**April 31, 2005**

# Health Disparities: Measuring Health Care Use and Access for Racial/Ethnic Populations

## Final Report

Part 2
Appendices A-G

Prepared for

**Arthur Meltzer, PhD**
Research and Evaluation Group
Office of Research, Development, and Information
Centers for Medicare & Medicaid Services
Mail Stop C3-19-07
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Prepared by

**Arthur J. Bonito, PhD**
**Celia R. Eicheldinger, MS**
**Nancy F. Lenfestey, MPH**
RTI International
Health, Social, and Economics Research
Research Triangle Park, NC 27709

RTI Project Number 07964.008
Contract No. 500-00-0024, Task No. 8

# HEALTH DISPARITIES: MEASURING HEALTH CARE USE AND ACCESS FOR RACIAL/ETHNIC POPULATIONS

by Arthur J. Bonito, Ph.D., Project Director,
Celia R. Eicheldinger, M.S. and Nancy F. Lenfestey, M.P.H.

Federal Project Officer: Arthur Meltzer, PhD

RTI International

CMS Contract No. 500-00-0024, Task No. 8

April 2005

This project was funded by the Centers for Medicare & Medicaid Services under contract no. 500-00-0024. The statements contained in this report are solely those of the authors and do not necessarily reflect the views or policies of the Centers for Medicare & Medicaid Services. RTI assumes responsibility for the accuracy and completeness of the information contained in this report.

## APPENDIX A:
## TABLES OF ASSORTED GLOBAL MEASURES OF UTILIZATION REPLICATED FROM THE MEDICAID SUPPLEMENT BY RACE/ETHNICITY IN 2002

## LIST OF TABLES IN APPENDIX A

**Table A-1.**
**(Table 14)**
**Persons served and program payments for Medicare fee-for-service beneficiaries by demographic characteristics for total: calendar year 2002**

| | Persons served[1] | | Program payments | | | |
|---|---|---|---|---|---|---|
| | Number in thousands | Percentage | Amount in millions | Percentage | Per person served | Per enrollee[2] |
| Total | 27,107 | 100.00 | $159,929 | 100.00 | $5,734 | $5,062 |
| Age | | | | | | |
| Under 65 | 3,455 | 12.74 | 23,959 | 14.98 | 6,554 | 5,241 |
| 65-74 years | 9,584 | 35.36 | 44,183 | 27.63 | 4,442 | 3,811 |
| 75-84 years | 10,022 | 36.97 | 60,916 | 38.09 | 5,976 | 5,549 |
| 85 or over | 4,046 | 14.93 | 30,870 | 19.30 | 7,536 | 6,933 |
| Sex | | | | | | |
| Male | 11,179 | 41.24 | 67,357 | 42.12 | 5,799 | 4,898 |
| Female | 15,929 | 58.76 | 92,572 | 57.88 | 5,688 | 5,188 |
| New race/ethnicity | | | | | | |
| White | 22,498 | 83.00 | 128,101 | 80.10 | 5,544 | 4,995 |
| Black | 2,382 | 8.79 | 18,668 | 11.67 | 7,541 | 6,266 |
| Hispanic | 1,502 | 5.54 | 9,178 | 5.74 | 5,880 | 4,505 |
| Asian/Pacific Islander | 471 | 1.74 | 2,392 | 1.50 | 4,932 | 4,106 |
| American Indian/Alaska Native | 99 | 0.37 | 699 | 0.44 | 6,753 | 5,801 |
| Other | 115 | 0.42 | 622 | 0.39 | 5,130 | 3,636 |
| Unknown | 39 | 0.14 | 269 | 0.17 | 6,709 | 4,413 |
| Type of entitlement | | | | | | |
| Aged[3] | 23,410 | 86.36 | 134,186 | 83.90 | 5,595 | 5,020 |
| Disabled[4] | 3,698 | 13.64 | 25,743 | 16.10 | 6,586 | 5,290 |
| MSA type | | | | | | |
| Urban | 18,150 | 66.96 | 113,568 | 71.01 | 6,084 | 5,361 |
| Rural | 8,957 | 33.04 | 46,361 | 28.99 | 5,025 | 4,452 |

[1] Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the year.

[2] The enrollment counts used to calculate fee-for-service program payments per enrollee do not include Medicare enrollees in managed care plans.

[3] Includes aged persons with end stage renal disease (ESRD).

[4] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: MSA is metropolitan statistical area. Medicare program payments represent fee-for-service payments only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding.

SOURCE: 2002 NCH Carrier, SAF Inpatient, SAF Home Health, SAF OPD, and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-2.**
**(Table 14)**
**Persons served and program payments for Medicare fee-for-service beneficiaries by demographic characteristics for Whites: calendar year 2002**

| | Persons served[1] | | Program payments | | | |
|---|---|---|---|---|---|---|
| | Number in thousands | Percentage | Amount in millions | Percentage | Per person served | Per enrollee[2] |
| Total | 22,498 | 100.00 | $128,101 | 100.00 | $5,544 | $4,995 |
| Age | | | | | | |
| Under 65 | 2,393 | 10.64 | 14,818 | 11.57 | 5,848 | 4,722 |
| 65-74 years | 7,936 | 35.27 | 34,830 | 27.19 | 4,235 | 3,703 |
| 75-84 years | 8,637 | 38.39 | 51,670 | 40.34 | 5,890 | 5,546 |
| 85 or over | 3,532 | 15.70 | 26,783 | 20.91 | 7,497 | 7,075 |
| Sex | | | | | | |
| Male | 9,331 | 41.48 | 53,892 | 42.07 | 5,574 | 4,843 |
| Female | 13,167 | 58.52 | 74,209 | 57.93 | 5,523 | 5,112 |
| Type of entitlement | | | | | | |
| Aged[3] | 19,930 | 88.58 | 112,075 | 87.49 | 5,497 | 5,027 |
| Disabled[4] | 2,568 | 11.42 | 16,025 | 12.51 | 5,900 | 4,785 |
| MSA type | | | | | | |
| Urban | 14,625 | 65.01 | 87,881 | 68.60 | 5,856 | 5,271 |
| Rural | 7,873 | 34.99 | 40,219 | 31.40 | 4,966 | 4,483 |

[1] Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the year.

[2] The enrollment counts used to calculate fee-for-service program payments per enrollee do not include Medicare enrollees in managed care plans.

[3] Includes aged persons with end stage renal disease (ESRD).

[4] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: MSA is metropolitan statistical area. Medicare program payments represent fee-for-service payments only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding.

SOURCE: 2002 NCH Carrier, SAF Inpatient, SAF Home Health, SAF OPD, and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-3.**
**(Table 14)**
**Persons served and program payments for Medicare fee-for-service beneficiaries by demographic characteristics for Blacks: calendar year 2002**

| | Persons served[1] | | Program payments | | | |
|---|---|---|---|---|---|---|
| | Number in thousands | Percentage | Amount in millions | Percentage | Per person served | Per enrollee[2] |
| Total | 2,382 | 100.00 | $18,668 | 100.00 | $7,541 | $6,266 |
| Age | | | | | | |
| Under 65 | 651 | 27.32 | 6,121 | 32.79 | 8,906 | 7,164 |
| 65-74 years | 797 | 33.46 | 5,241 | 28.08 | 6,300 | 5,121 |
| 75-84 years | 667 | 27.99 | 4,982 | 26.69 | 7,285 | 6,396 |
| 85 or over | 268 | 11.23 | 2,323 | 12.44 | 8,536 | 7,208 |
| Sex | | | | | | |
| Male | 908 | 38.11 | 7,684 | 41.16 | 8,010 | 6,066 |
| Female | 1,474 | 61.89 | 10,984 | 58.84 | 7,245 | 6,414 |
| Type of entitlement | | | | | | |
| Aged[3] | 1,692 | 71.00 | 12,176 | 65.22 | 6,971 | 5,864 |
| Disabled[4] | 691 | 29.00 | 6,492 | 34.78 | 8,910 | 7,190 |
| MSA type | | | | | | |
| Urban | 1,794 | 75.30 | 14,961 | 80.14 | 8,019 | 6,578 |
| Rural | 588 | 24.70 | 3,707 | 19.86 | 6,079 | 5,260 |

[1] Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the year.

[2] The enrollment counts used to calculate fee-for-service program payments per enrollee do not include Medicare enrollees in managed care plans.

[3] Includes aged persons with end stage renal disease (ESRD).

[4] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: MSA is metropolitan statistical area. Medicare program payments represent fee-for-service payments only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding.

SOURCE: 2002 NCH Carrier, SAF Inpatient, SAF Home Health, SAF OPD, and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-4.**
**(Table 14)**
**Persons served and program payments for Medicare fee-for-service beneficiaries by demographic characteristics for Hispanics: calendar year 2002**

| | Persons served[1] | | Program payments | | | |
|---|---|---|---|---|---|---|
| | Number in thousands | Percentage | Amount in millions | Percentage | Per person served | Per enrollee[2] |
| Total | 1,502 | 100.00 | $9,178 | 100.00 | $5,880 | $4,505 |
| Age | | | | | | |
| Under 65 | 314 | 20.90 | 2,243 | 24.44 | 6,763 | 5,113 |
| 65-74 years | 573 | 38.12 | 2,922 | 31.84 | 4,884 | 3,671 |
| 75-84 years | 463 | 30.79 | 2,887 | 31.46 | 6,083 | 4,971 |
| 85 or over | 153 | 10.19 | 1,125 | 12.25 | 7,200 | 5,070 |
| Sex | | | | | | |
| Male | 641 | 42.64 | 4,029 | 43.90 | 5,973 | 4,247 |
| Female | 862 | 57.36 | 5,149 | 56.10 | 5,809 | 4,729 |
| Type of entitlement | | | | | | |
| Aged[3] | 1,166 | 77.59 | 6,778 | 73.85 | 5,622 | 4,317 |
| Disabled[4] | 337 | 22.41 | 2,400 | 26.15 | 6,757 | 5,133 |
| MSA type | | | | | | |
| Urban | 1,163 | 77.41 | 7,640 | 83.25 | 6,332 | 5,014 |
| Rural | 339 | 22.59 | 1,537 | 16.75 | 4,341 | 2,993 |

[1] Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the year.

[2] The enrollment counts used to calculate fee-for-service program payments per enrollee do not include Medicare enrollees in managed care plans.

[3] Includes aged persons with end stage renal disease (ESRD).

[4] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: MSA is metropolitan statistical area. Medicare program payments represent fee-for-service payments only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding.

SOURCE: 2002 NCH Carrier, SAF Inpatient, SAF Home Health, SAF OPD, and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-5.**
**(Table 14)**
**Persons served and program payments for Medicare fee-for-service beneficiaries by demographic characteristics for Asians/Pacific Islanders: calendar year 2002**

| | Persons served[1] | | Program payments | | | |
|---|---|---|---|---|---|---|
| | Number in thousands | Percentage | Amount in millions | Percentage | Per person served | Per enrollee[2] |
| Total | 471 | 100.00 | $2,392 | 100.00 | $4,932 | $4,106 |
| Age | | | | | | |
| Under 65 | 35 | 7.48 | 298 | 12.45 | 7,979 | 5,962 |
| 65-74 years | 183 | 38.86 | 717 | 29.98 | 3,771 | 2,994 |
| 75-84 years | 194 | 41.22 | 996 | 41.64 | 5,030 | 4,435 |
| 85 or over | 59 | 12.44 | 381 | 15.93 | 6,402 | 5,564 |
| Sex | | | | | | |
| Male | 194 | 41.27 | 1,075 | 44.92 | 5,320 | 4,230 |
| Female | 277 | 58.73 | 1,318 | 55.08 | 4,655 | 4,010 |
| Type of entitlement | | | | | | |
| Aged[3] | 434 | 92.07 | 2,074 | 86.68 | 4,654 | 3,914 |
| Disabled[4] | 37 | 7.93 | 319 | 13.32 | 8,059 | 6,036 |
| MSA type | | | | | | |
| Urban | 419 | 88.85 | 2,151 | 89.89 | 4,995 | 4,268 |
| Rural | 53 | 11.15 | 242 | 10.11 | 4,430 | 3,071 |

[1] Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the year.

[2] The enrollment counts used to calculate fee-for-service program payments per enrollee do not include Medicare enrollees in managed care plans.

[3] Includes aged persons with end stage renal disease (ESRD).

[4] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: MSA is metropolitan statistical area. Medicare program payments represent fee-for-service payments only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding.

SOURCE: 2002 NCH Carrier, SAF Inpatient, SAF Home Health, SAF OPD, and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-6.**
**(Table 14)**
**Persons served and program payments for Medicare fee-for-service beneficiaries by demographic characteristics for American Indians/Alaska Natives: calendar year 2002**

| | Persons served[1] | | Program payments | | | |
|---|---|---|---|---|---|---|
| | Number in thousands | Percentage | Amount in millions | Percentage | Per person served | Per enrollee[2] |
| Total | 99 | 100.00 | $699 | 100.00 | $6,753 | $5,801 |
| Age | | | | | | |
| Under 65 | 27 | 27.49 | 234 | 33.42 | 8,139 | 6,772 |
| 65-74 years | 36 | 36.63 | 221 | 31.57 | 5,773 | 4,866 |
| 75-84 years | 27 | 27.18 | 180 | 25.77 | 6,481 | 5,791 |
| 85 or over | 9 | 8.69 | 65 | 9.24 | 7,347 | 6,762 |
| Sex | | | | | | |
| Male | 42 | 42.05 | 297 | 42.44 | 6,730 | 5,446 |
| Female | 58 | 57.95 | 403 | 57.56 | 6,770 | 6,093 |
| Type of entitlement | | | | | | |
| Aged[3] | 70 | 70.75 | 449 | 64.17 | 6,147 | 5,345 |
| Disabled[4] | 29 | 29.25 | 251 | 35.83 | 8,201 | 6,847 |
| MSA type | | | | | | |
| Urban | 32 | 32.42 | 231 | 33.08 | 6,891 | 5,890 |
| Rural | 67 | 67.58 | 468 | 66.92 | 6,687 | 5,758 |

[1] Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the year.

[2] The enrollment counts used to calculate fee-for-service program payments per enrollee do not include Medicare enrollees in managed care plans.

[3] Includes aged persons with end stage renal disease (ESRD).

[4] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: MSA is metropolitan statistical area. Medicare program payments represent fee-for-service payments only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding.

SOURCE: 2002 NCH Carrier, SAF Inpatient, SAF Home Health, SAF OPD, and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-7.**
**(Table 20)**
**Persons served and cost-sharing liability for Medicare fee-for-services beneficiaries by demographic characteristics for total: calendar year 2002**

| | Persons served[1] | | | Cost sharing liability[2] | | | |
|---|---|---|---|---|---|---|---|
| | Number in thousands | Percentage | Per 1,000 enrollees | Amount in millions | Percentage | Per person with liability | Per enrollee[3] |
| Total | 27,107 | 100.00 | 858 | $50,185 | 100.00 | $1,799 | $1,588 |
| Age | | | | | | | |
| Under 65 | 3,455 | 12.74 | 756 | 7,161 | 14.27 | 1,959 | 1,566 |
| 65-74 years | 9,584 | 35.36 | 827 | 15,482 | 30.85 | 1,557 | 1,335 |
| 75-84 years | 10,022 | 36.97 | 913 | 19,210 | 38.28 | 1,885 | 1,750 |
| 85 or over | 4,046 | 14.93 | 909 | 8,332 | 16.60 | 2,034 | 1,871 |
| Sex | | | | | | | |
| Male | 11,179 | 41.24 | 813 | 21,085 | 42.01 | 1,815 | 1,533 |
| Female | 15,929 | 58.76 | 893 | 29,100 | 57.99 | 1,788 | 1,631 |
| New race/ethnicity | | | | | | | |
| White | 22,498 | 83.00 | 877 | 42,503 | 84.69 | 1,840 | 1,657 |
| Black | 2,382 | 8.79 | 800 | 4,523 | 9.01 | 1,827 | 1,518 |
| Hispanic | 1,502 | 5.54 | 737 | 2,045 | 4.08 | 1,310 | 1,004 |
| Asian/Pacific Islander | 471 | 1.74 | 808 | 591 | 1.18 | 1,219 | 1,015 |
| American Indian/Alaska Native | 99 | 0.37 | 824 | 192 | 0.38 | 1,857 | 1,595 |
| Other | 115 | 0.42 | 672 | 189 | 0.38 | 1,559 | 1,105 |
| Unknown | 39 | 0.14 | 642 | 141 | 0.28 | 3,521 | 2,316 |
| Type of entitlement | | | | | | | |
| Aged[4] | 23,410 | 86.36 | 876 | 42,502 | 84.69 | 1,772 | 1,590 |
| Disabled[5] | 3,698 | 13.64 | 760 | 7,683 | 15.31 | 1,966 | 1,579 |
| MSA type | | | | | | | |
| Urban | 18,150 | 66.96 | 857 | 34,503 | 68.75 | 1,849 | 1,629 |
| Rural | 8,957 | 33.04 | 860 | 15,682 | 31.25 | 1,700 | 1,506 |

[1] Represents beneficiaries who received covered services under fee-for-service and for whom program payments were made.

[2] Includes beneficiary balance billing cost-sharing liability.

[3] The enrollment counts used to calculate fee-for-service program payments per enrollee do not include Medicare enrollees in managed care plans

[4] Includes aged persons with end stage renal disease (ESRD).

[5] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: MSA is metropolitan statistical area. Numbers may not add to totals because of rounding.

SOURCE: 2002 NCH Carrier, SAF Inpatient, SAF SNF, SAF OPD, SAF Home Health, and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-8.**
**(Table 20)**
**Persons served and cost-sharing liability for Medicare fee-for-services beneficiaries by demographic characteristics for Whites: calendar year 2002**

| | Persons served[1] | | | Cost sharing liability[2] | | | |
|---|---|---|---|---|---|---|---|
| | Number in thousands | Percentage | Per 1,000 enrollees | Amount in millions | Percentage | Per person with liability | Per enrollee[3] |
| Total | 22,498 | 100.00 | 877 | $42,503 | 100.00 | $1,840 | $1,657 |
| Age | | | | | | | |
| Under 65 | 2,393 | 10.64 | 763 | 4,972 | 11.70 | 1,963 | 1,584 |
| 65-74 years | 7,936 | 35.27 | 844 | 13,113 | 30.85 | 1,594 | 1,394 |
| 75-84 years | 8,637 | 38.39 | 927 | 17,032 | 40.07 | 1,941 | 1,828 |
| 85 or over | 3,532 | 15.70 | 933 | 7,387 | 17.38 | 2,067 | 1,951 |
| Sex | | | | | | | |
| Male | 9,331 | 41.48 | 839 | 17,901 | 42.12 | 1,851 | 1,609 |
| Female | 13,167 | 58.52 | 907 | 24,602 | 57.88 | 1,831 | 1,695 |
| Type of entitlement | | | | | | | |
| Aged[4] | 19,930 | 88.58 | 894 | 37,139 | 87.38 | 1,822 | 1,666 |
| Disabled[5] | 2,568 | 11.42 | 767 | 5,364 | 12.62 | 1,975 | 1,602 |
| MSA type | | | | | | | |
| Urban | 14,625 | 65.01 | 877 | 28,452 | 66.94 | 1,896 | 1,707 |
| Rural | 7,873 | 34.99 | 877 | 14,051 | 33.06 | 1,735 | 1,566 |

[1] Represents beneficiaries who received covered services under fee-for-service and for whom program payments were made.

[2] Includes beneficiary balance billing cost-sharing liability.

[3] The enrollment counts used to calculate fee-for-service program payments per enrollee do not include Medicare enrollees in managed care plans

[4] Includes aged persons with end stage renal disease (ESRD).

[5] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: MSA is metropolitan statistical area. Numbers may not add to totals because of rounding.

SOURCE: 2002 NCH Carrier, SAF Inpatient, SAF SNF, SAF OPD, SAF Home Health, and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-9.**
**(Table 20)**
**Persons served and cost-sharing liability for Medicare fee-for-services beneficiaries by demographic characteristics for Blacks: calendar year 2002**

| | Persons served[1] | | | Cost sharing liability[2] | | | |
|---|---|---|---|---|---|---|---|
| | Number in thousands | Percentage | Per 1,000 enrollees | Amount in millions | Percentage | Per person with liability | Per enrollee[3] |
| Total | 2,382 | 100.00 | 800 | $4,523 | 100.00 | $1,827 | $1,518 |
| Age | | | | | | | |
| Under 65 | 651 | 27.32 | 762 | 1,455 | 32.16 | 2,117 | 1,702 |
| 65-74 years | 797 | 33.46 | 779 | 1,330 | 29.41 | 1,599 | 1,300 |
| 75-84 years | 667 | 27.99 | 856 | 1,209 | 26.74 | 1,768 | 1,552 |
| 85 or over | 268 | 11.23 | 830 | 529 | 11.69 | 1,943 | 1,641 |
| Sex | | | | | | | |
| Male | 908 | 38.11 | 717 | 1,844 | 40.77 | 1,922 | 1,456 |
| Female | 1,474 | 61.89 | 861 | 2,679 | 59.23 | 1,767 | 1,564 |
| Type of entitlement | | | | | | | |
| Aged[4] | 1,692 | 71.00 | 815 | 2,986 | 66.01 | 1,709 | 1,438 |
| Disabled[5] | 691 | 29.00 | 765 | 1,537 | 33.99 | 2,110 | 1,703 |
| MSA type | | | | | | | |
| Urban | 1,794 | 75.30 | 789 | 3,535 | 78.15 | 1,895 | 1,554 |
| Rural | 588 | 24.70 | 835 | 988 | 21.85 | 1,621 | 1,402 |

[1] Represents beneficiaries who received covered services under fee-for-service and for whom program payments were made.

[2] Includes beneficiary balance billing cost-sharing liability.

[3] The enrollment counts used to calculate fee-for-service program payments per enrollee do not include Medicare enrollees in managed care plans

[4] Includes aged persons with end stage renal disease (ESRD).

[5] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: MSA is metropolitan statistical area. Numbers may not add to totals because of rounding.

SOURCE: 2002 NCH Carrier, SAF Inpatient, SAF SNF, SAF OPD, SAF Home Health, and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-10.**
**(Table 20)**
**Persons served and cost-sharing liability for Medicare fee-for-services beneficiaries by demographic characteristics for Hispanics: calendar year 2002**

| | Persons served[1] | | | Cost sharing liability[2] | | | |
|---|---|---|---|---|---|---|---|
| | Number in thousands | Percentage | Per 1,000 enrollees | Amount in millions | Percentage | Per person with liability | Per enrollee[3] |
| Total | 1,502 | 100.00 | 737 | $2,045 | 100.00 | $1,310 | $1,004 |
| Age | | | | | | | |
| Under 65 | 314 | 20.90 | 716 | 508 | 24.85 | 1,533 | 1,159 |
| 65-74 years | 573 | 38.12 | 719 | 689 | 33.70 | 1,152 | 866 |
| 75-84 years | 463 | 30.79 | 796 | 624 | 30.52 | 1,315 | 1,075 |
| 85 or over | 153 | 10.19 | 690 | 223 | 10.92 | 1,430 | 1,007 |
| Sex | | | | | | | |
| Male | 641 | 42.64 | 675 | 875 | 42.79 | 1,298 | 922 |
| Female | 862 | 57.36 | 791 | 1,170 | 57.21 | 1,320 | 1,075 |
| Type of entitlement | | | | | | | |
| Aged[4] | 1,166 | 77.59 | 743 | 1,502 | 73.43 | 1,246 | 957 |
| Disabled[5] | 337 | 22.41 | 720 | 543 | 26.57 | 1,530 | 1,162 |
| MSA type | | | | | | | |
| Urban | 1,163 | 77.41 | 763 | 1,665 | 81.39 | 1,380 | 1,092 |
| Rural | 339 | 22.59 | 661 | 381 | 18.61 | 1,075 | 741 |

[1] Represents beneficiaries who received covered services under fee-for-service and for whom program payments were made.

[2] Includes beneficiary balance billing cost-sharing liability.

[3] The enrollment counts used to calculate fee-for-service program payments per enrollee do not include Medicare enrollees in managed care plans

[4] Includes aged persons with end stage renal disease (ESRD).

[5] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: MSA is metropolitan statistical area. Numbers may not add to totals because of rounding.

SOURCE: 2002 NCH Carrier, SAF Inpatient, SAF SNF, SAF OPD, SAF Home Health, and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-11.**
**(Table 20)**
**Persons served and cost-sharing liability for Medicare fee-for-services beneficiaries by demographic characteristics for Asians/Pacific Islanders: calendar year 2002**

| | Persons served[1] | | | Cost sharing liability[2] | | | |
|---|---|---|---|---|---|---|---|
| | Number in thousands | Percentage | Per 1,000 enrollees | Amount in millions | Percentage | Per person with liability | Per enrollee[3] |
| Total | 471 | 100.00 | 808 | $591 | 100.00 | $1,219 | $1,015 |
| Age | | | | | | | |
| Under 65 | 35 | 7.48 | 705 | 78 | 13.12 | 2,079 | 1,553 |
| 65-74 years | 183 | 38.86 | 764 | 200 | 33.78 | 1,050 | 834 |
| 75-84 years | 194 | 41.22 | 864 | 234 | 39.61 | 1,182 | 1,043 |
| 85 or over | 59 | 12.44 | 856 | 80 | 13.48 | 1,339 | 1,164 |
| Sex | | | | | | | |
| Male | 194 | 41.27 | 765 | 257 | 43.43 | 1,271 | 1,011 |
| Female | 277 | 58.73 | 842 | 334 | 56.57 | 1,181 | 1,018 |
| Type of entitlement | | | | | | | |
| Aged[4] | 434 | 92.07 | 819 | 509 | 86.08 | 1,142 | 961 |
| Disabled[5] | 37 | 7.93 | 708 | 82 | 13.92 | 2,081 | 1,559 |
| MSA type | | | | | | | |
| Urban | 419 | 88.85 | 831 | 528 | 89.26 | 1,226 | 1,047 |
| Rural | 53 | 11.15 | 667 | 64 | 10.74 | 1,163 | 806 |

[1] Represents beneficiaries who received covered services under fee-for-service and for whom program payments were made.

[2] Includes beneficiary balance billing cost-sharing liability.

[3] The enrollment counts used to calculate fee-for-service program payments per enrollee do not include Medicare enrollees in managed care plans

[4] Includes aged persons with end stage renal disease (ESRD).

[5] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: MSA is metropolitan statistical area. Numbers may not add to totals because of rounding.

SOURCE: 2002 NCH Carrier, SAF Inpatient, SAF SNF, SAF OPD, SAF Home Health, and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-12.**
**(Table 20)**
**Persons served and cost-sharing liability for Medicare fee-for-services beneficiaries by demographic characteristics for American Indians/Alaska Natives: calendar year 2002**

| | Persons served[1] | | | Cost sharing liability[2] | | | |
|---|---|---|---|---|---|---|---|
| | Number in thousands | Percentage | Per 1,000 enrollees | Amount in millions | Percentage | Per person with liability | Per enrollee[3] |
| Total | 99 | 100.00 | 824 | $192 | 100.00 | $1,857 | $1,595 |
| Age | | | | | | | |
| Under 65 | 27 | 27.49 | 791 | 67 | 34.83 | 2,332 | 1,941 |
| 65-74 years | 36 | 36.63 | 802 | 63 | 32.85 | 1,652 | 1,393 |
| 75-84 years | 27 | 27.18 | 868 | 47 | 24.64 | 1,704 | 1,523 |
| 85 or over | 9 | 8.69 | 903 | 15 | 7.68 | 1,680 | 1,546 |
| Sex | | | | | | | |
| Male | 42 | 42.05 | 766 | 81 | 41.91 | 1,828 | 1,479 |
| Female | 58 | 57.95 | 871 | 112 | 58.09 | 1,879 | 1,691 |
| Type of entitlement | | | | | | | |
| Aged[4] | 70 | 70.75 | 837 | 121 | 62.89 | 1,657 | 1,441 |
| Disabled[5] | 29 | 29.25 | 794 | 71 | 37.11 | 2,336 | 1,951 |
| MSA type | | | | | | | |
| Urban | 32 | 32.42 | 820 | 71 | 37.08 | 2,124 | 1,815 |
| Rural | 67 | 67.58 | 826 | 121 | 62.92 | 1,729 | 1,489 |

[1] Represents beneficiaries who received covered services under fee-for-service and for whom program payments were made.

[2] Includes beneficiary balance billing cost-sharing liability.

[3] The enrollment counts used to calculate fee-for-service program payments per enrollee do not include Medicare enrollees in managed care plans

[4] Includes aged persons with end stage renal disease (ESRD).

[5] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: MSA is metropolitan statistical area. Numbers may not add to totals because of rounding.

SOURCE: 2002 NCH Carrier, SAF Inpatient, SAF SNF, SAF OPD, SAF Home Health, and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-13.**
**(Table 25)**
**Enrollees, discharges, days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals by demographic characteristics for total: calendar year 2002**

| | HI enrollees | Discharges | | Days of care | | | Program payments | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Number in thousands | Number in thousands | Per 1,000HI enrollees[1] | Number in thousands | Percentage | Per discharge | Amount in millions | Percentage | Per discharge[1] | Per day |
| Total | 31,243 | 8,770 | 281 | 46,271 | 100.0 | 5.3 | $60,584 | 100.0 | $6,942 | $1,309 |
| Age | | | | | | | | | | |
| Under 65 | 4,571 | 1,484 | 325 | 8,674 | 18.7 | 5.8 | 9,710 | 16.0 | 6,625 | 1,119 |
| 65-69 years | 4,591 | 906 | 197 | 4,410 | 9.5 | 4.9 | 6,523 | 10.8 | 7,255 | 1,479 |
| 70-74 years | 6,880 | 1,486 | 216 | 7,279 | 15.7 | 4.9 | 11,001 | 18.2 | 7,436 | 1,511 |
| 75-79 years | 7,206 | 2,013 | 279 | 10,434 | 22.5 | 5.2 | 14,781 | 24.4 | 7,361 | 1,417 |
| 80-84 years | 3,614 | 1,212 | 335 | 6,440 | 13.9 | 5.3 | 8,352 | 13.8 | 6,907 | 1,297 |
| 85 or over | 4,380 | 1,668 | 381 | 9,035 | 19.5 | 5.4 | 10,218 | 16.9 | 6,135 | 1,131 |
| Sex | | | | | | | | | | |
| Male | 13,642 | 3,703 | 271 | 19,313 | 41.7 | 5.2 | 27,739 | 45.8 | 7,540 | 1,436 |
| Female | 17,600 | 5,067 | 288 | 26,957 | 58.3 | 5.3 | 32,846 | 54.2 | 6,507 | 1,218 |
| New race/ethnicity | | | | | | | | | | |
| White | 25,513 | 7,068 | 277 | 36,259 | 78.4 | 5.1 | 48,372 | 79.8 | 6,870 | 1,334 |
| Black | 2,938 | 1,025 | 349 | 6,161 | 13.3 | 6.0 | 7,307 | 12.1 | 7,204 | 1,186 |
| Hispanic | 1,955 | 498 | 255 | 2,847 | 6.2 | 5.7 | 3,481 | 5.7 | 7,039 | 1,222 |
| Asian/Pacific Islander | 501 | 92 | 183 | 533 | 1.2 | 5.8 | 815 | 1.3 | 8,926 | 1,529 |
| American Indian/Alaska Native | 118 | 44 | 368 | 227 | 0.5 | 5.2 | 288 | 0.5 | 6,720 | 1,267 |
| Other | 159 | 29 | 183 | 165 | 0.4 | 5.6 | 230 | 0.4 | 7,930 | 1,390 |
| Unknown | 58 | 14 | 239 | 78 | 0.2 | 5.6 | 92 | 0.2 | 6,654 | 1,177 |
| Type of entitlement | | | | | | | | | | |
| Aged[2] | 26,377 | 7,140 | 271 | 36,803 | 79.5 | 5.2 | 49,862 | 82.3 | 7,006 | 1,355 |
| Disabled[3] | 4,866 | 1,629 | 335 | 9,467 | 20.5 | 5.8 | 10,723 | 17.7 | 6,661 | 1,133 |

[1] Beginning with 1994, the utilization statistics do not reflect managed care enrollment; that is, Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average payments.

[2] Includes aged persons with end stage renal disease (ESRD).

[3] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. HI is hospital insurance.

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-14.**
**(Table 25)**
**Enrollees, discharges, days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals by demographic characteristics for Whites: calendar year 2002**

| | HI enrollees | Discharges | | Days of care | | | Program payments | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Number in thousands | Number in thousands | Per 1,000HI enrollees[1] | Number in thousands | Percentage | Per discharge | Amount in millions | Percentage | Per discharge[1] | Per day |
| Total | 25,513 | 7,068 | 277 | 36,259 | 100.0 | 5.1 | $48,372 | 100.0 | $6,870 | $1,334 |
| Age | | | | | | | | | | |
| Under 65 years | 3,138 | 958 | 305 | 5,457 | 15.0 | 5.7 | 6,047 | 12.5 | 6,367 | 1,108 |
| 65-69 years | 3,678 | 703 | 191 | 3,275 | 9.0 | 4.7 | 4,962 | 10.3 | 7,102 | 1,515 |
| 70-74 years | 5,682 | 1,207 | 213 | 5,706 | 15.7 | 4.7 | 8,866 | 18.3 | 7,375 | 1,554 |
| 75-79 years | 6,128 | 1,703 | 278 | 8,632 | 23.8 | 5.1 | 12,475 | 25.8 | 7,342 | 1,445 |
| 80-84 years | 3,131 | 1,048 | 335 | 5,466 | 15.1 | 5.2 | 7,205 | 14.9 | 6,889 | 1,318 |
| 85 years or over | 3,755 | 1,448 | 386 | 7,723 | 21.3 | 5.3 | 8,817 | 18.2 | 6,099 | 1,142 |
| Sex | | | | | | | | | | |
| Male | 11,083 | 2,981 | 269 | 14,996 | 41.4 | 5.0 | 22,299 | 46.1 | 7,516 | 1,487 |
| Female | 14,430 | 4,087 | 283 | 21,263 | 58.6 | 5.2 | 26,073 | 53.9 | 6,399 | 1,226 |
| Medicare status | | | | | | | | | | |
| Aged[2] | 22,164 | 6,006 | 271 | 30,251 | 83.4 | 5.0 | 41,623 | 86.0 | 6,951 | 1,376 |
| Disabled[3] | 3,349 | 1,062 | 317 | 6,009 | 16.6 | 5.7 | 6,749 | 14.0 | 6,411 | 1,123 |

[1] Beginning with 1994, the utilization statistics do not reflect managed care enrollment; that is, Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average payments.

[2] Includes aged persons with end stage renal disease (ESRD).

[3] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. HI is hospital insurance.

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-15.**
**(Table 25)**
**Enrollees, discharges, days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals by demographic characteristics for Blacks: calendar year 2002**

| | HI enrollees | Discharges | | Days of care | | | Program payments | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Number in thousands | Number in thousands | Per 1,000HI enrollees[1] | Number in thousands | Percentage | Per discharge | Amount in millions | Percentage | Per discharge[1] | Per day |
| Total | 2,938 | 1,025 | 349 | 6,161 | 100.0 | 6.0 | $7,307 | 100.0 | $7,204 | $1,186 |
| Age | | | | | | | | | | |
| Under 65 years | 854 | 364 | 426 | 2,231 | 36.2 | 6.1 | 2,496 | 34.2 | 7,007 | 1,119 |
| 65-69 years | 443 | 118 | 267 | 684 | 11.1 | 5.8 | 925 | 12.7 | 7,929 | 1,353 |
| 70-74 years | 566 | 157 | 277 | 921 | 14.9 | 5.9 | 1,201 | 16.4 | 7,689 | 1,304 |
| 75-79 years | 520 | 170 | 328 | 1,019 | 16.5 | 6.0 | 1,258 | 17.2 | 7,406 | 1,236 |
| 80-84 years | 241 | 90 | 375 | 552 | 9.0 | 6.1 | 633 | 8.7 | 7,027 | 1,146 |
| 85 years or over | 314 | 126 | 400 | 755 | 12.2 | 6.0 | 794 | 10.9 | 6,334 | 1,052 |
| Sex | | | | | | | | | | |
| Male | 1,257 | 422 | 336 | 2,585 | 42.0 | 6.1 | 3,115 | 42.6 | 7,492 | 1,205 |
| Female | 1,681 | 603 | 359 | 3,575 | 58.0 | 5.9 | 4,192 | 57.4 | 7,003 | 1,173 |
| Medicare status | | | | | | | | | | |
| Aged[2] | 2,035 | 635 | 312 | 3,775 | 61.3 | 5.9 | 4,609 | 63.1 | 7,296 | 1,221 |
| Disabled[3] | 903 | 391 | 433 | 2,386 | 38.7 | 6.1 | 2,698 | 36.9 | 7,051 | 1,131 |

[1] Beginning with 1994, the utilization statistics do not reflect managed care enrollment; that is, Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average payments.

[2] Includes aged persons with end stage renal disease (ESRD).

[3] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. HI is hospital insurance.

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-16.**
**(Table 25)**
**Enrollees, discharges, days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals by demographic characteristics for Hispanics: calendar year 2002**

| | HI enrollees | Discharges | | Days of care | | | Program payments | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Number in thousands | Number in thousands | Per 1,000HI enrollees[1] | Number in thousands | Percentage | Per discharge | Amount in millions | Percentage | Per discharge[1] | Per day |
| Total | 1,955 | 498 | 255 | 2,847 | 100.0 | 5.7 | $3,481 | 100.0 | $7,039 | $1,222 |
| Age | | | | | | | | | | |
| Under 65 years | 439 | 122 | 279 | 738 | 25.9 | 6.0 | 869 | 25.0 | 7,195 | 1,177 |
| 65-69 years | 332 | 65 | 195 | 348 | 12.2 | 5.4 | 474 | 13.6 | 7,387 | 1,363 |
| 70-74 years | 435 | 90 | 208 | 491 | 17.2 | 5.4 | 667 | 19.2 | 7,412 | 1,359 |
| 75-79 years | 380 | 102 | 269 | 578 | 20.3 | 5.7 | 729 | 20.9 | 7,161 | 1,259 |
| 80-84 years | 164 | 53 | 325 | 307 | 10.8 | 5.7 | 351 | 10.1 | 6,585 | 1,142 |
| 85 years or over | 206 | 65 | 315 | 385 | 13.5 | 6.0 | 392 | 11.3 | 6,065 | 1,017 |
| Sex | | | | | | | | | | |
| Male | 927 | 220 | 237 | 1,281 | 45.0 | 5.8 | 1,646 | 47.3 | 7,554 | 1,285 |
| Female | 1,029 | 278 | 270 | 1,566 | 55.0 | 5.6 | 1,834 | 52.7 | 6,633 | 1,171 |
| Medicare status | | | | | | | | | | |
| Aged[2] | 1,488 | 364 | 245 | 2,042 | 71.7 | 5.6 | 2,530 | 72.7 | 6,985 | 1,239 |
| Disabled[3] | 468 | 134 | 287 | 805 | 28.3 | 6.0 | 950 | 27.3 | 7,186 | 1,180 |

[1] Beginning with 1994, the utilization statistics do not reflect managed care enrollment; that is, Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average payments.

[2] Includes aged persons with end stage renal disease (ESRD).

[3] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. HI is hospital insurance.

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-17.**
**(Table 25)**
**Enrollees, discharges, days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals by demographic characteristics for Asians/Pacific Islanders: calendar year 2002**

| | HI enrollees | Discharges | | Days of care | | | Program payments | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Number in thousands | Number in thousands | Per 1,000HI enrollees[1] | Number in thousands | Percentage | Per discharge | Amount in millions | Percentage | Per discharge[1] | Per day |
| Total | 501 | 92 | 183 | 533 | 100.0 | 5.8 | $815 | 100.0 | $8,926 | $1,529 |
| Age | | | | | | | | | | |
| Under 65 years | 50 | 13 | 257 | 93 | 17.4 | 7.2 | 111 | 13.7 | 8,775 | 1,201 |
| 65-69 years | 83 | 9 | 110 | 48 | 9.0 | 5.2 | 82 | 10.1 | 9,087 | 1,726 |
| 70-74 years | 127 | 17 | 132 | 89 | 16.7 | 5.3 | 156 | 19.2 | 9,338 | 1,755 |
| 75-79 years | 129 | 24 | 185 | 132 | 24.9 | 5.5 | 219 | 26.9 | 9,178 | 1,654 |
| 80-84 years | 57 | 13 | 234 | 77 | 14.5 | 5.8 | 117 | 14.4 | 8,847 | 1,515 |
| 85 years or over | 54 | 16 | 290 | 94 | 17.6 | 6.0 | 129 | 15.8 | 8,199 | 1,373 |
| Sex | | | | | | | | | | |
| Male | 225 | 42 | 186 | 247 | 46.4 | 5.9 | 398 | 48.8 | 9,541 | 1,609 |
| Female | 275 | 50 | 181 | 286 | 53.6 | 5.7 | 417 | 51.2 | 8,410 | 1,460 |
| Medicare status | | | | | | | | | | |
| Aged[2] | 448 | 78 | 174 | 433 | 81.2 | 5.6 | 692 | 85.0 | 8,940 | 1,600 |
| Disabled[3] | 53 | 14 | 266 | 100 | 18.8 | 7.1 | 122 | 15.0 | 8,848 | 1,221 |



[1] Beginning with 1994, the utilization statistics do not reflect managed care enrollment; that is, Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average payments.

[2] Includes aged persons with end stage renal disease (ESRD).

[3] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. HI is hospital insurance.

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-18.**
**(Table 25)**
**Enrollees, discharges, days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals by demographic characteristics for American Indians/Alaska Natives: calendar year 2002**

| | HI enrollees | Discharges | | Days of care | | | Program payments | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Number in thousands | Number in thousands | Per 1,000HI enrollees[1] | Number in thousands | Percentage | Per discharge | Amount in millions | Percentage | Per discharge[1] | Per day |
| Total | 118 | 44 | 368 | 227 | 100.0 | 5.2 | $288 | 100.0 | $6,720 | $1,267 |
| Age | | | | | | | | | | |
| Under 65 years | 35 | 14 | 412 | 77 | 34.0 | 5.4 | 94 | 32.7 | 6,758 | 1,219 |
| 65-69 years | 19 | 6 | 303 | 30 | 13.2 | 5.1 | 40 | 14.0 | 6,994 | 1,346 |
| 70-74 years | 25 | 8 | 312 | 38 | 16.7 | 4.8 | 53 | 18.6 | 6,945 | 1,411 |
| 75-79 years | 21 | 8 | 364 | 40 | 17.6 | 5.1 | 53 | 18.3 | 6,885 | 1,321 |
| 80-84 years | 9 | 4 | 402 | 19 | 8.2 | 5.3 | 22 | 7.8 | 6,430 | 1,192 |
| 85 years or over | 9 | 4 | 479 | 24 | 10.4 | 5.4 | 25 | 8.7 | 5,770 | 1,059 |
| Sex | | | | | | | | | | |
| Male | 54 | 19 | 345 | 99 | 43.6 | 5.3 | 130 | 45.2 | 7,139 | 1,313 |
| Female | 64 | 25 | 388 | 128 | 56.4 | 5.1 | 158 | 54.8 | 6,409 | 1,231 |
| Medicare status | | | | | | | | | | |
| Aged[2] | 82 | 28 | 344 | 143 | 62.9 | 5.1 | 185 | 64.2 | 6,685 | 1,292 |
| Disabled[3] | 37 | 16 | 424 | 84 | 37.1 | 5.4 | 103 | 35.8 | 6,784 | 1,225 |

[1] Beginning with 1994, the utilization statistics do not reflect managed care enrollment; that is, Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average payments.

[2] Includes aged persons with end stage renal disease (ESRD).

[3] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. HI is hospital insurance.

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

## Table A-19.
## (Table 27)
## Discharges, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal diagnoses within major diagnostic classifications (MDCs) for total: calendar year 2002

| Principal ICD-9-CM[1] Diagnosis Within MDC | ICD-9 CM Code | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|---|
| | | Number | Per 1,000 HI enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| Total All Diagnoses | --- | 8,726,513 | 279 | 46,270,695 | 5.3 | $60,584,496 | $6,942 | $1,309 |
| Leading Diagnoses[4] | --- | 2,578,452 | 83 | 12,204,996 | 4.7 | 21,161,927 | 8,238 | 1,734 |
| Infectious and Parasitic Diseases (MDC 1) | 001-139 | 165,840 | 5 | 1,151,167 | 6.9 | 1,270,447 | 7,699 | 1,104 |
| Septicemia | 038 | 88,822 | 3 | 730,444 | 8.2 | 847,282 | 9,568 | 1,160 |
| Neoplasms (MDC 2) | 140-239 | 328,278 | 11 | 1,913,740 | 5.8 | 3,317,382 | 10,133 | 1,733 |
| Malignant Neoplasms | 140-208,230-234 | 261,038 | 8 | 1,583,422 | 6.1 | 2,736,426 | 10,513 | 1,728 |
| Malignant Neoplasm of Large Intestine and Rectum | 153-154,197.5 | 57,318 | 2 | 527,061 | 9.2 | 857,890 | 14,970 | 1,628 |
| Malignant Neoplasm of Trachea, Bronchus, and Lung | 162,176.4,197.0,197.3 | 24,118 | 1 | 180,487 | 7.5 | 351,452 | 14,678 | 1,947 |
| Malignant Neoplasm of Breast | 174-175,198.81 | 29,191 | 1 | 65,215 | 2.2 | 96,297 | 3,303 | 1,477 |
| Benign Neoplasms and Neoplasms of Uncertain Behavior and Unspecified Nature | 210-229 | 54,810 | 2 | 258,501 | 4.7 | 458,851 | 8,393 | 1,775 |
| Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3) | 240-279 | 373,050 | 12 | 1,881,041 | 5.0 | 1,882,929 | 5,078 | 1,001 |
| Diabetes Mellitus | 250 | 137,976 | 4 | 849,111 | 6.2 | 880,770 | 6,434 | 1,037 |
| Volume Depletion | 276.5 | 126,002 | 4 | 557,792 | 4.4 | 491,292 | 3,919 | 881 |
| Diseases of Blood and Blood-Forming Organs (MDC 4) | 280-289 | 94,793 | 3 | 428,032 | 4.5 | 447,670 | 4,828 | 1,046 |
| Mental Disorders (MDC 5) | 290-319 | 421,555 | 13 | 4,050,921 | 9.6 | 2,185,157 | 5,247 | 539 |
| Psychoses | 290-299 | 353,087 | 11 | 3,648,670 | 10.3 | 1,961,206 | 5,621 | 538 |
| Alcohol Dependence Syndrome | 303 | 17,455 | 1 | 106,591 | 6.1 | 49,471 | 2,890 | 464 |
| Diseases of the Nervous System and Sense Organs (MDC 6) | 320-389 | 139,560 | 4 | 787,342 | 5.6 | 827,230 | 5,958 | 1,051 |
| Diseases of the Circulatory System (MDC 7) | 390-459 | 2,495,449 | 80 | 11,635,868 | 4.7 | 21,083,252 | 8,477 | 1,812 |
| Heart Disease | 391-392.0, 393-398, 402, 404, 410-416, 420-429 | 1,744,741 | 56 | 8,000,712 | 4.6 | 15,966,057 | 9,182 | 1,996 |
| Acute Myocardial Infarction | 410 | 247,500 | 8 | 1,391,566 | 5.6 | 3,012,418 | 12,201 | 2,165 |
| Coronary Atherosclerosis | 414.0 | 515,172 | 16 | 1,974,780 | 3.8 | 5,608,704 | 10,925 | 2,840 |
| Other Ischemic Heart Disease | 411-413, 414.1-414.9 | 58,933 | 2 | 173,683 | 2.9 | 247,083 | 4,198 | 1,423 |
| Cardiac Dysrhythmias | 427 | 335,389 | 11 | 1,224,840 | 3.7 | 2,297,643 | 6,877 | 1,876 |
| Congestive Heart Failure | 428.0 | 385,371 | 12 | 1,957,758 | 5.1 | 2,327,293 | 6,058 | 1,189 |
| Cerebrovascular Disease | 430-438 | 427,776 | 14 | 1,911,317 | 4.5 | 2,346,658 | 5,500 | 1,228 |

(continued)

## Table A-19
## (Table 27)
## Discharges, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal diagnoses within major diagnostic classifications (MDCs) for total: calendar year 2002 (continued)

| Principal ICD-9-CM[1] Diagnosis Within MDC | ICD-9 CM Code | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|---|
| | | Number | Per 1,000 HI enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| Diseases of the Respiratory System (MDC 8) | 460-519 | 919,577 | 29 | 5,277,368 | 5.7 | $5,392,752 | $5,888 | $1,022 |
| Acute Respiratory Infections | 466 | 26,468 | 1 | 108,840 | 4.1 | 80,108 | 3,049 | 736 |
| Pneumonia | 480-486 | 394,761 | 13 | 2,315,781 | 5.9 | 2,189,986 | 5,572 | 946 |
| Asthma | 493 | 70,899 | 2 | 331,639 | 4.7 | 293,774 | 4,175 | 886 |
| Diseases of the Digestive System (MDC 9) | 520-579 | 932,716 | 30 | 4,848,377 | 5.2 | 5,761,867 | 6,201 | 1,188 |
| Appendicitis | 540-543 | 15,099 | 0[5] | 86,811 | 5.7 | 117,788 | 7,895 | 1,357 |
| Noninfectious Enteritis and Colitis | 555-558 | 72,458 | 2 | 386,951 | 5.3 | 393,024 | 5,444 | 1,016 |
| Diverticula of Intestine | 562 | 119,729 | 4 | 638,891 | 5.3 | 658,803 | 5,508 | 1,031 |
| Cholelithiasis | 574 | 102,823 | 3 | 504,600 | 4.9 | 786,785 | 7,669 | 1,559 |
| Diseases of the Genitourinary System (MDC 10) | 580-629 | 417,186 | 13 | 1,747,784 | 4.2 | 1,869,765 | 4,502 | 1,070 |
| Calculus of Kidney and Ureter | 592 | 28,340 | 1 | 75,549 | 2.7 | 110,675 | 3,944 | 1,465 |
| Diseases of the Skin and Subcutaneous Tissue (MDC 12) | 680-709 | 157,245 | 5 | 934,386 | 5.9 | 726,332 | 4,662 | 777 |
| Cellulitis and Abscess | 681-682 | 124,232 | 4 | 672,034 | 5.4 | 500,004 | 4,057 | 744 |
| Diseases of the Musculoskeletal System and Connective Tissue (MDC 13) | 710-739 | 625,465 | 20 | 2,646,469 | 4.2 | 4,776,293 | 7,668 | 1,805 |
| Arthropathies and Related Disorders | 715 | 283,290 | 9 | 1,181,808 | 4.2 | 2,544,478 | 9,007 | 2,153 |
| Intervertebral Disc Disorders | 722 | 67,609 | 2 | 229,108 | 3.4 | 436,505 | 6,495 | 1,905 |
| Congenital Anomalies (MDC 14) | 740-759 | 6,838 | 0[5] | 40,269 | 5.9 | 88,732 | 13,012 | 2,203 |
| Symptoms, Signs, and Ill-Defined Conditions (MDC 16) | 780-799 | 641,176 | 21 | 1,889,813 | 2.9 | 2,073,671 | 3,252 | 1,097 |

(continued)

## Table A-19
## (Table 27)
## Discharges, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal diagnoses within major diagnostic classifications (MDCs) for total: calendar year 2002 (continued)

| Principal ICD-9-CM[1] Diagnosis Within MDC | ICD-9 CM Code | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|---|
| | | Number | Per 1,000 HI enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| Injury and Poisoning (MDC 17) | 800-999 | 761,226 | 24 | 4,059,512 | 5.3 | $5,985,184 | $7,909 | $1,474 |
| Fractures, All Sites | 800-829 | 306,014 | 10 | 1,694,846 | 5.5 | 2,092,808 | 6,873 | 1,235 |
| Fracture of Neck of Femur | 820 | 151,611 | 5 | 899,470 | 5.9 | 1,227,221 | 8,127 | 1,364 |
| Poisoning by Drugs, Medicinal and Biological Substances | 960-989 | 29,979 | 1 | 111,693 | 3.7 | 131,712 | 4,412 | 1,179 |
| Supplementary Classification of Factors Influencing Health Status and Contact with Health Services | V01-V82 | 279,755 | 9 | 2,943,153 | 10.5 | 2,865,671 | 10,289 | 974 |

[1] ICD-9-CM is International Classification of Diseases, 9th Revision, Clinical Modification. Although as many as 10 codes are reported on the HCFA Form-1450, only the principal diagnosis (first listed) has been used.

[2] Excludes discharges for managed care enrollees that were paid for by the managed care plan.

[3] Utilization rate is based only on fee-for-service HI enrollees; that is, Medicare enrollees in managed care plans are not included in the denominator.

[4] Specific diagnostic categories were selected for presentation because of frequency of occurrence or because of special interest. The leading classifications were developed by the National Center for Health Statistics.

[5] Less than 1 discharge per 1,000 enrollees.

NOTES: Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. HI is hospital insurance.

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

# Table A-20.
# (Table 27)
## Discharges, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal diagnoses within major diagnostic classifications (MDCs) for Whites: calendar year 2002

| Principal ICD-9-CM[1] Diagnosis Within MDC | ICD-9 CM Code | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|---|
| | | Number | Per 1,000 HI enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| Total All Diagnoses | --- | 7,068,097 | 277 | 36,259,176 | 5.1 | $48,372,092 | $6,870 | $1,334 |
| Leading Diagnoses[4] | --- | 2,121,463 | 83 | 9,767,201 | 4.6 | 17,500,305 | 8,276 | 1,792 |
| Infectious and Parasitic Diseases (MDC 1) | 001-139 | 126,456 | 5 | 831,641 | 6.6 | 884,087 | 7,017 | 1,063 |
| Septicemia | 038 | 68,241 | 3 | 536,059 | 7.9 | 618,740 | 9,077 | 1,154 |
| Neoplasms (MDC 2) | 140-239 | 275,608 | 11 | 1,572,424 | 5.7 | 2,751,806 | 10,007 | 1,750 |
| Malignant Neoplasms | 140-208,230-234 | 221,978 | 9 | 1,314,537 | 5.9 | 2,289,953 | 10,341 | 1,742 |
| Malignant Neoplasm of Large Intestine and Rectum | 153-154,197.5 | 48,733 | 2 | 443,179 | 9.1 | 721,379 | 14,803 | 1,628 |
| Malignant Neoplasm of Trachea, Bronchus, and Lung | 162,176.4,197.0,197.3 | 20,908 | 1 | 153,426 | 7.3 | 301,595 | 14,533 | 1,966 |
| Malignant Neoplasm of Breast | 174-175,198.81 | 24,561 | 1 | 52,463 | 2.1 | 77,744 | 3,165 | 1,482 |
| Benign Neoplasms and Neoplasms of Uncertain Behavior and Unspecified Nature | 210-229 | 43,137 | 2 | 199,205 | 4.6 | 361,623 | 8,398 | 1,815 |
| Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3) | 240-279 | 266,281 | 10 | 1,309,019 | 4.9 | 1,264,904 | 4,778 | 966 |
| Diabetes Mellitus | 250 | 83,086 | 3 | 512,042 | 6.2 | 515,667 | 6,253 | 1,007 |
| Volume Depletion | 276.5 | 101,740 | 4 | 443,568 | 4.4 | 388,781 | 3,842 | 876 |
| Diseases of Blood and Blood-Forming Organs (MDC 4) | 280-289 | 62,490 | 2 | 254,156 | 4.1 | 294,278 | 4,721 | 1,158 |
| Mental Disorders (MDC 5) | 290-319 | 308,795 | 12 | 2,919,061 | 9.5 | 1,593,242 | 5,191 | 546 |
| Psychoses | 290-299 | 256,954 | 10 | 2,625,033 | 10.2 | 1,427,133 | 5,581 | 544 |
| Alcohol Dependence Syndrome | 303 | 12,980 | 1 | 74,770 | 5.8 | 35,355 | 2,774 | 473 |
| Diseases of the Nervous System and Sense Organs (MDC 6) | 320-389 | 115,575 | 5 | 641,530 | 5.6 | 679,169 | 5,904 | 1,059 |
| Diseases of the Circulatory System (MDC 7) | 390-459 | 2,032,003 | 80 | 9,192,280 | 4.5 | 17,266,442 | 8,521 | 1,878 |
| Heart Disease | 391-392.0, 393-398, 402, 404, 410-416, 420-429 | 1,437,418 | 56 | 6,456,646 | 4.5 | 13,326,534 | 9,298 | 2,064 |
| Acute Myocardial Infarction | 410 | 209,931 | 8 | 1,156,603 | 5.5 | 2,559,110 | 12,213 | 2,213 |
| Coronary Atherosclerosis | 414.0 | 437,894 | 17 | 1,645,795 | 3.8 | 4,800,191 | 10,997 | 2,917 |
| Other Ischemic Heart Disease | 411-413, 414.1-414.9 | 42,981 | 2 | 119,694 | 2.8 | 191,849 | 4,464 | 1,603 |
| Cardiac Dysrhythmias | 427 | 295,116 | 12 | 1,056,029 | 3.6 | 2,001,645 | 6,808 | 1,895 |
| Congestive Heart Failure | 428.0 | 292,940 | 11 | 1,472,705 | 5.0 | 1,725,631 | 5,905 | 1,172 |
| Cerebrovascular Disease | 430-438 | 348,046 | 14 | 1,466,642 | 4.2 | 1,843,092 | 5,306 | 1,257 |

(continued)

## Table A-20
## (Table 27)
## Discharges, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal diagnoses within major diagnostic classifications (MDCs) for Whites: calendar year 2002 (continued)

| Principal ICD-9-CM[1] Diagnosis Within MDC | ICD-9 CM Code | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|---|
| | | Number | Per 1,000 HI enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| Diseases of the Respiratory System (MDC 8) | 460-519 | 747,389 | 29 | 4,225,516 | 5.7 | $4,242,372 | $5,696 | $1,004 |
| Acute Respiratory Infections | 466 | 19,819 | 1 | 79,356 | 4.0 | 59,169 | 3,009 | 746 |
| Pneumonia | 480-486 | 326,594 | 13 | 1,883,007 | 5.8 | 1,745,735 | 5,367 | 927 |
| Asthma | 493 | 44,147 | 2 | 201,071 | 4.6 | 177,180 | 4,042 | 881 |
| Diseases of the Digestive System (MDC 9) | 520-579 | 751,353 | 29 | 3,853,686 | 5.1 | 4,578,968 | 6,114 | 1,188 |
| Appendicitis | 540-543 | 12,824 | 1 | 73,604 | 5.7 | 98,208 | 7,752 | 1,334 |
| Noninfectious Enteritis and Colitis | 555-558 | 60,003 | 2 | 326,361 | 5.4 | 326,898 | 5,462 | 1,002 |
| Diverticula of Intestine | 562 | 98,165 | 4 | 518,804 | 5.3 | 540,747 | 5,513 | 1,042 |
| Cholelithiasis | 574 | 84,252 | 3 | 404,240 | 4.8 | 632,871 | 7,526 | 1,566 |
| Diseases of the Genitourinary System (MDC 10) | 580-629 | 335,221 | 13 | 1,344,539 | 4.0 | 1,424,221 | 4,266 | 1,059 |
| Calculus of Kidney and Ureter | 592 | 23,939 | 1 | 58,914 | 2.5 | 88,015 | 3,713 | 1,494 |
| Diseases of the Skin and Subcutaneous Tissue (MDC 12) | 680-709 | 122,725 | 5 | 695,548 | 5.7 | 538,367 | 4,423 | 774 |
| Cellulitis and Abscess | 681-682 | 99,408 | 4 | 524,556 | 5.3 | 389,098 | 3,945 | 742 |
| Diseases of the Musculoskeletal System and Connective Tissue (MDC 13) | 710-739 | 546,940 | 21 | 2,247,608 | 4.1 | 4,132,381 | 7,583 | 1,839 |
| Arthropathies and Related Disorders | 715 | 253,845 | 10 | 1,050,822 | 4.1 | 2,266,076 | 8,952 | 2,156 |
| Intervertebral Disc Disorders | 722 | 59,070 | 2 | 192,366 | 3.3 | 376,591 | 6,409 | 1,958 |
| Congenital Anomalies (MDC 14) | 740-759 | 5,441 | 0[5] | 32,178 | 5.9 | 72,982 | 13,414 | 2,268 |
| Symptoms, Signs, and Ill-Defined Conditions (MDC 16) | 780-799 | 503,415 | 20 | 1,425,138 | 2.8 | 1,541,421 | 3,076 | 1,082 |

(continued)

## Table A-20
## (Table 27)
## Discharges, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal diagnoses within major diagnostic classifications (MDCs) for Whites: calendar year 2002 (continued)

| Principal ICD-9-CM[1] Diagnosis Within MDC | ICD-9 CM Code | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|---|
| | | Number | Per 1,000 HI enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| Injury and Poisoning (MDC 17) | 800-999 | 631581 | 25 | 3,295,632 | 5.2 | $4,787,117 | $7,619 | $1,229 |
| Fractures, All Sites | 800-829 | 275,219 | 11 | 1,505,038 | 5.5 | 1,850,075 | 6,755 | 1,229 |
| Fracture of Neck of Femur | 820 | 138,037 | 5 | 807,625 | 5.9 | 1,103,316 | 8,025 | 1,366 |
| Poisoning by Drugs, Medicinal and Biological Substances | 960-989 | 22,928 | 1 | 85,962 | 3.7 | 99,305 | 4,331 | 1,155 |
| Supplementary Classification of Factors Influencing Health Status and Contact with Health Services | V01-V82 | 231,849 | 9 | 2,401,734 | 10.4 | 2,306,792 | 9,993 | 960 |

[1] ICD-9-CM is International Classification of Diseases, 9th Revision, Clinical Modification. Although as many as 10 codes are reported on the HCFA Form-1450, only the principal diagnosis (first listed) has been used.

[2] Excludes discharges for managed care enrollees that were paid for by the managed care plan.

[3] Utilization rate is based only on fee-for-service HI enrollees; that is, Medicare enrollees in managed care plans are not included in the denominator.

[4] Specific diagnostic categories were selected for presentation because of frequency of occurrence or because of special interest. The leading classifications were developed by the National Center for Health Statistics.

[5] Less than 1 discharge per 1,000 enrollees.

NOTES: Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. HI is hospital insurance.

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

# Table A-21.
# (Table 27)
## Discharges, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal diagnoses within major diagnostic classifications (MDCs) for Blacks: calendar year 2002

| Principal ICD-9-CM[1] Diagnosis Within MDC | ICD-9 CM Code | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|---|
| | | Number | Per 1,000 HI enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| Total All Diagnoses | --- | 1,025,281 | 349 | 6,160,769 | 6.0 | $7,307,464 | $7,204 | $1,186 |
| Leading Diagnoses[4] | --- | 260,296 | 89 | 1,400,508 | 5.4 | 2,016,199 | 7,793 | 1,440 |
| Infectious and Parasitic Diseases (MDC 1) | 001-139 | 24,460 | 8 | 204,314 | 8.4 | 242,545 | 10,020 | 1,187 |
| Septicemia | 038 | 12,934 | 4 | 126,141 | 9.8 | 144,572 | 11,321 | 1,146 |
| Neoplasms (MDC 2) | 140-239 | 31,031 | 11 | 208,743 | 6.7 | 335,316 | 10,866 | 1,606 |
| Malignant Neoplasms | 140-208,230-234 | 22,518 | 8 | 162,146 | 7.2 | 261,899 | 11,687 | 1,615 |
| Malignant Neoplasm of Large Intestine and Rectum | 153-154,197.5 | 5,210 | 2 | 52,197 | 10.0 | 84,380 | 16,197 | 1,617 |
| Malignant Neoplasm of Trachea, Bronchus, and Lung | 162,176.4,197.0,197.3 | 2,097 | 1 | 18,307 | 8.7 | 32,285 | 15,466 | 1,764 |
| Malignant Neoplasm of Breast | 174-175,198.81 | 2,868 | 1 | 8,287 | 2.9 | 12,267 | 4,332 | 1,480 |
| Benign Neoplasms and Neoplasms of Uncertain Behavior and Unspecified Nature | 210-229 | 7,370 | 3 | 38,174 | 5.2 | 60,763 | 8,296 | 1,592 |
| Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3) | 240-279 | 69,215 | 24 | 368,765 | 5.3 | 390,538 | 5,678 | 1,059 |
| Diabetes Mellitus | 250 | 34,980 | 12 | 210,758 | 6.0 | 223,217 | 6,435 | 1,059 |
| Volume Depletion | 276.5 | 15,956 | 5 | 78,672 | 4.9 | 68,363 | 4,297 | 869 |
| Diseases of Blood and Blood-Forming Organs (MDC 4) | 280-289 | 24,297 | 8 | 138,139 | 5.7 | 113,894 | 5,070 | 824 |
| Mental Disorders (MDC 5) | 290-319 | 78,781 | 27 | 781,159 | 9.9 | 403,149 | 5,286 | 516 |
| Psychoses | 290-299 | 67,091 | 23 | 701,552 | 10.5 | 363,543 | 5,613 | 518 |
| Alcohol Dependence Syndrome | 303 | 3,286 | 1 | 24,070 | 7.3 | 9,981 | 3,106 | 415 |
| Diseases of the Nervous System and Sense Organs (MDC 6) | 320-389 | 14,858 | 5 | 95,463 | 6.4 | 91,485 | 6,203 | 958 |
| Diseases of the Circulatory System (MDC 7) | 390-459 | 276,651 | 94 | 1,486,495 | 5.4 | 2,215,955 | 8,061 | 1,491 |
| Heart Disease | 391-392.0, 393-398, 402, 404, 410-416, 420-429 | 177,730 | 60 | 902,317 | 5.1 | 1,453,645 | 8,233 | 1,611 |
| Acute Myocardial Infarction | 410 | 19,305 | 7 | 122,029 | 6.3 | 232,262 | 12,094 | 1,903 |
| Coronary Atherosclerosis | 414.0 | 37,494 | 13 | 158,851 | 4.2 | 373,077 | 10,001 | 2,349 |
| Other Ischemic Heart Disease | 411-413, 414.1-414.9 | 7,034 | 2 | 22,645 | 3.2 | 28,557 | 4,086 | 1,261 |
| Cardiac Dysrhythmias | 427 | 23,662 | 8 | 101,789 | 4.3 | 172,392 | 7,314 | 1,694 |
| Congestive Heart Failure | 428.0 | 60,647 | 21 | 316,486 | 5.2 | 386,800 | 6,414 | 1,222 |
| Cerebrovascular Disease | 430-438 | 48,104 | 16 | 277,449 | 5.8 | 310,577 | 6,492 | 1,119 |

(continued)

## Table A-21
## (Table 27)
## Discharges, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal diagnoses within major diagnostic classifications (MDCs) for Blacks: calendar year 2002 (continued)

| Principal ICD-9-CM1 Diagnosis Within MDC | ICD-9 CM Code | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|---|
| | | Number | Per 1,000 HI enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| Diseases of the Respiratory System (MDC 8) | 460-519 | 96,471 | 33 | 581,774 | 6.0 | $676,209 | $7,045 | $1,162 |
| Acute Respiratory Infections | 466 | 3,159 | 1 | 13,288 | 4.2 | 11,164 | 3,545 | 840 |
| Pneumonia | 480-486 | 37,230 | 13 | 235,327 | 6.3 | 251,671 | 6,803 | 1,069 |
| Asthma | 493 | 15,212 | 5 | 68,934 | 4.5 | 69,056 | 4,561 | 1,002 |
| Diseases of the Digestive System (MDC 9) | 520-579 | 102,080 | 35 | 570,891 | 5.6 | 667,499 | 6,583 | 1,169 |
| Appendicitis | 540-543 | 790 | 05 | 5,546 | 7.0 | 7,676 | 9,721 | 1,384 |
| Noninfectious Enteritis and Colitis | 555-558 | 6,290 | 2 | 29,588 | 4.7 | 32,372 | 5,199 | 1,094 |
| Diverticula of Intestine | 562 | 12,389 | 4 | 69,551 | 5.6 | 73,145 | 5,917 | 1,052 |
| Cholelithiasis | 574 | 8,350 | 3 | 47,187 | 5.7 | 69,556 | 8,357 | 1,474 |
| Diseases of the Genitourinary System (MDC 10) | 580-629 | 45,662 | 16 | 241,263 | 5.3 | 266,664 | 5,875 | 1,105 |
| Calculus of Kidney and Ureter | 592 | 2,033 | 1 | 8,359 | 4.1 | 11,487 | 5,727 | 1,374 |
| Diseases of the Skin and Subcutaneous Tissue (MDC 12) | 680-709 | 17,426 | 6 | 124,026 | 7.1 | 109,128 | 6,372 | 880 |
| Cellulitis and Abscess | 681-682 | 11,536 | 4 | 65,884 | 5.7 | 57,737 | 5,065 | 876 |
| Diseases of the Musculoskeletal System and Connective Tissue (MDC 13) | 710-739 | 44,873 | 15 | 232,958 | 5.2 | 369,005 | 8,289 | 1,584 |
| Arthropathies and Related Disorders | 715 | 16,237 | 6 | 72,891 | 4.5 | 153,061 | 9,458 | 2,100 |
| Intervertebral Disc Disorders | 722 | 4,883 | 2 | 21,601 | 4.4 | 33,154 | 6,892 | 1,535 |
| Congenital Anomalies (MDC 14) | 740-759 | 781 | 05 | 4,629 | 5.9 | 8,080 | 10,598 | 1,746 |
| Symptoms, Signs, and Ill-Defined Conditions (MDC 16) | 780-799 | 88,983 | 30 | 309,252 | 3.5 | 345,361 | 3,916 | 1,117 |

(continued)

## Table A-21
## (Table 27)

**Discharges, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal diagnoses within major diagnostic classifications (MDCs) for Blacks: calendar year 2002 (continued)**

| Principal ICD-9-CM1 Diagnosis Within MDC | ICD-9 CM Code | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|---|
| | | Number | Per 1,000 HI Enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| Injury and Poisoning (MDC 17) | 800-999 | 75,723 | 26 | 449,815 | 5.9 | $712,502 | $9,500 | $1,584 |
| Fractures, All Sites | 800-829 | 14,277 | 5 | 90,635 | 6.3 | 116,115 | 8,196 | 1,281 |
| Fracture of Neck of Femur | 820 | 5,727 | 2 | 38,574 | 6.7 | 53,276 | 9,362 | 1,381 |
| Poisoning by Drugs, Medicinal and Biological Substances | 960-989 | 4,511 | 2 | 16,791 | 3.7 | 20,524 | 4,653 | 1,222 |
| Supplementary Classification of Factors Influencing Health Status and Contact with Health Services | V01-V82 | 30,405 | 10 | 349,886 | 11.5 | 347,547 | 11,478 | 993 |

[1] ICD-9-CM is International Classification of Diseases, 9th Revision, Clinical Modification. Although as many as 10 codes are reported on the HCFA Form-1450, only the principal diagnosis (first listed) has been used.

[2] Excludes discharges for managed care enrollees that were paid for by the managed care plan.

[3] Utilization rate is based only on fee-for-service HI enrollees; that is, Medicare enrollees in managed care plans are not included in the denominator.

[4] Specific diagnostic categories were selected for presentation because of frequency of occurrence or because of special interest. The leading classifications were developed by the National Center for Health Statistics.

[5] Less than 1 discharge per 1,000 enrollees.

NOTES: Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. HI is hospital insurance.

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

# Table A-22.
# (Table 27)
## Discharges, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal diagnoses within major diagnostic classifications (MDCs) for Hispanics: calendar year 2002

| Principal ICD-9-CM[1] Diagnosis Within MDC | ICD-9 CM Code | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|---|
| | | Number | Per 1,000 HI enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| Total All Diagnoses | --- | 497,855 | 255 | 2,847,397 | 5.7 | $3,480,767 | $7,039 | $1,222 |
| Leading Diagnoses[4] | --- | 148,436 | 76 | 792,683 | 5.3 | 1,197,668 | 8,114 | 1,511 |
| Infectious and Parasitic Diseases (MDC 1) | 001-139 | 10,782 | 6 | 83,971 | 7.8 | 102,737 | 9,579 | 1,223 |
| Septicemia | 038 | 5,347 | 3 | 48,305 | 9.0 | 57,344 | 10,755 | 1,187 |
| Neoplasms (MDC 2) | 140-239 | 14,963 | 8 | 90,950 | 6.1 | 146,980 | 9,863 | 1,616 |
| Malignant Neoplasms | 140-208,230-234 | 11,259 | 6 | 72,174 | 6.4 | 115,937 | 10,346 | 1,606 |
| Malignant Neoplasm of Large Intestine and Rectum | 153-154,197.5 | 2,163 | 1 | 20,756 | 9.6 | 31,719 | 14,693 | 1,528 |
| Malignant Neoplasm of Trachea, Bronchus, and Lung | 162,176.4,197.0,197.3 | 675 | 0[5] | 5,431 | 8.0 | 10,338 | 15,488 | 1,903 |
| Malignant Neoplasm of Breast | 174-175,198.81 | 1,262 | 1 | 3,421 | 2.7 | 4,313 | 3,427 | 1,261 |
| Benign Neoplasms and Neoplasms of Uncertain Behavior and Unspecified Nature | 210-229 | 3,162 | 2 | 15,432 | 4.9 | 24,837 | 7,874 | 1,609 |
| Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3) | 240-279 | 27,534 | 14 | 151,773 | 5.5 | 169,615 | 6,200 | 1,118 |
| Diabetes Mellitus | 250 | 15,603 | 8 | 99,441 | 6.4 | 111,830 | 7,218 | 1,125 |
| Volume Depletion | 276.5 | 5,744 | 3 | 24,689 | 4.3 | 22,889 | 4,014 | 927 |
| Diseases of Blood and Blood-Forming Organs (MDC 4) | 280-289 | 5,904 | 3 | 26,149 | 4.4 | 27,935 | 4,747 | 1,068 |
| Mental Disorders (MDC 5) | 290-319 | 24,639 | 13 | 253,895 | 10.3 | 135,439 | 5,629 | 533 |
| Psychoses | 290-299 | 21,042 | 11 | 233,158 | 11.1 | 121,797 | 5,922 | 522 |
| Alcohol Dependence Syndrome | 303 | 831 | 0[5] | 5,576 | 6.7 | 3,007 | 3,718 | 539 |
| Diseases of the Nervous System and Sense Organs (MDC 6) | 320-389 | 6,415 | 3 | 35,280 | 5.5 | 39,282 | 6,160 | 1,113 |
| Diseases of the Circulatory System (MDC 7) | 390-459 | 140,663 | 72 | 728,011 | 5.2 | 1,149,347 | 8,212 | 1,579 |
| Heart Disease | 391-392.0, 393-398, 402, 404, 410-416, 420-429 | 97,820 | 50 | 491,081 | 5.0 | 856,550 | 8,800 | 1,744 |
| Acute Myocardial Infarction | 410 | 13,483 | 7 | 83,112 | 6.2 | 154,882 | 11,550 | 1,864 |
| Coronary Atherosclerosis | 414.0 | 30,131 | 15 | 131,677 | 4.4 | 315,019 | 10,512 | 2,392 |
| Other Ischemic Heart Disease | 411-413, 414.1-414.9 | 7,666 | 4 | 27,835 | 3.6 | 21,065 | 2,756 | 757 |
| Cardiac Dysrhythmias | 427 | 11,305 | 6 | 47,180 | 4.2 | 82,292 | 7,316 | 1,744 |
| Congestive Heart Failure | 428.0 | 24,601 | 13 | 132,554 | 5.4 | 166,894 | 6,812 | 1,259 |
| Cerebrovascular Disease | 430-438 | 23,399 | 12 | 122,531 | 5.2 | 132,207 | 5,678 | 1,079 |

(continued)

## Table A-22
## (Table 27)
## Discharges, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal diagnoses within major diagnostic classifications (MDCs) for Hispanics: calendar year 2002 (continued)

| Principal ICD-9-CM[1] Diagnosis Within MDC | ICD-9 CM Code | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|---|
| | | Number | Per 1,000 HI enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| Diseases of the Respiratory System (MDC 8) | 460-519 | 56,052 | 29 | 353,813 | 6.3 | $331,883 | $5,969 | $938 |
| Acute Respiratory Infections | 466 | 2,929 | 1 | 13,998 | 4.8 | 7,758 | 2,669 | 554 |
| Pneumonia | 480-486 | 21,725 | 11 | 143,546 | 6.6 | 130,694 | 6,053 | 910 |
| Asthma | 493 | 9,653 | 5 | 52,554 | 5.4 | 38,069 | 4,000 | 724 |
| Diseases of the Digestive System (MDC 9) | 520-579 | 59,698 | 31 | 321,095 | 5.4 | 374,569 | 6,306 | 1,167 |
| Appendicitis | 540-543 | 965 | 0[5] | 4,958 | 5.1 | 7,404 | 7,828 | 1,493 |
| Noninfectious Enteritis and Colitis | 555-558 | 4,604 | 2 | 23,159 | 5.0 | 24,407 | 5,337 | 1,054 |
| Diverticula of Intestine | 562 | 7,571 | 4 | 42,363 | 5.6 | 35,444 | 4,686 | 837 |
| Cholelithiasis | 574 | 7,701 | 4 | 39,830 | 5.2 | 61,821 | 8,076 | 1,552 |
| Diseases of the Genitourinary System (MDC 10) | 580-629 | 27,267 | 14 | 122,207 | 4.5 | 128,934 | 4,751 | 1,055 |
| Calculus of Kidney and Ureter | 592 | 1,800 | 1 | 6,636 | 3.7 | 8,308 | 4,644 | 1,252 |
| Diseases of the Skin and Subcutaneous Tissue (MDC 12) | 680-709 | 13,960 | 7 | 93,613 | 6.7 | 61,597 | 4,445 | 658 |
| Cellulitis and Abscess | 681-682 | 10,897 | 6 | 67,543 | 6.2 | 41,686 | 3,846 | 617 |
| Diseases of the Musculoskeletal System and Connective Tissue (MDC 13) | 710-739 | 24,162 | 12 | 121,844 | 5.0 | 195,825 | 8,154 | 1,607 |
| Arthropathies and Related Disorders | 715 | 9,730 | 5 | 42,962 | 4.4 | 90,676 | 9,356 | 2,111 |
| Intervertebral Disc Disorders | 722 | 2,563 | 1 | 10,889 | 4.2 | 18,893 | 7,404 | 1,735 |
| Congenital Anomalies (MDC 14) | 740-759 | 408 | 0[5] | 2,357 | 5.8 | 5,109 | 12,519 | 2,167 |
| Symptoms, Signs, and Ill-Defined Conditions (MDC 16) | 780-799 | 34,716 | 18 | 112,996 | 3.3 | 133,394 | 3,869 | 1,181 |

(continued)

## Table A-22
## (Table 27)
## Discharges, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal diagnoses within major diagnostic classifications (MDCs) for Hispanics: calendar year 2002 (continued)

| Principal ICD-9-CM[1] Diagnosis Within MDC | ICD-9 CM Code | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|---|
| | | Number | Per 1,000 HI enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| Injury and Poisoning (MDC 17) | 800-999 | 37,744 | 19 | 219,515 | 5.8 | $334,801 | $8,937 | $1,525 |
| Fractures, All Sites | 800-829 | 10,954 | 6 | 65,312 | 6.0 | 82,651 | 7,569 | 1,265 |
| Fracture of Neck of Femur | 820 | 5,187 | 3 | 35,604 | 6.9 | 45,431 | 8,771 | 1,276 |
| Poisoning by Drugs, Medicinal and Biological Substances | 960-989 | 1,697 | 1 | 6,129 | 3.6 | 8,316 | 4,955 | 1,357 |
| Supplementary Classification of Factors Influencing Health Status and Contact with Health Services | V01-V82 | 11,862 | 6 | 126,360 | 10.7 | 140,328 | 11,876 | 1,111 |

[1] ICD-9-CM is International Classification of Diseases, 9th Revision, Clinical Modification. Although as many as 10 codes are reported on the HCFA Form-1450, only the principal diagnosis (first listed) has been used.

[2] Excludes discharges for managed care enrollees that were paid for by the managed care plan.

[3] Utilization rate is based only on fee-for-service HI enrollees; that is, Medicare enrollees in managed care plans are not included in the denominator.

[4] Specific diagnostic categories were selected for presentation because of frequency of occurrence or because of special interest. The leading classifications were developed by the National Center for Health Statistics.

[5] Less than 1 discharge per 1,000 enrollees.

NOTES: Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. HI is hospital insurance.

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

## Table A-23.
## (Table 27)
## Discharges, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal diagnoses within major diagnostic classifications (MDCs) for Asians/Pacific Islanders: calendar year 2002

| Principal ICD-9-CM[1] Diagnosis Within MDC | ICD-9 CM Code | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|---|
| | | Number | Per 1,000 HI enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| Total All Diagnoses | --- | 91,753 | 183 | 532,732 | 5.8 | $814,544 | $8,926 | $1,529 |
| Leading Diagnoses[4] | --- | 24,859 | 50 | 127,704 | 5.1 | 254,660 | 10,295 | 1,994 |
| Infectious and Parasitic Diseases (MDC 1) | 001-139 | 2,223 | 4 | 17,731 | 8.0 | 24,710 | 11,222 | 1,394 |
| Septicemia | 038 | 1,291 | 3 | 11,510 | 8.9 | 16,324 | 12,727 | 1,418 |
| Neoplasms (MDC 2) | 140-239 | 4,068 | 8 | 25,950 | 6.4 | 56,082 | 13,823 | 2,161 |
| Malignant Neoplasms | 140-208,230-234 | 3,264 | 7 | 21,694 | 6.6 | 46,503 | 14,289 | 2,144 |
| Malignant Neoplasm of Large Intestine and Rectum | 153-154,197.5 | 772 | 2 | 6,830 | 8.8 | 13,782 | 17,888 | 2,018 |
| Malignant Neoplasm of Trachea, Bronchus, and Lung | 162,176.4,197.0,197.3 | 286 | 1 | 2,112 | 7.4 | 4,940 | 17,255 | 2,339 |
| Malignant Neoplasm of Breast | 174-175,198.81 | 300 | 1 | 554 | 1.8 | 1,205 | 4,013 | 2,174 |
| Benign Neoplasms and Neoplasms of Uncertain Behavior and Unspecified Nature | 210-229 | 653 | 1 | 3,386 | 5.2 | 7,482 | 11,490 | 2,210 |
| Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3) | 240-279 | 4,816 | 10 | 23,900 | 5.0 | 28,550 | 5,950 | 1,195 |
| Diabetes Mellitus | 250 | 1,709 | 3 | 10,308 | 6.0 | 12,150 | 7,150 | 1,179 |
| Volume Depletion | 276.5 | 1,361 | 3 | 5,872 | 4.3 | 6,710 | 4,940 | 1,143 |
| Diseases of Blood and Blood-Forming Organs (MDC 4) | 280-289 | 1,034 | 2 | 5,067 | 4.9 | 6,428 | 6,292 | 1,269 |
| Mental Disorders (MDC 5) | 290-319 | 4,068 | 8 | 47,577 | 11.7 | 26,611 | 6,616 | 559 |
| Psychoses | 290-299 | 3,654 | 7 | 45,203 | 12.4 | 24,946 | 6,903 | 552 |
| Alcohol Dependence Syndrome | 303 | 90 | 0[5] | 494 | 5.5 | 309 | 3,608 | 625 |
| Diseases of the Nervous System and Sense Organs (MDC 6) | 320-389 | 1,406 | 3 | 7,755 | 5.5 | 9,532 | 6,827 | 1,229 |
| Diseases of the Circulatory System (MDC 7) | 390-459 | 25,005 | 50 | 128,268 | 5.1 | 269,447 | 10,833 | 2,101 |
| Heart Disease | 391-392.0, 393-398, 402, 404, 410-416, 420-429 | 16,912 | 34 | 82,358 | 4.9 | 193,127 | 11,482 | 2,345 |
| Acute Myocardial Infarction | 410 | 2,483 | 5 | 16,575 | 6.7 | 37,874 | 15,360 | 2,285 |
| Coronary Atherosclerosis | 414.0 | 5,271 | 11 | 21,533 | 4.1 | 73,167 | 13,948 | 3,398 |
| Other Ischemic Heart Disease | 411-413, 414.1-414.9 | 605 | 1 | 1,782 | 2.9 | 3,261 | 5,443 | 1,830 |
| Cardiac Dysrhythmias | 427 | 2,958 | 6 | 11,232 | 3.8 | 24,651 | 8,381 | 2,195 |
| Congestive Heart Failure | 428.0 | 3,654 | 7 | 18,511 | 5.1 | 26,567 | 7,295 | 1,435 |
| Cerebrovascular Disease | 430-438 | 4,941 | 10 | 28,367 | 5.7 | 40,445 | 8,223 | 1,426 |

(continued)

## Table A-23
## (Table 27)
## Discharges, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal diagnoses within major diagnostic classifications (MDCs) for Asians/Pacific Islanders: calendar year 2002 (continued)

| Principal ICD-9-CM[1] Diagnosis Within MDC | ICD-9 CM Code | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|---|
| | | Number | Per 1,000 HI enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| Diseases of the Respiratory System (MDC 8) | 460-519 | 9,947 | 20 | 62,218 | 6.3 | $80,499 | $8,130 | $1,294 |
| Acute Respiratory Infections | 466 | 274 | 1 | 1,081 | 3.9 | 1,036 | 3,826 | 959 |
| Pneumonia | 480-486 | 4,484 | 9 | 27,980 | 6.2 | 34,165 | 7,649 | 1,221 |
| Asthma | 493 | 1,029 | 2 | 5,146 | 5.0 | 5,879 | 5,762 | 1,142 |
| Diseases of the Digestive System (MDC 9) | 520-579 | 10,460 | 21 | 55,766 | 5.3 | 81,744 | 7,848 | 1,466 |
| Appendicitis | 540-543 | 330 | 1 | 1,662 | 5.0 | 2,966 | 9,109 | 1,785 |
| Noninfectious Enteritis and Colitis | 555-558 | 762 | 2 | 3,809 | 5.0 | 5,015 | 6,606 | 1,317 |
| Diverticula of Intestine | 562 | 769 | 2 | 3,876 | 5.0 | 4,631 | 6,043 | 1,195 |
| Cholelithiasis | 574 | 1,430 | 3 | 7,985 | 5.6 | 14,024 | 9,826 | 1,756 |
| Diseases of the Genitourinary System (MDC 10) | 580-629 | 4,798 | 10 | 21,134 | 4.4 | 28,781 | 6,037 | 1,362 |
| Calculus of Kidney and Ureter | 592 | 323 | 1 | 883 | 2.7 | 1,780 | 5,563 | 2,016 |
| Diseases of the Skin and Subcutaneous Tissue (MDC 12) | 680-709 | 1,168 | 2 | 8,250 | 7.1 | 6,838 | 5,878 | 829 |
| Cellulitis and Abscess | 681-682 | 886 | 2 | 5,394 | 6.1 | 4,741 | 5,380 | 879 |
| Diseases of the Musculoskeletal System and Connective Tissue (MDC 13) | 710-739 | 4,646 | 9 | 21,300 | 4.6 | 41,422 | 8,945 | 1,945 |
| Arthropathies and Related Disorders | 715 | 1,778 | 4 | 7,832 | 4.4 | 19,160 | 10,801 | 2,446 |
| Intervertebral Disc Disorders | 722 | 508 | 1 | 1,980 | 3.9 | 3,675 | 7,273 | 1,856 |
| Congenital Anomalies (MDC 14) | 740-759 | 118 | 0[5] | 657 | 5.6 | 1,433 | 12,152 | 2,181 |
| Symptoms, Signs, and Ill-Defined Conditions (MDC 16) | 780-799 | 6,949 | 14 | 20,659 | 3.0 | 28,362 | 4,104 | 1,373 |

(continued)

**Table A-23**
**(Table 27)**
**Discharges, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal diagnoses within major diagnostic classifications (MDCs) for Asians/Pacific Islanders: calendar year 2002 (continued)**

| Principal ICD-9-CM[1] Diagnosis Within MDC | ICD-9 CM Code | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|---|
| | | Number | Per 1,000 HI enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| Injury and Poisoning (MDC 17) | 800-999 | 7,682 | 15 | 46,853 | 6.1 | $78,607 | $10,314 | $1,678 |
| Fractures, All Sites | 800-829 | 2,729 | 5 | 17,157 | 6.3 | 23,858 | 8,786 | 1,391 |
| Fracture of Neck of Femur | 820 | 1,292 | 3 | 8,758 | 6.8 | 13,434 | 10,417 | 1,534 |
| Poisoning by Drugs, Medicinal and Biological Substances | 960-989 | 333 | 1 | 1,312 | 3.9 | 1,624 | 4,946 | 1,238 |
| Supplementary Classification of Factors Influencing Health Status and Contact with Health Services | V01-V82 | 3,216 | 6 | 39,035 | 12.1 | 44,950 | 14,005 | 1,152 |

[1] ICD-9-CM is International Classification of Diseases, 9th Revision, Clinical Modification. Although as many as 10 codes are reported on the HCFA Form-1450, only the principal diagnosis (first listed) has been used.

[2] Excludes discharges for managed care enrollees that were paid for by the managed care plan.

[3] Utilization rate is based only on fee-for-service HI enrollees; that is, Medicare enrollees in managed care plans are not included in the denominator.

[4] Specific diagnostic categories were selected for presentation because of frequency of occurrence or because of special interest. The leading classifications were developed by the National Center for Health Statistics.

[5] Less than 1 discharge per 1,000 enrollees.

NOTES: Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. HI is hospital insurance.

