,997	2,184
Lysis of Peritoneal Adhesions	54.5	28,995	1	280,571	9.7	573,043	20,073	2,042
Operations on the Urinary System (MPC 10)	55-59	193,675	5	1,133,261	5.9	2,282,782	12,071	2,014
Cystoscopy with or Without Biopsy	57.31-57.33	9,760	(6)	64,953	6.7	81,535	8,622	1,255
Operations on the Male Genital Organs (MPC 11) ⁷	60-64	48,871	3	169,251	3.5	377,109	8,316	2,228
Prostatectomy	60.2-60.6	41,342	2	125,638	3.0	295,650	7,737	2,353
Operations on the Female Genital Organs (MPC 12) ⁸	65-71	62,649	3	217,371	3.5	531,389	8,970	2,445
Unilateral Oophorectomy	65.3-65.6	6,226	(6)	28,711	4.6	67,075	11,012	2,336
Hysterectomy	68.3-68.7,68.9	35,704	2	110,963	3.1	295,878	8,671	2,666
Obstetrical Procedures (MPC 13) ⁸	72-75	16,089	1	51,734	3.2	77,889	4,906	1,506
Forceps, Vacuum, and Breech Delivery	72.1,72.21,72.31,72.71,73.6	399	(6)	978	2.5	1,103	2,784	1,127
Cesarean Section and Removal of Fetus	74.0-74.2,74.4-74.99	13,761	1	55,363	4.0	93,015	6,871	1,680
Repair of Current Obstetric Laceration	75.5-75.6	1,514	(6)	3,687	2.4	4,776	3,175	1,295
Operations on the Musculoskeletal System (MPC 14)	76-84	1,112,778	30	5,254,055	4.7	16,344,617	14,972	3,111
Partial Excision of Bone	76.2-76.3,77.6-77.8	17,520	(6)	144,870	8.3	311,210	18,200	2,148
Reduction of Facial Fracture	76.7,79.0-79.3	180,911	5	977,372	5.4	2,295,296	12,929	2,348
Open Reduction of Fracture with Internal Fixation	79.3	121,341	3	653,914	5.4	1,554,480	13,103	2,377
Excision or Destruction of Intervertebral Disc	80.5	17,124	(6)	49,753	2.9	128,287	8,682	2,578
Total Hip Replacement	81.51	133,655	4	449,406	3.4	1,670,683	12,656	3,718
Total Knee Replacement	81.54	279,393	8	892,419	3.2	3,389,212	12,347	3,798
See footnotes at end of table.								

Table 5.6--Continued

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		Number	Per 1,000 HI Enrollees ³	Number	Per Discharge	Amount in Thousands	Per Discharge ⁴	Per Day
Operations on the Integumentary System (MPC 15)	85-86	208,046	6	1,426,441	6.9	\$2,388,400	\$11,804	\$1,674
Excision of Destruction of Lesion or Tissue of Skin and Subcutaneous Tissue	86.22-86.28	68,534	2	605,306	8.8	1,034,490	15,354	1,709
Miscellaneous Diagnostic and Therapeutic Procedures (MPC 16)	87-99	1,730,983	47	10,936,310	6.3	17,623,769	10,432	1,611
Computerized Axial Tomography	87.03,87.41,87.71,88.01,88.38	78,341	2	349,921	4.5	566,220	7,496	1,618
Arteriography and Angiocardiology Using Contrast Material	88.4-88.5	39,807	1	182,311	4.6	307,976	8,024	1,689
Diagnostic Ultrasound	88.7	153,250	4	734,350	4.8	1,066,794	7,176	1,453
Respiratory Therapy	93.9,96.7	373,297	10	2,934,669	7.9	6,093,523	16,568	2,076
Nonoperative Intubation of Gastrointestinal and Respiratory Tracts Insertion of Endotracheal Tube	96.04	37,182	1	253,898	6.8	512,383	13,923	2,018
Injection of Infusion of Cancer Chemotherapeutic Substance	99.25	31,039	1	199,119	6.4	409,048	13,520	2,054

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 Information Products & Data Analytics.