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

# Table A-24.
# (Table 27)
# Discharges, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal diagnoses within major diagnostic classifications (MDCs) for American Indians/Alaska Natives: calendar year 2002

| Principal ICD-9-CM[1] Diagnosis Within MDC | ICD-9 CM Code | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|---|
| | | Number | Per 1,000 HI enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| Total All Diagnoses | --- | 43,527 | 369 | 227,061 | 5.2 | $287,665 | $6,720 | $1,267 |
| Leading Diagnoses[4] | --- | 11,527 | 98 | 56,902 | 4.9 | 89,519 | 7,859 | 1,573 |
| Infectious and Parasitic Diseases (MDC 1) | 001-139 | 935 | 8 | 5,900 | 6.3 | 7,455 | 8,076 | 1,263 |
| Septicemia | 038 | 462 | 4 | 3,464 | 7.5 | 4,344 | 9,485 | 1,254 |
| Neoplasms (MDC 2) | 140-239 | 1,032 | 9 | 6,194 | 6.0 | 10,344 | 10,151 | 1,670 |
| Malignant Neoplasms | 140-208,230-234 | 791 | 7 | 5,164 | 6.5 | 8,334 | 10,671 | 1,614 |
| Malignant Neoplasm of Large Intestine and Rectum | 153-154,197.5 | 192 | 2 | 1,796 | 9.4 | 2,956 | 15,724 | 1,646 |
| Malignant Neoplasm of Trachea, Bronchus, and Lung | 162,176.4,197.0,197.3 | 63 | 1 | 448 | 7.1 | 779 | 12,360 | 1,738 |
| Malignant Neoplasm of Breast | 174-175,198.81 | 93 | 1 | 249 | 2.7 | 336 | 3,649 | 1,348 |
| Benign Neoplasms and Neoplasms of Uncertain Behavior and Unspecified Nature | 210-229 | 192 | 2 | 849 | 4.4 | 1,577 | 8,345 | 1,858 |
| Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3) | 240-279 | 2,975 | 25 | 15,825 | 5.3 | 16,896 | 5,808 | 1,068 |
| Diabetes Mellitus | 250 | 1,706 | 14 | 10,862 | 6.4 | 11,588 | 6,985 | 1,067 |
| Volume Depletion | 276.5 | 534 | 5 | 1,968 | 3.7 | 1,910 | 3,624 | 970 |
| Diseases of Blood and Blood-Forming Organs (MDC 4) | 280-289 | 452 | 4 | 1,721 | 3.8 | 2,125 | 4,775 | 1,235 |
| Mental Disorders (MDC 5) | 290-319 | 2,689 | 23 | 22,553 | 8.4 | 12,320 | 4,699 | 546 |
| Psychoses | 290-299 | 2,119 | 18 | 19,244 | 9.1 | 10,504 | 5,097 | 546 |
| Alcohol Dependence Syndrome | 303 | 193 | 2 | 1,227 | 6.4 | 600 | 3,125 | 489 |
| Diseases of the Nervous System and Sense Organs (MDC 6) | 320-389 | 602 | 5 | 3,310 | 5.5 | 3,309 | 5,656 | 1,000 |
| Diseases of the Circulatory System (MDC 7) | 390-459 | 9,745 | 83 | 44,007 | 4.5 | 77,499 | 8,044 | 1,761 |
| Heart Disease | 391-392.0, 393-398, 402, 404, 410-416, 420-429 | 6,936 | 59 | 30,160 | 4.3 | 58,463 | 8,517 | 1,938 |
| Acute Myocardial Infarction | 410 | 1,047 | 9 | 5,895 | 5.6 | 12,671 | 12,149 | 2,149 |
| Coronary Atherosclerosis | 414.0 | 2,088 | 18 | 7,818 | 3.7 | 20,937 | 10,081 | 2,678 |
| Other Ischemic Heart Disease | 411-413, 414.1-414.9 | 376 | 3 | 982 | 2.6 | 1,219 | 3,250 | 1,241 |
| Cardiac Dysrhythmias | 427 | 1,029 | 9 | 3,568 | 3.5 | 6,747 | 6,700 | 1,891 |
| Congestive Heart Failure | 428.0 | 1,707 | 14 | 7,817 | 4.6 | 9,257 | 5,500 | 1,184 |
| Cerebrovascular Disease | 430-438 | 1,408 | 12 | 6,468 | 4.6 | 8,397 | 6,023 | 1,298 |

(continued)

## Table A-24
## (Table 27)
## Discharges, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal diagnoses within major diagnostic classifications (MDCs) for American Indians/Alaska Natives: calendar year 2002 (continued)

| Principal ICD-9-CM[1] Diagnosis Within MDC | ICD-9 CM Code | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|---|
| | | Number | Per 1,000 HI enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| Diseases of the Respiratory System (MDC 8) | 460-519 | 5,392 | 46 | 27,389 | 5.1 | $31,783 | $5,981 | $1,160 |
| Acute Respiratory Infections | 466 | 134 | 1 | 505 | 3.8 | 412 | 3,075 | 816 |
| Pneumonia | 480-486 | 2,703 | 23 | 13,519 | 5.0 | 14,583 | 5,449 | 1,079 |
| Asthma | 493 | 452 | 4 | 1,969 | 4.4 | 1,804 | 4,037 | 916 |
| Diseases of the Digestive System (MDC 9) | 520-579 | 4,606 | 39 | 22,989 | 5.0 | 29,324 | 6,456 | 1,276 |
| Appendicitis | 540-543 | 92 | 1 | 485 | 5.3 | 731 | 7,948 | 1,508 |
| Noninfectious Enteritis and Colitis | 555-558 | 422 | 4 | 2,091 | 5.0 | 2,302 | 5,560 | 1,101 |
| Diverticula of Intestine | 562 | 349 | 3 | 1,765 | 5.1 | 1,945 | 5,589 | 1,102 |
| Cholelithiasis | 574 | 586 | 5 | 2,869 | 4.9 | 4,622 | 7,942 | 1,611 |
| Diseases of the Genitourinary System (MDC 10) | 580-629 | 2,110 | 18 | 9,032 | 4.3 | 9,566 | 4,653 | 1,059 |
| Calculus of Kidney and Ureter | 592 | 97 | 1 | 301 | 3.1 | 357 | 3,761 | 1,187 |
| Diseases of the Skin and Subcutaneous Tissue (MDC 12) | 680-709 | 1,127 | 10 | 7,137 | 6.3 | 5,563 | 5,030 | 779 |
| Cellulitis and Abscess | 681-682 | 887 | 8 | 4,997 | 5.6 | 3,780 | 4,325 | 757 |
| Diseases of the Musculoskeletal System and Connective Tissue (MDC 13) | 710-739 | 2,438 | 21 | 12,213 | 5.0 | 18,726 | 7,819 | 1,533 |
| Arthropathies and Related Disorders | 715 | 824 | 7 | 3,651 | 4.4 | 7,337 | 8,959 | 2,010 |
| Intervertebral Disc Disorders | 722 | 268 | 2 | 1,085 | 4.0 | 1,807 | 6,819 | 1,665 |
| Congenital Anomalies (MDC 14) | 740-759 | 41 | 0[5] | 193 | 4.7 | 453 | 11,053 | 2,348 |
| Symptoms, Signs, and Ill-Defined Conditions (MDC 16) | 780-799 | 3,689 | 31 | 10,817 | 2.9 | 12,749 | 3,522 | 1,179 |

(continued)

## Table A-24
## (Table 27)
## Discharges, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal diagnoses within major diagnostic classifications (MDCs) for American Indians/Alaska Natives: calendar year 2002 (continued)

| Principal ICD-9-CM[1] Diagnosis Within MDC | ICD-9 CM Code | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|---|
| | | Number | Per 1,000 HI enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| Injury and Poisoning (MDC 17) | 800-999 | 4,434 | 38 | 25,154 | 5.7 | $37,575 | $8,608 | $1,494 |
| Fractures, All Sites | 800-829 | 1,308 | 11 | 8,116 | 6.2 | 9,468 | 7,362 | 1,167 |
| Fracture of Neck of Femur | 820 | 585 | 5 | 4,106 | 7.0 | 5,089 | 8,759 | 1,239 |
| Poisoning by Drugs, Medicinal and Biological Substances | 960-989 | 331 | 3 | 978 | 3.0 | 1,319 | 4,021 | 1,349 |
| Supplementary Classification of Factors Influencing Health Status and Contact with Health Services | V01-V82 | 1,156 | 10 | 12,258 | 10.6 | 11,704 | 10,367 | 955 |

[1] ICD-9-CM is International Classification of Diseases, 9th Revision, Clinical Modification. Although as many as 10 codes are reported on the HCFA Form-1450, only the principal diagnosis (first listed) has been used.

[2] Excludes discharges for managed care enrollees that were paid for by the managed care plan.

[3] Utilization rate is based only on fee-for-service HI enrollees; that is, Medicare enrollees in managed care plans are not included in the denominator.

[4] Specific diagnostic categories were selected for presentation because of frequency of occurrence or because of special interest. The leading classifications were developed by the National Center for Health Statistics.

[5] Less than 1 discharge per 1,000 enrollees.

NOTES: Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. HI is hospital insurance.

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

# Table A-25.
# (Table 28)
# Number of discharges with a procedure, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal procedure within major procedure classifications (MPCs) for total: calendar year 2002

| Principal ICD-9-CM[1] Procedure within MPC | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|
| | Number | Per 1,000 enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| Total All Diagnosis[4] | 4,645,363 | 147 | 31,264,216 | 6.7 | $47,884,238 | $10,307 | $1,531 |
| Leading Procedures | 2,465,217 | 78 | 15,726,409 | 6.3 | 24,338,996 | 9,872 | 1,547 |
| 01-05 Operations on the Nervous System (MPC 1) | 131,294 | 4 | 833,782 | 6.3 | 1,289,471 | 9,821 | 1,546 |
| 0331 Spinal Tap | 21,633 | 1 | 177,847 | 8.2 | 164,063 | 7,583 | 922 |
| 06-07 Operations on the Endocrine System (MPC 2) | 22,675 | 1 | 92,782 | 4.0 | 158,571 | 6,993 | 1,709 |
| 08-16 Operations on the Eye (MPC 3) | 10,138 | 0 | 41,940 | 4.1 | 58,481 | 5,768 | 1,394 |
| 18-20 Operations on the Ear (MPC 4) | 2,053 | 0 | 9,179 | 4.4 | 17,062 | 8,309 | 1,858 |
| 21-29 Operations on the Nose, Mouth, and Pharynx (MPC 5) | 20,647 | 1 | 98,350 | 4.7 | 141,250 | 6,841 | 1,436 |
| 30-34 Operations on the Respiratory System (MPC 6) | 125,379 | 4 | 1,470,305 | 11.7 | 2,268,600 | 18,093 | 1,542 |
| 3321-3324, 3327 Bronchoscopy with or Without Biopsy | 29,718 | 1 | 292,675 | 9.8 | 288,388 | 9,704 | 985 |
| 35-39 Operations on the Cardiovascular System (MPC 7) | 1,338,645 | 42 | 8,713,436 | 6.5 | 18,364,447 | 13,718 | 2,107 |
| 360 Removal of Coronary Artery Obstruction | 273,718 | 9 | 1,169,349 | 4.2 | 3,430,453 | 12,532 | 2,933 |
| 361 Coronary Artery Bypass Graft | 127,635 | 4 | 1,352,934 | 10.6 | 3,490,922 | 27,350 | 2,580 |
| 3721-3723 Cardiac Catheterization | 225,015 | 7 | 1,175,865 | 5.2 | 1,598,455 | 7,103 | 1,359 |
| 377-378 Pacemaker Leads or Device | 122,484 | 4 | 690,426 | 5.6 | 1,553,922 | 12,686 | 2,250 |
| 3995 Hemodialysis | 92,702 | 3 | 530,522 | 5.7 | 582,084 | 6,279 | 1,097 |
| 40-41 Operations on the Hemic and Lymphatic System (MPC 8) | 22,470 | 1 | 185,117 | 8.2 | 280,998 | 12,505 | 1,517 |

(continued)

# Table A-25
# (Table 28)
## Number of discharges with a procedure, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal procedure within major procedure classifications (MPCs) for total: calendar year 2002 (continued)

| Principal ICD-9-CM[1] Procedure within MPC | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|
| | Number | Per 1,000 enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| 42-54 Operations on the Digestive System (MPC 9) | 889,622 | 28 | 6,745,920 | 7.5 | $8,017,917 | $9,012 | $1,188 |
| 4511-4514,4516 Endoscopy of Small Intestine | 240,097 | 8 | 1,523,308 | 6.3 | 1,219,171 | 5,077 | 800 |
| 4521-4525 Endoscopy of Large Intestine | 112,310 | 4 | 706,346 | 6.2 | 565,354 | 5,033 | 800 |
| 457 Partial Excision of Large Intestine | 80,527 | 3 | 910,169 | 11.3 | 1,404,233 | 17,438 | 1,542 |
| 470 Appendectomy, Excluding Incidental | 13,934 | 0 | 86,144 | 6.1 | 127,071 | 9,119 | 1,475 |
| 512 Cholecystectomy | 109,849 | 3 | 713,305 | 6.4 | 1,054,907 | 9,603 | 1,478 |
| 545 Lysis of Peritoneal Adhesions | 22,018 | 1 | 249,617 | 11.3 | 334,003 | 15,169 | 1,338 |
| 55-59 Operations on the Urinary System (MPC 10) | 132,347 | 4 | 837,354 | 6.3 | 1,578,242 | 11,924 | 1,884 |
| 5731-5733 Cystoscopy | 13,650 | 0 | 97,084 | 7.1 | 80,243 | 5,878 | 826 |
| 60-64 Operations on the Male Genital Organs (MPC 11) | 97,489 | 7 | 417,861 | 4.2 | 513,194 | 5,264 | 1,228 |
| 602-606 Prostatectomy | 87,481 | 6 | 367,037 | 4.1 | 440,065 | 5,030 | 1,198 |
| 65-71 Operations on the Female Genital Organs (MPC 12) | 99,640 | 6 | 441,570 | 4.4 | 607,923 | 6,101 | 1,376 |
| 653-656 Unilateral Oophorectomy | 9,033 | 1 | 52,558 | 5.8 | 62,465 | 6,915 | 1,188 |
| 683-687,689 Hysterectomy | 54,762 | 3 | 253,411 | 4.6 | 362,088 | 6,612 | 1,428 |
| 72-75 Obstetrical Procedures (MPC 13) | 7,268 | 0 | 30,420 | 4.1 | 27,464 | 3,778 | 902 |
| 721-736 Forceps, Vacuum, and Breech Delivery | 457 | 0 | 1,609 | 3.5 | 945 | 2,068 | 587 |
| 740-749 Cesarean Section and Removal of Fetus | 3,106 | 0 | 16,565 | 5.3 | 16,898 | 5,439 | 1,020 |
| 755-756 Repair of Current Obstetric Laceration | 642 | 0 | 2,088 | 3.2 | 1,751 | 2,729 | 838 |
| 76-84 Operations on the Musculoskeletal System (MPC 14) | 788,565 | 25 | 4,839,153 | 6.1 | 7,952,329 | 10,084 | 1,643 |
| 767,790-792 Reduction of Facial Fracture | 32,239 | 1 | 204,328 | 6.3 | 233,781 | 7,251 | 1,144 |
| 793 Open Reduction of Fracture with Internal Fixation | 112,515 | 4 | 734,083 | 6.5 | 940,582 | 8,359 | 1,281 |
| 805 Excision or Destruction of Intervertebral Disc | 32,009 | 1 | 124,417 | 3.8 | 215,616 | 6,736 | 1,733 |
| 8151 Total Hip Replacement | 94,329 | 3 | 499,517 | 5.2 | 997,762 | 10,577 | 1,997 |
| 8154 Total Knee Replacement | 182,538 | 6 | 943,132 | 5.1 | 1,938,504 | 10,619 | 2,055 |

(continued)

**Table A-25**
**(Table 28)**
**Number of discharges with a procedure, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal procedure within major procedure classifications (MPCs) for total: calendar year 2002 (continued)**

| Principal ICD-9-CM[1] Procedure within MPC | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|
| | Number | Per 1,000 enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| 85-86 Operations on the Integumentary System (MPC 15) | 178,532 | 6 | 1,398,391 | 7.8 | $1,597,853 | $8,949 | $1,142 |
| 8622,8628 Excision of Destruction of Lesion or Tissue of Skin | 58,527 | 2 | 643,975 | 11.0 | 782,736 | 13,373 | 1,215 |
| 87-99 Miscellaneous Diagnostic and Therapeutic Procs (MPC 16) | 776,861 | 25 | 5,098,499 | 6.5 | 4,960,336 | 6,385 | 972 |
| 8703,8741,8771,8801,8838 Computerized Axial Tomography | 77,749 | 2 | 444,173 | 5.7 | 432,878 | 5,567 | 974 |
| 884-885 Arteriography & Angiocardiography Using Contrast Material | 37,081 | 1 | 233,474 | 6.2 | 215,236 | 5,804 | 921 |
| 887 Diagnostic Ultrasound | 94,971 | 3 | 573,643 | 6.0 | 539,285 | 5,678 | 940 |
| 939,967 Respiratory Therapy | 74,025 | 2 | 719,548 | 9.7 | 989,458 | 13,366 | 1,375 |
| 9604 Insertion of Endotracheal Tube | 11,300 | 0 | 129,382 | 11.4 | 145,786 | 12,901 | 1,126 |
| 9925 Injection of Infusion of Cancer Chemotherapeutic Substance | 17,164 | 1 | 107,880 | 6.2 | 129,877 | 7,566 | 1,203 |

[1]ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification. Volume 3* procedures include surgical and non-surgical procedures. Includes invalid codes not shown separately.

[2]Excludes discharges for managed care enrollees that were paid for by the managed care plan.

[3]Utilization rate is based only on fee-for-service HI enrollees; that is, Medicare enrollees in managed care plans are not included in the denominator.

[4]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.

[5]Less than 1 discharge per 1,000 enrollees.

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

[7]Only the female enrollment population used to calculate discharges per 1,000 HI enrollees.

NOTES: Medicare program payments represent fee-for-service only, that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. HI is hospital insurance.

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

## Table A-26.
## (Table 28)
## Number of discharges with a procedure, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal procedure within major procedure classifications (MPCs) for Whites: calendar year 2002

| Principal ICD-9-CM[1] Procedure within MPC | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|
| | Number | Per 1,000 enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| Total All Diagnosis[4] | 3,761,195 | 147 | 24,649,462 | 6.5 | $38,521,211 | $10,241 | $1,562 |
| Leading Procedures | 2,002,390 | 78 | 12,515,892 | 6.2 | 19,850,088 | 9,913 | 1,585 |
| 01-05 Operations on the Nervous System (MPC 1) | 112,621 | 4 | 683,345 | 6.0 | 1,078,945 | 9,580 | 1,578 |
| 0331 Spinal Tap | 15,312 | 1 | 126,068 | 8.2 | 114,299 | 7,464 | 906 |
| 06-07 Operations on the Endocrine System (MPC 2) | 16,944 | 1 | 60,547 | 3.5 | 107,849 | 6,365 | 1,781 |
| 08-16 Operations on the Eye (MPC 3) | 8,394 | 0 | 34,587 | 4.1 | 45,556 | 5,427 | 1,317 |
| 18-20 Operations on the Ear (MPC 4) | 1,710 | 0 | 7,539 | 4.4 | 14,159 | 8,280 | 1,878 |
| 21-29 Operations on the Nose, Mouth, and Pharynx (MPC 5) | 16,788 | 1 | 76,324 | 4.5 | 111,058 | 6,615 | 1,455 |
| 30-34 Operations on the Respiratory System (MPC 6) | 104,538 | 4 | 1,183,029 | 11.3 | 1,783,439 | 17,060 | 1,507 |
| 3321-3324, 3327 Bronchoscopy with or Without Biopsy | 23,395 | 1 | 224,232 | 9.5 | 216,035 | 9,234 | 963 |
| 35-39 Operations on the Cardiovascular System (MPC 7) | 1,072,895 | 42 | 6,834,693 | 6.3 | 15,048,482 | 14,026 | 2,201 |
| 360 Removal of Coronary Artery Obstruction | 238,844 | 9 | 995,560 | 4.1 | 2,960,580 | 12,395 | 2,973 |
| 361 Coronary Artery Bypass Graft | 111,844 | 4 | 1,166,707 | 10.4 | 3,029,306 | 27,085 | 2,596 |
| 3721-3723 Cardiac Catheterization | 180,241 | 7 | 917,370 | 5.0 | 1,254,613 | 6,960 | 1,367 |
| 377-378 Pacemaker Leads or Device | 107,336 | 4 | 585,957 | 5.4 | 1,344,221 | 12,523 | 2,294 |
| 3995 Hemodialysis | 35,597 | 1 | 224,077 | 6.2 | 216,360 | 6,077 | 965 |
| 40-41 Operations on the Hemic and Lymphatic System (MPC 8) | 18,265 | 1 | 145,421 | 7.9 | 228,961 | 12,535 | 1,574 |

(continued)

## Table A-26
## (Table 28)
## Number of discharges with a procedure, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal procedure within major procedure classifications (MPCs) for Whites: calendar year 2002 (continued)

| Principal ICD-9-CM[1] Procedure within MPC | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|
| | Number | Per 1,000 enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| 42-54 Operations on the Digestive System (MPC 9) | 715,678 | 28 | 5,351,574 | 7.4 | $6,409,792 | $8,956 | $1,197 |
| 4511-4514,4516 Endoscopy of Small Intestine | 185,137 | 7 | 1,145,489 | 6.1 | 905,914 | 4,893 | 790 |
| 4521-4525 Endoscopy of Large Intestine | 90,082 | 4 | 553,158 | 6.1 | 437,821 | 4,860 | 791 |
| 457 Partial Excision of Large Intestine | 69,640 | 3 | 779,955 | 11.1 | 1,197,855 | 17,200 | 1,535 |
| 470 Appendectomy, Excluding Incidental | 11,814 | 0 | 72,205 | 6.1 | 106,992 | 9,056 | 1,481 |
| 512 Cholecystectomy | 90,392 | 4 | 570,724 | 6.3 | 844,240 | 9,339 | 1,479 |
| 545 Lysis of Peritoneal Adhesions | 18,654 | 1 | 208,377 | 11.1 | 279,479 | 14,982 | 1,341 |
| 55-59 Operations on the Urinary System (MPC 10) | 108,113 | 4 | 652,722 | 6.0 | 1,116,881 | 10,330 | 1,711 |
| 5731-5733 Cystoscopy | 10,881 | 0 | 73,293 | 6.7 | 61,304 | 5,633 | 836 |
| 60-64 Operations on the Male Genital Organs (MPC 11) | 81,687 | 7 | 339,108 | 4.1 | 415,522 | 5,086 | 1,225 |
| 602-606 Prostatectomy | 74,381 | 7 | 304,909 | 4.0 | 365,692 | 4,916 | 1,199 |
| 65-71 Operations on the Female Genital Organs (MPC 12) | 83,242 | 6 | 360,482 | 4.3 | 500,939 | 6,017 | 1,389 |
| 653-656 Unilateral Oophorectomy | 7,617 | 1 | 43,525 | 5.7 | 50,816 | 6,671 | 1,167 |
| 683-687,689 Hysterectomy | 45,080 | 3 | 206,589 | 4.5 | 298,844 | 6,629 | 1,446 |
| 72-75 Obstetrical Procedures (MPC 13) | 3,964 | 0 | 16,322 | 4.1 | 14,389 | 3,630 | 881 |
| 721-736 Forceps, Vacuum, and Breech Delivery | 311 | 0 | 1,166 | 3.7 | 617 | 1,985 | 529 |
| 740-749 Cesarean Section and Removal of Fetus | 1,788 | 0 | 9,171 | 5.1 | 9,543 | 5,338 | 1,040 |
| 755-756 Repair of Current Obstetric Laceration | 311 | 0 | 1,010 | 3.2 | 691 | 2,222 | 683 |
| 76-84 Operations on the Musculoskeletal System (MPC 14) | 688,164 | 27 | 4,090,121 | 5.9 | 6,820,429 | 9,911 | 1,667 |
| 767,790-792 Reduction of Facial Fracture | 29,146 | 1 | 183,738 | 6.3 | 209,098 | 7,174 | 1,138 |
| 793 Open Reduction of Fracture with Internal Fixation | 100,419 | 4 | 644,716 | 6.4 | 822,975 | 8,195 | 1,276 |
| 805 Excision or Destruction of Intervertebral Disc | 28,680 | 1 | 107,336 | 3.7 | 189,555 | 6,609 | 1,765 |
| 8151 Total Hip Replacement | 86,351 | 3 | 453,827 | 5.2 | 905,256 | 10,483 | 1,994 |
| 8154 Total Knee Replacement | 161,432 | 6 | 830,553 | 5.1 | 1,703,186 | 10,550 | 2,050 |

(continued)

**Table A-26**
**(Table 28)**
**Number of discharges with a procedure, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal procedure within major procedure classifications (MPCs) for Whites: calendar year 2002 (continued)**

| Principal ICD-9-CM[1] Procedure within MPC | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|
| | Number | Per 1,000 enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| 85-86 Operations on the Integumentary System (MPC 15) | 138,736 | 5 | 1,022,997 | 7.3 | $1,183,113 | $8,527 | $1,156 |
| 8622,8628 Excision of Destruction of Lesion or Tissue of Skin | 43,137 | 2 | 452,273 | 10.4 | 555,699 | 12,882 | 1,228 |
| 87-99 Miscellaneous Diagnostic and Therapeutic Procs (MPC 16) | 587,978 | 23 | 3,782,647 | 6.4 | 3,597,384 | 6,118 | 951 |
| 8703,8741,8771,8801,8838 Computerized Axial Tomography | 58,992 | 2 | 333,356 | 5.6 | 307,391 | 5,210 | 922 |
| 884-885 Arteriography & Angiocardiography Using Contrast Material | 30,001 | 1 | 184,127 | 6.1 | 166,621 | 5,553 | 904 |
| 887 Diagnostic Ultrasound | 71,661 | 3 | 428,023 | 5.9 | 387,867 | 5,412 | 906 |
| 939,967 Respiratory Therapy | 52,541 | 2 | 513,985 | 9.7 | 710,721 | 13,526 | 1,382 |
| 9604 Insertion of Endotracheal Tube | 8,006 | 0 | 90,392 | 11.2 | 100,512 | 12,555 | 1,111 |
| 9925 Injection of Infusion of Cancer Chemotherapeutic Substance | 13,368 | 1 | 84,019 | 6.2 | 95,969 | 7,178 | 1,142 |

[1]ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification. Volume 3* procedures include surgical and non-surgical procedures. Includes invalid codes not shown separately.

[2]Excludes discharges for managed care enrollees that were paid for by the managed care plan.

[3]Utilization rate is based only on fee-for-service HI enrollees; that is, Medicare enrollees in managed care plans are not included in the denominator.

[4]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.

[5]Less than 1 discharge per 1,000 enrollees.

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

[7]Only the female enrollment population used to calculate discharges per 1,000 HI enrollees.

NOTES: Medicare program payments represent fee-for-service only, that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. HI is hospital insurance.

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

## Table A-27.
## (Table 28)
## Number of discharges with a procedure, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal procedure within major procedure classifications (MPCs) for Blacks: calendar year 2002

| Principal ICD-9-CM[1] Procedure within MPC | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|
| | Number | Per 1,000 enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| Total All Diagnosis[4] | 520,264 | 175 | 3,984,975 | 7.6 | $5,457,295 | $10,489 | $1,369 |
| Leading Procedures | 266,485 | 89 | 1,883,051 | 7.0 | 2,545,909 | 9,553 | 1,352 |
| 01-05 Operations on the Nervous System (MPC 1) | 10,946 | 4 | 94,138 | 8.6 | 121,139 | 11,067 | 1,286 |
| 0331 Spinal Tap | 4,502 | 2 | 38,574 | 8.5 | 35,657 | 7,920 | 924 |
| 06-07 Operations on the Endocrine System (MPC 2) | 3,857 | 1 | 23,217 | 6.0 | 35,644 | 9,240 | 1,535 |
| 08-16 Operations on the Eye (MPC 3) | 1,026 | 0 | 4,102 | 4.0 | 7,589 | 7,400 | 1,850 |
| 18-20 Operations on the Ear (MPC 4) | 154 | 0 | 880 | 5.7 | 1,317 | 8,541 | 1,496 |
| 21-29 Operations on the Nose, Mouth, and Pharynx (MPC 5) | 2,287 | 1 | 13,651 | 5.9 | 18,243 | 7,976 | 1,336 |
| 30-34 Operations on the Respiratory System (MPC 6) | 12,607 | 4 | 177,067 | 14.0 | 299,911 | 23,789 | 1,693 |
| 3321-3324, 3327 Bronchoscopy with or Without Biopsy | 3,975 | 1 | 42,776 | 10.7 | 44,496 | 11,193 | 1,040 |
| 35-39 Operations on the Cardiovascular System (MPC 7) | 164,369 | 55 | 1,162,748 | 7.0 | 1,914,930 | 11,650 | 1,646 |
| 360 Removal of Coronary Artery Obstruction | 17,045 | 6 | 88,956 | 5.2 | 228,353 | 13,397 | 2,567 |
| 361 Coronary Artery Bypass Graft | 6,589 | 2 | 81,640 | 12.3 | 194,747 | 29,555 | 2,385 |
| 3721-3723 Cardiac Catheterization | 27,301 | 9 | 159,241 | 5.8 | 208,575 | 7,639 | 1,309 |
| 377-378 Pacemaker Leads or Device | 8,214 | 3 | 59,168 | 7.2 | 112,912 | 13,746 | 1,908 |
| 3995 Hemodialysis | 41,288 | 14 | 221,740 | 5.3 | 265,601 | 6,432 | 1,197 |
| 40-41 Operations on the Hemic and Lymphatic System (MPC 8) | 2,405 | 1 | 23,843 | 9.9 | 29,768 | 12,376 | 1,248 |

(continued)

## Table A-27
## (Table 28)
## Number of discharges with a procedure, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal procedure within major procedure classifications (MPCs) for Blacks: calendar year 2002 (continued)

| Principal ICD-9-CM[1] Procedure within MPC | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|
| | Number | Per 1,000 enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| 42-54 Operations on the Digestive System (MPC 9) | 98,694 | 33 | 817,654 | 8.2 | $898,995 | $9,108 | $1,099 |
| 4511-4514,4516 Endoscopy of Small Intestine | 32,647 | 11 | 230,426 | 7.0 | 187,512 | 5,743 | 813 |
| 4521-4525 Endoscopy of Large Intestine | 13,578 | 5 | 95,173 | 7.0 | 80,743 | 5,946 | 848 |
| 457 Partial Excision of Large Intestine | 6,535 | 2 | 80,887 | 12.3 | 124,615 | 19,069 | 1,540 |
| 470 Appendectomy, Excluding Incidental | 753 | 0 | 5,546 | 7.3 | 7,468 | 9,913 | 1,346 |
| 512 Cholecystectomy | 8,768 | 3 | 67,617 | 7.7 | 97,571 | 11,128 | 1,442 |
| 545 Lysis of Peritoneal Adhesions | 1,960 | 1 | 26,412 | 13.4 | 33,514 | 17,095 | 1,268 |
| 55-59 Operations on the Urinary System (MPC 10) | 13,569 | 5 | 109,350 | 8.0 | 259,548 | 19,128 | 2,373 |
| 5731-5733 Cystoscopy | 1,906 | 1 | 17,526 | 9.1 | 13,460 | 7,061 | 768 |
| 60-64 Operations on the Male Genital Organs (MPC 11) | 7,951 | 6 | 41,015 | 5.1 | 50,987 | 6,412 | 1,243 |
| 602-606 Prostatectomy | 6,353 | 5 | 31,122 | 4.8 | 37,944 | 5,972 | 1,219 |
| 65-71 Operations on the Female Genital Organs (MPC 12) | 8,395 | 5 | 44,065 | 5.2 | 58,464 | 6,963 | 1,326 |
| 653-656 Unilateral Oophorectomy | 826 | 0 | 5,319 | 6.4 | 6,879 | 8,329 | 1,293 |
| 683-687,689 Hysterectomy | 5,074 | 3 | 26,058 | 5.1 | 35,494 | 6,995 | 1,362 |
| 72-75 Obstetrical Procedures (MPC 13) | 2,333 | 1 | 10,056 | 4.3 | 9,357 | 4,011 | 930 |
| 721-736 Forceps, Vacuum, and Breech Delivery | 54 | 0 | 145 | 2.6 | 129 | 2,387 | 895 |
| 740-749 Cesarean Section and Removal of Fetus | 962 | 1 | 5,518 | 5.7 | 5,351 | 5,562 | 969 |
| 755-756 Repair of Current Obstetric Laceration | 209 | 0 | 663 | 3.1 | 640 | 3,069 | 967 |
| 76-84 Operations on the Musculoskeletal System (MPC 14) | 55,873 | 19 | 433,623 | 7.7 | 647,530 | 11,589 | 1,493 |
| 767,790-792 Reduction of Facial Fracture | 1,525 | 1 | 10,900 | 7.1 | 12,432 | 8,153 | 1,140 |
| 793 Open Reduction of Fracture with Internal Fixation | 5,155 | 2 | 39,354 | 7.6 | 52,807 | 10,243 | 1,341 |
| 805 Excision or Destruction of Intervertebral Disc | 1,761 | 1 | 9,639 | 5.4 | 14,588 | 8,285 | 1,513 |
| 8151 Total Hip Replacement | 4,992 | 2 | 28,653 | 5.7 | 58,628 | 11,744 | 2,046 |
| 8154 Total Knee Replacement | 10,773 | 4 | 57,606 | 5.3 | 120,140 | 11,151 | 2,085 |

(continued)

**Table A-27**
**(Table 28)**
**Number of discharges with a procedure, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal procedure within major procedure classifications (MPCs) for Blacks: calendar year 2002 (continued)**

| Principal ICD-9-CM[1] Procedure within MPC | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|
| | Number | Per 1,000 enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| 85-86 Operations on the Integumentary System (MPC 15) | 24,651 | 8 | 238,558 | 9.6 | $268,328 | $10,885 | $1,124 |
| 8622,8628 Excision of Destruction of Lesion or Tissue of Skin | 9,249 | 3 | 118,417 | 12.8 | 145,943 | 15,779 | 1,232 |
| 87-99 Miscellaneous Diagnostic and Therapeutic Procs (MPC 16) | 110,965 | 37 | 789,336 | 7.1 | 831,860 | 7,496 | 1,053 |
| 8703,8741,8771,8801,8838 Computerized Axial Tomography | 10,519 | 4 | 62,299 | 5.9 | 73,683 | 7,004 | 1,182 |
| 884-885 Arteriography & Angiocardiography Using Contrast Material | 4,502 | 2 | 31,512 | 7.0 | 32,138 | 7,139 | 1,019 |
| 887 Diagnostic Ultrasound | 13,968 | 5 | 88,121 | 6.3 | 95,169 | 6,813 | 1,079 |
| 939,967 Respiratory Therapy | 11,273 | 4 | 112,181 | 9.9 | 169,571 | 15,042 | 1,511 |
| 9604 Insertion of Endotracheal Tube | 2,187 | 1 | 26,212 | 11.9 | 30,094 | 13,758 | 1,148 |
| 9925 Injection of Infusion of Cancer Chemotherapeutic Substance | 2,042 | 1 | 13,651 | 6.6 | 19,039 | 9,323 | 1,394 |

[1]ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification. Volume 3* procedures include surgical and non-surgical procedures. Includes invalid codes not shown separately.

[2]Excludes discharges for managed care enrollees that were paid for by the managed care plan.

[3]Utilization rate is based only on fee-for-service HI enrollees; that is, Medicare enrollees in managed care plans are not included in the denominator.

[4]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.

[5]Less than 1 discharge per 1,000 enrollees.

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

[7]Only the female enrollment population used to calculate discharges per 1,000 HI enrollees.

NOTES: Medicare program payments represent fee-for-service only, that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. HI is hospital insurance.

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

# Table A-28.
# (Table 28)
# Number of discharges with a procedure, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal procedure within major procedure classifications (MPCs) for Hispanics: calendar year 2002

| Principal ICD-9-CM[1] Procedure within MPC | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|
| | Number | Per 1,000 enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| Total All Diagnosis[4] | 266,691 | 131 | 1,935,875 | 7.2 | $2,757,054 | $10,337 | $1,424 |
| Leading Procedures | 144,656 | 71 | 986,781 | 6.8 | 1,384,190 | 9,568 | 1,402 |
| 01-05 Operations on the Nervous System (MPC 1) | 5,172 | 3 | 36,947 | 7.1 | 57,701 | 11,156 | 1,561 |
| 0331 Spinal Tap | 1,236 | 1 | 8,612 | 6.9 | 9,402 | 7,609 | 1,091 |
| 06-07 Operations on the Endocrine System (MPC 2) | 1,350 | 1 | 6,556 | 4.8 | 10,288 | 7,620 | 1,569 |
| 08-16 Operations on the Eye (MPC 3) | 492 | 0 | 2,315 | 4.7 | 3,774 | 7,671 | 1,630 |
| 18-20 Operations on the Ear (MPC 4) | 122 | 0 | 534 | 4.3 | 946 | 7,757 | 1,773 |
| 21-29 Operations on the Nose, Mouth, and Pharynx (MPC 5) | 1,045 | 1 | 5,549 | 5.3 | 7,562 | 7,236 | 1,362 |
| 30-34 Operations on the Respiratory System (MPC 6) | 5,454 | 3 | 73,009 | 13.3 | 118,761 | 21,774 | 1,626 |
| 3321-3324, 3327 Bronchoscopy with or Without Biopsy | 1,602 | 1 | 17,449 | 10.8 | 18,765 | 11,714 | 1,075 |
| 35-39 Operations on the Cardiovascular System (MPC 7) | 74,245 | 36 | 529,527 | 7.1 | 993,506 | 13,381 | 1,876 |
| 360 Removal of Coronary Artery Obstruction | 12,735 | 6 | 62,078 | 4.8 | 169,700 | 13,325 | 2,733 |
| 361 Coronary Artery Bypass Graft | 6,682 | 3 | 76,545 | 11.4 | 186,886 | 27,967 | 2,441 |
| 3721-3723 Cardiac Catheterization | 13,162 | 6 | 76,243 | 5.7 | 99,349 | 7,547 | 1,303 |
| 377-378 Pacemaker Leads or Device | 4,707 | 2 | 31,996 | 6.7 | 64,305 | 13,662 | 2,009 |
| 3995 Hemodialysis | 11,908 | 6 | 63,748 | 5.3 | 74,320 | 6,241 | 1,165 |
| 40-41 Operations on the Hemic and Lymphatic System (MPC 8) | 1,323 | 1 | 11,724 | 8.8 | 15,959 | 12,058 | 1,361 |

(continued)

# Table A-28
# (Table 28)
## Number of discharges with a procedure, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal procedure within major procedure classifications (MPCs) for Hispanics: calendar year 2002 (continued)

| Principal ICD-9-CM[1] Procedure within MPC | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|
| | Number | Per 1,000 enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| 42-54 Operations on the Digestive System (MPC 9) | 55,575 | 27 | 424,457 | 7.6 | $500,079 | $8,998 | $1,178 |
| 4511-4514,4516 Endoscopy of Small Intestine | 16,648 | 8 | 111,489 | 6.6 | 90,817 | 5,455 | 814 |
| 4521-4525 Endoscopy of Large Intestine | 6,556 | 3 | 44,846 | 6.8 | 34,489 | 5,260 | 769 |
| 457 Partial Excision of Large Intestine | 2,956 | 1 | 34,182 | 11.5 | 54,947 | 18,589 | 1,607 |
| 470 Appendectomy, Excluding Incidental | 881 | 0 | 5,523 | 6.2 | 7,911 | 8,979 | 1,432 |
| 512 Cholecystectomy | 8,181 | 4 | 57,093 | 6.9 | 84,060 | 10,274 | 1,472 |
| 545 Lysis of Peritoneal Adhesions | 1,056 | 1 | 10,657 | 10.0 | 15,246 | 14,430 | 1,430 |
| 55-59 Operations on the Urinary System (MPC 10) | 7,685 | 4 | 54,324 | 7.0 | 138,213 | 17,983 | 2,544 |
| 5731-5733 Cystoscopy | 648 | 0 | 4,775 | 7.3 | 3,905 | 6,022 | 817 |
| 60-64 Operations on the Male Genital Organs (MPC 11) | 5,893 | 6 | 28,903 | 4.9 | 34,366 | 5,831 | 1,189 |
| 602-606 Prostatectomy | 4,977 | 5 | 23,399 | 4.7 | 25,966 | 5,216 | 1,109 |
| 65-71 Operations on the Female Genital Organs (MPC 12) | 6,232 | 6 | 28,834 | 4.6 | 36,232 | 5,813 | 1,256 |
| 653-656 Unilateral Oophorectomy | 431 | 0 | 2,830 | 6.5 | 3,629 | 8,421 | 1,282 |
| 683-687,689 Hysterectomy | 3,520 | 3 | 15,649 | 4.4 | 20,126 | 5,717 | 1,286 |
| 72-75 Obstetrical Procedures (MPC 13) | 736 | 1 | 2,967 | 4.0 | 2,670 | 3,628 | 900 |
| 721-736 Forceps, Vacuum, and Breech Delivery | 72 | 0 | 229 | 3.1 | 142 | 1,961 | 621 |
| 740-749 Cesarean Section and Removal of Fetus | 275 | 0 | 1,365 | 4.9 | 1,393 | 5,072 | 1,020 |
| 755-756 Repair of Current Obstetric Laceration | 95 | 0 | 328 | 3.4 | 354 | 3,721 | 1,081 |
| 76-84 Operations on the Musculoskeletal System (MPC 14) | 31,966 | 16 | 228,402 | 7.1 | 342,198 | 10,705 | 1,498 |
| 767,790-792 Reduction of Facial Fracture | 1,037 | 1 | 6,259 | 6.0 | 7,706 | 7,428 | 1,231 |
| 793 Open Reduction of Fracture with Internal Fixation | 4,855 | 2 | 35,166 | 7.2 | 44,816 | 9,230 | 1,274 |
| 805 Excision or Destruction of Intervertebral Disc | 1,068 | 1 | 5,088 | 4.7 | 7,510 | 7,032 | 1,476 |
| 8151 Total Hip Replacement | 1,995 | 1 | 11,377 | 5.7 | 22,247 | 11,153 | 1,955 |
| 8154 Total Knee Replacement | 7,792 | 4 | 41,394 | 5.3 | 85,221 | 10,936 | 2,058 |

(continued)

**Table A-28**
**(Table 28)**
**Number of discharges with a procedure, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal procedure within major procedure classifications (MPCs) for Hispanics: calendar year 2002 (continued)**

| Principal ICD-9-CM[1] Procedure within MPC | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|
| | Number | Per 1,000 enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| 85-86 Operations on the Integumentary System (MPC 15) | 11,667 | 6 | 106,703 | 9.1 | $111,063 | $9,519 | $1,040 |
| 8622,8628 Excision of Destruction of Lesion or Tissue of Skin | 4,981 | 2 | 58,313 | 11.7 | 63,313 | 12,710 | 1,085 |
| 87-99 Miscellaneous Diagnostic and Therapeutic Procs (MPC 16) | 57,692 | 28 | 394,902 | 6.8 | 382,669 | 6,633 | 969 |
| 8703,8741,8771,8801,8838 Computerized Axial Tomography | 5,923 | 3 | 35,627 | 6.0 | 36,754 | 6,205 | 1,031 |
| 884-885 Arteriography & Angiocardiography Using Contrast Material | 1,903 | 1 | 13,715 | 7.2 | 12,047 | 6,330 | 878 |
| 887 Diagnostic Ultrasound | 6,694 | 3 | 41,928 | 6.2 | 38,947 | 5,818 | 928 |
| 939,967 Respiratory Therapy | 8,044 | 4 | 72,063 | 8.9 | 78,319 | 9,736 | 1,086 |
| 9604 Insertion of Endotracheal Tube | 812 | 0 | 9,608 | 11.8 | 11,270 | 13,872 | 1,173 |
| 9925 Injection of Infusion of Cancer Chemotherapeutic Substance | 1,221 | 1 | 7,205 | 5.9 | 10,312 | 8,449 | 1,431 |

[1]ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification. Volume 3* procedures include surgical and non-surgical procedures. Includes invalid codes not shown separately.

[2]Excludes discharges for managed care enrollees that were paid for by the managed care plan.

[3]Utilization rate is based only on fee-for-service HI enrollees; that is, Medicare enrollees in managed care plans are not included in the denominator.

[4]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.

[5]Less than 1 discharge per 1,000 enrollees.

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

[7]Only the female enrollment population used to calculate discharges per 1,000 HI enrollees.

NOTES: Medicare program payments represent fee-for-service only, that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. HI is hospital insurance.

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

## Table A-29.
## (Table 28)
## Number of discharges with a procedure, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal procedure within major procedure classifications (MPCs) for Asians/Pacific Islanders: calendar year 2002

| Principal ICD-9-CM[1] Procedure within MPC | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|
| | Number | Per 1,000 enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| Total All Diagnosis[4] | 51,334 | 88 | 372,224 | 7.2 | $658,580 | $12,829 | $1,769 |
| Leading Procedures | 28,486 | 49 | 188,106 | 6.6 | 328,536 | 11,533 | 1,746 |
| 01-05 Operations on the Nervous System (MPC 1) | 1,468 | 3 | 11,674 | 7.9 | 19,702 | 13,422 | 1,687 |
| 0331 Spinal Tap | 335 | 1 | 2,669 | 7.9 | 2,773 | 8,270 | 1,039 |
| 06-07 Operations on the Endocrine System (MPC 2) | 317 | 1 | 1,475 | 4.6 | 2,848 | 8,980 | 1,931 |
| 08-16 Operations on the Eye (MPC 3) | 128 | 0 | 483 | 3.7 | 947 | 7,421 | 1,963 |
| 18-20 Operations on the Ear (MPC 4) | 35 | 0 | 121 | 3.4 | 349 | 9,957 | 2,894 |
| 21-29 Operations on the Nose, Mouth, and Pharynx (MPC 5) | 290 | 0 | 1,552 | 5.3 | 2,524 | 8,690 | 1,626 |
| 30-34 Operations on the Respiratory System (MPC 6) | 1,701 | 3 | 23,177 | 13.6 | 43,875 | 25,796 | 1,893 |
| 3321-3324, 3327 Bronchoscopy with or Without Biopsy | 495 | 1 | 5,636 | 11.3 | 6,564 | 13,250 | 1,164 |
| 35-39 Operations on the Cardiovascular System (MPC 7) | 14,202 | 24 | 100,524 | 7.0 | 236,298 | 16,638 | 2,350 |
| 360 Removal of Coronary Artery Obstruction | 2,839 | 5 | 12,578 | 4.4 | 42,392 | 14,932 | 3,370 |
| 361 Coronary Artery Bypass Graft | 1,469 | 3 | 16,289 | 11.0 | 49,025 | 33,366 | 3,009 |
| 3721-3723 Cardiac Catheterization | 2,226 | 4 | 12,133 | 5.4 | 20,137 | 9,047 | 1,659 |
| 377-378 Pacemaker Leads or Device | 1,349 | 2 | 8,085 | 5.9 | 21,064 | 15,619 | 2,605 |
| 3995 Hemodialysis | 1,864 | 3 | 10,285 | 5.5 | 13,553 | 7,272 | 1,317 |
| 40-41 Operations on the Hemic and Lymphatic System (MPC 8) | 267 | 0 | 2,156 | 8.0 | 3,300 | 12,379 | 1,531 |

(continued)

# Table A-29
# (Table 28)
## Number of discharges with a procedure, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal procedure within major procedure classifications (MPCs) for Asians/Pacific Islanders: calendar year 2002 (continued)

| Principal ICD-9-CM[1] Procedure within MPC | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|
| | Number | Per 1,000 enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| 42-54 Operations on the Digestive System (MPC 9) | 11,427 | 20 | 88,914 | 7.7 | $129,066 | $11,294 | $1,451 |
| 4511-4514,4516 Endoscopy of Small Intestine | 3,442 | 6 | 21,738 | 6.3 | 22,652 | 6,580 | 1,042 |
| 4521-4525 Endoscopy of Large Intestine | 1,187 | 2 | 7,285 | 6.1 | 7,515 | 6,330 | 1,031 |
| 457 Partial Excision of Large Intestine | 814 | 1 | 8,499 | 10.4 | 16,344 | 20,080 | 1,923 |
| 470 Appendectomy, Excluding Incidental | 306 | 1 | 1,770 | 5.7 | 3,096 | 10,120 | 1,749 |
| 512 Cholecystectomy | 1,396 | 2 | 10,390 | 7.4 | 17,569 | 12,582 | 1,690 |
| 545 Lysis of Peritoneal Adhesions | 174 | 0 | 2,053 | 11.7 | 3,104 | 17,837 | 1,511 |
| 55-59 Operations on the Urinary System (MPC 10) | 1,628 | 3 | 11,392 | 6.9 | 35,838 | 22,015 | 3,145 |
| 5731-5733 Cystoscopy | 125 | 0 | 886 | 7.0 | 953 | 7,632 | 1,076 |
| 60-64 Operations on the Male Genital Organs (MPC 11) | 1,229 | 5 | 5,486 | 4.4 | 7,896 | 6,423 | 1,439 |
| 602-606 Prostatectomy | 1,127 | 4 | 4,752 | 4.2 | 6,776 | 6,013 | 1,426 |
| 65-71 Operations on the Female Genital Organs (MPC 12) | 890 | 3 | 4,138 | 4.6 | 6,451 | 7,251 | 1,558 |
| 653-656 Unilateral Oophorectomy | 70 | 0 | 404 | 5.7 | 529 | 7,553 | 1,311 |
| 683-687,689 Hysterectomy | 559 | 2 | 2,621 | 4.6 | 3,963 | 7,096 | 1,512 |
| 72-75 Obstetrical Procedures (MPC 13) | 104 | 0 | 477 | 4.5 | 558 | 5,376 | 1,170 |
| 721-736 Forceps, Vacuum, and Breech Delivery | 11 | 0 | 41 | 3.6 | 37 | 3,364 | 928 |
| 740-749 Cesarean Section and Removal of Fetus | 35 | 0 | 225 | 6.4 | 356 | 10,151 | 1,586 |
| 755-756 Repair of Current Obstetric Laceration | 13 | 0 | 41 | 3.2 | 32 | 2,549 | 791 |
| 76-84 Operations on the Musculoskeletal System (MPC 14) | 5,935 | 10 | 41,636 | 7.0 | 71,791 | 12,096 | 1,724 |
| 767,790-792 Reduction of Facial Fracture | 216 | 0 | 1,423 | 6.5 | 2,133 | 9,872 | 1,499 |
| 793 Open Reduction of Fracture with Internal Fixation | 1,027 | 2 | 7,373 | 7.1 | 10,436 | 10,159 | 1,415 |
| 805 Excision or Destruction of Intervertebral Disc | 267 | 0 | 1,368 | 5.1 | 2,273 | 8,525 | 1,661 |
| 8151 Total Hip Replacement | 498 | 1 | 2,840 | 5.7 | 6,036 | 12,117 | 2,125 |
| 8154 Total Knee Replacement | 1,349 | 2 | 7,328 | 5.4 | 16,852 | 12,496 | 2,299 |

(continued)

**Table A-29**
**(Table 28)**
**Number of discharges with a procedure, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal procedure within major procedure classifications (MPCs) for Asians/Pacific Islanders: calendar year 2002 (continued)**

| Principal ICD-9-CM[1] Procedure within MPC | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|
| | Number | Per 1,000 enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| 85-86 Operations on the Integumentary System (MPC 15) | 1,493 | 3 | 11,843 | 7.9 | $14,945 | $10,009 | $1,262 |
| 8622,8628 Excision of Destruction of Lesion or Tissue of Skin | 382 | 1 | 5,274 | 13.8 | 6,825 | 17,881 | 1,294 |
| 87-99 Miscellaneous Diagnostic and Therapeutic Procs (MPC 16) | 10,205 | 18 | 67,022 | 6.5 | 81,704 | 8,006 | 1,219 |
| 8703,8741,8771,8801,8838 Computerized Axial Tomography | 1,500 | 3 | 8,275 | 5.5 | 10,231 | 6,820 | 1,236 |
| 884-885 Arteriography & Angiocardiography Using Contrast Material | 361 | 1 | 2,248 | 6.2 | 2,492 | 6,909 | 1,108 |
| 887 Diagnostic Ultrasound | 1,530 | 3 | 8,932 | 5.8 | 10,687 | 6,987 | 1,196 |
| 939,967 Respiratory Therapy | 999 | 2 | 10,837 | 10.8 | 16,526 | 16,540 | 1,525 |
| 9604 Insertion of Endotracheal Tube | 154 | 0 | 1,673 | 10.8 | 2,267 | 14,686 | 1,355 |
| 9925 Injection of Infusion of Cancer Chemotherapeutic Substance | 368 | 1 | 2,157 | 5.8 | 3,330 | 9,057 | 1,544 |

[1]ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification. Volume 3* procedures include surgical and non-surgical procedures. Includes invalid codes not shown separately.

[2]Excludes discharges for managed care enrollees that were paid for by the managed care plan.

[3]Utilization rate is based only on fee-for-service HI enrollees; that is, Medicare enrollees in managed care plans are not included in the denominator.

[4]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.

[5]Less than 1 discharge per 1,000 enrollees.

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

[7]Only the female enrollment population used to calculate discharges per 1,000 HI enrollees.

NOTES: Medicare program payments represent fee-for-service only, that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. HI is hospital insurance.

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

# Table A-30.
# (Table 28)
# Number of discharges with a procedure, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal procedure within major procedure classifications (MPCs) for American Indians/Alaska Natives: calendar year 2002

| Principal ICD-9-CM[1] Procedure within MPC | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|
| | Number | Per 1,000 enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| Total All Diagnosis[4] | 23,016 | 191 | 157,900 | 6.8 | $224,201 | $9,741 | $1,419 |
| Leading Procedures | 11,320 | 94 | 73,509 | 6.4 | 105,802 | 9,346 | 1,439 |
| 01-05 Operations on the Nervous System (MPC 1) | 478 | 4 | 3,274 | 6.8 | 4,698 | 9,829 | 1,435 |
| 0331 Spinal Tap | 116 | 1 | 838 | 7.2 | 750 | 6,472 | 895 |
| 06-07 Operations on the Endocrine System (MPC 2) | 82 | 1 | 390 | 4.7 | 667 | 8,140 | 1,711 |
| 08-16 Operations on the Eye (MPC 3) | 42 | 0 | 204 | 4.8 | 256 | 6,096 | 1,255 |
| 18-20 Operations on the Ear (MPC 4) | 16 | 0 | 64 | 4.0 | 178 | 11,127 | 2,781 |
| 21-29 Operations on the Nose, Mouth, and Pharynx (MPC 5) | 105 | 1 | 508 | 4.8 | 805 | 7,668 | 1,584 |
| 30-34 Operations on the Respiratory System (MPC 6) | 481 | 4 | 6,260 | 13.0 | 10,109 | 21,016 | 1,614 |
| 3321-3324, 3327 Bronchoscopy with or Without Biopsy | 112 | 1 | 1,144 | 10.2 | 1,064 | 9,508 | 930 |
| 35-39 Operations on the Cardiovascular System (MPC 7) | 6,534 | 54 | 41,836 | 6.4 | 77,238 | 11,821 | 1,846 |
| 360 Removal of Coronary Artery Obstruction | 1,062 | 9 | 4,696 | 4.4 | 12,753 | 12,009 | 2,715 |
| 361 Coronary Artery Bypass Graft | 509 | 4 | 5,520 | 10.8 | 14,044 | 27,591 | 2,544 |
| 3721-3723 Cardiac Catheterization | 1,052 | 9 | 5,363 | 5.0 | 7,198 | 6,842 | 1,342 |
| 377-378 Pacemaker Leads or Device | 362 | 3 | 2,108 | 5.8 | 4,420 | 12,211 | 2,097 |
| 3995 Hemodialysis | 1,204 | 10 | 6,097 | 5.0 | 6,660 | 5,531 | 1,092 |
| 40-41 Operations on the Hemic and Lymphatic System (MPC 8) | 81 | 1 | 786 | 9.7 | 1,195 | 14,759 | 1,520 |

(continued)

## Table A-30
## (Table 28)
## Number of discharges with a procedure, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal procedure within major procedure classifications (MPCs) for American Indians/Alaska Natives: calendar year 2002 (continued)

| Principal ICD-9-CM[1] Procedure within MPC | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|
| | Number | Per 1,000 enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| 42-54 Operations on the Digestive System (MPC 9) | 3,898 | 32 | 29,688 | 7.6 | $36,651 | $9,402 | $1,234 |
| 4511-4514,4516 Endoscopy of Small Intestine | 1,038 | 9 | 6,485 | 6.2 | 5,519 | 5,317 | 851 |
| 4521-4525 Endoscopy of Large Intestine | 369 | 3 | 2,285 | 6.1 | 1,737 | 4,707 | 760 |
| 457 Partial Excision of Large Intestine | 269 | 2 | 3,081 | 11.4 | 4,845 | 18,013 | 1,572 |
| 470 Appendectomy, Excluding Incidental | 89 | 1 | 569 | 6.3 | 860 | 9,666 | 1,511 |
| 512 Cholecystectomy | 593 | 5 | 4,046 | 6.8 | 6,152 | 10,374 | 1,520 |
| 545 Lysis of Peritoneal Adhesions | 91 | 1 | 1,115 | 12.2 | 1,354 | 14,881 | 1,214 |
| 55-59 Operations on the Urinary System (MPC 10) | 549 | 5 | 3,599 | 6.5 | 9,388 | 17,101 | 2,608 |
| 5731-5733 Cystoscopy | 24 | 0 | 139 | 5.7 | 122 | 5,104 | 881 |
| 60-64 Operations on the Male Genital Organs (MPC 11) | 290 | 5 | 1,275 | 4.3 | 1,554 | 5,361 | 1,219 |
| 602-606 Prostatectomy | 258 | 5 | 1,095 | 4.2 | 1,301 | 5,044 | 1,188 |
| 65-71 Operations on the Female Genital Organs (MPC 12) | 421 | 6 | 1,868 | 4.4 | 2,656 | 6,310 | 1,422 |
| 653-656 Unilateral Oophorectomy | 48 | 1 | 238 | 4.9 | 329 | 6,863 | 1,384 |
| 683-687,689 Hysterectomy | 241 | 4 | 1,077 | 4.4 | 1,541 | 6,395 | 1,431 |
| 72-75 Obstetrical Procedures (MPC 13) | 74 | 1 | 355 | 4.7 | 264 | 3,575 | 745 |
| 721-736 Forceps, Vacuum, and Breech Delivery | 5 | 0 | 17 | 3.4 | 9 | 1,941 | 570 |
| 740-749 Cesarean Section and Removal of Fetus | 22 | 0 | 159 | 7.2 | 124 | 5,664 | 783 |
| 755-756 Repair of Current Obstetric Laceration | 10 | 0 | 34 | 3.4 | 22 | 2,273 | 668 |
| 76-84 Operations on the Musculoskeletal System (MPC 14) | 3,292 | 27 | 23,542 | 7.1 | 34,110 | 10,361 | 1,448 |
| 767,790-792 Reduction of Facial Fracture | 135 | 1 | 919 | 6.8 | 1,023 | 7,580 | 1,113 |
| 793 Open Reduction of Fracture with Internal Fixation | 490 | 4 | 3,634 | 7.4 | 4,431 | 9,043 | 1,219 |
| 805 Excision or Destruction of Intervertebral Disc | 100 | 1 | 460 | 4.6 | 737 | 7,371 | 1,602 |
| 8151 Total Hip Replacement | 198 | 2 | 1,160 | 5.8 | 2,130 | 10,758 | 1,836 |
| 8154 Total Knee Replacement | 611 | 5 | 3,301 | 5.4 | 6,576 | 10,763 | 1,992 |

(continued)

**Table A-30**
**(Table 28)**
**Number of discharges with a procedure, total days of care, and program payments for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by principal procedure within major procedure classifications (MPCs) for American Indians/Alaska Natives: calendar year 2002 (continued)**

| Principal ICD-9-CM[1] Procedure within MPC | Discharges[2] | | Total days of care | | Program payments in dollars | | |
|---|---|---|---|---|---|---|---|
| | Number | Per 1,000 enrollees[3] | Number | Per discharge | Amount in thousands | Per discharge | Per day |
| 85-86 Operations on the Integumentary System (MPC 15) | 1,079 | 9 | 10,458 | 9.6 | $10,922 | $10,122 | $1,044 |
| 8622,8628 Excision of Destruction of Lesion or Tissue of Skin | 470 | 4 | 5,970 | 12.7 | 6,344 | 13,498 | 1,062 |
| 87-99 Miscellaneous Diagnostic and Therapeutic Procs (MPC 16) | 5,588 | 46 | 33,765 | 6.0 | 33,390 | 5,975 | 988 |
| 8703,8741,8771,8801,8838 Computerized Axial Tomography | 334 | 3 | 1,748 | 5.2 | 1,760 | 5,270 | 1,007 |
| 884-885 Arteriography & Angiocardiography Using Contrast Material | 163 | 1 | 991 | 6.0 | 913 | 5,601 | 921 |
| 887 Diagnostic Ultrasound | 510 | 4 | 2,856 | 5.6 | 2,679 | 5,253 | 938 |
| 939,967 Respiratory Therapy | 709 | 6 | 5,486 | 7.7 | 7,290 | 10,282 | 1,328 |
| 9604 Insertion of Endotracheal Tube | 58 | 0 | 554 | 9.5 | 651 | 11,230 | 1,175 |
| 9925 Injection of Infusion of Cancer Chemotherapeutic Substance | 68 | 1 | 324 | 4.7 | 451 | 6,643 | 1,394 |

[1]ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification. Volume 3* procedures include surgical and non-surgical procedures. Includes invalid codes not shown separately.

[2]Excludes discharges for managed care enrollees that were paid for by the managed care plan.

[3]Utilization rate is based only on fee-for-service HI enrollees; that is, Medicare enrollees in managed care plans are not included in the denominator.

[4]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.

[5]Less than 1 discharge per 1,000 enrollees.

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

[7]Only the female enrollment population used to calculate discharges per 1,000 HI enrollees.

NOTES: Medicare program payments represent fee-for-service only, that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. HI is hospital insurance.

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-31.**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for total: calendar year 2002**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| Total All DRGs | -- | 9,182,391 | 5.7 | $19,228 |
| Leading DRGs[1] | -- | 6,045,330 | 6.0 | 18,516 |
| 005[2] | Extracranial Vascular Procedures | 86,094 | 2.8 | 18,419 |
| 012 | Degenerative Nervous System Disorders | 59,664 | 9.3 | 16,364 |
| 014 | Specific Cerebrovascular Disorders Except TIA | 193,203 | 6.3 | 16,732 |
| 015 | Transient Ischemic Attack & Precerebral Occlusions | 108,238 | 4.1 | 11,542 |
| 024 | Seizure & Headaches Age >17 with CC | 42,110 | 5.0 | 14,861 |
| 075[2] | Major Chest Procedures | 28,979 | 8.7 | 38,201 |
| 079 | Respiratory Infections & Inflammations Age >17 with CC | 65,919 | 8.4 | 21,804 |
| 082 | Respiratory Neoplasm | 6,955 | 5.3 | 17,756 |
| 087 | Pulmonary Edema & Respiratory Failure | 29,579 | 8.9 | 25,149 |
| 088 | Chronic Obstructive Pulmonary Disease | 298,677 | 4.9 | 12,102 |
| 089 | Simple Pneumonia & Pleurisy Age >17 with CC | 331,002 | 5.5 | 13,906 |
| 090 | Simple Pneumonia & Pleurisy Age >17 without CC | 38,288 | 4.0 | 8,510 |
| 096 | Bronchitis & Asthma Age >17 with CC | 44,287 | 4.4 | 10,256 |
| 107[2,4] | Coronary Bypass with Cardiac Cath | 71,260 | 10.0 | 75,735 |
| 109[2,4] | Coronary Bypass without Cardiac Cath | 51,100 | 7.3 | 56,450 |

(continued)

**Table A-30**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for total: calendar year 2002 (continued)**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| 110[2] | Major Cardiovascular Procedures with CC | 38,231 | 8.4 | $57,867 |
| 112[2] | Percutaneous Cardiovascular Procedures | - | - | - |
| 113[2] | Amputation for Circ System Disorders Except Upper Limb & Toe | 21,194 | 11.5 | 34,791 |
| 116[2] | Other Perm Cardiac Pacemaker Implant or PTCA with Coronary Artery Stent Implant | 98,608 | 4.0 | 34,080 |
| 121 | Circulatory Disorders with AMI & CV Comp Disch Alive | 91,313 | 5.7 | 21,260 |
| 122 | Circulatory Disorders with AMI & without CV Comp Disch Alive | 60,453 | 3.3 | 13,793 |
| 123 | Circulatory Disorders with AMI, Expired | - | - | - |
| 124 | Circulatory Disorders Except AMI, with Card Cath and Complex Diagnosis | 111,364 | 4.2 | 19,957 |
| 125 | Circulatory Disorders Except AMI, with Card Cath without Complex Diagnosis | 80,161 | 2.7 | 16,239 |
| 127 | Heart Failure & Shock | 401,191 | 4.8 | 13,670 |
| 130 | Peripheral Vascular Disorders with CC | 60,284 | 6.2 | 13,395 |
| 132 | Atherosclerosis with CC | 118,523 | 3.0 | 9,034 |
| 138 | Cardiac Arrhythmia & Conduction Disorders with CC | 159,386 | 3.8 | 11,267 |

(continued)

**Table A-30**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for total: calendar year 2002 (continued)**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| 139 | Cardiac Arrhythmia & Conduction Disorders without CC | 77,959 | 2.5 | $7,526 |
| 140 | Angina | 46,154 | 2.5 | 7,400 |
| 141 | Syncope & Collapse with CC | 86,447 | 3.5 | 11,073 |
| 142 | Syncope & Collapse without CC | 48,916 | 2.5 | 8,822 |
| 143 | Chest Pain | 220,341 | 2.0 | 7,828 |
| 144 | Other Circulatory System Diagnoses with CC | 58,188 | 5.0 | 15,196 |
| 148[2] | Major Small & Large Bowel Procedures with CC | 93,340 | 11.4 | 43,135 |
| 174 | G.I. Hemorrhage with CC | 175,156 | 4.3 | 13,345 |
| 180 | G.I. Obstruction with CC | 63,816 | 5.1 | 13,095 |
| 182 | Esophagitis, Gastroent & Misc Digest Disorders Age >17 with CC | 223,931 | 4.1 | 10,744 |
| 183 | Esophagitis, Gastroent & Misc Digest Disorders Age >17 without CC | 85,945 | 2.8 | 8,141 |
| 188 | Other Digestive System Diagnoses Age>17 with CC | 60,039 | 5.1 | 15,591 |
| 204 | Disorders of Pancreas Except Malignancy | 51,453 | 5.4 | 15,272 |
| 209[2] | Major Joint & Limb Reattachment Procedures of the Lower Extremity | 353,967 | 4.5 | 28,300 |
| 210[2] | Hip & Femur Procedures Except Major Joint Age >17 with CC | 82,056 | 6.3 | 24,566 |
| 236 | Fractures of Hip & Pelvis | 39,545 | 7.9 | 12,867 |

(continued)

**Table A-30**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for total: calendar year 2002 (continued)**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| 239 | Pathological Fractures & Musculoskeletal& Conn Tiss Malignancy | 26,181 | 6.0 | $12,021 |
| 243 | Medical Back Problems | 92,965 | 5.3 | 10,902 |
| 277 | Cellulitis Age >17 with CC | 84,568 | 5.6 | 11,692 |
| 294 | Diabetes Age >35 | 73,146 | 4.4 | 10,704 |
| 296 | Nutritional & Misc Metabolic Disorders Age >17 with CC | 162,198 | 4.6 | 11,223 |
| 297 | Nutritional & Misc Metabolic Disorders Age >17 without CC | 40,527 | 3.1 | 6,765 |
| 316 | Renal Failure | 64,774 | 6.2 | 17,810 |
| 320 | Kidney & Urinary Tract Infections Age >17 w/CC | 123,367 | 4.9 | 11,686 |
| 331 | Other Kidney & Urinary Tract Diagnoses Age>17 with CC | 31,390 | 5.2 | 15,268 |
| 395 | Red Blood Cell Disorders Age >17 | 73,842 | 4.1 | 11,316 |
| 410 | Chemotherapy without Acute Leukemia as Secondary Diagnosis | 15,239 | 4.1 | 16,481 |
| 415[2] | O.R. Procedure for Infectious & Parasitic Disease | 24,681 | 12.9 | 44,866 |
| 416 | Septicemia Age >17 | 90,043 | 7.5 | 21,676 |
| 429 | Organic Disturbances & Mental Retardation | 40,815 | 10.1 | 13,813 |
| 430 | Psychoses | 369,938 | 13.1 | 15,368 |
| 462 | Rehabilitation | 263,492 | 12.2 | 20,726 |
| 468 | Extensive O.R. Procedure Unrelated to Principal Diagnosis | 35,792 | 11.5 | 46,574 |

(continued)

**Table A-30**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for total: calendar year 2002 (continued)**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| 475 | Respiratory System Diagnosis with Ventilator Support | 35,513 | 11.9 | $51,561 |
| 478[2] | Other Vascular Procedures with CC | 76,546 | 6.3 | 32,649 |
| 483[2] | Tracheostomy Except for Face, Mouth and Neck Diagnosis | 13,123 | 36.2 | 200,013 |
| 493[2] | Laparoscopic Cholecystectomy without CDE with CC | 54,882 | 5.5 | 23,598 |
| 500[2] | Back and Neck Procedures Except Spinal Fusion without CC | 46,458 | 2.4 | 14,472 |
| All Other DRGS | -- | 3,137,061 | 4.9 | 20,599 |

[1]Based on frequency of occurrence in 1999.

[2]Represents surgical DRGs.

[3]Prior to 1999, DRG code 107 was defined as coronary bypass without cardiac catherization.

[4]In 1999 the DRG code 107 was revised and defined as coronary bypass with cardiac catherization. In addition, DRG code 109 was introduced and defined as coronary bypass without cardiac catherization.

NOTES: Composition of some DRGs have changed over time. For complete DRG description, refer to *Diagnosis Related Groups, Version 3.0* (1984), *Versions 7.0* and *8.0* (1990), and *Versions 16.0* and *17.0* (1999), *Definitions Manual.* The most recent description is used in the table. TIA is transient ischemic attack. CC is complications and/or comorbidities. Cath is catheterization, AMI is acute myocardial infarction. CV is cardiovascular. Card is cardiac. G.I. is gastrointestinal. O.R. is operating room. CDE is common duct exploration. Conn is connective. Tiss is tissue. Resp is respiratory. Proc is procedure. PTCA is Percutaneous Transluminal Coronary Angioplasty. Perm is permanent. Comp is complications. Circ is circulatory.

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries.

**Table A-32.**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for Whites: calendar year 2002**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| Total All DRGs | -- | 7,400,909 | 5.5 | $18,886 |
| Leading DRGs[1] | -- | 4,837,122 | 5.9 | 18,187 |
| 005[2] | Extracranial Vascular Procedures | 79,511 | 2.8 | 17,997 |
| 012 | Degenerative Nervous System Disorders | 49,510 | 9.1 | 15,771 |
| 014 | Specific Cerebrovascular Disorders Except TIA | 149,307 | 6.2 | 15,995 |
| 015 | Transient Ischemic Attack & Precerebral Occlusions | 88,294 | 4.0 | 11,211 |
| 024 | Seizure & Headaches Age >17 with CC | 29,535 | 4.9 | 13,974 |
| 075[2] | Major Chest Procedures | 25,804 | 8.6 | 37,402 |
| 079 | Respiratory Infections & Inflammations Age >17 with CC | 54,484 | 8.2 | 21,005 |
| 082 | Respiratory Neoplasm | 5,441 | 4.6 | 15,533 |
| 087 | Pulmonary Edema & Respiratory Failure | 24,483 | 8.5 | 24,191 |
| 088 | Chronic Obstructive Pulmonary Disease | 248,327 | 4.8 | 11,696 |
| 089 | Simple Pneumonia & Pleurisy Age >17 with CC | 276,385 | 5.5 | 13,459 |
| 090 | Simple Pneumonia & Pleurisy Age >17 without CC | 30,856 | 3.9 | 8,070 |
| 096 | Bronchitis & Asthma Age >17 with CC | 30,623 | 4.2 | 9,934 |
| 107[2,4] | Coronary Bypass with Cardiac Cath | 62,257 | 9.8 | 73,603 |
| 109[2,4] | Coronary Bypass without Cardiac Cath | 44,691 | 7.2 | 55,848 |

(continued)

**Table A-32**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for Whites: calendar year 2002 (continued)**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| 110[2] | Major Cardiovascular Procedures with CC | 34,198 | 8.3 | $57,484 |
| 112[2] | Percutaneous Cardiovascular Procedures | - | - | - |
| 113[2] | Amputation for Circ System Disorders Except Upper Limb & Toe | 12,125 | 11.1 | 32,143 |
| 116[2] | Other Perm Cardiac Pacemaker Implant or PTCA with Coronary Artery Stent Implant | 87,439 | 3.9 | 33,605 |
| 121 | Circulatory Disorders with AMI & CV Comp Disch Alive | 75,780 | 5.5 | 20,440 |
| 122 | Circulatory Disorders with AMI & without CV Comp Disch Alive | 50,209 | 3.2 | 13,481 |
| 123 | Circulatory Disorders with AMI, Expired | - | - | - |
| 124 | Circulatory Disorders Except AMI, with Card Cath and Complex Diagnosis | 88,993 | 4.0 | 19,236 |
| 125 | Circulatory Disorders Except AMI, with Card Cath without Complex Diagnosis | 64,588 | 2.5 | 15,723 |
| 127 | Heart Failure & Shock | 299,857 | 4.7 | 13,165 |
| 130 | Peripheral Vascular Disorders with CC | 47,178 | 5.8 | 12,310 |
| 132 | Atherosclerosis with CC | 96,455 | 2.9 | 8,627 |
| 138 | Cardiac Arrhythmia & Conduction Disorders with CC | 137,881 | 3.7 | 10,887 |

(continued)

**Table A-32**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for Whites: calendar year 2002 (continued)**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| 139 | Cardiac Arrhythmia & Conduction Disorders without CC | 68,708 | 2.5 | $7,336 |
| 140 | Angina | 33,343 | 2.3 | 7,296 |
| 141 | Syncope & Collapse with CC | 71,739 | 3.4 | 10,748 |
| 142 | Syncope & Collapse without CC | 40,183 | 2.4 | 8,487 |
| 143 | Chest Pain | 170,603 | 1.9 | 7,412 |
| 144 | Other Circulatory System Diagnoses with CC | 37,929 | 4.8 | 13,974 |
| 148[2] | Major Small & Large Bowel Procedures with CC | 80,366 | 11.2 | 41,897 |
| 174 | G.I. Hemorrhage with CC | 140,524 | 4.2 | 12,735 |
| 180 | G.I. Obstruction with CC | 53,007 | 5.0 | 12,714 |
| 182 | Esophagitis, Gastroent & Misc Digest Disorders Age >17 with CC | 180,785 | 4.0 | 10,460 |
| 183 | Esophagitis, Gastroent & Misc Digest Disorders Age >17 without CC | 69,018 | 2.7 | 7,836 |
| 188 | Other Digestive System Diagnoses Age>17 with CC | 47,878 | 5.1 | 15,252 |
| 204 | Disorders of Pancreas Except Malignancy | 35,986 | 5.3 | 14,578 |
| 209[2] | Major Joint & Limb Reattachment Procedures of the Lower Extremity | 317,267 | 4.5 | 27,884 |
| 210[2] | Hip & Femur Procedures Except Major Joint Age >17 with CC | 74,304 | 6.1 | 23,912 |
| 236 | Fractures of Hip & Pelvis | 35,986 | 7.7 | 12,522 |
| 239 | Pathological Fractures & Musculoskeletal& Conn Tiss Malignancy | 24,094 | 6.0 | 11,602 |

(continued)

**Table A-32**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for Whites: calendar year 2002 (continued)**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| 243 | Medical Back Problems | 81,687 | 5.3 | $10,498 |
| 277 | Cellulitis Age >17 with CC | 68,319 | 5.4 | 11,296 |
| 294 | Diabetes Age >35 | 43,914 | 4.4 | 10,152 |
| 296 | Nutritional & Misc Metabolic Disorders Age >17 with CC | 127,233 | 4.6 | 10,817 |
| 297 | Nutritional & Misc Metabolic Disorders Age >17 without CC | 32,955 | 3.0 | 6,405 |
| 316 | Renal Failure | 40,805 | 6.3 | 17,882 |
| 320 | Kidney & Urinary Tract Infections Age >17 w/CC | 96,766 | 4.8 | 11,146 |
| 331 | Other Kidney & Urinary Tract Diagnoses Age>17 with CC | 20,752 | 4.9 | 13,589 |
| 395 | Red Blood Cell Disorders Age >17 | 46,401 | 3.4 | 9,702 |
| 410 | Chemotherapy without Acute Leukemia as Secondary Diagnosis | 11,814 | 4.1 | 16,355 |
| 415[2] | O.R. Procedure for Infectious & Parasitic Disease | 19,042 | 12.2 | 41,249 |
| 416 | Septicemia Age >17 | 69,640 | 7.3 | 20,641 |
| 429 | Organic Disturbances & Mental Retardation | 32,178 | 9.6 | 12,911 |
| 430 | Psychoses | 259,441 | 13.1 | 15,254 |
| 462 | Rehabilitation | 218,403 | 11.8 | 19,800 |
| 468 | Extensive O.R. Procedure Unrelated to Principal Diagnosis | 27,825 | 11.3 | 43,987 |
| 475 | Respiratory System Diagnosis with Ventilator Support | 27,514 | 11.7 | 49,551 |

(continued)

**Table A-32**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for Whites: calendar year 2002 (continued)**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| 478[2] | Other Vascular Procedures with CC | 55,650 | 6.0 | $31,598 |
| 483[2] | Tracheostomy Except for Face, Mouth and Neck Diagnosis | 10,026 | 36.2 | 195,993 |
| 493[2] | Laparoscopic Cholecystectomy without CDE with CC | 46,012 | 5.4 | 22,682 |
| 500[2] | Back and Neck Procedures Except Spinal Fusion without CC | 42,126 | 2.3 | 14,154 |
| All Other DRGS | -- | 2,563,787 | 4.8 | 20,205 |

[1]Based on frequency of occurrence in 1999.

[2]Represents surgical DRGs.

[3]Prior to 1999, DRG code 107 was defined as coronary bypass without cardiac catherization.

[4]In 1999 the DRG code 107 was revised and defined as coronary bypass with cardiac catherization. In addition, DRG code 109 was introduced and defined as coronary bypass without cardiac catherization.

NOTES: Composition of some DRGs have changed over time. For complete DRG description, refer to *Diagnosis Related Groups, Version 3.0* (1984), *Versions 7.0* and *8.0* (1990), and *Versions 16.0* and *17.0* (1999), *Definitions Manual.* The most recent description is used in the table. TIA is transient ischemic attack. CC is complications and/or comorbidities. Cath is catheterization, AMI is acute myocardial infarction. CV is cardiovascular. Card is cardiac. G.I. is gastrointestinal. O.R. is operating room. CDE is common duct exploration. Conn is connective. Tiss is tissue. Resp is respiratory. Proc is procedure. PTCA is Percutaneous Transluminal Coronary Angioplasty. Perm is permanent. Comp is complications. Circ is circulatory.

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries.

**Table A-33.**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for Blacks: calendar year 2002**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| Total All DRGs | -- | 1,077,251 | 6.6 | $19,889 |
| Leading DRGs[1] | -- | 745,462 | 6.9 | 19,103 |
| 005[2] | Extracranial Vascular Procedures | 3,104 | 3.9 | 22,661 |
| 012 | Degenerative Nervous System Disorders | 6,952 | 10.7 | 19,215 |
| 014 | Specific Cerebrovascular Disorders Except TIA | 27,891 | 7.1 | 19,063 |
| 015 | Transient Ischemic Attack & Precerebral Occlusions | 11,536 | 4.6 | 13,546 |
| 024 | Seizure & Headaches Age >17 with CC | 9,167 | 5.3 | 17,262 |
| 075[2] | Major Chest Procedures | 1,743 | 9.9 | 41,802 |
| 079 | Respiratory Infections & Inflammations Age >17 with CC | 6,145 | 9.2 | 23,954 |
| 082 | Respiratory Neoplasm | 1,107 | 8.1 | 25,918 |
| 087 | Pulmonary Edema & Respiratory Failure | 3,522 | 9.9 | 27,523 |
| 088 | Chronic Obstructive Pulmonary Disease | 28,018 | 5.1 | 14,298 |
| 089 | Simple Pneumonia & Pleurisy Age >17 with CC | 30,088 | 5.9 | 15,790 |
| 090 | Simple Pneumonia & Pleurisy Age >17 without CC | 3,549 | 4.3 | 9,452 |
| 096 | Bronchitis & Asthma Age >17 with CC | 7,397 | 4.4 | 11,384 |
| 107[2,4] | Coronary Bypass with Cardiac Cath | 3,739 | 12.4 | 89,508 |
| 109[2,4] | Coronary Bypass without Cardiac Cath | 2,705 | 8.2 | 57,721 |

(continued)

**Table A-33**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for Blacks: calendar year 2002 (continued)**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| 110[2] | Major Cardiovascular Procedures with CC | 2,169 | 9.8 | $58,183 |
| 112[2] | Percutaneous Cardiovascular Procedures | - | - | - |
| 113[2] | Amputation for Circ System Disorders Except Upper Limb & Toe | 6,235 | 11.7 | 37,448 |
| 116[2] | Other Perm Cardiac Pacemaker Implant or PTCA with Coronary Artery Stent Implant | 5,999 | 5.3 | 36,466 |
| 121 | Circulatory Disorders with AMI & CV Comp Disch Alive | 8,486 | 6.7 | 25,127 |
| 122 | Circulatory Disorders with AMI & without CV Comp Disch Alive | 5,019 | 4.2 | 15,819 |
| 123 | Circulatory Disorders with AMI, Expired | - | - | - |
| 124 | Circulatory Disorders Except AMI, with Card Cath and Complex Diagnosis | 13,542 | 4.9 | 22,748 |
| 125 | Circulatory Disorders Except AMI, with Card Cath without Complex Diagnosis | 9,630 | 3.3 | 17,579 |
| 127 | Heart Failure & Shock | 67,981 | 4.8 | 14,706 |
| 130 | Peripheral Vascular Disorders with CC | 8,486 | 7.6 | 18,118 |
| 132 | Atherosclerosis with CC | 10,955 | 3.6 | 11,602 |
| 138 | Cardiac Arrhythmia & Conduction Disorders with CC | 13,424 | 4.2 | 13,384 |
| 139 | Cardiac Arrhythmia & Conduction Disorders without CC | 5,137 | 2.7 | 8,724 |

(continued)

**Table A-33**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for Blacks: calendar year 2002 (continued)**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| 140 | Angina | 5,382 | 2.8 | $9,068 |
| 141 | Syncope & Collapse with CC | 9,639 | 3.8 | 12,214 |
| 142 | Syncope & Collapse without CC | 5,446 | 3.1 | 10,501 |
| 143 | Chest Pain | 31,612 | 2.3 | 8,896 |
| 144 | Other Circulatory System Diagnoses with CC | 14,168 | 5.3 | 16,908 |
| 148[2] | Major Small & Large Bowel Procedures with CC | 7,851 | 12.7 | 48,602 |
| 174 | G.I. Hemorrhage with CC | 21,774 | 5.0 | 15,436 |
| 180 | G.I. Obstruction with CC | 7,052 | 5.6 | 14,432 |
| 182 | Esophagitis, Gastroent & Misc Digest Disorders Age >17 with CC | 25,141 | 4.3 | 11,963 |
| 183 | Esophagitis, Gastroent & Misc Digest Disorders Age >17 without CC | 9,140 | 3.1 | 9,325 |
| 188 | Other Digestive System Diagnoses Age>17 with CC | 7,098 | 5.2 | 15,916 |
| 204 | Disorders of Pancreas Except Malignancy | 10,229 | 5.7 | 17,144 |
| 209[2] | Major Joint & Limb Reattachment Procedures of the Lower Extremity | 19,895 | 4.8 | 31,068 |
| 210[2] | Hip & Femur Procedures Except Major Joint Age >17 with CC | 3,404 | 7.8 | 31,069 |
| 236 | Fractures of Hip & Pelvis | 1,579 | 10.1 | 16,253 |
| 239 | Pathological Fractures & Musculoskeletal& Conn Tiss Malignancy | 971 | 7.0 | 17,121 |
| 243 | Medical Back Problems | 6,499 | 5.8 | 13,921 |
| 277 | Cellulitis Age >17 with CC | 7,778 | 6.4 | 14,411 |
| 294 | Diabetes Age >35 | 19,296 | 4.5 | 11,018 |

(continued)

**Table A-33**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for Blacks: calendar year 2002 (continued)**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| 296 | Nutritional & Misc Metabolic Disorders Age >17 with CC | 23,562 | 4.7 | $12,137 |
| 297 | Nutritional & Misc Metabolic Disorders Age >17 without CC | 4,311 | 3.6 | 7,996 |
| 316 | Renal Failure | 17,390 | 6.1 | 17,520 |
| 320 | Kidney & Urinary Tract Infections Age >17 w/CC | 15,647 | 5.4 | 13,119 |
| 331 | Other Kidney & Urinary Tract Diagnoses Age>17 with CC | 6,508 | 6.0 | 19,004 |
| 395 | Red Blood Cell Disorders Age >17 | 21,610 | 5.6 | 14,708 |
| 410 | Chemotherapy without Acute Leukemia as Secondary Diagnosis | 1,852 | 4.1 | 16,410 |
| 415[2] | O.R. Procedure for Infectious & Parasitic Disease | 3,531 | 15.7 | 56,998 |
| 416 | Septicemia Age >17 | 12,761 | 8.7 | 24,086 |
| 429 | Organic Disturbances & Mental Retardation | 6,426 | 11.7 | 16,790 |
| 430 | Psychoses | 76,122 | 13.0 | 15,187 |
| 462 | Rehabilitation | 29,380 | 13.9 | 24,141 |
| 468 | Extensive O.R. Procedure Unrelated to Principal Diagnosis | 5,001 | 12.7 | 54,386 |
| 475 | Respiratory System Diagnosis with Ventilator Support | 5,210 | 12.3 | 54,873 |
| 478[2] | Other Vascular Procedures with CC | 13,896 | 7.0 | 33,977 |

(continued)

**Table A-33**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for Blacks: calendar year 2002 (continued)**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| 483[2] | Tracheostomy Except for Face, Mouth and Neck Diagnosis | 2,106 | 34.2 | $181,888 |
| 493[2] | Laparoscopic Cholecystectomy without CDE with CC | 4,211 | 6.3 | 25,852 |
| 500[2] | Back and Neck Procedures Except Spinal Fusion without CC | 2,160 | 3.2 | 17,407 |
| All Other DRGS | -- | 331,789 | 6.0 | 21,656 |

[1]Based on frequency of occurrence in 1999.

[2]Represents surgical DRGs.

[3]Prior to 1999, DRG code 107 was defined as coronary bypass without cardiac catherization.

[4]In 1999 the DRG code 107 was revised and defined as coronary bypass with cardiac catherization. In addition, DRG code 109 was introduced and defined as coronary bypass without cardiac catherization.

NOTES: Composition of some DRGs have changed over time. For complete DRG description, refer to *Diagnosis Related Groups, Version 3.0* (1984), *Versions 7.0* and *8.0* (1990), and *Versions 16.0* and *17.0* (1999), *Definitions Manual.* The most recent description is used in the table. TIA is transient ischemic attack. CC is complications and/or comorbidities. Cath is catheterization, AMI is acute myocardial infarction. CV is cardiovascular. Card is cardiac. G.I. is gastrointestinal. O.R. is operating room. CDE is common duct exploration. Conn is connective. Tiss is tissue. Resp is respiratory. Proc is procedure. PTCA is Percutaneous Transluminal Coronary Angioplasty. Perm is permanent. Comp is complications. Circ is circulatory.

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries.

**Table A-34.**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for Hispanics: calendar year 2002**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| Total All DRGs | -- | 517,871 | 6.1 | $21,290 |
| Leading DRGs[1] | -- | 341,146 | 6.5 | 20,457 |
| 005[2] | Extracranial Vascular Procedures | 2,544 | 3.8 | 24,195 |
| 012 | Degenerative Nervous System Disorders | 2,124 | 9.0 | 19,153 |
| 014 | Specific Cerebrovascular Disorders Except TIA | 11,526 | 6.7 | 18,339 |
| 015 | Transient Ischemic Attack & Precerebral Occlusions | 6,572 | 4.1 | 12,131 |
| 024 | Seizure & Headaches Age >17 with CC | 2,483 | 4.8 | 16,361 |
| 075[2] | Major Chest Procedures | 896 | 9.0 | 45,551 |
| 079 | Respiratory Infections & Inflammations Age >17 with CC | 3,627 | 10.1 | 27,242 |
| 082 | Respiratory Neoplasm | 252 | 8.6 | 24,284 |
| 087 | Pulmonary Edema & Respiratory Failure | 1,076 | 13.0 | 37,203 |
| 088 | Chronic Obstructive Pulmonary Disease | 17,251 | 5.8 | 13,445 |
| 089 | Simple Pneumonia & Pleurisy Age >17 with CC | 17,163 | 6.3 | 16,928 |
| 090 | Simple Pneumonia & Pleurisy Age >17 without CC | 2,712 | 5.0 | 12,080 |
| 096 | Bronchitis & Asthma Age >17 with CC | 5,134 | 5.3 | 10,214 |
| 107[2,4] | Coronary Bypass with Cardiac Cath | 3,852 | 10.9 | 88,661 |
| 109[2,4] | Coronary Bypass without Cardiac Cath | 2,666 | 7.8 | 59,803 |

(continued)

**Table A-34**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for Hispanics: calendar year 2002 (continued)**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| 110[2] | Major Cardiovascular Procedures with CC | 1,228 | 9.4 | $61,554 |
| 112[2] | Percutaneous Cardiovascular Procedures | - | - | - |
| 113[2] | Amputation for Circ System Disorders Except Upper Limb & Toe | 2,346 | 12.7 | 39,815 |
| 116[2] | Other Perm Cardiac Pacemaker Implant or PTCA with Coronary Artery Stent Implant | 3,459 | 4.8 | 39,073 |
| 121 | Circulatory Disorders with AMI & CV Comp Disch Alive | 5,122 | 6.6 | 24,711 |
| 122 | Circulatory Disorders with AMI & without CV Comp Disch Alive | 4,108 | 4.4 | 14,122 |
| 123 | Circulatory Disorders with AMI, Expired | - | - | - |
| 124 | Circulatory Disorders Except AMI, with Card Cath and Complex Diagnosis | 6,835 | 4.5 | 22,330 |
| 125 | Circulatory Disorders Except AMI, with Card Cath without Complex Diagnosis | 4,321 | 3.1 | 19,558 |
| 127 | Heart Failure & Shock | 25,810 | 5.0 | 15,911 |
| 130 | Peripheral Vascular Disorders with CC | 3,700 | 6.8 | 15,671 |
| 132 | Atherosclerosis with CC | 9,013 | 3.6 | 9,710 |
| 138 | Cardiac Arrhythmia & Conduction Disorders with CC | 5,626 | 4.2 | 14,650 |

(continued)

**Table A-34**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for Hispanics: calendar year 2002 (continued)**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| 139 | Cardiac Arrhythmia & Conduction Disorders without CC | 2,811 | 2.9 | $9,264 |
| 140 | Angina | 6,469 | 3.4 | 6,390 |
| 141 | Syncope & Collapse with CC | 3,383 | 3.9 | 13,781 |
| 142 | Syncope & Collapse without CC | 2,220 | 2.9 | 10,042 |
| 143 | Chest Pain | 13,277 | 2.3 | 10,190 |
| 144 | Other Circulatory System Diagnoses with CC | 4,359 | 5.3 | 18,690 |
| 148[2] | Major Small & Large Bowel Procedures with CC | 3,509 | 12.5 | 56,619 |
| 174 | G.I. Hemorrhage with CC | 9,108 | 5.0 | 16,261 |
| 180 | G.I. Obstruction with CC | 2,609 | 5.6 | 16,045 |
| 182 | Esophagitis, Gastroent & Misc Digest Disorders Age >17 with CC | 14,013 | 4.5 | 11,931 |
| 183 | Esophagitis, Gastroent & Misc Digest Disorders Age >17 without CC | 6,095 | 3.4 | 9,562 |
| 188 | Other Digestive System Diagnoses Age>17 with CC | 3,696 | 5.6 | 18,210 |
| 204 | Disorders of Pancreas Except Malignancy | 3,963 | 5.4 | 15,958 |
| 209[2] | Major Joint & Limb Reattachment Procedures of the Lower Extremity | 12,087 | 4.8 | 32,868 |
| 210[2] | Hip & Femur Procedures Except Major Joint Age >17 with CC | 2,914 | 7.3 | 31,427 |
| 236 | Fractures of Hip & Pelvis | 1,213 | 9.5 | 17,288 |

(continued)

**Table A-34**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for Hispanics: calendar year 2002 (continued)**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| 239 | Pathological Fractures & Musculoskeletal& Conn Tiss Malignancy | 618 | 6.4 | $18,106 |
| 243 | Medical Back Problems | 3,318 | 5.5 | 14,057 |
| 277 | Cellulitis Age >17 with CC | 6,911 | 6.3 | 12,006 |
| 294 | Diabetes Age >35 | 7,716 | 4.6 | 12,747 |
| 296 | Nutritional & Misc Metabolic Disorders Age >17 with CC | 7,769 | 4.6 | 13,935 |
| 297 | Nutritional & Misc Metabolic Disorders Age >17 without CC | 2,121 | 3.2 | 8,960 |
| 316 | Renal Failure | 4,714 | 5.5 | 17,867 |
| 320 | Kidney & Urinary Tract Infections Age >17 w/CC | 8,296 | 5.4 | 14,604 |
| 331 | Other Kidney & Urinary Tract Diagnoses Age>17 with CC | 3,116 | 5.3 | 17,723 |
| 395 | Red Blood Cell Disorders Age >17 | 4,276 | 4.1 | 10,928 |
| 410 | Chemotherapy without Acute Leukemia as Secondary Diagnosis | 1,083 | 4.3 | 18,010 |
| 415[2] | O.R. Procedure for Infectious & Parasitic Disease | 1,514 | 14.4 | 56,254 |
| 416 | Septicemia Age >17 | 5,321 | 8.5 | 27,167 |
| 429 | Organic Disturbances & Mental Retardation | 1,529 | 11.6 | 19,150 |
| 430 | Psychoses | 25,634 | 12.7 | 16,374 |
| 462 | Rehabilitation | 10,874 | 12.9 | 26,222 |
| 468 | Extensive O.R. Procedure Unrelated to Principal Diagnosis | 2,147 | 11.7 | 55,685 |

(continued)

**Table A-34**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for Hispanics: calendar year 2002 (continued)**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| 475 | Respiratory System Diagnosis with Ventilator Support | 1,926 | 12.8 | $62,418 |
| 478[2] | Other Vascular Procedures with CC | 5,363 | 7.4 | 39,064 |
| 483[2] | Tracheostomy Except for Face, Mouth and Neck Diagnosis | 626 | 39.6 | 262,034 |
| 493[2] | Laparoscopic Cholecystectomy without CDE with CC | 3,532 | 6.1 | 30,753 |
| 500[2] | Back and Neck Procedures Except Spinal Fusion without CC | 1,453 | 2.8 | 17,867 |
| All Other DRGS | -- | 176,725 | 5.4 | 22,899 |

[1]Based on frequency of occurrence in 1999.

[2]Represents surgical DRGs.

[3]Prior to 1999, DRG code 107 was defined as coronary bypass without cardiac catherization.

[4]In 1999 the DRG code 107 was revised and defined as coronary bypass with cardiac catherization. In addition, DRG code 109 was introduced and defined as coronary bypass without cardiac catherization.

NOTES: Composition of some DRGs have changed over time. For complete DRG description, refer to *Diagnosis Related Groups, Version 3.0* (1984), *Versions 7.0* and *8.0* (1990), and *Versions 16.0* and *17.0* (1999), *Definitions Manual.* The most recent description is used in the table. TIA is transient ischemic attack. CC is complications and/or comorbidities. Cath is catheterization, AMI is acute myocardial infarction. CV is cardiovascular. Card is cardiac. G.I. is gastrointestinal. O.R. is operating room. CDE is common duct exploration. Conn is connective. Tiss is tissue. Resp is respiratory. Proc is procedure. PTCA is Percutaneous Transluminal Coronary Angioplasty. Perm is permanent. Comp is complications. Circ is circulatory.

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries.

**Table A-35.**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for Asians/Pacific Islanders: calendar year 2002**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| Total All DRGs | -- | 94,937 | 6.2 | $27,593 |
| Leading DRGs[1] | -- | 62,011 | 6.7 | 27,117 |
| 005[2] | Extracranial Vascular Procedures | 466 | 3.6 | 29,790 |
| 012 | Degenerative Nervous System Disorders | 591 | 10.5 | 22,357 |
| 014 | Specific Cerebrovascular Disorders Except TIA | 2,839 | 6.6 | 24,951 |
| 015 | Transient Ischemic Attack & Precerebral Occlusions | 1,023 | 3.9 | 14,320 |
| 024 | Seizure & Headaches Age >17 with CC | 369 | 5.3 | 19,425 |
| 075[2] | Major Chest Procedures | 331 | 8.7 | 50,755 |
| 079 | Respiratory Infections & Inflammations Age >17 with CC | 942 | 9.7 | 32,818 |
| 082 | Respiratory Neoplasm | 100 | 7.1 | 31,079 |
| 087 | Pulmonary Edema & Respiratory Failure | 240 | 11.5 | 35,281 |
| 088 | Chronic Obstructive Pulmonary Disease | 2,585 | 5.3 | 19,481 |
| 089 | Simple Pneumonia & Pleurisy Age >17 with CC | 3,543 | 5.7 | 19,824 |
| 090 | Simple Pneumonia & Pleurisy Age >17 without CC | 494 | 4.1 | 11,267 |
| 096 | Bronchitis & Asthma Age >17 with CC | 533 | 4.3 | 14,624 |
| 107[2,4] | Coronary Bypass with Cardiac Cath | 821 | 10.5 | 108,714 |
| 109[2,4] | Coronary Bypass without Cardiac Cath | 609 | 7.7 | 75,417 |

(continued)

**Table A-35**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for Asians/Pacific Islanders: calendar year 2002**
**(continued)**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| 110[2] | Major Cardiovascular Procedures with CC | 365 | 9.4 | $84,009 |
| 112[2] | Percutaneous Cardiovascular Procedures | - | - | - |
| 113[2] | Amputation for Circ System Disorders Except Upper Limb & Toe | 164 | 15.0 | 54,719 |
| 116[2] | Other Perm Cardiac Pacemaker Implant or PTCA with Coronary Artery Stent Implant | 1,031 | 4.4 | 43,641 |
| 121 | Circulatory Disorders with AMI & CV Comp Disch Alive | 1,027 | 6.8 | 32,007 |
| 122 | Circulatory Disorders with AMI & without CV Comp Disch Alive | 537 | 4.0 | 20,499 |
| 123 | Circulatory Disorders with AMI, Expired | - | - | - |
| 124 | Circulatory Disorders Except AMI, with Card Cath and Complex Diagnosis | 1,017 | 4.3 | 29,583 |
| 125 | Circulatory Disorders Except AMI, with Card Cath without Complex Diagnosis | 849 | 2.9 | 23,235 |
| 127 | Heart Failure & Shock | 3,859 | 4.7 | 20,051 |
| 130 | Peripheral Vascular Disorders with CC | 366 | 5.9 | 20,134 |
| 132 | Atherosclerosis with CC | 982 | 3.2 | 13,773 |
| 138 | Cardiac Arrhythmia & Conduction Disorders with CC | 1,274 | 3.8 | 15,800 |

(continued)

**Table A-35**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for Asians/Pacific Islanders: calendar year 2002**
**(continued)**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| 139 | Cardiac Arrhythmia & Conduction Disorders without CC | 728 | 2.5 | $10,169 |
| 140 | Angina | 427 | 2.5 | 11,253 |
| 141 | Syncope & Collapse with CC | 935 | 3.3 | 14,891 |
| 142 | Syncope & Collapse without CC | 695 | 2.3 | 11,334 |
| 143 | Chest Pain | 2,304 | 2.1 | 10,993 |
| 144 | Other Circulatory System Diagnoses with CC | 838 | 5.3 | 22,587 |
| 148[2] | Major Small & Large Bowel Procedures with CC | 923 | 11.0 | 53,165 |
| 174 | G.I. Hemorrhage with CC | 2,149 | 4.5 | 19,771 |
| 180 | G.I. Obstruction with CC | 567 | 4.9 | 17,734 |
| 182 | Esophagitis, Gastroent & Misc Digest Disorders Age >17 with CC | 1,791 | 3.9 | 14,650 |
| 183 | Esophagitis, Gastroent & Misc Digest Disorders Age >17 without CC | 794 | 2.5 | 10,732 |
| 188 | Other Digestive System Diagnoses Age>17 with CC | 815 | 5.4 | 20,681 |
| 204 | Disorders of Pancreas Except Malignancy | 632 | 5.5 | 20,472 |
| 209[2] | Major Joint & Limb Reattachment Procedures of the Lower Extremity | 2,381 | 5.0 | 37,628 |
| 210[2] | Hip & Femur Procedures Except Major Joint Age >17 with CC | 647 | 7.0 | 32,975 |
| 236 | Fractures of Hip & Pelvis | 397 | 9.3 | 16,421 |

(continued)

**Table A-35**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for Asians/Pacific Islanders: calendar year 2002 (continued)**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| 239 | Pathological Fractures & Musculoskeletal& Conn Tiss Malignancy | 292 | 6.1 | $17,142 |
| 243 | Medical Back Problems | 728 | 5.3 | 14,841 |
| 277 | Cellulitis Age >17 with CC | 577 | 6.1 | 17,208 |
| 294 | Diabetes Age >35 | 1,023 | 4.2 | 13,822 |
| 296 | Nutritional & Misc Metabolic Disorders Age >17 with CC | 1,893 | 4.5 | 16,082 |
| 297 | Nutritional & Misc Metabolic Disorders Age >17 without CC | 661 | 3.1 | 9,654 |
| 316 | Renal Failure | 978 | 5.9 | 21,623 |
| 320 | Kidney & Urinary Tract Infections Age >17 w/CC | 1,304 | 5.0 | 16,485 |
| 331 | Other Kidney & Urinary Tract Diagnoses Age>17 with CC | 476 | 5.2 | 22,257 |
| 395 | Red Blood Cell Disorders Age >17 | 723 | 4.5 | 16,284 |
| 410 | Chemotherapy without Acute Leukemia as Secondary Diagnosis | 355 | 4.0 | 17,014 |
| 415[2] | O.R. Procedure for Infectious & Parasitic Disease | 274 | 15.6 | 69,449 |
| 416 | Septicemia Age >17 | 1,285 | 7.8 | 31,009 |
| 429 | Organic Disturbances & Mental Retardation | 254 | 12.5 | 19,558 |
| 430 | Psychoses | 4,109 | 15.2 | 20,557 |
| 462 | Rehabilitation | 2,633 | 14.3 | 35,423 |
| 468 | Extensive O.R. Procedure Unrelated to Principal Diagnosis | 445 | 13.2 | 75,564 |

(continued)

**Table A-35**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for Asians/Pacific Islanders: calendar year 2002 (continued)**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| 475 | Respiratory System Diagnosis with Ventilator Support | 457 | 14.0 | $83,217 |
| 478[2] | Other Vascular Procedures with CC | 720 | 6.3 | 43,968 |
| 483[2] | Tracheostomy Except for Face, Mouth and Neck Diagnosis | 225 | 42.5 | 355,156 |
| 493[2] | Laparoscopic Cholecystectomy without CDE with CC | 608 | 6.1 | 35,608 |
| 500[2] | Back and Neck Procedures Except Spinal Fusion without CC | 421 | 2.7 | 19,854 |
| All Other DRGS | -- | 32,926 | 5.2 | 28,489 |

[1]Based on frequency of occurrence in 1999.

[2]Represents surgical DRGs.

[3]Prior to 1999, DRG code 107 was defined as coronary bypass without cardiac catherization.

[4]In 1999 the DRG code 107 was revised and defined as coronary bypass with cardiac catherization. In addition, DRG code 109 was introduced and defined as coronary bypass without cardiac catherization.

NOTES: Composition of some DRGs have changed over time. For complete DRG description, refer to *Diagnosis Related Groups, Version 3.0* (1984), *Versions 7.0* and *8.0* (1990), and *Versions 16.0* and *17.0* (1999), *Definitions Manual.* The most recent description is used in the table. TIA is transient ischemic attack. CC is complications and/or comorbidities. Cath is catheterization, AMI is acute myocardial infarction. CV is cardiovascular. Card is cardiac. G.I. is gastrointestinal. O.R. is operating room. CDE is common duct exploration. Conn is connective. Tiss is tissue. Resp is respiratory. Proc is procedure. PTCA is Percutaneous Transluminal Coronary Angioplasty. Perm is permanent. Comp is complications. Circ is circulatory.

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries.

**Table A-36.**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for American Indians/Alaska Natives: calendar year 2002**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| Total All DRGs | -- | 46,200 | 5.7 | $16,024 |
| Leading DRGs[1] | -- | 30,170 | 5.9 | 15,141 |
| 005[2] | Extracranial Vascular Procedures | 242 | 3.1 | 18,670 |
| 012 | Degenerative Nervous System Disorders | 218 | 9.6 | 15,553 |
| 014 | Specific Cerebrovascular Disorders Except TIA | 651 | 6.0 | 15,737 |
| 015 | Transient Ischemic Attack & Precerebral Occlusions | 360 | 3.8 | 8,985 |
| 024 | Seizure & Headaches Age >17 with CC | 308 | 4.1 | 10,828 |
| 075[2] | Major Chest Procedures | 90 | 11.0 | 51,803 |
| 079 | Respiratory Infections & Inflammations Age >17 with CC | 353 | 7.7 | 17,166 |
| 082 | Respiratory Neoplasm | 24 | 7.7 | 19,023 |
| 087 | Pulmonary Edema & Respiratory Failure | 143 | 6.8 | 16,804 |
| 088 | Chronic Obstructive Pulmonary Disease | 1,442 | 4.4 | 9,001 |
| 089 | Simple Pneumonia & Pleurisy Age >17 with CC | 2,163 | 4.8 | 10,224 |
| 090 | Simple Pneumonia & Pleurisy Age >17 without CC | 445 | 3.7 | 6,048 |
| 096 | Bronchitis & Asthma Age >17 with CC | 334 | 4.1 | 8,005 |
| 107[2,4] | Coronary Bypass with Cardiac Cath | 307 | 10.5 | 80,265 |
| 109[2,4] | Coronary Bypass without Cardiac Cath | 187 | 7.0 | 57,736 |

(continued)

**Table A-36**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for American Indians/Alaska Natives: calendar year 2002 (continued)**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| 110[2] | Major Cardiovascular Procedures with CC | 114 | 7.9 | $46,603 |
| 112[2] | Percutaneous Cardiovascular Procedures | - | - | - |
| 113[2] | Amputation for Circ System Disorders Except Upper Limb & Toe | 214 | 11.7 | 33,681 |
| 116[2] | Other Perm Cardiac Pacemaker Implant or PTCA with Coronary Artery Stent Implant | 286 | 3.9 | 30,696 |
| 121 | Circulatory Disorders with AMI & CV Comp Disch Alive | 399 | 5.7 | 18,269 |
| 122 | Circulatory Disorders with AMI & without CV Comp Disch Alive | 258 | 3.2 | 11,463 |
| 123 | Circulatory Disorders with AMI, Expired | - | - | - |
| 124 | Circulatory Disorders Except AMI, with Card Cath and Complex Diagnosis | 447 | 3.7 | 17,553 |
| 125 | Circulatory Disorders Except AMI, with Card Cath without Complex Diagnosis | 417 | 2.7 | 15,395 |
| 127 | Heart Failure & Shock | 1,778 | 4.4 | 10,370 |
| 130 | Peripheral Vascular Disorders with CC | 307 | 5.7 | 12,001 |
| 132 | Atherosclerosis with CC | 570 | 3.0 | 8,115 |

(continued)

**Table A-36**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for American Indians/Alaska Natives: calendar year 2002 (continued)**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| 138 | Cardiac Arrhythmia & Conduction Disorders with CC | 534 | 3.3 | $8,756 |
| 139 | Cardiac Arrhythmia & Conduction Disorders without CC | 267 | 2.3 | 5,932 |
| 140 | Angina | 322 | 2.1 | 5,014 |
| 141 | Syncope & Collapse with CC | 282 | 3.1 | 8,000 |
| 142 | Syncope & Collapse without CC | 120 | 2.7 | 6,710 |
| 143 | Chest Pain | 1,411 | 2.0 | 6,114 |
| 144 | Other Circulatory System Diagnoses with CC | 490 | 4.7 | 14,050 |
| 148[2] | Major Small & Large Bowel Procedures with CC | 316 | 12.2 | 38,870 |
| 174 | G.I. Hemorrhage with CC | 766 | 4.0 | 11,304 |
| 180 | G.I. Obstruction with CC | 268 | 4.2 | 9,932 |
| 182 | Esophagitis, Gastroent & Misc Digest Disorders Age >17 with CC | 1,187 | 3.5 | 7,753 |
| 183 | Esophagitis, Gastroent & Misc Digest Disorders Age >17 without CC | 470 | 2.7 | 5,849 |
| 188 | Other Digestive System Diagnoses Age>17 with CC | 255 | 5.9 | 15,078 |
| 204 | Disorders of Pancreas Except Malignancy | 303 | 5.4 | 14,090 |
| 209[2] | Major Joint & Limb Reattachment Procedures of the Lower Extremity | 1,088 | 4.9 | 25,278 |

(continued)

**Table A-36**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for American Indians/Alaska Natives: calendar year 2002 (continued)**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| 210[2] | Hip & Femur Procedures Except Major Joint Age >17 with CC | 348 | 7.4 | $24,747 |
| 236 | Fractures of Hip & Pelvis | 183 | 8.3 | 13,048 |
| 239 | Pathological Fractures & Musculoskeletal& Conn Tiss Malignancy | 75 | 4.7 | 9,327 |
| 243 | Medical Back Problems | 354 | 5.1 | 9,445 |
| 277 | Cellulitis Age >17 with CC | 577 | 5.7 | 11,329 |
| 294 | Diabetes Age >35 | 726 | 4.5 | 8,606 |
| 296 | Nutritional & Misc Metabolic Disorders Age >17 with CC | 883 | 4.2 | 9,547 |
| 297 | Nutritional & Misc Metabolic Disorders Age >17 without CC | 241 | 2.9 | 5,165 |
| 316 | Renal Failure | 457 | 5.3 | 13,612 |
| 320 | Kidney & Urinary Tract Infections Age >17 w/CC | 700 | 4.4 | 8,751 |
| 331 | Other Kidney & Urinary Tract Diagnoses Age>17 with CC | 310 | 4.9 | 12,304 |
| 395 | Red Blood Cell Disorders Age >17 | 352 | 3.5 | 8,343 |
| 410 | Chemotherapy without Acute Leukemia as Secondary Diagnosis | 50 | 3.2 | 13,301 |
| 415[2] | O.R. Procedure for Infectious & Parasitic Disease | 179 | 12.1 | 36,707 |
| 416 | Septicemia Age >17 | 496 | 6.7 | 17,928 |
| 429 | Organic Disturbances & Mental Retardation | 224 | 13.3 | 14,428 |
| 430 | Psychoses | 2,284 | 12.7 | 12,323 |

(continued)

**Table A-36**
**(Table 29)**
**Discharges, average days of care with discharge, and average charge per discharge for Medicare fee-for-service beneficiaries discharged from short-stay hospitals, by leading diagnosis related groups (DRGs) for American Indians/Alaska Natives: calendar year 2002 (continued)**

| Leading DRG code number | Description | Discharges | | |
|---|---|---|---|---|
| | | Number | Average number of days of care | Average charge in dollars |
| 462 | Rehabilitation | 1,094 | 12.9 | $19,230 |
| 468 | Extensive O.R. Procedure Unrelated to Principal Diagnosis | 183 | 10.7 | 41,383 |
| 475 | Respiratory System Diagnosis with Ventilator Support | 190 | 12.2 | 55,039 |
| 478[2] | Other Vascular Procedures with CC | 557 | 6.1 | 26,516 |
| 483[2] | Tracheostomy Except for Face, Mouth and Neck Diagnosis | 56 | 38.0 | 230,499 |
| 493[2] | Laparoscopic Cholecystectomy without CDE with CC | 258 | 5.9 | 22,439 |
| 500[2] | Back and Neck Procedures Except Spinal Fusion without CC | 126 | 2.8 | 12,903 |
| All Other DRGS | -- | 16,030 | 5.3 | 17,685 |

[1]Based on frequency of occurrence in 1999.

[2]Represents surgical DRGs.

[3]Prior to 1999, DRG code 107 was defined as coronary bypass without cardiac catherization.

[4]In 1999 the DRG code 107 was revised and defined as coronary bypass with cardiac catherization. In addition, DRG code 109 was introduced and defined as coronary bypass without cardiac catherization.

NOTES: Composition of some DRGs have changed over time. For complete DRG description, refer to *Diagnosis Related Groups, Version 3.0* (1984), *Versions 7.0* and *8.0* (1990), and *Versions 16.0* and *17.0* (1999), *Definitions Manual.* The most recent description is used in the table. TIA is transient ischemic attack. CC is complications and/or comorbidities. Cath is catheterization, AMI is acute myocardial infarction. CV is cardiovascular. Card is cardiac. G.I. is gastrointestinal. O.R. is operating room. CDE is common duct exploration. Conn is connective. Tiss is tissue. Resp is respiratory. Proc is procedure. PTCA is Percutaneous Transluminal Coronary Angioplasty. Perm is permanent. Comp is complications. Circ is circulatory.

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries.

## Table A-37.
## (Table 37)
## Covered admissions, covered days of care, covered charges, and program payments for Medicare beneficiaries admitted to skilled nursing facilities, by demographic characteristics, type of entitlement, and discharge status for total: calendar year 2002

| Demographic characteristic, type of entitlement, and discharge status | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Number | Per 1,000 HI enrollees[2] | In thousands | Per 1,000 HI enrollees[2] | Per admission | Amount in thousands | Per admission | Per day | In thousands | Percentage of covered charges | Per admission[3] | Per day |
| Total | 1,272,756 | 40 | 33,281 | 1,053 | 26 | $14,073,604 | $11,057 | $422 | $8,859,116 | 62.9 | $6,960 | $266 |
| Age | | | | | | | | | | | | |
| Under 65 | 83,833 | 18 | 2,198 | 471 | 26 | 1,050,988 | 12,536 | 478 | 553,430 | 52.6 | 6,601 | 251 |
| 65-69 years | 77,328 | 15 | 1,846 | 351 | 23 | 864,697 | 11,182 | 468 | 487,815 | 56.4 | 6,308 | 264 |
| 70-74 years | 141,750 | 21 | 3,289 | 478 | 23 | 1,526,853 | 10,771 | 464 | 878,819 | 57.5 | 6,199 | 267 |
| 75-79 years | 220,338 | 36 | 5,451 | 890 | 24 | 2,459,774 | 11,163 | 451 | 1,453,417 | 59.0 | 6,596 | 266 |
| 80-84 years | 285,332 | 63 | 7,510 | 1,657 | 26 | 3,123,113 | 10,945 | 415 | 2,013,648 | 64.4 | 7,057 | 268 |
| 85 or over | 464,176 | 113 | 12,984 | 3,154 | 27 | 5,048,177 | 10,875 | 388 | 3,471,984 | 68.7 | 7,479 | 267 |
| Sex | | | | | | | | | | | | |
| Male | 396,959 | 29 | 10,123 | 736 | 25 | 4,407,423 | 11,102 | 435 | 2,688,386 | 60.9 | 6,772 | 265 |
| Female | 875,797 | 49 | 23,158 | 1,298 | 26 | 9,666,181 | 11,037 | 417 | 6,170,730 | 63.8 | 7,045 | 266 |
| Race | | | | | | | | | | | | |
| White | 1,097,300 | 43 | 28,113 | 1,096 | 25 | 11,913,786 | 10,857 | 423 | 7,519,970 | 63.1 | 6,853 | 267 |
| Black | 113,897 | 38 | 3,511 | 1,179 | 30 | 1,380,535 | 12,120 | 393 | 885,210 | 64.1 | 7,772 | 252 |
| Hispanic | 41,017 | 20 | 1,103 | 542 | 26 | 515,507 | 12,568 | 467 | 296,247 | 57.4 | 7,222 | 268 |
| Asian/Pacific Islander | 10,712 | 18 | 292 | 501 | 27 | 154,129 | 14,388 | 527 | 88,825 | 57.6 | 8,292 | 304 |
| American Indian/Alaska Native | 3,813 | 32 | 91 | 762 | 24 | 39,163 | 10,271 | 426 | 23,242 | 59.3 | 6,095 | 253 |
| Other | 2,747 | 16 | 75 | 442 | 27 | 34,621 | 12,603 | 457 | 21,390 | 61.7 | 7,786 | 282 |
| Unknown | 3,271 | 54 | 92 | 1,519 | 28 | 35,860 | 10,963 | 387 | 24,230 | 67.5 | 7,407 | 261 |
| Type of entitlement | | | | | | | | | | | | |
| Aged[4] | 1,181,955 | 44 | 30,910 | 1,156 | 26 | 12,950,724 | 10,957 | 418 | 8,262,084 | 63.7 | 6,990 | 267 |
| Disabled[5] | 90,801 | 19 | 2,370 | 487 | 26 | 1,122,880 | 12,366 | 473 | 597,032 | 53.1 | 6,575 | 251 |

[1] Includes skilled nursing care admissions with at least 1 day of covered care under Medicare.

[2] Beginning with 1994, the utilization statistics do not reflect managed care enrollment; that is, Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average payments.

[3] Does not reflect admissions for beneficiaries with no program payments reported in the calendar year.

[4] Includes aged persons with end stage renal disease (ESRD).

[5] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: HI is hospital insurance. Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. NA is not applicable.

SOURCE: 2002 SAF SNF Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

## Table A-38.
## (Table 37)
## Covered admissions, covered days of care, covered charges, and program payments for Medicare beneficiaries admitted to skilled nursing facilities, by demographic characteristics, type of entitlement, and discharge status for Whites: calendar year 2002

| Demographic characteristic, type of entitlement, and discharge status | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Number | Per 1,000 HI enrollees[2] | In thousands | Per 1,000 HI enrollees[2] | Per admission | Amount in thousands | Per admission | Per day | In thousands | Percentage of covered charges | Per admission[3] | Per day |
| Total | 1,097,300 | 43 | 28,113 | 1,096 | 25 | $11,913,786 | $10,857 | $423 | $7,519,970 | 63.1 | $6,853 | $267 |
| Age | | | | | | | | | | | | |
| Under 65 | 59,925 | 19 | 1,542 | 481 | 25 | 737,545 | 12,307 | 478 | 388,734 | 52.7 | 6,487 | 251 |
| 65-69 years | 60,080 | 14 | 1,366 | 324 | 22 | 647,657 | 10,779 | 473 | 360,153 | 55.6 | 5,994 | 263 |
| 70-74 years | 116,274 | 21 | 2,601 | 459 | 22 | 1,219,541 | 10,488 | 468 | 698,134 | 57.2 | 6,004 | 268 |
| 75-79 years | 190,034 | 37 | 4,563 | 883 | 24 | 2,074,764 | 10,917 | 454 | 1,221,469 | 58.8 | 6,427 | 267 |
| 80-84 years | 253,379 | 65 | 6,557 | 1,685 | 25 | 2,738,033 | 10,806 | 417 | 1,764,441 | 64.4 | 6,963 | 269 |
| 85 or over | 417,608 | 119 | 11,482 | 3,283 | 27 | 4,496,244 | 10,766 | 391 | 3,087,036 | 68.6 | 7,392 | 268 |
| Sex | | | | | | | | | | | | |
| Male | 332,501 | 30 | 8,220 | 739 | 24 | 3,617,882 | 10,880 | 440 | 2,200,703 | 60.8 | 6,618 | 267 |
| Female | 764,799 | 53 | 19,893 | 1,370 | 26 | 8,295,904 | 10,847 | 417 | 5,319,267 | 64.1 | 6,955 | 267 |
| Type of entitlement | | | | | | | | | | | | |
| Aged[4] | 1,032,090 | 46 | 26,440 | 1,186 | 25 | 11,121,926 | 10,776 | 420 | 7,098,544 | 63.8 | 6,877 | 268 |
| Disabled[5] | 65,210 | 19 | 1,673 | 500 | 25 | 791,860 | 12,143 | 473 | 421,425 | 53.2 | 6,462 | 251 |

[1] Includes skilled nursing care admissions with at least 1 day of covered care under Medicare.

[2] Beginning with 1994, the utilization statistics do not reflect managed care enrollment; that is, Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average payments.

[3] Does not reflect admissions for beneficiaries with no program payments reported in the calendar year.

[4] Includes aged persons with end stage renal disease (ESRD).

[5] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: HI is hospital insurance. Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. NA is not applicable.

SOURCE: 2002 SAF SNF Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

## Table A-39.
## (Table 37)
## Covered admissions, covered days of care, covered charges, and program payments for Medicare beneficiaries admitted to skilled nursing facilities, by demographic characteristics, type of entitlement, and discharge status for Blacks: calendar year 2002

| Demographic characteristic, type of entitlement, and discharge status | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Number | Per 1,000 HI enrollees[2] | In thousands | Per 1,000 HI enrollees[2] | Per admission | Amount in thousands | Per admission | Per day | In thousands | Percentage of covered charges | Per admission[3] | Per day |
| Total | 113,897 | 38 | 3,511 | 1,179 | 30 | $1,380,535 | $12,120 | $393 | $885,210 | 64.1 | $7,772 | $252 |
| Age | | | | | | | | | | | | |
| Under 65 | 16,764 | 19 | 470 | 540 | 28 | 216,621 | 12,922 | 460 | 116,861 | 53.9 | 6,971 | 248 |
| 65-69 years | 11,790 | 24 | 346 | 701 | 29 | 150,978 | 12,805 | 435 | 90,941 | 60.2 | 7,713 | 262 |
| 70-74 years | 16,446 | 29 | 466 | 831 | 28 | 193,935 | 11,792 | 415 | 119,258 | 61.4 | 7,251 | 255 |
| 75-79 years | 19,359 | 43 | 601 | 1,346 | 31 | 242,740 | 12,538 | 403 | 151,576 | 62.4 | 7,829 | 252 |
| 80-84 years | 20,558 | 67 | 645 | 2,103 | 31 | 238,743 | 11,613 | 370 | 163,786 | 68.6 | 7,967 | 253 |
| 85 or over | 28,980 | 97 | 981 | 3,295 | 33 | 337,516 | 11,646 | 344 | 242,786 | 71.9 | 8,377 | 247 |
| Sex | | | | | | | | | | | | |
| Male | 41,787 | 33 | 1,295 | 1,022 | 30 | 498,283 | 11,924 | 384 | 322,674 | 64.7 | 7,721 | 249 |
| Female | 72,110 | 42 | 2,216 | 1,294 | 30 | 882,251 | 12,234 | 397 | 562,536 | 63.7 | 7,801 | 253 |
| Type of entitlement | | | | | | | | | | | | |
| Aged[4] | 95,953 | 46 | 3,012 | 1,451 | 31 | 1,151,790 | 12,003 | 382 | 760,782 | 66.0 | 7,928 | 252 |
| Disabled[5] | 17,944 | 20 | 499 | 553 | 27 | 228,744 | 12,747 | 457 | 124,428 | 54.3 | 6,934 | 249 |

[1] Includes skilled nursing care admissions with at least 1 day of covered care under Medicare.

[2] Beginning with 1994, the utilization statistics do not reflect managed care enrollment; that is, Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average payments.

[3] Does not reflect admissions for beneficiaries with no program payments reported in the calendar year.

[4] Includes aged persons with end stage renal disease (ESRD).

[5] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: HI is hospital insurance. Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. NA is not applicable.

SOURCE: 2002 SAF SNF Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

## Table A-40.
## (Table 37)
## Covered admissions, covered days of care, covered charges, and program payments for Medicare beneficiaries admitted to skilled nursing facilities, by demographic characteristics, type of entitlement, and discharge status for Hispanics: calendar year 2002

| Demographic characteristic, type of entitlement, and discharge status | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Number | Per 1,000 HI enrollees[2] | In thousands | Per 1,000 HI enrollees[2] | Per admission | Amount in thousands | Per admission | Per day | In thousands | Percentage of covered charges | Per admission[3] | Per day |
| Total | 41,017 | 20 | 1,103 | 542 | 26 | $515,507 | $12,568 | $467 | $296,247 | 57.4 | $7,222 | $268 |
| Age | | | | | | | | | | | | |
| Under 65 | 5,111 | 11 | 131 | 293 | 25 | 70,231 | 13,741 | 534 | 33,775 | 48.0 | 6,608 | 257 |
| 65-69 years | 4,035 | 11 | 95 | 251 | 23 | 48,581 | 12,039 | 506 | 26,329 | 54.1 | 6,524 | 274 |
| 70-74 years | 6,419 | 14 | 158 | 359 | 24 | 78,546 | 12,236 | 494 | 43,074 | 54.8 | 6,710 | 271 |
| 75-79 years | 7,483 | 22 | 198 | 589 | 26 | 97,330 | 13,006 | 489 | 54,187 | 55.6 | 7,241 | 272 |
| 80-84 years | 7,636 | 35 | 208 | 953 | 27 | 94,644 | 12,394 | 453 | 56,026 | 59.1 | 7,337 | 268 |
| 85 or over | 10,332 | 50 | 309 | 1,499 | 29 | 126,173 | 12,211 | 407 | 82,853 | 65.6 | 8,018 | 267 |
| Sex | | | | | | | | | | | | |
| Male | 15,699 | 17 | 419 | 442 | 26 | 198,393 | 12,637 | 472 | 111,351 | 56.1 | 7,093 | 265 |
| Female | 25,318 | 23 | 683 | 628 | 27 | 317,114 | 12,525 | 463 | 184,895 | 58.3 | 7,302 | 270 |
| Type of entitlement | | | | | | | | | | | | |
| Aged[4] | 35,543 | 23 | 963 | 613 | 27 | 441,570 | 12,423 | 458 | 260,149 | 58.9 | 7,319 | 270 |
| Disabled[5] | 5,473 | 12 | 140 | 300 | 25 | 73,937 | 13,508 | 527 | 36,097 | 48.8 | 6,595 | 257 |

[1] Includes skilled nursing care admissions with at least 1 day of covered care under Medicare.

[2] Beginning with 1994, the utilization statistics do not reflect managed care enrollment; that is, Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average payments.

[3] Does not reflect admissions for beneficiaries with no program payments reported in the calendar year.

[4] Includes aged persons with end stage renal disease (ESRD).

[5] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: HI is hospital insurance. Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. NA is not applicable.

SOURCE: 2002 SAF SNF Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

## Table A-41.
## (Table 37)
## Covered admissions, covered days of care, covered charges, and program payments for Medicare beneficiaries admitted to skilled nursing facilities, by demographic characteristics, type of entitlement, and discharge status for Asians/Pacific Islanders: calendar year 2002

| Demographic characteristic, type of entitlement, and discharge status | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Number | Per 1,000 HI enrollees[2] | In thousands | Per 1,000 HI enrollees[2] | Per admission | Amount in thousands | Per admission | Per day | In thousands | Percentage of covered charges | Per admission[3] | Per day |
| Total | 10,712 | 18 | 292 | 501 | 27 | $154,129 | $14,388 | $527 | $88,825 | 57.6 | $8,292 | $304 |
| Age | | | | | | | | | | | | |
| Under 65 | 641 | 13 | 16 | 331 | 26 | 9,078 | 14,156 | 538 | 4,720 | 51.9 | 7,361 | 279 |
| 65-69 years | 637 | 6 | 17 | 166 | 27 | 9,215 | 14,464 | 519 | 5,418 | 58.7 | 8,504 | 305 |
| 70-74 years | 1,438 | 10 | 35 | 238 | 24 | 21,718 | 15,098 | 620 | 10,782 | 49.6 | 7,496 | 307 |
| 75-79 years | 2,170 | 17 | 56 | 438 | 26 | 30,687 | 14,144 | 542 | 17,514 | 57.0 | 8,072 | 309 |
| 80-84 years | 2,485 | 29 | 66 | 769 | 26 | 37,617 | 15,136 | 565 | 20,552 | 54.6 | 8,269 | 309 |
| 85 or over | 3,340 | 54 | 99 | 1,600 | 29 | 45,812 | 13,716 | 461 | 29,837 | 65.1 | 8,933 | 300 |
| Sex | | | | | | | | | | | | |
| Male | 3,934 | 15 | 107 | 424 | 27 | 58,038 | 14,754 | 538 | 32,841 | 56.5 | 8,349 | 304 |
| Female | 6,778 | 21 | 184 | 561 | 27 | 96,090 | 14,176 | 521 | 55,983 | 58.2 | 8,259 | 303 |
| Type of entitlement | | | | | | | | | | | | |
| Aged[4] | 9,997 | 19 | 273 | 515 | 27 | 143,991 | 14,402 | 527 | 83,489 | 57.9 | 8,351 | 305 |
| Disabled[5] | 714 | 14 | 19 | 361 | 26 | 10,137 | 14,192 | 532 | 5,336 | 52.6 | 7,470 | 280 |

[1] Includes skilled nursing care admissions with at least 1 day of covered care under Medicare.

[2] Beginning with 1994, the utilization statistics do not reflect managed care enrollment; that is, Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average payments.

[3] Does not reflect admissions for beneficiaries with no program payments reported in the calendar year.

[4] Includes aged persons with end stage renal disease (ESRD).

[5] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: HI is hospital insurance. Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. NA is not applicable.

SOURCE: 2002 SAF SNF Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

## Table A-42.
## (Table 37)
## Covered admissions, covered days of care, covered charges, and program payments for Medicare beneficiaries admitted to skilled nursing facilities, by demographic characteristics, type of entitlement, and discharge status for American Indians/Alaska Natives: calendar year 2002

| Demographic characteristic, type of entitlement, and discharge status | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Number | Per 1,000 HI enrollees[2] | In thousands | Per 1,000 HI enrollees[2] | Per admission | Amount in thousands | Per admission | Per day | In thousands | Percentage of covered charges | Per admission[3] | Per day |
| Total | 3,813 | 32 | 91 | 762 | 24 | $39,163 | $10,271 | $426 | $23,242 | 59.3 | $6,095 | $253 |
| Age | | | | | | | | | | | | |
| Under 65 | 709 | 20 | 16 | 482 | 23 | 8,001 | 11,286 | 471 | 4,192 | 52.3 | 5,912 | 247 |
| 65-69 years | 451 | 21 | 10 | 471 | 22 | 4,244 | 9,411 | 412 | 2,555 | 60.2 | 5,666 | 248 |
| 70-74 years | 646 | 26 | 14 | 578 | 22 | 6,313 | 9,773 | 435 | 3,759 | 59.5 | 5,819 | 259 |
| 75-79 years | 652 | 36 | 15 | 853 | 24 | 6,968 | 10,688 | 444 | 4,071 | 58.4 | 6,244 | 259 |
| 80-84 years | 576 | 51 | 14 | 1,294 | 25 | 6,025 | 10,460 | 415 | 3,701 | 61.4 | 6,425 | 254 |
| 85 or over | 779 | 89 | 19 | 2,259 | 25 | 7,609 | 9,767 | 382 | 4,962 | 65.2 | 6,370 | 249 |
| Sex | | | | | | | | | | | | |
| Male | 1,447 | 27 | 36 | 665 | 25 | 14,802 | 10,229 | 408 | 8,904 | 60.1 | 6,153 | 245 |
| Female | 2,366 | 36 | 55 | 842 | 23 | 24,361 | 10,296 | 438 | 14,337 | 58.8 | 6,059 | 257 |
| Type of entitlement | | | | | | | | | | | | |
| Aged[4] | 3,057 | 36 | 73 | 878 | 24 | 30,707 | 10,044 | 416 | 18,793 | 61.2 | 6,147 | 254 |
| Disabled[5] | 756 | 21 | 18 | 495 | 23 | 8,456 | 11,185 | 467 | 4,448 | 52.6 | 5,884 | 245 |

[1] Includes skilled nursing care admissions with at least 1 day of covered care under Medicare.

[2] Beginning with 1994, the utilization statistics do not reflect managed care enrollment; that is, Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average payments.

[3] Does not reflect admissions for beneficiaries with no program payments reported in the calendar year.

[4] Includes aged persons with end stage renal disease (ESRD).

[5] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: HI is hospital insurance. Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding. NA is not applicable.

SOURCE: 2002 SAF SNF Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

# Table A-43.
# (Table 41)
# Covered admissions, covered days of care, covered charges, and program payments for Medicare fee-for-service beneficiaries admitted to skilled nursing facilities, by principal diagnoses within major diagnostic classification (MDC) for total: calendar year 2002

| Principal ICD 9-CM[2] Diagnosis within MDC | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Numbers | Percent distribution | In thousands | Per 1,000 enrollees | Per admission | In thousands | Per admission | Per day | In thousands | Per admission[3] | Per day |
| Total all diagnosis[4] | 1,272,756 | 100.0 | 33,281 | 1,053 | 26 | $14,073,605 | $11,057 | $422 | $8,859,116 | $6,960 | $266 |
| Leading diagnosis[5] | 1,014,565 | 79.7 | 26,401 | 836 | 26 | 11,343,077 | 11,180 | 429 | 7,083,263 | 6,981 | 268 |
| 000-139 Infectious and parasitic diseases (MDC 1) | 18,736 | 1.5 | 497 | 16 | 27 | 232,421 | 12,405 | 468 | 131,782 | 7,033 | 265 |
| 038 Septicemia | 10,049 | 0.8 | 274 | 9 | 27 | 129,845 | 12,921 | 474 | 75,981 | 7,561 | 277 |
| --- Other | 8,687 | 0.7 | 223 | 7 | 26 | 102,576 | 11,807 | 460 | 55,800 | 6,423 | 250 |
| 140-239 Neoplasms (MDC 2) | 21,087 | 1.7 | 474 | 15 | 22 | 186,239 | 8,831 | 393 | 124,210 | 5,890 | 262 |
| 153 Malignant neoplasm of colon | 3,250 | 0.3 | 75 | 2 | 23 | 27,862 | 8,574 | 372 | 20,249 | 6,231 | 270 |
| 154 Malignant neoplasm of rectum, rectosigmoid junction, and anus | 2,973 | 0.2 | 65 | 2 | 22 | 26,238 | 8,824 | 403 | 17,997 | 6,053 | 277 |
| 162 Malignant neoplasm of trachea, bronchus, and lung | 1,336 | 0.1 | 24 | 1 | 18 | 10,015 | 7,494 | 411 | 6,393 | 4,784 | 262 |
| 174 Malignant neoplasm of female breast | 826 | 0.1 | 29 | 1 | 35 | 7,888 | 9,544 | 268 | 6,008 | 7,269 | 204 |
| 185 Malignant neoplasm of prostate | 536 | 0.0 | 14 | 0 | 26 | 4,352 | 8,119 | 307 | 3,797 | 7,084 | 268 |
| 197-198 Secondary malignant neoplasm of resp, digest, and other sites | 435 | 0.0 | 4 | 0 | 10 | 2,964 | 6,815 | 669 | 1,307 | 3,006 | 295 |
| --- Other | 11,731 | 0.9 | 262 | 8 | 22 | 106,919 | 9,114 | 408 | 68,456 | 5,835 | 261 |
| 240-279 Endocrine, Nutritional, and Metabolic Dis and Immunity Disorders (MDC 3) | 48,210 | 3.8 | 1,512 | 48 | 31 | 563,269 | 11,683 | 372 | 377,032 | 7,820 | 249 |
| 250 Diabetes | 25,997 | 2.0 | 878 | 28 | 34 | 326,464 | 12,557 | 371 | 212,105 | 8,158 | 241 |
| 260-263 Nutritional deficiencies | 1,696 | 0.1 | 60 | 2 | 35 | 27,958 | 16,481 | 466 | 14,042 | 8,278 | 234 |
| 276 Disorders of fluid, electrolyte, and acid-base balance | 13,250 | 1.0 | 347 | 11 | 26 | 127,373 | 9,613 | 366 | 92,183 | 6,957 | 265 |
| --- Other | 7,267 | 0.6 | 226 | 7 | 31 | 81,475 | 11,211 | 360 | 58,701 | 8,077 | 259 |
| 280-289 Diseases of the blood and blood forming organs (MDC 4) | 8,615 | 0.7 | 277 | 9 | 32 | 98,330 | 11,413 | 355 | 67,615 | 7,848 | 244 |
| 285 Other and unspecified anemias | 5,858 | 0.5 | 192 | 6 | 33 | 67,073 | 11,449 | 349 | 46,176 | 7,882 | 240 |
| --- Other | 2,757 | 0.2 | 85 | 3 | 31 | 31,257 | 11,335 | 368 | 21,438 | 7,775 | 252 |
| 290-319 Mental disorders (MDC 5) | 35,341 | 2.8 | 1,135 | 36 | 32 | 352,247 | 9,967 | 310 | 264,292 | 7,478 | 232 |
| 290 Senile and prosenile organic psychotic conditions | 9,240 | 0.7 | 324 | 10 | 35 | 94,866 | 10,267 | 293 | 72,411 | 7,836 | 223 |
| 294 Other organic psychotic conditions (chronic) | 8,227 | 0.6 | 274 | 9 | 33 | 80,469 | 9,781 | 293 | 63,553 | 7,725 | 231 |
| 298 Other non-organic psychoses | 3,188 | 0.3 | 101 | 3 | 32 | 30,043 | 9,423 | 296 | 24,874 | 7,802 | 245 |
| --- Other | 14,686 | 1.2 | 435 | 14 | 30 | 146,870 | 10,000 | 337 | 103,452 | 7,044 | 237 |
| 320-389 Diseases of the nervous system and sense organs (MDC 6) | 31,851 | 2.5 | 1,077 | 34 | 34 | 371,147 | 11,652 | 344 | 277,058 | 8,698 | 257 |
| 331 Other cerebral degenerations | 9,336 | 0.7 | 309 | 10 | 33 | 92,781 | 9,938 | 300 | 72,340 | 7,748 | 233 |
| 332 Parkinson's disease | 6,977 | 0.5 | 269 | 9 | 39 | 92,658 | 13,280 | 344 | 70,217 | 10,064 | 260 |
| 342 Hemiplegia | 2,109 | 0.2 | 100 | 3 | 47 | 39,282 | 18,626 | 392 | 28,224 | 13,383 | 282 |
| --- Other | 13,430 | 1.1 | 399 | 13 | 30 | 146,425 | 10,902 | 367 | 106,276 | 7,913 | 266 |

(continued)

# Table A-43
# (Table 41)
## Covered admissions, covered days of care, covered charges, and program payments for Medicare fee-for-service beneficiaries admitted to skilled nursing facilities, by principal diagnoses within major diagnostic classification (MDC) for total: calendar year 2002 (continued)

| Principal ICD 9-CM[2] Diagnosis within MDC | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Numbers | Percent distribution | In thousands | Per 1,000 enrollees | Per admission | In thousands | Per admission | Per day | In thousands | Per admission[3] | Per day |
| 390-459 Diseases of the circulatory system (MDC 7) | 242,587 | 19.1 | 7,020 | 222 | 29 | $2,721,945 | $11,220 | $387 | $1,862,403 | $7,677 | $265 |
| 401 Essential hypertension | 19,679 | 1.5 | 618 | 20 | 31 | 222,366 | 11,299 | 359 | 162,773 | 8,271 | 263 |
| 410 Acute myocardial infarction | 10,816 | 0.8 | 229 | 7 | 21 | 106,324 | 9,829 | 463 | 61,807 | 5,714 | 269 |
| 414 Ischemic heart disease | 19,008 | 1.5 | 473 | 15 | 25 | 185,063 | 9,735 | 391 | 127,119 | 6,687 | 268 |
| 427 Cardiac dysrhythmia | 17,207 | 1.4 | 439 | 14 | 26 | 152,088 | 8,838 | 346 | 109,882 | 6,386 | 250 |
| 428 Heart failure | 47,751 | 3.8 | 1,138 | 36 | 24 | 429,849 | 9,001 | 377 | 286,660 | 6,003 | 251 |
| 429 Ill-defined descriptions and complication of heart disease | 2,356 | 0.2 | 90 | 3 | 38 | 30,208 | 12,820 | 334 | 20,471 | 8,688 | 226 |
| 431 Intracranial hemorrhage | 1,687 | 0.1 | 46 | 1 | 27 | 22,826 | 13,527 | 492 | 14,431 | 8,552 | 311 |
| 434 Occlusion of cerebral arteries | 5,202 | 0.4 | 139 | 4 | 27 | 69,093 | 13,281 | 495 | 39,381 | 7,570 | 282 |
| 435 Transient cerebral ischemia | 6,986 | 0.5 | 213 | 7 | 31 | 81,114 | 11,610 | 380 | 55,028 | 7,876 | 258 |
| 436 Acute, but ill-defined, cerebrovascular disease | 44,415 | 3.5 | 1,744 | 55 | 39 | 666,065 | 14,996 | 381 | 480,690 | 10,822 | 275 |
| 437 Other and ill-defined cerebrovascular disease | 1,771 | 0.1 | 67 | 2 | 38 | 27,198 | 15,358 | 403 | 18,158 | 10,253 | 269 |
| 438 Late effects of cerebrovascular disease | 19,853 | 1.6 | 683 | 22 | 34 | 282,658 | 14,237 | 413 | 195,199 | 9,832 | 285 |
| 440 Atherosclerosis | 2,277 | 0.2 | 44 | 1 | 19 | 30,390 | 13,344 | 691 | 11,636 | 5,109 | 264 |
| 443 Other peripheral vascular disease | 5,983 | 0.5 | 168 | 5 | 28 | 60,649 | 10,137 | 360 | 43,004 | 7,188 | 255 |
| 453 Venous embolism and thrombosis | 5,030 | 0.4 | 146 | 5 | 29 | 52,150 | 10,368 | 356 | 38,202 | 7,595 | 261 |
| --- Other | 32,565 | 2.6 | 779 | 25 | 24 | 303,903 | 9,332 | 390 | 197,953 | 6,078 | 254 |
| 460-519 Diseases of the respiratory system (MDC 8) | 109,468 | 8.6 | 2,849 | 90 | 26 | 1,148,255 | 10,489 | 403 | 723,810 | 6,612 | 254 |
| 482 Other bacterial pneumonia and breathing exercises (V-57.0) | 3,872 | 0.3 | 84 | 3 | 22 | 41,597 | 10,741 | 493 | 19,889 | 5,136 | 235 |
| 486 Pneumonia, organism unspecified | 46,600 | 3.7 | 1,173 | 37 | 25 | 443,810 | 9,523 | 378 | 301,694 | 6,474 | 257 |
| 491 Chronic bronchitis | 9,102 | 0.7 | 164 | 5 | 18 | 91,921 | 10,099 | 559 | 39,914 | 4,385 | 243 |
| 496 Chronic airway obstruction | 21,187 | 1.7 | 655 | 21 | 31 | 229,832 | 10,847 | 350 | 158,844 | 7,497 | 242 |
| 507 Pneumonitis due to solids and liquids | 4,250 | 0.3 | 154 | 5 | 36 | 53,469 | 12,581 | 347 | 37,081 | 8,725 | 240 |
| 518 Other diseases of lung | 7,457 | 0.6 | 232 | 7 | 31 | 126,503 | 16,963 | 544 | 62,456 | 8,375 | 268 |
| --- Other | 17,000 | 1.3 | 386 | 12 | 23 | 161,123 | 9,478 | 417 | 103,929 | 6,113 | 269 |
| 520-579 Diseases of the digestive system (MDC 9) | 54,074 | 4.2 | 1,367 | 43 | 25 | 511,433 | 9,458 | 374 | 351,635 | 6,502 | 257 |
| 560 Intestinal obstruction without mention of hernia | 8,830 | 0.7 | 200 | 6 | 23 | 73,739 | 8,351 | 369 | 54,275 | 6,146 | 271 |
| 562 Diverticula of intestine | 5,062 | 0.4 | 119 | 4 | 24 | 47,526 | 9,389 | 399 | 33,234 | 6,565 | 279 |
| 578 Gastrointestinal hemorrhage | 11,461 | 0.9 | 307 | 10 | 27 | 111,297 | 9,710 | 362 | 79,493 | 6,935 | 258 |
| --- Other | 28,721 | 2.3 | 741 | 23 | 26 | 278,870 | 9,709 | 376 | 184,632 | 6,428 | 249 |
| 580-629 Diseases of the genitourinary system (MDC 10) | 47,015 | 3.7 | 1,299 | 41 | 28 | 456,568 | 9,711 | 351 | 329,596 | 7,010 | 253 |
| 585 chronic renal failure | 5,076 | 0.4 | 132 | 4 | 26 | 44,565 | 8,779 | 338 | 33,885 | 6,675 | 257 |
| 586 Renal failure, unspecified | 3,709 | 0.3 | 129 | 4 | 35 | 39,296 | 10,594 | 304 | 30,844 | 8,315 | 239 |
| 599 Other disorders of urethra and urinary tract | 27,128 | 2.1 | 751 | 24 | 28 | 264,798 | 9,761 | 352 | 190,457 | 7,020 | 253 |
| --- Other | 11,102 | 0.9 | 287 | 9 | 26 | 107,909 | 9,719 | 376 | 74,409 | 6,702 | 259 |

(continued)

# Table A-43
# (Table 41)
## Covered admissions, covered days of care, covered charges, and program payments for Medicare fee-for-service beneficiaries admitted to skilled nursing facilities, by principal diagnoses within major diagnostic classification (MDC) for total: calendar year 2002 (continued)

| Principal ICD 9-CM[2] Diagnosis within MDC | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Numbers | Percent distribution | In thousands | Per 1,000 enrollees | Per admission | In thousands | Per admission | Per day | In thousands | Per admission[3] | Per day |
| 680-709 Diseases of the skin and subcutaneous tissue (MDC 12) | 33,789 | 2.7 | 984 | 31 | 29 | $422,073 | $12,491 | $429 | $240,900 | $7,129 | $244 |
| 682 Other cellulitis and abscess | 20,338 | 1.6 | 524 | 17 | 26 | 229,115 | 11,265 | 437 | 133,501 | 6,564 | 254 |
| 707 Chronic ulcer of skin | 11,067 | 0.9 | 385 | 12 | 35 | 166,334 | 15,029 | 431 | 89,218 | 8,061 | 231 |
| --- Other | 2,384 | 0.2 | 75 | 2 | 31 | 26,623 | 11,166 | 356 | 18,180 | 7,625 | 243 |
| 710-739 Diseases of the musculoskeletal system and connective tissue (MDC 13) | 116,730 | 9.2 | 2,575 | 82 | 22 | 1,114,736 | 9,549 | 432 | 726,632 | 6,224 | 282 |
| 715 Osteoarthrosis and allied disorders | 46,238 | 3.6 | 775 | 25 | 17 | 369,077 | 7,982 | 476 | 239,501 | 5,179 | 309 |
| 719 Other and unspecified disorders of joint | 13,573 | 1.1 | 374 | 12 | 28 | 141,893 | 10,454 | 379 | 102,344 | 7,540 | 273 |
| 724 Spinal stenosis | 13,860 | 1.1 | 300 | 10 | 22 | 125,518 | 9,056 | 417 | 85,358 | 6,158 | 284 |
| 728 Disorders of muscle, ligament, and fascia | 9,217 | 0.7 | 273 | 9 | 30 | 104,264 | 11,312 | 382 | 71,382 | 7,745 | 261 |
| 730 Osteomyelitis, periostitis, and other infections involving bone | 4,805 | 0.4 | 139 | 4 | 29 | 85,094 | 17,708 | 611 | 34,547 | 7,189 | 248 |
| 733 Other disorders of bone and cartilage | 10,019 | 0.8 | 248 | 8 | 25 | 99,844 | 9,965 | 402 | 69,089 | 6,895 | 278 |
| --- Other | 19,019 | 1.5 | 466 | 15 | 25 | 189,046 | 9,940 | 405 | 124,409 | 6,541 | 266 |
| 740-759 Congenital Anomalies (MDC 14) | 2,893 | 0.2 | 65 | 2 | 23 | 23,685 | 8,186 | 362 | 18,162 | 6,277 | 278 |
| --- Other | 2,893 | 0.2 | 65 | 2 | 23 | 23,685 | 8,186 | 362 | 18,162 | 6,277 | 278 |
| 780-799 Other Ill defined conditions (MDC 16) | 94,485 | 7.4 | 2,657 | 84 | 28 | 1,011,846 | 10,709 | 380 | 701,906 | 7,428 | 264 |
| 780 General Symptoms | 39,205 | 3.1 | 1,044 | 33 | 27 | 404,143 | 10,308 | 387 | 282,734 | 7,211 | 270 |
| 781 Symptoms involving nervous and musculosketal systems | 14,825 | 1.2 | 398 | 13 | 27 | 175,575 | 11,843 | 441 | 109,292 | 7,372 | 274 |
| 785 Symptom disorders of cardiovascular system | 2,333 | 0.2 | 82 | 3 | 35 | 29,487 | 12,638 | 357 | 22,861 | 9,798 | 277 |
| 786 Symptoms involving respiratory system and other chest symptoms | 5,689 | 0.4 | 143 | 5 | 25 | 46,623 | 8,195 | 325 | 35,326 | 6,209 | 246 |
| 787 Symptoms involving digestive system | 6,775 | 0.5 | 249 | 8 | 37 | 78,500 | 11,587 | 315 | 61,250 | 9,041 | 245 |
| --- Other | 25,659 | 2.0 | 740 | 23 | 29 | 277,518 | 10,815 | 374 | 190,440 | 7,421 | 257 |
| 800-999 Injury and Poisoning (MDC 17) | 178,401 | 14.0 | 5,854 | 185 | 33 | 2,288,723 | 12,829 | 390 | 1,584,685 | 8,882 | 270 |
| 805 Fracture, vertebra | 8,616 | 0.7 | 247 | 8 | 29 | 91,140 | 10,577 | 369 | 64,657 | 7,504 | 261 |
| 808 Fracture, pelvis | 11,450 | 0.9 | 337 | 11 | 29 | 126,353 | 11,035 | 374 | 92,863 | 8,110 | 275 |
| 812 Fracture, humerus | 9,238 | 0.7 | 351 | 11 | 38 | 133,925 | 14,496 | 381 | 97,112 | 10,511 | 276 |
| 820 Fracture, neck of femur | 75,224 | 5.9 | 2,596 | 82 | 35 | 974,302 | 12,952 | 375 | 721,410 | 9,590 | 277 |
| 821 Fracture, shaft of femur | 12,333 | 1.0 | 506 | 16 | 41 | 181,755 | 14,737 | 359 | 131,147 | 10,633 | 259 |
| 823 Fracture, tibia, fibula | 4,630 | 0.4 | 180 | 6 | 39 | 66,519 | 14,366 | 369 | 47,706 | 10,303 | 264 |
| 824 Fracture of ankle | 4,490 | 0.4 | 127 | 4 | 28 | 45,777 | 10,194 | 360 | 34,612 | 7,708 | 272 |
| 897 Amputation | 3,294 | 0.3 | 135 | 4 | 41 | 40,693 | 12,354 | 302 | 30,719 | 9,326 | 228 |
| --- Other | 49,126 | 3.9 | 1,375 | 44 | 28 | 628,260 | 12,788 | 456 | 364,455 | 7,418 | 265 |

(continued)

**Table A-43**
**(Table 41)**
**Covered admissions, covered days of care, covered charges, and program payments for Medicare fee-for-service beneficiaries admitted to skilled nursing facilities, by principal diagnoses within major diagnostic classification (MDC) for total: calendar year 2002 (continued)**

| Principal ICD 9-CM[2] Diagnosis within MDC | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Numbers | Percent distribution | In thousands | Per 1,000 enrollees | Per admission | In thousands | Per admission | Per day | In thousands | Per admission[3] | Per day |
| V01-V82 Factors influencing health status & contact with health services | 228,441 | 17.9 | 3,622 | 115 | 16 | $2,564,111 | $11,224 | $707 | $1,072,738 | $4,695 | $296 |
| v43 Organ of tissue replaced by other means | 9,566 | 0.8 | 181 | 6 | 19 | 73,242 | 7,656 | 405 | 54,426 | 5,689 | 301 |
| v54 Orthopedic aftercare | 12,540 | 1.0 | 260 | 8 | 21 | 140,564 | 11,209 | 540 | 75,330 | 6,007 | 289 |
| v57 Breathing exercises | 164,688 | 12.9 | 2,357 | 75 | 14 | 1,880,882 | 11,420 | 798 | 716,442 | 4,350 | 303 |
| v58 Encounter for other and unspecified procedures and aftercare | 24,723 | 1.9 | 379 | 12 | 15 | 293,567 | 11,874 | 775 | 110,000 | 4,449 | 290 |
| V66 Convalescence | 6,791 | 0.5 | 128 | 4 | 19 | 64,365 | 9,478 | 501 | 36,035 | 5,306 | 280 |
| --- Other | 10,133 | 0.8 | 318 | 10 | 31 | 111,491 | 11,002 | 350 | 80,502 | 7,944 | 253 |

[1] Reflects skilled nursing facility admissions with at least 1 day of covered care under Medicare.

[2] ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification* (Volume 1). Only the first time listed or principal diagnosis has been used.

[3] The average program payment per admission does not reflect managed care enrollment, that is, Medicaid enrollees in managed care claims are not included in the denominator used to calculate the average program payments per admission.

[4] Includes invalid codes not shown separately.

[5] Specific leading diagnostic categories were selected for presentation because of frequency of occurrences or special interest.

NOTES: Medicare program payments represent fee-for-service only. Numbers may not add to totals because of rounding. MDCs 11 and 15 were not shown separately (but are included in the totals) because these diagnostic conditions are, for the most part, not applicable to Medicare beneficiaries.

SOURCE: 2002 SAF SNF Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

# Table A-44.
# (Table 41)
## Covered admissions, covered days of care, covered charges, and program payments for Medicare fee-for-service beneficiaries admitted to skilled nursing facilities, by principal diagnoses within major diagnostic classification (MDC) for Whites: calendar year 2002

| Principal ICD 9-CM[2] Diagnosis within MDC | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Numbers | Percent distribution | In thousands | Per 1,000 enrollees | Per admission | In thousands | Per admission | Per day | In thousands | Per admission[3] | Per day |
| Total all diagnosis[4] | 1,272,756 | 100.0 | 28,113 | 1,096 | 25 | $11,913,786 | $10,857 | $423 | $7,519,970 | $6,853 | $267 |
| Leading diagnosis[5] | 1,014,565 | 79.9 | 22,343 | 871 | 25 | 9,615,745 | 10,967 | 430 | 6,023,992 | 6871 | 269 |
| 000-139 Infectious and parasitic diseases (MDC 1) | 18,736 | 1.4 | 400 | 16 | 26 | 187,418 | 12,178 | 468 | 107,302 | 6,972 | 268 |
| 038 Septicemia | 10,049 | 0.7 | 220 | 9 | 27 | 104,519 | 12,930 | 474 | 62,255 | 7,701 | 282 |
| --- Other | 8,687 | 0.7 | 179 | 7 | 24 | 82,898 | 11,346 | 460 | 45,046 | 6,165 | 250 |
| 140-239 Neoplasms (MDC 2) | 21,087 | 1.7 | 406 | 16 | 21 | 160,333 | 8,595 | 394 | 106,502 | 5,709 | 262 |
| 153 Malignant neoplasm of colon | 3,250 | 0.3 | 68 | 3 | 23 | 24,653 | 8,347 | 362 | 18,222 | 6,169 | 267 |
| 154 Malignant neoplasm of rectum, rectosigmoid junction, and anus | 2,973 | 0.2 | 58 | 2 | 21 | 23,751 | 8,731 | 403 | 16,382 | 6,022 | 278 |
| 162 Malignant neoplasm of trachea, bronchus, and lung | 1,336 | 0.1 | 19 | 1 | 16 | 8,165 | 7,004 | 413 | 5,183 | 4,445 | 262 |
| 174 Malignant neoplasm of female breast | 826 | 0.1 | 25 | 1 | 37 | 6,650 | 9,507 | 256 | 5,085 | 7,270 | 196 |
| 185 Malignant neoplasm of prostate | 536 | 0.0 | 6 | 0 | 22 | 2,128 | 6,846 | 311 | 2,046 | 6,582 | 299 |
| 197-198 Secondary malignant neoplasm of resp, digest, and other sites | 435 | 0.0 | 3 | 0 | 9 | 2,541 | 6,538 | 667 | 1,144 | 2,946 | 300 |
| --- Other | 11,731 | 0.9 | 223 | 9 | 21 | 92,442 | 8,875 | 414 | 58,437 | 5,610 | 261 |
| 240-279 Endocrine, Nutritional, and Metabolic Dis and Immunity Disorders (MDC 3) | 48,210 | 3.4 | 1,165 | 45 | 30 | 440,063 | 11,674 | 377 | 292,783 | 7,766 | 251 |
| 250 Diabetes | 25,997 | 1.8 | 646 | 25 | 33 | 243,903 | 12,653 | 377 | 156,090 | 8,097 | 241 |
| 260-263 Nutritional deficiencies | 1,696 | 0.1 | 48 | 2 | 34 | 24,706 | 17,659 | 511 | 11,752 | 8,400 | 243 |
| 276 Disorders of fluid, electrolyte, and acid-base balance | 13,250 | 1.0 | 278 | 11 | 25 | 102,724 | 9,307 | 369 | 74,908 | 6,787 | 269 |
| --- Other | 7,267 | 0.5 | 192 | 8 | 32 | 68,729 | 11,484 | 356 | 50,031 | 8,359 | 259 |
| 280-289 Diseases of the blood and blood forming organs (MDC 4) | 8,615 | 0.6 | 223 | 9 | 33 | 78,815 | 11,791 | 352 | 54,812 | 8,200 | 244 |
| 285 Other and unspecified anemias | 5,858 | 0.4 | 155 | 6 | 33 | 55,410 | 11,881 | 356 | 37,120 | 7,959 | 238 |
| --- Other | 2,757 | 0.2 | 68 | 3 | 33 | 23,405 | 11,582 | 342 | 17,692 | 8,755 | 258 |
| 290-319 Mental disorders (MDC 5) | 35,341 | 2.7 | 940 | 37 | 31 | 293,752 | 9,945 | 312 | 219,871 | 7,444 | 233 |
| 290 Senile and prosenile organic psychotic conditions | 9,240 | 0.7 | 266 | 10 | 35 | 76,950 | 10,206 | 288 | 57,923 | 7,683 | 217 |
| 294 Other organic psychotic conditions (chronic) | 8,227 | 0.6 | 222 | 9 | 32 | 65,384 | 9,452 | 293 | 52,203 | 7,546 | 234 |
| 298 Other non-organic psychoses | 3,188 | 0.2 | 85 | 3 | 32 | 25,405 | 9,613 | 296 | 21,095 | 7,982 | 246 |
| --- Other | 14,686 | 1.1 | 365 | 14 | 29 | 126,012 | 10,133 | 344 | 88,648 | 7,128 | 242 |
| 320-389 Diseases of the nervous system and sense organs (MDC 6) | 31,851 | 2.5 | 895 | 35 | 33 | 310,986 | 11,497 | 347 | 231,349 | 8,553 | 258 |
| 331 Other cerebral degenerations | 9,336 | 0.7 | 262 | 10 | 32 | 79,722 | 9,862 | 303 | 62,307 | 7,708 | 237 |
| 332 Parkinson's disease | 6,977 | 0.6 | 240 | 9 | 38 | 83,571 | 13,274 | 347 | 63,243 | 10,045 | 262 |
| 342 Hemiplegia | 2,109 | 0.1 | 73 | 3 | 47 | 29,350 | 18,881 | 400 | 20,157 | 12,967 | 275 |
| --- Other | 13,430 | 1.0 | 319 | 12 | 28 | 118,343 | 10,647 | 370 | 85,641 | 7,705 | 268 |

(continued)

# Table A-44
# (Table 41)
## Covered admissions, covered days of care, covered charges, and program payments for Medicare fee-for-service beneficiaries admitted to skilled nursing facilities, by principal diagnoses within major diagnostic classification (MDC) for Whites: calendar year 2002 (continued)

| Principal ICD 9-CM[2] Diagnosis within MDC | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Numbers | Percent distribution | In thousands | Per 1,000 enrollees | Per admission | In thousands | Per admission | Per day | In thousands | Per admission[3] | Per day |
| 390-459 Diseases of the circulatory system (MDC 7) | 202,625 | 18.5 | 5,709 | 223 | 28 | $2,230,125 | $11,006 | $390 | $1,517,621 | $7,489 | $265 |
| 401 Essential hypertension | 14,612 | 1.3 | 442 | 17 | 30 | 164,312 | 11,244 | 371 | 118,802 | 8,130 | 268 |
| 410 Acute myocardial infarction | 9,793 | 0.9 | 201 | 8 | 20 | 94,693 | 9,669 | 470 | 55,000 | 5,616 | 273 |
| 414 Ischemic heart disease | 16,866 | 1.5 | 420 | 16 | 24 | 163,481 | 9,692 | 388 | 112,867 | 6,691 | 268 |
| 427 Cardiac dysrhythmia | 15,545 | 1.4 | 388 | 15 | 24 | 134,413 | 8,646 | 345 | 96,777 | 6,225 | 249 |
| 428 Heart failure | 42,126 | 3.8 | 979 | 38 | 23 | 368,666 | 8,751 | 376 | 245,924 | 5,837 | 251 |
| 429 Ill-defined descriptions and complication of heart disease | 1,943 | 0.2 | 73 | 3 | 38 | 25,274 | 13,007 | 341 | 16,659 | 8,573 | 225 |
| 431 Intracranial hemorrhage | 1,321 | 0.1 | 31 | 1 | 23 | 14,824 | 11,219 | 469 | 9,969 | 7,545 | 315 |
| 434 Occlusion of cerebral arteries | 4,508 | 0.4 | 121 | 5 | 26 | 58,676 | 13,016 | 483 | 34,030 | 7,548 | 280 |
| 435 Transient cerebral ischemia | 6,062 | 0.6 | 178 | 7 | 29 | 69,164 | 11,408 | 387 | 46,052 | 7,596 | 257 |
| 436 Acute, but ill-defined, cerebrovascular disease | 34,665 | 3.2 | 1,370 | 53 | 39 | 531,716 | 15,338 | 387 | 378,929 | 10,931 | 276 |
| 437 Other and ill-defined cerebrovascular disease | 1,399 | 0.1 | 51 | 2 | 36 | 21,816 | 15,594 | 424 | 13,862 | 9,909 | 269 |
| 438 Late effects of cerebrovascular disease | 15,312 | 1.4 | 514 | 20 | 33 | 214,445 | 14,005 | 416 | 148,758 | 9,715 | 288 |
| 440 Atherosclerosis | 1,865 | 0.2 | 36 | 1 | 19 | 24,618 | 13,197 | 673 | 9,846 | 5,278 | 269 |
| 443 Other peripheral vascular disease | 4,430 | 0.4 | 122 | 5 | 27 | 44,591 | 10,065 | 364 | 31,684 | 7,151 | 259 |
| 453 Venous embolism and thrombosis | 4,042 | 0.4 | 116 | 5 | 28 | 41,647 | 10,304 | 356 | 31,170 | 7,712 | 267 |
| --- Other | 28,136 | 2.6 | 659 | 26 | 23 | 257,780 | 9,161 | 390 | 167,284 | 5,945 | 253 |
| 460-519 Diseases of the respiratory system (MDC 8) | 96,533 | 8.8 | 2,489 | 97 | 25 | 982,521 | 10,178 | 394 | 630,043 | 6,526 | 253 |
| 482 Other bacterial pneumonia and breathing exercises (V-57.0) | 3,420 | 0.3 | 72 | 3 | 21 | 34,032 | 9,951 | 468 | 17,088 | 4,996 | 235 |
| 486 Pneumonia, organism unspecified | 41,271 | 3.8 | 1,029 | 40 | 24 | 386,735 | 9,370 | 375 | 263,645 | 6,388 | 256 |
| 491 Chronic bronchitis | 8,316 | 0.8 | 150 | 6 | 18 | 82,999 | 9,980 | 551 | 36,259 | 4,360 | 240 |
| 496 Chronic airway obstruction | 19,042 | 1.7 | 589 | 23 | 30 | 207,223 | 10,882 | 351 | 142,102 | 7,462 | 240 |
| 507 Pneumonitis due to solids and liquids | 3,420 | 0.3 | 126 | 5 | 36 | 42,243 | 12,352 | 335 | 30,435 | 8,899 | 241 |
| 518 Other diseases of lung | 6,218 | 0.6 | 189 | 7 | 30 | 90,268 | 14,517 | 476 | 50,947 | 8,193 | 268 |
| --- Other | 14,845 | 1.4 | 331 | 13 | 22 | 139,017 | 9,364 | 419 | 89,564 | 6,033 | 270 |
| 520-579 Diseases of the digestive system (MDC 9) | 46,867 | 4.3 | 1,160 | 45 | 24 | 435,310 | 9,288 | 375 | 300,478 | 6,411 | 259 |
| 560 Intestinal obstruction without mention of hernia | 7,772 | 0.7 | 172 | 7 | 22 | 64,046 | 8,240 | 370 | 47,432 | 6,102 | 274 |
| 562 Diverticula of intestine | 4,586 | 0.4 | 104 | 4 | 22 | 41,433 | 9,035 | 395 | 29,549 | 6,443 | 281 |
| 578 Gastrointestinal hemorrhage | 9,560 | 0.9 | 243 | 9 | 25 | 91,468 | 9,567 | 375 | 64,116 | 6,706 | 263 |
| --- Other | 24,949 | 2.3 | 639 | 25 | 25 | 238,362 | 9,553 | 372 | 159,380 | 6,388 | 249 |
| 580-629 Diseases of the genitourinary system (MDC 10) | 36,530 | 3.3 | 982 | 38 | 26 | 350,558 | 9,596 | 356 | 251,500 | 6,884 | 255 |
| 585 chronic renal failure | 2,798 | 0.3 | 64 | 3 | 23 | 21,983 | 7,856 | 339 | 17,445 | 6,234 | 269 |
| 586 Renal failure, unspecified | 2,720 | 0.2 | 96 | 4 | 35 | 29,210 | 10,737 | 302 | 23,106 | 8,494 | 238 |
| 599 Other disorders of urethra and urinary tract | 22,307 | 2.0 | 607 | 24 | 27 | 216,565 | 9,708 | 356 | 154,351 | 6,919 | 254 |
| --- Other | 8,705 | 0.8 | 214 | 8 | 24 | 82,798 | 9,511 | 386 | 56,596 | 6,501 | 264 |

(continued)

# Table A-44
# (Table 41)
## Covered admissions, covered days of care, covered charges, and program payments for Medicare fee-for-service beneficiaries admitted to skilled nursing facilities, by principal diagnoses within major diagnostic classification (MDC) for Whites: calendar year 2002 (continued)

| Principal ICD 9-CM[2] Diagnosis within MDC | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Numbers | Percent distribution | In thousands | Per 1,000 enrollees | Per admission | In thousands | Per admission | Per day | In thousands | Per admission[3] | Per day |
| 680-709 Diseases of the skin and subcutaneous tissue (MDC 12) | 27,747 | 2.5 | 783 | 31 | 28 | $333,407 | $12,015 | $425 | $192,596 | $6,941 | $245 |
| 682 Other cellulitis and abscess | 17,721 | 1.6 | 448 | 17 | 25 | 193,005 | 10,891 | 430 | 114,223 | 6,445 | 254 |
| 707 Chronic ulcer of skin | 8,006 | 0.7 | 267 | 10 | 33 | 117,048 | 14,620 | 436 | 62,188 | 7,768 | 232 |
| --- Other | 2,021 | 0.2 | 66 | 3 | 33 | 23,354 | 11,556 | 348 | 16,183 | 8,008 | 241 |
| 710-739 Diseases of the musculoskeletal system and connective tissue (MDC 13) | 104,149 | 9.5 | 2,246 | 88 | 21 | 975,195 | 9,363 | 434 | 635,687 | 6,103 | 282 |
| 715 Osteoarthrosis and allied disorders | 42,126 | 3.8 | 693 | 27 | 16 | 331,653 | 7,872 | 478 | 214,835 | 5,099 | 309 |
| 719 Other and unspecified disorders of joint | 12,125 | 1.1 | 330 | 13 | 27 | 126,474 | 10,430 | 383 | 90,137 | 7,434 | 273 |
| 724 Spinal stenosis | 12,824 | 1.2 | 272 | 11 | 21 | 114,206 | 8,905 | 419 | 77,497 | 6,042 | 284 |
| 728 Disorders of muscle, ligament, and fascia | 7,617 | 0.7 | 218 | 9 | 28 | 84,648 | 11,113 | 387 | 57,065 | 7,491 | 261 |
| 730 Osteomyelitis, periostitis, and other infections involving bone | 3,731 | 0.3 | 106 | 4 | 28 | 66,258 | 17,760 | 621 | 26,261 | 7,039 | 246 |
| 733 Other disorders of bone and cartilage | 9,249 | 0.8 | 227 | 9 | 24 | 91,297 | 9,870 | 401 | 63,575 | 6,873 | 279 |
| --- Other | 16,477 | 1.5 | 398 | 16 | 24 | 160,656 | 9,750 | 403 | 106,313 | 6,452 | 266 |
| 740-759 Congenital Anomalies (MDC 14) | 2,565 | 0.2 | 54 | 2 | 21 | 19,705 | 7,682 | 361 | 15,401 | 6,004 | 282 |
| --- Other | 2,565 | 0.2 | 54 | 2 | 21 | 19,705 | 7,682 | 361 | 15,401 | 6,004 | 282 |
| 780-799 Other Ill defined conditions (MDC 16) | 78,889 | 7.2 | 2,177 | 85 | 27 | 839,080 | 10,636 | 385 | 576,596 | 7,308 | 264 |
| 780 General Symptoms | 32,799 | 3.0 | 852 | 33 | 25 | 336,106 | 10,247 | 394 | 233,065 | 7,105 | 273 |
| 781 Symptoms involving nervous and musculosketal systems | 12,513 | 1.1 | 334 | 13 | 26 | 150,128 | 11,997 | 449 | 90,520 | 7,233 | 270 |
| 785 Symptom disorders of cardiovascular system | 1,710 | 0.2 | 59 | 2 | 34 | 22,443 | 13,125 | 376 | 17,234 | 10,079 | 289 |
| 786 Symptoms involving respiratory system and other chest symptoms | 4,819 | 0.4 | 121 | 5 | 25 | 38,980 | 8,089 | 321 | 29,494 | 6,120 | 243 |
| 787 Symptoms involving digestive system | 5,596 | 0.5 | 197 | 8 | 35 | 63,050 | 11,266 | 319 | 49,369 | 8,822 | 249 |
| --- Other | 21,452 | 2.0 | 612 | 24 | 28 | 228,371 | 10,645 | 372 | 156,911 | 7,314 | 256 |
| 800-999 Injury and Poisoning (MDC 17) | 162,442 | 14.8 | 5,307 | 207 | 32 | 2,075,690 | 12,778 | 391 | 1,439,175 | 8,859 | 271 |
| 805 Fracture, vertebra | 8,161 | 0.7 | 235 | 9 | 28 | 86,373 | 10,583 | 367 | 61,320 | 7,513 | 260 |
| 808 Fracture, pelvis | 10,804 | 1.0 | 315 | 12 | 29 | 117,543 | 10,880 | 372 | 86,693 | 8,024 | 274 |
| 812 Fracture, humerus | 8,705 | 0.8 | 332 | 13 | 38 | 127,147 | 14,606 | 382 | 91,868 | 10,553 | 276 |
| 820 Fracture, neck of femur | 69,563 | 6.3 | 2,394 | 93 | 34 | 898,937 | 12,922 | 375 | 665,996 | 9,574 | 278 |
| 821 Fracture, shaft of femur | 11,425 | 1.0 | 469 | 18 | 41 | 169,092 | 14,799 | 360 | 121,307 | 10,617 | 258 |
| 823 Fracture, tibia, fibula | 4,042 | 0.4 | 158 | 6 | 39 | 58,545 | 14,485 | 369 | 41,788 | 10,339 | 264 |
| 824 Fracture of ankle | 4,042 | 0.4 | 111 | 4 | 27 | 39,586 | 9,794 | 354 | 30,164 | 7,463 | 270 |
| 897 Amputation | 2,021 | 0.2 | 82 | 3 | 40 | 24,695 | 12,220 | 299 | 18,477 | 9,143 | 224 |
| --- Other | 43,681 | 4.0 | 1,208 | 47 | 27 | 553,767 | 12,677 | 458 | 321,559 | 7,361 | 266 |

(continued)

**Table A-44**
**(Table 41)**
**Covered admissions, covered days of care, covered charges, and program payments for Medicare fee-for-service beneficiaries admitted to skilled nursing facilities, by principal diagnoses within major diagnostic classification (MDC) for Whites: calendar year 2002 (continued)**

| Principal ICD 9-CM[2] Diagnosis within MDC | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Numbers | Percent distribution | In thousands | Per 1,000 enrollees | Per admission | In thousands | Per admission | Per day | In thousands | Per admission[3] | Per day |
| V01-V82 Factors influencing health status & contact with health services | 203,091 | 18.5 | 3,156 | 123 | 15 | $2,196,113 | $10,813 | $695 | $944,959 | $4,652 | $299 |
| v43 Organ of tissue replaced by other means | 8,783 | 0.8 | 160 | 6 | 18 | 65,566 | 7,465 | 409 | 48,721 | 5,547 | 304 |
| v54 Orthopedic aftercare | 11,581 | 1.1 | 242 | 9 | 20 | 122,461 | 10,574 | 505 | 69,635 | 6,013 | 287 |
| v57 Breathing exercises | 147,364 | 13.4 | 2,084 | 81 | 14 | 1,625,480 | 11,030 | 779 | 637,400 | 4,325 | 305 |
| v58 Encounter for other and unspecified procedures and aftercare | 21,918 | 2.0 | 333 | 13 | 15 | 247,216 | 11,279 | 741 | 98,133 | 4,477 | 294 |
| V66 Convalescence | 5,829 | 0.5 | 113 | 4 | 19 | 57,701 | 9,898 | 507 | 33,072 | 5,673 | 290 |
| --- Other | 7,617 | 0.7 | 222 | 9 | 29 | 77,687 | 10,199 | 348 | 57,996 | 7,614 | 260 |

[1] Reflects skilled nursing facility admissions with at least 1 day of covered care under Medicare.

[2] ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification* (Volume 1). Only the first time listed or principal diagnosis has been used.

[3] The average program payment per admission does not reflect managed care enrollment, that is, Medicaid enrollees in managed care claims are not included in the denominator used to calculate the average program payments per admission.

[4] Includes invalid codes not shown separately.

[5] Specific leading diagnostic categories were selected for presentation because of frequency of occurrences or special interest.

NOTES: Medicare program payments represent fee-for-service only. Numbers may not add to totals because of rounding. MDCs 11 and 15 were not shown separately (but are included in the totals) because these diagnostic conditions are, for the most part, not applicable to Medicare beneficiaries.

SOURCE: 2002 SAF SNF Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

# Table A-45.
# (Table 41)
# Covered admissions, covered days of care, covered charges, and program payments for Medicare fee-for-service beneficiaries admitted to skilled nursing facilities, by principal diagnoses within major diagnostic classification (MDC) for Blacks: calendar year 2002

| Principal ICD 9-CM[2] Diagnosis within MDC | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Numbers | Percent distribution | In thousands | Per 1,000 enrollees | Per admission | In thousands | Per admission | Per day | In thousands | Per admission[3] | Per day |
| Total all diagnosis[4] | 1,272,756 | 100.0 | 3,511 | 1,179 | 30 | $1,380,535 | $12,120 | $393 | $885,210 | $7,772 | $252 |
| Leading diagnosis[5] | 1,014,565 | 77.9 | 2,737 | 919 | 30 | 1,097,154 | 12,369 | 400 | 695,252 | 7,838 | 253 |
| 000-139 Infectious and parasitic diseases (MDC 1) | 18,736 | 1.9 | 64 | 22 | 29 | 27,516 | 12,425 | 425 | 16,183 | 7,307 | 250 |
| 038 Septicemia | 10,049 | 1.1 | 33 | 11 | 26 | 15,743 | 12,389 | 470 | 8,481 | 6,674 | 253 |
| --- Other | 8,687 | 0.8 | 31 | 10 | 33 | 11,772 | 12,472 | 376 | 7,702 | 8,160 | 246 |
| 140-239 Neoplasms (MDC 2) | 21,087 | 1.4 | 45 | 15 | 28 | 16,802 | 10,518 | 366 | 11,805 | 7,390 | 257 |
| 153 Malignant neoplasm of colon | 3,250 | 0.2 | 5 | 2 | 23 | 2,364 | 10,853 | 466 | 1,545 | 7,094 | 305 |
| 154 Malignant neoplasm of rectum, rectosigmoid junction, and anus | 2,973 | 0.2 | 4 | 1 | 24 | 1,670 | 9,204 | 378 | 1,156 | 6,370 | 261 |
| 162 Malignant neoplasm of trachea, bronchus, and lung | 1,336 | 0.1 | 3 | 1 | 29 | 1,561 | 11,470 | 394 | 1,013 | 7,446 | 256 |
| 174 Malignant neoplasm of female breast | 826 | 0.1 | 2 | 1 | 32 | 774 | 10,668 | 330 | 625 | 8,613 | 267 |
| 185 Malignant neoplasm of prostate | 536 | 0.2 | 6 | 2 | 34 | 1,869 | 9,806 | 287 | 1,495 | 7,846 | 229 |
| 197-198 Secondary malignant neoplasm of resp, digest, and other sites | 435 | 0.0 | 0 | 14 | 358 | | 9,862 | 680 | 132 | 3,651 | 251 |
| --- Other | 11,731 | 0.7 | 23 | 8 | 30 | 8,204 | 10,761 | 355 | 5,836 | 7,655 | 253 |
| 240-279 Endocrine, Nutritional, and Metabolic Dis and Immunity Disorders (MDC 3) | 48,210 | 6.3 | 248 | 84 | 34 | 84,188 | 11,682 | 338 | 59,240 | 8,220 | 237 |
| 250 Diabetes | 25,997 | 3.8 | 158 | 53 | 36 | 52,395 | 12,204 | 330 | 37,285 | 8,685 | 234 |
| 260-263 Nutritional deficiencies | 1,696 | 0.2 | 9 | 3 | 42 | 2,427 | 11,143 | 260 | 1,779 | 8,169 | 191 |
| 276 Disorders of fluid, electrolyte, and acid-base balance | 13,250 | 1.5 | 55 | 19 | 32 | 19,382 | 11,359 | 349 | 13,570 | 7,953 | 244 |
| --- Other | 7,267 | 0.9 | 25 | 9 | 25 | 9,982 | 10,090 | 391 | 6,603 | 6,675 | 258 |
| 280-289 Diseases of the blood and blood forming organs (MDC 4) | 8,615 | 1.3 | 40 | 13 | 27 | 14,755 | 10,035 | 367 | 9,621 | 6,543 | 239 |
| 285 Other and unspecified anemias | 5,858 | 0.8 | 26 | 9 | 30 | 8,359 | 9,398 | 311 | 6,735 | 7,572 | 250 |
| --- Other | 2,757 | 0.5 | 13 | 4 | 22 | 6,396 | 11,011 | 481 | 2,885 | 4,967 | 217 |
| 290-319 Mental disorders (MDC 5) | 35,341 | 3.7 | 144 | 48 | 34 | 43,682 | 10,462 | 302 | 32,449 | 7,772 | 224 |
| 290 Senile and prosenile organic psychotic conditions | 9,240 | 1.1 | 42 | 14 | 33 | 13,369 | 10,521 | 316 | 10,621 | 8,358 | 251 |
| 294 Other organic psychotic conditions (chronic) | 8,227 | 0.9 | 41 | 14 | 42 | 12,340 | 12,473 | 295 | 8,937 | 9,033 | 214 |
| 298 Other non-organic psychoses | 3,188 | 0.3 | 10 | 3 | 29 | 3,084 | 8,713 | 299 | 2,372 | 6,703 | 230 |
| --- Other | 14,686 | 1.4 | 50 | 17 | 32 | 14,888 | 9,537 | 295 | 10,517 | 6,737 | 208 |
| 320-389 Diseases of the nervous system and sense organs (MDC 6) | 31,851 | 2.8 | 124 | 42 | 39 | 39,876 | 12,588 | 319 | 30,919 | 9,761 | 247 |
| 331 Other cerebral degenerations | 9,336 | 0.8 | 34 | 12 | 39 | 9,432 | 10,825 | 273 | 7,097 | 8,146 | 205 |
| 332 Parkinson's disease | 6,977 | 0.3 | 16 | 5 | 44 | 4,965 | 13,677 | 304 | 3,828 | 10,546 | 235 |
| 342 Hemiplegia | 2,109 | 0.4 | 20 | 7 | 50 | 7,384 | 18,079 | 357 | 6,164 | 15,093 | 298 |
| --- Other | 13,430 | 1.3 | 53 | 18 | 35 | 18,093 | 11,866 | 338 | 13,827 | 9,068 | 258 |

(continued)

# Table A-45
# (Table 41)
## Covered admissions, covered days of care, covered charges, and program payments for Medicare fee-for-service beneficiaries admitted to skilled nursing facilities, by principal diagnoses within major diagnostic classification (MDC) for Blacks: calendar year 2002 (continued)

| Principal ICD 9-CM[2] Diagnosis within MDC | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Numbers | Percent distribution | In thousands | Per 1,000 enrollees | Per admission | In thousands | Per admission | Per day | In thousands | Per admission[3] | Per day |
| 390-459 Diseases of the circulatory system (MDC 7) | 27,873 | 24.5 | 949 | 319 | 34 | $344,232 | $12,350 | $362 | $243,857 | $8,748 | $256 |
| 401 Essential hypertension | 3,812 | 3.3 | 134 | 45 | 35 | 44,266 | 11,612 | 329 | 33,016 | 8,661 | 245 |
| 410 Acute myocardial infarction | 608 | 0.5 | 19 | 6 | 31 | 7,338 | 12,067 | 379 | 4,486 | 7,378 | 232 |
| 414 Ischemic heart disease | 1,225 | 1.1 | 31 | 11 | 25 | 12,423 | 10,139 | 390 | 8,568 | 6,992 | 269 |
| 427 Cardiac dysrhythmia | 1,125 | 1.0 | 36 | 12 | 32 | 12,411 | 11,028 | 341 | 9,371 | 8,326 | 257 |
| 428 Heart failure | 3,830 | 3.4 | 114 | 39 | 30 | 43,265 | 11,296 | 376 | 28,891 | 7,543 | 251 |
| 429 Ill-defined descriptions and complication of heart disease | 281 | 0.2 | 11 | 4 | 41 | 3,133 | 11,136 | 271 | 2,545 | 9,048 | 220 |
| 431 Intracranial hemorrhage | 263 | 0.2 | 10 | 4 | 41 | 6,264 | 23,800 | 569 | 3,306 | 12,561 | 300 |
| 434 Occlusion of cerebral arteries | 481 | 0.4 | 12 | 4 | 26 | 7,049 | 14,655 | 559 | 3,714 | 7,720 | 295 |
| 435 Transient cerebral ischemia | 663 | 0.6 | 25 | 9 | 38 | 8,785 | 13,260 | 344 | 6,584 | 9,938 | 257 |
| 436 Acute, but ill-defined, cerebrovascular disease | 7,007 | 6.2 | 273 | 92 | 39 | 97,046 | 13,850 | 354 | 73,033 | 10,423 | 266 |
| 437 Other and ill-defined cerebrovascular disease | 227 | 0.2 | 10 | 4 | 47 | 3,516 | 15,499 | 324 | 2,794 | 12,317 | 257 |
| 438 Late effects of cerebrovascular disease | 3,022 | 2.7 | 115 | 39 | 38 | 44,593 | 14,754 | 386 | 30,486 | 10,086 | 264 |
| 440 Atherosclerosis | 281 | 0.2 | 5 | 2 | 19 | 3,718 | 13,214 | 669 | 1,271 | 4,518 | 228 |
| 443 Other peripheral vascular disease | 1,234 | 1.1 | 37 | 13 | 30 | 12,255 | 9,928 | 323 | 9,132 | 7,398 | 240 |
| 453 Venous embolism and thrombosis | 744 | 0.7 | 22 | 8 | 30 | 7,588 | 10,195 | 337 | 5,140 | 6,906 | 228 |
| --- Other | 3,068 | 2.7 | 86 | 29 | 28 | 30,574 | 9,966 | 354 | 21,514 | 7,013 | 249 |
| 460-519 Diseases of the respiratory system (MDC 8) | 7,824 | 6.9 | 225 | 76 | 28 | 92,508 | 11,824 | 410 | 57,138 | 7,303 | 253 |
| 482 Other bacterial pneumonia and breathing exercises (V-57.0) | 272 | 0.2 | 7 | 3 | 29 | 4,255 | 15,628 | 534 | 1,804 | 6,628 | 226 |
| 486 Pneumonia, organism unspecified | 3,122 | 2.7 | 86 | 29 | 27 | 32,543 | 10,423 | 375 | 22,428 | 7,183 | 258 |
| 491 Chronic bronchitis | 499 | 0.4 | 7 | 3 | 15 | 5,225 | 10,468 | 655 | 2,132 | 4,272 | 267 |
| 496 Chronic airway obstruction | 1,343 | 1.2 | 41 | 14 | 31 | 14,296 | 10,643 | 342 | 10,465 | 7,790 | 250 |
| 507 Pneumonitis due to solids and liquids | 445 | 0.4 | 16 | 6 | 38 | 4,768 | 10,722 | 282 | 3,607 | 8,112 | 213 |
| 518 Other diseases of lung | 781 | 0.7 | 27 | 9 | 34 | 16,807 | 21,532 | 618 | 7,185 | 9,205 | 264 |
| --- Other | 1,361 | 1.2 | 36 | 12 | 26 | 14,610 | 10,732 | 398 | 9,514 | 6,988 | 259 |
| 520-579 Diseases of the digestive system (MDC 9) | 4,656 | 4.1 | 142 | 48 | 30 | 49,387 | 10,607 | 346 | 34,265 | 7,359 | 240 |
| 560 Intestinal obstruction without mention of hernia | 790 | 0.7 | 20 | 7 | 26 | 7,234 | 9,161 | 346 | 5,248 | 6,646 | 251 |
| 562 Diverticula of intestine | 281 | 0.2 | 9 | 3 | 34 | 4,140 | 14,717 | 432 | 2,382 | 8,467 | 248 |
| 578 Gastrointestinal hemorrhage | 1,343 | 1.2 | 48 | 16 | 35 | 14,511 | 10,803 | 302 | 11,368 | 8,463 | 236 |
| --- Other | 2,242 | 2.0 | 63 | 21 | 28 | 23,500 | 10,482 | 368 | 15,265 | 6,809 | 239 |
| 580-629 Diseases of the genitourinary system (MDC 10) | 7,470 | 6.6 | 228 | 77 | 30 | 74,455 | 9,967 | 326 | 54,972 | 7,359 | 240 |
| 585 chronic renal failure | 1,824 | 1.6 | 53 | 18 | 29 | 18,404 | 10,088 | 347 | 12,992 | 7,122 | 245 |
| 586 Renal failure, unspecified | 744 | 0.7 | 24 | 8 | 33 | 7,751 | 10,415 | 314 | 5,831 | 7,835 | 236 |
| 599 Other disorders of urethra and urinary tract | 3,204 | 2.8 | 95 | 32 | 29 | 30,462 | 9,507 | 318 | 23,008 | 7,181 | 240 |
| --- Other | 1,697 | 1.5 | 55 | 19 | 32 | 17,836 | 10,509 | 323 | 13,139 | 7,741 | 238 |

(continued)

# Table A-45
# (Table 41)
## Covered admissions, covered days of care, covered charges, and program payments for Medicare fee-for-service beneficiaries admitted to skilled nursing facilities, by principal diagnoses within major diagnostic classification (MDC) for Blacks: calendar year 2002 (continued)

| Principal ICD 9-CM[2] Diagnosis within MDC | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Numbers | Percent distribution | In thousands | Per 1,000 enrollees | Per admission | In thousands | Per admission | Per day | In thousands | Per admission[3] | Per day |
| 680-709 Diseases of the skin and subcutaneous tissue (MDC 12) | 4,003 | 3.5 | 138 | 46 | 34 | $59,688 | $14,912 | $431 | $32,622 | $8,150 | $235 |
| 682 Other cellulitis and abscess | 1,534 | 1.3 | 47 | 16 | 31 | 22,257 | 14,510 | 464 | 12,305 | 8,022 | 256 |
| 707 Chronic ulcer of skin | 2,196 | 1.9 | 84 | 28 | 38 | 35,099 | 15,980 | 415 | 18,873 | 8,592 | 223 |
| --- Other | 272 | 0.2 | 5 | 2 | 21 | 2,332 | 8,564 | 395 | 1,443 | 5,300 | 245 |
| 710-739 Diseases of the musculoskeletal system and connective tissue (MDC 13) | 8,196 | 7.2 | 219 | 74 | 26 | 90,679 | 11,064 | 412 | 59,277 | 7,232 | 269 |
| 715 Osteoarthrosis and allied disorders | 2,587 | 2.3 | 53 | 18 | 20 | 23,949 | 9,258 | 450 | 15,506 | 5,994 | 291 |
| 719 Other and unspecified disorders of joint | 899 | 0.8 | 28 | 9 | 31 | 9,625 | 10,711 | 340 | 7,818 | 8,701 | 276 |
| 724 Spinal stenosis | 626 | 0.5 | 17 | 6 | 27 | 6,750 | 10,779 | 392 | 4,667 | 7,452 | 271 |
| 728 Disorders of muscle, ligament, and fascia | 1,262 | 1.1 | 42 | 14 | 34 | 15,078 | 11,951 | 351 | 11,206 | 8,882 | 261 |
| 730 Osteomyelitis, periostitis, and other infections involving bone | 626 | 0.5 | 19 | 7 | 31 | 11,702 | 18,686 | 596 | 4,898 | 7,821 | 249 |
| 733 Other disorders of bone and cartilage | 381 | 0.3 | 10 | 4 | 28 | 3,942 | 10,342 | 366 | 2,663 | 6,987 | 247 |
| --- Other | 1,815 | 1.6 | 47 | 16 | 26 | 19,630 | 10,814 | 410 | 12,516 | 6,895 | 261 |
| 740-759 Congenital Anomalies (MDC 14) | 191 | 0.2 | 7 | 2 | 37 | 2,530 | 13,277 | 358 | 1,671 | 8,767 | 236 |
| --- Other | 191 | 0.2 | 7 | 2 | 37 | 2,530 | 13,277 | 358 | 1,671 | 8,767 | 236 |
| 780-799 Other Ill defined conditions (MDC 16) | 10,592 | 9.3 | 330 | 111 | 31 | 114,824 | 10,840 | 347 | 84,199 | 7,949 | 254 |
| 780 General Symptoms | 4,393 | 3.9 | 133 | 45 | 30 | 45,264 | 10,304 | 339 | 33,465 | 7,618 | 250 |
| 781 Symptoms involving nervous and musculosketal systems | 1,398 | 1.2 | 39 | 13 | 28 | 15,734 | 11,256 | 396 | 11,478 | 8,212 | 289 |
| 785 Symptom disorders of cardiovascular system | 517 | 0.5 | 19 | 7 | 37 | 5,832 | 11,273 | 297 | 4,732 | 9,147 | 241 |
| 786 Symptoms involving respiratory system and other chest symptoms | 554 | 0.5 | 14 | 5 | 25 | 4,873 | 8,802 | 343 | 3,773 | 6,814 | 265 |
| 787 Symptoms involving digestive system | 799 | 0.7 | 32 | 11 | 41 | 9,289 | 11,630 | 283 | 7,371 | 9,229 | 224 |
| --- Other | 2,932 | 2.6 | 90 | 31 | 31 | 33,830 | 11,539 | 372 | 23,377 | 7,974 | 257 |
| 800-999 Injury and Poisoning (MDC 17) | 8,695 | 7.6 | 314 | 106 | 36 | 115,162 | 13,244 | 365 | 80,437 | 9,251 | 255 |
| 805 Fracture, vertebra | 163 | 0.1 | 4 | 2 | 27 | 1,657 | 10,145 | 364 | 1,143 | 6,999 | 251 |
| 808 Fracture, pelvis | 309 | 0.3 | 9 | 3 | 31 | 4,086 | 13,242 | 426 | 2,805 | 9,092 | 292 |
| 812 Fracture, humerus | 245 | 0.2 | 8 | 3 | 32 | 2,780 | 11,348 | 344 | 2,235 | 9,123 | 276 |
| 820 Fracture, neck of femur | 2,605 | 2.3 | 97 | 33 | 37 | 35,407 | 13,592 | 363 | 25,870 | 9,931 | 265 |
| 821 Fracture, shaft of femur | 526 | 0.5 | 22 | 8 | 43 | 7,384 | 14,027 | 323 | 5,869 | 11,149 | 257 |
| 823 Fracture, tibia, fibula | 363 | 0.3 | 14 | 5 | 39 | 5,017 | 13,821 | 346 | 3,867 | 10,652 | 266 |
| 824 Fracture of ankle | 236 | 0.2 | 10 | 3 | 43 | 4,010 | 16,994 | 394 | 2,844 | 12,055 | 279 |
| 897 Amputation | 1,007 | 0.9 | 42 | 14 | 41 | 12,341 | 12,249 | 292 | 9,706 | 9,634 | 229 |
| --- Other | 3,240 | 2.8 | 105 | 35 | 32 | 42,476 | 13,109 | 402 | 26,093 | 8,053 | 247 |

(continued)

**Table A-45**
**(Table 41)**
**Covered admissions, covered days of care, covered charges, and program payments for Medicare fee-for-service beneficiaries admitted to skilled nursing facilities, by principal diagnoses within major diagnostic classification (MDC) for Blacks: calendar year 2002 (continued)**

| Principal ICD 9-CM[2] Diagnosis within MDC | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Numbers | Percent distribution | In thousands | Per 1,000 enrollees | Per admission | In thousands | Per admission | Per day | In thousands | Per admission[3] | Per day |
| V01-V82 Factors influencing health status & contact with health services | 14,431 | 12.7 | 282 | 95 | 19 | $208,909 | $14,476 | $739 | $75,585 | $5,237 | $267 |
| v43 Organ of tissue replaced by other means | 427 | 0.4 | 11 | 4 | 27 | 4,293 | 10,064 | 364 | 3,076 | 7,212 | 261 |
| v54 Orthopedic aftercare | 327 | 0.3 | 6 | 2 | 20 | 8,010 | 24,516<br>1,199 | 2,071 | 6,340 | 310 | |
| v57 Breathing exercises | 9,839 | 8.6 | 158 | 53 | 16 | 142,115 | 14,444 | 895 | 45,764 | 4,651 | 288 |
| v58 Encounter for other and unspecified procedures and aftercare | 1,634 | 1.4 | 29 | 10 | 17 | 27,050 | 16,557 | 929 | 6,911 | 4,230 | 237 |
| V66 Convalescence | 327 | 0.3 | 2 | 1 | 8 | 2,052 | 6,281 | 771 | 678 | 2,075 | 255 |
| --- Other | 1,879 | 1.6 | 73 | 25 | 39 | 25,387 | 13,512 | 345 | 17,082 | 9,092 | 232 |

[1] Reflects skilled nursing facility admissions with at least 1 day of covered care under Medicare.

[2] ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification* (Volume 1). Only the first time listed or principal diagnosis has been used.

[3] The average program payment per admission does not reflect managed care enrollment, that is, Medicaid enrollees in managed care claims are not included in the denominator used to calculate the average program payments per admission.

[4] Includes invalid codes not shown separately.

[5] Specific leading diagnostic categories were selected for presentation because of frequency of occurrences or special interest.

NOTES: Medicare program payments represent fee-for-service only. Numbers may not add to totals because of rounding. MDCs 11 and 15 were not shown separately (but are included in the totals) because these diagnostic conditions are, for the most part, not applicable to Medicare beneficiaries.

SOURCE: 2002 SAF SNF Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

# Table A-46.
# (Table 41)
# Covered admissions, covered days of care, covered charges, and program payments for Medicare fee-for-service beneficiaries admitted to skilled nursing facilities, by principal diagnoses within major diagnostic classification (MDC) for Hispanics: calendar year 2002

| Principal ICD 9-CM[2] Diagnosis within MDC | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Numbers | Percent distribution | In thousands | Per 1,000 enrollees | Per admission | In thousands | Per admission | Per day | In thousands | Per admission[3] | Per day |
| Total all diagnosis[4] | 1,272,756 | 100.0 | 1,103 | 542 | 26 | $515,507 | $12,568 | $467 | $296,247 | $7,222 | $268 |
| Leading diagnosis[5] | 1,014,565 | 79.9 | 880 | 432 | 26 | 416,323 | 12,701 | 472 | 237,800 | 7,254 | 270 |
| 000-139 Infectious and parasitic diseases (MDC 1) | 18,736 | 1.8 | 20 | 10 | 27 | 11,541 | 15,518 | 555 | 5,450 | 7,328 | 262 |
| 038 Septicemia | 10,049 | 1.2 | 13 | 7 | 29 | 6,546 | 13,841 | 468 | 3,703 | 7,830 | 265 |
| --- Other | 8,687 | 0.7 | 6 | 3 | 25 | 4,995 | 18,447 | 734 | 1,747 | 6,451 | 256 |
| 140-239 Neoplasms (MDC 2) | 21,087 | 1.2 | 11 | 6 | 24 | 4,901 | 10,363 | 417 | 3,167 | 6,698 | 269 |
| 153 Malignant neoplasm of colon | 3,250 | 0.1 | - | 0 | 19 | 476 | 13,867 | 721 | 205 | 5,998 | 312 |
| 154 Malignant neoplasm of rectum, rectosigmoid junction, and anus | 2,973 | 0.1 | - | 0 | 23 | 498 | 11,874 | 512 | 246 | 5,877 | 253 |
| 162 Malignant neoplasm of trachea, bronchus, and lung | 1,336 | 0.0 | - | 0 | 6 | 39 | 3,487 | 581 | 21 | 1,892 | 315 |
| 174 Malignant neoplasm of female breast | 826 | 0.1 | - | 0 | 14 | 247 | 7,207 | 502 | 148 | 4,317 | 301 |
| 185 Malignant neoplasm of prostate | 536 | 0.0 | - | 0 | 23 | 144 | 9,498 | 408 | 101 | 6,627 | 285 |
| 197-198 Secondary malignant neoplasm of resp, digest, and other sites | 435 | 0.0 | - | 0 | 2 | 5 | 1,313 | 656 | 2 | 537 | 268 |
| --- Other | 11,731 | 0.8 | 9 | 5 | 27 | 3,489 | 10,517 | 379 | 2,442 | 7,360 | 265 |
| 240-279 Endocrine, Nutritional, and Metabolic Dis and Immunity Disorders (MDC 3) | 48,210 | 5.8 | 70 | 34 | 29 | 28,745 | 12,039 | 410 | 18,239 | 7,639 | 260 |
| 250 Diabetes | 25,997 | 4.5 | 55 | 27 | 30 | 23,593 | 12,754 | 424 | 14,514 | 7,846 | 261 |
| 260-263 Nutritional deficiencies | 1,696 | 0.1 | 1 | 1 | 26 | 460 | 8,626 | 326 | 299 | 5,601 | 211 |
| 276 Disorders of fluid, electrolyte, and acid-base balance | 13,250 | 0.7 | 8 | 4 | 27 | 2,920 | 9,815 | 362 | 2,110 | 7,092 | 261 |
| --- Other | 7,267 | 0.5 | 5 | 2 | 26 | 1,771 | 9,477 | 351 | 1,315 | 7,037 | 260 |
| 280-289 Diseases of the blood and blood forming organs (MDC 4) | 8,615 | 0.8 | 8 | 4 | 27 | 3,227 | 10,445 | 384 | 2,136 | 6,914 | 254 |
| 285 Other and unspecified anemias | 5,858 | 0.5 | 6 | 3 | 30 | 2,325 | 11,505 | 376 | 1,558 | 7,707 | 252 |
| --- Other | 2,757 | 0.3 | 2 | 1 | 20 | 901 | 8,440 | 408 | 578 | 5,412 | 262 |
| 290-319 Mental disorders (MDC 5) | 35,341 | 2.8 | 35 | 18 | 30 | 10,576 | 9,151 | 295 | 8,707 | 7,534 | 243 |
| 290 Senile and prosenile organic psychotic conditions | 9,240 | 0.8 | 11 | 6 | 36 | 3,509 | 10,698 | 295 | 3,069 | 9,358 | 258 |
| 294 Other organic psychotic conditions (chronic) | 8,227 | 0.5 | 6 | 3 | 29 | 1,808 | 8,318 | 280 | 1,631 | 7,504 | 253 |
| 298 Other non-organic psychoses | 3,188 | 0.4 | 3 | 2 | 27 | 1,084 | 7,479 | 275 | 1,069 | 7,381 | 272 |
| --- Other | 14,686 | 1.1 | 13 | 7 | 29 | 4,174 | 8,972 | 307 | 2,936 | 6,309 | 216 |
| 320-389 Diseases of the nervous system and sense organs (MDC 6) | 31,851 | 2.7 | 37 | 18 | 33 | 13,414 | 12,086 | 356 | 9,624 | 8,671 | 255 |
| 331 Other cerebral degenerations | 9,336 | 0.7 | 8 | 4 | 31 | 2,644 | 9,496 | 305 | 2,133 | 7,663 | 246 |
| 332 Parkinson's disease | 6,977 | 0.5 | 7 | 4 | 37 | 2,531 | 12,524 | 331 | 1,885 | 9,327 | 246 |
| 342 Hemiplegia | 2,109 | 0.2 | 4 | 2 | 43 | 1,793 | 18,087 | 418 | 1,243 | 12,541 | 289 |
| --- Other | 13,430 | 1.3 | 17 | 8 | 32 | 6,444 | 12,156 | 378 | 4,361 | 8,226 | 256 |

(continued)

# Table A-46
# (Table 41)
## Covered admissions, covered days of care, covered charges, and program payments for Medicare fee-for-service beneficiaries admitted to skilled nursing facilities, by principal diagnoses within major diagnostic classification (MDC) for Hispanics: calendar year 2002 (continued)

| Principal ICD 9-CM[2] Diagnosis within MDC | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Numbers | Percent distribution | In thousands | Per 1,000 enrollees | Per admission | In thousands | Per admission | Per day | In thousands | Per admission[3] | Per day |
| 390-459 Diseases of the circulatory system (MDC 7) | 8,032 | 19.6 | 236 | 116 | 29 | $95,176 | $11,849 | $402 | $64,647 | $8,048 | $273 |
| 401 Essential hypertension | 881 | 2.1 | 30 | 15 | 35 | 10,000 | 11,351 | 323 | 7,926 | 8,996 | 256 |
| 410 Acute myocardial infarction | 244 | 0.6 | 4 | 2 | 17 | 2,422 | 9,924 | 557 | 1,192 | 4,883 | 274 |
| 414 Ischemic heart disease | 675 | 1.6 | 15 | 8 | 23 | 7,056 | 10,452 | 443 | 4,187 | 6,202 | 263 |
| 427 Cardiac dysrhythmia | 332 | 0.8 | 8 | 4 | 24 | 3,141 | 9,468 | 383 | 2,116 | 6,378 | 258 |
| 428 Heart failure | 1,163 | 2.8 | 28 | 14 | 24 | 11,732 | 10,085 | 415 | 7,517 | 6,461 | 266 |
| 429 Ill-defined descriptions and complication of heart disease | 99 | 0.2 | 3 | 2 | 38 | 1,536 | 15,494 | 405 | 1,051 | 10,604 | 277 |
| 431 Intracranial hemorrhage | 46 | 0.1 | 1 | 1 | 43 | 922 | 20,151 | 461 | 584 | 12,771 | 292 |
| 434 Occlusion of cerebral arteries | 122 | 0.3 | 2 | 1 | 23 | 1,972 | 16,157 | 700 | 808 | 6,620 | 287 |
| 435 Transient cerebral ischemia | 179 | 0.4 | 6 | 3 | 37 | 2,386 | 13,314 | 357 | 1,780 | 9,930 | 266 |
| 436 Acute, but ill-defined, cerebrovascular disease | 1,888 | 4.6 | 66 | 33 | 35 | 24,605 | 13,032 | 370 | 18,640 | 9,873 | 280 |
| 437 Other and ill-defined cerebrovascular disease | 92 | 0.2 | 2 | 1 | 32 | 992 | 10,843 | 337 | 789 | 8,625 | 268 |
| 438 Late effects of cerebrovascular disease | 892 | 2.2 | 29 | 15 | 33 | 12,193 | 13,662 | 409 | 8,945 | 10,022 | 300 |
| 440 Atherosclerosis | 103 | 0.3 | 1 | 1 | 12 | 1,288 | 12,512 | 965 | 363 | 3,526 | 272 |
| 443 Other peripheral vascular disease | 229 | 0.6 | 6 | 3 | 26 | 2,849 | 12,450 | 472 | 1,533 | 6,702 | 254 |
| 453 Venous embolism and thrombosis | 175 | 0.4 | 4 | 2 | 28 | 2,063 | 11,759 | 412 | 1,305 | 7,441 | 261 |
| --- Other | 912 | 2.2 | 21 | 11 | 24 | 10,013 | 10,984 | 455 | 5,905 | 6,478 | 268 |
| 460-519 Diseases of the respiratory system (MDC 8) | 3,303 | 8.1 | 86 | 43 | 26 | 44,264 | 13,401 | 508 | 23,344 | 7,067 | 268 |
| 482 Other bacterial pneumonia and breathing exercises (V-57.0) | 103 | 0.3 | 2 | 1 | 23 | 2,064 | 20,052 | 871 | 582 | 5,659 | 246 |
| 486 Pneumonia, organism unspecified | 1,392 | 3.4 | 36 | 18 | 26 | 15,706 | 11,282 | 429 | 9,738 | 6,995 | 266 |
| 491 Chronic bronchitis | 187 | 0.5 | 3 | 2 | 18 | 2,304 | 12,328 | 662 | 952 | 5,094 | 273 |
| 496 Chronic airway obstruction | 549 | 1.3 | 16 | 8 | 29 | 5,549 | 10,103 | 346 | 4,249 | 7,737 | 265 |
| 507 Pneumonitis due to solids and liquids | 240 | 0.6 | 7 | 4 | 30 | 4,443 | 18,494 | 600 | 1,999 | 8,321 | 270 |
| 518 Other diseases of lung | 305 | 0.7 | 9 | 5 | 31 | 9,355 | 30,660 | 977 | 2,586 | 8,476 | 270 |
| --- Other | 526 | 1.3 | 11 | 6 | 22 | 4,840 | 9,196 | 418 | 3,235 | 6,147 | 279 |
| 520-579 Diseases of the digestive system (MDC 9) | 1,667 | 4.1 | 43 | 21 | 26 | 17,743 | 10,645 | 406 | 11,021 | 6,612 | 252 |
| 560 Intestinal obstruction without mention of hernia | 187 | 0.5 | 4 | 2 | 22 | 1,611 | 8,620 | 380 | 1,020 | 5,461 | 241 |
| 562 Diverticula of intestine | 141 | 0.3 | 3 | 2 | 23 | 1,444 | 10,233 | 435 | 975 | 6,910 | 294 |
| 578 Gastrointestinal hemorrhage | 332 | 0.8 | 9 | 5 | 30 | 3,245 | 9,781 | 325 | 2,384 | 7,186 | 239 |
| --- Other | 1,007 | 2.5 | 26 | 13 | 25 | 11,442 | 11,364 | 438 | 6,641 | 6,595 | 254 |
| 580-629 Diseases of the genitourinary system (MDC 10) | 2,063 | 5.0 | 59 | 29 | 28 | 21,481 | 10,410 | 362 | 15,529 | 7,526 | 262 |
| 585 chronic renal failure | 324 | 0.8 | 9 | 5 | 30 | 2,945 | 9,085 | 299 | 2,424 | 7,479 | 246 |
| 586 Renal failure, unspecified | 172 | 0.4 | 5 | 3 | 31 | 1,658 | 9,662 | 306 | 1,346 | 7,845 | 248 |
| 599 Other disorders of urethra and urinary tract | 1,095 | 2.7 | 32 | 16 | 30 | 12,073 | 11,030 | 366 | 8,801 | 8,040 | 266 |
| --- Other | 473 | 1.2 | 11 | 5 | 23 | 4,803 | 10,156 | 435 | 2,956 | 6,252 | 268 |

(continued)

# Table A-46
# (Table 41)
## Covered admissions, covered days of care, covered charges, and program payments for Medicare fee-for-service beneficiaries admitted to skilled nursing facilities, by principal diagnoses within major diagnostic classification (MDC) for Hispanics: calendar year 2002 (continued)

| Principal ICD 9-CM[2] Diagnosis within MDC | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Numbers | Percent distribution | In thousands | Per 1,000 enrollees | Per admission | In thousands | Per admission | Per day | In thousands | Per admission[3] | Per day |
| 680-709 Diseases of the skin and subcutaneous tissue (MDC 12) | 1,461 | 3.6 | 43 | 21 | 29 | $20,907 | $14,312 | $477 | $10,820 | $7,407 | $247 |
| 682 Other cellulitis and abscess | 790 | 1.9 | 20 | 10 | 25 | 10,410 | 13,185 | 520 | 5,119 | 6,484 | 255 |
| 707 Chronic ulcer of skin | 622 | 1.5 | 22 | 11 | 36 | 10,103 | 16,252 | 441 | 5,449 | 8,764 | 238 |
| --- Other | 50 | 0.1 | - | 0 | 17 | 393 | 7,944 | 467 | 252 | 5,089 | 299 |
| 710-739 Diseases of the musculoskeletal system and connective tissue (MDC 13) | 2,975 | 7.3 | 75 | 37 | 25 | 34,226 | 11,504 | 454 | 21,892 | 7,359 | 290 |
| 715 Osteoarthrosis and allied disorders | 1,045 | 2.5 | 19 | 10 | 19 | 9,547 | 9,136 | 478 | 6,469 | 6,190 | 324 |
| 719 Other and unspecified disorders of joint | 393 | 1.0 | 11 | 6 | 29 | 4,296 | 10,937 | 376 | 3,195 | 8,134 | 279 |
| 724 Spinal stenosis | 275 | 0.7 | 7 | 4 | 28 | 3,213 | 11,701 | 412 | 2,279 | 8,301 | 292 |
| 728 Disorders of muscle, ligament, and fascia | 248 | 0.6 | 9 | 4 | 36 | 3,602 | 14,531 | 398 | 2,476 | 9,987 | 273 |
| 730 Osteomyelitis, periostitis, and other infections involving bone | 336 | 0.8 | 9 | 5 | 27 | 5,381 | 16,032 | 578 | 2,410 | 7,180 | 258 |
| 733 Other disorders of bone and cartilage | 221 | 0.5 | 5 | 3 | 24 | 2,502 | 11,311 | 464 | 1,508 | 6,817 | 279 |
| --- Other | 458 | 1.1 | 12 | 6 | 27 | 5,682 | 12,415 | 455 | 3,554 | 7,765 | 284 |
| 740-759 Congenital Anomalies (MDC 14) | 88 | 0.2 | 2 | 1 | 26 | 967 | 11,025 | 412 | 708 | 8,072 | 301 |
| --- Other | 88 | 0.2 | 2 | 1 | 26 | 967 | 11,025 | 412 | 708 | 8,072 | 301 |
| 780-799 Other Ill defined conditions (MDC 16) | 3,501 | 8.5 | 106 | 52 | 30 | 40,910 | 11,684 | 384 | 28,635 | 8,178 | 268 |
| 780 General Symptoms | 1,320 | 3.2 | 39 | 19 | 29 | 15,013 | 11,376 | 383 | 10,620 | 8,047 | 271 |
| 781 Symptoms involving nervous and musculosketal systems | 717 | 1.7 | 18 | 9 | 26 | 7,455 | 10,397 | 396 | 5,665 | 7,900 | 301 |
| 785 Symptom disorders of cardiovascular system | 69 | 0.2 | 2 | 1 | 31 | 805 | 11,735 | 372 | 598 | 8,718 | 276 |
| 786 Symptoms involving respiratory system and other chest symptoms | 214 | 0.5 | 5 | 3 | 26 | 1,975 | 9,249 | 344 | 1,427 | 6,681 | 248 |
| 787 Symptoms involving digestive system | 252 | 0.6 | 13 | 6 | 52 | 4,213 | 16,737 | 319 | 3,032 | 12,047 | 229 |
| --- Other | 931 | 2.3 | 27 | 13 | 29 | 11,447 | 12,300 | 417 | 7,291 | 7,834 | 265 |
| 800-999 Injury and Poisoning (MDC 17) | 4,459 | 10.9 | 141 | 69 | 31 | 60,679 | 13,609 | 429 | 38,933 | 8,732 | 275 |
| 805 Fracture, vertebra | 137 | 0.3 | 3 | 2 | 23 | 1,580 | 11,513 | 487 | 985 | 7,178 | 304 |
| 808 Fracture, pelvis | 175 | 0.4 | 6 | 3 | 34 | 2,586 | 14,743 | 423 | 1,781 | 10,151 | 291 |
| 812 Fracture, humerus | 175 | 0.4 | 6 | 3 | 35 | 2,446 | 13,946 | 396 | 1,806 | 10,293 | 293 |
| 820 Fracture, neck of femur | 1,854 | 4.5 | 62 | 31 | 33 | 23,729 | 12,801 | 379 | 17,346 | 9,358 | 277 |
| 821 Fracture, shaft of femur | 221 | 0.5 | 7 | 4 | 36 | 2,872 | 12,985 | 360 | 2,138 | 9,667 | 268 |
| 823 Fracture, tibia, fibula | 137 | 0.3 | 4 | 2 | 32 | 1,840 | 13,402 | 409 | 1,232 | 8,979 | 274 |
| 824 Fracture of ankle | 130 | 0.3 | 3 | 2 | 25 | 1,341 | 10,345 | 413 | 998 | 7,702 | 308 |
| 897 Amputation | 198 | 0.5 | 7 | 4 | 37 | 2,655 | 13,386 | 360 | 1,859 | 9,376 | 252 |
| --- Other | 1,430 | 3.5 | 40 | 20 | 28 | 21,625 | 15,119 | 538 | 10,783 | 7,539 | 268 |

(continued)

**Table A-46**
**(Table 41)**
**Covered admissions, covered days of care, covered charges, and program payments for Medicare fee-for-service beneficiaries admitted to skilled nursing facilities, by principal diagnoses within major diagnostic classification (MDC) for Hispanics: calendar year 2002 (continued)**

| Principal ICD 9-CM[2] Diagnosis within MDC | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Numbers | Percent distribution | In thousands | Per 1,000 enrollees | Per admission | In thousands | Per admission | Per day | In thousands | Per admission[3] | Per day |
| V01-V82 Factors influencing health status & contact with health services | 7,270 | 17.7 | 122 | 60 | 16 | $106,451 | $14,643 | $867 | $33,215 | $4,569 | $270 |
| v43 Organ of tissue replaced by other means | 244 | 0.6 | 6 | 3 | 25 | 2,435 | 9,978 | 390 | 1,942 | 7,957 | 311 |
| v54 Orthopedic aftercare | 385 | 0.9 | 6 | 3 | 15 | 6,351 | 16,488 | 1,053 | 1,970 | 5,115 | 327 |
| v57 Breathing exercises | 4,943 | 12.1 | 76 | 37 | 15 | 76,176 | 15,410 | 998 | 20,987 | 4,245 | 274 |
| v58 Encounter for other and unspecified procedures and aftercare | 675 | 1.6 | 9 | 5 | 14 | 11,985 | 17,753 | 1,251 | 2,888 | 4,278 | 301 |
| V66 Convalescence | 568 | 1.4 | 10 | 5 | 18 | 3,603 | 6,340 | 347 | 1,862 | 3,277 | 179 |
| --- Other | 454 | 1.1 | 14 | 7 | 31 | 5,898 | 12,996 | 415 | 3,563 | 7,851 | 251 |

[1] Reflects skilled nursing facility admissions with at least 1 day of covered care under Medicare.

[2] ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification* (Volume 1). Only the first time listed or principal diagnosis has been used.

[3] The average program payment per admission does not reflect managed care enrollment, that is, Medicaid enrollees in managed care claims are not included in the denominator used to calculate the average program payments per admission.

[4] Includes invalid codes not shown separately.

[5] Specific leading diagnostic categories were selected for presentation because of frequency of occurrences or special interest.

NOTES: Medicare program payments represent fee-for-service only. Numbers may not add to totals because of rounding. MDCs 11 and 15 were not shown separately (but are included in the totals) because these diagnostic conditions are, for the most part, not applicable to Medicare beneficiaries.

SOURCE: 2002 SAF SNF Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

# Table A-47.
# (Table 41)
# Covered admissions, covered days of care, covered charges, and program payments for Medicare fee-for-service beneficiaries admitted to skilled nursing facilities, by principal diagnoses within major diagnostic classification (MDC) for Asians/Pacific Islanders: calendar year 2002

| Principal ICD 9-CM[2] Diagnosis within MDC | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Numbers | Percent distribution | In thousands | Per 1,000 enrollees | Per admission | In thousands | Per admission | Per day | In thousands | Per admission[3] | Per day |
| Total all diagnosis[4] | 1,272,756 | 100.0 | 292 | 501 | 27 | $154,129 | $14,388 | $527 | $88,825 | $8,292 | $304 |
| Leading diagnosis[5] | 1,014,565 | 80.2 | 233 | 401 | 27 | 125,679 | 14,626 | 537 | 71,469 | 8,317 | 305 |
| 000-139 Infectious and parasitic diseases (MDC 1) | 18,736 | 2.0 | 6 | 10 | 29 | 4,067 | 19,452 | 667 | 1,648 | 7,886 | 270 |
| 038 Septicemia | 10,049 | 1.1 | 3 | 6 | 28 | 1,996 | 16,540 | 588 | 917 | 7,601 | 270 |
| --- Other | 8,687 | 0.8 | 2 | 5 | 30 | 2,071 | 23,427 | 766 | 731 | 8,274 | 270 |
| 140-239 Neoplasms (MDC 2) | 21,087 | 2.1 | 6 | 11 | 27 | 2,864 | 12,600 | 461 | 1,884 | 8,289 | 303 |
| 153 Malignant neoplasm of colon | 3,250 | 0.2 | - | 1 | 26 | 226 | 9,501 | 354 | 183 | 7,700 | 287 |
| 154 Malignant neoplasm of rectum, rectosigmoid junction, and anus | 2,973 | 0.2 | - | 1 | 24 | 247 | 11,039 | 457 | 158 | 7,039 | 291 |
| 162 Malignant neoplasm of trachea, bronchus, and lung | 1,336 | 0.2 | - | 1 | 20 | 159 | 9,461 | 465 | 110 | 6,585 | 323 |
| 174 Malignant neoplasm of female breast | 826 | 0.1 | - | 0 | 27 | 64 | 9,167 | 337 | 47 | 6,764 | 248 |
| 185 Malignant neoplasm of prostate | 536 | 0.1 | - | 1 | 28 | 159 | 14,167 | 505 | 120 | 10,690 | 381 |
| 197-198 Secondary malignant neoplasm of resp, digest, and other sites | 435 | 0.0 | - | 0 | 15 | 37 | 8,985 | 586 | 22 | 5,278 | 344 |
| --- Other | 11,731 | 1.3 | 4 | 7 | 29 | 1,969 | 13,895 | 478 | 1,242 | 8,763 | 301 |
| 240-279 Endocrine, Nutritional, and Metabolic Dis and Immunity Disorders (MDC 3) | 48,210 | 3.9 | 12 | 21 | 29 | 4,818 | 11,522 | 395 | 3,351 | 8,014 | 275 |
| 250 Diabetes | 25,997 | 2.4 | 7 | 13 | 29 | 2,923 | 11,510 | 387 | 2,038 | 8,024 | 270 |
| 260-263 Nutritional deficiencies | 1,696 | 0.1 | - | 1 | 44 | 226 | 16,144 | 365 | 131 | 9,359 | 211 |
| 276 Disorders of fluid, electrolyte, and acid-base balance | 13,250 | 0.9 | 2 | 5 | 27 | 1,182 | 12,038 | 443 | 809 | 8,242 | 303 |
| --- Other | 7,267 | 0.5 | 1 | 2 | 26 | 485 | 9,353 | 358 | 372 | 7,170 | 275 |
| 280-289 Diseases of the blood and blood forming organs (MDC 4) | 8,615 | 0.7 | 2 | 4 | 26 | 831 | 10,389 | 395 | 548 | 6,863 | 261 |
| 285 Other and unspecified anemias | 5,858 | 0.5 | 1 | 2 | 28 | 411 | 8,370 | 295 | 361 | 7,360 | 259 |
| --- Other | 2,757 | 0.3 | - | 1 | 23 | 419 | 13,602 | 591 | 187 | 6,072 | 264 |
| 290-319 Mental disorders (MDC 5) | 35,341 | 1.9 | 5 | 9 | 26 | 1,802 | 8,795 | 331 | 1,400 | 6,834 | 257 |
| 290 Senile and prosenile organic psychotic conditions | 9,240 | 0.4 | 1 | 2 | 30 | 431 | 11,392 | 371 | 316 | 8,347 | 271 |
| 294 Other organic psychotic conditions (chronic) | 8,227 | 0.4 | 1 | 2 | 28 | 433 | 9,094 | 319 | 371 | 7,790 | 273 |
| 298 Other non-organic psychoses | 3,188 | 0.2 | - | 1 | 36 | 275 | 12,286 | 338 | 190 | 8,500 | 234 |
| --- Other | 14,686 | 0.9 | 2 | 4 | 21 | 660 | 6,823 | 314 | 521 | 5,386 | 248 |
| 320-389 Diseases of the nervous system and sense organs (MDC 6) | 31,851 | 2.5 | 9 | 17 | 36 | 3,775 | 14,084 | 382 | 2,983 | 11,129 | 302 |
| 331 Other cerebral degenerations | 9,336 | 0.5 | 1 | 3 | 30 | 531 | 10,525 | 341 | 429 | 8,498 | 275 |
| 332 Parkinson's disease | 6,977 | 0.7 | 3 | 6 | 42 | 1,107 | 14,350 | 334 | 942 | 12,209 | 284 |
| 342 Hemiplegia | 2,109 | 0.3 | 1 | 2 | 43 | 504 | 16,338 | 377 | 473 | 15,335 | 354 |
| --- Other | 13,430 | 1.0 | 3 | 6 | 33 | 1,631 | 14,903 | 445 | 1,137 | 10,395 | 310 |

(continued)

# Table A-47
# (Table 41)
## Covered admissions, covered days of care, covered charges, and program payments for Medicare fee-for-service beneficiaries admitted to skilled nursing facilities, by principal diagnoses within major diagnostic classification (MDC) for Asians/Pacific Islanders: calendar year 2002 (continued)

| Principal ICD 9-CM[2] Diagnosis within MDC | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Numbers | Percent distribution | In thousands | Per 1,000 enrollees | Per admission | In thousands | Per admission | Per day | In thousands | Per admission[3] | Per day |
| 390-459 Diseases of the circulatory system (MDC 7) | 2,296 | 21.4 | 72 | 124 | 31 | $32,034 | $13,953 | $444 | $22,213 | $9,675 | $307 |
| 401 Essential hypertension | 229 | 2.1 | 6 | 11 | 27 | 2,248 | 9,828 | 358 | 1,845 | 8,066 | 294 |
| 410 Acute myocardial infarction | 87 | 0.8 | 2 | 4 | 25 | 988 | 11,361 | 454 | 602 | 6,926 | 277 |
| 414 Ischemic heart disease | 132 | 1.2 | 2 | 4 | 19 | 1,139 | 8,639 | 435 | 821 | 6,227 | 314 |
| 427 Cardiac dysrhythmia | 97 | 0.9 | 2 | 5 | 29 | 1,121 | 11,585 | 389 | 855 | 8,837 | 297 |
| 428 Heart failure | 293 | 2.7 | 7 | 12 | 24 | 2,840 | 9,686 | 401 | 2,018 | 6,880 | 285 |
| 429 Ill-defined descriptions and complication of heart disease | 13 | 0.1 | - | 1 | 39 | 132 | 10,488 | 265 | 114 | 9,058 | 229 |
| 431 Intracranial hemorrhage | 42 | 0.4 | 1 | 2 | 31 | 626 | 14,869 | 466 | 431 | 10,250 | 321 |
| 434 Occlusion of cerebral arteries | 63 | 0.6 | 2 | 4 | 32 | 1,096 | 17,365 | 527 | 676 | 10,711 | 325 |
| 435 Transient cerebral ischemia | 49 | 0.5 | 1 | 2 | 27 | 461 | 9,389 | 344 | 379 | 7,731 | 283 |
| 436 Acute, but ill-defined, cerebrovascular disease | 501 | 4.7 | 19 | 34 | 39 | 7,690 | 15,350 | 391 | 6,254 | 12,485 | 318 |
| 437 Other and ill-defined cerebrovascular disease | 29 | 0.3 | 1 | 2 | 49 | 502 | 17,060 | 347 | 443 | 15,044 | 306 |
| 438 Late effects of cerebrovascular disease | 418 | 3.9 | 15 | 27 | 37 | 8,178 | 19,556 | 522 | 4,919 | 11,763 | 314 |
| 440 Atherosclerosis | 6 | 0.1 | - | 0 | 30 | 415 | 73,995 | 2,446 | 50 | 9,016 | 298 |
| 443 Other peripheral vascular disease | 39 | 0.4 | - | 2 | 24 | 448 | 11,424 | 458 | 312 | 7,946 | 318 |
| 453 Venous embolism and thrombosis | 36 | 0.3 | 1 | 2 | 30 | 530 | 14,547 | 470 | 352 | 9,647 | 311 |
| --- Other | 261 | 2.4 | 6 | 12 | 26 | 3,612 | 13,838 | 527 | 2,135 | 8,181 | 311 |
| 460-519 Diseases of the respiratory system (MDC 8) | 961 | 9.0 | 26 | 45 | 27 | 19,536 | 20,323 | 744 | 7,713 | 8,024 | 294 |
| 482 Other bacterial pneumonia and breathing exercises (V-57.0) | 39 | 0.4 | - | 1 | 19 | 848 | 21,587 | 1,129 | 227 | 5,787 | 302 |
| 486 Pneumonia, organism unspecified | 434 | 4.0 | 12 | 21 | 27 | 5,271 | 12,157 | 438 | 3,545 | 8,176 | 295 |
| 491 Chronic bronchitis | 49 | 0.5 | - | 1 | 17 | 477 | 9,730 | 562 | 239 | 4,870 | 281 |
| 496 Chronic airway obstruction | 139 | 1.3 | 4 | 7 | 30 | 1,552 | 11,174 | 363 | 1,212 | 8,727 | 283 |
| 507 Pneumonitis due to solids and liquids | 83 | 0.8 | 1 | 3 | 23 | 1,243 | 15,015 | 647 | 599 | 7,239 | 312 |
| 518 Other diseases of lung | 90 | 0.8 | 3 | 6 | 41 | 8,772 | 97,673 | 2,377 | 1,074 | 11,963 | 291 |
| --- Other | 128 | 1.2 | 2 | 5 | 21 | 1,370 | 10,732 | 501 | 815 | 6,383 | 298 |
| 520-579 Diseases of the digestive system (MDC 9) | 434 | 4.0 | 10 | 18 | 24 | 4,990 | 11,508 | 465 | 3,167 | 7,305 | 295 |
| 560 Intestinal obstruction without mention of hernia | 35 | 0.3 | - | 2 | 25 | 421 | 12,026 | 464 | 313 | 8,928 | 344 |
| 562 Diverticula of intestine | 13 | 0.1 | - | 1 | 32 | 173 | 13,737 | 429 | 109 | 8,647 | 270 |
| 578 Gastrointestinal hemorrhage | 119 | 1.1 | 3 | 6 | 27 | 1,166 | 9,783 | 354 | 951 | 7,978 | 289 |
| --- Other | 267 | 2.5 | 6 | 11 | 22 | 3,228 | 12,106 | 526 | 1,793 | 6,727 | 292 |
| 580-629 Diseases of the genitourinary system (MDC 10) | 474 | 4.4 | 14 | 25 | 30 | 5,193 | 10,949 | 360 | 4,077 | 8,595 | 283 |
| 585 chronic renal failure | 60 | 0.6 | 1 | 3 | 32 | 567 | 9,409 | 285 | 509 | 8,439 | 255 |
| 586 Renal failure, unspecified | 38 | 0.4 | 1 | 2 | 31 | 354 | 9,363 | 297 | 324 | 8,571 | 272 |
| 599 Other disorders of urethra and urinary tract | 278 | 2.6 | 8 | 15 | 31 | 3,177 | 11,436 | 368 | 2,491 | 8,966 | 288 |
| --- Other | 98 | 0.9 | 2 | 4 | 26 | 1,093 | 11,130 | 422 | 751 | 7,652 | 290 |

(continued)

# Table A-47
# (Table 41)
## Covered admissions, covered days of care, covered charges, and program payments for Medicare fee-for-service beneficiaries admitted to skilled nursing facilities, by principal diagnoses within major diagnostic classification (MDC) for Asians/Pacific Islanders: calendar year 2002 (continued)

| Principal ICD 9-CM[2] Diagnosis within MDC | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Numbers | Percent distribution | In thousands | Per 1,000 enrollees | Per admission | In thousands | Per admission | Per day | In thousands | Per admission[3] | Per day |
| 680-709 Diseases of the skin and subcutaneous tissue (MDC 12) | 246 | 2.3 | 8 | 14 | 33 | $4,112 | $16,746 | $500 | $2,483 | $10,110 | $302 |
| 682 Other cellulitis and abscess | 132 | 1.2 | 3 | 5 | 23 | 1,854 | 14,056 | 606 | 888 | 6,735 | 290 |
| 707 Chronic ulcer of skin | 98 | 0.9 | 4 | 8 | 47 | 2,019 | 20,557 | 429 | 1,452 | 14,786 | 308 |
| --- Other | 15 | 0.1 | - | 1 | 29 | 239 | 15,489 | 527 | 142 | 9,200 | 313 |
| 710-739 Diseases of the musculoskeletal system and connective tissue (MDC 13) | 731 | 6.8 | 17 | 29 | 23 | 7,738 | 10,583 | 451 | 5,306 | 7,258 | 309 |
| 715 Osteoarthrosis and allied disorders | 275 | 2.6 | 4 | 8 | 17 | 2,232 | 8,115 | 464 | 1,608 | 5,849 | 334 |
| 719 Other and unspecified disorders of joint | 65 | 0.6 | 1 | 3 | 24 | 592 | 9,171 | 376 | 490 | 7,590 | 311 |
| 724 Spinal stenosis | 76 | 0.7 | 1 | 3 | 21 | 785 | 10,366 | 482 | 535 | 7,063 | 328 |
| 728 Disorders of muscle, ligament, and fascia | 42 | 0.4 | - | 1 | 19 | 391 | 9,295 | 488 | 254 | 6,044 | 317 |
| 730 Osteomyelitis, periostitis, and other infections involving bone | 51 | 0.5 | 1 | 3 | 35 | 813 | 16,104 | 457 | 484 | 9,586 | 272 |
| 733 Other disorders of bone and cartilage | 97 | 0.9 | 3 | 5 | 32 | 1,371 | 14,165 | 434 | 876 | 9,052 | 277 |
| --- Other | 126 | 1.2 | 3 | 6 | 26 | 1,551 | 12,285 | 459 | 1,057 | 8,370 | 312 |
| 740-759 Congenital Anomalies (MDC 14) | 28 | 0.3 | - | 2 | 32 | 344 | 12,259 | 372 | 272 | 9,712 | 295 |
| --- Other | 28 | 0.3 | - | 2 | 32 | 344 | 12,259 | 372 | 272 | 9,712 | 295 |
| 780-799 Other Ill defined conditions (MDC 16) | 838 | 7.8 | 24 | 42 | 29 | 10,179 | 12,150 | 411 | 7,567 | 9,032 | 306 |
| 780 General Symptoms | 386 | 3.6 | 10 | 18 | 27 | 4,549 | 11,788 | 434 | 3,284 | 8,510 | 313 |
| 781 Symptoms involving nervous and musculosketal systems | 109 | 1.0 | 3 | 5 | 28 | 1,303 | 11,912 | 415 | 967 | 8,837 | 308 |
| 785 Symptom disorders of cardiovascular system | 18 | 0.2 | - | 1 | 29 | 205 | 11,277 | 376 | 172 | 9,441 | 315 |
| 786 Symptoms involving respiratory system and other chest symptoms | 45 | 0.4 | 1 | 2 | 25 | 432 | 9,622 | 383 | 327 | 7,296 | 290 |
| 787 Symptoms involving digestive system | 91 | 0.9 | 3 | 7 | 42 | 1,426 | 15,633 | 364 | 1,126 | 12,350 | 287 |
| --- Other | 188 | 1.8 | 5 | 9 | 29 | 2,262 | 12,030 | 410 | 1,689 | 8,984 | 306 |
| 800-999 Injury and Poisoning (MDC 17) | 1,330 | 12.4 | 43 | 75 | 32 | 19,311 | 14,515 | 442 | 13,579 | 10,207 | 311 |
| 805 Fracture, vertebra | 95 | 0.9 | 2 | 5 | 27 | 994 | 10,421 | 375 | 809 | 8,487 | 306 |
| 808 Fracture, pelvis | 88 | 0.8 | 3 | 5 | 34 | 1,248 | 14,122 | 410 | 952 | 10,776 | 312 |
| 812 Fracture, humerus | 45 | 0.4 | 2 | 4 | 46 | 753 | 16,786 | 364 | 573 | 12,780 | 277 |
| 820 Fracture, neck of femur | 546 | 5.1 | 19 | 33 | 35 | 7,816 | 14,319 | 407 | 6,057 | 11,096 | 316 |
| 821 Fracture, shaft of femur | 77 | 0.7 | 2 | 5 | 37 | 1,206 | 15,633 | 420 | 902 | 11,698 | 314 |
| 823 Fracture, tibia, fibula | 42 | 0.4 | 1 | 3 | 38 | 695 | 16,521 | 434 | 462 | 10,983 | 288 |
| 824 Fracture of ankle | 24 | 0.2 | - | 1 | 24 | 247 | 10,361 | 424 | 201 | 8,465 | 346 |
| 897 Amputation | 28 | 0.3 | 1 | 2 | 36 | 407 | 14,520 | 400 | 318 | 11,364 | 313 |
| --- Other | 385 | 3.6 | 10 | 18 | 27 | 5,940 | 15,449 | 557 | 3,299 | 8,580 | 309 |

(continued)

**Table A-47**
**(Table 41)**
**Covered admissions, covered days of care, covered charges, and program payments for Medicare fee-for-service beneficiaries admitted to skilled nursing facilities, by principal diagnoses within major diagnostic classification (MDC) for Asians/Pacific Islanders: calendar year 2002 (continued)**

| Principal ICD 9-CM[2] Diagnosis within MDC | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Numbers | Percent distribution | In thousands | Per 1,000 enrollees | Per admission | In thousands | Per admission | Per day | In thousands | Per admission[3] | Per day |
| V01-V82 Factors influencing health status & contact with health services | 1,955 | 18.2 | 31 | 54 | 16 | $32,368 | $16,557 | 1,024 | $10,472 | $5,356 | $331 |
| v43 Organ of tissue replaced by other means | 51 | 0.5 | 1 | 2 | 20 | 473 | 9,367 | 455 | 338 | 6,708 | 326 |
| v54 Orthopedic aftercare | 147 | 1.4 | 3 | 5 | 20 | 2,371 | 16,092 | 780 | 1,044 | 7,090 | 343 |
| v57 Breathing exercises | 1,374 | 12.8 | 19 | 33 | 14 | 23,112 | 16,823 | 1,189 | 6,763 | 4,922 | 348 |
| v58 Encounter for other and unspecified procedures and aftercare | 268 | 2.5 | 3 | 6 | 12 | 4,396 | 16,402 | 1,262 | 1,120 | 4,181 | 321 |
| V66 Convalescence | 22 | 0.2 | - | 1 | 23 | 606 | 27,008 | 1,149 | 151 | 6,758 | 287 |
| --- Other | 93 | 0.9 | 4 | 7 | 44 | 1,408 | 15,202 | 344 | 1,052 | 11,365 | 257 |

[1] Reflects skilled nursing facility admissions with at least 1 day of covered care under Medicare.

[2] ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification* (Volume 1). Only the first time listed or principal diagnosis has been used.

[3] The average program payment per admission does not reflect managed care enrollment, that is, Medicaid enrollees in managed care claims are not included in the denominator used to calculate the average program payments per admission.

[4] Includes invalid codes not shown separately.

[5] Specific leading diagnostic categories were selected for presentation because of frequency of occurrences or special interest.

NOTES: Medicare program payments represent fee-for-service only. Numbers may not add to totals because of rounding. MDCs 11 and 15 were not shown separately (but are included in the totals) because these diagnostic conditions are, for the most part, not applicable to Medicare beneficiaries.

SOURCE: 2002 SAF SNF Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

# Table A-48.
# (Table 41)
## Covered admissions, covered days of care, covered charges, and program payments for Medicare fee-for-service beneficiaries admitted to skilled nursing facilities, by principal diagnoses within major diagnostic classification (MDC) for American Indians/Alaska Natives: calendar year 2002

| Principal ICD 9-CM[2] Diagnosis within MDC | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Numbers | Percent distribution | In thousands | Per 1,000 enrollees | Per admission | In thousands | Per admission | Per day | In thousands | Per admission[3] | Per day |
| Total all diagnosis[4] | 3,813 | 100.0 | 91 | 762 | 24 | $39,163 | $10,271 | $426 | $23,242 | $6,095 | $253 |
| Leading diagnosis[5] | 2,912 | 76.4 | 69 | 580 | 24 | 30,347 | 10,421 | 433 | 17,854 | 6,131 | 255 |
| 000-139 Infectious and parasitic diseases (MDC 1) | 69 | 1.8 | 1 | 14 | 23 | 682 | 9,894 | 415 | 404 | 5,856 | 245 |
| 038 Septicemia | 36 | 0.9 | - | 5 | 18 | 313 | 8,719 | 477 | 151 | 4,220 | 231 |
| --- Other | 33 | 0.9 | - | 8 | 29 | 368 | 11,175 | 374 | 252 | 7,639 | 255 |
| 140-239 Neoplasms (MDC 2) | 64 | 1.7 | 1 | 11 | 21 | 549 | 8,578 | 399 | 345 | 5,392 | 251 |
| 153 Malignant neoplasm of colon | 10 | 0.3 | - | 1 | 12 | 57 | 5,776 | 477 | 39 | 3,948 | 326 |
| 154 Malignant neoplasm of rectum, rectosigmoid junction, and anus | 4 | 0.1 | - | 1 | 17 | 26 | 6,569 | 375 | 18 | 4,531 | 258 |
| 162 Malignant neoplasm of trachea, bronchus, and lung | 3 | 0.1 | - | 1 | 40 | 39 | 13,142 | 325 | 29 | 9,961 | 246 |
| 174 Malignant neoplasm of female breast | 8 | 0.2 | - | 2 | 29 | 96 | 12,079 | 404 | 54 | 6,761 | 226 |
| 185 Malignant neoplasm of prostate | 2 | 0.1 | - | 0 | 5 | 5 | 2,956 | 537 | 2 | 1,441 | 262 |
| 197-198 Secondary malignant neoplasm of resp, digest, and other sites | 1 | 0.0 | - | 0 | 5 | 1 | 1,464 | 292 | 1 | 1,600 | 320 |
| --- Other | 36 | 0.9 | - | 7 | 22 | 321 | 8,931 | 397 | 199 | 5,529 | 246 |
| 240-279 Endocrine, Nutritional, and Metabolic Dis and Immunity Disorders (MDC 3) | 234 | 6.1 | 6 | 52 | 26 | 2,489 | 10,638 | 394 | 1,418 | 6,060 | 224 |
| 250 Diabetes | 183 | 4.8 | 5 | 44 | 28 | 2,068 | 11,302 | 392 | 1,158 | 6,330 | 219 |
| 260-263 Nutritional deficiencies | 7 | 0.2 | - | 2 | 31 | 75 | 10,785 | 343 | 50 | 7,203 | 229 |
| 276 Disorders of fluid, electrolyte, and acid-base balance | 29 | 0.8 | - | 4 | 18 | 244 | 8,432 | 451 | 127 | 4,387 | 234 |
| --- Other | 15 | 0.4 | - | 2 | 17 | 100 | 6,730 | 378 | 82 | 5,474 | 307 |
| 280-289 Diseases of the blood and blood forming organs (MDC 4) | 24 | 0.6 | - | 6 | 30 | 230 | 9,595 | 311 | 148 | 6,203 | 201 |
| 285 Other and unspecified anemias | 17 | 0.4 | - | 5 | 33 | 164 | 9,666 | 287 | 113 | 6,651 | 197 |
| --- Other | 7 | 0.2 | - | 1 | 23 | 65 | 9,424 | 395 | 35 | 5,114 | 214 |
| 290-319 Mental disorders (MDC 5) | 105 | 2.8 | 2 | 24 | 27 | 828 | 7,895 | 284 | 664 | 6,328 | 227 |
| 290 Senile and prosenile organic psychotic conditions | 20 | 0.5 | - | 5 | 31 | 177 | 8,853 | 279 | 163 | 8,164 | 257 |
| 294 Other organic psychotic conditions (chronic) | 17 | 0.4 | - | 4 | 27 | 123 | 7,245 | 259 | 111 | 6,556 | 235 |
| 298 Other non-organic psychoses | 7 | 0.2 | - | 1 | 25 | 57 | 8,156 | 317 | 45 | 6,539 | 254 |
| --- Other | 61 | 1.6 | 1 | 14 | 26 | 471 | 7,732 | 289 | 343 | 5,639 | 211 |
| 320-389 Diseases of the nervous system and sense organs (MDC 6) | 99 | 2.6 | 2 | 24 | 28 | 1,028 | 10,383 | 360 | 734 | 7,416 | 257 |
| 331 Other cerebral degenerations | 15 | 0.4 | - | 4 | 28 | 114 | 7,619 | 267 | 103 | 6,886 | 241 |
| 332 Parkinson's disease | 8 | 0.2 | - | 2 | 28 | 74 | 9,351 | 332 | 58 | 7,325 | 260 |
| 342 Hemiplegia | 7 | 0.2 | - | 2 | 34 | 117 | 16,748 | 488 | 72 | 10,344 | 301 |
| --- Other | 69 | 1.8 | 1 | 16 | 28 | 721 | 10,458 | 368 | 499 | 7,245 | 255 |

(continued)

# Table A-48
# (Table 41)
## Covered admissions, covered days of care, covered charges, and program payments for Medicare fee-for-service beneficiaries admitted to skilled nursing facilities, by principal diagnoses within major diagnostic classification (MDC) for American Indians/Alaska Natives: calendar year 2002 (continued)

| Principal ICD 9-CM[2] Diagnosis within MDC | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Numbers | Percent distribution | In thousands | Per 1,000 enrollees | Per admission | In thousands | Per admission | Per day | In thousands | Per admission[3] | Per day |
| 390-459 Diseases of the circulatory system (MDC 7) | 600 | 15.7 | 16 | 137 | 27 | $6,391 | $10,652 | $387 | $4,114 | $6,856 | $249 |
| 401 Essential hypertension | 37 | 1.0 | - | 8 | 24 | 316 | 8,565 | 344 | 236 | 6,389 | 256 |
| 410 Acute myocardial infarction | 30 | 0.8 | - | 5 | 19 | 255 | 8,514 | 438 | 154 | 5,166 | 265 |
| 414 Ischemic heart disease | 35 | 0.9 | - | 5 | 16 | 264 | 7,555 | 452 | 154 | 4,426 | 265 |
| 427 Cardiac dysrhythmia | 28 | 0.7 | - | 6 | 24 | 210 | 7,508 | 307 | 155 | 5,565 | 227 |
| 428 Heart failure | 111 | 2.9 | 2 | 21 | 22 | 928 | 8,365 | 365 | 607 | 5,468 | 239 |
| 429 Ill-defined descriptions and complication of heart disease | 7 | 0.2 | - | 1 | 17 | 22 | 3,181 | 178 | 22 | 3,272 | 183 |
| 431 Intracranial hemorrhage | 4 | 0.1 | - | 1 | 42 | 42 | 10,650 | 252 | 42 | 10,625 | 251 |
| 434 Occlusion of cerebral arteries | 10 | 0.3 | - | 2 | 19 | 112 | 11,274 | 590 | 51 | 5,154 | 269 |
| 435 Transient cerebral ischemia | 12 | 0.3 | - | 3 | 29 | 116 | 9,749 | 331 | 74 | 6,235 | 211 |
| 436 Acute, but ill-defined, cerebrovascular disease | 128 | 3.4 | 4 | 41 | 38 | 1,808 | 14,125 | 370 | 1,252 | 9,786 | 256 |
| 437 Other and ill-defined cerebrovascular disease | 5 | 0.1 | - | 1 | 23 | 49 | 9,840 | 420 | 30 | 6,103 | 260 |
| 438 Late effects of cerebrovascular disease | 74 | 1.9 | 2 | 22 | 35 | 1,027 | 13,878 | 390 | 671 | 9,078 | 255 |
| 440 Atherosclerosis | 9 | 0.2 | - | 1 | 14 | 75 | 8,395 | 572 | 39 | 4,350 | 296 |
| 443 Other peripheral vascular disease | 21 | 0.6 | - | 5 | 30 | 246 | 11,753 | 381 | 152 | 7,247 | 235 |
| 453 Venous embolism and thrombosis | 11 | 0.3 | - | 3 | 28 | 96 | 8,771 | 303 | 66 | 6,054 | 209 |
| --- Other | 78 | 2.0 | 1 | 14 | 20 | 818 | 10,489 | 501 | 400 | 5,131 | 245 |
| 460-519 Diseases of the respiratory system (MDC 8) | 358 | 9.4 | 7 | 64 | 21 | 3,813 | 10,652 | 495 | 2,014 | 5,627 | 261 |
| 482 Other bacterial pneumonia and breathing exercises (V-57.0) | 25 | 0.7 | - | 3 | 12 | 209 | 8,364 | 651 | 99 | 3,969 | 309 |
| 486 Pneumonia, organism unspecified | 161 | 4.2 | 3 | 27 | 20 | 1,333 | 8,280 | 412 | 870 | 5,407 | 269 |
| 491 Chronic bronchitis | 21 | 0.6 | - | 4 | 20 | 523 | 24,938 | 1,223 | 118 | 5,659 | 277 |
| 496 Chronic airway obstruction | 40 | 1.0 | 1 | 9 | 27 | 410 | 10,270 | 373 | 266 | 6,669 | 242 |
| 507 Pneumonitis due to solids and liquids | 25 | 0.7 | - | 4 | 20 | 274 | 10,966 | 547 | 133 | 5,330 | 265 |
| 518 Other diseases of lung | 27 | 0.7 | 1 | 8 | 37 | 509 | 18,879 | 498 | 236 | 8,741 | 230 |
| --- Other | 59 | 1.5 | 1 | 9 | 18 | 552 | 9,368 | 506 | 289 | 4,913 | 265 |
| 520-579 Diseases of the digestive system (MDC 9) | 182 | 4.8 | 3 | 33 | 21 | 1,435 | 7,887 | 365 | 957 | 5,263 | 244 |
| 560 Intestinal obstruction without mention of hernia | 14 | 0.4 | - | 2 | 20 | 105 | 7,558 | 376 | 85 | 6,137 | 305 |
| 562 Diverticula of intestine | 15 | 0.4 | - | 2 | 18 | 84 | 5,604 | 303 | 69 | 4,622 | 250 |
| 578 Gastrointestinal hemorrhage | 29 | 0.8 | - | 6 | 23 | 238 | 8,240 | 354 | 162 | 5,600 | 240 |
| --- Other | 124 | 3.3 | 2 | 22 | 21 | 1,006 | 8,118 | 373 | 640 | 5,163 | 237 |
| 580-629 Diseases of the genitourinary system (MDC 10) | 186 | 4.9 | 4 | 37 | 23 | 1,535 | 8,254 | 345 | 1,051 | 5,654 | 236 |
| 585 chronic renal failure | 35 | 0.9 | - | 7 | 23 | 230 | 6,597 | 286 | 171 | 4,898 | 212 |
| 586 Renal failure, unspecified | 23 | 0.6 | - | 6 | 30 | 222 | 9,675 | 312 | 155 | 6,755 | 218 |
| 599 Other disorders of urethra and urinary tract | 73 | 1.9 | 1 | 13 | 20 | 569 | 7,803 | 373 | 386 | 5,295 | 253 |
| --- Other | 55 | 1.4 | 1 | 12 | 25 | 512 | 9,314 | 366 | 338 | 6,151 | 242 |

(continued)

# Table A-48
# (Table 41)
## Covered admissions, covered days of care, covered charges, and program payments for Medicare fee-for-service beneficiaries admitted to skilled nursing facilities, by principal diagnoses within major diagnostic classification (MDC) for American Indians/Alaska Natives: calendar year 2002 (continued)

| Principal ICD 9-CM[2] Diagnosis within MDC | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Numbers | Percent distribution | In thousands | Per 1,000 enrollees | Per admission | In thousands | Per admission | Per day | In thousands | Per admission[3] | Per day |
| 680-709 Diseases of the skin and subcutaneous tissue (MDC 12) | 151 | 4.0 | 4 | 36 | 28 | $1,776 | $11,763 | $410 | $1,010 | $6,690 | $233 |
| 682 Other cellulitis and abscess | 66 | 1.7 | 1 | 12 | 22 | 620 | 9,400 | 413 | 342 | 5,183 | 227 |
| 707 Chronic ulcer of skin | 78 | 2.0 | 2 | 22 | 34 | 1,077 | 13,814 | 404 | 621 | 7,971 | 233 |
| --- Other | 7 | 0.2 | - | 1 | 23 | 78 | 11,185 | 486 | 46 | 6,624 | 288 |
| 710-739 Diseases of the musculoskeletal system and connective tissue (MDC 13) | 266 | 7.0 | 6 | 51 | 23 | 2,565 | 9,644 | 418 | 1,579 | 5,937 | 257 |
| 715 Osteoarthrosis and allied disorders | 70 | 1.8 | 1 | 10 | 16 | 537 | 7,681 | 463 | 330 | 4,727 | 285 |
| 719 Other and unspecified disorders of joint | 28 | 0.7 | - | 4 | 17 | 183 | 6,541 | 365 | 146 | 5,228 | 292 |
| 724 Spinal stenosis | 22 | 0.6 | - | 3 | 19 | 141 | 6,437 | 336 | 101 | 4,623 | 241 |
| 728 Disorders of muscle, ligament, and fascia | 21 | 0.6 | - | 6 | 36 | 261 | 12,450 | 338 | 187 | 8,913 | 242 |
| 730 Osteomyelitis, periostitis, and other infections involving bone | 38 | 1.0 | 1 | 8 | 26 | 499 | 13,157 | 491 | 261 | 6,873 | 256 |
| 733 Other disorders of bone and cartilage | 20 | 0.5 | - | 5 | 28 | 253 | 12,694 | 449 | 138 | 6,941 | 245 |
| --- Other | 67 | 1.8 | 1 | 14 | 25 | 687 | 10,263 | 404 | 412 | 6,164 | 243 |
| 740-759 Congenital Anomalies (MDC 14) | 8 | 0.2 | - | 1 | 11 | 36 | 4,599 | 413 | 27 | 3,411 | 306 |
| --- Other | 8 | 0.2 | - | 1 | 11 | 36 | 4,599 | 413 | 27 | 3,411 | 306 |
| 780-799 Other Ill defined conditions (MDC 16) | 188 | 4.9 | 4 | 35 | 22 | 1,623 | 8,633 | 384 | 1,063 | 5,659 | 251 |
| 780 General Symptoms | 93 | 2.4 | 2 | 18 | 23 | 865 | 9,305 | 394 | 561 | 6,040 | 256 |
| 781 Symptoms involving nervous and musculosketal systems | 11 | 0.3 | - | 2 | 16 | 62 | 5,650 | 343 | 46 | 4,257 | 258 |
| 785 Symptom disorders of cardiovascular system | 10 | 0.3 | - | 1 | 17 | 64 | 6,410 | 370 | 42 | 4,249 | 245 |
| 786 Symptoms involving respiratory system and other chest symptoms | 16 | 0.4 | - | 2 | 18 | 93 | 5,851 | 316 | 70 | 4,384 | 236 |
| 787 Symptoms involving digestive system | 9 | 0.2 | - | 2 | 27 | 126 | 14,034 | 503 | 64 | 7,141 | 256 |
| --- Other | 49 | 1.3 | 1 | 9 | 23 | 411 | 8,397 | 363 | 278 | 5,682 | 245 |
| 800-999 Injury and Poisoning (MDC 17) | 579 | 15.2 | 17 | 142 | 29 | 6,702 | 11,576 | 391 | 4,389 | 7,581 | 256 |
| 805 Fracture, vertebra | 15 | 0.4 | - | 2 | 19 | 124 | 8,310 | 432 | 69 | 4,649 | 242 |
| 808 Fracture, pelvis | 32 | 0.8 | - | 6 | 24 | 302 | 9,449 | 388 | 207 | 6,473 | 265 |
| 812 Fracture, humerus | 21 | 0.6 | - | 5 | 29 | 202 | 9,655 | 323 | 181 | 8,635 | 289 |
| 820 Fracture, neck of femur | 205 | 5.4 | 7 | 59 | 34 | 2,659 | 12,972 | 375 | 1,826 | 8,908 | 257 |
| 821 Fracture, shaft of femur | 39 | 1.0 | 1 | 12 | 37 | 501 | 12,855 | 344 | 374 | 9,602 | 257 |
| 823 Fracture, tibia, fibula | 20 | 0.5 | - | 4 | 22 | 137 | 6,868 | 307 | 127 | 6,377 | 285 |
| 824 Fracture of ankle | 27 | 0.7 | - | 4 | 18 | 168 | 6,230 | 344 | 130 | 4,818 | 266 |
| 897 Amputation | 29 | 0.8 | 1 | 9 | 39 | 464 | 16,024 | 408 | 279 | 9,637 | 245 |
| --- Other | 191 | 5.0 | 4 | 40 | 25 | 2,142 | 11,215 | 446 | 1,193 | 6,248 | 248 |

(continued)

## Table A-48
## (Table 41)
## Covered admissions, covered days of care, covered charges, and program payments for Medicare fee-for-service beneficiaries admitted to skilled nursing facilities, by principal diagnoses within major diagnostic classification (MDC) for American Indians/Alaska Natives: calendar year 2002 (continued)

| Principal ICD 9-CM[2] Diagnosis within MDC | Covered admissions[1] | | Covered days of care | | | Covered charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Numbers | Percent distribution | In thousands | Per 1,000 enrollees | Per admission | In thousands | Per admission | Per day | In thousands | Per admission[3] | Per day |
| V01-V82 Factors influencing health status & contact with health services | 697 | 18.3 | 11 | 95 | 16 | $7,454 | $10,694 | $649 | $3,301 | $4,736 | $287 |
| v43 Organ of tissue replaced by other means | 29 | 0.8 | - | 4 | 16 | 196 | 6,786 | 417 | 129 | 4,461 | 274 |
| v54 Orthopedic aftercare | 40 | 1.0 | - | 7 | 21 | 586 | 14,673 | 673 | 222 | 5,561 | 255 |
| v57 Breathing exercises | 445 | 11.7 | 6 | 57 | 15 | 4,856 | 10,913 | 712 | 1,973 | 4,434 | 289 |
| v58 Encounter for other and unspecified procedures and aftercare | 120 | 3.1 | 1 | 12 | 11 | 1,064 | 8,869 | 739 | 484 | 4,035 | 336 |
| V66 Convalescence | 24 | 0.6 | - | 5 | 23 | 250 | 10,434 | 447 | 162 | 6,756 | 290 |
| --- Other | 39 | 1.0 | 1 | 11 | 33 | 498 | 12,793 | 377 | 329 | 8,452 | 249 |

[1] Reflects skilled nursing facility admissions with at least 1 day of covered care under Medicare.

[2] ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification* (Volume 1). Only the first time listed or principal diagnosis has been used.

[3] The average program payment per admission does not reflect managed care enrollment, that is, Medicaid enrollees in managed care claims are not included in the denominator used to calculate the average program payments per admission.

[4] Includes invalid codes not shown separately.

[5] Specific leading diagnostic categories were selected for presentation because of frequency of occurrences or special interest.

NOTES: Medicare program payments represent fee-for-service only. Numbers may not add to totals because of rounding. MDCs 11 and 15 were not shown separately (but are included in the totals) because these diagnostic conditions are, for the most part, not applicable to Medicare beneficiaries.

SOURCE: 2002 SAF SNF Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

## Table A-49.
## (Table 47)
## Persons served, visits, total charges, and program payments for Medicare home health services, by demographic characteristics, and type of entitlement for total: calendar year 2002

| Demographic characteristic | Persons served | | Visits | | | Visit charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Number in thousands | Per 1,000 enrollees[1] | In thousands | Per person served | Per 1,000 enrollees[1] | In thousands | Per person served | Per 1,000 enrollees[1] | In thousands | Per person served[2] | Per 1,000 enrollees[1] |
| Total | 1,863 | 58 | 56,941 | 30 | 1,802 | $6,730,298 | $3,610 | $213 | $7,065,860 | $3,790 | $224 |
| Age | | | | | | | | | | | |
| Under 65 | 166 | 35 | 6,141 | 36 | 1,314 | 733,450 | 4,415 | 157 | 686,594 | 4,133 | 147 |
| 65-74 years | 420 | 34 | 12,280 | 29 | 1,010 | 1,478,007 | 3,517 | 122 | 1,506,444 | 3,584 | 124 |
| 75-84 years | 758 | 71 | 22,324 | 29 | 2,093 | 2,636,830 | 3,476 | 247 | 2,818,090 | 3,715 | 264 |
| 85 or over | 519 | 126 | 16,194 | 31 | 3,933 | 1,882,009 | 3,625 | 457 | 2,054,731 | 3,958 | 499 |
| Sex | | | | | | | | | | | |
| Male | 626 | 45 | 18,129 | 28 | 1,318 | 2,181,824 | 3,481 | 159 | 2,244,367 | 3,580 | 163 |
| Female | 1,237 | 69 | 38,812 | 31 | 2,175 | 4,548,474 | 3,676 | 255 | 4,821,493 | 3,897 | 270 |
| Race | | | | | | | | | | | |
| White | 1,493 | 58 | 42,443 | 28 | 1,655 | 4,972,912 | 3,330 | 194 | 5,374,055 | 3,599 | 210 |
| Black | 214 | 72 | 8,645 | 40 | 2,901 | 1,013,621 | 4,718 | 340 | 1,013,351 | 4,717 | 340 |
| Hispanic | 114 | 56 | 4,409 | 38 | 2,164 | 559,697 | 4,887 | 275 | 489,849 | 4,277 | 240 |
| Asian/Pacific Islander | 25 | 43 | 861 | 33 | 1,478 | 114,978 | 4,498 | 197 | 120,188 | 4,702 | 206 |
| American Indian/Alaska Native | 5 | 48 | 234 | 40 | 1,946 | 27,079 | 4,652 | 225 | 25,907 | 4,451 | 215 |
| Other | 6 | 35 | 203 | 33 | 1,190 | 25,557 | 4,239 | 149 | 25,410 | 4,214 | 149 |
| Unknown | 4 | 67 | 142 | 34 | 2,343 | 16,453 | 4,018 | 270 | 17,096 | 4,176 | 281 |
| Type of entitlement | | | | | | | | | | | |
| Aged | 1,686 | 63 | 50,396 | 29 | 1,885 | 5,948,299 | 3,526 | 223 | 6,333,173 | 3,754 | 237 |
| Disabled | 177 | 36 | 6,544 | 36 | 1,344 | 781,999 | 4,416 | 161 | 732,687 | 4,137 | 151 |

[1] The utilization statistics do not reflect managed care enrollment; that is, Medicare enrollees in managed care plans are not included in the denominator used to calculate the utilization rates and average payments.

[2] Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the reporting year.

NOTES: Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Number may not add to total because of rounding.

SOURCE: 2002 SAF Home Health Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-50.**
**(Table 47)**
**Persons served, visits, total charges, and program payments for Medicare home health services, by demographic characteristics, and type of entitlement for Whites: calendar year 2002**

| | Persons served | | Visits | | | Visit charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | In thousands | Per 1,000 enrollees[1] | In thousands | Per person served | Per 1,000 enrollees[1] | In thousands | Per person served | Per 1,000 enrollees[1] | In thousands | Per person served[2] | Per 1,000 enrollees[1] |
| Total | 1,493 | 58 | 42,443 | 28 | 1,655 | $4,972,912 | $3,330 | $194 | $5,374,055 | $3,599 | $210 |
| Age | | | | | | | | | | | |
| Under 65 | 106 | 33 | 3,909 | 36 | 1,218 | 454,388 | 4,248 | 142 | 436,237 | 4,078 | 136 |
| 65-74 years | 317 | 32 | 8,503 | 26 | 860 | 1,016,849 | 3,205 | 103 | 1,065,730 | 3,359 | 108 |
| 75-84 years | 624 | 68 | 16,972 | 27 | 1,872 | 1,989,842 | 3,186 | 220 | 2,188,582 | 3,504 | 242 |
| 85 or over | 444 | 127 | 13,058 | 29 | 3,733 | 1,511,832 | 3,401 | 432 | 1,683,505 | 3,788 | 481 |
| Sex | | | | | | | | | | | |
| Male | 503 | 45 | 13,687 | 27 | 1,229 | 1,634,239 | 3,244 | 147 | 1,722,263 | 3,419 | 155 |
| Female | 989 | 68 | 28,756 | 29 | 1,980 | 3,338,672 | 3,374 | 230 | 3,651,791 | 3,690 | 252 |
| Race | | | | | | | | | | | |
| White | 1,493 | 58 | 42,443 | 28 | 1,655 | 4,972,912 | 3,330 | 194 | 5,374,055 | 3,599 | 210 |
| Type of entitlement | | | | | | | | | | | |
| Aged | 1,378 | 61 | 38,276 | 27 | 1,716 | 4,487,367 | 3,254 | 201 | 4,907,392 | 3,559 | 220 |
| Disabled | 114 | 34 | 4,167 | 36 | 1,244 | 485,544 | 4,249 | 145 | 466,663 | 4,084 | 139 |

[1] The utilization statistics do not reflect managed care enrollment; that is, Medicare enrollees in managed care plans are not included in the denominator used to calculate the utilization rates and average payments.

[2] Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the reporting year.

NOTES: Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Number may not add to total because of rounding.

SOURCE: 2002 SAF Home Health Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-51.**
**(Table 47)**
**Persons served, visits, total charges, and program payments for Medicare home health services, by demographic characteristics, and type of entitlement for Blacks: calendar year 2002**

| | Persons served | | Visits | | | Visit charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | In thousands | Per 1,000 enrollees[1] | In thousands | Per person served | Per 1,000 enrollees[1] | In thousands | Per person served | Per 1,000 enrollees[1] | In thousands | Per person served[2] | Per 1,000 enrollees[1] |
| Total | 214 | 72 | 8,645 | 40 | 2,901 | $1,013,621 | $4,718 | $340 | $1,013,351 | $4,717 | $340 |
| Age | | | | | | | | | | | |
| Under 65 | 40 | 46 | 1,508 | 37 | 1,731 | 183,331 | 4,553 | 210 | 171,744 | 4,265 | 197 |
| 65-74 years | 59 | 56 | 2,187 | 36 | 2,070 | 259,453 | 4,374 | 246 | 260,469 | 4,392 | 247 |
| 75-84 years | 73 | 98 | 3,066 | 41 | 4,069 | 356,733 | 4,824 | 473 | 361,127 | 4,884 | 479 |
| 85 or over | 41 | 138 | 1,882 | 45 | 6,322 | 214,103 | 5,184 | 719 | 220,009 | 5,327 | 739 |
| Sex | | | | | | | | | | | |
| Male | 67 | 53 | 2,511 | 36 | 1,982 | 299,472 | 4,408 | 236 | 295,144 | 4,344 | 233 |
| Female | 146 | 85 | 6,134 | 41 | 3,582 | 714,149 | 4,862 | 417 | 718,207 | 4,890 | 419 |
| Race | | | | | | | | | | | |
| Black | 214 | 72 | 8,645 | 40 | 2,901 | 1,013,621 | 4,718 | 340 | 1,013,351 | 4,717 | 340 |
| Type of entitlement | | | | | | | | | | | |
| Aged | 172 | 82 | 7,035 | 40 | 3,388 | 818,544 | 4,757 | 394 | 830,740 | 4,828 | 400 |
| Disabled | 42 | 47 | 1,609 | 37 | 1,782 | 195,076 | 4,565 | 216 | 182,611 | 4,273 | 202 |

[1] The utilization statistics do not reflect managed care enrollment; that is, Medicare enrollees in managed care plans are not included in the denominator used to calculate the utilization rates and average payments.

[2] Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the reporting year.

NOTES: Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Number may not add to total because of rounding.

SOURCE: 2002 SAF Home Health Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

## Table A-52.
## (Table 47)
## Persons served, visits, total charges, and program payments for Medicare home health services, by demographic characteristics, and type of entitlement for Hispanics: calendar year 2002

| | Persons served | | Visits | | | Visit charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | In thousands | Per 1,000 enrollees[1] | In thousands | Per person served | Per 1,000 enrollees[1] | In thousands | Per person served | Per 1,000 enrollees[1] | In thousands | Per person served[2] | Per 1,000 enrollees[1] |
| Total | 114 | 56 | 4,409 | 38 | 2,164 | $559,697 | $4,887 | $275 | $489,849 | $4,277 | $240 |
| Age | | | | | | | | | | | |
| Under 65 | 14 | 33 | 573 | 38 | 1,278 | 76,572 | 5,129 | 171 | 61,733 | 4,135 | 138 |
| 65-74 years | 33 | 40 | 1,253 | 37 | 1,517 | 158,297 | 4,748 | 192 | 136,518 | 4,094 | 165 |
| 75-84 years | 43 | 77 | 1,679 | 38 | 3,021 | 212,041 | 4,897 | 381 | 187,508 | 4,331 | 337 |
| 85 or over | 22 | 111 | 902 | 39 | 4,368 | 112,785 | 4,913 | 546 | 104,090 | 4,534 | 504 |
| Sex | | | | | | | | | | | |
| Male | 40 | 42 | 1,409 | 34 | 1,485 | 180,174 | 4,462 | 190 | 159,036 | 3,939 | 168 |
| Female | 74 | 68 | 3,000 | 40 | 2,755 | 379,522 | 5,118 | 349 | 330,813 | 4,461 | 304 |
| Race | | | | | | | | | | | |
| Hispanic | 114 | 56 | 4,409 | 38 | 2,164 | 559,697 | 4,887 | 275 | 489,849 | 4,277 | 240 |
| Type of entitlement | | | | | | | | | | | |
| Aged | 98 | 62 | 3,799 | 38 | 2,420 | 478,556 | 4,853 | 305 | 424,305 | 4,303 | 270 |
| Disabled | 15 | 34 | 609 | 38 | 1,304 | 81,141 | 5,098 | 174 | 65,543 | 4,118 | 140 |

[1] The utilization statistics do not reflect managed care enrollment; that is, Medicare enrollees in managed care plans are not included in the denominator used to calculate the utilization rates and average payments.

[2] Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the reporting year.

NOTES: Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Number may not add to total because of rounding.

SOURCE: 2002 SAF Home Health Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-53.**
**(Table 47)**
**Persons served, visits, total charges, and program payments for Medicare home health services, by demographic characteristics, and type of entitlement for Asians/Pacific Islanders: calendar year 2002**

| | Persons served | | Visits | | | Visit charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | In thousands | Per 1,000 enrollees[1] | In thousands | Per person served | Per 1,000 enrollees[1] | In thousands | Per person served | Per 1,000 enrollees[1] | In thousands | Per person served[2] | Per 1,000 enrollees[1] |
| Total | 25 | 43 | 861 | 33 | 1,478 | $114,978 | $4,498 | $197 | $120,188 | $4,702 | $206 |
| Age | | | | | | | | | | | |
| Under 65 | 1 | 25 | 42 | 32 | 837 | $5,805 | $4,462 | $114 | $5,321 | $4,090 | $105 |
| 65-74 years | 6 | 25 | 207 | 32 | 818 | $27,786 | $4,351 | $109 | $28,179 | $4,413 | $111 |
| 75-84 years | 12 | 55 | 429 | 35 | 1,990 | $57,683 | $4,785 | $267 | $60,150 | $4,990 | $279 |
| 85 or over | 5 | 93 | 181 | 31 | 2,919 | $23,702 | $4,072 | $382 | $26,536 | $4,559 | $428 |
| Sex | | | | | | | | | | | |
| Male | 9 | 38 | 331 | 34 | 1,304 | $44,730 | $4,630 | $176 | $46,259 | $4,789 | $182 |
| Female | 15 | 48 | 529 | 33 | 1,612 | $70,247 | $4,418 | $214 | $73,928 | $4,649 | $225 |
| Race | | | | | | | | | | | |
| Asian/Pacific Islander | 25 | 43 | 861 | 33 | 1,478 | $114,978 | $4,498 | $197 | $120,188 | $4,702 | $206 |
| Type of entitlement | | | | | | | | | | | |
| Aged | 24 | 45 | 814 | 33 | 1,537 | $108,697 | $4,497 | $205 | $114,458 | $4,735 | $216 |
| Disabled | 1 | 26 | 46 | 33 | 879 | $6,280 | $4,515 | $119 | $5,730 | $4,120 | $109 |

[1] The utilization statistics do not reflect managed care enrollment; that is, Medicare enrollees in managed care plans are not included in the denominator used to calculate the utilization rates and average payments.

[2] Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the reporting year.

NOTES: Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Number may not add to total because of rounding.

SOURCE: 2002 SAF Home Health Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-54.**
**(Table 47)**
**Persons served, visits, total charges, and program payments for Medicare home health services, by demographic characteristics, and type of entitlement for American Indians/Alaska Natives: calendar year 2002**

| | Persons served | | Visits | | | Visit charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | In thousands | Per 1,000 enrollees[1] | In thousands | Per person served | Per 1,000 enrollees[1] | In thousands | Per person served | Per 1,000 enrollees[1] | In thousands | Per person served[2] | Per 1,000 enrollees[1] |
| Total | 5 | 48 | 234 | 40 | 1,946 | $27,079 | $4,652 | $225 | $25,907 | $4,451 | $215 |
| Age | | | | | | | | | | | |
| Under 65 | 1 | 33 | 49 | 41 | 1,411 | 6,285 | 5,272 | 179 | 5,267 | 4,418 | 150 |
| 65-74 years | 1 | 35 | 59 | 35 | 1,262 | 6,876 | 4,071 | 146 | 6,751 | 3,997 | 144 |
| 75-84 years | 1 | 66 | 78 | 40 | 2,662 | 8,640 | 4,412 | 292 | 8,829 | 4,509 | 299 |
| 85 or over | 111 | 46 | 47 | 5,332 | $5,277 | 5,379 | 600 | 5,058 | | 5,156 | 575 |
| Sex | | | | | | | | | | | |
| Male | 1 | 35 | 75 | 38 | 1,379 | 9,001 | 4,606 | 165 | 8,299 | 4,247 | 152 |
| Female | 3 | 58 | 159 | 41 | 2,414 | 18,077 | 4,676 | 274 | 17,607 | 4,554 | 267 |
| Race | | | | | | | | | | | |
| American Indian/Alaska Natives | 5 | 48 | 234 | 40 | 1,946 | 27,079 | 4,652 | 225 | 25,907 | 4,451 | 215 |
| Type of entitlement | | | | | | | | | | | |
| Aged | 4 | 54 | 181 | 39 | 2,165 | 20,428 | 4,485 | 243 | 20,298 | 4,457 | 242 |
| Disabled | 1 | 34 | 52 | 41 | 1,444 | 6,650 | 5,253 | 182 | 5,609 | 4,430 | 153 |

[1] The utilization statistics do not reflect managed care enrollment; that is, Medicare enrollees in managed care plans are not included in the denominator used to calculate the utilization rates and average payments.

[2] Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the reporting year.

NOTES: Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Number may not add to total because of rounding.

SOURCE: 2002 SAF Home Health Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

## Table A-55.
## (Table 56)
## Persons served, services, submitted and allowed charges program payments, and balance billing for Medicare physician and supplier services, by demographic characteristics for total: calendar year 2002

| | | Services | | Submitted charges | | Allowed charges | | | | Program payments | | Balance billing | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Demographic characteristic | Persons served[1] | Number in thousands | Per person served[2] | Amount in thousands | Per person served[2] | Amount in thousands | Per person[2] | Assigned charges in thousands | Percentage of charges assigned | In thousands | Per person[2] | Amount in thousands | Per person with liability[3] |
| Total | 27,309,523 | 1,215,769 | 44.5 | $137,725,036 | $5,043 | $67,424,706 | $2,469 | $66,610,168 | 98.7 | $51,913,210 | $1,942 | $57,423 | $19 |
| Sex | | | | | | | | | | | | | |
| Male | 11,287,626 | 493,320 | 43.7 | 59,263,913 | 5,250 | 28,773,203 | 2,549 | 28,440,793 | 98.8 | 22,163,761 | 2,020 | 23,721 | 20 |
| Female | 16,021,897 | 722,448 | 45.1 | 78,461,123 | 4,897 | 38,651,503 | 2,412 | 38,169,375 | 98.7 | 29,749,450 | 1,888 | 33,702 | 19 |
| Age | | | | | | | | | | | | | |
| Under 65 | 3,574,178 | 165,473 | 46.3 | 19,161,787 | 5,361 | 9,392,846 | 2,628 | 9,349,931 | 99.5 | 7,063,199 | 2,057 | 2,879 | 20 |
| 65-74 years | 10,180,783 | 410,259 | 40.3 | 47,612,240 | 4,677 | 22,648,180 | 2,225 | 22,341,536 | 98.6 | 17,398,384 | 1,752 | 21,341 | 19 |
| 75-84 years | 9,804,727 | 463,049 | 47.2 | 52,942,398 | 5,400 | 25,976,991 | 2,649 | 25,622,943 | 98.6 | 20,162,350 | 2,086 | 25,220 | 20 |
| 85 or over | 3,749,836 | 176,989 | 47.2 | 18,008,612 | 4,803 | 9,406,689 | 2,509 | 9,295,758 | 98.8 | 7,289,278 | 1,970 | 7,983 | 19 |
| Race | | | | | | | | | | | | | |
| White | 22,686,011 | 994,584 | 43.8 | 113,114,018 | 4,986 | 55,056,799 | 2,427 | 54,282,489 | 98.5 | 42,334,594 | 1,904 | 54,723 | 20 |
| Black | 2,389,239 | 112,734 | 47.2 | 13,039,239 | 5,457 | 6,315,700 | 2,643 | 6,298,175 | 99.7 | 4,888,930 | 2,108 | 1,186 | 14 |
| Hispanic | 1,508,764 | 75,632 | 50.1 | 8,082,597 | 5,357 | 4,268,928 | 2,829 | 4,256,656 | 99.7 | 3,313,342 | 2,258 | 789 | 15 |
| Asian/Pacific Islander | 473,892 | 22,594 | 47.7 | 2,309,973 | 4,874 | 1,203,305 | 2,539 | 1,197,219 | 99.4 | 931,446 | 2,008 | 422 | 20 |
| American Indian/Alaska Native | 96,627 | 3,500 | 36.2 | 439,442 | 4,548 | 210,268 | 2,176 | 209,253 | 99.5 | 162,451 | 1,734 | 73 | 19 |
| Other | 115,629 | 4,923 | 42.6 | 548,718 | 4,746 | 271,318 | 2,346 | 269,017 | 99.1 | 206,948 | 1,851 | 158 | 20 |
| Unknown | 39,361 | 1,802 | 45.8 | 191,049 | 4,854 | 98,388 | 2,500 | 97,360 | 98.9 | 75,499 | 1,960 | 71 | 20 |
| Type of entitlement[4] | | | | | | | | | | | | | |
| Aged | 23,482,882 | 1,021,769 | 43.5 | 115,209,621 | 4,906 | 56,478,640 | 2,405 | 55,714,630 | 98.6 | 43,614,443 | 1,892 | 53,985 | 19 |
| End Stage Renal Disease | 215,897 | 39,633 | 183.6 | 4,783,008 | 22,154 | 2,096,663 | 9,711 | 2,090,835 | 99.7 | 1,684,464 | 7,841 | 440 | 31 |
| Disabled | 3,610,744 | 154,367 | 42.8 | 17,732,408 | 4,911 | 8,849,403 | 2,451 | 8,804,703 | 99.4 | 6,614,303 | 1,908 | 2,998 | 20 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year.

[2] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[3] Excludes persons with no balance billing in calendar year.

[4] Aged = Aged without ESRD (MSC 10); Disabled = Disabled without ESRD (MSC 20); ESRD = Aged with ESRD (MSC 11); and Disabled with ESRD (MSC 21) and ESRD only (MSC 31).

NOTE: Medicare charges and program payments represent fee-for-service utilization only.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

## Table A-56.
## (Table 56)
## Persons served, services, submitted and allowed charges program payments, and balance billing for Medicare physician and supplier services, by demographic characteristics for Whites: calendar year 2002

| | | Services | | Submitted charges | | Allowed charges | | | | Program payments | | Balance billing | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Demographic characteristic | Persons served[1] | Number in thousands | Per person served[2] | Amount in thousands | Per person served[2] | Amount in thousands | Per person[2] | Assigned charges in thousands | Percentage of charges assigned | In thousands | Per person[2] | Amount in thousands | Per person with liability[3] |
| Total | 22,686,011 | 994,584 | 43.8 | $113,114,018 | $4,986 | $55,056,799 | $2,427 | $54,282,489 | 98.5 | $42,334,594 | $1,904 | $54,723 | $20 |
| Sex | | | | | | | | | | | | | |
| Male | 9,430,736 | 407,285 | 43.2 | 49,187,236 | 5,216 | 23,719,767 | 2,515 | 23,402,144 | 98.6 | 18,250,390 | 1,987 | 22,730 | 21 |
| Female | 13,255,276 | 587,298 | 44.3 | 63,926,783 | 4,823 | 31,337,031 | 2,364 | 30,880,345 | 98.5 | 24,084,204 | 1,846 | 31,992 | 19 |
| Age | | | | | | | | | | | | | |
| Under 65 | 2,484,665 | 110,474 | 44.5 | 12,859,742 | 5,176 | 6,310,589 | 2,540 | 6,273,231 | 99.4 | 4,695,463 | 1,965 | 2,543 | 21 |
| 65-74 years | 8,460,202 | 334,066 | 39.5 | 39,027,304 | 4,613 | 18,416,517 | 2,177 | 18,125,903 | 98.4 | 14,122,119 | 1,710 | 20,259 | 19 |
| 75-84 years | 8,465,099 | 396,296 | 46.8 | 45,587,777 | 5,385 | 22,216,444 | 2,624 | 21,876,539 | 98.4 | 17,232,555 | 2,063 | 24,253 | 20 |
| 85 or over | 3,276,045 | 153,748 | 46.9 | 15,639,196 | 4,774 | 8,113,249 | 2,477 | 8,006,817 | 98.6 | 6,284,457 | 1,943 | 7,668 | 19 |
| Type of entitlement[4] | | | | | | | | | | | | | |
| Aged | 20,030,122 | 866,607 | 43.3 | 98,190,312 | 4,902 | 47,785,072 | 2,386 | 47,055,039 | 98.4 | 36,878,015 | 1,874 | 51,667 | 20 |
| End Stage Renal Disease | 103,217 | 18,306 | 177.4 | 2,187,936 | 21,197 | 968,829 | 9,386 | 963,749 | 99.4 | 774,968 | 7,542 | 387 | 34 |
| Disabled | 2552,673 | 109,670 | 43.0 | 12,735,771 | 4,989 | 6,302,898 | 2,469 | 6,263,701 | 99.3 | 4,681,611 | 1,907 | 2,668 | 21 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year.

[2] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[3] Excludes persons with no balance billing in calendar year.

[4] Aged = Aged without ESRD (MSC 10); Disabled = Disabled without ESRD (MSC 20); ESRD = Aged with ESRD (MSC 11); and Disabled with ESRD (MSC 21) and ESRD only (MSC 31).

NOTE: Medicare charges and program payments represent fee-for-service utilization only.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

## Table A-57.
## (Table 56)
## Persons served, services, submitted and allowed charges program payments, and balance billing for Medicare physician and supplier services, by demographic characteristics for Blacks: calendar year 2002

| | | Services | | Submitted charges | | Allowed charges | | | | Program payments | | Balance billing | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Demographic characteristic | Persons served[1] | Number in thousands | Per person served[2] | Amount in thousands | Per person served[2] | Amount in thousands | Per person[2] | Assigned charges in thousands | Percentage of charges assigned | In thousands | Per person[2] | Amount in thousands | Per person with liability[3] |
| Total | 2,389,239 | 112,734 | 47.2 | $13,039,239 | $5,457 | $6,315,700 | $2,643 | $6,298,175 | 99.7 | $4,888,930 | $2,108 | $1,186 | $14 |
| Sex | | | | | | | | | | | | | |
| Male | 913,108 | 42,259 | 46.3 | 5,161,227 | 5,652 | 2,497,076 | 2,735 | 2,491,560 | 99.0 | 1,933,579 | 2,211 | 376 | 13 |
| Female | 1,476,130 | 70,475 | 47.7 | 7,878,012 | 5,337 | 3,818,624 | 2,587 | 3,806,615 | 99.6 | 2,955,351 | 2,045 | 811 | 14 |
| Age | | | | | | | | | | | | | |
| Under 65 | 667,543 | 34,081 | 51.1 | 4,042,569 | 6,056 | 1,911,667 | 2,864 | 1,909,665 | 99.8 | 1,472,885 | 2,303 | 138 | 14 |
| 65-74 years | 826,440 | 36,434 | 44.1 | 4,294,773 | 5,197 | 2,035,549 | 2,463 | 2,028,668 | 99.6 | 1,575,581 | 1,964 | 459 | 13 |
| 75-84 years | 648,665 | 30,738 | 47.4 | 3,511,217 | 5,413 | 1,735,458 | 2,675 | 1,728,982 | 99.6 | 1,349,606 | 2,124 | 438 | 14 |
| 85 or over | 246,591 | 11,480 | 46.6 | 1,190,680 | 4,829 | 633,026 | 2,567 | 630,860 | 99.6 | 490,857 | 2,026 | 152 | 15 |
| Type of entitlement[4] | | | | | | | | | | | | | |
| Aged | 1,670,560 | 71,455 | 42.8 | 8,129,785 | 4,867 | 4,017,614 | 2,405 | 4,002,470 | 99.6 | 3,105,989 | 1,906 | 1,024 | 14 |
| End Stage Renal Disease | 75,686 | 14,372 | 189.9 | 1,793,040 | 23,690 | 758,380 | 10,020 | 758,039 | 99.9 | 611,983 | 8,127 | 23 | 13 |
| Disabled | 642,992 | 26,907 | 41.8 | 3,116,413 | 4,847 | 1,539,706 | 2,395 | 1,537,665 | 99.8 | 1,170,957 | 1,905 | 140 | 14 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year.

[2] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[3] Excludes persons with no balance billing in calendar year.

[4] Aged = Aged without ESRD (MSC 10); Disabled = Disabled without ESRD (MSC 20); ESRD = Aged with ESRD (MSC 11); and Disabled with ESRD (MSC 21) and ESRD only (MSC 31).

NOTE: Medicare charges and program payments represent fee-for-service utilization only.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

## Table A-58.
## (Table 56)
## Persons served, services, submitted and allowed charges program payments, and balance billing for Medicare physician and supplier services, by demographic characteristics for Hispanics: calendar year 2002

| | | Services | | Submitted charges | | Allowed charges | | | | Program payments | | Balance billing | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Demographic characteristic | Persons served[1] | Number in thousands | Per person served[2] | Amount in thousands | Per person served[2] | Amount in thousands | Per person[2] | Assigned charges in thousands | Percentage of charges assigned | In thousands | Per person[2] | Amount in thousands | Per person with liability[3] |
| Total | 1,508,764 | 75,632 | 50.1 | $8,082,597 | $5,357 | $4,268,928 | $2,829 | $4,256,656 | 99.7 | $3,313,342 | $2,258 | $789 | $15 |
| Sex | | | | | | | | | | | | | |
| Male | 644,426 | 30,346 | 47.1 | 3,403,404 | 5,281 | 1,792,674 | 2,782 | 1,787,533 | 99.7 | 1,390,123 | 2,241 | 330 | 15 |
| Female | 864,338 | 45,286 | 52.4 | 4,679,193 | 5,414 | 2,476,254 | 2,865 | 2,469,123 | 99.7 | 1,923,218 | 2,270 | 459 | 14 |
| Age | | | | | | | | | | | | | |
| Under 65 | 323,224 | 16,463 | 50.9 | 1,737,374 | 5,375 | 916,267 | 2,835 | 913,935 | 99.7 | 703,400 | 2,264 | 115 | 12 |
| 65-74 years | 600,259 | 27,727 | 46.2 | 3,001,247 | 5,000 | 1,549,663 | 2,582 | 1,544,702 | 99.6 | 1,202,451 | 2,065 | 335 | 15 |
| 75-84 years | 444,679 | 23,737 | 53.4 | 2,569,986 | 5,779 | 1,362,141 | 3,063 | 1,358,211 | 99.7 | 1,063,907 | 2,439 | 268 | 15 |
| 85 or over | 140,602 | 7,706 | 54.8 | 773,990 | 5,505 | 440,856 | 3,135 | 439,808 | 99.7 | 343,584 | 2,484 | 72 | 16 |
| Type of entitlement[4] | | | | | | | | | | | | | |
| Aged | 1,162,286 | 56,115 | 48.3 | 6,019,757 | 5,179 | 3,191,117 | 2,746 | 3,181,366 | 99.6 | 2,480,829 | 2,188 | 662 | 15 |
| End Stage Renal Disease | 25,795 | 5,350 | 207.4 | 594,458 | 23,046 | 278,541 | 10,798 | 278,315 | 99.9 | 224,714 | 8,751 | 17 | 31 |
| Disabled | 320,684 | 14,167 | 44.2 | 1,468,382 | 4,579 | 799,270 | 2,492 | 796,975 | 99.7 | 607,798 | 1,974 | 110 | 11 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year.

[2] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[3] Excludes persons with no balance billing in calendar year.

[4] Aged = Aged without ESRD (MSC 10); Disabled = Disabled without ESRD (MSC 20); ESRD = Aged with ESRD (MSC 11); and Disabled with ESRD (MSC 21) and ESRD only (MSC 31).

NOTE: Medicare charges and program payments represent fee-for-service utilization only.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-59.**
**(Table 56)**
**Persons served, services, submitted and allowed charges program payments, and balance billing for Medicare physician and supplier services, by demographic characteristics for Asians/Pacific Islanders: calendar year 2002**

| | | Services | | Submitted charges | | Allowed charges | | | | Program payments | | Balance billing | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Demographic characteristic | Persons served[1] | Number in thousands | Per person served[2] | Amount in thousands | Per person served[2] | Amount in thousands | Per person[2] | Assigned charges in thousands | Percentage of charges assigned | In thousands | Per person[2] | Amount in thousands | Per person with liability[3] |
| Total | 473,892 | 22,594 | 47.7 | $2,309,973 | $4,874 | $1,203,305 | $2,539 | $1,197,219 | 99.4 | $931,446 | $2,008 | $422 | $20 |
| Sex | | | | | | | | | | | | | |
| Male | 195,633 | 9,343 | 47.8 | 1,010,860 | 5,167 | 519,591 | 2,656 | 517,136 | 99.5 | 402,630 | 2,112 | 169 | 20 |
| Female | 278,259 | 13,252 | 47.6 | 1,299,113 | 4,669 | 683,714 | 2,457 | 680,082 | 99.4 | 528,816 | 1,936 | 253 | 20 |
| Age | | | | | | | | | | | | | |
| Under 65 | 36,230 | 1,762 | 48.6 | 196,663 | 5,428 | 95,861 | 2,646 | 95,530 | 99.6 | 72,243 | 2,077 | 24 | 28 |
| 65-74 years | 196,412 | 8,424 | 42.9 | 867,972 | 4,419 | 444,317 | 2,262 | 441,886 | 99.4 | 342,747 | 1,787 | 166 | 19 |
| 75-84 years | 187,984 | 9,738 | 51.8 | 981,666 | 5,222 | 518,187 | 2,757 | 515,509 | 99.4 | 403,756 | 2,184 | 186 | 21 |
| 85 or over | 53,266 | 2,670 | 50.1 | 263,672 | 4,950 | 144,940 | 2,721 | 144,294 | 99.5 | 112,700 | 2,152 | 45 | 21 |
| Type of entitlement[4] | | | | | | | | | | | | | |
| Aged | 434,353 | 20,406 | 47.0 | 2,060,773 | 4,744 | 1,083,760 | 2,495 | 1,078,079 | 99.4 | 840,232 | 1,974 | 392 | 20 |
| End Stage Renal Disease | 5,568 | 800 | 143.6 | 102,254 | 18,363 | 43,900 | 7,884 | 43,824 | 99.8 | 35,209 | 6,392 | 5 | 22 |
| Disabled | 33,971 | 1,389 | 40.9 | 146,945 | 4,326 | 75,645 | 2,227 | 75,315 | 99.5 | 56,005 | 1,721 | 24 | 29 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year.

[2] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[3] Excludes persons with no balance billing in calendar year.

[4] Aged = Aged without ESRD (MSC 10); Disabled = Disabled without ESRD (MSC 20); ESRD = Aged with ESRD (MSC 11); and Disabled with ESRD (MSC 21) and ESRD only (MSC 31).

NOTE: Medicare charges and program payments represent fee-for-service utilization only.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-60.**
**(Table 56)**
**Persons served, services, submitted and allowed charges program payments, and balance billing for Medicare physician and supplier services, by demographic characteristics for American Indians/Alaska Natives: calendar year 2002**

| | | Services | | Submitted charges | | Allowed charges | | | | Program payments | | Balance billing | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Demographic characteristic | Persons served[1] | Number in thousands | Per person served[2] | Amount in thousands | Per person served[2] | Amount in thousands | Per person[2] | Assigned charges in thousands | Percentage of charges assigned | In thousands | Per person[2] | Amount in thousands | Per person with liability[3] |
| Total | 96,627 | 3,500 | 36.2 | $439,442 | $4,548 | $210,268 | $2,176 | $209,253 | 99.5 | $162,451 | $1,734 | $73 | $19 |
| Sex | | | | | | | | | | | | | |
| Male | 40,488 | 1,395 | 34.5 | 183,280 | 4,527 | 87,606 | 2,164 | 87,218 | 99.5 | 67,626 | 1,742 | 28 | 20 |
| Female | 56,139 | 2,104 | 37.5 | 256,162 | 4,563 | 122,662 | 2,185 | 122,035 | 99.4 | 94,825 | 1,728 | 44 | 19 |
| Age | | | | | | | | | | | | | |
| Under 65 | 27,443 | 1,180 | 43.0 | 144,047 | 5,249 | 69,355 | 2,527 | 69,172 | 99.7 | 53,202 | 2,020 | 13 | 22 |
| 65-74 years | 36,473 | 1,185 | 32.5 | 153,298 | 4,203 | 71,800 | 1,969 | 71,394 | 99.4 | 55,571 | 1,574 | 29 | 18 |
| 75-84 years | 24,952 | 879 | 35.2 | 112,243 | 4,498 | 53,698 | 2,152 | 53,356 | 99.3 | 41,747 | 1,710 | 25 | 19 |
| 85 or over | 7,759 | 255 | 32.9 | 29,854 | 3,848 | 15,414 | 1,987 | 15,331 | 99.4 | 11,931 | 1,565 | 6 | 17 |
| Type of entitlement[4] | | | | | | | | | | | | | |
| Aged | 67,096 | 2,118 | 31.6 | 268,853 | 4,007 | 128,679 | 1,918 | 127,870 | 99.3 | 99,460 | 1,523 | 58 | 18 |
| End Stage Renal Disease | 2,828 | 433 | 153.0 | 55,802 | 19,732 | 25,624 | 9,061 | 25,568 | 99.7 | 20,640 | 7,322 | 4 | 48 |
| Disabled | 26,703 | 949 | 35.5 | 114,787 | 4,299 | 55,965 | 2,096 | 55,816 | 99.7 | 42,351 | 1,656 | 10 | 19 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year.

[2] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[3] Excludes persons with no balance billing in calendar year.

[4] Aged = Aged without ESRD (MSC 10); Disabled = Disabled without ESRD (MSC 20); ESRD = Aged with ESRD (MSC 11); and Disabled with ESRD (MSC 21) and ESRD only (MSC 31).

NOTE: Medicare charges and program payments represent fee-for-service utilization only.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

## Table A-61.
## (Table 57)
## Persons served, services, submitted and allowed charges program payments, and balance billing for Medicare physician and supplier services, by type of service for total: calendar year 2002

| | | Services | | Submitted charges | | Allowed charges | | | | Program payments | | Balance billing[4] | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Type of service | Persons served[1] | Number in thousands | Per person served[1] | Amount in thousands | Per person served[1] | Amount in thousands | Per person served[1] | Assigned in thousands | Percentage of charges assigned[2] | Amount in thousands | Per person served[3] | Amount in thousands | Per person with liability |
| Total | 27,309,523 | 1,215,769 | 44.5 | $137,725,036 | $5,043 | $67,424,706 | $2,469 | $66,610,168 | 98.7 | $51,913,210 | $1,942 | $57,423 | $19 |
| Medical care | 26,563,713 | 425,185 | 16.0 | 35,332,231 | 1,330 | 23,681,842 | 892 | 23,297,010 | 98.3 | 17,486,698 | 690 | 27,390 | 13 |
| Surgery | 15,929,778 | 79,352 | 5.0 | 32,690,461 | 2,052 | 11,781,863 | 740 | 11,669,743 | 99.0 | 9,209,370 | 587 | 9,086 | 26 |
| Consultation | 9,947,118 | 21,828 | 2.2 | 4,054,135 | 408 | 2,649,425 | 266 | 2,624,204 | 99.0 | 2,033,241 | 206 | 2,088 | 15 |
| Diagnostic x-ray | 18,126,868 | 96,627 | 5.3 | 14,273,351 | 787 | 5,786,510 | 319 | 5,746,692 | 99.3 | 4,497,415 | 257 | 3,358 | 14 |
| Diagnostic laboratory | 22,496,649 | 363,159 | 16.1 | 17,930,866 | 797 | 6,489,942 | 288 | 6,457,593 | 99.5 | 5,578,104 | 250 | 2,701 | 8 |
| Radiation therapy | 791,062 | 7,386 | 9.3 | 2,384,784 | 3,015 | 790,508 | 999 | 783,961 | 99.1 | 628,196 | 797 | 580 | 95 |
| Anesthesia | 4,936,722 | 9,730 | 2.0 | 5,499,548 | 1,114 | 1,260,213 | 255 | 1,256,964 | 99.7 | 996,015 | 202 | 288 | 16 |
| Assistance at surgery | 720,331 | 1,163 | 1.6 | 1,157,759 | 1,607 | 169,308 | 235 | 168,603 | 99.5 | 134,101 | 187 | 63 | 17 |
| Other medical services | 937,271 | 7,326 | 7.8 | 1,268,483 | 1,353 | 775,857 | 828 | 775,658 | 99.9 | 614,475 | 659 | 8 | 2 |
| Ambulatory surgical center | 2,062,481 | 3,279 | 1.6 | 4,818,303 | 2,336 | 1,800,232 | 873 | 1,800,227 | 99.9 | 1,425,030 | 691 | 0 | 42 |
| Renal supplies in the home | 9,330 | 468 | 50.1 | 45,663 | 4,894 | 27,472 | 2,944 | 27,472 | 100.0 | 21,856 | 2,347 | --- | --- |
| ESRD capitation payment | 187,620 | 1,875 | 10.0 | 741,217 | 3,951 | 441,279 | 2,352 | 440,883 | 99.9 | 347,345 | 1,856 | 36 | 105 |
| Psychological therapy | 2,190,514 | 15,438 | 7.0 | 1,448,459 | 661 | 1,044,496 | 477 | 1,012,534 | 96.9 | 487,126 | 238 | 2,230 | 32 |
| Occupational therapy | 24,445 | 994 | 40.7 | 36,483 | 1,492 | 26,886 | 1,100 | 26,852 | 99.8 | 21,349 | 877 | 0 | 1 |
| Pneumococcal vaccine | 12,125,735 | 25,514 | 2.1 | 278,582 | 23 | 158,182 | 13 | 157,566 | 99.6 | 157,911 | 13 | 42 | 0 |
| Physical therapy | 653,652 | 27,957 | 42.8 | 957,463 | 1,465 | 692,784 | 1,060 | 686,959 | 99.1 | 546,931 | 842 | 298 | 41 |
| Durable medical equipment[5] | 6,160,711 | 88,614 | 14.4 | 9,943,882 | 1,614 | 6,762,454 | 1,098 | 6,633,713 | 98.0 | 5,300,258 | 871 | 6,507 | 11 |
| Other | 7,210,122 | 39,873 | 5.5 | 4,863,365 | 675 | 3,085,454 | 428 | 3,043,533 | 98.6 | 2,427,789 | 342 | 2,747 | 10 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than 1 service during the reporting year.

[2] Ratio of assigned allowed charges to total allowed charges. Includes charges for supplier services.

[3] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[4] Represents the amount of beneficiary Part B cost-sharing liability that non-participating physicians can charge beneficiaries on unassigned claims. In 1998, a non-participating physician could not charge a beneficiary more than 15 percent of the difference between the submitted charge and the allowed charge (the Medicare fee schedule amount) on the unassigned claims.

[5] Durable medical equipment was identified based on selected Berenson-Eggers Type of Service system codes and Health Care Financing Administration (HCFA) Common Procedure Coding System codes.

NOTES: Medicare charges and program payments represent fee-for-service utilization only. Numbers may not add to total because of rounding. NA is not applicable. BETOS is Berenson-Eggers Type of Service for classifying HDPCS. HCPCS is HCFA Common Procedure Coding System. ESRD is end stage renal disease.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

## Table A-62.
## (Table 57)
## Persons served, services, submitted and allowed charges program payments, and balance billing for Medicare physician and supplier services, by type of service for Whites: calendar year 2002

| Type of service | Persons served[1] | Services | | Submitted charges | | Allowed charges | | | | Program payments | | Balance billing[4] | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Number in thousands | Per person served[1] | Amount in thousands | Per person served[1] | Amount in thousands | Per person served[1] | Assigned in thousands | Percentage of charges assigned[2] | Amount in thousands | Per person served[3] | Amount in thousands | Per person with liability |
| Total | 22,686,011 | 994,584 | 43.8 | $113,114,018 | $4,986 | $55,056,799 | $2,427 | $54,282,489 | 98.5 | $42,334,594 | $1,904 | $54,723 | $20 |
| Medical care | 22,108,137 | 344,911 | 15.6 | 28,573,724 | 1,292 | 19,309,908 | 873 | 18,944,623 | 98.1 | 14,227,610 | 674 | 26,032 | 13 |
| Surgery | 13,700,554 | 70,080 | 5.1 | 27,908,756 | 2,037 | 10,141,367 | 740 | 10,033,219 | 98.9 | 7,921,775 | 587 | 8,767 | 26 |
| Consultation | 8,358,929 | 17,889 | 2.1 | 3,312,969 | 396 | 2,173,959 | 260 | 2,149,819 | 98.8 | 1,667,272 | 201 | 2,001 | 15 |
| Diagnostic x-ray | 15,165,097 | 80,765 | 5.3 | 11,988,362 | 791 | 4,896,740 | 323 | 4,858,189 | 99.2 | 3,806,138 | 259 | 3,253 | 14 |
| Diagnostic laboratory | 18,813,827 | 295,717 | 15.7 | 14,550,048 | 773 | 5,272,578 | 280 | 5,241,476 | 99.4 | 4,517,589 | 242 | 2,598 | 8 |
| Radiation therapy | 638,732 | 6,240 | 9.8 | 2,015,697 | 3,156 | 668,114 | 1,046 | 661,651 | 99.0 | 531,385 | 835 | 573 | 97 |
| Anesthesia | 4,221,552 | 8,361 | 2.0 | 4,668,210 | 1,106 | 1,067,673 | 253 | 1,064,599 | 99.7 | 843,978 | 200 | 273 | 16 |
| Assistance at surgery | 633,446 | 1,022 | 1.6 | 1,009,245 | 1,593 | 148,519 | 234 | 147,848 | 99.5 | 117,626 | 186 | 60 | 17 |
| Other medical services | 768,919 | 5,723 | 7.4 | 1,101,650 | 1,433 | 686,032 | 892 | 685,856 | 99.9 | 543,376 | 710 | 6 | 2 |
| Ambulatory surgical center | 1,822,771 | 2,894 | 1.6 | 4,227,152 | 2,319 | 1,584,702 | 869 | 1,584,702 | 100.0 | 1,254,834 | 689 | --- | --- |
| Renal supplies in the home | 7,073 | 379 | 53.6 | 36,442 | 5,152 | 22,262 | 3,148 | 22,262 | 100.0 | 17,745 | 2,509 | --- | --- |
| ESRD capitation payment | 84,874 | 918 | 10.8 | 317,311 | 3,739 | 193,256 | 2,277 | 192,883 | 99.8 | 151,663 | 1,792 | 34 | 108 |
| Psychological therapy | 1,754,608 | 12,362 | 7.0 | 1,170,212 | 667 | 848,436 | 484 | 819,025 | 96.5 | 396,685 | 242 | 2,103 | 34 |
| Occupational therapy | 20,752 | 787 | 37.9 | 28,176 | 1,358 | 21,315 | 1,027 | 21,283 | 99.8 | 16,933 | 819 | 0 | 0 |
| Pneumococcal vaccine | 10,857,584 | 22,878 | 2.1 | 245,029 | 23 | 141,525 | 13 | 140,941 | 99.5 | 141,295 | 13 | 40 | 0 |
| Physical therapy | 577,796 | 24,432 | 42.3 | 834,808 | 1,445 | 607,583 | 1,052 | 602,079 | 99.0 | 479,803 | 835 | 287 | 42 |
| Durable medical equipment[5] | 4,891,761 | 69,031 | 14.1 | 7,442,124 | 1,521 | 4,946,532 | 1,011 | 4,825,348 | 97.5 | 3,870,709 | 801 | 6,093 | 11 |
| Other | 5,975,538 | 30,192 | 5.1 | 3,684,101 | 617 | 2,326,299 | 389 | 2,286,687 | 98.2 | 1,828,179 | 311 | 2,603 | 10 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than 1 service during the reporting year.

[2] Ratio of assigned allowed charges to total allowed charges. Includes charges for supplier services.

[3] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[4] Represents the amount of beneficiary Part B cost-sharing liability that non-participating physicians can charge beneficiaries on unassigned claims. In 1998, a non-participating physician could not charge a beneficiary more than 15 percent of the difference between the submitted charge and the allowed charge (the Medicare fee schedule amount) on the unassigned claims.

[5] Durable medical equipment was identified based on selected Berenson-Eggers Type of Service system codes and Health Care Financing Administration (HCFA) Common Procedure Coding System codes.

NOTES: Medicare charges and program payments represent fee-for-service utilization only. Numbers may not add to total because of rounding. NA is not applicable. BETOS is Berenson-Eggers Type of Service for classifying HDPCS. HCPCS is HCFA Common Procedure Coding System. ESRD is end stage renal disease.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

## Table A-63.
## (Table 57)
## Persons served, services, submitted and allowed charges program payments, and balance billing for Medicare physician and supplier services, by type of service for Blacks: calendar year 2002

| | | Services | | Submitted charges | | Allowed charges | | | | Program payments | | Balance billing[4] | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Type of service | Persons served[1] | Number in thousands | Per person served[1] | Amount in thousands | Per person served[1] | Amount in thousands | Per person served[1] | Assigned in thousands | Percentage of charges assigned[2] | Amount in thousands | Per person served[3] | Amount in thousands | Per person with liability |
| Total | 2,389,239 | 112,734 | 47.2 | $13,039,239 | $5,457 | $6,315,700 | $2,643 | $6,298,175 | 99.7 | $4,888,930 | $2,108 | $1,186 | $14 |
| Medical care | 2,299,929 | 40,531 | 17.6 | 3,614,332 | 1,571 | 2,263,280 | 984 | 2,253,837 | 99.5 | 1,689,493 | 774 | 655 | 11 |
| Surgery | 1,149,071 | 4,766 | 4.1 | 2,535,156 | 2,206 | 826,754 | 719 | 825,535 | 99.8 | 647,968 | 572 | 94 | 19 |
| Consultation | 821,847 | 2,075 | 2.5 | 391,849 | 477 | 246,329 | 300 | 245,976 | 99.8 | 189,506 | 233 | 29 | 13 |
| Diagnostic x-ray | 1,532,902 | 8,425 | 5.5 | 1,154,448 | 753 | 425,639 | 278 | 425,229 | 99.9 | 330,218 | 225 | 34 | 7 |
| Diagnostic laboratory | 1,887,245 | 33,731 | 17.9 | 1,748,052 | 926 | 575,092 | 305 | 574,616 | 99.9 | 503,687 | 269 | 41 | 5 |
| Radiation therapy | 92,513 | 643 | 7.0 | 218,306 | 2,360 | 67,303 | 727 | 67,297 | 99.9 | 53,231 | 579 | 0 | 7 |
| Anesthesia | 368,674 | 790 | 2.1 | 489,141 | 1,327 | 99,433 | 270 | 99,394 | 99.9 | 78,508 | 214 | 3 | 20 |
| Assistance at surgery | 40,280 | 64 | 1.6 | 69,633 | 1,729 | 9,194 | 228 | 9,189 | 99.9 | 7,288 | 181 | 0 | 12 |
| Other medical services | 80,106 | 690 | 8.6 | 95,914 | 1,197 | 51,002 | 637 | 50,989 | 99.9 | 40,259 | 506 | 1 | 4 |
| Ambulatory surgical center | 108,242 | 171 | 1.6 | 256,531 | 2,370 | 92,321 | 853 | 92,317 | 99.9 | 72,690 | 672 | 0 | 43 |
| Renal supplies in the home | 1,325 | 57 | 43.3 | 5,748 | 4,338 | 3,200 | 2,415 | 3,200 | 100.0 | 2,513 | 1,923 | --- | --- |
| ESRD capitation payment | 69,487 | 629 | 9.1 | 290,367 | 4,179 | 167,360 | 2,409 | 167,358 | 99.9 | 132,097 | 1,905 | 0 | 26 |
| Psychological therapy | 221,504 | 1,640 | 7.4 | 142,523 | 643 | 99,354 | 449 | 98,850 | 99.4 | 45,913 | 224 | 37 | 26 |
| Occupational therapy | 1,852 | 114 | 61.7 | 4,413 | 2,383 | 3,153 | 1,703 | 3,153 | 100.0 | 2,494 | 1,367 | --- | --- |
| Pneumococcal vaccine | 585,812 | 1,218 | 2.1 | 14,670 | 25 | 7,696 | 13 | 7,681 | 99.7 | 7,679 | 13 | 1 | 0 |
| Physical therapy | 26,430 | 1,314 | 49.7 | 47,715 | 1,805 | 32,339 | 1,224 | 32,211 | 99.6 | 25,457 | 969 | 2 | 15 |
| Durable medical equipment[5] | 664,666 | 10,281 | 15.5 | 1,280,247 | 1,926 | 911,135 | 1,371 | 907,377 | 99.5 | 716,507 | 1,090 | 218 | 11 |
| Other | 669,713 | 5,595 | 8.4 | 680,194 | 1,016 | 435,113 | 650 | 433,966 | 99.7 | 343,423 | 519 | 70 | 8 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than 1 service during the reporting year.

[2] Ratio of assigned allowed charges to total allowed charges. Includes charges for supplier services.

[3] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[4] Represents the amount of beneficiary Part B cost-sharing liability that non-participating physicians can charge beneficiaries on unassigned claims. In 1998, a non-participating physician could not charge a beneficiary more than 15 percent of the difference between the submitted charge and the allowed charge (the Medicare fee schedule amount) on the unassigned claims.

[5] Durable medical equipment was identified based on selected Berenson-Eggers Type of Service system codes and Health Care Financing Administration (HCFA) Common Procedure Coding System codes.

NOTES: Medicare charges and program payments represent fee-for-service utilization only. Numbers may not add to total because of rounding. NA is not applicable. BETOS is Berenson-Eggers Type of Service for classifying HDPCS. HCPCS is HCFA Common Procedure Coding System. ESRD is end stage renal disease.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

## Table A-64.
## (Table 57)
## Persons served, services, submitted and allowed charges program payments, and balance billing for Medicare physician and supplier services, by type of service for Hispanics: calendar year 2002

| | | Services | | Submitted charges | | Allowed charges | | | | Program payments | | Balance billing[4] | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Type of service | Persons served[1] | Number in thousands | Per person served[1] | Amount in thousands | Per person served[1] | Amount in thousands | Per person served[1] | Assigned in thousands | Percentage of charges assigned[2] | Amount in thousands | Per person served[3] | Amount in thousands | Per person with liability |
| Total | 1,508,764 | 75,632 | 50.1 | $8,082,597 | $5,357 | $4,268,928 | $2,829 | $4,256,656 | 99.7 | $3,313,342 | $2,258 | $789 | $15 |
| Medical care | 1,453,643 | 26,301 | 18.1 | 2,131,858 | 1,467 | 1,422,965 | 979 | 1,417,538 | 99.6 | 1,060,828 | 766 | 370 | 11 |
| Surgery | 742,169 | 3,120 | 4.2 | 1,537,524 | 2,072 | 558,117 | 752 | 556,685 | 99.7 | 439,160 | 599 | 117 | 28 |
| Consultation | 530,416 | 1,356 | 2.6 | 247,269 | 466 | 162,362 | 306 | 161,989 | 99.7 | 125,406 | 238 | 30 | 15 |
| Diagnostic x-ray | 988,242 | 5,316 | 5.4 | 795,913 | 805 | 324,643 | 329 | 324,210 | 99.8 | 252,825 | 265 | 36 | 12 |
| Diagnostic laboratory | 1,231,130 | 23,470 | 19.1 | 1,092,429 | 887 | 431,495 | 350 | 431,121 | 99.9 | 375,895 | 307 | 30 | 7 |
| Radiation therapy | 41,299 | 359 | 8.7 | 102,436 | 2,480 | 37,908 | 918 | 37,865 | 99.8 | 29,988 | 729 | 4 | 56 |
| Anesthesia | 243,399 | 400 | 1.6 | 233,481 | 959 | 66,234 | 272 | 66,166 | 99.8 | 52,353 | 216 | 6 | 25 |
| Assistance at surgery | 32,526 | 53 | 1.6 | 56,159 | 1,727 | 8,014 | 246 | 7,996 | 99.7 | 6,352 | 196 | 2 | 20 |
| Other medical services | 74,405 | 809 | 10.9 | 52,847 | 710 | 28,275 | 380 | 28,271 | 99.9 | 22,474 | 304 | 0 | 2 |
| Ambulatory surgical center | 89,162 | 148 | 1.7 | 229,591 | 2,575 | 84,267 | 945 | 84,267 | 100.0 | 66,742 | 749 | --- | --- |
| Renal supplies in the home | 610 | 18 | 30.0 | 2,186 | 3,583 | 1,285 | 2,106 | 1,285 | 100.0 | 1,025 | 1,679 | --- | --- |
| ESRD capitation payment | 22,808 | 218 | 9.6 | 87,809 | 3,850 | 54,261 | 2,379 | 54,245 | 99.9 | 42,859 | 1,882 | 1 | 92 |
| Psychological therapy | 161,728 | 1,069 | 6.6 | 100,190 | 619 | 71,536 | 442 | 70,022 | 97.8 | 32,889 | 216 | 51 | 8 |
| Occupational therapy | 1,556 | 83 | 53.6 | 3,555 | 2,285 | 2,158 | 1,387 | 2,158 | 100.0 | 1,716 | 1,105 | --- | --- |
| Pneumococcal vaccine | 383,192 | 797 | 2.1 | 10,232 | 27 | 4,965 | 13 | 4,956 | 99.8 | 4,956 | 13 | 1 | 0 |
| Physical therapy | 32,176 | 1,464 | 45.5 | 49,409 | 1,536 | 33,965 | 1,056 | 33,865 | 99.7 | 26,812 | 837 | 4 | 30 |
| Durable medical equipment[5] | 449,939 | 7,567 | 16.8 | 1,009,180 | 2,243 | 754,630 | 1,677 | 752,766 | 99.7 | 595,558 | 1,341 | 101 | 10 |
| Other | 384,787 | 3,083 | 8.0 | 340,530 | 885 | 221,848 | 577 | 221,250 | 99.7 | 175,503 | 463 | 37 | 8 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than 1 service during the reporting year.

[2] Ratio of assigned allowed charges to total allowed charges. Includes charges for supplier services.

[3] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[4] Represents the amount of beneficiary Part B cost-sharing liability that non-participating physicians can charge beneficiaries on unassigned claims. In 1998, a non-participating physician could not charge a beneficiary more than 15 percent of the difference between the submitted charge and the allowed charge (the Medicare fee schedule amount) on the unassigned claims.

[5] Durable medical equipment was identified based on selected Berenson-Eggers Type of Service system codes and Health Care Financing Administration (HCFA) Common Procedure Coding System codes.

NOTES: Medicare charges and program payments represent fee-for-service utilization only. Numbers may not add to total because of rounding. NA is not applicable. BETOS is Berenson-Eggers Type of Service for classifying HDPCS. HCPCS is HCFA Common Procedure Coding System. ESRD is end stage renal disease.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

## Table A-65.
## (Table 57)
## Persons served, services, submitted and allowed charges program payments, and balance billing for Medicare physician and supplier services, by type of service for Asians/Pacific Islanders: calendar year 2002

| | | Services | | Submitted charges | | Allowed charges | | | | Program payments | | Balance billing[4] | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Type of service | Persons served[1] | Number in thousands | Per person served[1] | Amount in thousands | Per person served[1] | Amount in thousands | Per person served[1] | Assigned in thousands | Percentage of charges assigned[2] | Amount in thousands | Per person served[3] | Amount in thousands | Per person with liability |
| Total | 473,892 | 22,594 | 47.7 | $2,309,973 | $4,874 | $1,203,305 | $2,539 | $1,197,219 | 99.4 | $931,446 | $2,008 | $422 | $20 |
| Medical care | 460,839 | 9,631 | 20.9 | 696,765 | 1,512 | 483,007 | 1,048 | 480,191 | 99.4 | 358,766 | 812 | 202 | 16 |
| Surgery | 217,632 | 879 | 4.0 | 451,636 | 2,075 | 165,439 | 760 | 164,670 | 99.5 | 130,078 | 604 | 63 | 34 |
| Consultation | 154,528 | 332 | 2.1 | 68,418 | 443 | 45,137 | 292 | 44,925 | 99.5 | 34,606 | 226 | 17 | 15 |
| Diagnostic x-ray | 287,694 | 1,328 | 4.6 | 221,976 | 772 | 94,532 | 329 | 94,311 | 99.7 | 73,537 | 265 | 18 | 13 |
| Diagnostic laboratory | 383,570 | 7,251 | 18.9 | 388,816 | 1,014 | 155,861 | 406 | 155,622 | 99.8 | 133,523 | 351 | 19 | 8 |
| Radiation therapy | 11,555 | 93 | 8.0 | 31,860 | 2,757 | 11,658 | 1,009 | 11,643 | 99.8 | 9,228 | 803 | 1 | 44 |
| Anesthesia | 64,365 | 108 | 1.7 | 65,480 | 1,017 | 16,592 | 258 | 16,555 | 99.7 | 13,092 | 204 | 3 | 19 |
| Assistance at surgery | 8,494 | 14 | 1.7 | 13,943 | 1,641 | 2,244 | 264 | 2,238 | 99.7 | 1,778 | 210 | 1 | 20 |
| Other medical services | 7,360 | 58 | 7.9 | 10,717 | 1,456 | 6,296 | 855 | 6,295 | 99.9 | 5,001 | 683 | 0 | 1 |
| Ambulatory surgical center | 28,433 | 43 | 1.5 | 71,280 | 2,507 | 26,356 | 927 | 26,356 | 100.0 | 20,853 | 734 | --- | --- |
| Renal supplies in the home | 216 | 10 | 44.1 | 801 | 3,706 | 434 | 2,007 | 434 | 100.0 | 343 | 1,587 | --- | --- |
| ESRD capitation payment | 5,693 | 63 | 11.1 | 26,688 | 4,688 | 14,988 | 2,633 | 14,985 | 99.9 | 11,756 | 2,072 | 0 | 189 |
| Psychological therapy | 27,961 | 173 | 6.2 | 17,264 | 617 | 11,991 | 429 | 11,768 | 98.1 | 5,528 | 211 | 17 | 46 |
| Occupational therapy | 142 | 4 | 29.7 | 151 | 1,067 | 122 | 861 | 122 | 100.0 | 97 | 690 | . | . |
| Pneumococcal vaccine | 225,040 | 468 | 2.1 | 6,831 | 30 | 3,031 | 13 | 3,026 | 99.8 | 3,019 | 13 | 0 | 0 |
| Physical therapy | 11,732 | 513 | 43.7 | 17,397 | 1,483 | 12,994 | 1,108 | 12,936 | 99.5 | 10,217 | 874 | 3 | 47 |
| Durable medical equipment[5] | 98,349 | 982 | 10.0 | 122,130 | 1,242 | 88,330 | 898 | 87,154 | 98.6 | 69,220 | 719 | 57 | 10 |
| Other | 118,666 | 643 | 5.4 | 97,818 | 824 | 64,296 | 542 | 63,989 | 99.5 | 50,804 | 433 | 20 | 9 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than 1 service during the reporting year.

[2] Ratio of assigned allowed charges to total allowed charges. Includes charges for supplier services.

[3] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[4] Represents the amount of beneficiary Part B cost-sharing liability that non-participating physicians can charge beneficiaries on unassigned claims. In 1998, a non-participating physician could not charge a beneficiary more than 15 percent of the difference between the submitted charge and the allowed charge (the Medicare fee schedule amount) on the unassigned claims.

[5] Durable medical equipment was identified based on selected Berenson-Eggers Type of Service system codes and Health Care Financing Administration (HCFA) Common Procedure Coding System codes.

NOTES: Medicare charges and program payments represent fee-for-service utilization only. Numbers may not add to total because of rounding. NA is not applicable. BETOS is Berenson-Eggers Type of Service for classifying HDPCS. HCPCS is HCFA Common Procedure Coding System. ESRD is end stage renal disease.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

## Table A-66.
## (Table 57)
## Persons served, services, submitted and allowed charges program payments, and balance billing for Medicare physician and supplier services, by type of service for American Indians/Alaska Natives: calendar year 2002

| | | Services | | Submitted charges | | Allowed charges | | | | Program payments | | Balance billing[4] | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Type of service | Persons served[1] | Number in thousands | Per person served[1] | Amount in thousands | Per person served[1] | Amount in thousands | Per person served[1] | Assigned in thousands | Percentage of charges assigned[2] | Amount in thousands | Per person served[3] | Amount in thousands | Per person with liability |
| Total | 96,627 | 3,500 | 36.2 | $439,442 | $4,548 | $210,268 | $2,176 | $209,253 | 99.5 | $162,451 | $1,734 | $73 | $19 |
| Medical care | 92,317 | 1,365 | 14.8 | 112,509 | 1,219 | 67,641 | 733 | 67,254 | 99.4 | 50,608 | 577 | 26 | 11 |
| Surgery | 43,068 | 167 | 3.9 | 99,719 | 2,315 | 34,041 | 790 | 33,878 | 99.5 | 26,661 | 628 | 13 | 34 |
| Consultation | 28,676 | 59 | 2.1 | 10,727 | 374 | 6,753 | 236 | 6,720 | 99.5 | 5,115 | 181 | 3 | 15 |
| Diagnostic x-ray | 58,252 | 312 | 5.3 | 39,077 | 671 | 14,424 | 248 | 14,366 | 99.5 | 11,100 | 199 | 5 | 17 |
| Diagnostic laboratory | 59,880 | 859 | 14.3 | 45,176 | 754 | 15,035 | 251 | 15,006 | 99.8 | 13,079 | 221 | 2 | 11 |
| Radiation therapy | 2,860 | 18 | 6.4 | 5,773 | 2,018 | 1,769 | 619 | 1,765 | 99.7 | 1,407 | 496 | 0 | 32 |
| Anesthesia | 15,465 | 29 | 1.9 | 16,311 | 1,055 | 4,169 | 270 | 4,153 | 99.6 | 3,288 | 213 | 1 | 23 |
| Assistance at surgery | 2,525 | 4 | 1.7 | 3,551 | 1,406 | 574 | 228 | 572 | 99.6 | 455 | 181 | 0 | 17 |
| Other medical services | 2,982 | 20 | 6.6 | 2,348 | 787 | 1,367 | 459 | 1,367 | 99.9 | 1,085 | 368 | 0 | 2 |
| Ambulatory surgical center | 5,218 | 9 | 1.6 | 12,573 | 2,410 | 4,884 | 936 | 4,884 | 100.0 | 3,852 | 739 | --- | --- |
| Renal supplies in the home | 33 | 1 | 26.6 | 137 | 4,143 | 73 | 2,211 | 73 | 100.0 | 56 | 1,706 | --- | --- |
| ESRD capitation payment | 2,582 | 26 | 10.2 | 9,788 | 3,791 | 6,137 | 2,377 | 6,137 | 100.0 | 4,854 | 1,881 | --- | --- |
| Psychological therapy | 9,406 | 59 | 6.3 | 4,930 | 524 | 3,401 | 362 | 3,385 | 99.5 | 1,564 | 178 | 1 | 18 |
| Occupational therapy | 37 | 1 | 22.8 | 29 | 771 | 21 | 576 | 21 | 96.6 | 17 | 470 | 0 | 38 |
| Pneumococcal vaccine | 19,234 | 38 | 2.0 | 405 | 21 | 239 | 12 | 238 | 99.8 | 238 | 12 | 0 | 0 |
| Physical therapy | 1,469 | 52 | 35.1 | 1,684 | 1,146 | 1,229 | 836 | 1,225 | 99.7 | 962 | 662 | 0 | 52 |
| Durable medical equipment[5] | 23,413 | 340 | 14.5 | 43,730 | 1,868 | 29,349 | 1,254 | 29,144 | 99.3 | 22,968 | 996 | 13 | 14 |
| Other | 22,567 | 142 | 6.3 | 30,975 | 1,373 | 19,161 | 849 | 19,066 | 99.5 | 15,142 | 681 | 7 | 15 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than 1 service during the reporting year.

[2] Ratio of assigned allowed charges to total allowed charges. Includes charges for supplier services.

[3] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[4] Represents the amount of beneficiary Part B cost-sharing liability that non-participating physicians can charge beneficiaries on unassigned claims. In 1998, a non-participating physician could not charge a beneficiary more than 15 percent of the difference between the submitted charge and the allowed charge (the Medicare fee schedule amount) on the unassigned claims.

[5] Durable medical equipment was identified based on selected Berenson-Eggers Type of Service system codes and Health Care Financing Administration (HCFA) Common Procedure Coding System codes.

NOTES: Medicare charges and program payments represent fee-for-service utilization only. Numbers may not add to total because of rounding. NA is not applicable. BETOS is Berenson-Eggers Type of Service for classifying HDPCS. HCPCS is HCFA Common Procedure Coding System. ESRD is end stage renal disease.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-67.**
**(Table 58)**
**Persons served, services, submitted and allowed charges program payments, and balance billing for Medicare physician and supplier services, by place of service for total: calendar year 2002**

| | | Services | | Submitted charges | | Allowed charges | | | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Place of service | Persons served[1] | Number in thousands | Per person served[1] | Amount in thousands | Per person served[1] | Amount in thousands | Percentage | Per person served[1] | Assigned in thousands | Percentage of charges assigned[2] | Amount in thousands | Percentage | Per person served[3] |
| Total | 27,309,523 | 1,215,769 | 44.5 | $137,725,036 | $5,043 | $67,424,706 | 100.0 | $2,469 | $66,610,168 | 100.0 | $51,913,210 | 100.0 | $1,942 |
| Office | 25,948,791 | 643,151 | 24.8 | 54,229,027 | 2,090 | 33,271,603 | 49.3 | 1,282 | 32,715,104 | 47.9 | 24,862,843 | 47.9 | 987 |
| Home | 6,860,358 | 100,429 | 14.6 | 10,904,860 | 1,590 | 7,409,724 | 11.0 | 1,080 | 7,257,437 | 11.2 | 5,802,117 | 11.2 | 857 |
| Inpatient Hospital | 6,290,938 | 124,901 | 19.9 | 28,509,320 | 4,532 | 10,363,488 | 15.4 | 1,647 | 10,312,202 | 15.8 | 8,194,488 | 15.8 | 1,310 |
| Outpatient Hospital[4] | 14,998,567 | 77,290 | 5.2 | 18,282,904 | 1,219 | 5,542,455 | 8.2 | 370 | 5,515,389 | 8.3 | 4,307,733 | 8.3 | 294 |
| Emergency Room Hospital[4] | 7,790,448 | 26,878 | 3.5 | 4,113,167 | 528 | 1,518,145 | 2.3 | 195 | 1,516,198 | 2.3 | 1,168,571 | 2.3 | 153 |
| Ambulatory Surgical Center | 2,346,725 | 8,542 | 3.6 | 8,647,277 | 3,685 | 3,021,029 | 4.5 | 1,287 | 3,013,388 | 4.6 | 2,389,400 | 4.6 | 1,019 |
| Skilled Nursing Facility | 1,360,516 | 16,372 | 12.0 | 1,206,235 | 887 | 812,036 | 1.2 | 597 | 810,321 | 1.2 | 604,454 | 1.2 | 451 |
| Nursing Home | 1,130,848 | 14,607 | 12.9 | 778,215 | 688 | 557,477 | 0.8 | 493 | 556,729 | 0.8 | 406,723 | 0.8 | 363 |
| Hospice | 1,912 | 4 | 2.2 | 382 | 200 | 280 | 0.0 | 146 | 280 | 0 | 214 | 0.0 | 112 |
| Ambulance[5] | 2,651,537 | 24,681 | 9.3 | 2,833,489 | 1,069 | 1,783,762 | 2.6 | 673 | 1,771,011 | 2.7 | 1,412,528 | 2.7 | 533 |
| Independent Laboratory | 13,782,022 | 156,617 | 11.4 | 6,420,834 | 466 | 2,081,021 | 3.1 | 151 | 2,080,620 | 3.8 | 1,964,594 | 3.8 | 143 |
| All Other[6] | 3,752,137 | 22,296 | 5.9 | 1,799,328 | 480 | 1,063,687 | 1.6 | 283 | 1,061,489 | 1.5 | 799,548 | 1.5 | 215 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than 1 service during the reporting year.

[2] Ratio of assigned allowed charges to total allowed charges. Includes charges for supplier services.

[3] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[4] Prior to 1992, emergency room and outpatient hospital data were aggregated.

[5] Excludes air or water services.

[6] Includes custodial care facilities, comprehensive inpatient rehabilitation facilities, state or local public health clinics, end stage renal disease treatment facilities, community mental health centers, inpatient psychiatric facilities, etc.

[7] Less than 0.05 percent.

NOTES: Medicate charges and program payments represent fee-for-service utilization only.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-68.**
**(Table 58)**
**Persons served, services, submitted and allowed charges program payments, and balance billing for Medicare physician and supplier services, by place of service for Whites: calendar year 2002**

| | | Services | | Submitted charges | | Allowed charges | | | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Place of service | Persons served[1] | Number in thousands | Per person served[1] | Amount in thousands | Per person served[1] | Amount in thousands | Percentage | Per person served[1] | Assigned in thousands | Percentage of charges assigned[2] | Amount in thousands | Percentage | Per person served[3] |
| Total | 22,686,011 | 994,584 | 43.8 | $113,114,018 | $4,986 | $55,056,799 | 81.7 | $2,427 | $54,282,489 | 98.5 | $42,334,594 | 81.5 | $1,904 |
| Office | 21,767,475 | 546,713 | 25.1 | 45,743,570 | 2,101 | 28,095,831 | 41.7 | 1,291 | 27,566,046 | 98.1 | 20,995,874 | 40.4 | 992 |
| Home | 5,517,513 | 77,745 | 14.1 | 8,125,534 | 1,473 | 5,405,372 | 8.0 | 980 | 5,261,983 | 97.3 | 4,226,255 | 8.1 | 776 |
| Inpatient Hospital | 5,140,088 | 98,658 | 19.2 | 23,278,892 | 4,529 | 8,361,209 | 12.4 | 1,627 | 8,312,173 | 99.4 | 6,611,670 | 12.7 | 1,293 |
| Outpatient Hospital[4] | 12,679,966 | 64,622 | 5.1 | 15,360,673 | 1,211 | 4,650,390 | 6.9 | 367 | 4,624,408 | 99.4 | 3,617,338 | 7.0 | 292 |
| Emergency Room Hospital[4] | 6,221,921 | 20,938 | 3.4 | 3,200,146 | 514 | 1,181,869 | 1.8 | 190 | 1,179,984 | 99.8 | 911,472 | 1.8 | 150 |
| Ambulatory Surgical Center | 2,062,782 | 7,546 | 3.7 | 7,566,583 | 3,668 | 2,653,157 | 3.9 | 1,286 | 2,645,924 | 99.7 | 2,098,926 | 4.0 | 1,019 |
| Skilled Nursing Facility | 1,148,831 | 13,071 | 11.4 | 921,761 | 802 | 614,023 | 0.9 | 534 | 612,380 | 99.7 | 454,790 | 0.9 | 402 |
| Nursing Home | 950,092 | 11,845 | 12.5 | 615,609 | 648 | 439,107 | 0.7 | 462 | 438,465 | 99.8 | 319,769 | 0.6 | 340 |
| Hospice | 1,477 | 3 | 2.2 | 299 | 203 | 229 | 0.0 | 155 | 229 | 100.0 | 174 | 0.0 | 118 |
| Ambulance[5] | 2,124,183 | 17,791 | 8.4 | 2,121,532 | 999 | 1,329,337 | 2.0 | 626 | 1,317,146 | 99.0 | 1,052,496 | 2.0 | 496 |
| Independent Laboratory | 11,280,244 | 119,948 | 10.6 | 5,013,475 | 444 | 1,632,780 | 2.4 | 145 | 1,632,387 | 99.9 | 1,528,090 | 2.9 | 136 |
| All Other[6] | 3,297,730 | 15,703 | 4.8 | 1,165,946 | 354 | 693,495 | 1.0 | 210 | 691,363 | 99.6 | 517,739 | 1.0 | 158 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than 1 service during the reporting year.

[2] Ratio of assigned allowed charges to total allowed charges. Includes charges for supplier services.

[3] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[4] Prior to 1992, emergency room and outpatient hospital data were aggregated.

[5] Excludes air or water services.

[6] Includes custodial care facilities, comprehensive inpatient rehabilitation facilities, state or local public health clinics, end stage renal disease treatment facilities, community mental health centers, inpatient psychiatric facilities, etc.

[7] Less than 0.05 percent.

NOTES: Medicate charges and program payments represent fee-for-service utilization only.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-69.**
**(Table 58)**
**Persons served, services, submitted and allowed charges program payments, and balance billing for Medicare physician and supplier services, by place of service for Blacks: calendar year 2002**

| | | Services | | Submitted charges | | Allowed charges | | | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Place of service | Persons served[1] | Number in thousands | Per person served[1] | Amount in thousands | Per person served[1] | Amount in thousands | Percentage | Per person served[1] | Assigned in thousands | Percentage of charges assigned[2] | Amount in thousands | Percentage | Per person served[3] |
| Total | 2,389,239 | 112,734 | 47.2 | $13,039,239 | $5,457 | $6,315,700 | 9.4 | $2,643 | $6,298,175 | 99.7 | $4,888,930 | 9.4 | $2,108 |
| Office | 2,107,687 | 44,134 | 20.9 | 3,953,673 | 1,876 | 2,359,058 | 3.5 | 1,119 | 2,347,598 | 99.5 | 1,756,939 | 3.4 | 866 |
| Home | 701,724 | 11,862 | 16.9 | 1,435,473 | 2,046 | 1,014,861 | 1.5 | 1,446 | 1,010,395 | 99.5 | 796,681 | 1.5 | 1,149 |
| Inpatient Hospital | 638,146 | 15,506 | 24.3 | 3,014,012 | 4,723 | 1,133,050 | 1.7 | 1,776 | 1,132,265 | 99.9 | 895,206 | 1.7 | 1,413 |
| Outpatient Hospital[4] | 1,296,749 | 7,507 | 5.8 | 1,707,339 | 1,317 | 511,999 | 0.8 | 395 | 511,666 | 99.9 | 395,516 | 0.8 | 315 |
| Emergency Room Hospital[4] | 914,188 | 3,568 | 3.9 | 562,864 | 616 | 202,828 | 0.3 | 222 | 202,809 | 99.9 | 154,578 | 0.3 | 175 |
| Ambulatory Surgical Center | 128,773 | 465 | 3.6 | 478,716 | 3,718 | 158,116 | 0.2 | 1,228 | 158,009 | 99.9 | 124,563 | 0.2 | 969 |
| Skilled Nursing Facility | 139,564 | 2,235 | 16.0 | 191,664 | 1,373 | 134,566 | 0.2 | 964 | 134,546 | 99.9 | 101,937 | 0.2 | 740 |
| Nursing Home | 120,522 | 1,847 | 15.3 | 108,018 | 896 | 78,700 | 0.1 | 653 | 78,613 | 99.8 | 58,106 | 0.1 | 486 |
| Hospice | 145 | 0 | 3.1 | 46 | 316 | 32 | 0.0 | 217 | 32 | 100.0 | 24 | 0.0 | 167 |
| Ambulance[5] | 319,672 | 4,190 | 13.1 | 439,197 | 1,374 | 273,477 | 0.4 | 855 | 273,244 | 99.9 | 216,487 | 0.4 | 678 |
| Independent Laboratory | 1,180,492 | 17,127 | 14.5 | 744,819 | 631 | 216,521 | 0.3 | 183 | 216,520 | 99.9 | 211,224 | 0.4 | 179 |
| All Other[6] | 263,418 | 4,293 | 16.3 | 403,419 | 1,531 | 232,492 | 0.3 | 883 | 232,479 | 99.9 | 177,669 | 0.3 | 690 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than 1 service during the reporting year.

[2] Ratio of assigned allowed charges to total allowed charges. Includes charges for supplier services.

[3] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[4] Prior to 1992, emergency room and outpatient hospital data were aggregated.

[5] Excludes air or water services.

[6] Includes custodial care facilities, comprehensive inpatient rehabilitation facilities, state or local public health clinics, end stage renal disease treatment facilities, community mental health centers, inpatient psychiatric facilities, etc.

[7] Less than 0.05 percent.

NOTES: Medicate charges and program payments represent fee-for-service utilization only.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-70.**
**(Table 58)**
**Persons served, services, submitted and allowed charges program payments, and balance billing for Medicare physician and supplier services, by place of service for Hispanics: calendar year 2002**

| | | Services | | Submitted charges | | Allowed charges | | | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Place of service | Persons served[1] | Number in thousands | Per person served[1] | Amount in thousands | Per person served[1] | Amount in thousands | Percentage | Per person served[1] | Assigned in thousands | Percentage of charges assigned[2] | Amount in thousands | Percentage | Per person served[3] |
| Total | 1,508,764 | 75,632 | 50.1 | $8,082,597 | $5,357 | $4,268,928 | 6.3 | $2,829 | $4,256,656 | 99.7 | $3,313,342 | 6.4 | $2,258 |
| Office | 1,404,498 | 34,314 | 24.4 | 3,047,887 | 2,170 | 1,876,619 | 2.8 | 1,336 | 1,868,054 | 99.5 | 1,404,754 | 2.7 | 1,039 |
| Home | 475,878 | 8,822 | 18.5 | 1,084,686 | 2,279 | 807,613 | 1.2 | 1,697 | 805,412 | 99.7 | 636,755 | 1.2 | 1,355 |
| Inpatient Hospital | 369,755 | 7,783 | 21.1 | 1,563,333 | 4,228 | 623,402 | 0.9 | 1,686 | 622,595 | 99.8 | 493,576 | 1.0 | 1,343 |
| Outpatient Hospital[4] | 679,008 | 3,398 | 5.0 | 800,257 | 1,179 | 249,416 | 0.4 | 367 | 249,103 | 99.8 | 193,956 | 0.4 | 294 |
| Emergency Room Hospital[4] | 478,788 | 1,773 | 3.7 | 254,878 | 532 | 99,088 | 0.1 | 207 | 99,069 | 99.9 | 76,214 | 0.1 | 163 |
| Ambulatory Surgical Center | 106,081 | 368 | 3.5 | 418,517 | 3,945 | 145,567 | 0.2 | 1,372 | 145,425 | 99.9 | 115,282 | 0.2 | 1,088 |
| Skilled Nursing Facility | 45,544 | 691 | 15.2 | 60,970 | 1,339 | 41,662 | 0.1 | 915 | 41,634 | 99.9 | 31,247 | 0.1 | 693 |
| Nursing Home | 38,923 | 629 | 16.1 | 39,110 | 1,005 | 28,507 | 0.0 | 732 | 28,498 | 99.9 | 20,640 | 0.0 | 533 |
| Hospice | 202 | 0 | 1.4 | 24 | 121 | 14 | 0.0 | 68 | 14 | 100.0 | 11 | 0.0 | 56 |
| Ambulance[5] | 145,885 | 2,159 | 14.8 | 203,963 | 1,398 | 136,435 | 0.2 | 935 | 136,266 | 99.8 | 108,308 | 0.2 | 743 |
| Independent Laboratory | 927,518 | 14,003 | 15.1 | 451,539 | 487 | 164,329 | 0.2 | 177 | 164,327 | 99.9 | 160,023 | 0.3 | 173 |
| All Other[6] | 125,853 | 1,691 | 13.4 | 157,434 | 1,251 | 96,278 | 0.1 | 765 | 96,258 | 99.9 | 72,577 | 0.1 | 584 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than 1 service during the reporting year.

[2] Ratio of assigned allowed charges to total allowed charges. Includes charges for supplier services.

[3] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[4] Prior to 1992, emergency room and outpatient hospital data were aggregated.

[5] Excludes air or water services.

[6] Includes custodial care facilities, comprehensive inpatient rehabilitation facilities, state or local public health clinics, end stage renal disease treatment facilities, community mental health centers, inpatient psychiatric facilities, etc.

[7] Less than 0.05 percent.

NOTES: Medicate charges and program payments represent fee-for-service utilization only.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-71.**
**(Table 58)**
**Persons served, services, submitted and allowed charges program payments, and balance billing for Medicare physician and supplier services, by place of service for Asians/Pacific Islanders: calendar year 2002**

| | | Services | | Submitted charges | | Allowed charges | | | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Place of service | Persons served[1] | Number in thousands | Per person served[1] | Amount in thousands | Per person served[1] | Amount in thousands | Percentage | Per person served[1] | Assigned in thousands | Percentage of charges assigned[2] | Amount in thousands | Percentage | Per person served[3] |
| Total | 473,892 | 22,594 | 47.7 | $2,309,973 | $4,874 | $1,203,305 | 1.8 | $2,539 | $1,197,219 | 99.4 | $931,446 | 1.8 | $2,008 |
| Office | 448,527 | 13,149 | 29.3 | 1,065,443 | 2,375 | 682,827 | 1.0 | 1,522 | 678,939 | 99.4 | 514,931 | 1.0 | 1,181 |
| Home | 105,117 | 1,161 | 11.0 | 159,079 | 1,513 | 113,650 | 0.2 | 1,081 | 112,293 | 98.8 | 89,201 | 0.2 | 865 |
| Inpatient Hospital | 84,159 | 1,798 | 21.4 | 397,346 | 4,721 | 151,243 | 0.2 | 1,797 | 150,888 | 99.7 | 119,572 | 0.2 | 1,432 |
| Outpatient Hospital[4] | 206,546 | 1,001 | 4.8 | 258,840 | 1,253 | 80,367 | 0.1 | 389 | 80,096 | 99.6 | 62,218 | 0.1 | 310 |
| Emergency Room Hospital[4] | 96,366 | 317 | 3.3 | 54,281 | 563 | 19,288 | 0.0 | 200 | 19,276 | 99.9 | 14,822 | 0.0 | 157 |
| Ambulatory Surgical Center | 32,695 | 105 | 3.2 | 122,794 | 3,756 | 42,959 | 0.1 | 1,314 | 42,843 | 99.7 | 33,936 | 0.1 | 1,039 |
| Skilled Nursing Facility | 14,683 | 225 | 15.4 | 20,277 | 1,381 | 13,917 | 0.0 | 948 | 13,902 | 99.8 | 10,597 | 0.0 | 729 |
| Nursing Home | 11,137 | 155 | 13.9 | 8,313 | 746 | 5,978 | 0.0 | 537 | 5,975 | 99.9 | 4,446 | 0.0 | 402 |
| Hospice | 49 | 0 | 1.3 | 7 | 134 | 3 | 0.0 | 60 | 3 | 100.0 | 2 | 0.0 | 44 |
| Ambulance[5] | 34,022 | 307 | 9.0 | 37,231 | 1,094 | 24,681 | 0.0 | 725 | 24,630 | 99.7 | 19,580 | 0.0 | 576 |
| Independent Laboratory | 283,565 | 4,040 | 14.2 | 149,623 | 528 | 48,264 | 0.1 | 170 | 48,261 | 99.9 | 46,855 | 0.1 | 165 |
| All Other[6] | 37,907 | 335 | 8.8 | 36,738 | 969 | 20,129 | 0.0 | 531 | 20,113 | 99.9 | 15,287 | 0.0 | 408 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than 1 service during the reporting year.

[2] Ratio of assigned allowed charges to total allowed charges. Includes charges for supplier services.

[3] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[4] Prior to 1992, emergency room and outpatient hospital data were aggregated.

[5] Excludes air or water services.

[6] Includes custodial care facilities, comprehensive inpatient rehabilitation facilities, state or local public health clinics, end stage renal disease treatment facilities, community mental health centers, inpatient psychiatric facilities, etc.

[7] Less than 0.05 percent.

NOTES: Medicate charges and program payments represent fee-for-service utilization only.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-72.**
**(Table 58)**
**Persons served, services, submitted and allowed charges program payments, and balance billing for Medicare physician and supplier services, by place of service for American Indians/Alaska Natives: calendar year 2002**

| | | Services | | Submitted charges | | Allowed charges | | | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Place of service | Persons served[1] | Number in thousands | Per person served[1] | Amount in thousands | Per person served[1] | Amount in thousands | Percentage | Per person served[1] | Assigned in thousands | Percentage of charges assigned[2] | Amount in thousands | Percentage | Per person served[3] |
| Total | 96,627 | 3,500 | 36.2 | $439,442 | $4,548 | $210,268 | 0.3 | $2,176 | $209,253 | 99.5 | $162,451 | 0.3 | $1,734 |
| Office | 77,557 | 1,410 | 18.2 | 121,445 | 1,566 | 72,107 | 0.1 | 930 | 71,567 | 99.2 | 53,542 | 0.1 | 721 |
| Home | 24,438 | 365 | 14.9 | 45,762 | 1,873 | 30,614 | 0.0 | 1,253 | 30,382 | 99.2 | 23,947 | 0.0 | 996 |
| Inpatient Hospital | 25,758 | 481 | 18.7 | 104,972 | 4,075 | 38,947 | 0.1 | 1,512 | 38,835 | 99.7 | 30,709 | 0.1 | 1,201 |
| Outpatient Hospital[4] | 61,580 | 377 | 6.1 | 65,847 | 1,069 | 22,189 | 0.0 | 360 | 22,139 | 99.7 | 17,154 | 0.0 | 287 |
| Emergency Room Hospital[4] | 37,451 | 139 | 3.7 | 18,492 | 494 | 6,905 | 0.0 | 184 | 6,899 | 99.9 | 5,243 | 0.0 | 145 |
| Ambulatory Surgical Center | 6,040 | 22 | 3.6 | 21,966 | 3,637 | 8,143 | 0.0 | 1,348 | 8,132 | 99.8 | 6,409 | 0.0 | 1,063 |
| Skilled Nursing Facility | 3,437 | 35 | 10.3 | 2,627 | 764 | 1,803 | 0.0 | 524 | 1,802 | 99.9 | 1,354 | 0.0 | 401 |
| Nursing Home | 2,893 | 29 | 10.1 | 1,836 | 635 | 1,380 | 0.0 | 477 | 1,374 | 99.5 | 983 | 0.0 | 345 |
| Hospice | 15 | 0 | 1.5 | 1 | 90 | 1 | 0.0 | 40 | 1 | 100.0 | 0 | 0.0 | 31 |
| Ambulance[5] | 12,761 | 105 | 8.2 | 15,836 | 1,241 | 9,804 | 0.0 | 768 | 9,761 | 99.5 | 7,735 | 0.0 | 607 |
| Independent Laboratory | 32,582 | 411 | 12.6 | 19,795 | 608 | 5,856 | 0.0 | 180 | 5,855 | 99.9 | 5,624 | 0.0 | 173 |
| All Other[6] | 10,735 | 126 | 11.7 | 20,864 | 1,944 | 12,520 | 0.0 | 1,166 | 12,507 | 99.8 | 9,749 | 0.0 | 925 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than 1 service during the reporting year.

[2] Ratio of assigned allowed charges to total allowed charges. Includes charges for supplier services.

[3] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[4] Prior to 1992, emergency room and outpatient hospital data were aggregated.

[5] Excludes air or water services.

[6] Includes custodial care facilities, comprehensive inpatient rehabilitation facilities, state or local public health clinics, end stage renal disease treatment facilities, community mental health centers, inpatient psychiatric facilities, etc.

[7] Less than 0.05 percent.

NOTES: Medicate charges and program payments represent fee-for-service utilization only.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-73.**
**(Table 62)**
**Persons served, services, submitted and allowed charges program payments, and balance billing for Medicare physician and supplier services, by leading BETOS classifications for total: calendar year 2002**

| BETOS Codes | BETOS classification | Persons served[1] | Services | | | Allowed charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Number in thousands | Percentage | Per person served[1] | Amount in thousands | Percentage | Per person served[1] | Amount in thousands | Percentage | Per person served[2] |
| Total | Total All BETOS Groups | 27,309,523 | 1,215,769 | 100.0 | 44.5 | $67,424,706 | 100.0 | $2,469 | $51,913,210 | 100.0 | $1,942 |
| D1A-D1F | Durable Medical Equipment[3] | 6,173,668 | 80,862 | 6.7 | 13.1 | 6,180,958 | 9.2 | 1,001 | 4,836,127 | 9.3 | 793 |
| I3C | Echography - Heart | 4,040,090 | 14,441 | 1.2 | 3.6 | 1,024,689 | 1.5 | 254 | 804,625 | 1.5 | 201 |
| M1A | Office Visits - New | 8,769,738 | 12,078 | 1.0 | 1.4 | 1,080,971 | 1.6 | 123 | 750,611 | 1.4 | 92 |
| M1B | Office Visits - Established | 24,421,591 | 180,931 | 14.9 | 7.4 | 9,495,865 | 14.1 | 389 | 6,598,994 | 12.7 | 286 |
| M2A | Hospital Visit - Initial | 4,286,110 | 6,820 | 0.6 | 1.6 | 852,050 | 1.3 | 199 | 664,316 | 1.3 | 155 |
| M2B | Hospital Visit - Subsequent | 4,942,120 | 53,844 | 4.4 | 10.9 | 2,850,698 | 4.2 | 577 | 2,259,406 | 4.4 | 459 |
| M3 | Emergency Room Visit | 7,358,328 | 13,503 | 1.1 | 1.8 | 1,173,425 | 1.7 | 159 | 902,419 | 1.7 | 126 |
| M4B | Nursing Home Visit | 1,675,455 | 14,017 | 1.2 | 8.4 | 735,640 | 1.1 | 439 | 544,571 | 1.0 | 329 |
| M5B | Specialist - Psychiatry | 1,850,659 | 16,459 | 1.4 | 8.9 | 1,177,030 | 1.7 | 636 | 627,047 | 1.2 | 350 |
| M5C | Specialist - Ophthalmology | 11,514,922 | 25,481 | 2.1 | 2.2 | 1,895,356 | 2.8 | 165 | 1,337,462 | 2.6 | 126 |
| M6 | Consultations | 9,848,952 | 20,992 | 1.7 | 2.1 | 2,602,031 | 3.9 | 264 | 1,995,701 | 3.8 | 205 |
| O1A | Ambulance | 2,653,831 | 23,903 | 2.0 | 9.0 | 1,773,045 | 2.6 | 668 | 1,403,968 | 2.7 | 530 |
| O1D | Chemotherapy | 400,804 | 11,999 | 1.0 | 29.9 | 2,125,210 | 3.2 | 5,302 | 1,682,425 | 3.2 | 4,212 |
| O1E | Other Drugs | 5,003,893 | 40,890 | 3.4 | 8.2 | 2,520,242 | 3.7 | 504 | 1,987,089 | 3.8 | 413 |
| PO | Anesthesia | 4,938,547 | 9,840 | 0.8 | 2.0 | 1,266,396 | 1.9 | 256 | 999,168 | 1.9 | 203 |
| P2F | Cardiovascular-Other | 1,648,601 | 3,874 | 0.3 | 2.3 | 1,018,716 | 1.5 | 618 | 807,226 | 1.6 | 491 |
| P4B | Cataract Removal/Lens Insertion | 1,228,335 | 2,938 | 0.2 | 2.4 | 1,937,012 | 2.9 | 1,577 | 1,536,913 | 3.0 | 1,252 |
| P6A | Minor Procedures - Skin | 5,450,591 | 15,242 | 1.3 | 2.8 | 1,055,270 | 1.6 | 194 | 799,980 | 1.5 | 151 |
| P6C | Minor Procedures - Other (MFS) | 5,760,397 | 57,011 | 4.7 | 9.9 | 1,798,412 | 2.7 | 312 | 1,406,945 | 2.7 | 251 |
| T1H | Lab Tests, Other (Non-MFS) | 16,337,036 | 135,386 | 11.1 | 8.3 | 1,564,932 | 2.3 | 96 | 1,559,754 | 3.0 | 96 |
| --- | All Other BETOS Groups | 25,651,303 | 475,258 | 39.1 | 18.5 | 23,296,757 | 34.6 | 908 | 18,408,464 | 35.5 | 725 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than 1 service during the reporting year.

[2] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[3] Durable medical equipment includes medical and surgical supplies, hospital beds, oxygen and supplies, wheelchairs, and other durable medical equipment.

NOTES: Numbers may not add to totals because of rounding. BETOS is the Berenson-Eggers Type of Service system for classifying HCPCS (Health Care Finance Administration Common Procedure Coding System). MFS is the Medicare fee schedule.

NA is not applicable, the leading BETOS codes are based on amount of allowed charges for 1998. Medicare program payments represent fee for service only.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-74.**
**(Table 62)**
**Persons served, services, submitted and allowed charges program payments, and balance billing for Medicare physician and supplier services, by leading BETOS classifications for Whites: calendar year 2002**

| BETOS Codes | BETOS classification | Persons served | Services | | | Allowed charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Number in thousands | Percentage | Per person served | Amount in thousands | Percentage | Per person served | Amount in thousands | Percentage | Per person served |
| Total | Total All BETOS Groups | 22,686,011 | 994,584 | 100.0 | 43.8 | $55,056,799 | 100.0 | $2,427 | $42,334,594 | 100.0 | $1,904 |
| D1A-D1F | Durable Medical Equipment[3] | 4,913,058 | 62,443 | 6.3 | 12.7 | 4,504,390 | 8.2 | 917 | 3,517,863 | 8.3 | 725 |
| I3C | Echography - Heart | 3,289,802 | 11,562 | 1.2 | 3.5 | 813,901 | 1.5 | 247 | 638,869 | 1.5 | 196 |
| M1A | Office Visits - New | 7,304,532 | 9,946 | 1.0 | 1.4 | 872,923 | 1.6 | 120 | 604,875 | 1.4 | 89 |
| M1B | Office Visits - Established | 20,454,570 | 150,522 | 15.1 | 7.4 | 7,864,661 | 14.3 | 384 | 5,456,495 | 12.9 | 283 |
| M2A | Hospital Visit - Initial | 3,490,795 | 5,448 | 0.5 | 1.6 | 679,362 | 1.2 | 195 | 529,827 | 1.3 | 152 |
| M2B | Hospital Visit - Subsequent | 4,035,948 | 41,781 | 4.2 | 10.4 | 2,205,662 | 4.0 | 547 | 1,747,773 | 4.1 | 435 |
| M3 | Emergency Room Visit | 5,865,093 | 10,420 | 1.0 | 1.8 | 907,764 | 1.6 | 155 | 699,708 | 1.7 | 123 |
| M4B | Nursing Home Visit | 1,417,521 | 11,431 | 1.1 | 8.1 | 595,448 | 1.1 | 420 | 440,075 | 1.0 | 314 |
| M5B | Specialist - Psychiatry | 1,460,891 | 13,024 | 1.3 | 8.9 | 942,807 | 1.7 | 645 | 499,917 | 1.2 | 352 |
| M5C | Specialist - Ophthalmology | 9,917,207 | 21,343 | 2.1 | 2.2 | 1,595,632 | 2.9 | 161 | 1,122,454 | 2.7 | 123 |
| M6 | Consultations | 8,267,759 | 17,129 | 1.7 | 2.1 | 2,130,937 | 3.9 | 258 | 1,633,192 | 3.9 | 199 |
| O1A | Ambulance | 2,126,981 | 17,214 | 1.7 | 8.1 | 1,331,356 | 2.4 | 626 | 1,054,145 | 2.5 | 496 |
| O1D | Chemotherapy | 335,532 | 10,118 | 1.0 | 30.2 | 1,801,509 | 3.3 | 5,369 | 1,426,678 | 3.4 | 4,267 |
| O1E | Other Drugs | 4,226,137 | 33,835 | 3.4 | 8.0 | 2,146,251 | 3.9 | 508 | 1,692,039 | 4.0 | 417 |
| PO | Anesthesia | 4,223,184 | 8,464 | 0.9 | 2.0 | 1,073,378 | 1.9 | 254 | 846,863 | 2.0 | 201 |
| P2F | Cardiovascular-Other | 1,349,979 | 3,029 | 0.3 | 2.2 | 792,335 | 1.4 | 587 | 627,764 | 1.5 | 466 |
| P4B | Cataract Removal/Lens Insertion | 1,060,148 | 2,580 | 0.3 | 2.4 | 1,688,128 | 3.1 | 1,592 | 1,339,596 | 3.2 | 1,265 |
| P6A | Minor Procedures - Skin | 4,770,513 | 13,297 | 1.3 | 2.8 | 953,114 | 1.7 | 200 | 722,882 | 1.7 | 155 |
| P6C | Minor Procedures - Other (MFS) | 4,948,344 | 45,384 | 4.6 | 9.2 | 1,461,200 | 2.7 | 295 | 1,141,920 | 2.7 | 238 |
| T1H | Lab Tests, Other (Non-MFS) | 13,630,525 | 107,494 | 10.8 | 7.9 | 1,215,573 | 2.2 | 89 | 1,211,426 | 2.9 | 89 |
| --- | All Other BETOS Groups | 21,467,929 | 398,118 | 40.0 | 18.5 | 19,480,467 | 35.4 | 907 | 15,380,231 | 36.3 | 723 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than 1 service during the reporting year.

[2] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[3] Durable medical equipment includes medical and surgical supplies, hospital beds, oxygen and supplies, wheelchairs, and other durable medical equipment.

NOTES: Numbers may not add to totals because of rounding. BETOS is the Berenson-Eggers Type of Service system for classifying HCPCS (Health Care Finance Administration Common Procedure Coding System). MFS is the Medicare fee schedule. NA is not applicable, the leading BETOS codes are based on amount of allowed charges for 1998. Medicare program payments represent fee for service only.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

## Table A-75.
## (Table 62)
## Persons served, services, submitted and allowed charges program payments, and balance billing for Medicare physician and supplier services, by leading BETOS classifications for Blacks: calendar year 2002

| BETOS Codes | BETOS classification | Persons served | Services | | | Allowed charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Number in thousands | Percentage | Per person served | Amount in thousands | Percentage | Per person served | Amount in thousands | Percentage | Per person served |
| Total | Total All BETOS Groups | 2,389,239 | 112,734 | 100.0 | 47.2 | $6,315,700 | 100.0 | $2,643 | $4,888,930 | 100.0 | $2,108 |
| D1A-D1F | Durable Medical Equipment[3] | 664,929 | 9,763 | 8.7 | 14.7 | 852,700 | 13.5 | 1,282 | 669,874 | 13.7 | 1,019 |
| I3C | Echography - Heart | 383,995 | 1,464 | 1.3 | 3.8 | 93,606 | 1.5 | 244 | 73,444 | 1.5 | 194 |
| M1A | Office Visits - New | 647,267 | 870 | 0.8 | 1.3 | 82,909 | 1.3 | 128 | 57,679 | 1.2 | 96 |
| M1B | Office Visits - Established | 2,002,657 | 14,114 | 12.5 | 7.0 | 746,150 | 11.8 | 373 | 516,773 | 10.6 | 275 |
| M2A | Hospital Visit - Initial | 469,474 | 837 | 0.7 | 1.8 | 105,000 | 1.7 | 224 | 81,684 | 1.7 | 175 |
| M2B | Hospital Visit - Subsequent | 524,249 | 7,269 | 6.4 | 13.9 | 380,707 | 6.0 | 726 | 301,881 | 6.2 | 578 |
| M3 | Emergency Room Visit | 873,999 | 1,896 | 1.7 | 2.2 | 163,969 | 2.6 | 188 | 124,817 | 2.6 | 148 |
| M4B | Nursing Home Visit | 165,195 | 1,692 | 1.5 | 10.2 | 90,447 | 1.4 | 548 | 67,295 | 1.4 | 412 |
| M5B | Specialist - Psychiatry | 207,990 | 1,864 | 1.7 | 9.0 | 123,181 | 2.0 | 592 | 68,108 | 1.4 | 343 |
| M5C | Specialist - Ophthalmology | 797,496 | 2,047 | 1.8 | 2.6 | 145,849 | 2.3 | 183 | 103,885 | 2.1 | 138 |
| M6 | Consultations | 818,435 | 2,035 | 1.8 | 2.5 | 244,084 | 3.9 | 298 | 187,725 | 3.8 | 231 |
| O1A | Ambulance | 319,472 | 4,074 | 3.6 | 12.8 | 260,366 | 4.1 | 815 | 206,007 | 4.2 | 646 |
| O1D | Chemotherapy | 38,537 | 1,087 | 1.0 | 28.2 | 200,759 | 3.2 | 5,209 | 158,292 | 3.2 | 4,124 |
| O1E | Other Drugs | 365,398 | 3,472 | 3.1 | 9.5 | 212,360 | 3.4 | 581 | 167,317 | 3.4 | 478 |
| PO | Anesthesia | 368,747 | 793 | 0.7 | 2.2 | 99,682 | 1.6 | 270 | 78,651 | 1.6 | 214 |
| P2F | Cardiovascular-Other | 177,321 | 528 | 0.5 | 3.0 | 143,668 | 2.3 | 810 | 113,889 | 2.3 | 644 |
| P4B | Cataract Removal/Lens Insertion | 75,650 | 159 | 0.1 | 2.1 | 105,261 | 1.7 | 1,391 | 83,438 | 1.7 | 1,104 |
| P6A | Minor Procedures - Skin | 383,759 | 1,110 | 1.0 | 2.9 | 53,918 | 0.9 | 141 | 40,294 | 0.8 | 108 |
| P6C | Minor Procedures - Other (MFS) | 372,241 | 4,027 | 3.6 | 10.8 | 123,077 | 1.9 | 331 | 96,308 | 2.0 | 265 |
| T1H | Lab Tests, Other (Non-MFS) | 1,320,392 | 14,152 | 12.6 | 10.7 | 180,106 | 2.9 | 136 | 179,535 | 3.7 | 136 |
| --- | All Other BETOS Groups | 2,147,985 | 39,479 | 35.0 | 18.4 | 1,907,900 | 30.2 | 888 | 1,512,034 | 30.9 | 714 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than 1 service during the reporting year.

[2] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[3] Durable medical equipment includes medical and surgical supplies, hospital beds, oxygen and supplies, wheelchairs, and other durable medical equipment.

NOTES: Numbers may not add to totals because of rounding. BETOS is the Berenson-Eggers Type of Service system for classifying HCPCS (Health Care Finance Administration Common Procedure Coding System). MFS is the Medicare fee schedule. NA is not applicable, the leading BETOS codes are based on amount of allowed charges for 1998. Medicare program payments represent fee for service only.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-76.**
**(Table 62)**
**Persons served, services, submitted and allowed charges program payments, and balance billing for Medicare physician and supplier services, by leading BETOS classifications for Hispanics: calendar year 2002**

| BETOS Codes | BETOS classification | Persons served | Services | | | Allowed charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Number in thousands | Percentage | Per person served | Amount in thousands | Percentage | Per person served | Amount in thousands | Percentage | Per person served |
| Total | Total All BETOS Groups | 1,508,764 | 75,632 | 100.0 | 50.1 | $4,268,928 | 100.0 | $2,829 | $3,313,342 | 100.0 | $2,258 |
| D1A-D1F | Durable Medical Equipment[3] | 444,874 | 7,048 | 9.3 | 15.8 | 682,495 | 16.0 | 1,534 | 537,903 | 16.2 | 1,224 |
| I3C | Echography - Heart | 254,906 | 936 | 1.2 | 3.7 | 73,309 | 1.7 | 288 | 57,670 | 1.7 | 228 |
| M1A | Office Visits - New | 583,546 | 899 | 1.2 | 1.5 | 86,257 | 2.0 | 148 | 60,508 | 1.8 | 111 |
| M1B | Office Visits - Established | 1,318,682 | 11,149 | 14.7 | 8.5 | 590,210 | 13.8 | 448 | 418,263 | 12.6 | 335 |
| M2A | Hospital Visit - Initial | 231,301 | 385 | 0.5 | 1.7 | 48,292 | 1.1 | 209 | 37,706 | 1.1 | 164 |
| M2B | Hospital Visit - Subsequent | 273,309 | 3,467 | 4.6 | 12.7 | 189,833 | 4.4 | 695 | 150,752 | 4.5 | 553 |
| M3 | Emergency Room Visit | 453,223 | 883 | 1.2 | 1.9 | 75,029 | 1.8 | 166 | 57,505 | 1.7 | 131 |
| M4B | Nursing Home Visit | 61,304 | 613 | 0.8 | 10.0 | 34,005 | 0.8 | 555 | 25,516 | 0.8 | 421 |
| M5B | Specialist - Psychiatry | 140,179 | 1,178 | 1.6 | 8.4 | 82,573 | 1.9 | 589 | 43,820 | 1.3 | 324 |
| M5C | Specialist - Ophthalmology | 533,947 | 1,454 | 1.9 | 2.7 | 103,393 | 2.4 | 194 | 74,906 | 2.3 | 149 |
| M6 | Consultations | 528,238 | 1,333 | 1.8 | 2.5 | 160,990 | 3.8 | 305 | 124,321 | 3.8 | 237 |
| O1A | Ambulance | 145,446 | 2,087 | 2.8 | 14.4 | 130,844 | 3.1 | 900 | 103,828 | 3.1 | 714 |
| O1D | Chemotherapy | 19,292 | 565 | 0.7 | 29.3 | 87,019 | 2.0 | 4,511 | 69,010 | 2.1 | 3,587 |
| O1E | Other Drugs | 302,925 | 2,728 | 3.6 | 9.0 | 114,557 | 2.7 | 378 | 90,599 | 2.7 | 310 |
| PO | Anesthesia | 243,468 | 401 | 0.5 | 1.6 | 66,368 | 1.6 | 273 | 52,428 | 1.6 | 216 |
| P2F | Cardiovascular-Other | 86,236 | 227 | 0.3 | 2.6 | 59,041 | 1.4 | 685 | 46,866 | 1.4 | 545 |
| P4B | Cataract Removal/Lens Insertion | 61,353 | 133 | 0.2 | 2.2 | 95,698 | 2.2 | 1,560 | 75,955 | 2.3 | 1,239 |
| P6A | Minor Procedures - Skin | 215,739 | 620 | 0.8 | 2.9 | 34,838 | 0.8 | 161 | 26,635 | 0.8 | 126 |
| P6C | Minor Procedures - Other (MFS) | 291,742 | 3,905 | 5.2 | 13.4 | 112,712 | 2.6 | 386 | 88,621 | 2.7 | 310 |
| T1H | Lab Tests, Other (Non-MFS) | 959,472 | 9,509 | 12.6 | 9.9 | 118,946 | 2.8 | 124 | 118,639 | 3.6 | 124 |
| --- | All Other BETOS Groups | 1,379,005 | 26,110 | 34.5 | 18.9 | 1,322,520 | 31.0 | 959 | 1,051,890 | 31.7 | 772 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than 1 service during the reporting year.

[2] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[3] Durable medical equipment includes medical and surgical supplies, hospital beds, oxygen and supplies, wheelchairs, and other durable medical equipment.

NOTES: Numbers may not add to totals because of rounding. BETOS is the Berenson-Eggers Type of Service system for classifying HCPCS (Health Care Finance Administration Common Procedure Coding System). MFS is the Medicare fee schedule. NA is not applicable, the leading BETOS codes are based on amount of allowed charges for 1998. Medicare program payments represent fee for service only.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-77.**
**(Table 62)**
**Persons served, services, submitted and allowed charges program payments, and balance billing for Medicare physician and supplier services, by leading BETOS classifications for Asians/Pacific Islanders: calendar year 2002**

| BETOS Codes | BETOS classification | Persons served | Services | | | Allowed charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Number in thousands | Percentage | Per person served | Amount in thousands | Percentage | Per person served | Amount in thousands | Percentage | Per person served |
| Total | Total All BETOS Groups | 473,892 | 22,594 | 100.0 | 47.7 | $1,203,305 | 100.0 | $2,539 | $931,446 | 100.0 | $2,008 |
| D1A-D1F | Durable Medical Equipment[3] | 95,040 | 905 | 4.0 | 9.5 | 83,251 | 6.9 | 876 | 65,178 | 7.0 | 700 |
| I3C | Echography - Heart | 78,341 | 351 | 1.6 | 4.5 | 34,588 | 2.9 | 442 | 27,368 | 2.9 | 352 |
| M1A | Office Visits - New | 164,120 | 263 | 1.2 | 1.6 | 29,387 | 2.4 | 179 | 20,943 | 2.2 | 134 |
| M1B | Office Visits - Established | 430,218 | 3,636 | 16.1 | 8.5 | 216,365 | 18.0 | 503 | 152,758 | 16.4 | 373 |
| M2A | Hospital Visit - Initial | 54,027 | 82 | 0.4 | 1.5 | 11,204 | 0.9 | 207 | 8,754 | 0.9 | 162 |
| M2B | Hospital Visit - Subsequent | 62,286 | 820 | 3.6 | 13.2 | 47,559 | 4.0 | 764 | 37,732 | 4.1 | 608 |
| M3 | Emergency Room Visit | 91,255 | 150 | 0.7 | 1.6 | 14,800 | 1.2 | 162 | 11,360 | 1.2 | 128 |
| M4B | Nursing Home Visit | 16,787 | 158 | 0.7 | 9.4 | 9,272 | 0.8 | 552 | 6,936 | 0.7 | 417 |
| M5B | Specialist - Psychiatry | 21,123 | 185 | 0.8 | 8.7 | 13,664 | 1.1 | 647 | 7,439 | 0.8 | 364 |
| M5C | Specialist - Ophthalmology | 183,803 | 453 | 2.0 | 2.5 | 36,663 | 3.0 | 199 | 26,450 | 2.8 | 152 |
| M6 | Consultations | 153,769 | 325 | 1.4 | 2.1 | 44,677 | 3.7 | 291 | 34,244 | 3.7 | 224 |
| O1A | Ambulance | 34,039 | 298 | 1.3 | 8.8 | 24,780 | 2.1 | 728 | 19,661 | 2.1 | 578 |
| O1D | Chemotherapy | 4,973 | 142 | 0.6 | 28.6 | 22,807 | 1.9 | 4,586 | 18,068 | 1.9 | 3,641 |
| O1E | Other Drugs | 72,920 | 560 | 2.5 | 7.7 | 27,610 | 2.3 | 379 | 21,874 | 2.3 | 309 |
| PO | Anesthesia | 64,396 | 109 | 0.5 | 1.7 | 16,648 | 1.4 | 259 | 13,123 | 1.4 | 204 |
| P2F | Cardiovascular-Other | 20,007 | 50 | 0.2 | 2.5 | 13,387 | 1.1 | 669 | 10,597 | 1.1 | 532 |
| P4B | Cataract Removal/Lens Insertion | 21,808 | 44 | 0.2 | 2.0 | 33,620 | 2.8 | 1,542 | 26,619 | 2.9 | 1,222 |
| P6A | Minor Procedures - Skin | 46,477 | 122 | 0.5 | 2.6 | 7,710 | 0.6 | 166 | 5,882 | 0.6 | 129 |
| P6C | Minor Procedures - Other (MFS) | 104,530 | 3,122 | 13.8 | 29.9 | 83,741 | 7.0 | 801 | 66,251 | 7.1 | 643 |
| T1H | Lab Tests, Other (Non-MFS) | 301,476 | 3,001 | 13.3 | 10.0 | 35,364 | 2.9 | 117 | 35,274 | 3.8 | 117 |
| --- | All Other BETOS Groups | 437,366 | 7,819 | 34.6 | 17.9 | 396,206 | 32.9 | 906 | 314,934 | 33.8 | 727 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than 1 service during the reporting year.

[2] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[3] Durable medical equipment includes medical and surgical supplies, hospital beds, oxygen and supplies, wheelchairs, and other durable medical equipment.

NOTES: Numbers may not add to totals because of rounding. BETOS is the Berenson-Eggers Type of Service system for classifying HCPCS (Health Care Finance Administration Common Procedure Coding System). MFS is the Medicare fee schedule. NA is not applicable, the leading BETOS codes are based on amount of allowed charges for 1998. Medicare program payments represent fee for service only.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

## Table A-78.
## (Table 62)
## Persons served, services, submitted and allowed charges program payments, and balance billing for Medicare physician and supplier services, by leading BETOS classifications for American Indians/Alaska Natives: calendar year 2002

| BETOS Codes | BETOS classification | Persons served | Services | | | Allowed charges | | | Program payments | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Number in thousands | Percentage | Per person served | Amount in thousands | Percentage | Per person served | Amount in thousands | Percentage | Per person served |
| Total | Total All BETOS Groups | 96,627 | 3,500 | 100.0 | 36.2 | $210,268 | 100.0 | $2,176 | $162,451 | 100.0 | $1,734 |
| D1A-D1F | Durable Medical Equipment[3] | 23,380 | 318 | 9.1 | 13.6 | 27,639 | 13.1 | 1,182 | 21,603 | 13.3 | 938 |
| I3C | Echography - Heart | 10,800 | 40 | 1.1 | 3.7 | 2,157 | 1.0 | 200 | 1,677 | 1.0 | 158 |
| M1A | Office Visits - New | 22,656 | 30 | 0.9 | 1.3 | 2,495 | 1.2 | 110 | 1,726 | 1.1 | 83 |
| M1B | Office Visits - Established | 82,038 | 553 | 15.8 | 6.7 | 24,598 | 11.7 | 300 | 17,411 | 10.7 | 224 |
| M2A | Hospital Visit - Initial | 18,558 | 32 | 0.9 | 1.7 | 3,700 | 1.8 | 199 | 2,864 | 1.8 | 156 |
| M2B | Hospital Visit - Subsequent | 20,819 | 208 | 6.0 | 10.0 | 10,573 | 5.0 | 508 | 8,351 | 5.1 | 403 |
| M3 | Emergency Room Visit | 35,666 | 82 | 2.3 | 2.3 | 5,579 | 2.7 | 156 | 4,230 | 2.6 | 123 |
| M4B | Nursing Home Visit | 4,444 | 31 | 0.9 | 7.1 | 1,590 | 0.8 | 358 | 1,159 | 0.7 | 264 |
| M5B | Specialist - Psychiatry | 6,825 | 62 | 1.8 | 9.2 | 3,905 | 1.9 | 572 | 2,117 | 1.3 | 322 |
| M5C | Specialist - Ophthalmology | 26,594 | 52 | 1.5 | 1.9 | 3,594 | 1.7 | 135 | 2,507 | 1.5 | 103 |
| M6 | Consultations | 28,387 | 57 | 1.6 | 2.0 | 6,654 | 3.2 | 234 | 5,038 | 3.1 | 180 |
| O1A | Ambulance | 12,871 | 105 | 3.0 | 8.2 | 15,631 | 7.4 | 1,214 | 12,378 | 7.6 | 963 |
| O1D | Chemotherapy | 879 | 37 | 1.1 | 42.4 | 4,867 | 2.3 | 5,536 | 3,849 | 2.4 | 4,399 |
| O1E | Other Drugs | 13,952 | 115 | 3.3 | 8.2 | 6,592 | 3.1 | 472 | 5,218 | 3.2 | 391 |
| PO | Anesthesia | 15,467 | 29 | 0.8 | 1.9 | 4,178 | 2.0 | 270 | 3,292 | 2.0 | 213 |
| P2F | Cardiovascular-Other | 6,865 | 19 | 0.5 | 2.8 | 4,702 | 2.2 | 685 | 3,718 | 2.3 | 543 |
| P4B | Cataract Removal/Lens Insertion | 3,821 | 9 | 0.3 | 2.4 | 5,672 | 2.7 | 1,484 | 4,484 | 2.8 | 1,175 |
| P6A | Minor Procedures - Skin | 9,686 | 22 | 0.6 | 2.3 | 1,492 | 0.7 | 154 | 1,124 | 0.7 | 120 |
| P6C | Minor Procedures - Other (MFS) | 13,393 | 100 | 2.9 | 7.5 | 3,212 | 1.5 | 240 | 2,491 | 1.5 | 192 |
| T1H | Lab Tests, Other (Non-MFS) | 37,143 | 354 | 10.1 | 9.5 | 4,698 | 2.2 | 126 | 4,679 | 2.9 | 126 |
| --- | All Other BETOS Groups | 78,669 | 1,244 | 35.5 | 15.8 | 66,742 | 31.7 | 848 | 52,537 | 32.3 | 680 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than 1 service during the reporting year.

[2] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[3] Durable medical equipment includes medical and surgical supplies, hospital beds, oxygen and supplies, wheelchairs, and other durable medical equipment.

NOTES: Numbers may not add to totals because of rounding. BETOS is the Berenson-Eggers Type of Service system for classifying HCPCS (Health Care Finance Administration Common Procedure Coding System). MFS is the Medicare fee schedule. NA is not applicable, the leading BETOS codes are based on amount of allowed charges for 1998. Medicare program payments represent fee for service only.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

# Table A-79.
# (Table 63)
# Services, submitted and allowed charges, and program payments for Medicare physician and supplier services, by principal diagnosis within major diagnostic classification (MDC) for total: calendar year 2002

| Principal ICD-9-CM[1] Diagnosis within MDC | Services in thousands | Submitted charges in thousands | Allowed charges | | |
|---|---|---|---|---|---|
| | | | Amount in thousands | Percentage of charges assigned | Program payments in thousands |
| Total all diagnosis | 1,215,769 | $137,725,036 | $67,424,706 | 98.7 | $51,913,210 |
| Leading diagnosis[2] | 723,913 | 75,014,278 | 37,342,549 | 98.7 | 28,713,735 |
| 000-139 Infectious and parasitic diseases (MDC 1) | 15,914 | 1,087,975 | 658,815 | 99.2 | 500,753 |
| 110 Dermatophytosis | 7,122 | 352,774 | 256,895 | 99.1 | 186,197 |
| --- Other | 8,792 | 735,202 | 401,920 | 99.2 | 314,556 |
| 140-239 Neoplasms (MDC 2) | 82,218 | 15,417,220 | 7,496,091 | 99.1 | 5,898,672 |
| 153 Malignant neoplasm of colon | 5,220 | 670,088 | 302,707 | 99.6 | 241,097 |
| 162 Malignant neoplasm of trachea, bronchus, and lung | 5,245 | 838,877 | 397,782 | 99.5 | 314,507 |
| 173 Other malignant neoplasm of skin | 6,448 | 1,466,641 | 839,959 | 98.7 | 655,943 |
| 174 Malignant neoplasm of female breast | 11,291 | 1,621,157 | 740,042 | 98.1 | 585,211 |
| 185 Malignant neoplasm of prostate | 12,573 | 2,948,363 | 1,691,096 | 99.6 | 1,335,016 |
| --- Other | 41,442 | 7,872,093 | 3,524,506 | 99.1 | 2,766,898 |
| 240-279 Endocrine, nutritional, and metabolic dis and immunity disorders (MDC 3) | 140,255 | 6,856,972 | 3,674,331 | 97.5 | 2,903,661 |
| 244 Thyroiditis | 11,031 | 512,304 | 227,841 | 98.4 | 193,291 |
| 250 Diabetes | 74,454 | 3,501,684 | 2,209,554 | 96.7 | 1,703,277 |
| 272 Disorders of lipoid metabolism | 38,364 | 1,542,658 | 622,267 | 98.4 | 514,196 |
| 276 Disorders of fluid, electrolyte, and acid-base balance | 4,725 | 321,748 | 166,044 | 99.5 | 132,474 |
| --- Other | 11,683 | 978,578 | 448,626 | 98.9 | 360,423 |
| 280-289 Diseases of the blood and blood forming organs (MDC 4) | 35,511 | 2,789,738 | 1,466,072 | 99.7 | 1,192,560 |
| 285 Other and unspecified anemias | 17,530 | 1,455,694 | 754,456 | 99.7 | 614,612 |
| --- Other | 17,982 | 1,334,044 | 711,617 | 99.6 | 577,948 |
| 290-319 Mental disorders (MDC 5) | 29,981 | 2,865,582 | 1,877,843 | 98.1 | 1,137,130 |
| 295 Schizophrenic disorders | 6,033 | 497,754 | 312,727 | 99.4 | 189,655 |
| 296 Affective psychoses | 9,100 | 922,177 | 618,662 | 97.2 | 353,989 |
| --- Other | 14,848 | 1,445,651 | 946,454 | 98.1 | 593,486 |
| 320-389 Diseases of the nervous system and sense organs (MDC 6) | 70,088 | 15,382,320 | 7,578,354 | 98.9 | 5,736,843 |
| 362 Other retinal disorders | 7,867 | 1,603,638 | 979,791 | 99.4 | 745,348 |
| 365 Glaucoma | 10,632 | 1,164,004 | 785,152 | 98.6 | 571,320 |
| 366 Cataract | 15,784 | 7,570,349 | 3,066,754 | 99.0 | 2,349,426 |
| --- Other | 35,804 | 5,044,329 | 2,746,658 | 98.6 | 2,070,749 |

(continued)

## Table A-79
## (Table 63)
## Services, submitted and allowed charges, and program payments for Medicare physician and supplier services, by principal diagnosis within major diagnostic classification (MDC) for total: calendar year 2002 (continued)

| Principal ICD-9-CM[1] Diagnosis within MDC | Services in thousands | Submitted charges in thousands | Allowed charges | | Program payments in thousands |
|---|---|---|---|---|---|
| | | | Amount in thousands | Percentage of charges assigned | |
| 390-459 Diseases of the circulatory system (MDC 7) | 186,330 | $24,051,957 | $10,855,765 | 98.9 | $8,333,412 |
| 401 Essential hypertension | 48,524 | 2,775,867 | 1,735,093 | 97.7 | 1,239,940 |
| 410 Acute myocardial infarction | 2,990 | 580,782 | 219,736 | 99.3 | 173,242 |
| 411 Other acute and sabacute forms of ischemic heart disease | 3,566 | 941,179 | 318,427 | 99.6 | 250,298 |
| 413 Angina Pectoris | 4,830 | 906,195 | 385,453 | 99.3 | 299,932 |
| 414 Ischemic heart disease | 28,701 | 5,657,057 | 2,240,273 | 99.2 | 1,734,463 |
| 424 Other diseases of endocardium | 6,584 | 1,438,160 | 530,338 | 98.9 | 414,497 |
| 427 Cardiac dysrhythmia | 27,376 | 2,415,359 | 1,082,946 | 98.9 | 841,115 |
| 428 Heart failure | 16,375 | 1,804,964 | 952,277 | 99.4 | 746,388 |
| 429 Ill-defined descriptions and complication of heart disease | 4,057 | 359,415 | 158,448 | 98.9 | 121,755 |
| 436 Acute, but ill-defined, cerebrovascular disease | 6,735 | 838,817 | 505,515 | 99.3 | 396,234 |
| --- Other | 36,591 | 6,334,162 | 2,727,260 | 99.1 | 2,115,549 |
| 460-519 Diseases of the respiratory system (MDC 8) | 90,839 | 8,387,670 | 4,863,323 | 99.3 | 3,728,170 |
| 466 Acute bronchitis and bronchiolitis | 4,258 | 263,768 | 175,272 | 98.0 | 118,891 |
| 477 Allergic rhinitis | 15,945 | 280,533 | 202,094 | 97.6 | 148,140 |
| 486 Pneumonia, organism unspecified | 5,549 | 522,839 | 287,117 | 99.3 | 222,185 |
| 493 Asthma | 8,263 | 614,874 | 383,830 | 99.1 | 292,785 |
| 518 Other diseases of lung | 5,524 | 719,944 | 355,347 | 99.5 | 280,029 |
| --- Other | 51,301 | 5,985,712 | 3,459,665 | 99.4 | 2,666,140 |
| 520-579 Diseases of the digestive system (MDC 9) | 30,647 | 6,431,644 | 2,582,235 | 99.1 | 2,004,622 |
| --- Other | 30,647 | 6,431,644 | 2,582,235 | 99.1 | 2,004,622 |
| 580-629 Diseases of the genitourinary system (MDC 10) | 62,728 | 7,006,168 | 3,258,756 | 99.1 | 2,552,158 |
| 585 Chronic renal failure | 17,210 | 1,892,889 | 932,942 | 99.8 | 743,796 |
| 592 Calculus of kidney and ureter | 1,554 | 353,323 | 110,696 | 99.4 | 86,215 |
| 599 Other disorders of urethra and urinary tract | 14,061 | 881,566 | 438,450 | 99.1 | 347,013 |
| 600 Hyperplasia of prostate | 6,180 | 689,993 | 359,249 | 98.9 | 278,846 |
| --- Other | 23,723 | 3,188,397 | 1,417,418 | 98.8 | 1,096,288 |
| 680-709 Diseases of the skin and subcutaneous tissue (MDC 12) | 44,000 | 2,983,824 | 1,952,745 | 98.3 | 1,462,346 |
| 702 Other dermatoses | 19,762 | 902,646 | 645,306 | 97.7 | 478,669 |
| 707 Chronic ulcer of skin | 4,768 | 642,444 | 356,197 | 99.4 | 278,542 |
| --- Other | 19,470 | 1,438,734 | 951,242 | 98.2 | 705,135 |

(continued)

# Table A-79
# (Table 63)
## Services, submitted and allowed charges, and program payments for Medicare physician and supplier services, by principal diagnosis within major diagnostic classification (MDC) for total: calendar year 2002 (continued)

| Principal ICD-9-CM[1] Diagnosis within MDC | Services in thousands | Submitted charges in thousands | Allowed charges | | Program payments in thousands |
|---|---|---|---|---|---|
| | | | Amount in thousands | Percentage of charges assigned | |
| 710-739 Diseases of the musculoskeletal system and connective tissue (MDC 13) | 145,206 | $17,244,218 | $8,128,209 | 98.1 | $6,247,748 |
| 714 Rheumatoid arthritis and oth inflamm polyarthrop | 7,666 | 798,159 | 520,135 | 99.0 | 403,044 |
| 715 Osteoarthrosis and allied disorders | 23,350 | 3,703,852 | 1,703,499 | 98.7 | 1,316,957 |
| 716 Other and unspecified arthropathies | 3,236 | 345,980 | 203,399 | 98.6 | 155,768 |
| 719 Other and unspecified disorders of joint | 20,506 | 1,460,460 | 753,944 | 99.1 | 577,387 |
| 724 Spinal stenosis | 22,804 | 3,227,266 | 1,320,772 | 98.6 | 1,019,628 |
| 726 Peripheral enthesopathies | 9,642 | 746,042 | 386,330 | 98.9 | 293,279 |
| 729 Other disorders of soft tissues | 9,135 | 749,881 | 386,939 | 98.7 | 293,499 |
| 739 Non-allopathic lesions, nec | 12,522 | 479,855 | 393,790 | 84.7 | 292,220 |
| --- Other | 36,344 | 5,732,725 | 2,459,400 | 98.7 | 1,895,965 |
| 740-759 Congenital anomalies (MDC 14) | 2,001 | 385,021 | 164,148 | 98.5 | 127,226 |
| --- Other | 2,001 | 385,021 | 164,148 | 98.5 | 127,226 |
| 780-799 Other ill defined conditions (MDC 16) | 134,402 | 15,299,998 | 7,348,450 | 99.2 | 5,713,035 |
| 780 General symptoms | 29,761 | 3,126,690 | 1,581,018 | 99.2 | 1,240,459 |
| 786 Symptoms involving respiratory system and other chest symptoms | 39,282 | 4,560,047 | 2,124,597 | 99.3 | 1,642,286 |
| 787 Symptoms involving digestive system | 8,217 | 1,015,825 | 503,369 | 99.4 | 392,771 |
| 788 Symptoms involving urinary system | 7,945 | 641,864 | 334,649 | 99.0 | 259,345 |
| 798 Sudden death, cause unknown | 3 | 403 | 207 | 100.0 | 159 |
| 799 Other ill-defined and unknown causes of death | 2,676 | 313,261 | 179,415 | 99.7 | 141,910 |
| --- Other | 46,518 | 5,641,908 | 2,625,196 | 99.1 | 2,036,104 |
| 800-999 Injury and poisoning (MDC 17) | 42,361 | 6,776,629 | 3,068,227 | 98.7 | 2,387,714 |
| 820 Fracture, neck of femur | 3,178 | 884,102 | 354,798 | 99.5 | 280,288 |
| --- Other | 39,183 | 5,892,528 | 2,713,429 | 98.7 | 2,107,426 |

(continued)

**Table A-79**
**(Table 63)**
**Services, submitted and allowed charges, and program payments for Medicare physician and supplier services, by principal diagnosis within major diagnostic classification (MDC) for total: calendar year 2002 (continued)**

| Principal ICD-9-CM[1] Diagnosis within MDC | Services in thousands | Submitted charges in thousands | Allowed charges | | Program payments in thousands |
|---|---|---|---|---|---|
| | | | Amount in thousands | Percentage of charges assigned | |
| V01-V82 factors influencing health status & contact with health services | 97,860 | $4,276,568 | $2,173,020 | 97.4 | $1,764,791 |
| V04 vaccination for viral diseases | 22,452 | 235,880 | 134,590 | 99.5 | 133,381 |
| V72 Special investigations and examinations | 5,310 | 252,189 | 114,370 | 98.6 | 92,821 |
| --- Other | 70,098 | 3,788,499 | 1,924,060 | 97.2 | 1,538,589 |

[1] ICD 9-CM is International Classification of Diseases, 9th Revision, Clinical Modification. Only the first listed or principal diagnosis has been used.

[2] Specific diagnostic categories were selected for presentation on amount of allowed charges.

NOTES: Numbers may not add to totals because of rounding. MDCs 11 (Complications of Pregnancy, Childbirth, and the Puerperium (630-676) and 15 (Certain Conditions Originating in the Perinatal Period (780-799) were not shown separately (but are included in the totals) because these diagnostic conditions are, for the most part, not applicable to Medicare beneficiaries. E Codes (Supplementary Classifications of External Causes of Injury and Poisoning (E-800-E999) are also not broken out separately. Medicare program payments represent fee-for-service only.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

# Table A-80.
# (Table 63)
# Services, submitted and allowed charges, and program payments for Medicare physician and supplier services, by principal diagnosis within major diagnostic classification (MDC) for Whites: calendar year 2002

| Principal ICD-9-CM[1] Diagnosis within MDC | Services in thousands | Submitted charges in thousands | Allowed charges | | Program payments in thousands |
|---|---|---|---|---|---|
| | | | Amount in thousands | Percentage of charges assigned | |
| Total all diagnosis | 994,584 | $113,114,018 | $55,056,799 | 98.5 | $42,334,594 |
| Leading diagnosis[2] | 588,472 | 61,430,111 | 30,327,299 | 98.5 | 23,294,250 |
| 000-139 Infectious and parasitic diseases (MDC 1) | 12,346 | 814,268 | 508,245 | 99.0 | 382,805 |
| 110 Dermatophytosis | 5,966 | 289,307 | 212,481 | 99.0 | 153,488 |
| --- Other | 6,381 | 524,962 | 295,764 | 99.0 | 229,318 |
| 140-239 Neoplasms (MDC 2) | 71,927 | 13,452,238 | 6,569,998 | 99.0 | 5,169,107 |
| 153 Malignant neoplasm of colon | 4,362 | 563,963 | 255,192 | 99.5 | 203,342 |
| 162 Malignant neoplasm of trachea, bronchus, and lung | 4,532 | 728,154 | 344,576 | 99.5 | 272,264 |
| 173 Other malignant neoplasm of skin | 6,307 | 1,435,783 | 822,700 | 98.7 | 642,478 |
| 174 Malignant neoplasm of female breast | 9,822 | 1,411,646 | 644,589 | 97.9 | 510,270 |
| 185 Malignant neoplasm of prostate | 10,471 | 2,440,999 | 1,397,477 | 99.6 | 1,103,728 |
| --- Other | 36,432 | 6,871,693 | 3,105,464 | 99.0 | 2,437,025 |
| 240-279 Endocrine, nutritional, and metabolic dis and immunity disorders (MDC 3) | 108,884 | 5,280,638 | 2,797,153 | 96.9 | 2,208,358 |
| 244 Thyroiditis | 9,423 | 444,429 | 195,868 | 98.2 | 165,400 |
| 250 Diabetes | 54,446 | 2,532,477 | 1,602,602 | 95.8 | 1,232,881 |
| 272 Disorders of lipoid metabolism | 32,604 | 1,317,559 | 526,859 | 98.2 | 433,788 |
| 276 Disorders of fluid, electrolyte, and acid-base balance | 3,626 | 246,422 | 127,648 | 99.4 | 101,808 |
| --- Other | 8,785 | 739,751 | 344,176 | 98.6 | 274,482 |
| 280-289 Diseases of the blood and blood forming organs (MDC 4) | 26,960 | 2,204,171 | 1,178,752 | 99.6 | 954,557 |
| 285 Other and unspecified anemias | 13,110 | 1,178,827 | 622,062 | 99.7 | 504,416 |
| --- Other | 13,850 | 1,025,344 | 556,690 | 99.6 | 450,142 |
| 290-319 Mental disorders (MDC 5) | 23,475 | 2,247,447 | 1,480,599 | 97.7 | 888,943 |
| 295 Schizophrenic disorders | 4,160 | 336,937 | 213,325 | 99.2 | 127,387 |
| 296 Affective psychoses | 7,379 | 748,274 | 503,257 | 96.9 | 286,766 |
| --- Other | 11,937 | 1,162,237 | 764,017 | 97.9 | 474,790 |
| 320-389 Diseases of the nervous system and sense organs (MDC 6) | 58,536 | 12,943,525 | 6,376,285 | 98.7 | 4,821,716 |
| 362 Other retinal disorders | 6,760 | 1,335,198 | 829,114 | 99.3 | 629,752 |
| 365 Glaucoma | 8,451 | 884,229 | 613,893 | 98.4 | 445,220 |
| 366 Cataract | 13,759 | 6,545,528 | 2,669,747 | 98.9 | 2,044,413 |
| --- Other | 29,566 | 4,178,570 | 2,263,532 | 98.4 | 1,702,332 |

(continued)

## Table A-80
## (Table 63)
## Services, submitted and allowed charges, and program payments for Medicare physician and supplier services, by principal diagnosis within major diagnostic classification (MDC) for Whites: calendar year 2002 (continued)

| Principal ICD-9-CM[1] Diagnosis within MDC | Services in thousands | Submitted charges in thousands | Allowed charges | | Program payments in thousands |
|---|---|---|---|---|---|
| | | | Amount in thousands | Percentage of charges assigned | |
| 390-459 Diseases of the circulatory system (MDC 7) | 152,755 | $19,767,080 | $8,803,880 | 98.7 | $6,754,273 |
| 401 Essential hypertension | 37,882 | 2,135,398 | 1,330,603 | 97.2 | 945,904 |
| 410 Acute myocardial infarction | 2,515 | 492,642 | 185,317 | 99.2 | 146,114 |
| 411 Other acute and sabacute forms of ischemic heart disease | 2,869 | 777,806 | 260,577 | 99.5 | 204,840 |
| 413 Angina Pectoris | 3,772 | 716,446 | 303,581 | 99.1 | 236,037 |
| 414 Ischemic heart disease | 24,837 | 4,884,009 | 1,937,609 | 99.1 | 1,499,334 |
| 424 Other diseases of endocardium | 5,596 | 1,235,271 | 455,956 | 98.8 | 356,341 |
| 427 Cardiac dysrhythmia | 24,812 | 2,137,270 | 960,602 | 98.8 | 745,831 |
| 428 Heart failure | 12,936 | 1,385,187 | 725,939 | 99.2 | 568,675 |
| 429 Ill-defined descriptions and complication of heart disease | 3,255 | 283,091 | 124,730 | 98.7 | 95,626 |
| 436 Acute, but ill-defined, cerebrovascular disease | 4,839 | 574,990 | 336,160 | 99.1 | 263,138 |
| --- Other | 29,442 | 5,144,970 | 2,182,806 | 98.9 | 1,692,433 |
| 460-519 Diseases of the respiratory system (MDC 8) | 74,560 | 6,909,069 | 3,970,969 | 99.2 | 3,040,336 |
| 466 Acute bronchitis and bronchiolitis | 3,457 | 211,251 | 140,499 | 97.6 | 94,391 |
| 477 Allergic rhinitis | 13,552 | 234,119 | 170,284 | 97.3 | 124,734 |
| 486 Pneumonia, organism unspecified | 4,685 | 434,463 | 239,882 | 99.2 | 185,454 |
| 493 Asthma | 5,876 | 443,409 | 275,492 | 98.8 | 209,680 |
| 518 Other diseases of lung | 4,458 | 580,045 | 284,326 | 99.4 | 223,919 |
| --- Other | 42,531 | 5,005,782 | 2,860,486 | 99.4 | 2,202,159 |
| 520-579 Diseases of the digestive system (MDC 9) | 24,939 | 5,324,724 | 2,130,849 | 99.0 | 1,653,175 |
| --- Other | 24,939 | 5,324,724 | 2,130,849 | 99.0 | 1,653,175 |
| 580-629 Diseases of the genitourinary system (MDC 10) | 45,239 | 5,029,596 | 2,330,413 | 98.9 | 1,815,279 |
| 585 Chronic renal failure | 8,589 | 890,843 | 446,421 | 99.7 | 355,130 |
| 592 Calculus of kidney and ureter | 1,338 | 303,166 | 94,546 | 99.3 | 73,615 |
| 599 Other disorders of urethra and urinary tract | 11,553 | 728,842 | 360,644 | 98.9 | 285,291 |
| 600 Hyperplasia of prostate | 5,254 | 580,405 | 301,361 | 98.7 | 233,896 |
| --- Other | 18,504 | 2,526,340 | 1,127,440 | 98.5 | 867,347 |
| 680-709 Diseases of the skin and subcutaneous tissue (MDC 12) | 39,362 | 2,525,767 | 1,672,240 | 98.1 | 1,247,442 |
| 702 Other dermatoses | 19,355 | 880,799 | 629,593 | 97.7 | 466,885 |
| 707 Chronic ulcer of skin | 3,531 | 442,222 | 241,218 | 99.2 | 187,791 |
| --- Other | 16,475 | 1,202,746 | 801,429 | 98.0 | 592,766 |

(continued)

## Table A-80
## (Table 63)
## Services, submitted and allowed charges, and program payments for Medicare physician and supplier services, by principal diagnosis within major diagnostic classification (MDC) for Whites: calendar year 2002 (continued)

| Principal ICD-9-CM[1] Diagnosis within MDC | Services in thousands | Submitted charges in thousands | Allowed charges | | Program payments in thousands |
|---|---|---|---|---|---|
| | | | Amount in thousands | Percentage of charges assigned | |
| 710-739 Diseases of the musculoskeletal system and connective tissue (MDC 13) | 119,630 | $14,432,767 | $6,636,470 | 97.7 | $5,092,275 |
| 714 Rheumatoid arthritis and oth inflamm polyarthrop | 6,222 | 656,930 | 431,436 | 98.9 | 333,691 |
| 715 Osteoarthrosis and allied disorders | 18,809 | 3,040,380 | 1,315,557 | 98.4 | 1,015,002 |
| 716 Other and unspecified arthropathies | 2,351 | 227,183 | 120,015 | 97.8 | 90,758 |
| 719 Other and unspecified disorders of joint | 16,389 | 1,190,800 | 607,511 | 99.0 | 464,547 |
| 724 Spinal stenosis | 18,603 | 2,790,424 | 1,117,960 | 98.4 | 862,854 |
| 726 Peripheral enthesopathies | 8,050 | 636,823 | 323,890 | 98.8 | 245,562 |
| 729 Other disorders of soft tissues | 7,254 | 603,841 | 309,112 | 98.4 | 233,944 |
| 739 Non-allopathic lesions, nec | 11,742 | 446,051 | 367,486 | 84.1 | 272,367 |
| --- Other | 30,210 | 4,840,335 | 2,043,503 | 98.5 | 1,573,550 |
| 740-759 Congenital anomalies (MDC 14) | 1,638 | 318,838 | 134,513 | 98.3 | 104,232 |
| --- Other | 1,638 | 318,838 | 134,513 | 98.3 | 104,232 |
| 780-799 Other ill defined conditions (MDC 16) | 109,447 | 12,384,357 | 5,932,472 | 99.1 | 4,609,885 |
| 780 General symptoms | 24,496 | 2,542,002 | 1,284,370 | 99.1 | 1,007,459 |
| 786 Symptoms involving respiratory system and other chest symptoms | 31,687 | 3,696,164 | 1,720,945 | 99.2 | 1,330,081 |
| 787 Symptoms involving digestive system | 6,759 | 807,661 | 389,304 | 99.3 | 303,186 |
| 788 Symptoms involving urinary system | 6,496 | 531,355 | 272,679 | 98.9 | 211,132 |
| 798 Sudden death, cause unknown | 2 | 237 | 137 | 100.0 | 104 |
| 799 Other ill-defined and unknown causes of death | 2,153 | 254,861 | 146,040 | 99.7 | 115,416 |
| --- Other | 37,854 | 4,552,077 | 2,118,999 | 99.0 | 1,642,508 |
| 800-999 Injury and poisoning (MDC 17) | 35,218 | 5,489,088 | 2,473,742 | 98.5 | 1,922,380 |
| 820 Fracture, neck of femur | 2,829 | 797,807 | 318,247 | 99.4 | 251,474 |
| --- Other | 32,389 | 4,691,280 | 2,155,494 | 98.4 | 1,670,907 |

(continued)

**Table A-80**
**(Table 63)**
**Services, submitted and allowed charges, and program payments for Medicare physician and supplier services, by principal diagnosis within major diagnostic classification (MDC) for Whites: calendar year 2002 (continued)**

| Principal ICD-9-CM[1] Diagnosis within MDC | Services in thousands | Submitted charges in thousands | Allowed charges | | Program payments in thousands |
|---|---|---|---|---|---|
| | | | Amount in thousands | Percentage of charges assigned | |
| V01-V82 factors influencing health status & contact with health services | 85,381 | $3,611,768 | $1,840,879 | 97.1 | $1,494,962 |
| V04 vaccination for viral diseases | 20,210 | 207,897 | 120,595 | 99.5 | 119,606 |
| V72 Special investigations and examinations | 4,281 | 208,290 | 95,283 | 98.4 | 77,042 |
| --- Other | 60,891 | 3,195,581 | 1,625,000 | 96.9 | 1,298,314 |

[1] ICD 9-CM is International Classification of Diseases, 9th Revision, Clinical Modification. Only the first listed or principal diagnosis has been used.

[2] Specific diagnostic categories were selected for presentation on amount of allowed charges.

NOTES: Numbers may not add to totals because of rounding. MDCs 11 (Complications of Pregnancy, Childbirth, and the Puerperium (630-676) and 15 (Certain Conditions Originating in the Perinatal Period (780-799) were not shown separately (but are included in the totals) because these diagnostic conditions are, for the most part, not applicable to Medicare beneficiaries. E Codes (Supplementary Classifications of External Causes of Injury and Poisoning (E-800-E999) are also not broken out separately. Medicare program payments represent fee-for-service only.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

# Table A-81.
# (Table 63)
# Services, submitted and allowed charges, and program payments for Medicare physician and supplier services, by principal diagnosis within major diagnostic classification (MDC) for Blacks: calendar year 2002

| Principal ICD-9-CM[1] Diagnosis within MDC | Services in thousands | Submitted charges in thousands | Allowed charges | | Program payments in thousands |
|---|---|---|---|---|---|
| | | | Amount in thousands | Percentage of charges assigned | |
| Total all diagnosis | 112,734 | $13,039,239 | $6,315,700 | 99.7 | $4,888,930 |
| Leading diagnosis[2] | 69,025 | 7,208,222 | 3,625,506 | 99.7 | 2,795,848 |
| 000-139 Infectious and parasitic diseases (MDC 1) | 2,020 | 157,883 | 84,335 | 99.8 | 66,169 |
| 110 Dermatophytosis | 668 | 36,465 | 25,091 | 99.7 | 18,352 |
| --- Other | 1,352 | 121,418 | 59,244 | 99.8 | 47,817 |
| 140-239 Neoplasms (MDC 2) | 5,563 | 1,100,987 | 508,459 | 99.8 | 400,150 |
| 153 Malignant neoplasm of colon | 506 | 66,428 | 28,872 | 99.9 | 22,971 |
| 162 Malignant neoplasm of trachea, bronchus, and lung | 480 | 74,707 | 35,566 | 99.9 | 28,210 |
| 173 Other malignant neoplasm of skin | 13 | 3,481 | 1,530 | 99.5 | 1,165 |
| 174 Malignant neoplasm of female breast | 821 | 125,136 | 55,008 | 99.2 | 43,153 |
| 185 Malignant neoplasm of prostate | 1,266 | 313,344 | 180,470 | 99.9 | 141,820 |
| --- Other | 2,477 | 517,891 | 207,012 | 99.8 | 162,831 |
| 240-279 Endocrine, nutritional, and metabolic dis and immunity disorders (MDC 3) | 15,734 | 845,667 | 464,054 | 99.3 | 365,792 |
| 244 Thyroiditis | 538 | 26,452 | 11,195 | 99.5 | 9,675 |
| 250 Diabetes | 10,707 | 530,947 | 330,517 | 99.2 | 255,665 |
| 272 Disorders of lipoid metabolism | 2,127 | 94,181 | 38,563 | 99.4 | 32,067 |
| 276 Disorders of fluid, electrolyte, and acid-base balance | 612 | 44,184 | 21,713 | 99.9 | 17,306 |
| --- Other | 1,750 | 149,902 | 62,067 | 99.7 | 51,078 |
| 280-289 Diseases of the blood and blood forming organs (MDC 4) | 4,913 | 368,152 | 177,000 | 99.9 | 145,971 |
| 285 Other and unspecified anemias | 2,475 | 172,101 | 81,026 | 99.9 | 66,938 |
| --- Other | 2,438 | 196,051 | 95,973 | 99.9 | 79,033 |
| 290-319 Mental disorders (MDC 5) | 3,842 | 358,217 | 226,941 | 99.7 | 145,783 |
| 295 Schizophrenic disorders | 1,267 | 105,308 | 65,625 | 99.9 | 41,746 |
| 296 Affective psychoses | 860 | 86,064 | 55,765 | 99.4 | 33,604 |
| --- Other | 1,715 | 166,845 | 105,550 | 99.8 | 70,432 |
| 320-389 Diseases of the nervous system and sense organs (MDC 6) | 5,544 | 1,130,068 | 548,226 | 99.6 | 415,271 |
| 362 Other retinal disorders | 478 | 118,556 | 65,149 | 99.8 | 49,856 |
| 365 Glaucoma | 1,309 | 161,112 | 99,664 | 99.5 | 72,774 |
| 366 Cataract | 927 | 457,567 | 169,747 | 99.6 | 129,967 |
| --- Other | 2,830 | 392,834 | 213,666 | 99.6 | 162,672 |

(continued)

## Table A-81
## (Table 63)
## Services, submitted and allowed charges, and program payments for Medicare physician and supplier services, by principal diagnosis within major diagnostic classification (MDC) for Blacks: calendar year 2002 (continued)

| Principal ICD-9-CM[1] Diagnosis within MDC | Services in thousands | Submitted charges in thousands | Allowed charges | | Program payments in thousands |
|---|---|---|---|---|---|
| | | | Amount in thousands | Percentage of charges assigned | |
| 390-459 Diseases of the circulatory system (MDC 7) | 17,740 | $2,265,650 | $1,058,469 | 99.6 | $812,774 |
| 401 Essential hypertension | 5,800 | 360,143 | 221,945 | 99.1 | 160,131 |
| 410 Acute myocardial infarction | 231 | 42,462 | 15,731 | 99.9 | 12,390 |
| 411 Other acute and sabacute forms of ischemic heart disease | 313 | 79,242 | 25,905 | 99.9 | 20,336 |
| 413 Angina Pectoris | 404 | 74,394 | 29,990 | 99.9 | 23,360 |
| 414 Ischemic heart disease | 1,686 | 345,035 | 129,808 | 99.8 | 100,836 |
| 424 Other diseases of endocardium | 478 | 98,852 | 32,833 | 99.8 | 25,638 |
| 427 Cardiac dysrhythmia | 1,297 | 146,862 | 61,671 | 99.8 | 48,030 |
| 428 Heart failure | 2,025 | 255,090 | 133,670 | 99.8 | 104,867 |
| 429 Ill-defined descriptions and complication of heart disease | 457 | 44,003 | 18,503 | 99.7 | 14,347 |
| 436 Acute, but ill-defined, cerebrovascular disease | 1,168 | 163,313 | 103,581 | 99.9 | 81,418 |
| --- Other | 3,882 | 656,254 | 284,832 | 99.7 | 221,419 |
| 460-519 Diseases of the respiratory system (MDC 8) | 7,181 | 683,980 | 391,738 | 99.8 | 301,586 |
| 466 Acute bronchitis and bronchiolitis | 309 | 21,224 | 13,088 | 99.2 | 9,140 |
| 477 Allergic rhinitis | 1,056 | 19,572 | 13,458 | 99.0 | 9,861 |
| 486 Pneumonia, organism unspecified | 459 | 46,771 | 24,603 | 99.9 | 19,125 |
| 493 Asthma | 997 | 81,700 | 49,109 | 99.8 | 37,707 |
| 518 Other diseases of lung | 602 | 79,529 | 39,795 | 99.9 | 31,435 |
| --- Other | 3,759 | 435,184 | 251,685 | 99.8 | 194,316 |
| 520-579 Diseases of the digestive system (MDC 9) | 2,727 | 558,831 | 216,724 | 99.8 | 168,932 |
| --- Other | 2,727 | 558,831 | 216,724 | 99.8 | 168,932 |
| 580-629 Diseases of the genitourinary system (MDC 10) | 10,163 | 1,196,879 | 539,793 | 99.9 | 429,703 |
| 585 Chronic renal failure | 5,791 | 684,040 | 324,348 | 99.9 | 259,112 |
| 592 Calculus of kidney and ureter | 94 | 24,625 | 7,107 | 99.9 | 5,555 |
| 599 Other disorders of urethra and urinary tract | 1,047 | 75,403 | 36,258 | 99.8 | 28,593 |
| 600 Hyperplasia of prostate | 344 | 40,623 | 19,728 | 99.8 | 15,195 |
| --- Other | 2,888 | 372,188 | 152,353 | 99.7 | 121,248 |
| 680-709 Diseases of the skin and subcutaneous tissue (MDC 12) | 2,164 | 233,657 | 133,600 | 99.7 | 102,315 |
| 702 Other dermatoses | 49 | 3,116 | 2,122 | 99.0 | 1,577 |
| 707 Chronic ulcer of skin | 717 | 112,373 | 59,420 | 99.9 | 46,801 |
| --- Other | 1,398 | 118,168 | 72,059 | 99.5 | 53,937 |

(continued)

# Table A-81
# (Table 63)
## Services, submitted and allowed charges, and program payments for Medicare physician and supplier services, by principal diagnosis within major diagnostic classification (MDC) for Blacks: calendar year 2002 (continued)

| Principal ICD-9-CM[1] Diagnosis within MDC | Services in thousands | Submitted charges in thousands | Allowed charges | | Program payments in thousands |
|---|---|---|---|---|---|
| | | | Amount in thousands | Percentage of charges assigned | |
| 710-739 Diseases of the musculoskeletal system and connective tissue (MDC 13) | 10,928 | $1,346,828 | $667,172 | 99.6 | $514,823 |
| 714 Rheumatoid arthritis and oth inflamm polyarthrop | 672 | 65,065 | 41,614 | 99.5 | 32,302 |
| 715 Osteoarthrosis and allied disorders | 2,174 | 307,154 | 161,325 | 99.7 | 124,905 |
| 716 Other and unspecified arthropathies | 476 | 76,009 | 54,219 | 99.8 | 42,471 |
| 719 Other and unspecified disorders of joint | 1,784 | 127,298 | 66,332 | 99.7 | 50,638 |
| 724 Spinal stenosis | 1,505 | 200,243 | 84,074 | 99.7 | 64,683 |
| 726 Peripheral enthesopathies | 582 | 47,046 | 24,420 | 99.7 | 18,437 |
| 729 Other disorders of soft tissues | 847 | 76,931 | 37,741 | 99.7 | 28,764 |
| 739 Non-allopathic lesions, nec | 322 | 14,359 | 10,877 | 94.5 | 8,219 |
| --- Other | 2,565 | 432,723 | 186,570 | 99.7 | 144,404 |
| 740-759 Congenital anomalies (MDC 14) | 170 | 32,641 | 13,344 | 99.6 | 10,323 |
| --- Other | 170 | 32,641 | 13,344 | 99.6 | 10,323 |
| 780-799 Other ill defined conditions (MDC 16) | 13,159 | 1,590,739 | 745,658 | 99.8 | 580,512 |
| 780 General symptoms | 2,865 | 336,282 | 166,417 | 99.8 | 130,421 |
| 786 Symptoms involving respiratory system and other chest symptoms | 4,129 | 485,711 | 218,364 | 99.8 | 169,233 |
| 787 Symptoms involving digestive system | 845 | 118,302 | 63,793 | 99.9 | 50,116 |
| 788 Symptoms involving urinary system | 564 | 47,207 | 24,802 | 99.7 | 19,144 |
| 798 Sudden death, cause unknown | 0 | 102 | 32 | 100.0 | 25 |
| 799 Other ill-defined and unknown causes of death | 289 | 26,812 | 15,602 | 99.9 | 12,415 |
| --- Other | 4,468 | 576,323 | 256,648 | 99.8 | 199,158 |
| 800-999 Injury and poisoning (MDC 17) | 3,477 | 730,494 | 317,021 | 99.8 | 248,335 |
| 820 Fracture, neck of femur | 132 | 34,711 | 13,583 | 99.9 | 10,705 |
| --- Other | 3,345 | 695,783 | 303,439 | 99.8 | 237,630 |

(continued)

**Table A-81**
**(Table 63)**
**Services, submitted and allowed charges, and program payments for Medicare physician and supplier services, by principal diagnosis within major diagnostic classification (MDC) for Blacks: calendar year 2002 (continued)**

| Principal ICD-9-CM[1] Diagnosis within MDC | Services in thousands | Submitted charges in thousands | Allowed charges | | |
|---|---|---|---|---|---|
| | | | Amount in thousands | Percentage of charges assigned | Program payments in thousands |
| V01-V82 factors influencing health status & contact with health services | 6,784 | $366,991 | $179,860 | 99.1 | $145,942 |
| V04 vaccination for viral diseases | 1,027 | 11,971 | 6,346 | 99.7 | 6,258 |
| V72 Special investigations and examinations | 435 | 18,614 | 7,792 | 99.7 | 6,383 |
| --- Other | 5,322 | 336,407 | 165,723 | 99.0 | 133,301 |

[1] ICD 9-CM is International Classification of Diseases, 9th Revision, Clinical Modification. Only the first listed or principal diagnosis has been used.

[2] Specific diagnostic categories were selected for presentation on amount of allowed charges.

NOTES: Numbers may not add to totals because of rounding. MDCs 11 (Complications of Pregnancy, Childbirth, and the Puerperium (630-676) and 15 (Certain Conditions Originating in the Perinatal Period (780-799) were not shown separately (but are included in the totals) because these diagnostic conditions are, for the most part, not applicable to Medicare beneficiaries. E Codes (Supplementary Classifications of External Causes of Injury and Poisoning (E-800-E999) are also not broken out separately. Medicare program payments represent fee-for-service only.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

# Table A-82.
# (Table 63)
# Services, submitted and allowed charges, and program payments for Medicare physician and supplier services, by principal diagnosis within major diagnostic classification (MDC) for Hispanics: calendar year 2002

| Principal ICD-9-CM[1] Diagnosis within MDC | Services in thousands | Submitted charges in thousands | Allowed charges | | |
|---|---|---|---|---|---|
| | | | Amount in thousands | Percentage of charges assigned | Program payments in thousands |
| Total all diagnosis | 75,632 | $8,082,597 | $4,268,928 | 99.7 | $3,313,342 |
| Leading diagnosis[2] | 46,081 | 4,427,422 | 2,374,644 | 99.7 | 1,840,455 |
| 000-139 Infectious and parasitic diseases (MDC 1) | 1,166 | 85,569 | 49,227 | 99.7 | 38,639 |
| 110 Dermatophytosis | 387 | 21,192 | 15,252 | 99.7 | 11,372 |
| --- Other | 779 | 64,377 | 33,975 | 99.7 | 27,266 |
| 140-239 Neoplasms (MDC 2) | 3,253 | 572,552 | 281,401 | 99.7 | 222,214 |
| 153 Malignant neoplasm of colon | 233 | 25,197 | 11,979 | 99.7 | 9,487 |
| 162 Malignant neoplasm of trachea, bronchus, and lung | 127 | 19,717 | 9,704 | 99.4 | 7,734 |
| 173 Other malignant neoplasm of skin | 93 | 19,206 | 11,224 | 99.5 | 8,786 |
| 174 Malignant neoplasm of female breast | 454 | 57,262 | 27,469 | 99.3 | 21,567 |
| 185 Malignant neoplasm of prostate | 608 | 138,669 | 81,731 | 99.9 | 64,709 |
| --- Other | 1,739 | 312,501 | 139,293 | 99.7 | 109,932 |
| 240-279 Endocrine, nutritional, and metabolic dis and immunity disorders (MDC 3) | 11,485 | 519,666 | 301,914 | 99.5 | 240,981 |
| 244 Thyroiditis | 807 | 30,338 | 15,784 | 99.6 | 13,842 |
| 250 Diabetes | 7,126 | 329,865 | 212,087 | 99.4 | 164,869 |
| 272 Disorders of lipoid metabolism | 2,505 | 84,145 | 37,812 | 99.6 | 32,495 |
| 276 Disorders of fluid, electrolyte, and acid-base balance | 278 | 18,917 | 9,723 | 99.8 | 7,808 |
| --- Other | 769 | 56,401 | 26,507 | 99.6 | 21,968 |
| 280-289 Diseases of the blood and blood forming organs (MDC 4) | 2,627 | 151,236 | 76,916 | 99.9 | 64,285 |
| 285 Other and unspecified anemias | 1,403 | 72,126 | 35,280 | 99.9 | 29,805 |
| --- Other | 1,224 | 79,110 | 41,636 | 99.9 | 34,480 |
| 290-319 Mental disorders (MDC 5) | 1,967 | 190,172 | 125,151 | 98.7 | 75,164 |
| 295 Schizophrenic disorders | 424 | 39,590 | 23,985 | 99.5 | 14,656 |
| 296 Affective psychoses | 667 | 67,109 | 45,848 | 98.2 | 25,752 |
| --- Other | 876 | 83,473 | 55,319 | 98.8 | 34,756 |
| 320-389 Diseases of the nervous system and sense organs (MDC 6) | 4,106 | 894,033 | 449,104 | 99.7 | 344,291 |
| 362 Other retinal disorders | 456 | 110,525 | 62,498 | 99.9 | 48,184 |
| 365 Glaucoma | 603 | 82,507 | 48,981 | 99.6 | 36,620 |
| 366 Cataract | 718 | 372,988 | 149,597 | 99.7 | 115,525 |
| --- Other | 2,329 | 328,013 | 188,028 | 99.6 | 143,962 |

(continued)

## Table A-82
## (Table 63)
## Services, submitted and allowed charges, and program payments for Medicare physician and supplier services, by principal diagnosis within major diagnostic classification (MDC) for Hispanics: calendar year 2002 (continued)

| Principal ICD-9-CM[1] Diagnosis within MDC | Services in thousands | Submitted charges in thousands | Allowed charges | | |
|---|---|---|---|---|---|
| | | | Amount in thousands | Percentage of charges assigned | Program payments in thousands |
| 390-459 Diseases of the circulatory system (MDC 7) | 11,120 | $1,403,808 | $691,537 | 99.7 | $534,732 |
| 401 Essential hypertension | 3,339 | 184,484 | 121,510 | 99.5 | 89,693 |
| 410 Acute myocardial infarction | 173 | 30,937 | 12,780 | 99.8 | 10,086 |
| 411 Other acute and sabacute forms of ischemic heart disease | 292 | 60,760 | 23,826 | 99.9 | 18,743 |
| 413 Angina Pectoris | 508 | 89,353 | 39,845 | 99.9 | 31,136 |
| 414 Ischemic heart disease | 1,524 | 297,857 | 118,706 | 99.7 | 92,362 |
| 424 Other diseases of endocardium | 345 | 69,845 | 27,395 | 99.8 | 21,454 |
| 427 Cardiac dysrhythmia | 775 | 81,784 | 37,624 | 99.7 | 29,326 |
| 428 Heart failure | 1,058 | 122,443 | 69,982 | 99.8 | 55,077 |
| 429 Ill-defined descriptions and complication of heart disease | 238 | 21,452 | 10,121 | 99.7 | 7,835 |
| 436 Acute, but ill-defined, cerebrovascular disease | 504 | 70,561 | 46,796 | 99.8 | 36,810 |
| --- Other | 2,366 | 374,333 | 182,952 | 99.8 | 142,209 |
| 460-519 Diseases of the respiratory system (MDC 8) | 6,818 | 605,821 | 389,458 | 99.8 | 302,110 |
| 466 Acute bronchitis and bronchiolitis | 352 | 22,120 | 15,270 | 99.5 | 11,005 |
| 477 Allergic rhinitis | 770 | 15,803 | 10,769 | 99.5 | 7,956 |
| 486 Pneumonia, organism unspecified | 267 | 27,496 | 14,923 | 99.8 | 11,644 |
| 493 Asthma | 1,145 | 70,989 | 47,545 | 99.9 | 36,565 |
| 518 Other diseases of lung | 312 | 40,396 | 21,109 | 99.9 | 16,702 |
| --- Other | 3,973 | 429,017 | 279,843 | 99.9 | 218,238 |
| 520-579 Diseases of the digestive system (MDC 9) | 2,093 | 379,642 | 163,202 | 99.8 | 127,048 |
| --- Other | 2,093 | 379,642 | 163,202 | 99.8 | 127,048 |
| 580-629 Diseases of the genitourinary system (MDC 10) | 5,382 | 549,575 | 276,727 | 99.8 | 218,986 |
| 585 Chronic renal failure | 2,077 | 222,455 | 115,796 | 99.9 | 92,687 |
| 592 Calculus of kidney and ureter | 90 | 17,795 | 6,422 | 99.6 | 5,008 |
| 599 Other disorders of urethra and urinary tract | 1,140 | 55,856 | 30,476 | 99.7 | 24,404 |
| 600 Hyperplasia of prostate | 360 | 46,563 | 25,817 | 99.8 | 19,983 |
| --- Other | 1,716 | 206,904 | 98,216 | 99.6 | 76,905 |

(continued)

## Table A-82
## (Table 63)
## Services, submitted and allowed charges, and program payments for Medicare physician and supplier services, by principal diagnosis within major diagnostic classification (MDC) for Hispanics: calendar year 2002 (continued)

| Principal ICD-9-CM[1] Diagnosis within MDC | Services in thousands | Submitted charges in thousands | Allowed charges | | |
|---|---|---|---|---|---|
| | | | Amount in thousands | Percentage of charges assigned | Program payments in thousands |
| 680-709 Diseases of the skin and subcutaneous tissue (MDC 12) | 1,725 | $166,057 | $108,983 | 99.6 | $84,002 |
| 702 Other dermatoses | 223 | 11,330 | 8,316 | 98.8 | 6,284 |
| 707 Chronic ulcer of skin | 429 | 71,940 | 46,033 | 99.9 | 36,453 |
| --- Other | 1,073 | 82,787 | 54,635 | 99.5 | 41,266 |
| 710-739 Diseases of the musculoskeletal system and connective tissue (MDC 13) | 9,141 | 1,031,530 | 580,988 | 99.6 | 451,928 |
| 714 Rheumatoid arthritis and oth inflamm polyarthrop | 567 | 55,702 | 34,092 | 99.7 | 26,881 |
| 715 Osteoarthrosis and allied disorders | 1,686 | 277,924 | 181,317 | 99.8 | 142,012 |
| 716 Other and unspecified arthropathies | 284 | 32,181 | 22,100 | 99.8 | 17,126 |
| 719 Other and unspecified disorders of joint | 1,413 | 95,575 | 51,869 | 99.8 | 40,276 |
| 724 Spinal stenosis | 1,315 | 145,733 | 69,132 | 99.7 | 53,366 |
| 726 Peripheral enthesopathies | 643 | 42,615 | 25,669 | 99.7 | 19,776 |
| 729 Other disorders of soft tissues | 597 | 44,067 | 24,750 | 99.6 | 18,923 |
| 739 Non-allopathic lesions, nec | 255 | 10,769 | 8,525 | 92.9 | 6,400 |
| --- Other | 2,381 | 326,964 | 163,534 | 99.6 | 127,168 |
| 740-759 Congenital anomalies (MDC 14) | 141 | 23,735 | 11,864 | 99.7 | 9,248 |
| --- Other | 141 | 23,735 | 11,864 | 99.7 | 9,248 |
| 780-799 Other ill defined conditions (MDC 16) | 8,067 | 886,761 | 444,195 | 99.8 | 346,726 |
| 780 General symptoms | 1,640 | 167,031 | 87,304 | 99.8 | 68,933 |
| 786 Symptoms involving respiratory system and other chest symptoms | 2,371 | 255,164 | 124,095 | 99.8 | 95,889 |
| 787 Symptoms involving digestive system | 403 | 57,803 | 31,971 | 99.8 | 25,117 |
| 788 Symptoms involving urinary system | 697 | 43,553 | 25,692 | 99.6 | 20,098 |
| 798 Sudden death, cause unknown | 0 | 34 | 27 | 100.0 | 21 |
| 799 Other ill-defined and unknown causes of death | 159 | 17,912 | 10,167 | 99.9 | 8,038 |
| --- Other | 2,796 | 345,264 | 164,939 | 99.8 | 128,629 |
| 800-999 Injury and poisoning (MDC 17) | 2,433 | 396,655 | 201,030 | 99.7 | 157,540 |
| 820 Fracture, neck of femur | 150 | 33,529 | 15,390 | 99.9 | 12,139 |
| --- Other | 2,283 | 363,126 | 185,639 | 99.7 | 145,401 |

(continued)

**Table A-82**
**(Table 63)**
**Services, submitted and allowed charges, and program payments for Medicare physician and supplier services, by principal diagnosis within major diagnostic classification (MDC) for Hispanics: calendar year 2002 (continued)**

| Principal ICD-9-CM[1] Diagnosis within MDC | Services in thousands | Submitted charges in thousands | Allowed charges | | |
|---|---|---|---|---|---|
| | | | Amount in thousands | Percentage of charges assigned | Program payments in thousands |
| V01-V82 factors influencing health status & contact with health services | 3,762 | $206,302 | $107,519 | 99.3 | $87,382 |
| V04 vaccination for viral diseases | 673 | 8,587 | 4,209 | 99.8 | 4,131 |
| V72 Special investigations and examinations | 421 | 17,669 | 8,320 | 99.7 | 6,907 |
| --- Other | 2,668 | 180,045 | 94,990 | 99.2 | 76,344 |

[1] ICD 9-CM is International Classification of Diseases, 9th Revision, Clinical Modification. Only the first listed or principal diagnosis has been used.

[2] Specific diagnostic categories were selected for presentation on amount of allowed charges.

NOTES: Numbers may not add to totals because of rounding. MDCs 11 (Complications of Pregnancy, Childbirth, and the Puerperium (630-676) and 15 (Certain Conditions Originating in the Perinatal Period (780-799) were not shown separately (but are included in the totals) because these diagnostic conditions are, for the most part, not applicable to Medicare beneficiaries. E Codes (Supplementary Classifications of External Causes of Injury and Poisoning (E-800-E999) are also not broken out separately. Medicare program payments represent fee-for-service only.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

## Table A-83.
## (Table 63)
## Services, submitted and allowed charges, and program payments for Medicare physician and supplier services, by principal diagnosis within major diagnostic classification (MDC) for Asians/Pacific Islanders: calendar year 2002

| Principal ICD-9-CM[1] Diagnosis within MDC | Services in thousands | Submitted charges in thousands | Allowed charges | | |
|---|---|---|---|---|---|
| | | | Amount in thousands | Percentage of charges assigned | Program payments in thousands |
| Total all diagnosis | 22,594 | $2,309,973 | $1,203,305 | 99.4 | $931,446 |
| Leading diagnosis[2] | 14,287 | 1,313,510 | 696,711 | 99.4 | 539,300 |
| 000-139 Infectious and parasitic diseases (MDC 1) | 241 | 19,002 | 10,802 | 99.6 | 8,353 |
| 110 Dermatophytosis | 56 | 3,285 | 2,330 | 99.6 | 1,718 |
| --- Other | 185 | 15,717 | 8,471 | 99.5 | 6,635 |
| 140-239 Neoplasms (MDC 2) | 961 | 191,633 | 89,996 | 99.6 | 70,928 |
| 153 Malignant neoplasm of colon | 86 | 10,106 | 4,790 | 99.7 | 3,811 |
| 162 Malignant neoplasm of trachea, bronchus, and lung | 69 | 10,580 | 5,205 | 99.9 | 4,141 |
| 173 Other malignant neoplasm of skin | 15 | 3,341 | 1,874 | 98.8 | 1,463 |
| 174 Malignant neoplasm of female breast | 117 | 16,283 | 7,857 | 99.0 | 6,197 |
| 185 Malignant neoplasm of prostate | 161 | 38,641 | 22,090 | 99.9 | 17,426 |
| --- Other | 514 | 112,683 | 48,180 | 99.5 | 37,889 |
| 240-279 Endocrine, nutritional, and metabolic dis and immunity disorders (MDC 3) | 2,918 | 144,679 | 75,970 | 98.7 | 60,724 |
| 244 Thyroiditis | 183 | 7,346 | 3,341 | 99.4 | 2,963 |
| 250 Diabetes | 1,460 | 71,263 | 42,055 | 98.0 | 32,693 |
| 272 Disorders of lipoid metabolism | 858 | 35,495 | 14,290 | 99.4 | 11,933 |
| 276 Disorders of fluid, electrolyte, and acid-base balance | 161 | 8,888 | 5,238 | 99.8 | 4,183 |
| --- Other | 257 | 21,687 | 11,046 | 99.5 | 8,953 |
| 280-289 Diseases of the blood and blood forming organs (MDC 4) | 690 | 43,076 | 21,849 | 99.8 | 18,225 |
| 285 Other and unspecified anemias | 390 | 21,774 | 10,794 | 99.8 | 9,098 |
| --- Other | 300 | 21,303 | 11,056 | 99.8 | 9,127 |
| 290-319 Mental disorders (MDC 5) | 343 | 36,079 | 22,943 | 98.9 | 14,098 |
| 295 Schizophrenic disorders | 100 | 9,007 | 5,462 | 99.6 | 3,278 |
| 296 Affective psychoses | 89 | 9,997 | 6,424 | 98.3 | 3,745 |
| --- Other | 155 | 17,075 | 11,057 | 98.8 | 7,075 |
| 320-389 Diseases of the nervous system and sense organs (MDC 6) | 1,325 | 289,545 | 142,993 | 99.3 | 108,907 |
| 362 Other retinal disorders | 116 | 26,221 | 15,205 | 99.7 | 11,601 |
| 365 Glaucoma | 189 | 26,043 | 16,312 | 98.9 | 12,095 |
| 366 Cataract | 271 | 138,593 | 55,490 | 99.2 | 42,570 |
| --- Other | 748 | 98,688 | 55,986 | 99.5 | 42,641 |

(continued)

## Table A-83
## (Table 63)
## Services, submitted and allowed charges, and program payments for Medicare physician and supplier services, by principal diagnosis within major diagnostic classification (MDC) for Asians/Pacific Islanders: calendar year 2002 (continued)

| Principal ICD-9-CM[1] Diagnosis within MDC | Services in thousands | Submitted charges in thousands | Allowed charges | | |
|---|---|---|---|---|---|
| | | | Amount in thousands | Percentage of charges assigned | Program payments in thousands |
| 390-459 Diseases of the circulatory system (MDC 7) | 3,303 | $424,643 | $214,275 | 99.5 | $164,434 |
| 401 Essential hypertension | 1,123 | 72,708 | 46,971 | 99.3 | 34,083 |
| 410 Acute myocardial infarction | 43 | 9,260 | 3,689 | 99.7 | 2,910 |
| 411 Other acute and sabacute forms of ischemic heart disease | 61 | 15,132 | 5,284 | 99.9 | 4,154 |
| 413 Angina Pectoris | 106 | 18,803 | 8,894 | 99.8 | 6,960 |
| 414 Ischemic heart disease | 446 | 87,459 | 37,134 | 99.6 | 28,776 |
| 424 Other diseases of endocardium | 117 | 24,037 | 10,311 | 99.5 | 8,077 |
| 427 Cardiac dysrhythmia | 336 | 33,190 | 15,928 | 99.5 | 12,409 |
| 428 Heart failure | 215 | 25,770 | 14,007 | 99.7 | 10,993 |
| 429 Ill-defined descriptions and complication of heart disease | 74 | 7,786 | 3,728 | 99.6 | 2,896 |
| 436 Acute, but ill-defined, cerebrovascular disease | 162 | 21,981 | 14,028 | 99.8 | 11,005 |
| --- Other | 619 | 108,518 | 54,301 | 99.5 | 42,171 |
| 460-519 Diseases of the respiratory system (MDC 8) | 1,531 | 120,588 | 72,464 | 99.6 | 54,613 |
| 466 Acute bronchitis and bronchiolitis | 105 | 6,851 | 4,909 | 99.4 | 3,332 |
| 477 Allergic rhinitis | 422 | 8,504 | 5,913 | 99.5 | 4,362 |
| 486 Pneumonia, organism unspecified | 81 | 8,312 | 4,563 | 99.6 | 3,530 |
| 493 Asthma | 167 | 12,662 | 8,024 | 99.6 | 6,058 |
| 518 Other diseases of lung | 100 | 13,098 | 6,648 | 99.8 | 5,246 |
| --- Other | 655 | 71,160 | 42,406 | 99.7 | 32,086 |
| 520-579 Diseases of the digestive system (MDC 9) | 618 | 113,408 | 48,832 | 99.6 | 37,927 |
| --- Other | 618 | 113,408 | 48,832 | 99.6 | 37,927 |
| 580-629 Diseases of the genitourinary system (MDC 10) | 1,217 | 144,748 | 71,579 | 99.7 | 56,493 |
| 585 Chronic renal failure | 408 | 55,230 | 26,630 | 99.9 | 21,168 |
| 592 Calculus of kidney and ureter | 22 | 4,914 | 1,722 | 99.8 | 1,341 |
| 599 Other disorders of urethra and urinary tract | 210 | 14,137 | 7,435 | 99.6 | 5,865 |
| 600 Hyperplasia of prostate | 179 | 17,424 | 9,756 | 99.8 | 7,760 |
| --- Other | 399 | 53,044 | 26,036 | 99.4 | 20,360 |
| 680-709 Diseases of the skin and subcutaneous tissue (MDC 12) | 463 | 35,169 | 23,830 | 99.4 | 17,979 |
| 702 Other dermatoses | 73 | 4,375 | 3,137 | 98.9 | 2,352 |
| 707 Chronic ulcer of skin | 41 | 8,470 | 5,514 | 99.9 | 4,350 |
| --- Other | 349 | 22,324 | 15,179 | 99.3 | 11,276 |

(continued)

# Table A-83
# (Table 63)
# Services, submitted and allowed charges, and program payments for Medicare physician and supplier services, by principal diagnosis within major diagnostic classification (MDC) for Asians/Pacific Islanders: calendar year 2002 (continued)

| Principal ICD-9-CM[1] Diagnosis within MDC | Services in thousands | Submitted charges in thousands | Allowed charges | | |
|---|---|---|---|---|---|
| | | | Amount in thousands | Percentage of charges assigned | Program payments in thousands |
| 710-739 Diseases of the musculoskeletal system and connective tissue (MDC 13) | 4,225 | $294,236 | $175,387 | 99.5 | $136,430 |
| 714 Rheumatoid arthritis and oth inflamm polyarthrop | 129 | 11,467 | 7,334 | 99.5 | 5,801 |
| 715 Osteoarthrosis and allied disorders | 500 | 53,416 | 33,109 | 99.6 | 25,670 |
| 716 Other and unspecified arthropathies | 93 | 7,740 | 5,348 | 99.8 | 4,102 |
| 719 Other and unspecified disorders of joint | 727 | 33,994 | 21,555 | 99.7 | 16,824 |
| 724 Spinal stenosis | 1,143 | 66,179 | 38,177 | 99.7 | 29,918 |
| 726 Peripheral enthesopathies | 294 | 13,794 | 9,357 | 99.7 | 7,235 |
| 729 Other disorders of soft tissues | 347 | 17,963 | 11,583 | 99.7 | 9,020 |
| 739 Non-allopathic lesions, nec | 124 | 5,533 | 4,385 | 92.2 | 3,363 |
| --- Other | 868 | 84,151 | 44,539 | 99.5 | 34,497 |
| 740-759 Congenital anomalies (MDC 14) | 33 | 6,309 | 2,948 | 99.6 | 2,285 |
| --- Other | 33 | 6,309 | 2,948 | 99.6 | 2,285 |
| 780-799 Other ill defined conditions (MDC 16) | 2,544 | 293,637 | 155,092 | 99.7 | 120,825 |
| 780 General symptoms | 509 | 53,217 | 28,434 | 99.6 | 22,339 |
| 786 Symptoms involving respiratory system and other chest symptoms | 738 | 81,795 | 41,649 | 99.7 | 32,059 |
| 787 Symptoms involving digestive system | 144 | 23,095 | 13,638 | 99.8 | 10,711 |
| 788 Symptoms involving urinary system | 122 | 14,052 | 8,310 | 99.7 | 6,516 |
| 798 Sudden death, cause unknown | 0 | 24 | 9 | 100.0 | 7 |
| 799 Other ill-defined and unknown causes of death | 35 | 3,273 | 1,969 | 99.7 | 1,568 |
| --- Other | 996 | 118,180 | 61,083 | 99.7 | 47,624 |
| 800-999 Injury and poisoning (MDC 17) | 818 | 89,834 | 43,833 | 99.4 | 34,139 |
| 820 Fracture, neck of femur | 37 | 9,819 | 4,199 | 99.7 | 3,311 |
| --- Other | 781 | 80,014 | 39,633 | 99.4 | 30,827 |

(continued)

**Table A-83**
**(Table 63)**
**Services, submitted and allowed charges, and program payments for Medicare physician and supplier services, by principal diagnosis within major diagnostic classification (MDC) for Asians/Pacific Islanders: calendar year 2002 (continued)**

| Principal ICD-9-CM[1] Diagnosis within MDC | Services in thousands | Submitted charges in thousands | Allowed charges | | |
|---|---|---|---|---|---|
| | | | Amount in thousands | Percentage of charges assigned | Program payments in thousands |
| V01-V82 factors influencing health status & contact with health services | 1,264 | $58,135 | $28,278 | 98.5 | $23,192 |
| V04 vaccination for viral diseases | 410 | 5,900 | 2,626 | 99.8 | 2,584 |
| V72 Special investigations and examinations | 124 | 5,283 | 2,044 | 99.4 | 1,730 |
| --- Other | 730 | 46,951 | 23,608 | 98.2 | 18,878 |

[1] ICD 9-CM is International Classification of Diseases, 9th Revision, Clinical Modification. Only the first listed or principal diagnosis has been used.

[2] Specific diagnostic categories were selected for presentation on amount of allowed charges.

NOTES: Numbers may not add to totals because of rounding. MDCs 11 (Complications of Pregnancy, Childbirth, and the Puerperium (630-676) and 15 (Certain Conditions Originating in the Perinatal Period (780-799) were not shown separately (but are included in the totals) because these diagnostic conditions are, for the most part, not applicable to Medicare beneficiaries. E Codes (Supplementary Classifications of External Causes of Injury and Poisoning (E-800-E999) are also not broken out separately. Medicare program payments represent fee-for-service only.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

# Table A-84.
# (Table 63)
# Services, submitted and allowed charges, and program payments for Medicare physician and supplier services, by principal diagnosis within major diagnostic classification (MDC) for American Indians/Alaska Natives: calendar year 2002

| Principal ICD-9-CM[1] Diagnosis within MDC | Services in thousands | Submitted charges in thousands | Allowed charges | | |
|---|---|---|---|---|---|
| | | | Amount in thousands | Percentage of charges assigned | Program payments in thousands |
| Total all diagnosis | 3,500 | $439,442 | $210,268 | 99.5 | $162,451 |
| Leading diagnosis[2] | 2,028 | 234,360 | 115,095 | 99.5 | 88,810 |
| 000-139 Infectious and parasitic diseases (MDC 1) | 42 | 3,750 | 1,960 | 99.6 | 1,516 |
| 110 Dermatophytosis | 10 | 547 | 363 | 99.2 | 260 |
| --- Other | 32 | 3,204 | 1,597 | 99.6 | 1,256 |
| 140-239 Neoplasms (MDC 2) | 169 | 33,419 | 14,902 | 99.5 | 11,716 |
| 153 Malignant neoplasm of colon | 13 | 1,701 | 695 | 99.4 | 551 |
| 162 Malignant neoplasm of trachea, bronchus, and lung | 17 | 2,583 | 1,219 | 99.7 | 970 |
| 173 Other malignant neoplasm of skin | 6 | 1,394 | 749 | 98.6 | 582 |
| 174 Malignant neoplasm of female breast | 22 | 3,375 | 1,505 | 98.4 | 1,189 |
| 185 Malignant neoplasm of prostate | 20 | 5,026 | 2,828 | 99.9 | 2,227 |
| --- Other | 92 | 19,339 | 7,907 | 99.6 | 6,198 |
| 240-279 Endocrine, nutritional, and metabolic dis and immunity disorders (MDC 3) | 408 | 23,910 | 12,812 | 99.3 | 10,074 |
| 244 Thyroiditis | 21 | 1,090 | 466 | 99.6 | 394 |
| 250 Diabetes | 279 | 15,640 | 9,216 | 99.2 | 7,111 |
| 272 Disorders of lipoid metabolism | 51 | 2,269 | 988 | 99.4 | 819 |
| 276 Disorders of fluid, electrolyte, and acid-base balance | 16 | 1,241 | 636 | 99.8 | 504 |
| --- Other | 42 | 3,669 | 1,506 | 99.7 | 1,245 |
| 280-289 Diseases of the blood and blood forming organs (MDC 4) | 105 | 7,426 | 3,188 | 99.8 | 2,664 |
| 285 Other and unspecified anemias | 42 | 3,364 | 1,586 | 99.9 | 1,302 |
| --- Other | 63 | 4,063 | 1,602 | 99.8 | 1,361 |
| 290-319 Mental disorders (MDC 5) | 119 | 10,804 | 6,759 | 99.7 | 4,185 |
| 295 Schizophrenic disorders | 31 | 2,545 | 1,544 | 99.8 | 956 |
| 296 Affective psychoses | 31 | 2,985 | 1,966 | 99.3 | 1,159 |
| --- Other | 58 | 5,274 | 3,248 | 99.8 | 2,071 |
| 320-389 Diseases of the nervous system and sense organs (MDC 6) | 186 | 42,837 | 20,649 | 99.4 | 15,721 |
| 362 Other retinal disorders | 17 | 4,499 | 2,669 | 99.8 | 2,045 |
| 365 Glaucoma | 23 | 2,639 | 1,594 | 99.2 | 1,157 |
| 366 Cataract | 38 | 20,292 | 8,168 | 99.4 | 6,285 |
| --- Other | 107 | 15,406 | 8,218 | 99.3 | 6,233 |

(continued)

## Table A-84
## (Table 63)
## Services, submitted and allowed charges, and program payments for Medicare physician and supplier services, by principal diagnosis within major diagnostic classification (MDC) for American Indians/Alaska Natives: calendar year 2002 (continued)

| Principal ICD-9-CM[1] Diagnosis within MDC | Services in thousands | Submitted charges in thousands | Allowed charges | | |
|---|---|---|---|---|---|
| | | | Amount in thousands | Percentage of charges assigned | Program payments in thousands |
| 390-459 Diseases of the circulatory system (MDC 7) | 430 | $64,487 | $28,204 | 99.6 | $21,836 |
| 401 Essential hypertension | 98 | 5,935 | 3,371 | 99.3 | 2,482 |
| 410 Acute myocardial infarction | 12 | 2,396 | 1,003 | 99.5 | 791 |
| 411 Other acute and sabacute forms of ischemic heart disease | 12 | 3,125 | 1,150 | 99.6 | 902 |
| 413 Angina Pectoris | 13 | 2,486 | 954 | 99.9 | 740 |
| 414 Ischemic heart disease | 66 | 14,860 | 5,769 | 99.7 | 4,489 |
| 424 Other diseases of endocardium | 15 | 3,173 | 1,110 | 99.2 | 862 |
| 427 Cardiac dysrhythmia | 43 | 5,168 | 2,180 | 99.4 | 1,694 |
| 428 Heart failure | 51 | 6,298 | 3,258 | 99.8 | 2,546 |
| 429 Ill-defined descriptions and complication of heart disease | 11 | 999 | 419 | 99.7 | 324 |
| 436 Acute, but ill-defined, cerebrovascular disease | 21 | 2,806 | 1,753 | 99.7 | 1,367 |
| --- Other | 88 | 17,243 | 7,238 | 99.5 | 5,640 |
| 460-519 Diseases of the respiratory system (MDC 8) | 305 | 30,631 | 16,995 | 99.7 | 13,067 |
| 466 Acute bronchitis and bronchiolitis | 13 | 822 | 501 | 99.0 | 346 |
| 477 Allergic rhinitis | 36 | 682 | 438 | 99.1 | 324 |
| 486 Pneumonia, organism unspecified | 27 | 2,836 | 1,538 | 99.9 | 1,189 |
| 493 Asthma | 32 | 2,656 | 1,527 | 99.8 | 1,165 |
| 518 Other diseases of lung | 20 | 2,545 | 1,280 | 99.6 | 1,006 |
| --- Other | 177 | 21,089 | 11,711 | 99.7 | 9,038 |
| 520-579 Diseases of the digestive system (MDC 9) | 100 | 21,081 | 8,552 | 99.6 | 6,647 |
| --- Other | 100 | 21,081 | 8,552 | 99.6 | 6,647 |
| 580-629 Diseases of the genitourinary system (MDC 10) | 322 | 36,263 | 17,132 | 99.7 | 13,613 |
| 585 Chronic renal failure | 192 | 20,116 | 10,255 | 99.9 | 8,212 |
| 592 Calculus of kidney and ureter | 4 | 953 | 275 | 99.4 | 214 |
| 599 Other disorders of urethra and urinary tract | 38 | 2,662 | 1,292 | 99.6 | 1,010 |
| 600 Hyperplasia of prostate | 10 | 1,345 | 628 | 99.0 | 486 |
| --- Other | 78 | 11,188 | 4,681 | 99.6 | 3,690 |
| 680-709 Diseases of the skin and subcutaneous tissue (MDC 12) | 92 | 8,328 | 4,659 | 99.4 | 3,525 |
| 702 Other dermatoses | 17 | 759 | 540 | 98.9 | 390 |
| 707 Chronic ulcer of skin | 22 | 3,191 | 1,653 | 99.8 | 1,299 |
| --- Other | 53 | 4,379 | 2,466 | 99.3 | 1,837 |

(continued)

## Table A-84
## (Table 63)
## Services, submitted and allowed charges, and program payments for Medicare physician and supplier services, by principal diagnosis within major diagnostic classification (MDC) for American Indians/Alaska Natives: calendar year 2002 (continued)

| Principal ICD-9-CM[1] Diagnosis within MDC | Services in thousands | Submitted charges in thousands | Allowed charges | | |
|---|---|---|---|---|---|
| | | | Amount in thousands | Percentage of charges assigned | Program payments in thousands |
| 710-739 Diseases of the musculoskeletal system and connective tissue (MDC 13) | 376 | $50,815 | $23,200 | 99.0 | $17,803 |
| 714 Rheumatoid arthritis and oth inflamm polyarthrop | 31 | 4,516 | 2,856 | 99.6 | 2,238 |
| 715 Osteoarthrosis and allied disorders | 54 | 9,316 | 4,198 | 99.3 | 3,224 |
| 716 Other and unspecified arthropathies | 9 | 979 | 533 | 99.3 | 408 |
| 719 Other and unspecified disorders of joint | 57 | 4,253 | 2,082 | 99.6 | 1,577 |
| 724 Spinal stenosis | 56 | 8,045 | 3,322 | 99.5 | 2,543 |
| 726 Peripheral enthesopathies | 20 | 1,915 | 885 | 99.7 | 670 |
| 729 Other disorders of soft tissues | 28 | 2,432 | 1,200 | 99.2 | 906 |
| 739 Non-allopathic lesions, nec | 28 | 1,051 | 836 | 88.8 | 615 |
| --- Other | 93 | 18,308 | 7,286 | 99.3 | 5,622 |
| 740-759 Congenital anomalies (MDC 14) | 5 | 1,074 | 454 | 99.8 | 350 |
| --- Other | 5 | 1,074 | 454 | 99.8 | 350 |
| 780-799 Other ill defined conditions (MDC 16) | 431 | 57,068 | 27,737 | 99.7 | 21,557 |
| 780 General symptoms | 88 | 10,573 | 5,451 | 99.5 | 4,251 |
| 786 Symptoms involving respiratory system and other chest symptoms | 139 | 16,374 | 7,680 | 99.7 | 5,926 |
| 787 Symptoms involving digestive system | 26 | 3,079 | 1,564 | 99.7 | 1,219 |
| 788 Symptoms involving urinary system | 21 | 1,605 | 852 | 99.4 | 655 |
| 798 Sudden death, cause unknown | 0 | 6 | 3 | 100.0 | 2 |
| 799 Other ill-defined and unknown causes of death | 23 | 8,761 | 4,670 | 99.9 | 3,705 |
| --- Other | 134 | 16,669 | 7,517 | 99.6 | 5,800 |
| 800-999 Injury and poisoning (MDC 17) | 166 | 32,222 | 15,201 | 99.5 | 11,862 |
| 820 Fracture, neck of femur | 11 | 3,221 | 1,352 | 99.8 | 1,063 |
| --- Other | 155 | 29,000 | 13,850 | 99.5 | 10,799 |

(continued)

**Table A-84**
**(Table 63)**
**Services, submitted and allowed charges, and program payments for Medicare physician and supplier services, by principal diagnosis within major diagnostic classification (MDC) for American Indians/Alaska Natives: calendar year 2002 (continued)**

| Principal ICD-9-CM[1] Diagnosis within MDC | Services in thousands | Submitted charges in thousands | Allowed charges | | |
|---|---|---|---|---|---|
| | | | Amount in thousands | Percentage of charges assigned | Program payments in thousands |
| V01-V82 factors influencing health status & contact with health services | 217 | $12,150 | $6,065 | 98.4 | $4,864 |
| V04 vaccination for viral diseases | 33 | 334 | 198 | 99.8 | 196 |
| V72 Special investigations and examinations | 15 | 897 | 327 | 99.4 | 265 |
| --- Other | 169 | 10,919 | 5,540 | 98.3 | 4,403 |

[1] ICD 9-CM is International Classification of Diseases, 9th Revision, Clinical Modification. Only the first listed or principal diagnosis has been used.

[2] Specific diagnostic categories were selected for presentation on amount of allowed charges.

NOTES: Numbers may not add to totals because of rounding. MDCs 11 (Complications of Pregnancy, Childbirth, and the Puerperium (630-676) and 15 (Certain Conditions Originating in the Perinatal Period (780-799) were not shown separately (but are included in the totals) because these diagnostic conditions are, for the most part, not applicable to Medicare beneficiaries. E Codes (Supplementary Classifications of External Causes of Injury and Poisoning (E-800-E999) are also not broken out separately. Medicare program payments represent fee-for-service only.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

# Table A-85.
# (Table 64)
# Persons served, services, allowed charges, and program payments for Medicare physician and supplier services, by leading HCPS codes for total: calendar year 2002

| HCPS procedure | Persons served[1] | Service | | Allowed charges | | Program payments | |
|---|---|---|---|---|---|---|---|
| | | Number in thousands | Percentage | Amount in thousands | Per person served[1] | Amount in thousands | Per person served[1] |
| --- Total All HCPCS | 27,309,523 | 1,215,769 | 100.0 | $67,424,706 | $2,469 | $51,913,210 | $1,942 |
| --- Total Leading 50 HCPCS[4] | --- | 356,204 | 29.3 | 26,901,259 | 1,024 | 19,956,011 | 797 |
| A4253 Blood glucose test or reagent strips | 2,103,343 | 17,457 | 1.4 | 644,188 | 306 | 489,854 | 236 |
| E0260 Hospital bed, semi-electric, with mattress | 346,375 | 1,588 | 0.1 | 225,593 | 651 | 175,649 | 507 |
| J9202 Goserelin acetate implant, per 3.6 mg | 108,753 | 908 | 0.1 | 404,175 | 3,716 | 319,035 | 2,936 |
| J9217 Leuprolide acetate suspension | 143,557 | 1,212 | 0.1 | 593,861 | 4,137 | 469,464 | 3,274 |
| J9265 Paclitaxel injection | 17,357 | 525 | 0.0 | 109,035 | 6,282 | 86,414 | 5,006 |
| K0011 Wheelchair with programmable control | 132,549 | 141 | 0.0 | 675,874 | 5,099 | 539,101 | 4,067 |
| Q0136 Non ESRD epoetin alpha inj | 109,503 | 2,341 | 0.2 | 604,960 | 5,525 | 478,938 | 4,379 |
| 27447 Total knee replacement | 170,509 | 266 | 0.0 | 287,155 | 1,684 | 227,661 | 1,337 |
| 33533 Coronary artery bypass | 103,651 | 182 | 0.0 | 195,616 | 1,887 | 155,281 | 1,502 |
| 45378 Colonoscopy | 1,028,286 | 1,270 | 0.1 | 324,675 | 316 | 253,984 | 247 |
| 66984 Cataract removal with insertion of IOL | 1,201,168 | 2,837 | 0.2 | 1,881,994 | 1,567 | 1,493,221 | 1,244 |
| 71020 Chest xray, frontal and lateral | 7,696,678 | 13,207 | 1.1 | 225,354 | 29 | 166,243 | 23 |
| 78465 Heart image (3d), multiple | 2,014,148 | 2,247 | 0.2 | 655,585 | 325 | 516,131 | 258 |
| 88305 Tissue exam by pathologist, level 5 | 5,238,768 | 13,173 | 1.1 | 743,287 | 142 | 578,677 | 112 |
| 90806 Psytx, office (45-50) | 379,864 | 4,025 | 0.3 | 343,393 | 904 | 165,979 | 448 |
| 92014 Ophthalmological visit, comprehensive, est | 6,935,895 | 8,082 | 0.7 | 701,378 | 101 | 469,807 | 76 |
| 93000 Electrocardiogram with interprt and report | 6,523,547 | 9,737 | 0.8 | 248,413 | 38 | 183,418 | 30 |
| 93307 Echocardiography, transthoracic | 3,840,300 | 4,712 | 0.4 | 519,520 | 135 | 404,465 | 107 |
| 99203 Office/outpatient visit, new level 3 | 3,772,082 | 4,343 | 0.4 | 383,549 | 102 | 259,706 | 77 |
| 99204 Office/outpatient visit, new level 4 | 2,335,051 | 2,655 | 0.2 | 335,966 | 144 | 237,523 | 102 |
| 99212 Office/outpatient visit, est level 2 | 11,334,199 | 26,729 | 2.2 | 920,420 | 81 | 638,467 | 62 |
| 99213 Office/outpatient visit, est level 3 | 21,450,319 | 96,586 | 7.9 | 4,688,889 | 219 | 3,212,986 | 161 |
| 99214 Office/outpatient visit, est level 4 | 14,117,504 | 39,265 | 3.2 | 3,018,417 | 214 | 2,128,929 | 162 |
| 99215 Office/outpatient visit, est level 5 | 3,945,060 | 5,425 | 0.4 | 616,433 | 156 | 434,934 | 111 |
| 99222 Initial hospital care for visit, level 2 | 1,919,916 | 2,503 | 0.2 | 264,060 | 138 | 205,137 | 107 |
| 99223 Initial hospital care for visit, level 3 | 2,503,379 | 3,479 | 0.3 | 515,728 | 206 | 403,281 | 161 |
| 99231 Subsequent hospital care, level 2 15 min | 2,499,383 | 14,263 | 1.2 | 456,330 | 183 | 361,016 | 145 |
| 99232 Subsequent hospital care, level 2 25 min | 3,621,733 | 26,027 | 2.1 | 1,385,444 | 383 | 1,098,865 | 305 |
| 99233 Subsequent hospital care, level 2 35 min | 1,742,755 | 7,384 | 0.6 | 565,423 | 324 | 448,641 | 258 |
| 99238 Hospital discharge day management, 30 min. | 3,167,169 | 4,552 | 0.4 | 294,921 | 93 | 233,480 | 74 |
| 99243 Office consultation new or est level 3 | 3,342,724 | 3,838 | 0.3 | 432,190 | 129 | 321,553 | 97 |
| 99244 Office consultation new or est level 4 | 3,423,179 | 4,038 | 0.3 | 651,361 | 190 | 494,968 | 145 |
| 99245 Office consultation new or est level 5 | 1,360,895 | 1,536 | 0.1 | 323,313 | 238 | 249,463 | 183 |
| 99253 Initial inpatient consult, est level 3 | 1,429,483 | 2,021 | 0.2 | 191,114 | 134 | 149,367 | 106 |
| 99254 Initial inpatient consult, est level 4 | 1,909,326 | 3,087 | 0.3 | 422,915 | 221 | 332,399 | 174 |

(continued)

**Table A-85**
**(Table 64)**
**Persons served, services, allowed charges, and program payments for Medicare physician and supplier services, by leading HCPS codes for total: calendar year 2002 (continued)**

| HCPS procedure | Persons served[1] | Service | | Allowed charges | | Program payments | |
|---|---|---|---|---|---|---|---|
| | | Number in thousands | Percentage | Amount in thousands | Per person served[1] | Amount in thousands | Per person served[1] |
| 99255 Initial inpatient consult, est level 5 | 1,039,828 | 1,455 | 0.1 | $276,367 | $266 | $217,785 | $210 |
| 99283 Emergency department serious | 3,090,897 | 4,321 | 0.4 | 248,318 | 80 | 186,322 | 63 |
| 99284 Emergency department serious unstable | 3,111,900 | 4,241 | 0.3 | 382,025 | 123 | 293,022 | 96 |
| 99285 Emergency department critical | 2,619,922 | 3,580 | 0.3 | 510,547 | 195 | 399,342 | 153 |
| 99291 Critical care, first hour | 402,568 | 960 | 0.1 | 189,615 | 471 | 150,516 | 374 |
| 99311 Subsequent nursing facility care, 15 min. | 896,140 | 4,369 | 0.4 | 144,848 | 162 | 103,748 | 118 |
| 99312 Subsequent nursing facility care, 25 min. | 1,046,077 | 5,637 | 0.5 | 299,010 | 286 | 221,238 | 215 |
| --- Other | 26,476,424 | 859,565 | 70.7 | 40,523,446 | 1,531 | 31,957,199 | 1,222 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than 1 service during the reporting year.

[2] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[3] Less than 0.05 percent.

[4] The leading 50 HCPCS codes were selected based on the amount of allowed charges.

NOTES: HCPCS is Health Care Financing Administration Common Procedure Coding System. IOL is intraocular lens. ALS is advanced life support. BLS is basic life support.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

# Table A-86.
# (Table 64)
# Persons served, services, allowed charges, and program payments for Medicare physician and supplier services, by leading HCPS codes for Whites: calendar year 2002

| HCPS procedure | Persons served[1] | Service | | Allowed charges | | Program payments | |
|---|---|---|---|---|---|---|---|
| | | Number in thousands | Percentage | Amount in thousands | Per person served[1] | Amount in thousands | Per person served[1] |
| --- Total All HCPCS | 22,686,011 | 994,584 | 100.0 | $55,056,799 | $2,427 | $42,334,594 | $1,904 |
| --- Total Leading 50 HCPCS[4] | --- | 291,256 | 29.3 | 21,944,707 | 1,004 | 16,249,275 | 780 |
| A4253 Blood glucose test or reagent strips | 1,623,722 | 13,532 | 1.4 | 500,520 | 308 | 380,200 | 238 |
| E0260 Hospital bed, semi-electric, with mattress | 211,019 | 974 | 0.1 | 129,660 | 614 | 100,998 | 479 |
| J9202 Goserelin acetate implant, per 3.6 mg | 85,729 | 722 | 0.1 | 321,387 | 3,749 | 253,701 | 2,962 |
| J9217 Leuprolide acetate suspnsion | 119,461 | 1,014 | 0.1 | 497,421 | 4,164 | 393,324 | 3,297 |
| J9265 Paclitaxel injection | 14,845 | 445 | 0.0 | 92,778 | 6,250 | 73,456 | 4,974 |
| K0011 Wheelchair with programmable control | 76,869 | 82 | 0.0 | 390,389 | 5,079 | 311,229 | 4,049 |
| Q0136 Non ESRD epoetin alpha inj | 92,025 | 1,792 | 0.2 | 526,726 | 5,724 | 417,011 | 4,535 |
| 27447 Total knee replacement | 150,395 | 235 | 0.0 | 253,497 | 1,686 | 201,007 | 1,339 |
| 33533 Coronary artery bypass | 90,548 | 159 | 0.0 | 170,470 | 1,883 | 135,301 | 1,498 |
| 45378 Colonoscopy | 870,192 | 1,078 | 0.1 | 275,110 | 316 | 215,129 | 247 |
| 66984 Cataract removal with insertion of IOL | 1,038,775 | 2,495 | 0.3 | 1,643,389 | 1,582 | 1,304,072 | 1,256 |
| 71020 Chest xray, frontal and lateral | 6,453,615 | 11,127 | 1.1 | 190,911 | 30 | 140,907 | 23 |
| 78465 Heart image (3d), multiple | 1,722,353 | 1,914 | 0.2 | 564,985 | 328 | 444,768 | 260 |
| 88305 Tissue exam by pathologist, level 5 | 4,677,633 | 11,961 | 1.2 | 674,979 | 144 | 525,217 | 114 |
| 90806 Psytx, office (45-50) | 315,402 | 3,449 | 0.3 | 294,695 | 934 | 142,652 | 462 |
| 92014 Ophthalmological visit, comprehensive, est | 6,121,192 | 7,091 | 0.7 | 614,580 | 100 | 410,740 | 75 |
| 93000 Electrocardiogram with interprt and report | 5,510,129 | 8,093 | 0.8 | 206,241 | 37 | 152,142 | 29 |
| 93307 Echocardiography, transthoracic | 3,118,966 | 3,751 | 0.4 | 410,490 | 132 | 319,412 | 104 |
| 99203 Office/outpatient visit, new level 3 | 3,112,126 | 3,554 | 0.4 | 314,819 | 101 | 212,777 | 76 |
| 99204 Office/outpatient visit, new level 4 | 1,833,264 | 2,041 | 0.2 | 258,962 | 141 | 182,785 | 100 |
| 99212 Office/outpatient visit, est level 2 | 9,688,078 | 22,670 | 2.3 | 781,416 | 81 | 541,870 | 61 |
| 99213 Office/outpatient visit, est level 3 | 18,040,789 | 80,099 | 8.1 | 3,894,159 | 216 | 2,663,808 | 159 |
| 99214 Office/outpatient visit, est level 4 | 11,829,671 | 31,910 | 3.2 | 2,457,944 | 208 | 1,731,061 | 157 |
| 99215 Office/outpatient visit, est level 5 | 3,375,998 | 4,500 | 0.5 | 512,394 | 152 | 360,371 | 108 |
| 99222 Initial hospital care for visit, level 2 | 1,558,512 | 1,999 | 0.2 | 210,319 | 135 | 163,447 | 105 |
| 99223 Initial hospital care for visit, level 3 | 2,022,676 | 2,768 | 0.3 | 409,600 | 203 | 320,389 | 158 |
| 99231 Subsequent hospital care, level 2 15 min | 2,040,553 | 11,196 | 1.1 | 357,291 | 175 | 282,615 | 139 |
| 99232 Subsequent hospital care, level 2 25 min | 2,932,197 | 20,042 | 2.0 | 1,064,574 | 363 | 844,201 | 289 |
| 99233 Subsequent hospital care, level 2 35 min | 1,373,141 | 5,567 | 0.6 | 426,121 | 310 | 338,034 | 247 |
| 99238 Hospital discharge day management, 30 min. | 2,575,290 | 3,639 | 0.4 | 235,281 | 91 | 186,236 | 73 |
| 99243 Office consultation new or est level 3 | 2,874,293 | 3,300 | 03 | 371,214 | 129 | 276,340 | 96 |
| 99244 Office consultation new or est level 4 | 2,888,438 | 3,408 | 0.3 | 549,437 | 190 | 417,634 | 145 |
| 99245 Office consultation new or est level 5 | 1,134,374 | 1,282 | 0.1 | 269,886 | 238 | 208,390 | 184 |
| 99253 Initial inpatient consult, est level 3 | 1,140,281 | 1,586 | 0.2 | 149,731 | 131 | 117,055 | 104 |

(continued)

## Table A-86
## (Table 64)
## Persons served, services, allowed charges, and program payments for Medicare physician and supplier services, by leading HCPS codes for Whites: calendar year 2002 (continued)

| HCPS procedure | Persons served[1] | Service | | Allowed charges | | Program payments | |
|---|---|---|---|---|---|---|---|
| | | Number in thousands | Percentage | Amount in thousands | Per person served[1] | Amount in thousands | Per person served[1] |
| 99254 Initial inpatient consult, est level 4 | 1,521,671 | 2,410 | 0.2 | $329,762 | $217 | $259,364 | $171 |
| 99255 Initial inpatient consult, est level 5 | 813,610 | 1,117 | 0.1 | 211,961 | 261 | 167,059 | 205 |
| 99283 Emergency department serious | 2,400,490 | 3,279 | 0.3 | 188,367 | 78 | 141,873 | 61 |
| 99284 Emergency department serious unstable | 2,457,695 | 3,282 | 0.3 | 294,768 | 120 | 226,525 | 94 |
| 99285 Emergency department critical | 2,094,570 | 2,806 | 0.3 | 399,393 | 191 | 312,831 | 150 |
| 99291 Critical care, first hour | 308,718 | 701 | 0.1 | 138,832 | 450 | 110,204 | 357 |
| 99311 Subsequent nursing facility care, 15 min. | 757,726 | 3,624 | 0.4 | 119,440 | 158 | 85,318 | 115 |
| 99312 Subsequent nursing facility care, 25 min. | 877,110 | 4,563 | 0.5 | 240,806 | 275 | 177,820 | 206 |
| --- Other | 22,069,198 | 703,327 | 70.7 | 33,112,092 | 1,500 | 26,085,319 | 1,195 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than 1 service during the reporting year.

[2] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[3] Less than 0.05 percent.

[4] The leading 50 HCPCS codes were selected based on the amount of allowed charges.

NOTES: HCPCS is Health Care Financing Administration Common Procedure Coding System. IOL is intraocular lens. ALS is advanced life support. BLS is basic life support.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

# Table A-87.
# (Table 64)
# Persons served, services, allowed charges, and program payments for Medicare physician and supplier services, by leading HCPS codes for Blacks: calendar year 2002

| HCPS procedure | Persons served[1] | Service | | Allowed charges | | Program payments | |
|---|---|---|---|---|---|---|---|
| | | Number in thousands | Percentage | Amount in thousands | Per person served[1] | Amount in thousands | Per person served[1] |
| --- Total All HCPCS | 2,389,239 | 112,734 | 100.0 | $6,315,700 | $2,643 | $4,888,930 | $2,108 |
| --- Total Leading 50 HCPCS[4] | --- | 33,668 | 29.9 | 2,571,964 | 1,131 | 1,926,423 | 893 |
| A4253 Blood glucose test or reagent strips | 280,535 | 2,416 | 2.1 | 88,990 | 317 | 67,914 | 245 |
| E0260 Hospital bed, semi-electric, with mattress | 50,718 | 239 | 0.2 | 31,252 | 616 | 24,210 | 477 |
| J9202 Goserelin acetate implant, per 3.6 mg | 15,629 | 131 | 0.1 | 58,414 | 3,738 | 46,028 | 2,948 |
| J9217 Leuprolide acetate suspnsion | 13,678 | 116 | 0.1 | 55,215 | 4,037 | 43,446 | 3,181 |
| J9265 Paclitaxel injection | 1,543 | 48 | 0.0 | 10,068 | 6,525 | 8,019 | 5,259 |
| K0011 Wheelchair with programmable control | 38,492 | 40 | 0.0 | 197,687 | 5,136 | 157,799 | 4,100 |
| Q0136 Non ESRD epoetin alpha inj | 9,857 | 245 | 0.2 | 46,757 | 4,744 | 36,918 | 3,759 |
| 27447 Total knee replacement | 10,202 | 15 | 0.0 | 16,981 | 1,664 | 13,450 | 1,322 |
| 33533 Coronary artery bypass | 5,255 | 9 | 0.0 | 9,930 | 1,890 | 7,895 | 1,502 |
| 45378 Colonoscopy | 89,010 | 107 | 0.1 | 26,285 | 295 | 20,558 | 231 |
| 66984 Cataract removal with insertion of IOL | 72,800 | 152 | 0.1 | 100,726 | 1,384 | 79,833 | 1,097 |
| 71020 Chest xray, frontal and lateral | 675,412 | 1,163 | 1.0 | 17,861 | 26 | 13,124 | 21 |
| 78465 Heart image (3d), multiple | 155,339 | 172 | 0.2 | 44,322 | 285 | 34,880 | 227 |
| 88305 Tissue exam by pathologist, level 5 | 274,436 | 578 | 0.5 | 30,372 | 111 | 23,797 | 88 |
| 90806 Psytx, office (45-50) | 29,960 | 288 | 0.3 | 24,388 | 814 | 11,772 | 407 |
| 92014 Ophthalmological visit, comprehensive, est | 419,873 | 508 | 0.5 | 43,720 | 104 | 29,564 | 78 |
| 93000 Electrocardiogram with interprt and report | 460,888 | 710 | 0.6 | 18,307 | 40 | 13,525 | 31 |
| 93307 Echocardiography, transthoracic | 368,302 | 484 | 0.4 | 48,974 | 133 | 38,120 | 105 |
| 99203 Office/outpatient visit, new level 3 | 268,981 | 307 | 0.3 | 26,880 | 100 | 18,224 | 75 |
| 99204 Office/outpatient visit, new level 4 | 191,044 | 225 | 0.2 | 28,402 | 149 | 20,011 | 106 |
| 99212 Office/outpatient visit, est level 2 | 858,524 | 2,070 | 1.8 | 70,228 | 82 | 48,122 | 62 |
| 99213 Office/outpatient visit, est level 3 | 1,709,987 | 7,553 | 6.7 | 362,921 | 212 | 247,453 | 156 |
| 99214 Office/outpatient visit, est level 4 | 1,107,602 | 3,232 | 2.9 | 246,581 | 223 | 173,505 | 168 |
| 99215 Office/outpatient visit, est level 5 | 282,124 | 449 | 0.4 | 50,745 | 180 | 36,265 | 130 |
| 99222 Initial hospital care for visit, level 2 | 217,120 | 310 | 0.3 | 33,053 | 152 | 25,618 | 118 |
| 99223 Initial hospital care for visit, level 3 | 281,343 | 425 | 0.4 | 63,459 | 226 | 49,511 | 176 |
| 99231 Subsequent hospital care, level 2 15 min | 285,899 | 2,072 | 1.8 | 66,656 | 233 | 52,755 | 186 |
| 99232 Subsequent hospital care, level 2 25 min | 398,880 | 3,524 | 3.1 | 188,988 | 474 | 149,962 | 378 |
| 99233 Subsequent hospital care, level 2 35 min | 198,115 | 948 | 0.8 | 73,123 | 369 | 58,060 | 294 |
| 99238 Hospital discharge day management, 30 min. | 351,502 | 560 | 0.5 | 36,591 | 104 | 28,969 | 83 |
| 99243 Office consultation new or est level 3 | 227,776 | 259 | 0.2 | 29,113 | 128 | 21,514 | 95 |
| 99244 Office consultation new or est level 4 | 254,505 | 297 | 0.3 | 47,767 | 188 | 36,118 | 142 |
| 99245 Office consultation new or est level 5 | 106,218 | 117 | 0.1 | 24,662 | 232 | 18,854 | 178 |
| 99253 Initial inpatient consult, est level 3 | 169,498 | 257 | 0.2 | 24,623 | 145 | 19,223 | 115 |
| 99254 Initial inpatient consult, est level 4 | 216,621 | 378 | 0.3 | 52,372 | 242 | 41,039 | 190 |

(continued)

## Table A-87
## (Table 64)
## Persons served, services, allowed charges, and program payments for Medicare physician and supplier services, by leading HCPS codes for Blacks: calendar year 2002 (continued)

| HCPS procedure | Persons served[1] | Service | | Allowed charges | | Program payments | |
|---|---|---|---|---|---|---|---|
| | | Number in thousands | Percentage | Amount in thousands | Per person served[1] | Amount in thousands | Per person served[1] |
| 99255 Initial inpatient consult, est level 5 | 122,583 | 183 | 0.2 | $35,019 | $286 | $27,579 | $225 |
| 99283 Emergency department serious | 421,234 | 656 | 0.6 | 37,879 | 90 | 27,945 | 70 |
| 99284 Emergency department serious unstable | 387,661 | 586 | 0.5 | 53,512 | 138 | 40,678 | 108 |
| 99285 Emergency department critical | 311,894 | 474 | 0.4 | 68,188 | 219 | 53,068 | 170 |
| 99291 Critical care, first hour | 47,387 | 122 | 0.1 | 24,418 | 515 | 19,380 | 409 |
| 99311 Subsequent nursing facility care, 15 min. | 95,853 | 522 | 0.5 | 17,627 | 184 | 12,725 | 136 |
| 99312 Subsequent nursing facility care, 25 min. | 113,080 | 723 | 0.6 | 38,910 | 344 | 28,994 | 259 |
| --- Other | 2,276,150 | 79,066 | 70.1 | 3,743,736 | 1,645 | 2,962,507 | 1,326 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than 1 service during the reporting year.

[2] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[3] Less than 0.05 percent.

[4] The leading 50 HCPCS codes were selected based on the amount of allowed charges.

NOTES: HCPCS is Health Care Financing Administration Common Procedure Coding System. IOL is intraocular lens. ALS is advanced life support. BLS is basic life support.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

# Table A-88.
# (Table 64)
# Persons served, services, allowed charges, and program payments for Medicare physician and supplier services, by leading HCPS codes for Hispanics: calendar year 2002

| HCPS procedure | Persons served[1] | Service | | Allowed charges | | Program payments | |
|---|---|---|---|---|---|---|---|
| | | Number in thousands | Percentage | Amount in thousands | Per person served[1] | Amount in thousands | Per person served[1] |
| --- Total All HCPCS | 1,508,764 | 75,632 | 100.0 | $4,268,928 | $2,829 | $3,313,342 | $2,258 |
| --- Total Leading 50 HCPCS[4] | --- | 21,962 | 29.0 | 1,657,525 | 1,151 | 1,241,500 | 904 |
| A4253 Blood glucose test or reagent strips | 157,762 | 1,213 | 1.6 | 43,713 | 277 | 33,442 | 215 |
| E0260 Hospital bed, semi-electric, with mattress | 71,907 | 315 | 0.4 | 56,199 | 782 | 43,860 | 610 |
| J9202 Goserelin acetate implant, per 3.6 mg | 5,206 | 38 | 0.1 | 16,833 | 3,233 | 13,341 | 2,566 |
| J9217 Leuprolide acetate suspnsion | 7,723 | 61 | 0.1 | 31,098 | 4,026 | 24,691 | 3,202 |
| J9265 Paclitaxel injection | 675 | 22 | 0.0 | 4,200 | 6,221 | 3,357 | 4,972 |
| K0011 Wheelchair with programmable control | 12,644 | 14 | 0.0 | 65,111 | 5,150 | 51,976 | 4,111 |
| Q0136 Non ESRD epoetin alpha inj | 5,591 | 263 | 0.3 | 22,768 | 4,072 | 18,096 | 3,248 |
| 27447 Total knee replacement | 7,357 | 11 | 0.0 | 12,171 | 1,654 | 9,642 | 1,313 |
| 33533 Coronary artery bypass | 5,702 | 10 | 0.0 | 10,826 | 1,899 | 8,605 | 1,514 |
| 45378 Colonoscopy | 48,813 | 60 | 0.1 | 16,263 | 333 | 12,804 | 263 |
| 66984 Cataract removal with insertion of IOL | 59,400 | 128 | 0.2 | 91,920 | 1,547 | 72,950 | 1,229 |
| 71020 Chest xray, frontal and lateral | 380,873 | 622 | 0.8 | 10,799 | 28 | 8,010 | 22 |
| 78465 Heart image (3d), multiple | 95,165 | 114 | 0.2 | 32,743 | 344 | 25,829 | 273 |
| 88305 Tissue exam by pathologist, level 5 | 192,439 | 422 | 0.6 | 25,510 | 133 | 20,007 | 105 |
| 90806 Psytx, office (45-50) | 26,630 | 198 | 0.3 | 16,716 | 628 | 7,911 | 311 |
| 92014 Ophthalmological visit, comprehensive, est | 248,041 | 308 | 0.4 | 26,935 | 109 | 18,520 | 82 |
| 93000 Electrocardiogram with interprt and report | 373,974 | 620 | 0.8 | 15,093 | 40 | 11,167 | 32 |
| 93307 Echocardiography, transthoracic | 246,919 | 319 | 0.4 | 38,075 | 154 | 29,691 | 121 |
| 99203 Office/outpatient visit, new level 3 | 284,774 | 351 | 0.5 | 29,391 | 103 | 20,126 | 78 |
| 99204 Office/outpatient visit, new level 4 | 224,321 | 273 | 0.4 | 32,867 | 147 | 23,350 | 105 |
| 99212 Office/outpatient visit, est level 2 | 529,561 | 1,320 | 1.7 | 44,753 | 85 | 31,458 | 65 |
| 99213 Office/outpatient visit, est level 3 | 1,140,339 | 6,026 | 8.0 | 280,581 | 246 | 196,237 | 183 |
| 99214 Office/outpatient visit, est level 4 | 807,279 | 2,915 | 3.9 | 215,563 | 267 | 154,578 | 203 |
| 99215 Office/outpatient visit, est level 5 | 193,194 | 334 | 0.4 | 36,565 | 189 | 26,460 | 139 |
| 99222 Initial hospital care for visit, level 2 | 104,742 | 143 | 0.2 | 15,064 | 144 | 11,721 | 112 |
| 99223 Initial hospital care for visit, level 3 | 140,907 | 205 | 0.3 | 30,226 | 215 | 23,658 | 168 |
| 99231 Subsequent hospital care, level 2 15 min | 122,211 | 693 | 0.9 | 22,424 | 183 | 17,784 | 146 |
| 99232 Subsequent hospital care, level 2 25 min | 210,159 | 1,787 | 2.4 | 94,595 | 450 | 75,141 | 359 |
| 99233 Subsequent hospital care, level 2 35 min | 127,127 | 647 | 0.9 | 48,502 | 382 | 38,532 | 304 |
| 99238 Hospital discharge day management, 30 min. | 172,064 | 256 | 0.3 | 16,520 | 96 | 13,116 | 76 |
| 99243 Office consultation new or est level 3 | 162,727 | 188 | 0.2 | 21,018 | 129 | 15,699 | 97 |
| 99244 Office consultation new or est level 4 | 193,637 | 230 | 0.3 | 36,752 | 190 | 28,046 | 145 |
| 99245 Office consultation new or est level 5 | 84,863 | 96 | 0.1 | 19,706 | 232 | 15,245 | 180 |
| 99253 Initial inpatient consult, est level 3 | 90,165 | 136 | 0.2 | 12,659 | 140 | 9,895 | 111 |
| 99254 Initial inpatient consult, est level 4 | 127,863 | 228 | 0.3 | 30,762 | 241 | 24,148 | 189 |

(continued)

**Table A-88**
**(Table 64)**
**Persons served, services, allowed charges, and program payments for Medicare physician and supplier services, by leading HCPS codes for Hispanics: calendar year 2002 (continued)**

| HCPS procedure | Persons served[1] | Service | | Allowed charges | | Program payments | |
|---|---|---|---|---|---|---|---|
| | | Number in thousands | Percentage | Amount in thousands | Per person served[1] | Amount in thousands | Per person served[1] |
| 99255 Initial inpatient consult, est level 5 | 75,965 | 114 | 0.2 | $21,436 | $282 | $16,898 | $223 |
| 99283 Emergency department serious | 204,015 | 294 | 0.4 | 16,688 | 82 | 12,494 | 64 |
| 99284 Emergency department serious unstable | 198,343 | 282 | 0.4 | 25,226 | 127 | 19,329 | 100 |
| 99285 Emergency department critical | 153,234 | 218 | 0.3 | 31,083 | 203 | 24,203 | 158 |
| 99291 Critical care, first hour | 35,959 | 108 | 0.1 | 20,317 | 565 | 16,137 | 449 |
| 99311 Subsequent nursing facility care, 15 min. | 27,000 | 146 | 0.2 | 5,137 | 190 | 3,801 | 144 |
| 99312 Subsequent nursing facility care, 25 min. | 35,749 | 232 | 0.3 | 12,716 | 356 | 9,542 | 270 |
| --- Other | 1,444,230 | 53,670 | 71.0 | 2,611,404 | 1,808 | 2,071,842 | 1,459 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than 1 service during the reporting year.

[2] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[3] Less than 0.05 percent.

[4] The leading 50 HCPCS codes were selected based on the amount of allowed charges.

NOTES: HCPCS is Health Care Financing Administration Common Procedure Coding System. IOL is intraocular lens. ALS is advanced life support. BLS is basic life support.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

# Table A-89.
# (Table 64)
# Persons served, services, allowed charges, and program payments for Medicare physician and supplier services, by leading HCPS codes for Asians/Pacific Islanders: calendar year 2002

| HCPS procedure | Persons served[1] | Service | | Allowed charges | | Program payments | |
|---|---|---|---|---|---|---|---|
| | | Number in thousands | Percentage | Amount in thousands | Per person served[1] | Amount in thousands | Per person served[1] |
| --- Total All HCPCS | 473,892 | 22,594 | 100.0 | $1,203,305 | $2,539 | $931,446 | $2,008 |
| --- Total Leading 50 HCPCS[4] | --- | 6,304 | 27.9 | 505,606 | 1,105 | 375,477 | 856 |
| A4253 Blood glucose test or reagent strips | 26,127 | 173 | 0.8 | 6,460 | 247 | 4,882 | 191 |
| E0260 Hospital bed, semi-electric, with mattress | 8,675 | 42 | 0.2 | 5,871 | 677 | 4,563 | 526 |
| J9202 Goserelin acetate implant, per 3.6 mg | 1,614 | 13 | 0.1 | 5,574 | 3,454 | 4,414 | 2,740 |
| J9217 Leuprolide acetate suspnsion | 1,850 | 14 | 0.1 | 6,848 | 3,702 | 5,411 | 2,928 |
| J9265 Paclitaxel injection | 175 | 6 | 0.0 | 1,184 | 6,751 | 947 | 5,400 |
| K0011 Wheelchair with programmable control | 3,215 | 3 | 0.0 | 15,945 | 4,960 | 12,739 | 3,962 |
| Q0136 Non ESRD epoetin alpha inj | 1,299 | 27 | 0.1 | 5,407 | 4,161 | 4,299 | 3,315 |
| 27447 Total knee replacement | 1,450 | 2 | 0.0 | 2,661 | 1,836 | 2,105 | 1,459 |
| 33533 Coronary artery bypass | 1,323 | 3 | 0.0 | 2,808 | 2,122 | 2,227 | 1,688 |
| 45378 Colonoscopy | 13,184 | 16 | 0.1 | 4,796 | 364 | 3,760 | 285 |
| 66984 Cataract removal with insertion of IOL | 21,103 | 42 | 0.2 | 32,207 | 1,526 | 25,499 | 1,210 |
| 71020 Chest xray, frontal and lateral | 121,762 | 183 | 0.8 | 3,938 | 32 | 2,858 | 25 |
| 78465 Heart image (3d), multiple | 26,039 | 29 | 0.1 | 8,928 | 343 | 7,050 | 274 |
| 88305 Tissue exam by pathologist, level 5 | 62,102 | 140 | 0.6 | 8,340 | 134 | 6,488 | 106 |
| 90806 Psytx, office (45-50) | 3,115 | 31 | 0.1 | 2,812 | 903 | 1,348 | 443 |
| 92014 Ophthalmological visit, comprehensive, est | 101,973 | 123 | 0.5 | 11,568 | 113 | 7,924 | 84 |
| 93000 Electrocardiogram with interprt and report | 133,807 | 243 | 1.1 | 6,842 | 51 | 5,152 | 40 |
| 93307 Echocardiography, transthoracic | 74,785 | 116 | 0.5 | 17,263 | 231 | 13,577 | 183 |
| 99203 Office/outpatient visit, new level 3 | 76,372 | 97 | 0.4 | 9,320 | 122 | 6,459 | 91 |
| 99204 Office/outpatient visit, new level 4 | 65,814 | 91 | 0.4 | 12,427 | 189 | 9,024 | 138 |
| 99212 Office/outpatient visit, est level 2 | 157,207 | 409 | 1.8 | 15,559 | 99 | 11,054 | 76 |
| 99213 Office/outpatient visit, est level 3 | 376,615 | 2,111 | 9.3 | 112,801 | 300 | 78,993 | 222 |
| 99214 Office/outpatient visit, est level 4 | 258,347 | 884 | 3.9 | 73,208 | 283 | 52,120 | 216 |
| 99215 Office/outpatient visit, est level 5 | 65,280 | 100 | 0.4 | 11,905 | 182 | 8,452 | 131 |
| 99222 Initial hospital care for visit, level 2 | 21,304 | 27 | 0.1 | 3,035 | 142 | 2,354 | 111 |
| 99223 Initial hospital care for visit, level 3 | 35,596 | 49 | 0.2 | 7,621 | 214 | 5,974 | 168 |
| 99231 Subsequent hospital care, level 2 15 min | 26,920 | 162 | 0.7 | 5,479 | 204 | 4,332 | 162 |
| 99232 Subsequent hospital care, level 2 25 min | 47,678 | 438 | 1.9 | 24,670 | 517 | 19,587 | 412 |
| 99233 Subsequent hospital care, level 2 35 min | 28,712 | 151 | 0.7 | 12,150 | 423 | 9,646 | 337 |
| 99238 Hospital discharge day management, 30 min. | 37,842 | 52 | 0.2 | 3,592 | 95 | 2,845 | 75 |
| 99243 Office consultation new or est level 3 | 51,995 | 61 | 0.3 | 7,461 | 143 | 5,532 | 107 |
| 99244 Office consultation new or est level 4 | 59,384 | 70 | 0.3 | 12,175 | 205 | 9,245 | 156 |
| 99245 Office consultation new or est level 5 | 24,229 | 29 | 0.1 | 6,338 | 262 | 4,896 | 202 |
| 99253 Initial inpatient consult, est level 3 | 17,582 | 25 | 0.1 | 2,488 | 141 | 1,941 | 111 |
| 99254 Initial inpatient consult, est level 4 | 27,574 | 46 | 0.2 | 6,618 | 240 | 5,191 | 188 |

(continued)

**Table A-89**
**(Table 64)**
**Persons served, services, allowed charges, and program payments for Medicare physician and supplier services, by leading HCPS codes for Asians/Pacific Islanders: calendar year 2002 (continued)**

| HCPS procedure | Persons served[1] | Service | | Allowed charges | | Program payments | |
|---|---|---|---|---|---|---|---|
| | | Number in thousands | Percentage | Amount in thousands | Per person served[1] | Amount in thousands | Per person served[1] |
| 99255 Initial inpatient consult, est level 5 | 18,475 | 27 | 0.1 | $5,442 | $295 | $4,278 | $232 |
| 99283 Emergency department serious | 31,334 | 40 | 0.2 | 2,418 | 77 | 1,807 | 60 |
| 99284 Emergency department serious unstable | 38,199 | 49 | 0.2 | 4,650 | 122 | 3,548 | 95 |
| 99285 Emergency department critical | 37,896 | 51 | 0.2 | 7,471 | 197 | 5,817 | 154 |
| 99291 Critical care, first hour | 6,617 | 20 | 0.1 | 4,061 | 614 | 3,226 | 488 |
| 99311 Subsequent nursing facility care, 15 min. | 7,568 | 37 | 0.2 | 1,323 | 175 | 969 | 131 |
| 99312 Subsequent nursing facility care, 25 min. | 10,995 | 70 | 0.3 | 3,941 | 358 | 2,946 | 271 |
| --- Other | 451,801 | 16,290 | 72.1 | 697,699 | 1,544 | 555,969 | 1,244 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than 1 service during the reporting year.

[2] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[3] Less than 0.05 percent.

[4] The leading 50 HCPCS codes were selected based on the amount of allowed charges.

NOTES: HCPCS is Health Care Financing Administration Common Procedure Coding System. IOL is intraocular lens. ALS is advanced life support. BLS is basic life support.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

# Table A-90.
# (Table 64)
# Persons served, services, allowed charges, and program payments for Medicare physician and supplier services, by leading HCPS codes for American Indians/Alaska Natives: calendar year 2002

| HCPS procedure | Persons served[1] | Service | | Allowed charges | | Program payments | |
|---|---|---|---|---|---|---|---|
| | | Number in thousands | Percentage | Amount in thousands | Per person served[1] | Amount in thousands | Per person served[1] |
| --- Total All HCPCS | 96,627 | 3,500 | 100.0 | $210,268 | $2,176 | $162,451 | $1,734 |
| --- Total Leading 50 HCPCS[4] | --- | 1,106 | 31.6 | 75,249 | 827 | 56,165 | 649 |
| A4253 Blood glucose test or reagent strips | 5,486 | 47 | 1.3 | 1,639 | 299 | 1,245 | 232 |
| E0260 Hospital bed, semi-electric, with mattress | 1,767 | 8 | 0.2 | 1,123 | 636 | 867 | 491 |
| J9202 Goserelin acetate implant, per 3.6 mg | 164 | 1 | 0.0 | 564 | 3,441 | 446 | 2,736 |
| J9217 Leuprolide acetate suspnsion | 297 | 2 | 0.1 | 1,120 | 3,770 | 884 | 2,976 |
| J9265 Paclitaxel injection | 48 | 1 | 0.0 | 274 | 5,714 | 211 | 4,400 |
| K0011 Wheelchair with programmable control | 624 | 1 | 0.0 | 3,167 | 5,075 | 2,523 | 4,043 |
| Q0136 Non ESRD epoetin alpha inj | 215 | 4 | 0.1 | 948 | 4,408 | 752 | 3,512 |
| 27447 Total knee replacement | 550 | 1 | 0.0 | 888 | 1,614 | 701 | 1,280 |
| 33533 Coronary artery bypass | 354 | 1 | 0.0 | 653 | 1,843 | 519 | 1,474 |
| 45378 Colonoscopy | 2,539 | 3 | 0.1 | 704 | 277 | 550 | 217 |
| 66984 Cataract removal with insertion of IOL | 3,718 | 9 | 0.2 | 5,472 | 1,472 | 4,327 | 1,165 |
| 71020 Chest xray, frontal and lateral | 26,559 | 49 | 1.4 | 719 | 27 | 526 | 21 |
| 78465 Heart image (3d), multiple | 6,034 | 7 | 0.2 | 1,553 | 257 | 1,212 | 204 |
| 88305 Tissue exam by pathologist, level 5 | 10,753 | 23 | 0.7 | 1,253 | 117 | 970 | 92 |
| 90806 Psytx, office (45-50) | 1,549 | 15 | 0.4 | 1,109 | 716 | 532 | 351 |
| 92014 Ophthalmological visit, comprehensive, est | 13,081 | 15 | 0.4 | 1,180 | 90 | 779 | 68 |
| 93000 Electrocardiogram with interprt and report | 9,250 | 13 | 0.4 | 309 | 33 | 226 | 26 |
| 93307 Echocardiography, transthoracic | 10,183 | 13 | 0.4 | 1,120 | 110 | 861 | 87 |
| 99203 Office/outpatient visit, new level 3 | 9,481 | 11 | 0.3 | 902 | 95 | 609 | 72 |
| 99204 Office/outpatient visit, new level 4 | 5,447 | 6 | 0.2 | 737 | 135 | 519 | 96 |
| 99212 Office/outpatient visit, est level 2 | 47,429 | 132 | 3.8 | 3,875 | 82 | 2,776 | 63 |
| 99213 Office/outpatient visit, est level 3 | 69,084 | 287 | 8.2 | 12,635 | 183 | 8,868 | 137 |
| 99214 Office/outpatient visit, est level 4 | 37,058 | 91 | 2.6 | 6,524 | 176 | 4,649 | 133 |
| 99215 Office/outpatient visit, est level 5 | 6,870 | 10 | 0.3 | 1,029 | 150 | 727 | 107 |
| 99222 Initial hospital care for visit, level 2 | 8,599 | 12 | 0.3 | 1,223 | 142 | 944 | 110 |
| 99223 Initial hospital care for visit, level 3 | 9,636 | 14 | 0.4 | 2,021 | 210 | 1,572 | 163 |
| 99231 Subsequent hospital care, level 2 15 min | 11,201 | 64 | 1.8 | 1,993 | 178 | 1,570 | 141 |
| 99232 Subsequent hospital care, level 2 25 min | 13,824 | 90 | 2.6 | 4,646 | 336 | 3,672 | 267 |
| 99233 Subsequent hospital care, level 2 35 min | 6,025 | 25 | 0.7 | 1,873 | 311 | 1,484 | 248 |
| 99238 Hospital discharge day management, 30 min. | 14,545 | 22 | 0.6 | 1,418 | 98 | 1,118 | 77 |
| 99243 Office consultation new or est level 3 | 9,003 | 10 | 0.3 | 1,105 | 123 | 796 | 89 |
| 99244 Office consultation new or est level 4 | 8,828 | 10 | 0.3 | 1,575 | 178 | 1,177 | 134 |
| 99245 Office consultation new or est level 5 | 3,361 | 4 | 0.1 | 740 | 220 | 563 | 168 |
| 99253 Initial inpatient consult, est level 3 | 4,452 | 6 | 0.2 | 568 | 128 | 442 | 101 |
| 99254 Initial inpatient consult, est level 4 | 5,297 | 8 | 0.2 | 1,023 | 193 | 800 | 151 |

(continued)

**Table A-90**
**(Table 64)**
**Persons served, services, allowed charges, and program payments for Medicare physician and supplier services, by leading HCPS codes for American Indians/Alaska Natives: calendar year 2002 (continued)**

| HCPS procedure | Persons served[1] | Service | | Allowed charges | | Program payments | |
|---|---|---|---|---|---|---|---|
| | | Number in thousands | Percentage | Amount in thousands | Per person served[1] | Amount in thousands | Per person served[1] |
| 99255 Initial inpatient consult, est level 5 | 3,116 | 4 | 0.1 | $772 | $248 | $607 | $195 |
| 99283 Emergency department serious | 17,611 | 30 | 0.8 | 1,651 | 94 | 1,228 | 73 |
| 99284 Emergency department serious unstable | 13,415 | 20 | 0.6 | 1,772 | 132 | 1,344 | 103 |
| 99285 Emergency department critical | 8,560 | 12 | 0.3 | 1,702 | 199 | 1,320 | 155 |
| 99291 Critical care, first hour | 1,459 | 3 | 0.1 | 683 | 468 | 541 | 371 |
| 99311 Subsequent nursing facility care, 15 min. | 2,392 | 11 | 0.3 | 362 | 151 | 252 | 109 |
| 99312 Subsequent nursing facility care, 25 min. | 2,611 | 12 | 0.3 | 627 | 240 | 457 | 179 |
| --- Other | 87,557 | 2,394 | 68.4 | 135,019 | 1,542 | 106,286 | 1,240 |

[1] Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than 1 service during the reporting year.

[2] The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

[3] Less than 0.05 percent.

[4] The leading 50 HCPCS codes were selected based on the amount of allowed charges.

NOTES: HCPCS is Health Care Financing Administration Common Procedure Coding System. IOL is intraocular lens. ALS is advanced life support. BLS is basic life support.

SOURCE: 2002 NCH Carrier and SAF DME Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-91.**
**(Table 67)**
**Covered charges for hospital outpatient services by total charges, percentage, and per enrollee for fee-for-service Medicare beneficiaries by demographic characteristics and type of entitlement for total: calendar year 2002**

| | Type of service | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total charge | Clinic | Emergency room | Laboratory | Radiology | Pharmacy | Physical therapy | Medical/ surgical supplies | Operating room | End stage renal disease | Other[1] |
| Total | $51,367,885 | $834,577 | $2,362,562 | $7,810,439 | $11,233,323 | $5,970,268 | $1,157,783 | $914,686 | $686,109 | $4,776,099 | $8,094,460 |
| Age | | | | | | | | | | | |
| Under 65 | 11,653,674 | 204,919 | 686,153 | 1,430,358 | 1,493,032 | 2,213,344 | 149,628 | 173,110 | 111,008 | 2,373,330 | 1,424,420 |
| 65-74 years | 16,888,455 | 281,818 | 615,487 | 2,543,103 | 4,133,555 | 1,866,274 | 385,521 | 310,749 | 255,609 | 1,308,839 | 2,699,064 |
| 75-84 years | 17,121,647 | 261,453 | 710,346 | 2,770,776 | 4,323,362 | 1,510,559 | 438,267 | 324,287 | 253,626 | 886,457 | 2,940,187 |
| 85 or over | 5,704,107 | 86,386 | 350,575 | 1,066,201 | 1,283,372 | 380,091 | 184,367 | 106,539 | 65,864 | 207,472 | 1,030,788 |
| Sex | | | | | | | | | | | |
| Male | 22,012,675 | 345,544 | 949,224 | 3,275,742 | 4,434,626 | 2,800,924 | 377,637 | 443,241 | 313,852 | 2,459,401 | 3,329,392 |
| Female | 29,355,209 | 489,033 | 1,413,337 | 4,534,696 | 6,798,697 | 3,169,344 | 780,146 | 471,445 | 372,256 | 2,316,698 | 4,765,067 |
| New race | | | | | | | | | | | |
| White | 38,452,405 | 507,963 | 1,747,852 | 6,380,447 | 9,340,346 | 3,674,286 | 978,917 | 716,638 | 557,408 | 2,198,850 | 6,602,989 |
| Black | 7,899,499 | 155,852 | 389,599 | 815,456 | 1,042,969 | 1,623,524 | 99,358 | 121,417 | 78,995 | 1,750,699 | 841,976 |
| Hispanic | 3,437,971 | 89,526 | 166,130 | 428,081 | 575,614 | 455,821 | 58,083 | 51,537 | 32,390 | 561,253 | 447,795 |
| Asian/Pacific Islander | 947,914 | 19,181 | 33,303 | 118,396 | 184,094 | 124,724 | 12,987 | 15,861 | 10,788 | 153,248 | 122,347 |
| American Indian/ Alaska Native | 289,150 | 54,517 | 11,662 | 22,965 | 31,941 | 43,285 | 2,593 | 4,005 | 2,574 | 57,876 | 34,605 |
| Other | 262,712 | 6,167 | 10,195 | 32,929 | 43,930 | 39,842 | 4,004 | 3,947 | 3,141 | 45,173 | 33,044 |
| Unknown | 78,233 | 1,367 | 3,818 | 12,161 | 14,427 | 8,783 | 1,838 | 1,278 | 810 | 8,997 | 11,701 |
| Type of entitlement | | | | | | | | | | | |
| Age[2] | 39,238,411 | 622,001 | 1,655,941 | 6,319,426 | 9,659,241 | 3,678,558 | 999,458 | 734,936 | 571,457 | 2,307,856 | 6,606,953 |
| Disabled[3] | 12,129,474 | 212,576 | 706,621 | 1,491,013 | 1,574,081 | 2,291,710 | 158,324 | 179,749 | 114,651 | 2,468,242 | 1,487,506 |

(continued)

## Table A-91
## (Table 67)

**Covered charges for hospital outpatient services by total charges, percentage, and per enrollee for fee-for-service Medicare beneficiaries by demographic characteristics and type of entitlement for total: calendar year 2002 (continued)**

| | | Type of service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total charge | Clinic | Emergency room | Laboratory | Radiology | Pharmacy | Physical therapy | Medical/ surgical supplies | Operating room | End stage renal disease | Other[1] |
| Total | 100.0% | 1.6% | 4.5% | 15.2% | 21.8% | 11.6% | 2.2% | 1.7% | 1.3% | 9.2% | 15.7% |
| Age | | | | | | | | | | | |
| Under 65 | 100.0 | 1.7 | 5.8 | 12.2 | 12.8 | 18.9 | 1.2 | 1.4 | 9 | 20.3 | 12.2 |
| 65-74 years | 100.0 | 1.6 | 3.6 | 15.0 | 24.4 | 11.0 | 2.2 | 1.8 | 1.5 | 7.7 | 15.9 |
| 75-84 years | 100.0 | 1.5 | 4.1 | 16.1 | 25.2 | 8.8 | 2.5 | 1.8 | 1.4 | 5.1 | 17.1 |
| 85 or over | 100.0 | 1.5 | 6.1 | 18.6 | 22.4 | 6.6 | 3.2 | 1.8 | 1.1 | 3.6 | 18.0 |
| Sex | | | | | | | | | | | |
| Male | 100.0 | 1.5 | 4.3 | 14.8 | 20.1 | 12.7 | 1.7 | 2.0 | 1.4 | 11.1 | 15.1 |
| Female | 100.0 | 1.6 | 4.8 | 15.4 | 23.1 | 10.7 | 2.6 | 1.6 | 1.2 | 7.8 | 16.2 |
| New race | | | | | | | | | | | |
| White | 100.0 | 1.3 | 4.5 | 16.5 | 24.2 | 9.5 | 2.5 | 1.8 | 1.4 | 5.7 | 17.1 |
| Black | 100.0 | 1.9 | 4.9 | 10.3 | 13.2 | 20.5 | 1.2 | 1.5 | 1.0 | 22.1 | 10.6 |
| Hispanic | 100.0 | 2.6 | 4.8 | 12.4 | 16.7 | 13.2 | 1.6 | 1.4 | 9 | 16.3 | 13.0 |
| Asian/Pacific Islander | 100.0 | 2.0 | 3.5 | 12.4 | 19.4 | 13.1 | 1.3 | 1.6 | 1.1 | 16.1 | 12.9 |
| American Indian/ Alaska Native | 100.0 | 18.8 | 4.0 | 7.9 | 11.0 | 14.9 | 8 | 1.3 | 8 | 20.0 | 11.9 |
| Other | 100.0 | 2.3 | 3.8 | 12.5 | 16.7 | 15.1 | 1.5 | 1.5 | 1.1 | 17.1 | 12.5 |
| Unknown | 100.0 | 1.7 | 4.8 | 15.5 | 18.4 | 11.2 | 2.3 | 1.6 | 1.0 | 11.5 | 14.9 |
| Type of entitlement | | | | | | | | | | | |
| Aged[2] | 100.0 | 1.5 | 4.2 | 16.1 | 24.6 | 9.3 | 2.5 | 1.8 | 1.4 | 5.8 | 16.8 |
| Disabled[3] | 100.0 | 1.7 | 5.8 | 12.2 | 12.9 | 18.8 | 1.3 | 1.4 | 9 | 20.3 | 12.2 |

(continued)

## Table A-91
## (Table 67)
## Covered charges for hospital outpatient services by total charges, percentage, and per enrollee for fee-for-service Medicare beneficiaries by demographic characteristics and type of entitlement for total: calendar year 2002 (continued)

| | | Type of service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total charge | Clinic | Emergency room | Laboratory | Radiology | Pharmacy | Physical therapy | Medical/ surgical supplies | Operating room | End stage renal disease | Other[1] |
| Total | $2,534 | $41 | $117 | $385 | $554 | $295 | $57 | $45 | $34 | $236 | $399 |
| Age | | | | | | | | | | | |
| Under 65 | 4,198 | 74 | 247 | 515 | 538 | 797 | 54 | 62 | 40 | 855 | 513 |
| 65-74 years | 2,299 | 38 | 84 | 346 | 563 | 254 | 52 | 42 | 35 | 178 | 367 |
| 75-84 years | 2,325 | 36 | 96 | 376 | 587 | 205 | 60 | 44 | 34 | 120 | 399 |
| 85 or over | 2,047 | 31 | 126 | 383 | 461 | 136 | 66 | 38 | 24 | 74 | 370 |
| Sex | | | | | | | | | | | |
| Male | 2,757 | 43 | 119 | 410 | 555 | 351 | 47 | 56 | 39 | 308 | 417 |
| Female | 2,389 | 40 | 115 | 369 | 553 | 258 | 63 | 38 | 30 | 189 | 388 |
| New race | | | | | | | | | | | |
| White | 2,268 | 30 | 103 | 376 | 551 | 217 | 58 | 42 | 33 | 130 | 390 |
| Black | 4,291 | 85 | 212 | 443 | 567 | 882 | 54 | 66 | 43 | 951 | 457 |
| Hispanic | 3,430 | 89 | 166 | 427 | 574 | 455 | 58 | 51 | 32 | 560 | 447 |
| Asian/Pacific Islander | 3,365 | 68 | 118 | 420 | 654 | 443 | 46 | 56 | 38 | 544 | 434 |
| American Indian/ Alaska Native | 3,346 | 631 | 135 | 266 | 370 | 501 | 30 | 46 | 30 | 670 | 400 |
| Other | 3,356 | 79 | 130 | 421 | 561 | 509 | 51 | 50 | 40 | 577 | 422 |
| Unknown | 2,694 | 47 | 132 | 419 | 497 | 303 | 63 | 44 | 28 | 310 | 403 |
| Type of entitlement | | | | | | | | | | | |
| Aged[2] | 2,260 | 36 | 95 | 364 | 556 | 212 | 58 | 42 | 33 | 133 | 380 |
| Disabled[3] | 4,175 | 73 | 243 | 513 | 542 | 789 | 55 | 62 | 39 | 850 | 512 |

[1] Includes charges for blood, blood administration, cardiology, ambulatory surgical care, magnetic resonance imaging, drugs requiring specific identification, etc.

[2] Includes aged persons with end stage renal disease (ESRD).

[3] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: Numbers may not add to totals because of rounding. Hospital outpatient services also include the facility component for those procedures performed in a hospital outpatient department operating room which are subject to the ambulatory surgical center (ASC) or blended ASC fee schedule and hospital-based renal dialysis facility services.

SOURCE: 2002 SAF OPD Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

## Table A-92.
## (Table 67)
## Covered charges for hospital outpatient services by total charges, percentage, and per enrollee for fee-for-service Medicare beneficiaries by demographic characteristics and type of entitlement for Whites: calendar year 2002

| | | Type of service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total charge | Clinic | Emergency room | Laboratory | Radiology | Pharmacy | Physical therapy | Medical/ surgical supplies | Operating room | End stage renal disease | Other[1] |
| Total | $38,452,405 | $507,963 | $1,747,852 | $6,380,447 | $9,340,346 | $3,674,286 | $978,917 | $716,638 | $557,408 | $2,198,850 | $6,602,989 |
| Age | | | | | | | | | | | |
| Under 65 | 6,380,937 | 103,487 | 430,534 | 967,549 | 1,051,484 | 951,691 | 106,632 | 105,550 | 68,765 | 835,774 | 966,197 |
| 65-74 years | 12,971,041 | 163,450 | 451,751 | 2,090,307 | 3,419,744 | 1,261,154 | 322,349 | 248,031 | 209,722 | 676,684 | 2,198,954 |
| 75-84 years | 14,230,002 | 177,982 | 570,667 | 2,389,495 | 3,750,388 | 1,149,654 | 385,295 | 272,292 | 220,837 | 539,243 | 2,533,341 |
| 85 or over | 4,870,422 | 63,042 | 294,899 | 933,094 | 1,118,729 | 311,785 | 164,640 | 90,764 | 58,083 | 147,147 | 904,495 |
| Sex | | | | | | | | | | | |
| Male | 16,381,580 | 223,100 | 704,047 | 2,710,312 | 3,720,341 | 1,688,101 | 322,719 | 358,134 | 261,026 | 1,135,985 | 2,753,798 |
| Female | 22,070,824 | 284,863 | 1,043,804 | 3,670,134 | 5,620,004 | 1,986,184 | 656,198 | 358,503 | 296,382 | 1,062,864 | 3,849,190 |
| Type of entitlement | | | | | | | | | | | |
| Aged[2] | 31,773,503 | 400,833 | 1,303,183 | 5,367,534 | 8,227,598 | 2,684,827 | 865,371 | 607,127 | 486,630 | 1,318,863 | 5,589,023 |
| Disabled[3] | 6,678,901 | 107,129 | 444,668 | 1,012,912 | 1,112,747 | 989,458 | 113,546 | 109,510 | 70,778 | 879,987 | 1,013,965 |

(continued)

## Table A-92
## (Table 67)
## Covered charges for hospital outpatient services by total charges, percentage, and per enrollee for fee-for-service Medicare beneficiaries by demographic characteristics and type of entitlement for Whites: calendar year 2002 (continued)

| | | Type of service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total charge | Clinic | Emergency room | Laboratory | Radiology | Pharmacy | Physical therapy | Medical/ surgical supplies | Operating room | End stage renal disease | Other[1] |
| Total | 100.0% | 1.3% | 4.5% | 16.5% | 24.2% | 9.5% | 2.5% | 1.8% | 1.4% | 5.7% | 17.1% |
| Age | | | | | | | | | | | |
| Under 65 | 100.0 | 1.6 | 6.7 | 15.1 | 16.4 | 14.9 | 1.6 | 1.6 | 1.0 | 13.0 | 15.1 |
| 65-74 years | 100.0 | 1.2 | 3.4 | 16.1 | 26.3 | 9.7 | 2.4 | 1.9 | 1.6 | 5.2 | 16.9 |
| 75-84 years | 100.0 | 1.2 | 4.0 | 16.7 | 26.3 | 8.0 | 2.7 | 1.9 | 1.5 | 3.7 | 17.8 |
| 85 or over | 100.0 | 1.2 | 6.0 | 19.1 | 22.9 | 6.4 | 3.3 | 1.8 | 1.1 | 3.0 | 18.5 |
| Sex | | | | | | | | | | | |
| Male | 100.0 | 1.3 | 4.2 | 16.5 | 22.7 | 10.3 | 1.9 | 2.1 | 1.5 | 6.9 | 16.8 |
| Female | 100.0 | 1.2 | 4.7 | 16.6 | 25.4 | 8.9 | 2.9 | 1.6 | 1.3 | 4.8 | 17.4 |
| Type of entitlement | | | | | | | | | | | |
| Aged[2] | 100.0 | 1.2 | 4.1 | 16.8 | 25.8 | 8.4 | 2.7 | 1.9 | 1.5 | 4.1 | 17.5 |
| Disabled[3] | 100.0 | 1.6 | 6.6 | 15.1 | 16.6 | 14.8 | 1.7 | 1.6 | 1.0 | 13.1 | 15.1 |

(continued)

## Table A-92
## (Table 67)
## Covered charges for hospital outpatient services by total charges, percentage, and per enrollee for fee-for-service Medicare beneficiaries by demographic characteristics and type of entitlement for Whites: calendar year 2002 (continued)

| | | Type of service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total charge | Clinic | Emergency room | Laboratory | Radiology | Pharmacy | Physical therapy | Medical/ surgical supplies | Operating room | End stage renal disease | Other[1] |
| Total | $2,268 | $30 | $103 | $376 | $551 | $217 | $58 | $42 | $33 | $130 | $390 |
| Age | | | | | | | | | | | |
| Under 65 | 3,310 | 54 | 223 | 502 | 545 | 494 | 55 | 55 | 36 | 434 | 501 |
| 65-74 years | 2,112 | 27 | 74 | 340 | 557 | 205 | 52 | 40 | 34 | 110 | 358 |
| 75-84 years | 2,216 | 28 | 89 | 372 | 584 | 179 | 60 | 42 | 34 | 84 | 395 |
| 85 or over | 1,979 | 26 | 120 | 379 | 455 | 127 | 67 | 37 | 24 | 60 | 368 |
| Sex | | | | | | | | | | | |
| Male | 2,440 | 33 | 105 | 404 | 554 | 251 | 48 | 53 | 39 | 169 | 410 |
| Female | 2,156 | 28 | 102 | 358 | 549 | 194 | 64 | 35 | 29 | 104 | 376 |
| Type of entitlement | | | | | | | | | | | |
| Aged[2] | 2,128 | 27 | 87 | 360 | 551 | 180 | 58 | 41 | 33 | 88 | 374 |
| Disabled[3] | 3,302 | 53 | 220 | 501 | 550 | 489 | 56 | 54 | 35 | 435 | 501 |

[1] Includes charges for blood, blood administration, cardiology, ambulatory surgical care, magnetic resonance imaging, drugs requiring specific identification, etc.

[2] Includes aged persons with end stage renal disease (ESRD).

[3] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: Numbers may not add to totals because of rounding. Hospital outpatient services also include the facility component for those procedures performed in a hospital outpatient department operating room which are subject to the ambulatory surgical center (ASC) or blended ASC fee schedule and hospital-based renal dialysis facility services.

SOURCE: 2002 SAF OPD Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-93.**
**(Table 67)**
**Covered charges for hospital outpatient services by total charges, percentage, and per enrollee for fee-for-service Medicare beneficiaries by demographic characteristics and type of entitlement for Blacks: calendar year 2002**

| | | Type of service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total charge | Clinic | Emergency room | Laboratory | Radiology | Pharmacy | Physical therapy | Medical/ surgical supplies | Operating room | End stage renal disease | Other[1] |
| Total | $7,899,499 | $155,852 | $389,599 | $815,456 | $1,042,969 | $1,623,524 | $99,358 | $121,417 | $78,995 | $1,750,699 | $841,976 |
| Age | | | | | | | | | | | |
| Under 65 | 3,626,142 | 55,479 | 182,571 | 305,864 | 291,104 | 928,401 | 29,201 | 47,651 | 29,357 | 1,066,788 | 304,084 |
| 65-74 years | 2,252,952 | 51,113 | 95,731 | 243,878 | 378,914 | 407,157 | 34,191 | 35,825 | 25,776 | 416,842 | 265,055 |
| 75-84 years | 1,565,912 | 37,985 | 78,687 | 195,560 | 288,016 | 242,069 | 26,698 | 28,881 | 19,143 | 226,128 | 204,957 |
| 85 or over | 454,491 | 11,274 | 32,610 | 70,153 | 84,933 | 45,896 | 9,267 | 9,059 | 4,717 | 40,940 | 67,879 |
| Sex | | | | | | | | | | | |
| Male | 3,434,546 | 54,035 | 154,787 | 311,915 | 383,475 | 789,601 | 29,319 | 50,796 | 30,540 | 890,152 | 311,982 |
| Female | 4,464,953 | 101,817 | 234,812 | 503,540 | 659,493 | 833,923 | 70,039 | 70,621 | 48,454 | 860,546 | 529,993 |
| Type of entitlement | | | | | | | | | | | |
| Aged[2] | 4,158,061 | 98,309 | 202,753 | 499,719 | 738,935 | 667,139 | 69,104 | 71,792 | 48,490 | 650,145 | 528,553 |
| Disabled[3] | 3,741,438 | 57,542 | 186,846 | 315,737 | 304,033 | 956,385 | 30,253 | 49,625 | 30,504 | 1,100,554 | 313,422 |

(continued)

## Table A-93
## (Table 67)
## Covered charges for hospital outpatient services by total charges, percentage, and per enrollee for fee-for-service Medicare beneficiaries by demographic characteristics and type of entitlement for Blacks: calendar year 2002 (continued)

| | | Type of service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total charge | Clinic | Emergency room | Laboratory | Radiology | Pharmacy | Physical therapy | Medical/ surgical supplies | Operating room | End stage renal disease | Other[1] |
| Total | 100.0% | 1.9% | 4.9% | 10.3% | 13.2% | 20.5% | 1.2% | 1.5% | 1.0% | 22.1% | 10.6% |
| Age | | | | | | | | | | | |
| Under 65 | 100.0% | 1.5 | 5.0 | 8.4 | 8.0 | 25.6 | 8 | 1.3 | 8 | 29.4 | 8.3 |
| 65-74 years | 100.0% | 2.2 | 4.2 | 10.8 | 16.8 | 18.0 | 1.5 | 1.5 | 1.1 | 18.5 | 11.7 |
| 75-84 years | 100.0% | 2.4 | 5.0 | 12.4 | 18.3 | 15.4 | 1.7 | 1.8 | 1.2 | 14.4 | 13.0 |
| 85 or over | 100.0% | 2.4 | 7.1 | 15.4 | 18.6 | 10.0 | 2.0 | 1.9 | 1.0 | 9.0 | 14.9 |
| Sex | | | | | | | | | | | |
| Male | 100.0% | 1.5 | 4.5 | 9.0 | 11.1 | 22.9 | 8 | 1.4 | 8 | 25.9 | 9.0 |
| Female | 100.0% | 2.2 | 5.2 | 11.2 | 14.7 | 18.6 | 1.5 | 1.5 | 1.0 | 19.2 | 11.8 |
| Type of entitlement | | | | | | | | | | | |
| Aged[2] | 100.0% | 2.3 | 4.8 | 12.0 | 17.7 | 16.0 | 1.6 | 1.7 | 1.1 | 15.6 | 12.7 |
| Disabled[3] | 100.0% | 1.5 | 4.9 | 8.4 | 8.1 | 25.5 | 8 | 1.3 | 8 | 29.4 | 8.3 |

(continued)

## Table A-93
## (Table 67)
## Covered charges for hospital outpatient services by total charges, percentage, and per enrollee for fee-for-service Medicare beneficiaries by demographic characteristics and type of entitlement for Blacks: calendar year 2002 (continued)

| | | Type of service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total charge | Clinic | Emergency room | Laboratory | Radiology | Pharmacy | Physical therapy | Medical/ surgical supplies | Operating room | End stage renal disease | Other[1] |
| Total | $4,291 | $85 | $212 | $443 | $567 | $882 | $54 | $66 | $43 | $951 | $457 |
| Age | | | | | | | | | | | |
| Under 65 | 6,646 | 102 | 335 | 561 | 534 | 1,702 | 54 | 87 | 54 | 1,955 | 557 |
| 65-74 years | 3,609 | 82 | 153 | 391 | 607 | 652 | 55 | 57 | 41 | 668 | 425 |
| 75-84 years | 3,192 | 77 | 160 | 399 | 587 | 493 | 54 | 59 | 39 | 461 | 418 |
| 85 or over | 2,520 | 63 | 181 | 389 | 471 | 255 | 51 | 50 | 26 | 227 | 376 |
| Sex | | | | | | | | | | | |
| Male | 5,116 | 80 | 231 | 465 | 571 | 1,176 | 44 | 76 | 45 | 1,326 | 465 |
| Female | 3,818 | 87 | 201 | 431 | 564 | 713 | 60 | 60 | 41 | 736 | 453 |
| Type of entitlement | | | | | | | | | | | |
| Aged[2] | 3,263 | 77 | 159 | 392 | 580 | 524 | 54 | 56 | 38 | 510 | 415 |
| Disabled[3] | 6,603 | 102 | 330 | 557 | 537 | 1,688 | 53 | 88 | 54 | 1,942 | 553 |

[1] Includes charges for blood, blood administration, cardiology, ambulatory surgical care, magnetic resonance imaging, drugs requiring specific identification, etc.

[2] Includes aged persons with end stage renal disease (ESRD).

[3] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: Numbers may not add to totals because of rounding. Hospital outpatient services also include the facility component for those procedures performed in a hospital outpatient department operating room which are subject to the ambulatory surgical center (ASC) or blended ASC fee schedule and hospital-based renal dialysis facility services.

SOURCE: 2002 SAF OPD Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-94.**
**(Table 67)**
**Covered charges for hospital outpatient services by total charges, percentage, and per enrollee for fee-for-service Medicare beneficiaries by demographic characteristics and type of entitlement for Hispanics: calendar year 2002**

| | | Type of service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total charge | Clinic | Emergency room | Laboratory | Radiology | Pharmacy | Physical therapy | Medical/ surgical supplies | Operating room | End stage renal disease | Other[1] |
| Total | $3,437,971 | $89,526 | $166,130 | $428,081 | $575,614 | $455,821 | $58,083 | $3,437,971 | $89,526 | $166,130 | $428,081 |
| Age | | | | | | | | | | | |
| Under 65 | 1,198,206 | 27,337 | 55,983 | 119,119 | 115,286 | 235,871 | 10,591 | 1,198,206 | 27,337 | 55,983 | 119,119 |
| 65-74 years | 1,149,015 | 34,979 | 51,037 | 147,185 | 227,465 | 136,251 | 21,394 | 1,149,015 | 34,979 | 51,037 | 147,185 |
| 75-84 years | 861,652 | 21,804 | 43,765 | 123,217 | 183,884 | 72,532 | 19,111 | 861,652 | 21,804 | 43,765 | 123,217 |
| 85 or over | 229,096 | 5,404 | 15,343 | 38,558 | 48,977 | 11,165 | 6,986 | 229,096 | 5,404 | 15,343 | 38,558 |
| Sex | | | | | | | | | | | |
| Male | 1,495,934 | 35,757 | 66,152 | 174,279 | 218,712 | 220,031 | 18,282 | 1,495,934 | 35,757 | 66,152 | 174,279 |
| Female | 1,942,036 | 53,769 | 99,977 | 253,802 | 356,902 | 235,789 | 39,801 | 1,942,036 | 53,769 | 99,977 | 253,802 |
| Type of entitlement | | | | | | | | | | | |
| Aged[2] | 2,194,015 | 60,984 | 108,549 | 304,689 | 454,862 | 211,383 | 46,871 | 2,194,015 | 60,984 | 108,549 | 304,689 |
| Disabled[3] | 1,243,955 | 28,541 | 57,580 | 123,392 | 120,751 | 244,437 | 11,212 | 1,243,955 | 28,541 | 57,580 | 123,392 |

(continued)

## Table A-94
## (Table 67)
## Covered charges for hospital outpatient services by total charges, percentage, and per enrollee for fee-for-service Medicare beneficiaries by demographic characteristics and type of entitlement for Hispanics: calendar year 2002 (continued)

| | | Type of service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total charge | Clinic | Emergency room | Laboratory | Radiology | Pharmacy | Physical therapy | Medical/ surgical supplies | Operating room | End stage renal disease | Other[1] |
| Total | 100.0% | 2.6% | 4.8% | 12.4% | 16.7% | 13.2% | 1.6% | 1.4% | 9% | 16.3% | 13.0% |
| Age | | | | | | | | | | | |
| Under 65 | 100.0 | 2.2 | 4.6 | 9.9 | 9.6 | 19.6 | 8 | 1.2 | 7 | 27.7 | 9.8 |
| 65-74 years | 100.0 | 3.0 | 4.4 | 12.8 | 19.7 | 11.8 | 1.8 | 1.5 | 1.1 | 13.0 | 14.1 |
| 75-84 years | 100.0 | 2.5 | 5.0 | 14.3 | 21.3 | 8.4 | 2.2 | 1.6 | 9 | 8.2 | 15.3 |
| 85 or over | 100.0 | 2.3 | 6.6 | 16.8 | 21.3 | 4.8 | 3.0 | 1.8 | 7 | 3.6 | 15.4 |
| Sex | | | | | | | | | | | |
| Male | 100.0 | 2.3 | 4.4 | 11.6 | 14.6 | 14.7 | 1.2 | 1.5 | 9 | 20.1 | 11.9 |
| Female | 100.0 | 2.7 | 5.1 | 13.0 | 18.3 | 12.1 | 2.0 | 1.4 | 8 | 13.3 | 13.8 |
| Type of entitlement | | | | | | | | | | | |
| Aged[2] | 100.0 | 2.7 | 4.9 | 13.8 | 20.7 | 9.6 | 2.1 | 1.6 | 1.0 | 9.9 | 14.8 |
| Disabled[3] | 100.0 | 2.2 | 4.6 | 9.9 | 9.7 | 19.6 | 9 | 1.2 | 7 | 27.6 | 9.8 |

(continued)

## Table A-94
## (Table 67)
## Covered charges for hospital outpatient services by total charges, percentage, and per enrollee for fee-for-service Medicare beneficiaries by demographic characteristics and type of entitlement for Hispanics: calendar year 2002 (continued)

| | | Type of service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total charge | Clinic | Emergency room | Laboratory | Radiology | Pharmacy | Physical therapy | Medical/ surgical supplies | Operating room | End stage renal disease | Other[1] |
| Total | $3,430 | $89 | $166 | $427 | $574 | $455 | $58 | $51 | $32 | $560 | $447 |
| Age | | | | | | | | | | | |
| Under 65 | 5,262 | 120 | 246 | 523 | 506 | 1,036 | 47 | 64 | 41 | 1,458 | 516 |
| 65-74 years | 2,924 | 89 | 130 | 374 | 579 | 347 | 54 | 46 | 34 | 380 | 414 |
| 75-84 years | 2,938 | 74 | 149 | 420 | 627 | 247 | 65 | 50 | 27 | 243 | 451 |
| 85 or over | 2,598 | 61 | 174 | 437 | 555 | 127 | 79 | 47 | 20 | 95 | 401 |
| Sex | | | | | | | | | | | |
| Male | 3,668 | 88 | 162 | 427 | 536 | 539 | 45 | 57 | 37 | 738 | 439 |
| Female | 3,268 | 90 | 168 | 427 | 601 | 397 | 67 | 48 | 29 | 438 | 452 |
| Type of entitlement | | | | | | | | | | | |
| Aged[2] | 2,871 | 80 | 142 | 399 | 595 | 277 | 61 | 48 | 30 | 285 | 426 |
| Disabled[3] | 5,225 | 120 | 242 | 518 | 507 | 1,027 | 47 | 63 | 40 | 1,443 | 514 |

[1] Includes charges for blood, blood administration, cardiology, ambulatory surgical care, magnetic resonance imaging, drugs requiring specific identification, etc.

[2] Includes aged persons with end stage renal disease (ESRD).

[3] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: Numbers may not add to totals because of rounding. Hospital outpatient services also include the facility component for those procedures performed in a hospital outpatient department operating room which are subject to the ambulatory surgical center (ASC) or blended ASC fee schedule and hospital-based renal dialysis facility services.

SOURCE: 2002 SAF OPD Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-95.**
**(Table 67)**
**Covered charges for hospital outpatient services by total charges, percentage, and per enrollee for fee-for-service Medicare beneficiaries by demographic characteristics and type of entitlement for Asians/Pacific Islanders: calendar year 2002**

| | | Type of service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total charge | Clinic | Emergency room | Laboratory | Radiology | Pharmacy | Physical therapy | Medical/ surgical supplies | Operating room | End stage renal disease | Other[1] |
| Total | $947,914 | $19,181 | $33,303 | $118,396 | $184,094 | $124,724 | $12,987 | $15,861 | $10,788 | $153,248 | $122,347 |
| Age | | | | | | | | | | | |
| Under 65 | 192,584 | 2,812 | 5,964 | 14,761 | 12,727 | 44,101 | 988 | 1,955 | 1,204 | 67,224 | 12,263 |
| 65-74 years | 318,660 | 7,720 | 10,348 | 40,694 | 72,493 | 37,665 | 4,795 | 5,724 | 4,260 | 40,031 | 45,369 |
| 75-84 years | 340,464 | 6,906 | 12,458 | 47,693 | 78,373 | 34,732 | 5,252 | 6,561 | 4,471 | 37,264 | 50,671 |
| 85 or over | 96,204 | 1,742 | 4,531 | 15,247 | 20,500 | 8,225 | 1,952 | 1,620 | 850 | 8,728 | 14,042 |
| Sex | | | | | | | | | | | |
| Male | 427,144 | 8,331 | 13,833 | 50,674 | 76,730 | 61,154 | 4,503 | 7,112 | 4,538 | 76,559 | 51,645 |
| Female | 520,769 | 10,849 | 19,470 | 67,721 | 107,363 | 63,570 | 8,484 | 8,749 | 6,249 | 76,689 | 70,702 |
| Type of entitlement | | | | | | | | | | | |
| Aged[2] | 747,903 | 16,267 | 27,150 | 103,082 | 170,799 | 78,746 | 11,959 | 13,770 | 9,515 | 83,651 | 109,607 |
| Disabled[3] | 200,010 | 2,914 | 6,153 | 15,314 | 13,294 | 45,978 | 1,028 | 2,090 | 1,272 | 69,596 | 12,740 |

(continued)

## Table A-95
## (Table 67)
## Covered charges for hospital outpatient services by total charges, percentage, and per enrollee for fee-for-service Medicare beneficiaries by demographic characteristics and type of entitlement for Asians/Pacific Islanders: calendar year 2002 (continued)

| | | Type of service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total charge | Clinic | Emergency room | Laboratory | Radiology | Pharmacy | Physical therapy | Medical/ surgical supplies | Operating room | End stage renal disease | Other[1] |
| Total | 100.0% | 2.0% | 3.5% | 12.4% | 19.4% | 13.1% | 1.3% | 1.6% | 1.1% | 16.1% | 12.9% |
| Age | | | | | | | | | | | |
| Under 65 | 100.0 | 1.4 | 3.0 | 7.6 | 6.6 | 22.8 | 5 | 1.0 | 6 | 34.9 | 6.3 |
| 65-74 years | 100.0 | 2.4 | 3.2 | 12.7 | 22.7 | 11.8 | 1.5 | 1.7 | 1.3 | 12.5 | 14.2 |
| 75-84 years | 100.0 | 2.0 | 3.6 | 14.0 | 23.0 | 10.2 | 1.5 | 1.9 | 1.3 | 10.9 | 14.8 |
| 85 or over | 100.0 | 1.8 | 4.7 | 15.8 | 21.3 | 8.5 | 2.0 | 1.6 | 8 | 9.0 | 14.5 |
| Sex | | | | | | | | | | | |
| Male | 100.0 | 1.9 | 3.2 | 11.8 | 17.9 | 14.3 | 1.0 | 1.6 | 1.0 | 17.9 | 12.0 |
| Female | 100.0 | 2.0 | 3.7 | 13.0 | 20.6 | 12.2 | 1.6 | 1.6 | 1.2 | 14.7 | 13.5 |
| Type of entitlement | | | | | | | | | | | |
| Aged[2] | 100.0 | 2.1 | 3.6 | 13.7 | 22.8 | 10.5 | 1.5 | 1.8 | 1.2 | 11.1 | 14.6 |
| Disabled[3] | 100.0 | 1.4 | 3.0 | 7.6 | 6.6 | 22.9 | 5 | 1.0 | 6 | 34.7 | 6.3 |

(continued)

**Table A-95**
**(Table 67)**
**Covered charges for hospital outpatient services by total charges, percentage, and per enrollee for fee-for-service Medicare beneficiaries by demographic characteristics and type of entitlement for Asians/Pacific Islanders: calendar year 2002 (continued)**

| | | Type of service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total charge | Clinic | Emergency room | Laboratory | Radiology | Pharmacy | Physical therapy | Medical/ surgical supplies | Operating room | End stage renal disease | Other[1] |
| Total | $3,365 | $68 | $118 | $420 | $654 | $443 | $46 | $56 | $38 | $544 | $434 |
| Age | | | | | | | | | | | |
| Under 65 | 7,777 | 114 | 241 | 596 | 514 | 1,781 | 40 | 79 | 49 | 2,715 | 495 |
| 65-74 years | 2,823 | 68 | 92 | 360 | 642 | 334 | 42 | 51 | 38 | 355 | 402 |
| 75-84 years | 3,020 | 61 | 111 | 423 | 695 | 308 | 47 | 58 | 40 | 331 | 450 |
| 85 or over | 3,072 | 56 | 145 | 487 | 655 | 263 | 62 | 52 | 27 | 279 | 448 |
| Sex | | | | | | | | | | | |
| Male | 3,796 | 74 | 123 | 450 | 682 | 543 | 40 | 63 | 40 | 680 | 459 |
| Female | 3,079 | 64 | 115 | 400 | 635 | 376 | 50 | 52 | 37 | 453 | 418 |
| Type of entitlement | | | | | | | | | | | |
| Aged[2] | 2,923 | 64 | 106 | 403 | 667 | 308 | 47 | 54 | 37 | 327 | 428 |
| Disabled[3] | 7,759 | 113 | 239 | 594 | 516 | 1,784 | 40 | 81 | 49 | 2,700 | 494 |

[1] Includes charges for blood, blood administration, cardiology, ambulatory surgical care, magnetic resonance imaging, drugs requiring specific identification, etc.

[2] Includes aged persons with end stage renal disease (ESRD).

[3] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: Numbers may not add to totals because of rounding. Hospital outpatient services also include the facility component for those procedures performed in a hospital outpatient department operating room which are subject to the ambulatory surgical center (ASC) or blended ASC fee schedule and hospital-based renal dialysis facility services.

SOURCE: 2002 SAF OPD Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

**Table A-96.**
**(Table 67)**
**Covered charges for hospital outpatient services by total charges, percentage, and per enrollee for fee-for-service Medicare beneficiaries by demographic characteristics and type of entitlement for American Indians/Alaska Natives: calendar year 2002**

| | | Type of service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total charge | Clinic | Emergency room | Laboratory | Radiology | Pharmacy | Physical therapy | Medical/ surgical supplies | Operating room | End stage renal disease | Other[1] |
| Total | $289,150 | $54,517 | $11,662 | $22,965 | $31,941 | $43,285 | $2,593 | $4,005 | $2,574 | $57,876 | $34,605 |
| Age | | | | | | | | | | | |
| Under 65 | 122,713 | 13,442 | 6,090 | 8,827 | 10,188 | 25,246 | 851 | 1,758 | 1,188 | 35,166 | 11,821 |
| 65-74 years | 92,972 | 21,919 | 2,860 | 7,135 | 11,502 | 11,552 | 824 | 1,204 | 826 | 15,250 | 11,737 |
| 75-84 years | 58,585 | 14,941 | 2,058 | 5,308 | 8,225 | 5,645 | 662 | 820 | 459 | 6,671 | 8,628 |
| 85 or over | 14,878 | 4,214 | 653 | 1,694 | 2,024 | 840 | 253 | 221 | 99 | 787 | 2,418 |
| Sex | | | | | | | | | | | |
| Male | 118,655 | 21,176 | 4,652 | 9,221 | 12,186 | 18,075 | 892 | 1,654 | 974 | 25,722 | 14,105 |
| Female | 170,494 | 33,341 | 7,009 | 13,744 | 19,754 | 25,209 | 1,700 | 2,351 | 1,600 | 32,154 | 20,499 |
| Type of entitlement | | | | | | | | | | | |
| Aged[2] | 160,755 | 40,470 | 5,444 | 13,846 | 21,278 | 16,654 | 1,704 | 2,197 | 1,362 | 20,961 | 22,358 |
| Disabled[3] | 128,394 | 14,047 | 6,217 | 9,118 | 10,662 | 26,630 | 888 | 1,808 | 1,211 | 36,915 | 12,246 |

(continued)

## Table A-96
## (Table 67)
## Covered charges for hospital outpatient services by total charges, percentage, and per enrollee for fee-for-service Medicare beneficiaries by demographic characteristics and type of entitlement for American Indians/Alaska Natives: calendar year 2002 (continued)

| | | Type of service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total charge | Clinic | Emergency room | Laboratory | Radiology | Pharmacy | Physical therapy | Medical/ surgical supplies | Operating room | End stage renal disease | Other[1] |
| Total | 100.0% | 18.8% | 4.0% | 7.9% | 11.0% | 14.9% | 8% | 1.3% | 8% | 20.0% | 11.9% |
| Age | | | | | | | | | | | |
| Under 65 | 100.0 | 10.9 | 4.9 | 7.1 | 8.3 | 20.5 | 6 | 1.4 | 9 | 28.6 | 9.6 |
| 65-74 years | 100.0 | 23.5 | 3.0 | 7.6 | 12.3 | 12.4 | 8 | 1.2 | 8 | 16.4 | 12.6 |
| 75-84 years | 100.0 | 25.5 | 3.5 | 9.0 | 14.0 | 9.6 | 1.1 | 1.4 | 7 | 11.3 | 14.7 |
| 85 or over | 100.0 | 28.3 | 4.3 | 11.3 | 13.6 | 5.6 | 1.7 | 1.4 | 6 | 5.2 | 16.2 |
| Sex | | | | | | | | | | | |
| Male | 100.0 | 17.8 | 3.9 | 7.7 | 10.2 | 15.2 | 7 | 1.3 | 8 | 21.6 | 11.8 |
| Female | 100.0 | 19.5 | 4.1 | 8.0 | 11.5 | 14.7 | 9 | 1.3 | 9 | 18.8 | 12.0 |
| Type of entitlement | | | | | | | | | | | |
| Aged[2] | 100.0 | 25.1 | 3.3 | 8.6 | 13.2 | 10.3 | 1.0 | 1.3 | 8 | 13.0 | 13.9 |
| Disabled[3] | 100.0 | 10.9 | 4.8 | 7.1 | 8.3 | 20.7 | 6 | 1.4 | 9 | 28.7 | 9.5 |

(continued)

## Table A-96
## (Table 67)
## Covered charges for hospital outpatient services by total charges, percentage, and per enrollee for fee-for-service Medicare beneficiaries by demographic characteristics and type of entitlement for American Indians/Alaska Natives: calendar year 2002 (continued)

| | | Type of service | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total charge | Clinic | Emergency room | Laboratory | Radiology | Pharmacy | Physical therapy | Medical/ surgical supplies | Operating room | End stage renal disease | Other[1] |
| Total | $3,346 | $631 | $135 | $266 | $370 | $501 | $30 | $46 | $30 | $670 | $400 |
| Age | | | | | | | | | | | |
| Under 65 | 5,039 | 552 | 250 | 362 | 418 | 1,037 | 35 | 72 | 49 | 1,444 | 485 |
| 65-74 years | 2,843 | 670 | 87 | 218 | 352 | 353 | 25 | 37 | 25 | 466 | 359 |
| 75-84 years | 2,616 | 667 | 92 | 237 | 367 | 252 | 30 | 37 | 21 | 298 | 385 |
| 85 or over | 2,136 | 605 | 94 | 243 | 291 | 121 | 36 | 32 | 14 | 113 | 347 |
| Sex | | | | | | | | | | | |
| Male | 3,340 | 596 | 131 | 260 | 343 | 509 | 25 | 47 | 27 | 724 | 397 |
| Female | 3,350 | 655 | 138 | 270 | 388 | 495 | 33 | 46 | 31 | 632 | 403 |
| Type of entitlement | | | | | | | | | | | |
| Aged[2] | 2,634 | 663 | 89 | 227 | 349 | 273 | 28 | 36 | 22 | 343 | 366 |
| Disabled[3] | 5,058 | 553 | 245 | 359 | 420 | 1,049 | 35 | 71 | 48 | 1,454 | 482 |

[1] Includes charges for blood, blood administration, cardiology, ambulatory surgical care, magnetic resonance imaging, drugs requiring specific identification, etc.

[2] Includes aged persons with end stage renal disease (ESRD).

[3] Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: Numbers may not add to totals because of rounding. Hospital outpatient services also include the facility component for those procedures performed in a hospital outpatient department operating room which are subject to the ambulatory surgical center (ASC) or blended ASC fee schedule and hospital-based renal dialysis facility services.

SOURCE: 2002 SAF OPD Claims that match a sample of 1,960,121 beneficiaries selected by RTI.

## APPENDIX B:
## TABLES OF PREVENTIVE SERVICES USE: CANCER SCREENING BY AGE, GENDER, AND RACE/ETHNICITY IN 2002

### LIST OF TABLES IN APPENDIX B

**Table B-1**
**Number and percentage of female Medicare beneficiaries who received mammogram, Pap smear, or both in the past 12 months by race/ethnicity and age: calendar year 2002**

| | | Received mammogram | | Received Pap smear | | Received both | |
|---|---|---|---|---|---|---|---|
| | | Number | Percentage | Number | Percentage | Number | Percentage |
| Total, all race-ethnicity groups | | 7,023,917 | 39.36 | 6,184,245 | 34.66 | 5,828,677 | 32.66 |
| | Under 65 | 659,920 | 32.42 | 611,639 | 30.05 | 522,254 | 25.66 |
| | 65-74 years | 3,000,694 | 48.45 | 2,658,939 | 42.93 | 2,538,533 | 40.99 |
| | 75-84 years | 2,747,778 | 42.25 | 2,395,457 | 36.84 | 2,285,533 | 35.14 |
| | 85 or over | 615,525 | 19.78 | 518,210 | 16.65 | 482,357 | 15.50 |
| White | | 6,039,271 | 41.60 | 5,299,032 | 36.50 | 5,031,353 | 34.66 |
| | Under 65 | 463,621 | 33.30 | 423,515 | 30.42 | 367,943 | 26.43 |
| | 65-74 years | 2,563,787 | 51.40 | 2,270,692 | 45.52 | 2,178,434 | 43.67 |
| | 75-84 years | 2,451,554 | 44.64 | 2,134,443 | 38.87 | 2,045,061 | 37.24 |
| | 85 or over | 560,309 | 21.19 | 470,383 | 17.79 | 439,915 | 16.63 |
| Black | | 542,900 | 31.70 | 487,572 | 28.47 | 442,327 | 25.83 |
| | Under 65 | 127,030 | 31.92 | 122,610 | 30.81 | 100,564 | 25.27 |
| | 65-74 years | 225,507 | 38.65 | 199,031 | 34.11 | 187,232 | 32.09 |
| | 75-84 years | 157,354 | 31.80 | 137,804 | 27.85 | 128,945 | 26.06 |
| | 85 or over | 33,010 | 13.96 | 28,127 | 11.90 | 25,586 | 10.82 |
| Hispanic | | 302,605 | 27.79 | 267,988 | 24.61 | 238,696 | 21.92 |
| | Under 65 | 54,408 | 29.47 | 51,074 | 27.67 | 41,955 | 22.73 |
| | 65-74 years | 143,936 | 34.29 | 126,429 | 30.12 | 115,631 | 27.54 |
| | 75-84 years | 90,790 | 26.95 | 78,722 | 23.37 | 71,182 | 21.13 |
| | 85 or over | 13,471 | 9.13 | 11,763 | 7.97 | 9,928 | 6.73 |
| Asian/Pacific Islander | | 89,844 | 27.34 | 85,566 | 26.04 | 76,246 | 23.20 |
| | Under 65 | 5,797 | 24.89 | 5,865 | 25.18 | 4,697 | 20.17 |
| | 65-74 years | 43,860 | 33.39 | 41,755 | 31.79 | 37,670 | 28.68 |
| | 75-84 years | 35,228 | 26.88 | 33,200 | 25.33 | 29,825 | 22.76 |
| | 85 or over | 4,959 | 11.56 | 4,746 | 11.07 | 4,054 | 9.45 |
| American Indian/Alaska Native | | 16,776 | 25.40 | 14,192 | 21.48 | 12,821 | 19.41 |
| | Under 65 | 3,868 | 25.43 | 3,609 | 23.72 | 2,967 | 19.50 |
| | 65-74 years | 7,403 | 29.07 | 6,074 | 23.85 | 5,636 | 22.13 |
| | 75-84 years | 4,678 | 24.95 | 3,847 | 20.52 | 3,605 | 19.22 |
| | 85 or over | 827 | 12.48 | 662 | 9.99 | 613 | 9.25 |

SOURCE: 2002 NCH Carrier, SAF Inpatient, and SAF OPD Claims that match a sample of 1,960,121 beneficiaries.

**Table B-2**
**Number and percentage of male Medicare beneficiaries receiving PSA Test in the past 12 months by race/ethnicity and age: calendar year 2002**

| | | Received PSA test | |
|---|---|---|---|
| | | Number | Percentage |
| Total, all race-ethnicity groups | | 5,110,136 | 37.16 |
| | Under 65 | 330,897 | 13.05 |
| | 65-74 years | 2,153,862 | 39.88 |
| | 75-84 years | 2,118,521 | 47.34 |
| | 85 or over | 506,855 | 37.81 |
| White | | 4,405,912 | 39.59 |
| | Under 65 | 227,263 | 13.02 |
| | 65-74 years | 1,852,229 | 41.93 |
| | 75-84 years | 1,878,655 | 49.12 |
| | 85 or over | 447,765 | 39.25 |
| Black | | 324,255 | 25.60 |
| | Under 65 | 57,198 | 12.53 |
| | 65-74 years | 138,067 | 31.38 |
| | 75-84 years | 102,987 | 36.24 |
| | 85 or over | 26,003 | 30.27 |
| Hispanic | | 259,593 | 27.36 |
| | Under 65 | 38,759 | 15.25 |
| | 65-74 years | 110,948 | 29.49 |
| | 75-84 years | 88,799 | 36.39 |
| | 85 or over | 21,088 | 28.39 |
| Asian/Pacific Islander | | 88,354 | 34.78 |
| | Under 65 | 2,624 | 9.85 |
| | 65-74 years | 36,584 | 33.79 |
| | 75-84 years | 39,685 | 42.43 |
| | 85 or over | 9,461 | 36.93 |
| American Indian/Alaska Native | | 7,971 | 14.63 |
| | Under 65 | 1,357 | 7.03 |
| | 65-74 years | 3,424 | 17.20 |
| | 75-84 years | 2,697 | 21.81 |
| | 85 or over | 493 | 16.84 |

SOURCE: 2002 NCH Carrier and SAF OPD Claims that match a sample of 1,960,121 beneficiaries.

**Table B-3**
**Number and percentage of Medicare beneficiaries receiving fecal occult blood test, sigmoidoscopy, or colonoscopy to screen for colorectal cancer in the past 12 months by race/ethnicity, sex, and age: calendar year 2002**

| | | Received FOBT | | Received sigmoidoscopy | | Received colonoscopy | |
|---|---|---|---|---|---|---|---|
| | | Number | Percentage | Number | Percentage | Number | Percentage |
| Total, all race-ethnicity groups | | 3,809,605 | 12.06 | 406,268 | 1.29 | 757882 | 2.40 |
| Male | | 1,373,223 | 9.99 | 170,343 | 1.24 | 304,369 | 2.21 |
| | Under 65 | 92,228 | 3.64 | 15,993 | 0.63 | 26,983 | 1.06 |
| | 65-74 years | 565,357 | 10.47 | 64,046 | 1.19 | 135,271 | 2.50 |
| | 75-84 years | 571,658 | 12.78 | 68,289 | 1.53 | 119,741 | 2.68 |
| | 85 or over | 143,980 | 10.74 | 22,014 | 1.64 | 22,374 | 1.67 |
| Female | | 2,436,382 | 13.65 | 235,925 | 1.32 | 453,514 | 2.54 |
| | Under 65 | 149,410 | 7.34 | 20,566 | 1.01 | 38,049 | 1.87 |
| | 65-74 years | 985,971 | 15.92 | 72,494 | 1.17 | 190,611 | 3.08 |
| | 75-84 years | 1,000,029 | 15.38 | 99,367 | 1.53 | 182,284 | 2.80 |
| | 85 or over | 300,972 | 9.67 | 43,498 | 1.40 | 42,570 | 1.37 |
| White | | 3,340,944 | 13.03 | 339,108 | 1.32 | 657,308 | 2.56 |
| Male | | 1,214,507 | 10.91 | 144,022 | 1.29 | 266,747 | 2.40 |
| | Under 65 | 68,164 | 3.90 | 10,337 | 0.59 | 19,664 | 1.13 |
| | 65-74 years | 496,886 | 11.25 | 54,406 | 1.23 | 118,839 | 2.69 |
| | 75-84 years | 518,649 | 13.56 | 59,925 | 1.57 | 108,347 | 2.83 |
| | 85 or over | 130,809 | 11.47 | 19,353 | 1.70 | 19,897 | 1.74 |
| Female | | 2,126,437 | 14.65 | 195,086 | 1.34 | 390,561 | 2.69 |
| | Under 65 | 108,580 | 7.80 | 14,301 | 1.03 | 27,903 | 2.00 |
| | 65-74 years | 855,192 | 17.14 | 58,526 | 1.17 | 163,919 | 3.29 |
| | 75-84 years | 892,654 | 16.25 | 84,796 | 1.54 | 161,199 | 2.94 |
| | 85 or over | 270,011 | 10.21 | 37,463 | 1.42 | 37,540 | 1.42 |
| Black | | 231,215 | 7.76 | 39,345 | 1.32 | 53,568 | 1.80 |
| Male | | 71,439 | 5.64 | 15,039 | 1.19 | 18,443 | 1.46 |
| | Under 65 | 13,288 | 2.91 | 3,794 | 0.83 | 4,329 | 0.95 |
| | 65-74 years | 30,877 | 7.02 | 5,255 | 1.19 | 7,869 | 1.79 |
| | 75-84 years | 21,810 | 7.67 | 4,602 | 1.62 | 5,055 | 1.78 |
| | 85 or over | 5,464 | 6.36 | 1,389 | 1.62 | 1,189 | 1.38 |
| Female | | 159,777 | 9.33 | 24,306 | 1.42 | 35,125 | 2.05 |
| | Under 65 | 26,847 | 6.75 | 4,402 | 1.11 | 6,744 | 1.69 |
| | 65-74 years | 64,813 | 11.11 | 7,896 | 1.35 | 14,068 | 2.41 |
| | 75-84 years | 51,925 | 10.49 | 8,368 | 1.69 | 11,463 | 2.32 |
| | 85 or over | 16,192 | 6.85 | 3,640 | 1.54 | 2,850 | 1.21 |
| Hispanic | | 145,103 | 7.12 | 18,555 | 0.91 | 30,085 | 1.48 |
| Male | | 53,039 | 5.59 | 7,289 | 0.77 | 12,007 | 1.27 |
| | Under 65 | 8,387 | 3.30 | 1,404 | 0.55 | 2,315 | 0.91 |
| | 65-74 years | 22,854 | 6.07 | 2,742 | 0.73 | 5,153 | 1.37 |
| | 75-84 years | 17,472 | 7.16 | 2,334 | 0.96 | 3,787 | 1.55 |
| | 85 or over | 4,325 | 5.82 | 809 | 1.09 | 751 | 1.01 |
| Female | | 92,064 | 8.46 | 11,267 | 1.03 | 18,079 | 1.66 |
| | Under 65 | 10,641 | 5.76 | 1,400 | 0.76 | 2,628 | 1.42 |
| | 65-74 years | 40,723 | 9.70 | 4,123 | 0.98 | 8,063 | 1.92 |
| | 75-84 years | 32,191 | 9.56 | 4,184 | 1.24 | 6,080 | 1.80 |
| | 85 or over | 8,509 | 5.77 | 1,560 | 1.06 | 1,308 | 0.89 |

(continued)

**Table B-3**
**Number and percentage of Medicare beneficiaries receiving fecal occult blood test, sigmoidoscopy, or colonoscopy to screen for colorectal cancer in the past 12 months by race/ethnicity, sex, and age: calendar year 2002 (continued)**

| | | Received FOBT | | Received sigmoidoscopy | | Received colonoscopy | |
|---|---|---|---|---|---|---|---|
| | | Number | Percentage | Number | Percentage | Number | Percentage |
| Asian/Pacific Islander | | 68,154 | 11.70 | 6,154 | 1.06 | 11,683 | 2.01 |
| Male | | 26,053 | 10.25 | 2,746 | 1.08 | 5,077 | 2.00 |
| | Under 65 | 930 | 3.49 | 149 | 0.56 | 232 | 0.87 |
| | 65-74 years | 10,677 | 9.86 | 1,111 | 1.03 | 2,352 | 2.17 |
| | 75-84 years | 11,691 | 12.50 | 1,137 | 1.22 | 2,071 | 2.21 |
| | 85 or over | 2,755 | 10.75 | 349 | 1.36 | 422 | 1.65 |
| Female | | 42,101 | 12.81 | 3,407 | 1.04 | 6,606 | 2.01 |
| | Under 65 | 1,382 | 5.93 | 164 | 0.70 | 268 | 1.15 |
| | 65-74 years | 17,905 | 13.63 | 1,291 | 0.98 | 3,138 | 2.39 |
| | 75-84 years | 18,698 | 14.27 | 1,493 | 1.14 | 2,669 | 2.04 |
| | 85 or over | 4,116 | 9.60 | 459 | 1.07 | 530 | 1.24 |
| American Indian/Alaska Native | | 5,273 | 4.37 | 1,169 | 0.97 | 1,694 | 1.41 |
| Male | | 1,724 | 3.16 | 463 | 0.85 | 602 | 1.10 |
| | Under 65 | 363 | 1.88 | 114 | 0.59 | 140 | 0.73 |
| | 65-74 years | 703 | 3.53 | 184 | 0.92 | 258 | 1.30 |
| | 75-84 years | 541 | 4.38 | 122 | 0.99 | 167 | 1.35 |
| | 85 or over | 117 | 4.00 | 43 | 1.47 | 37 | 1.26 |
| Female | | 3,549 | 5.37 | 706 | 1.07 | 1,092 | 1.65 |
| | Under 65 | 684 | 4.50 | 150 | 0.99 | 229 | 1.51 |
| | 65-74 years | 1,449 | 5.69 | 252 | 0.99 | 445 | 1.75 |
| | 75-84 years | 1,152 | 6.14 | 228 | 1.22 | 344 | 1.83 |
| | 85 or over | 264 | 3.98 | 76 | 1.15 | 74 | 1.12 |

SOURCE: 2002 NCH Carrier and SAF OPD Claims that match a sample of 1,960,121 beneficiaries.

**Table B-4**
**Number and percentage of Medicare beneficiaries receiving any type of colorectal cancer screening in the past 12 months by race/ethnicity, sex, and age: calendar year 2002**

| | | Received any colorectal cancer screening | |
|---|---|---|---|
| | | Number | Percentage |
| Total, all race-ethnicity groups | | 4,735,315 | 14.99 |
| Male | | 1,756,514 | 12.77 |
| | Under 65 | 130,543 | 5.15 |
| | 65-74 years | 726,347 | 13.45 |
| | 75-84 years | 718,731 | 16.06 |
| | 85 or over | 180,893 | 13.50 |
| Female | | 2,978,801 | 16.69 |
| | Under 65 | 199,549 | 9.80 |
| | 65-74 years | 1,188,627 | 19.19 |
| | 75-84 years | 1,219,723 | 18.76 |
| | 85 or over | 370,903 | 11.92 |
| White | | 4,122,765 | 16.08 |
| Male | | 1,542,190 | 13.86 |
| | Under 65 | 94,356 | 5.40 |
| | 65-74 years | 635,623 | 14.39 |
| | 75-84 years | 648,991 | 16.97 |
| | 85 or over | 163,219 | 14.31 |
| Female | | 2,580,575 | 17.78 |
| | Under 65 | 144,022 | 10.34 |
| | 65-74 years | 1,023,852 | 20.53 |
| | 75-84 years | 1,082,222 | 19.71 |
| | 85 or over | 330,480 | 12.50 |
| Black | | 310,832 | 10.43 |
| Male | | 100,637 | 7.95 |
| | Under 65 | 20,784 | 4.55 |
| | 65-74 years | 42,123 | 9.57 |
| | 75-84 years | 29,979 | 10.55 |
| | 85 or over | 7,751 | 9.02 |
| Female | | 210,195 | 12.27 |
| | Under 65 | 36,622 | 9.20 |
| | 65-74 years | 83,047 | 14.23 |
| | 75-84 years | 68,707 | 13.89 |
| | 85 or over | 21,819 | 9.23 |
| Hispanic | | 188,690 | 9.26 |
| Male | | 70,438 | 7.42 |
| | Under 65 | 11,976 | 4.71 |
| | 65-74 years | 29,834 | 7.93 |
| | 75-84 years | 22,904 | 9.39 |
| | 85 or over | 5,725 | 7.71 |
| Female | | 118,252 | 10.86 |
| | Under 65 | 14,482 | 7.85 |
| | 65-74 years | 51,536 | 12.28 |
| | 75-84 years | 41,257 | 12.25 |
| | 85 or over | 10,977 | 7.44 |

(continued)

**Table B-4**
**Number and percentage of Medicare beneficiaries receiving any type of colorectal cancer screening in the past 12 months by race/ethnicity, sex, and age: calendar year 2002 (continued)**

| | | Received any colorectal cancer screening | |
|---|---|---|---|
| | | Number | Percentage |
| Asian/Pacific Islander | | 81,847 | 14.05 |
| Male | | 32,194 | 12.67 |
| | Under 65 | 1,278 | 4.80 |
| | 65-74 years | 13,378 | 12.36 |
| | 75-84 years | 14,168 | 15.15 |
| | 85 or over | 3,369 | 13.15 |
| Female | | 49,653 | 15.11 |
| | Under 65 | 1,749 | 7.51 |
| | 65-74 years | 21,197 | 16.14 |
| | 75-84 years | 21,837 | 16.66 |
| | 85 or over | 4,870 | 11.35 |
| American Indian/Alaska Native | | 7,878 | 6.53 |
| Male | | 2,704 | 4.96 |
| | Under 65 | 620 | 3.21 |
| | 65-74 years | 1,099 | 5.52 |
| | 75-84 years | 802 | 6.49 |
| | 85 or over | 183 | 6.25 |
| Female | | 5,174 | 7.83 |
| | Under 65 | 1,050 | 6.90 |
| | 65-74 years | 2,061 | 8.09 |
| | 75-84 years | 1,654 | 8.82 |
| | 85 or over | 409 | 6.17 |

SOURCE: 2002 NCH Carrier and SAF OPD Claims that match a sample of 1,960,121 beneficiaries.

# APPENDIX C:
# TABLES OF CHRONIC DISEASE MANAGEMENT SERVICES: UTILIZATION OF SERVICES TO PREVENT COMPLICATIONS OF DIABETES BY AGE, GENDER, AND RACE/ETHNICITY IN 2002

## LIST OF TABLES IN APPENDIX C

**Table C-1**
**Number and percentage of Medicare beneficiaries diagnosed with diabetes in the past 12 months by race/ethnicity, sex, and age: calendar year 2002**

| | | Diagnosed with diabetes | |
|---|---|---|---|
| | | Number | Percentage |
| Total, all race/ethnicity groups | | 4,063,375 | 12.86 |
| Male | | 1,759,399 | 12.79 |
| | Under 65 | 292,503 | 11.53 |
| | 65-74 years | 690,442 | 12.78 |
| | 75-84 years | 625,469 | 13.98 |
| | 85 or over | 150,986 | 11.26 |
| Female | | 2,303,976 | 12.91 |
| | Under 65 | 295,516 | 14.52 |
| | 65-74 years | 807,379 | 13.04 |
| | 75-84 years | 885,516 | 13.62 |
| | 85 or over | 315,566 | 10.14 |
| White | | 2,946,342 | 11.49 |
| Male | | 1,339,020 | 12.03 |
| | Under 65 | 182,961 | 10.48 |
| | 65-74 years | 520,514 | 11.78 |
| | 75-84 years | 509,711 | 13.33 |
| | 85 or over | 125,834 | 11.03 |
| Female | | 1,607,322 | 11.07 |
| | Under 65 | 170,759 | 12.26 |
| | 65-74 years | 534,660 | 10.72 |
| | 75-84 years | 655,598 | 11.94 |
| | 85 or over | 246,306 | 9.31 |
| Black | | 600,144 | 20.14 |
| Male | | 204,241 | 16.12 |
| | Under 65 | 60,729 | 13.30 |
| | 65-74 years | 80,233 | 18.24 |
| | 75-84 years | 51,698 | 18.19 |
| | 85 or over | 11,581 | 13.48 |
| Female | | 395,903 | 23.12 |
| | Under 65 | 83,891 | 21.08 |
| | 65-74 years | 147,996 | 25.36 |
| | 75-84 years | 124,289 | 25.12 |
| | 85 or over | 39,726 | 16.81 |
| Hispanic | | 376,838 | 18.50 |
| Male | | 157,712 | 16.62 |
| | Under 65 | 38,881 | 15.30 |
| | 65-74 years | 65,282 | 17.35 |
| | 75-84 years | 44,529 | 18.25 |
| | 85 or over | 9,020 | 12.15 |
| Female | | 219,126 | 20.13 |
| | Under 65 | 32,290 | 17.49 |
| | 65-74 years | 91,759 | 21.86 |
| | 75-84 years | 74,706 | 22.18 |
| | 85 or over | 20,371 | 13.81 |

(continued)

**Table C-1**
**Number and percentage of Medicare beneficiaries diagnosed with diabetes in the past 12 months by race/ethnicity, sex, and age: calendar year 2002 (continued)**

| | | Diagnosed with diabetes | |
|---|---|---|---|
| | | Number | Percentage |
| Asian/Pacific Islander | | 85,568 | 14.69 |
| Male | | 35,680 | 14.04 |
| | Under 65 | 3,195 | 11.99 |
| | 65-74 years | 14,572 | 13.46 |
| | 75-84 years | 14,588 | 15.60 |
| | 85 or over | 3,325 | 12.98 |
| Female | | 49,889 | 15.18 |
| | Under 65 | 2,911 | 12.50 |
| | 65-74 years | 19,894 | 15.15 |
| | 75-84 years | 21,630 | 16.50 |
| | 85 or over | 5,455 | 12.72 |
| American Indian/Alaska Native | | 28,604 | 23.73 |
| Male | | 11,572 | 21.23 |
| | Under 65 | 3,463 | 17.94 |
| | 65-74 years | 4,810 | 24.17 |
| | 75-84 years | 2,804 | 22.68 |
| | 85 or over | 495 | 16.91 |
| Female | | 17,032 | 25.78 |
| | Under 65 | 3,529 | 23.20 |
| | 65-74 years | 7,161 | 28.12 |
| | 75-84 years | 5,049 | 26.93 |
| | 85 or over | 1,293 | 19.51 |

SOURCE: 2002 NCH Carrier, SAF OPD, and SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries.

## Table C-2
## Number and percentage of Medicare beneficiaries diagnosed with diabetes who had foot care, an eye exam, or both in the past 12 months by race/ethnicity, sex, and age: calendar year 2002

| | | Had foot care | | Had eye exam | | Had both | |
|---|---|---|---|---|---|---|---|
| | | Number | Percentage | Number | Percentage | Number | Percentage |
| Total, all race/ethnicity groups | | 656,552 | 16.16 | 2,420,170 | 59.56 | 451,047 | 11.10 |
| Male | | 270,078 | 15.35 | 1,000,425 | 56.86 | 182,035 | 10.35 |
| | Under 65 | 42,778 | 14.62 | 117,640 | 40.22 | 23,620 | 8.08 |
| | 65-74 years | 97,879 | 14.18 | 388,230 | 56.23 | 66,056 | 9.57 |
| | 75-84 years | 104,387 | 16.69 | 398,175 | 63.66 | 74,437 | 11.90 |
| | 85 or over | 25,034 | 16.58 | 96,380 | 63.83 | 17,922 | 11.87 |
| Female | | 386,474 | 16.77 | 1,419,745 | 61.62 | 269,012 | 11.68 |
| | Under 65 | 46,292 | 15.66 | 139,277 | 47.13 | 27,792 | 9.40 |
| | 65-74 years | 123,288 | 15.27 | 505,924 | 62.66 | 87,754 | 10.87 |
| | 75-84 years | 156,462 | 17.67 | 584,107 | 65.96 | 113,424 | 12.81 |
| | 85 or over | 60,432 | 19.15 | 190,437 | 60.35 | 40,042 | 12.69 |
| White | | 457,869 | 15.54 | 1,826,036 | 61.98 | 326,050 | 11.07 |
| Male | | 201,926 | 15.08 | 797,754 | 59.58 | 142,156 | 10.62 |
| | Under 65 | 25,571 | 13.98 | 75,392 | 41.21 | 14,612 | 7.99 |
| | 65-74 years | 71,272 | 13.69 | 303,588 | 58.32 | 49,898 | 9.59 |
| | 75-84 years | 84,408 | 16.56 | 335,144 | 65.75 | 62,023 | 12.17 |
| | 85 or over | 20,674 | 16.43 | 83,630 | 66.46 | 15,622 | 12.42 |
| Female | | 255,943 | 15.92 | 1,028,282 | 63.97 | 183,894 | 11.44 |
| | Under 65 | 24,561 | 14.38 | 79,900 | 46.79 | 14,767 | 8.65 |
| | 65-74 years | 74,459 | 13.93 | 347,813 | 65.05 | 55,028 | 10.29 |
| | 75-84 years | 110,523 | 16.86 | 446,211 | 68.06 | 82,387 | 12.57 |
| | 85 or over | 46,401 | 18.84 | 154,359 | 62.67 | 31,711 | 12.87 |
| Black | | 114,804 | 19.13 | 317,466 | 52.90 | 72,573 | 12.09 |
| Male | | 34,698 | 16.99 | 94,692 | 46.36 | 20,204 | 9.89 |
| | Under 65 | 9,240 | 15.21 | 22,046 | 36.30 | 4,838 | 7.97 |
| | 65-74 years | 13,442 | 16.75 | 38,991 | 48.60 | 8,178 | 10.19 |
| | 75-84 years | 9,875 | 19.10 | 27,537 | 53.27 | 6,054 | 11.71 |
| | 85 or over | 2,142 | 18.50 | 6,117 | 52.82 | 1,135 | 9.80 |
| Female | | 80,106 | 20.23 | 222,775 | 56.27 | 52,370 | 13.23 |
| | Under 65 | 15,302 | 18.24 | 40,189 | 47.91 | 9,203 | 10.97 |
| | 65-74 years | 28,735 | 19.42 | 86,142 | 58.21 | 19,359 | 13.08 |
| | 75-84 years | 27,328 | 21.99 | 75,541 | 60.78 | 18,597 | 14.96 |
| | 85 or over | 8,740 | 22.00 | 20,902 | 52.62 | 5,210 | 13.11 |
| Hispanic | | 68,707 | 18.23 | 198,431 | 52.66 | 42,493 | 11.28 |
| Male | | 27,301 | 17.31 | 76,480 | 48.49 | 15,756 | 9.99 |
| | Under 65 | 6,743 | 17.34 | 16,114 | 41.45 | 3,486 | 8.97 |
| | 65-74 years | 10,809 | 16.56 | 32,378 | 49.60 | 6,438 | 9.86 |
| | 75-84 years | 8,059 | 18.10 | 23,838 | 53.53 | 4,966 | 11.15 |
| | 85 or over | 1,690 | 18.73 | 4,150 | 46.00 | 866 | 9.60 |
| Female | | 41,406 | 18.90 | 121,951 | 55.65 | 26,737 | 12.20 |
| | Under 65 | 5,431 | 16.82 | 15,211 | 47.11 | 3,200 | 9.91 |
| | 65-74 years | 16,755 | 18.26 | 52,661 | 57.39 | 11,095 | 12.09 |
| | 75-84 years | 15,085 | 20.19 | 43,694 | 58.49 | 9,989 | 13.37 |
| | 85 or over | 4,134 | 20.30 | 10,386 | 50.98 | 2,452 | 12.04 |
| Asian/Pacific Islander | | 7,678 | 8.97 | 50,617 | 59.15 | 5,321 | 6.22 |
| Male | | 3,103 | 8.70 | 20,778 | 58.23 | 2,127 | 5.96 |
| | Under 65 | 290 | 9.09 | 1,447 | 45.28 | 175 | 5.49 |
| | 65-74 years | 1,147 | 7.87 | 8,421 | 57.79 | 814 | 5.59 |
| | 75-84 years | 1,339 | 9.18 | 9,039 | 61.96 | 949 | 6.50 |
| | 85 or over | 327 | 9.84 | 1,871 | 56.27 | 189 | 5.70 |
| Female | | 4,575 | 9.17 | 29,839 | 59.81 | 3,194 | 6.40 |
| | Under 65 | 247 | 8.49 | 1,410 | 48.46 | 168 | 5.79 |
| | 65-74 years | 1,674 | 8.42 | 12,189 | 61.27 | 1,198 | 6.02 |
| | 75-84 years | 2,130 | 9.85 | 13,413 | 62.01 | 1,523 | 7.04 |
| | 85 or over | 523 | 9.60 | 2,826 | 51.81 | 305 | 5.58 |

(continued)

**Table C-2**
**Number and percentage of Medicare beneficiaries diagnosed with diabetes who had foot care, an eye exam, or both in the past 12 months by race/ethnicity, sex, and age: calendar year 2002 (continued)**

| | | Had foot care | | Had eye exam | | Had both | |
|---|---|---|---|---|---|---|---|
| | | Number | Percentage | Number | Percentage | Number | Percentage |
| American Indian/Alaska Native | | 3,806 | 13.31 | 13,122 | 45.87 | 2,118 | 7.40 |
| Male | | 1,555 | 13.44 | 4,885 | 42.21 | 804 | 6.95 |
| | Under 65 | 497 | 14.35 | 1,253 | 36.18 | 242 | 6.99 |
| | 65-74 years | 613 | 12.74 | 2,075 | 43.14 | 322 | 6.69 |
| | 75-84 years | 370 | 13.20 | 1,339 | 47.75 | 202 | 7.20 |
| | 85 or over | 75 | 15.15 | 218 | 44.04 | 38 | 7.68 |
| Female | | 2,251 | 13.22 | 8,237 | 48.36 | 1,314 | 7.71 |
| | Under 65 | 475 | 13.46 | 1,517 | 42.99 | 273 | 7.74 |
| | 65-74 years | 898 | 12.54 | 3,478 | 48.57 | 528 | 7.37 |
| | 75-84 years | 699 | 13.84 | 2,604 | 51.57 | 415 | 8.22 |
| | 85 or over | 179 | 13.84 | 638 | 49.34 | 98 | 7.58 |

SOURCE: 2002 NCH Carrier, SAF OPD, SAF DME, and SAF Home Health Claims that match a sample of 1,960,121 beneficiaries.

**Table C-3**
**Number and percentage of Medicare beneficiaries diagnosed with diabetes who had physiologic measures or instruction in self-care in the past 12 months by race/ethnicity, sex, and age: calendar year 2002**

| | | Had physiologic measures | | Had instruction in self-care | |
|---|---|---|---|---|---|
| | | Number | Percentage | Number | Percentage |
| Total, all race/ethnicity groups | | 3,497,872 | 86.08 | 2,154,589 | 53.02 |
| Male | | 1,501,874 | 85.36 | 876,655 | 49.83 |
| | Under 65 | 230,104 | 78.67 | 144,027 | 49.24 |
| | 65-74 years | 601,130 | 87.06 | 352,664 | 51.08 |
| | 75-84 years | 544,829 | 87.11 | 313,756 | 50.16 |
| | 85 or over | 125,811 | 83.33 | 66,207 | 43.85 |
| Female | | 1,995,998 | 86.63 | 1,277,934 | 55.47 |
| | Under 65 | 241,602 | 81.76 | 171,689 | 58.10 |
| | 65-74 years | 716,587 | 88.75 | 464,110 | 57.48 |
| | 75-84 years | 782,155 | 88.33 | 492,592 | 55.63 |
| | 85 or over | 255,655 | 81.01 | 149,542 | 47.39 |
| White | | 2,597,364 | 88.16 | 1,589,756 | 53.96 |
| Male | | 1,172,692 | 87.58 | 682,801 | 50.99 |
| | Under 65 | 148,530 | 81.18 | 92,491 | 50.55 |
| | 65-74 years | 465,331 | 89.40 | 274,131 | 52.67 |
| | 75-84 years | 452,040 | 88.69 | 260,762 | 51.16 |
| | 85 or over | 106,792 | 84.87 | 55,417 | 44.04 |
| Female | | 1,424,672 | 88.64 | 906,955 | 56.43 |
| | Under 65 | 142,856 | 83.66 | 100,730 | 58.99 |
| | 65-74 years | 487,637 | 91.21 | 317,811 | 59.44 |
| | 75-84 years | 591,009 | 90.15 | 371,285 | 56.63 |
| | 85 or over | 203,169 | 82.49 | 117,129 | 47.55 |
| Black | | 483,615 | 80.58 | 328,730 | 54.78 |
| Male | | 158,506 | 77.61 | 100,546 | 49.23 |
| | Under 65 | 44,736 | 73.67 | 30,278 | 49.86 |
| | 65-74 years | 64,250 | 80.08 | 40,053 | 49.92 |
| | 75-84 years | 40,770 | 78.86 | 25,096 | 48.54 |
| | 85 or over | 8,749 | 75.55 | 5,119 | 44.20 |
| Female | | 325,108 | 82.12 | 228,184 | 57.64 |
| | Under 65 | 66,664 | 79.47 | 50,899 | 60.67 |
| | 65-74 years | 125,124 | 84.55 | 86,596 | 58.51 |
| | 75-84 years | 103,423 | 83.21 | 71,130 | 57.23 |
| | 85 or over | 29,897 | 75.26 | 19,559 | 49.23 |
| Hispanic | | 307,750 | 81.67 | 179,757 | 47.70 |
| Male | | 125,533 | 79.60 | 70,415 | 44.65 |
| | Under 65 | 30,066 | 77.33 | 17,556 | 45.15 |
| | 65-74 years | 52,615 | 80.60 | 29,140 | 44.64 |
| | 75-84 years | 36,131 | 81.14 | 19,879 | 44.64 |
| | 85 or over | 6,720 | 74.50 | 3,841 | 42.58 |
| Female | | 182,217 | 83.16 | 109,342 | 49.90 |
| | Under 65 | 25,997 | 80.51 | 16,664 | 51.61 |
| | 65-74 years | 77,872 | 84.87 | 46,368 | 50.53 |
| | 75-84 years | 62,661 | 83.88 | 37,035 | 49.57 |
| | 85 or over | 15,687 | 77.01 | 9,276 | 45.53 |

(continued)

**Table C-3**
**Number and percentage of Medicare beneficiaries diagnosed with diabetes who had physiologic measures or instruction in self-care in the past 12 months by race/ethnicity, sex, and age: calendar year 2002 (continued)**

| | | Had physiologic measures | | Had instruction in self-care | |
|---|---|---|---|---|---|
| | | Number | Percentage | Number | Percentage |
| Asian/Pacific Islander | | 74,039 | 86.53 | 37,696 | 44.05 |
| Male | | 30,635 | 85.86 | 15,409 | 43.19 |
| | Under 65 | 2,457 | 76.90 | 1,314 | 41.11 |
| | 65-74 years | 12,609 | 86.53 | 6,172 | 42.35 |
| | 75-84 years | 12,801 | 87.75 | 6,467 | 44.33 |
| | 85 or over | 2,767 | 83.24 | 1,457 | 43.82 |
| Female | | 43,404 | 87.00 | 22,288 | 44.68 |
| | Under 65 | 2,330 | 80.04 | 1,221 | 41.95 |
| | 65-74 years | 17,646 | 88.70 | 8,866 | 44.57 |
| | 75-84 years | 18,984 | 87.77 | 9,887 | 45.71 |
| | 85 or over | 4444 | 81.48 | 2,314 | 42.42 |
| American Indian/Alaska Native | | 13,599 | 47.54 | 7,195 | 25.15 |
| Male | | 5,333 | 46.09 | 2,622 | 22.66 |
| | Under 65 | 1,782 | 51.46 | 931 | 26.88 |
| | 65-74 years | 2,056 | 42.74 | 978 | 20.33 |
| | 75-84 years | 1,294 | 46.15 | 619 | 22.08 |
| | 85 or over | 201 | 40.61 | 94 | 18.99 |
| Female | | 8,266 | 48.53 | 4,573 | 26.85 |
| | Under 65 | 2,073 | 58.74 | 1,209 | 34.26 |
| | 65-74 years | 3,228 | 45.08 | 1,700 | 23.74 |
| | 75-84 years | 2,408 | 47.69 | 1,370 | 27.13 |
| | 85 or over | 557 | 43.08 | 294 | 22.74 |

SOURCE: 2002 NCH Carrier, SAF OPD, and SAF DME Claims that match a sample of 1,960,121 beneficiaries.

# APPENDIX D:
# TABLES OF NEED FOR PRIMARY CARE SERVICES: HOSPITAL AND EMERGENCY ROOM CARE FOR AMBULATORY CARE-SENSITIVE CONDITIONS BY AGE, GENDER, RACE/ETHNICITY IN 2002

## LIST OF TABLES IN APPENDIX D

## Table D-1
## Number and percentage of Medicare beneficiaries with hospital/emergency room admission for selected ambulatory care-sensitive conditions (ACSC) in the past 12 months by race/ethnicity, sex, and age for chronic lung diseases, congestive heart failure, and seizures: calendar year 2002

| | | Chronic lung diseases | | Congestive heart failure | | Seizures | |
|---|---|---|---|---|---|---|---|
| | | Number | Percentage | Number | Percentage | Number | Percentage |
| Total, all race/ethnicity groups | | 373,491 | 1.18 | 367,817 | 1.16 | 94,353 | 0.30 |
| Male | | 147,725 | 1.07 | 159,099 | 1.16 | 48,032 | 0.35 |
| | Under 65 | 30,700 | 1.21 | 20,090 | 0.79 | 28,294 | 1.12 |
| | 65-74 years | 48,628 | 0.90 | 45,191 | 0.84 | 9,309 | 0.17 |
| | 75-84 years | 52,891 | 1.18 | 60,578 | 1.35 | 8,279 | 0.19 |
| | 85 or over | 15,505 | 1.16 | 33,240 | 2.48 | 2,149 | 0.16 |
| Female | | 225,766 | 1.27 | 208,718 | 1.17 | 46,321 | 0.26 |
| | Under 65 | 46,382 | 2.28 | 17,066 | 0.84 | 20,412 | 1.00 |
| | 65-74 years | 67,796 | 1.09 | 43,102 | 0.70 | 8,686 | 0.14 |
| | 75-84 years | 76,771 | 1.18 | 79,074 | 1.22 | 11,558 | 0.18 |
| | 85 or over | 34,817 | 1.12 | 69,476 | 2.23 | 5,665 | 0.18 |
| White | | 297,603 | 1.16 | 281,281 | 1.10 | 65,910 | 0.26 |
| Male | | 118,762 | 1.07 | 124,513 | 1.12 | 32,488 | 0.29 |
| | Under 65 | 21,996 | 1.26 | 10,881 | 0.62 | 18,420 | 1.05 |
| | 65-74 years | 39,484 | 0.89 | 33,732 | 0.76 | 6,218 | 0.14 |
| | 75-84 years | 44,613 | 1.17 | 50,443 | 1.32 | 6,296 | 0.16 |
| | 85 or over | 12,669 | 1.11 | 29,457 | 2.58 | 1,554 | 0.14 |
| Female | | 178,842 | 1.23 | 156,768 | 1.08 | 33,421 | 0.23 |
| | Under 65 | 31,167 | 2.24 | 8,239 | 0.59 | 14,146 | 1.02 |
| | 65-74 years | 53,707 | 1.08 | 28,680 | 0.57 | 6,218 | 0.12 |
| | 75-84 years | 64,277 | 1.17 | 61,013 | 1.11 | 8,783 | 0.16 |
| | 85 or over | 29,690 | 1.12 | 58,837 | 2.22 | 4,275 | 0.16 |
| Black | | 43,793 | 1.47 | 57,262 | 1.92 | 20,185 | 0.68 |
| Male | | 16,328 | 1.29 | 22,273 | 1.76 | 10,982 | 0.87 |
| | Under 65 | 5,818 | 1.27 | 7,007 | 1.53 | 6,934 | 1.52 |
| | 65-74 years | 5,137 | 1.17 | 7,424 | 1.69 | 2,305 | 0.52 |
| | 75-84 years | 4,121 | 1.45 | 5,827 | 2.05 | 1,343 | 0.47 |
| | 85 or over | 1,253 | 1.46 | 2,015 | 2.35 | 399 | 0.46 |
| Female | | 27,464 | 1.60 | 34,989 | 2.04 | 9,203 | 0.54 |
| | Under 65 | 10,492 | 2.64 | 7,043 | 1.77 | 4,347 | 1.09 |
| | 65-74 years | 7,978 | 1.37 | 9,702 | 1.66 | 1,806 | 0.31 |
| | 75-84 years | 6,371 | 1.29 | 11,518 | 2.33 | 2,060 | 0.42 |
| | 85 or over | 2,623 | 1.11 | 6,725 | 2.85 | 989 | 0.42 |
| Hispanic | | 24,689 | 1.21 | 22,267 | 1.09 | 6,164 | 0.30 |
| Male | | 9,257 | 0.98 | 9,428 | 0.99 | 3,421 | 0.36 |
| | Under 65 | 2,224 | 0.87 | 1,690 | 0.66 | 2,193 | 0.86 |
| | 65-74 years | 2,967 | 0.79 | 3,204 | 0.85 | 595 | 0.16 |
| | 75-84 years | 2,929 | 1.20 | 3,288 | 1.35 | 496 | 0.20 |
| | 85 or over | 1,137 | 1.53 | 1,247 | 1.68 | 137 | 0.18 |
| Female | | 15,432 | 1.42 | 12,838 | 1.18 | 2,742 | 0.25 |
| | Under 65 | 3,784 | 2.05 | 1,358 | 0.74 | 1,396 | 0.76 |
| | 65-74 years | 4,920 | 1.17 | 3,738 | 0.89 | 511 | 0.12 |
| | 75-84 years | 4,832 | 1.43 | 5,046 | 1.50 | 545 | 0.16 |
| | 85 or over | 1,896 | 1.28 | 2,697 | 1.83 | 290 | 0.20 |
| Asian/Pacific Islander | | 3,809 | 0.65 | 3,611 | 0.62 | 789 | 0.14 |
| Male | | 1,949 | 0.77 | 1,524 | 0.60 | 418 | 0.16 |
| | Under 65 | 199 | 0.75 | 159 | 0.60 | 208 | 0.78 |
| | 65-74 years | 543 | 0.50 | 380 | 0.35 | 84 | 0.08 |
| | 75-84 years | 888 | 0.95 | 669 | 0.72 | 88 | 0.09 |
| | 85 or over | 319 | 1.24 | 316 | 1.23 | 38 | 0.15 |
| Female | | 1,859 | 0.57 | 2,087 | 0.64 | 370 | 0.11 |
| | Under 65 | 274 | 1.17 | 154 | 0.66 | 164 | 0.70 |
| | 65-74 years | 532 | 0.40 | 469 | 0.36 | 58 | 0.04 |
| | 75-84 years | 768 | 0.59 | 926 | 0.71 | 100 | 0.08 |
| | 85 or over | 286 | 0.67 | 537 | 1.25 | 49 | 0.11 |

(continued)

**Table D-1**
**Number and percentage of Medicare beneficiaries with hospital/emergency room admission for selected ambulatory care-sensitive conditions (ACSC) in the past 12 months by race/ethnicity, sex, and age for chronic lung diseases, congestive heart failure, and seizures: calendar year 2002 (continued)**

| | | Chronic lung diseases | | Congestive heart failure | | Seizures | |
|---|---|---|---|---|---|---|---|
| | | Number | Percentage | Number | Percentage | Number | Percentage |
| American Indian/Alaska Native | | 1,968 | 1.63 | 1,602 | 1.33 | 701 | 0.58 |
| Male | | 739 | 1.36 | 677 | 1.24 | 386 | 0.71 |
| | Under 65 | 225 | 1.17 | 160 | 0.83 | 295 | 1.53 |
| | 65-74 years | 269 | 1.35 | 234 | 1.18 | 61 | 0.31 |
| | 75-84 years | 199 | 1.61 | 219 | 1.77 | 25 | 0.20 |
| | 85 or over | 46 | 1.57 | 64 | 2.19 | 5 | 0.17 |
| Female | | 1,229 | 1.86 | 925 | 1.40 | 315 | 0.48 |
| | Under 65 | 413 | 2.71 | 149 | 0.98 | 210 | 1.38 |
| | 65-74 years | 399 | 1.57 | 312 | 1.23 | 48 | 0.19 |
| | 75-84 years | 327 | 1.74 | 309 | 1.65 | 39 | 0.21 |
| | 85 or over | 90 | 1.36 | 155 | 2.34 | 18 | 0.27 |

SOURCE: 2002 SAF Inpatient and SAF OPD Claims that match a sample of 1,960,121 beneficiaries.

## Table D-2
## Number and percentage of Medicare beneficiaries with hospital/emergency room admission for selected ambulatory care-sensitive conditions (ACSC) in the past 12 months by race/ethnicity, sex, and age for diabetes mellitus—all causes, hypertension, and cellulitis: calendar year 2002

| | | Diabetes mellitus – all causes | | Hypertension | | Cellulitis | |
|---|---|---|---|---|---|---|---|
| | | Number | Percentage | Number | Percentage | Number | Percentage |
| Total, all race/ethnicity groups | | 195,765 | 0.62 | 180,301 | 0.57 | 206,572 | 0.65 |
| Male | | 86,245 | 0.63 | 61,994 | 0.45 | 91,980 | 0.67 |
| | Under 65 | 30,525 | 1.20 | 19,280 | 0.76 | 31,753 | 1.25 |
| | 65-74 years | 25,387 | 0.47 | 19,277 | 0.36 | 24,246 | 0.45 |
| | 75-84 years | 23,547 | 0.53 | 17,682 | 0.40 | 26,316 | 0.59 |
| | 85 or over | 6,787 | 0.51 | 5,756 | 0.43 | 9,665 | 0.72 |
| Female | | 109,520 | 0.61 | 118,308 | 0.66 | 114,593 | 0.64 |
| | Under 65 | 23,491 | 1.15 | 17,120 | 0.84 | 22,323 | 1.10 |
| | 65-74 years | 33,777 | 0.55 | 33,799 | 0.55 | 29,600 | 0.48 |
| | 75-84 years | 36,507 | 0.56 | 44,698 | 0.69 | 39,555 | 0.61 |
| | 85 or over | 15,746 | 0.51 | 22,691 | 0.73 | 23,115 | 0.74 |
| White | | 118,528 | 0.46 | 116,663 | 0.45 | 166,406 | 0.65 |
| Male | | 54,562 | 0.49 | 38,551 | 0.35 | 73,993 | 0.66 |
| | Under 65 | 17,643 | 1.01 | 8,394 | 0.48 | 23,006 | 1.32 |
| | 65-74 years | 15,156 | 0.34 | 12,513 | 0.28 | 19,586 | 0.44 |
| | 75-84 years | 16,866 | 0.44 | 13,135 | 0.34 | 22,928 | 0.60 |
| | 85 or over | 4,897 | 0.43 | 4,508 | 0.40 | 8,472 | 0.74 |
| Female | | 63,966 | 0.44 | 78,112 | 0.54 | 92,413 | 0.64 |
| | Under 65 | 11,969 | 0.86 | 6,606 | 0.47 | 15,389 | 1.11 |
| | 65-74 years | 18,965 | 0.38 | 20,985 | 0.42 | 23,472 | 0.47 |
| | 75-84 years | 22,229 | 0.40 | 32,644 | 0.59 | 33,499 | 0.61 |
| | 85 or over | 10,804 | 0.41 | 17,876 | 0.68 | 20,053 | 0.76 |
| Black | | 49,302 | 1.65 | 41,469 | 1.39 | 20,421 | 0.69 |
| Male | | 19,214 | 1.52 | 15,121 | 1.19 | 8,486 | 0.67 |
| | Under 65 | 8,332 | 1.82 | 7,878 | 1.73 | 4,774 | 1.05 |
| | 65-74 years | 6,036 | 1.37 | 4,030 | 0.92 | 1,879 | 0.43 |
| | 75-84 years | 3,730 | 1.31 | 2,505 | 0.88 | 1,407 | 0.49 |
| | 85 or over | 1,116 | 1.30 | 708 | 0.82 | 427 | 0.50 |
| Female | | 30,088 | 1.76 | 26,348 | 1.54 | 11,935 | 0.70 |
| | Under 65 | 8,196 | 2.06 | 7,978 | 2.00 | 4,456 | 1.12 |
| | 65-74 years | 9,403 | 1.61 | 8,060 | 1.38 | 3,031 | 0.52 |
| | 75-84 years | 9,230 | 1.87 | 7,288 | 1.47 | 2,941 | 0.59 |
| | 85 or over | 3,258 | 1.38 | 3,022 | 1.28 | 1,507 | 0.64 |
| Hispanic | | 22,133 | 1.09 | 17,705 | 0.87 | 15,893 | 0.78 |
| Male | | 9,878 | 1.04 | 6,701 | 0.71 | 7,621 | 0.80 |
| | Under 65 | 3,623 | 1.43 | 2,445 | 0.96 | 3,200 | 1.26 |
| | 65-74 years | 3,406 | 0.91 | 2,273 | 0.60 | 2,231 | 0.59 |
| | 75-84 years | 2,269 | 0.93 | 1,575 | 0.65 | 1,583 | 0.65 |
| | 85 or over | 580 | 0.78 | 408 | 0.55 | 606 | 0.82 |
| Female | | 12,255 | 1.13 | 11,004 | 1.01 | 8,273 | 0.76 |
| | Under 65 | 2,597 | 1.41 | 2,044 | 1.11 | 1,960 | 1.06 |
| | 65-74 years | 4,367 | 1.04 | 3,845 | 0.92 | 2,563 | 0.61 |
| | 75-84 years | 3,997 | 1.19 | 3,768 | 1.12 | 2,582 | 0.77 |
| | 85 or over | 1,293 | 0.88 | 1,346 | 0.91 | 1,167 | 0.79 |
| Asian/Pacific Islander | | 2,537 | 0.44 | 2,591 | 0.44 | 1,603 | 0.28 |
| Male | | 1,140 | 0.45 | 953 | 0.38 | 759 | 0.30 |
| | Under 65 | 213 | 0.80 | 247 | 0.93 | 211 | 0.79 |
| | 65-74 years | 358 | 0.33 | 265 | 0.25 | 222 | 0.20 |
| | 75-84 years | 436 | 0.47 | 348 | 0.37 | 237 | 0.25 |
| | 85 or over | 132 | 0.51 | 93 | 0.36 | 90 | 0.35 |
| Female | | 1,398 | 0.43 | 1,638 | 0.50 | 843 | 0.26 |
| | Under 65 | 198 | 0.85 | 251 | 1.08 | 138 | 0.59 |
| | 65-74 years | 421 | 0.32 | 515 | 0.39 | 243 | 0.18 |
| | 75-84 years | 595 | 0.45 | 664 | 0.51 | 300 | 0.23 |
| | 85 or over | 184 | 0.43 | 208 | 0.48 | 163 | 0.38 |

(continued)

**Table D-2**
**Number and percentage of Medicare beneficiaries with hospital/emergency room admission for selected ambulatory care-sensitive conditions (ACSC) in the past 12 months by race/ethnicity, sex, and age for diabetes mellitus—all causes, hypertension, and cellulitis: calendar year 2002 (continued)**

| | | Diabetes mellitus – all causes | | Hypertension | | Cellulitis | |
|---|---|---|---|---|---|---|---|
| | | Number | Percentage | Number | Percentage | Number | Percentage |
| American Indian/Alaska Native | | 2,010 | 1.67 | 821 | 0.68 | 1,230 | 1.02 |
| Male | | 856 | 1.57 | 285 | 0.52 | 616 | 1.13 |
| | Under 65 | 401 | 2.08 | 130 | 0.67 | 293 | 1.52 |
| | 65-74 years | 273 | 1.37 | 86 | 0.43 | 186 | 0.93 |
| | 75-84 years | 157 | 1.27 | 56 | 0.45 | 104 | 0.84 |
| | 85 or over | 25 | 0.85 | 13 | 0.44 | 33 | 1.13 |
| Female | | 1,154 | 1.75 | 536 | 0.81 | 614 | 0.93 |
| | Under 65 | 372 | 2.45 | 127 | 0.83 | 242 | 1.59 |
| | 65-74 years | 416 | 1.63 | 193 | 0.76 | 183 | 0.72 |
| | 75-84 years | 290 | 1.55 | 149 | 0.79 | 139 | 0.74 |
| | 85 or over | 76 | 1.15 | 67 | 1.01 | 50 | 0.75 |

SOURCE: 2002 SAF Inpatient and SAF OPD Claims that match a sample of 1,960,121 beneficiaries.

## Table D-3
## Number and percentage of Medicare beneficiaries with hospital/emergency room admission for selected ambulatory care-sensitive conditions (ACSC) in the past 12 months by race/ethnicity, sex, and age for dehydration, bacterial pneumonia, and urinary tract infection: calendar year 2002

| | | Dehydration | | Bacterial pneumonia | | Urinary tract infection | |
|---|---|---|---|---|---|---|---|
| | | Number | Percentage | Number | Percentage | Number | Percentage |
| Total, all race/ethnicity groups | | 164,478 | 0.52 | 432,917 | 1.37 | 277,787 | 0.88 |
| Male | | 55,114 | 0.40 | 190,969 | 1.39 | 80,603 | 0.59 |
| | Under 65 | 10,433 | 0.41 | 30,244 | 1.19 | 15,066 | 0.59 |
| | 65-74 years | 12,939 | 0.24 | 50,386 | 0.93 | 18,646 | 0.35 |
| | 75-84 years | 19,785 | 0.44 | 75,163 | 1.68 | 30,854 | 0.69 |
| | 85 or over | 11,957 | 0.89 | 35,176 | 2.62 | 16,037 | 1.20 |
| Female | | 109,364 | 0.61 | 241,948 | 1.36 | 197,185 | 1.11 |
| | Under 65 | 11,620 | 0.57 | 28,532 | 1.40 | 29,277 | 1.44 |
| | 65-74 years | 19,619 | 0.32 | 50,589 | 0.82 | 39,991 | 0.65 |
| | 75-84 years | 41,520 | 0.64 | 88,466 | 1.36 | 70,059 | 1.08 |
| | 85 or over | 36,605 | 1.18 | 74,362 | 2.39 | 57,857 | 1.86 |
| White | | 131,819 | 0.51 | 356,829 | 1.39 | 214,983 | 0.84 |
| Male | | 43,991 | 0.40 | 157,235 | 1.41 | 61,946 | 0.56 |
| | Under 65 | 7,228 | 0.41 | 20,208 | 1.16 | 9,949 | 0.57 |
| | 65-74 years | 10,493 | 0.24 | 41,349 | 0.94 | 13,446 | 0.30 |
| | 75-84 years | 16,477 | 0.43 | 65,521 | 1.71 | 25,416 | 0.66 |
| | 85 or over | 9,793 | 0.86 | 30,157 | 2.64 | 13,135 | 1.15 |
| Female | | 87,828 | 0.61 | 199,594 | 1.37 | 153,038 | 1.05 |
| | Under 65 | 8,239 | 0.59 | 19,509 | 1.40 | 19,042 | 1.37 |
| | 65-74 years | 15,078 | 0.30 | 39,794 | 0.80 | 29,224 | 0.59 |
| | 75-84 years | 34,198 | 0.62 | 75,159 | 1.37 | 56,350 | 1.03 |
| | 85 or over | 30,312 | 1.15 | 65,132 | 2.46 | 48,422 | 1.83 |
| Black | | 20,757 | 0.70 | 42,295 | 1.42 | 38,075 | 1.28 |
| Male | | 6,889 | 0.54 | 18,851 | 1.49 | 11,363 | 0.90 |
| | Under 65 | 2,206 | 0.48 | 6,834 | 1.50 | 3,340 | 0.73 |
| | 65-74 years | 1,425 | 0.32 | 5,083 | 1.16 | 3,168 | 0.72 |
| | 75-84 years | 1,988 | 0.70 | 4,720 | 1.66 | 3,050 | 1.07 |
| | 85 or over | 1,271 | 1.48 | 2,215 | 2.58 | 1,806 | 2.10 |
| Female | | 13,868 | 0.81 | 23,444 | 1.37 | 26,711 | 1.56 |
| | Under 65 | 2,314 | 0.58 | 6,108 | 1.53 | 7,034 | 1.77 |
| | 65-74 years | 2,687 | 0.46 | 5,927 | 1.02 | 6,018 | 1.03 |
| | 75-84 years | 4,647 | 0.94 | 6,662 | 1.35 | 7,678 | 1.55 |
| | 85 or over | 4,220 | 1.79 | 4,747 | 2.01 | 5,981 | 2.53 |
| Hispanic | | 8,402 | 0.41 | 23,819 | 1.17 | 19,051 | 0.94 |
| Male | | 2,994 | 0.32 | 10,287 | 1.08 | 5,698 | 0.60 |
| | Under 65 | 744 | 0.29 | 2,334 | 0.92 | 1,407 | 0.55 |
| | 65-74 years | 728 | 0.19 | 2,704 | 0.72 | 1,632 | 0.43 |
| | 75-84 years | 927 | 0.38 | 3,337 | 1.37 | 1,838 | 0.75 |
| | 85 or over | 595 | 0.80 | 1,911 | 2.57 | 820 | 1.10 |
| Female | | 5,408 | 0.50 | 13,532 | 1.24 | 13,353 | 1.23 |
| | Under 65 | 767 | 0.42 | 2,121 | 1.15 | 2,548 | 1.38 |
| | 65-74 years | 1,388 | 0.33 | 3,578 | 0.85 | 3,734 | 0.89 |
| | 75-84 years | 1,918 | 0.57 | 4,852 | 1.44 | 4,672 | 1.39 |
| | 85 or over | 1,335 | 0.90 | 2,983 | 2.02 | 2,399 | 1.63 |

(continued)

**Table D-3**
**Number and percentage of Medicare beneficiaries with hospital/emergency room admission for selected ambulatory care-sensitive conditions (ACSC) in the past 12 months by race/ethnicity, sex, and age for dehydration, bacterial pneumonia, and urinary tract infection: calendar year 2002 (continued)**

| | | Dehydration | | Bacterial pneumonia | | Urinary tract infection | |
|---|---|---|---|---|---|---|---|
| | | Number | Percentage | Number | Percentage | Number | Percentage |
| Asian/Pacific Islander | | 1,890 | 0.32 | 5,003 | 0.86 | 2,774 | 0.48 |
| Male | | 714 | 0.28 | 2,497 | 0.98 | 789 | 0.31 |
| | Under 65 | 80 | 0.30 | 276 | 1.04 | 101 | 0.38 |
| | 65-74 years | 156 | 0.14 | 632 | 0.58 | 196 | 0.18 |
| | 75-84 years | 282 | 0.30 | 1,051 | 1.12 | 351 | 0.38 |
| | 85 or over | 196 | 0.77 | 537 | 2.10 | 140 | 0.55 |
| Female | | 1,176 | 0.36 | 2,506 | 0.76 | 1,986 | 0.60 |
| | Under 65 | 109 | 0.47 | 237 | 1.02 | 205 | 0.88 |
| | 65-74 years | 248 | 0.19 | 575 | 0.44 | 516 | 0.39 |
| | 75-84 years | 465 | 0.35 | 1,012 | 0.77 | 790 | 0.60 |
| | 85 or over | 354 | 0.82 | 682 | 1.59 | 474 | 1.11 |
| American Indian/Alaska Native | | 743 | 0.62 | 2,757 | 2.29 | 1,484 | 1.23 |
| Male | | 261 | 0.48 | 1,161 | 2.13 | 395 | 0.72 |
| | Under 65 | 86 | 0.45 | 311 | 1.61 | 112 | 0.58 |
| | 65-74 years | 76 | 0.38 | 346 | 1.74 | 107 | 0.54 |
| | 75-84 years | 66 | 0.53 | 334 | 2.70 | 120 | 0.97 |
| | 85 or over | 33 | 1.13 | 170 | 5.81 | 56 | 1.91 |
| Female | | 482 | 0.73 | 1,596 | 2.42 | 1,089 | 1.65 |
| | Under 65 | 103 | 0.68 | 351 | 2.31 | 271 | 1.78 |
| | 65-74 years | 117 | 0.46 | 476 | 1.87 | 319 | 1.25 |
| | 75-84 years | 148 | 0.79 | 489 | 2.61 | 330 | 1.76 |
| | 85 or over | 114 | 1.72 | 280 | 4.22 | 169 | 2.55 |

SOURCE: 2002 SAF Inpatient and SAF OPD Claims that match a sample of 1,960,121 beneficiaries.

## Table D-4
## Number and percentage of Medicare Beneficiaries with hospital/emergency room admission for selected ambulatory care-sensitive conditions (ACSC) in the past 12 months by race/ethnicity, sex, and age for gastric or duodenal ulcer, hypoglycemia, and hypokalemia: calendar year 2002

| | | Gastric or duodenal ulcer | | Hypoglycemia | | Hypokalemia | |
|---|---|---|---|---|---|---|---|
| | | Number | Percentage | Number | Percentage | Number | Percentage |
| Total, all race/ethnicity groups | | 66,204 | 0.21 | 16,370 | 0.05 | 19,389 | 0.06 |
| Male | | 31,629 | 0.23 | 7,271 | 0.05 | 5,176 | 0.04 |
| | Under 65 | 4,564 | 0.18 | 2,024 | 0.08 | 1,430 | 0.06 |
| | 65-74 years | 7,358 | 0.14 | 2,461 | 0.05 | 1,343 | 0.02 |
| | 75-84 years | 13,625 | 0.30 | 2,041 | 0.05 | 1,748 | 0.04 |
| | 85 or over | 6,082 | 0.45 | 744 | 0.06 | 655 | 0.05 |
| Female | | 34,575 | 0.19 | 9,100 | 0.05 | 14,212 | 0.08 |
| | Under 65 | 2,607 | 0.13 | 1,842 | 0.09 | 2,969 | 0.15 |
| | 65-74 years | 8,900 | 0.14 | 2,402 | 0.04 | 3,532 | 0.06 |
| | 75-84 years | 12,770 | 0.20 | 2,998 | 0.05 | 5,199 | 0.08 |
| | 85 or over | 10,298 | 0.33 | 1,858 | 0.06 | 2,513 | 0.08 |
| White | | 53,629 | 0.21 | 9,949 | 0.04 | 14,379 | 0.06 |
| Male | | 25,726 | 0.23 | 4,741 | 0.04 | 4,042 | 0.04 |
| | Under 65 | 3,031 | 0.17 | 1,166 | 0.07 | 1,010 | 0.06 |
| | 65-74 years | 5,441 | 0.12 | 1,788 | 0.04 | 1,010 | 0.02 |
| | 75-84 years | 11,892 | 0.31 | 1,244 | 0.03 | 1,477 | 0.04 |
| | 85 or over | 5,363 | 0.47 | 544 | 0.05 | 544 | 0.05 |
| Female | | 27,903 | 0.19 | 5,207 | 0.04 | 10,337 | 0.07 |
| | Under 65 | 1,554 | 0.11 | 1,166 | 0.08 | 1,943 | 0.14 |
| | 65-74 years | 6,840 | 0.14 | 1,244 | 0.02 | 2,487 | 0.05 |
| | 75-84 years | 10,415 | 0.19 | 1,632 | 0.03 | 3,964 | 0.07 |
| | 85 or over | 9,094 | 0.34 | 1,166 | 0.04 | 1,943 | 0.07 |
| Black | | 6,698 | 0.22 | 4,257 | 0.14 | 3,676 | 0.12 |
| Male | | 2977 | 0.24 | 1,670 | 0.13 | 762 | 0.06 |
| | Under 65 | 1,062 | 0.23 | 608 | 0.13 | 318 | 0.07 |
| | 65-74 years | 935 | 0.21 | 390 | 0.09 | 227 | 0.05 |
| | 75-84 years | 708 | 0.25 | 545 | 0.19 | 136 | 0.05 |
| | 85 or over | 272 | 0.32 | 127 | 0.15 | 82 | 0.10 |
| Female | | 3,721 | 0.22 | 2,587 | 0.15 | 2,913 | 0.17 |
| | Under 65 | 744 | 0.19 | 490 | 0.12 | 799 | 0.20 |
| | 65-74 years | 1,171 | 0.20 | 735 | 0.13 | 753 | 0.13 |
| | 75-84 years | 1,144 | 0.23 | 862 | 0.17 | 935 | 0.19 |
| | 85 or over | 663 | 0.28 | 499 | 0.21 | 427 | 0.18 |
| Hispanic | | 3,906 | 0.19 | 1,705 | 0.08 | 896 | 0.04 |
| Male | | 1,960 | 0.21 | 675 | 0.07 | 252 | 0.03 |
| | Under 65 | 351 | 0.14 | 210 | 0.08 | 61 | 0.02 |
| | 65-74 years | 683 | 0.18 | 233 | 0.06 | 80 | 0.02 |
| | 75-84 years | 652 | 0.27 | 183 | 0.08 | 92 | 0.04 |
| | 85 or over | 275 | 0.37 | 50 | 0.07 | 19 | 0.03 |
| Female | | 1,945 | 0.18 | 1,030 | 0.09 | 645 | 0.06 |
| | Under 65 | 233 | 0.13 | 141 | 0.08 | 153 | 0.08 |
| | 65-74 years | 633 | 0.15 | 343 | 0.08 | 179 | 0.04 |
| | 75-84 years | 763 | 0.23 | 393 | 0.12 | 210 | 0.06 |
| | 85 or over | 317 | 0.21 | 153 | 0.10 | 103 | 0.07 |

(continued)

**Table D-4**
**Number and percentage of Medicare Beneficiaries with hospital/emergency room admission for selected ambulatory care-sensitive conditions (ACSC) in the past 12 months by race/ethnicity, sex, and age for gastric or duodenal ulcer, hypoglycemia, and hypokalemia: calendar year 2002 (continued)**

| | | Gastric or duodenal ulcer | | Hypoglycemia | | Hypokalemia | |
|---|---|---|---|---|---|---|---|
| | | Percentage | Number | Percentage | Number | Percentage | Number |
| Asian/Pacific Islander | | 1,353 | 0.23 | 230 | 0.04 | 239 | 0.04 |
| Male | | 675 | 0.27 | 109 | 0.04 | 60 | 0.02 |
| | Under 65 | 46 | 0.17 | 13 | 0.05 | 11 | 0.04 |
| | 65-74 years | 194 | 0.18 | 24 | 0.02 | 11 | 0.01 |
| | 75-84 years | 300 | 0.32 | 52 | 0.06 | 31 | 0.03 |
| | 85 or over | 135 | 0.53 | 21 | 0.08 | 7 | 0.03 |
| Female | | 678 | 0.21 | 121 | 0.04 | 178 | 0.05 |
| | Under 65 | 29 | 0.13 | 13 | 0.05 | 29 | 0.13 |
| | 65-74 years | 178 | 0.14 | 31 | 0.02 | 66 | 0.05 |
| | 75-84 years | 337 | 0.26 | 58 | 0.04 | 58 | 0.04 |
| | 85 or over | 133 | 0.31 | 20 | 0.05 | 25 | 0.06 |
| American Indian/Alaska Native | | 265 | 0.22 | 128 | 0.11 | 103 | 0.09 |
| Male | | 132 | 0.24 | 34 | 0.06 | 38 | 0.07 |
| | Under 65 | 36 | 0.19 | 11 | 0.06 | 20 | 0.10 |
| | 65-74 years | 49 | 0.25 | 15 | 0.08 | 9 | 0.05 |
| | 75-84 years | 32 | 0.26 | 7 | 0.06 | 9 | 0.07 |
| | 85 or over | 15 | 0.51 | 1 | 0.03 | 0 | 0.00 |
| Female | | 133 | 0.20 | 94 | 0.14 | 65 | 0.10 |
| | Under 65 | 32 | 0.21 | 18 | 0.12 | 24 | 0.16 |
| | 65-74 years | 32 | 0.13 | 30 | 0.12 | 27 | 0.11 |
| | 75-84 years | 45 | 0.24 | 33 | 0.18 | 11 | 0.06 |
| | 85 or over | 24 | 0.36 | 13 | 0.20 | 3 | 0.05 |

SOURCE: 2002 SAF Inpatient and SAF OPD Claims that match a sample of 1,960,121 beneficiaries.

## Table D-5
## Number and percentage of Medicare beneficiaries with hospital/emergency room admission for selected ambulatory care-sensitive conditions (ACSC) in the past 12 months by race/ethnicity, sex, and age: for ear/nose/throat infections, influenza, and malnutrition calendar year 2002

| | | Ear/nose/throat infections | | Influenza | | Malnutrition | |
|---|---|---|---|---|---|---|---|
| | | Number | Percentage | Number | Percentage | Number | Percentage |
| Total, all race/ethnicity groups | | 128,277 | 0.41 | 15,915 | 0.05 | 3,613 | 0.01 |
| Male | | 49,878 | 0.36 | 6,155 | 0.04 | 1,250 | 0.01 |
| | Under 65 | 22,210 | 0.88 | 2,011 | 0.08 | 279 | 0.01 |
| | 65-74 years | 12,435 | 0.23 | 1,814 | 0.03 | 127 | 0.00 |
| | 75-84 years | 10,774 | 0.24 | 1,590 | 0.04 | 441 | 0.01 |
| | 85 or over | 4,459 | 0.33 | 739 | 0.06 | 403 | 0.03 |
| Female | | 78,399 | 0.44 | 9,760 | 0.05 | 2,364 | 0.01 |
| | Under 65 | 29,756 | 1.46 | 2,117 | 0.10 | 277 | 0.01 |
| | 65-74 years | 21,500 | 0.35 | 1,805 | 0.03 | 491 | 0.01 |
| | 75-84 years | 19,229 | 0.30 | 3,437 | 0.05 | 913 | 0.01 |
| | 85 or over | 7,914 | 0.25 | 2,401 | 0.08 | 684 | 0.02 |
| White | | 88,916 | 0.35 | 12,358 | 0.05 | 2,643 | 0.01 |
| Male | | 35,520 | 0.32 | 4,897 | 0.04 | 933 | 0.01 |
| | Under 65 | 13,524 | 0.77 | 1,399 | 0.08 | 233 | 0.01 |
| | 65-74 years | 9,482 | 0.21 | 1,554 | 0.04 | 78 | 0.00 |
| | 75-84 years | 8,705 | 0.23 | 1,321 | 0.03 | 311 | 0.01 |
| | 85 or over | 3,808 | 0.33 | 622 | 0.05 | 311 | 0.03 |
| Female | | 53,396 | 0.37 | 7,461 | 0.05 | 1,710 | 0.01 |
| | Under 65 | 17,799 | 1.28 | 1,244 | 0.09 | 155 | 0.01 |
| | 65-74 years | 14,845 | 0.30 | 1,244 | 0.02 | 389 | 0.01 |
| | 75-84 years | 14,612 | 0.27 | 2,876 | 0.05 | 700 | 0.01 |
| | 85 or over | 6,140 | 0.23 | 2,099 | 0.08 | 466 | 0.02 |
| Black | | 24,669 | 0.83 | 2,342 | 0.08 | 626 | 0.02 |
| Male | | 8,386 | 0.66 | 808 | 0.06 | 218 | 0.02 |
| | Under 65 | 5,536 | 1.21 | 436 | 0.10 | 36 | 0.01 |
| | 65-74 years | 1,479 | 0.34 | 145 | 0.03 | 27 | 0.01 |
| | 75-84 years | 1,035 | 0.36 | 163 | 0.06 | 91 | 0.03 |
| | 85 or over | 336 | 0.39 | 64 | 0.07 | 64 | 0.07 |
| Female | | 16,283 | 0.95 | 1,534 | 0.09 | 408 | 0.02 |
| | Under 65 | 8,668 | 2.18 | 735 | 0.18 | 82 | 0.02 |
| | 65-74 years | 3,839 | 0.66 | 318 | 0.05 | 36 | 0.01 |
| | 75-84 years | 2,687 | 0.54 | 290 | 0.06 | 145 | 0.03 |
| | 85 or over | 1,089 | 0.46 | 191 | 0.08 | 145 | 0.06 |
| Hispanic | | 11,927 | 0.59 | 912 | 0.04 | 267 | 0.01 |
| Male | | 4,890 | 0.52 | 328 | 0.03 | 76 | 0.01 |
| | Under 65 | 2,586 | 1.02 | 133 | 0.05 | 4 | 0.00 |
| | 65-74 years | 1,221 | 0.32 | 88 | 0.02 | 19 | 0.01 |
| | 75-84 years | 835 | 0.34 | 69 | 0.03 | 31 | 0.01 |
| | 85 or over | 248 | 0.33 | 38 | 0.05 | 23 | 0.03 |
| Female | | 7,037 | 0.65 | 584 | 0.05 | 191 | 0.02 |
| | Under 65 | 2,586 | 1.40 | 95 | 0.05 | 23 | 0.01 |
| | 65-74 years | 2,330 | 0.56 | 187 | 0.04 | 53 | 0.01 |
| | 75-84 years | 1,590 | 0.47 | 217 | 0.06 | 53 | 0.02 |
| | 85 or over | 530 | 0.36 | 84 | 0.06 | 61 | 0.04 |

(continued)

**Table D-5**
**Number and percentage of Medicare beneficiaries with hospital/emergency room admission for selected ambulatory care-sensitive conditions (ACSC) in the past 12 months by race/ethnicity, sex, and age: for ear/nose/throat infections, influenza, and malnutrition calendar year 2002 (continued)**

| | | Ear/nose/throat infections | | Influenza | | Malnutrition | |
|---|---|---|---|---|---|---|---|
| | | Number | Percentage | Number | Percentage | Number | Percentage |
| Asian/Pacific Islander | | 1,144 | 0.20 | 145 | 0.02 | 29 | 0.01 |
| Male | | 450 | 0.18 | 53 | 0.02 | 10 | 0.00 |
| | Under 65 | 164 | 0.62 | 10 | 0.04 | 1 | 0.01 |
| | 65-74 years | 116 | 0.11 | 14 | 0.01 | 0 | 0.00 |
| | 75-84 years | 131 | 0.14 | 20 | 0.02 | 4 | 0.00 |
| | 85 or over | 39 | 0.15 | 10 | 0.04 | 4 | 0.02 |
| Female | | 693 | 0.21 | 91 | 0.03 | 20 | 0.01 |
| | Under 65 | 226 | 0.97 | 17 | 0.07 | 6 | 0.02 |
| | 65-74 years | 215 | 0.16 | 34 | 0.03 | 4 | 0.00 |
| | 75-84 years | 185 | 0.14 | 29 | 0.02 | 6 | 0.00 |
| | 85 or over | 67 | 0.16 | 11 | 0.03 | 4 | 0.01 |
| American Indian/Alaska Native | | 891 | 0.74 | 92 | 0.08 | 28 | 0.02 |
| Male | | 310 | 0.57 | 42 | 0.08 | 7 | 0.01 |
| | Under 65 | 200 | 1.04 | 23 | 0.12 | 1 | 0.01 |
| | 65-74 years | 56 | 0.28 | 6 | 0.03 | 2 | 0.01 |
| | 75-84 years | 41 | 0.33 | 10 | 0.08 | 4 | 0.03 |
| | 85 or over | 13 | 0.44 | 3 | 0.10 | 0 | 0.00 |
| Female | | 581 | 0.88 | 50 | 0.08 | 21 | 0.03 |
| | Under 65 | 287 | 1.89 | 16 | 0.11 | 7 | 0.05 |
| | 65-74 years | 171 | 0.67 | 11 | 0.04 | 5 | 0.02 |
| | 75-84 years | 101 | 0.54 | 18 | 0.10 | 7 | 0.04 |
| | 85 or over | 22 | 0.33 | 5 | 0.08 | 2 | 0.03 |

SOURCE: 2002 SAF Inpatient and SAF OPD Claims that match a sample of 1,960,121 beneficiaries.

## Table D-6
## Number and percentage of Medicare beneficiaries with hospital/emergency room admission for selected ambulatory care-sensitive conditions (ACSC) in the past 12 months by race/ethnicity, sex, and age for chronic ACSC, acute ACSC, and preventive ACSC: calendar year 2002

| | | Chronic ACSC | | Acute ACSC | | Preventive ACSC | |
|---|---|---|---|---|---|---|---|
| | | Number | Percentage | Number | Percentage | Number | Percentage |
| Total, all race/ethnicity groups | | 1,194,311 | 3.78 | 1,238,276 | 3.92 | 19,528 | 0.06 |
| Male | | 499,364 | 3.63 | 487,079 | 3.54 | 7,404 | 0.05 |
| | Under 65 | 124,109 | 4.89 | 110,281 | 4.35 | 2,290 | 0.09 |
| | 65-74 years | 145,251 | 2.69 | 125,066 | 2.32 | 1,941 | 0.04 |
| | 75-84 years | 164,774 | 3.68 | 171,397 | 3.83 | 2,031 | 0.05 |
| | 85 or over | 65,231 | 4.87 | 80,334 | 5.99 | 1,142 | 0.09 |
| Female | | 694,947 | 3.89 | 751,197 | 4.21 | 12,124 | 0.07 |
| | Under 65 | 116,273 | 5.71 | 118,443 | 5.82 | 2,394 | 0.12 |
| | 65-74 years | 178,267 | 2.88 | 167,846 | 2.71 | 2,295 | 0.04 |
| | 75-84 years | 246,673 | 3.79 | 264,347 | 4.06 | 4,350 | 0.07 |
| | 85 or over | 153,735 | 4.94 | 200,561 | 6.44 | 3,085 | 0.10 |
| White | | 895,064 | 3.49 | 980,560 | 3.82 | 15,001 | 0.06 |
| Male | | 377,814 | 3.40 | 387,840 | 3.49 | 5,829 | 0.05 |
| | Under 65 | 78,501 | 4.50 | 74,226 | 4.25 | 1,632 | 0.09 |
| | 65-74 years | 108,580 | 2.46 | 99,097 | 2.24 | 1,632 | 0.04 |
| | 75-84 years | 135,394 | 3.54 | 146,276 | 3.82 | 1,632 | 0.04 |
| | 85 or over | 55,339 | 4.85 | 68,241 | 5.98 | 933 | 0.08 |
| Female | | 517,250 | 3.56 | 592,719 | 4.08 | 9,171 | 0.06 |
| | Under 65 | 70,884 | 5.09 | 77,257 | 5.55 | 1,399 | 0.10 |
| | 65-74 years | 126,534 | 2.54 | 127,078 | 2.55 | 1,632 | 0.03 |
| | 75-84 years | 192,132 | 3.50 | 217,548 | 3.96 | 3,575 | 0.07 |
| | 85 or over | 127,700 | 4.83 | 170,836 | 6.46 | 2,565 | 0.10 |
| Black | | 187,359 | 6.29 | 150,056 | 5.04 | 2,968 | 0.10 |
| Male | | 73,971 | 5.84 | 55,483 | 4.38 | 1,026 | 0.08 |
| | Under 65 | 30,977 | 6.78 | 22,917 | 5.02 | 472 | 0.10 |
| | 65-74 years | 21,973 | 4.99 | 13,814 | 3.14 | 172 | 0.04 |
| | 75-84 years | 15,911 | 5.60 | 12,679 | 4.46 | 254 | 0.09 |
| | 85 or over | 5,110 | 5.95 | 6,072 | 7.07 | 127 | 0.15 |
| Female | | 113,389 | 6.62 | 94,574 | 5.52 | 1,942 | 0.11 |
| | Under 65 | 32,583 | 8.19 | 28,535 | 7.17 | 817 | 0.21 |
| | 65-74 years | 32,193 | 5.52 | 22,808 | 3.91 | 354 | 0.06 |
| | 75-84 years | 32,765 | 6.62 | 25,695 | 5.19 | 436 | 0.09 |
| | 85 or over | 15,847 | 6.70 | 17,535 | 7.42 | 336 | 0.14 |
| Hispanic | | 86,438 | 4.24 | 80,492 | 3.95 | 1,179 | 0.06 |
| Male | | 36,371 | 3.83 | 32,637 | 3.44 | 404 | 0.04 |
| | Under 65 | 11,389 | 4.48 | 10,271 | 4.04 | 137 | 0.05 |
| | 65-74 years | 11,480 | 3.05 | 9,158 | 2.43 | 107 | 0.03 |
| | 75-84 years | 10,062 | 4.12 | 8,982 | 3.68 | 99 | 0.04 |
| | 85 or over | 3,440 | 4.63 | 4,226 | 5.69 | 61 | 0.08 |
| Female | | 50,067 | 4.60 | 47,855 | 4.40 | 774 | 0.07 |
| | Under 65 | 10,039 | 5.44 | 9,726 | 5.27 | 118 | 0.06 |
| | 65-74 years | 15,619 | 3.72 | 13,914 | 3.31 | 240 | 0.06 |
| | 75-84 years | 17,030 | 5.06 | 15,935 | 4.73 | 271 | 0.08 |
| | 85 or over | 7,380 | 5.00 | 8,280 | 5.61 | 145 | 0.10 |

(continued)

**Table D-6**
**Number and percentage of Medicare beneficiaries with hospital/emergency room admission for selected ambulatory care-sensitive conditions (ACSC) in the past 12 months by race/ethnicity, sex, and age for chronic ACSC, acute ACSC, and preventive ACSC: calendar year 2002 (continued)**

| | | Chronic ACSC | | Acute ACSC | | Preventive ACSC | |
|---|---|---|---|---|---|---|---|
| | | Number | Percentage | Number | Percentage | Number | Percentage |
| Asian/Pacific Islander | | 12,727 | 2.18 | 13,605 | 2.34 | 174 | 0.03 |
| Male | | 5,764 | 2.27 | 5,813 | 2.29 | 63 | 0.02 |
| | Under 65 | 985 | 3.70 | 852 | 3.20 | 11 | 0.04 |
| | 65-74 years | 1,563 | 1.44 | 1,496 | 1.38 | 14 | 0.01 |
| | 75-84 years | 2,337 | 2.50 | 2,344 | 2.51 | 24 | 0.03 |
| | 85 or over | 878 | 3.43 | 1,121 | 4.38 | 14 | 0.05 |
| Female | | 6,963 | 2.12 | 7,793 | 2.37 | 111 | 0.03 |
| | Under 65 | ,942 | 4.04 | 916 | 3.93 | 22 | 0.10 |
| | 65-74 years | 1,851 | 1.41 | 1,997 | 1.52 | 38 | 0.03 |
| | 75-84 years | 2,909 | 2.22 | 3,065 | 2.34 | 35 | 0.03 |
| | 85 or over | 1,262 | 2.94 | 1,815 | 4.23 | 15 | 0.04 |
| American Indian/Alaska Native | | 6,561 | 5.44 | 7,087 | 5.88 | 120 | 0.10 |
| Male | | 2,816 | 5.17 | 2,768 | 5.08 | 49 | 0.09 |
| | Under 65 | 1,125 | 5.83 | 1,008 | 5.22 | 24 | 0.12 |
| | 65-74 years | 902 | 4.53 | 798 | 4.01 | 8 | 0.04 |
| | 75-84 years | 627 | 5.07 | 670 | 5.42 | 14 | 0.11 |
| | 85 or over | 162 | 5.53 | 292 | 9.98 | 3 | 0.10 |
| Female | | 3,745 | 5.67 | 4,319 | 6.54 | 71 | 0.11 |
| | Under 65 | 1,098 | 7.22 | 1,206 | 7.93 | 23 | 0.15 |
| | 65-74 years | 1,219 | 4.79 | 1,273 | 5.00 | 16 | 0.06 |
| | 75-84 years | 1,030 | 5.49 | 1,218 | 6.50 | 25 | 0.13 |
| | 85 or over | 398 | 6.00 | 622 | 9.38 | 7 | 0.11 |

SOURCE: 2002 SAF Inpatient and SAF OPD Claims that match a sample of 1,960,121 beneficiaries.

## Table D-7
## Number and percentage of Medicare beneficiaries with hospital/emergency room admission for any ambulatory care-sensitive conditions (ACSC) in the past 12 months by race/ethnicity, sex, and age for any ACSC: calendar year 2002

| | | Number | Percentage |
|---|---|---|---|
| Total, all race/ethnicity groups | | 2,350,253 | 7.44 |
| Male | | 950,796 | 6.91 |
| | Under 65 | 210,887 | 8.32 |
| | 65-74 years | 263,386 | 4.88 |
| | 75-84 years | 331,195 | 7.40 |
| | 85 or over | 145,329 | 10.84 |
| Female | | 1,399,456 | 7.84 |
| | Under 65 | 212,619 | 10.45 |
| | 65-74 years | 334,997 | 5.41 |
| | 75-84 years | 503,465 | 7.74 |
| | 85 or over | 348,375 | 11.19 |
| White | | 1,814,144 | 7.07 |
| Male | | 737,207 | 6.62 |
| | Under 65 | 135,550 | 7.76 |
| | 65-74 years | 201,304 | 4.56 |
| | 75-84 years | 276,696 | 7.23 |
| | 85 or over | 123,658 | 10.84 |
| Female | | 1,076,937 | 7.42 |
| | Under 65 | 133,063 | 9.56 |
| | 65-74 years | 245,762 | 4.93 |
| | 75-84 years | 404,939 | 7.37 |
| | 85 or over | 293,173 | 11.09 |
| Black | | 327,096 | 10.98 |
| Male | | 126,349 | 9.98 |
| | Under 65 | 50,454 | 11.05 |
| | 65-74 years | 35,923 | 8.16 |
| | 75-84 years | 28,808 | 10.14 |
| | 85 or over | 11,164 | 13.00 |
| Female | | 200,747 | 11.72 |
| | Under 65 | 56,526 | 14.20 |
| | 65-74 years | 53,758 | 9.21 |
| | 75-84 years | 57,325 | 11.59 |
| | 85 or over | 33,137 | 14.02 |
| Hispanic | | 157,113 | 7.71 |
| Male | | 65,301 | 6.88 |
| | Under 65 | 19,303 | 7.59 |
| | 65-74 years | 19,944 | 5.30 |
| | 75-84 years | 18,727 | 7.67 |
| | 85 or over | 7,327 | 9.87 |
| Female | | 91,812 | 8.43 |
| | Under 65 | 17,831 | 9.66 |
| | 65-74 years | 27,583 | 6.57 |
| | 75-84 years | 31,104 | 9.23 |
| | 85 or over | 15,294 | 10.36 |
| Asian/Pacific Islander | | 26,990 | 4.63 |
| Male | | 11,826 | 4.65 |
| | Under 65 | 1,709 | 6.41 |
| | 65-74 years | 3,207 | 2.96 |
| | 75-84 years | 4,834 | 5.17 |
| | 85 or over | 2,076 | 8.10 |
| Female | | 15,164 | 4.62 |
| | Under 65 | 1,723 | 7.40 |
| | 65-74 years | 3,966 | 3.02 |
| | 75-84 years | 6,264 | 4.78 |
| | 85 or over | 3,211 | 7.49 |

(continued)

**Table D-7**
**Number and percentage of Medicare beneficiaries with hospital/emergency room admission for any ambulatory care-sensitive conditions (ACSC) in the past 12 months by race/ethnicity, sex, and age for any ACSC: calendar year 2002 (continued)**

| | | Number | Percentage |
|---|---|---|---|
| American Indian/Alaska Native | | 12,580 | 10.43 |
| Male | | 5,106 | 9.37 |
| | Under 65 | 1,890 | 9.79 |
| | 65-74 years | 1,570 | 7.89 |
| | 75-84 years | 1,224 | 9.90 |
| | 85 or over | 422 | 14.42 |
| Female | | 7,474 | 11.31 |
| | Under 65 | 2,052 | 13.49 |
| | 65-74 years | 2,318 | 9.10 |
| | 75-84 years | 2,134 | 11.38 |
| | 85 or over | 970 | 14.63 |

SOURCE: 2002 SAF Inpatient and SAF OPD Claims that match a sample of 1,960,121 beneficiaries.

## APPENDIX E:
## TABLES OF HOSPITAL CARE FOR SELECTED COMMON CHRONIC AND ACUTE DIAGNOSIS BY AGE, GENDER, AND RACE/ETHNICITY IN 2002

### LIST OF TABLES IN APPENDIX E

## Table E-1
## Number, percentage, mean average annual payments, and mean length of stay for Medicare fee-for-service beneficiaries with hospital discharge for heart disease in the past 12 months by race/ethnicity, sex, and age: calendar year 2002

| | | Number | Percentage | Mean payment | Mean length of stay in days |
|---|---|---|---|---|---|
| Total, all race/ethnicity groups | | 1,279,126 | 4.05 | $9,700.40 | 4.91 |
| Male | | 626,317 | 4.55 | 10,895.06 | 4.84 |
| | Under 65 | 66,729 | 2.63 | 9,311.65 | 4.62 |
| | 65-74 years | 219,583 | 4.07 | 11,515.91 | 4.63 |
| | 75-84 years | 250,774 | 5.60 | 11,541.35 | 4.98 |
| | 85 or over | 89,231 | 6.66 | 8,735.02 | 5.14 |
| Female | | 652,809 | 3.66 | 8,554.22 | 4.97 |
| | Under 65 | 47,358 | 2.33 | 8,406.15 | 4.92 |
| | 65-74 years | 169,038 | 2.73 | 9,331.35 | 4.74 |
| | 75-84 years | 269,111 | 4.14 | 9,136.43 | 5.11 |
| | 85 or over | 167,303 | 5.38 | 6,874.43 | 5.00 |
| White | | 1,062,480 | 4.14 | 9,848.24 | 4.83 |
| Male | | 532,095 | 4.78 | 11,063.93 | 4.76 |
| | Under 65 | 44,458 | 2.55 | 9,283.70 | 4.31 |
| | 65-74 years | 185,137 | 4.19 | 11,628.10 | 4.52 |
| | 75-84 years | 222,289 | 5.81 | 11,743.07 | 4.92 |
| | 85 or over | 80,211 | 7.03 | 8,866.33 | 5.13 |
| Female | | 530,385 | 3.65 | 8,628.64 | 4.90 |
| | Under 65 | 28,447 | 2.04 | 8,778.38 | 4.93 |
| | 65-74 years | 130,809 | 2.62 | 9,405.07 | 4.57 |
| | 75-84 years | 225,709 | 4.11 | 9,273.63 | 5.05 |
| | 85 or over | 145,421 | 5.50 | 6,899.83 | 4.95 |
| Black | | 124,443 | 4.18 | 8,432.88 | 5.31 |
| Male | | 50,082 | 3.95 | 9,131.25 | 5.28 |
| | Under 65 | 14,286 | 3.13 | 8,708.77 | 5.24 |
| | 65-74 years | 17,689 | 4.02 | 10,036.46 | 5.28 |
| | 75-84 years | 13,823 | 4.86 | 9,129.73 | 5.39 |
| | 85 or over | 4,284 | 4.99 | 6,807.14 | 5.02 |
| Female | | 74,361 | 4.34 | 7,962.54 | 5.33 |
| | Under 65 | 13,796 | 3.47 | 7,468.31 | 4.86 |
| | 65-74 years | 22,518 | 3.86 | 8,867.08 | 5.50 |
| | 75-84 years | 24,941 | 5.04 | 8,124.41 | 5.45 |
| | 85 or over | 13,106 | 5.54 | 6,620.58 | 5.32 |
| Hispanic | | 68,741 | 3.37 | 9,281.30 | 5.35 |
| Male | | 32,515 | 3.43 | 10,369.04 | 5.37 |
| | Under 65 | 6,209 | 2.44 | 10,487.41 | 5.39 |
| | 65-74 years | 12,407 | 3.30 | 11,447.03 | 5.22 |
| | 75-84 years | 10,546 | 4.32 | 9,958.87 | 5.49 |
| | 85 or over | 3,353 | 4.51 | 7,450.66 | 5.46 |
| Female | | 36,226 | 3.33 | 8,304.99 | 5.33 |
| | Under 65 | 3,963 | 2.15 | 8,443.25 | 4.97 |
| | 65-74 years | 12,274 | 2.92 | 9,060.00 | 5.23 |
| | 75-84 years | 13,898 | 4.13 | 8,376.93 | 5.51 |
| | 85 or over | 60,91 | 4.13 | 6,529.54 | 5.37 |
| Asian/Pacific Islander | | 12,786 | 2.19 | 11,959.20 | 5.12 |
| Male | | 6,474 | 2.55 | 13,251.77 | 5.11 |
| | Under 65 | 505 | 1.90 | 10,580.64 | 4.89 |
| | 65-74 years | 2,234 | 2.06 | 14,128.64 | 5.03 |
| | 75-84 years | 2,852 | 3.05 | 13,605.22 | 5.18 |
| | 85 or over | 883 | 3.45 | 11,419.36 | 5.24 |
| Female | | 6,312 | 1.92 | 10,633.58 | 5.14 |
| | Under 65 | 415 | 1.78 | 12,183.74 | 5.57 |
| | 65-74 years | 1,749 | 1.33 | 11,402.13 | 4.87 |
| | 75-84 years | 2,930 | 2.24 | 10,859.76 | 5.20 |
| | 85 or over | 1,218 | 2.84 | 8,457.60 | 5.21 |

(continued)

**Table E-1**
**Number, percentage, mean average annual payments, and mean length of stay for Medicare fee-for-service beneficiaries with hospital discharge for heart disease in the past 12 months by race/ethnicity, sex, and age: calendar year 2002 (continued)**

| | | Number | Percentage | Mean payment | Mean length of stay in days |
|---|---|---|---|---|---|
| American Indian/Alaska Native | | 4,887 | 4.05 | $9,155.27 | 4.81 |
| Male | | 2,372 | 4.35 | 10,150.58 | 4.79 |
| | Under 65 | 597 | 3.09 | 10,212.20 | 4.63 |
| | 65-74 years | 901 | 4.53 | 10,491.68 | 4.76 |
| | 75-84 years | 695 | 5.62 | 10,174.78 | 4.94 |
| | 85 or over | 179 | 6.12 | 8,134.21 | 4.85 |
| Female | | 2,515 | 3.81 | 8,216.55 | 4.82 |
| | Under 65 | 421 | 2.77 | 8,881.69 | 4.72 |
| | 65-74 years | 936 | 3.68 | 8,789.54 | 4.43 |
| | 75-84 years | 808 | 4.31 | 8,075.32 | 5.18 |
| | 85 or over | 350 | 5.28 | 6,210.16 | 5.16 |

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries.

## Table E-2
## Number, percentage, mean average annual payments, and mean length of stay for Medicare fee-for-service beneficiaries with hospital discharge for cerebrovascular disease in the past 12 months by race/ethnicity, sex, and age: calendar year 2002

| | | Number | Percentage | Mean payment | Mean length of stay in days |
|---|---|---|---|---|---|
| Total, all race/ethnicity groups | | 381,411 | 1.21 | $5,420.43 | 4.46 |
| Male | | 165,118 | 1.20 | 5,604.88 | 4.26 |
| | Under 65 | 11,642 | 0.46 | 6,777.35 | 5.52 |
| | 65-74 years | 50,502 | 0.93 | 5,655.08 | 4.28 |
| | 75-84 years | 73,948 | 1.65 | 5,478.36 | 3.95 |
| | 85 or over | 29,027 | 2.17 | 5,369.60 | 4.50 |
| Female | | 216,293 | 1.21 | 5,279.63 | 4.62 |
| | Under 65 | 12,597 | 0.62 | 5,914.51 | 5.06 |
| | 65-74 years | 50,900 | 0.82 | 5,694.61 | 4.32 |
| | 75-84 years | 92,992 | 1.43 | 5,331.71 | 4.63 |
| | 85 or over | 59,804 | 1.92 | 4,711.72 | 4.75 |
| White | | 311,283 | 1.21 | 5,237.32 | 4.22 |
| Male | | 136,172 | 1.22 | 5,443.55 | 3.98 |
| | Under 65 | 7,151 | 0.41 | 6,965.29 | 5.39 |
| | 65-74 years | 39,639 | 0.90 | 5,432.82 | 3.91 |
| | 75-84 years | 63,889 | 1.67 | 5,338.47 | 3.72 |
| | 85 or over | 25,493 | 2.23 | 5,296.75 | 4.33 |
| Female | | 175,111 | 1.21 | 5,076.94 | 4.41 |
| | Under 65 | 7,850 | 0.56 | 5,892.82 | 4.65 |
| | 65-74 years | 38,706 | 0.78 | 5,447.06 | 4.02 |
| | 75-84 years | 77,646 | 1.41 | 5,121.07 | 4.43 |
| | 85 or over | 50,909 | 1.92 | 4,602.43 | 4.62 |
| Black | | 42,077 | 1.41 | 6,362.84 | 5.69 |
| Male | | 16,156 | 1.28 | 6,330.73 | 5.75 |
| | Under 65 | 3,068 | 0.67 | 6,374.92 | 5.72 |
| | 65-74 years | 6,317 | 1.44 | 6,412.97 | 5.88 |
| | 75-84 years | 5,028 | 1.77 | 6,311.68 | 5.55 |
| | 85 or over | 1,743 | 2.03 | 6,009.83 | 5.94 |
| Female | | 25,922 | 1.51 | 6,382.86 | 5.65 |
| | Under 65 | 3,594 | 0.90 | 5,948.04 | 5.82 |
| | 65-74 years | 7,905 | 1.35 | 6,858.19 | 5.48 |
| | 75-84 years | 9,185 | 1.86 | 6,666.18 | 5.79 |
| | 85 or over | 5,237 | 2.22 | 5,466.80 | 5.57 |
| Hispanic | | 20,676 | 1.01 | 5,583.26 | 5.24 |
| Male | | 9,436 | 0.99 | 5,994.67 | 5.35 |
| | Under 65 | 1,098 | 0.43 | 6,277.53 | 5.73 |
| | 65-74 years | 3,395 | 0.90 | 6,196.46 | 5.26 |
| | 75-84 years | 3,673 | 1.51 | 5,877.52 | 5.20 |
| | 85 or over | 1,270 | 1.71 | 5,549.47 | 5.72 |
| Female | | 11,240 | 1.03 | 5,237.89 | 5.15 |
| | Under 65 | 904 | 0.49 | 5,572.28 | 5.00 |
| | 65-74 years | 3,200 | 0.76 | 5,351.47 | 4.91 |
| | 75-84 years | 4,535 | 1.35 | 5,355.05 | 5.22 |
| | 85 or over | 2,601 | 1.76 | 4,777.71 | 5.38 |
| Asian/Pacific Islander | | 4,437 | 0.76 | 8,091.33 | 5.72 |
| Male | | 2,137 | 0.84 | 8,037.88 | 5.50 |
| | Under 65 | 111 | 0.42 | 7,536.77 | 6.46 |
| | 65-74 years | 665 | 0.61 | 8,289.78 | 5.29 |
| | 75-84 years | 994 | 1.06 | 8,394.55 | 5.67 |
| | 85 or over | 368 | 1.44 | 6,769.42 | 5.10 |
| Female | | 2,300 | 0.70 | 8,140.99 | 5.93 |
| | Under 65 | 88 | 0.38 | 8,597.97 | 6.02 |
| | 65-74 years | 608 | 0.46 | 8,192.89 | 5.75 |
| | 75-84 years | 1,060 | 0.81 | 8,706.13 | 6.17 |
| | 85 or over | 544 | 1.27 | 6,909.17 | 5.66 |

(continued)

**Table E-2**
**Number, percentage, mean average annual payments, and mean length of stay for Medicare fee-for-service beneficiaries with hospital discharge for cerebrovascular disease in the past 12 months by race/ethnicity, sex, and age: calendar year 2002 (continued)**

| | | Number | Percentage | Mean payment | Mean length of stay in days |
|---|---|---|---|---|---|
| American Indian/Alaska Native | | 1,229 | 1.02 | $5,936.10 | 4.70 |
| | Male | 516 | 0.95 | 6,873.53 | 4.93 |
| | Under 65 | 85 | 0.44 | 9,691.27 | 4.13 |
| | 65-74 years | 221 | 1.11 | 6,838.34 | 5.45 |
| | 75-84 years | 173 | 1.40 | 5,970.55 | 4.91 |
| | 85 or over | 37 | 1.26 | 4,832.64 | 3.81 |
| | Female | 713 | 1.08 | 5,257.68 | 4.53 |
| | Under 65 | 78 | 0.51 | 6,300.61 | 5.19 |
| | 65-74 years | 235 | 0.92 | 5,374.80 | 3.81 |
| | 75-84 years | 269 | 1.43 | 5,016.56 | 4.68 |
| | 85 or over | 131 | 1.98 | 4,921.69 | 5.10 |

Source: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries

## Table E-3
## Number, percentage, mean average annual payments, and mean length of stay for Medicare fee-for-service beneficiaries with hospital discharge for pneumonia in the past 12 months by race/ethnicity, sex, and age: calendar year 2002

| | | Number | Percentage | Mean payment | Mean length of stay in days |
|---|---|---|---|---|---|
| Total, all race/ethnicity groups | | 356,807 | 1.13 | $5,471.12 | 5.85 |
| Male | | 154,317 | 1.12 | 5,716.69 | 5.75 |
| | Under 65 | 21,844 | 0.86 | 6,471.22 | 6.05 |
| | 65-74 years | 39,911 | 0.74 | 5,659.65 | 5.44 |
| | 75-84 years | 62,376 | 1.39 | 5,644.37 | 5.91 |
| | 85 or over | 30,186 | 2.25 | 5,395.53 | 5.62 |
| Female | | 202,490 | 1.13 | 5,283.97 | 5.92 |
| | Under 65 | 21,769 | 1.07 | 5,638.22 | 5.79 |
| | 65-74 years | 39,778 | 0.64 | 5,457.13 | 5.61 |
| | 75-84 years | 75,221 | 1.16 | 5,337.01 | 5.95 |
| | 85 or over | 65,721 | 2.11 | 5,001.11 | 6.11 |
| White | | 295,038 | 1.15 | 5,266.40 | 5.74 |
| Male | | 127,389 | 1.14 | 5,524.60 | 5.64 |
| | Under 65 | 14,457 | 0.83 | 6,004.72 | 5.96 |
| | 65-74 years | 32,877 | 0.74 | 5,469.54 | 5.30 |
| | 75-84 years | 54,251 | 1.42 | 5,534.89 | 5.84 |
| | 85 or over | 25,804 | 2.26 | 5,304.10 | 5.46 |
| Female | | 167,650 | 1.15 | 5,070.20 | 5.81 |
| | Under 65 | 15,001 | 1.08 | 5,194.76 | 5.59 |
| | 65-74 years | 31,167 | 0.62 | 5,187.17 | 5.44 |
| | 75-84 years | 63,966 | 1.16 | 5,176.31 | 5.85 |
| | 85 or over | 57,515 | 2.17 | 4,856.32 | 6.04 |
| Black | | 33,791 | 1.13 | 6,660.49 | 6.36 |
| Male | | 14,667 | 1.16 | 6,759.57 | 6.34 |
| | Under 65 | 5,019 | 1.10 | 7,294.32 | 6.17 |
| | 65-74 years | 3,857 | 0.88 | 6,618.44 | 6.19 |
| | 75-84 years | 3,885 | 1.37 | 6,658.97 | 6.62 |
| | 85 or over | 1,906 | 2.22 | 5,842.05 | 6.54 |
| Female | | 19,123 | 1.12 | 6,584.50 | 6.37 |
| | Under 65 | 4,475 | 1.12 | 6,716.18 | 6.11 |
| | 65-74 years | 4,711 | 0.81 | 6,853.46 | 6.42 |
| | 75-84 years | 5,691 | 1.15 | 6,549.98 | 6.48 |
| | 85 or over | 4,248 | 1.80 | 6,193.75 | 6.42 |
| Hispanic | | 19,719 | 0.97 | 6,000.24 | 6.57 |
| Male | | 8,444 | 0.89 | 6,188.08 | 6.48 |
| | Under 65 | 1,709 | 0.67 | 7,432.41 | 6.49 |
| | 65-74 years | 2,151 | 0.57 | 6,213.70 | 6.18 |
| | 75-84 years | 2,891 | 1.18 | 5,784.82 | 6.42 |
| | 85 or over | 1,693 | 2.28 | 5,588.46 | 6.93 |
| Female | | 11,274 | 1.04 | 5,859.55 | 6.64 |
| | Under 65 | 1,682 | 0.91 | 6,282.20 | 6.47 |
| | 65-74 years | 2,880 | 0.69 | 5,889.11 | 6.21 |
| | 75-84 years | 4,085 | 1.21 | 5,728.93 | 6.61 |
| | 85 or over | 2,628 | 1.78 | 5,759.69 | 7.28 |
| Asian/Pacific Islander | | 4,096 | 0.70 | 7,526.55 | 6.20 |
| Male | | 2,060 | 0.81 | 7,885.85 | 6.00 |
| | Under 65 | 208 | 0.78 | 9,364.94 | 7.42 |
| | 65-74 years | 494 | 0.46 | 7,775.27 | 5.71 |
| | 75-84 years | 890 | 0.95 | 7,562.01 | 5.84 |
| | 85 or over | 469 | 1.83 | 7,961.71 | 5.99 |
| Female | | 2,036 | 0.62 | 7,163.04 | 6.41 |
| | Under 65 | 180 | 0.77 | 7,976.14 | 7.20 |
| | 65-74 years | 438 | 0.33 | 6,561.59 | 5.77 |
| | 75-84 years | 815 | 0.62 | 7,580.21 | 6.58 |
| | 85 or over | 603 | 1.41 | 6,793.75 | 6.40 |

(continued)

## Table E-3
## Number, percentage, mean average annual payments, and mean length of stay for Medicare fee-for-service beneficiaries with hospital discharge for pneumonia in the past 12 months by race/ethnicity, sex, and age: calendar year 2002 (continued)

| | | Number | Percentage | Mean payment | Mean length of stay in days |
|---|---|---|---|---|---|
| American Indian/Alaska Native | | 2,324 | 1.93 | $5,351.89 | 5.07 |
| Male | | 981 | 1.80 | 5,568.25 | 5.02 |
| | Under 65 | 241 | 1.25 | 6,741.52 | 4.86 |
| | 65-74 years | 298 | 1.50 | 5,251.43 | 5.02 |
| | 75-84 years | 290 | 2.35 | 5,261.24 | 4.91 |
| | 85 or over | 152 | 5.19 | 4,914.87 | 5.47 |
| Female | | 1,343 | 2.03 | 5,193.85 | 5.11 |
| | Under 65 | 270 | 1.77 | 5,913.80 | 5.44 |
| | 65-74 years | 394 | 1.55 | 5,295.93 | 4.88 |
| | 75-84 years | 422 | 2.25 | 4,825.78 | 4.87 |
| | 85 or over | 257 | 3.88 | 4,885.34 | 5.49 |

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries.

## Table E-4
## Number, percentage, mean average annual payments, and mean length of stay for Medicare fee-for-service beneficiaries with hospital discharge for malignant neoplasms in the past 12 months by race/ethnicity, sex, and age: calendar year 2002

| | | Number | Percentage | Mean payment | Mean length of stay in days |
|---|---|---|---|---|---|
| Total, all race/ethnicity groups | | 236,562 | 0.75 | $10,438.75 | 6.08 |
| Male | | 113,492 | 0.83 | 11,015.28 | 6.23 |
| | Under 65 | 6,099 | 0.24 | 11,794.17 | 6.13 |
| | 65-74 years | 50,468 | 0.93 | 10,371.79 | 5.85 |
| | 75-84 years | 46,110 | 1.03 | 11,799.03 | 6.57 |
| | 85 or over | 10,815 | 0.81 | 10,237.37 | 6.59 |
| Female | | 123,070 | 0.69 | 9,907.08 | 5.95 |
| | Under 65 | 7,779 | 0.38 | 8,151.63 | 5.13 |
| | 65-74 years | 43,863 | 0.71 | 9,627.68 | 5.40 |
| | 75-84 years | 53,457 | 0.82 | 10,500.96 | 6.19 |
| | 85 or over | 17,971 | 0.58 | 9,582.39 | 6.91 |
| White | | 201,382 | 0.79 | 10,255.65 | 5.93 |
| Male | | 97,310 | 0.87 | 10,826.42 | 6.05 |
| | Under 65 | 3,886 | 0.22 | 11,027.40 | 5.58 |
| | 65-74 years | 42,981 | 0.97 | 10,199.66 | 5.71 |
| | 75-84 years | 41,038 | 1.07 | 11,643.81 | 6.39 |
| | 85 or over | 9,405 | 0.82 | 10,041.00 | 6.37 |
| Female | | 104,072 | 0.72 | 9,721.97 | 5.81 |
| | Under 65 | 5,285 | 0.38 | 7,690.04 | 4.88 |
| | 65-74 years | 36,452 | 0.73 | 9,380.82 | 5.27 |
| | 75-84 years | 46,556 | 0.85 | 10,341.03 | 6.02 |
| | 85 or over | 15,778 | 0.60 | 9,364.14 | 6.71 |
| Black | | 20,276 | 0.68 | 11,640.57 | 7.28 |
| Male | | 8,876 | 0.70 | 12,282.75 | 7.66 |
| | Under 65 | 1,443 | 0.32 | 13,033.22 | 6.89 |
| | 65-74 years | 4,193 | 0.95 | 11,083.58 | 6.83 |
| | 75-84 years | 2,487 | 0.88 | 13,740.29 | 9.15 |
| | 85 or over | 753 | 0.88 | 12,708.39 | 8.91 |
| Female | | 11,400 | 0.67 | 11,140.53 | 6.98 |
| | Under 65 | 1,706 | 0.43 | 9,223.34 | 5.76 |
| | 65-74 years | 4,329 | 0.74 | 11,143.44 | 6.21 |
| | 75-84 years | 4,003 | 0.81 | 11,844.49 | 7.77 |
| | 85 or over | 1,361 | 0.58 | 11,464.48 | 8.61 |
| Hispanic | | 10,123 | 0.50 | 10,421.60 | 6.52 |
| Male | | 5,027 | 0.53 | 10,905.06 | 6.74 |
| | Under 65 | 591 | 0.23 | 13,081.48 | 7.43 |
| | 65-74 years | 2,273 | 0.60 | 10,536.14 | 6.50 |
| | 75-84 years | 1,735 | 0.71 | 11,291.43 | 6.82 |
| | 85 or over | 427 | 0.58 | 8,286.61 | 6.72 |
| Female | | 5,096 | 0.47 | 9,944.65 | 6.30 |
| | Under 65 | 587 | 0.32 | 8,735.64 | 5.50 |
| | 65-74 years | 2,086 | 0.50 | 9,656.02 | 5.74 |
| | 75-84 years | 1,922 | 0.57 | 10,813.94 | 6.82 |
| | 85 or over | 500 | 0.34 | 9,226.69 | 7.60 |
| Asian/Pacific Islander | | 2,940 | 0.50 | 14,426.07 | 6.67 |
| Male | | 1,434 | 0.56 | 15,920.00 | 7.17 |
| | Under 65 | 48 | 0.18 | 19,543.57 | 6.99 |
| | 65-74 years | 598 | 0.55 | 16,209.75 | 6.64 |
| | 75-84 years | 629 | 0.67 | 15,417.92 | 7.44 |
| | 85 or over | 160 | 0.62 | 15,729.62 | 8.18 |
| Female | | 1,506 | 0.46 | 13,003.16 | 6.20 |
| | Under 65 | 79 | 0.34 | 11,003.77 | 5.47 |
| | 65-74 years | 585 | 0.45 | 13,206.27 | 5.84 |
| | 75-84 years | 669 | 0.51 | 12,899.59 | 6.19 |
| | 85 or over | 173 | 0.40 | 13,626.48 | 7.81 |

(continued)

## Table E-4
## Number, percentage, mean average annual payments, and mean length of stay for Medicare fee-for-service beneficiaries with hospital discharge for malignant neoplasms in the past 12 months by race/ethnicity, sex, and age: calendar year 2002 (continued)

| | | Number | Percentage | Mean payment | Mean length of stay in days |
|---|---|---|---|---|---|
| American Indian/Alaska Native | | 707 | 0.59 | $10,504.78 | 6.62 |
| Male | | 300 | 0.55 | 11,416.36 | 6.99 |
| | Under 65 | 32 | 0.17 | 10,232.69 | 8.79 |
| | 65-74 years | 141 | 0.71 | 11,624.31 | 6.52 |
| | 75-84 years | 102 | 0.82 | 11,998.65 | 7.39 |
| | 85 or over | 25 | 0.85 | 9,382.88 | 5.64 |
| Female | | 407 | 0.62 | 9,832.85 | 6.35 |
| | Under 65 | 49 | 0.32 | 8,889.46 | 4.93 |
| | 65-74 years | 180 | 0.71 | 9,779.88 | 5.80 |
| | 75-84 years | 141 | 0.75 | 9,592.36 | 7.10 |
| | 85 or over | 37 | 0.56 | 12,256.31 | 8.09 |

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries.

## Table E-5
## Number, percentage, mean average annual payments, and mean length of stay for Medicare fee-for-service beneficiaries with hospital discharge for fractures in the past 12 months by race/ethnicity, sex, and age: calendar year 2002

| | | Number | Percentage | Mean payment | Mean length of stay in days |
|---|---|---|---|---|---|
| Total, all race/ethnicity groups | | 289,083 | 0.91 | $6,831.99 | 5.52 |
| Male | | 67,616 | 0.49 | 7,335.67 | 5.78 |
| | Under 65 | 9,873 | 0.39 | 8,601.97 | 6.02 |
| | 65-74 years | 14,731 | 0.27 | 8,165.40 | 5.98 |
| | 75-84 years | 25,698 | 0.57 | 6,785.02 | 5.79 |
| | 85 or over | 17,314 | 1.29 | 6,724.91 | 5.46 |
| Female | | 221,466 | 1.24 | 6,678.21 | 5.45 |
| | Under 65 | 7,992 | 0.39 | 6,081.44 | 5.91 |
| | 65-74 years | 32,932 | 0.53 | 6,609.39 | 5.03 |
| | 75-84 years | 81,946 | 1.26 | 6,741.19 | 5.38 |
| | 85 or over | 98,597 | 3.17 | 6,697.23 | 5.60 |
| White | | 259,830 | 1.01 | 6,715.80 | 5.45 |
| Male | | 59,381 | 0.53 | 7,098.24 | 5.67 |
| | Under 65 | 7,306 | 0.42 | 7,972.38 | 5.99 |
| | 65-74 years | 12,824 | 0.29 | 8,215.16 | 5.89 |
| | 75-84 years | 23,317 | 0.61 | 6,567.73 | 5.67 |
| | 85 or over | 15,933 | 1.40 | 6,574.78 | 5.34 |
| Female | | 200,449 | 1.38 | 6,602.51 | 5.39 |
| | Under 65 | 6,140 | 0.44 | 5,690.58 | 5.88 |
| | 65-74 years | 28,525 | 0.57 | 6,495.73 | 4.92 |
| | 75-84 years | 74,692 | 1.36 | 6,682.35 | 5.32 |
| | 85 or over | 91,092 | 3.44 | 6,631.96 | 5.55 |
| Black | | 13,605 | 0.46 | 8,133.61 | 6.31 |
| Male | | 4,184 | 0.33 | 9,487.32 | 6.57 |
| | Under 65 | 1,588 | 0.35 | 10,891.92 | 6.09 |
| | 65-74 years | 989 | 0.22 | 8,001.06 | 7.02 |
| | 75-84 years | 1,071 | 0.38 | 9,079.61 | 6.86 |
| | 85 or over | 535 | 0.62 | 8,882.32 | 6.59 |
| Female | | 9,421 | 0.55 | 7,532.40 | 6.19 |
| | Under 65 | 1,116 | 0.28 | 7,978.80 | 6.45 |
| | 65-74 years | 2,051 | 0.35 | 8,039.52 | 6.18 |
| | 75-84 years | 3,031 | 0.61 | 7,214.21 | 6.11 |
| | 85 or over | 3,222 | 1.36 | 7,354.26 | 6.20 |
| Hispanic | | 10,424 | 0.51 | 7,462.68 | 5.95 |
| Male | | 2,765 | 0.29 | 8,455.11 | 6.34 |
| | Under 65 | 702 | 0.28 | 9,652.04 | 5.79 |
| | 65-74 years | 610 | 0.16 | 7,567.27 | 5.80 |
| | 75-84 years | 885 | 0.36 | 8,412.30 | 6.78 |
| | 85 or over | 568 | 0.77 | 7,997.09 | 6.90 |
| Female | | 7,659 | 0.70 | 7,104.36 | 5.81 |
| | Under 65 | 503 | 0.27 | 6,289.32 | 5.06 |
| | 65-74 years | 1,690 | 0.40 | 6,572.78 | 5.44 |
| | 75-84 years | 2,903 | 0.86 | 7,327.81 | 5.89 |
| | 85 or over | 2,563 | 1.74 | 7,361.85 | 6.10 |
| Asian/Pacific Islander | | 2,592 | 0.44 | 8,687.06 | 6.29 |
| Male | | 637 | 0.25 | 9,628.21 | 6.94 |
| | Under 65 | 70 | 0.26 | 11,132.63 | 6.67 |
| | 65-74 years | 136 | 0.13 | 9,054.67 | 6.15 |
| | 75-84 years | 264 | 0.28 | 9,972.97 | 7.24 |
| | 85 or over | 167 | 0.65 | 8,918.93 | 7.21 |
| Female | | 1,955 | 0.59 | 8,380.33 | 6.08 |
| | Under 65 | 62 | 0.27 | 8,467.13 | 7.41 |
| | 65-74 years | 347 | 0.26 | 7,772.41 | 4.97 |
| | 75-84 years | 794 | 0.61 | 8,125.57 | 6.08 |
| | 85 or over | 752 | 1.75 | 8,922.36 | 6.48 |

(continued)

## Table E-5
## Number, percentage, mean average annual payments, and mean length of stay for Medicare fee-for-service beneficiaries with hospital discharge for fractures in the past 12 months by race/ethnicity, sex, and age: calendar year 2002 (continued)

| | | Number | Percentage | Mean payment | Mean length of stay in days |
|---|---|---|---|---|---|
| American Indian/Alaska Native | | 1,184 | 0.98 | $7,567.62 | 6.46 |
| Male | | 337 | 0.62 | 9,217.16 | 7.44 |
| | Under 65 | 113 | 0.59 | 10,468.33 | 8.26 |
| | 65-74 years | 91 | 0.46 | 7,868.39 | 7.28 |
| | 75-84 years | 98 | 0.79 | 8,816.72 | 6.99 |
| | 85 or over | 35 | 1.20 | 9,805.66 | 6.49 |
| Female | | 847 | 1.28 | 6,911.32 | 6.08 |
| | Under 65 | 104 | 0.68 | 6,528.91 | 5.82 |
| | 65-74 years | 202 | 0.79 | 6,381.14 | 5.47 |
| | 75-84 years | 298 | 1.59 | 7,127.74 | 6.17 |
| | 85 or over | 243 | 3.67 | 7,250.29 | 6.58 |

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries.

## Table E-6
## Number, percentage, mean average annual payments, and mean length of stay for Medicare fee-for-service beneficiaries with hospital discharge for principal diagnosis of diabetes in the past 12 months by race/ethnicity, sex, and age: calendar year 2002

| | | Number | Percentage | Mean payment | Mean length of stay in days |
|---|---|---|---|---|---|
| Total, all race/ethnicity groups | | 113,285 | 0.36 | $6,918.17 | 6.08 |
| Male | | 52,083 | 0.38 | 7,939.44 | 6.13 |
| | Under 65 | 18,927 | 0.75 | 9,698.86 | 5.76 |
| | 65-74 years | 15,861 | 0.29 | 7,679.84 | 6.43 |
| | 75-84 years | 13,213 | 0.30 | 5,909.45 | 6.12 |
| | 85 or over | 4,082 | 0.30 | 7,360.83 | 6.79 |
| Female | | 61,202 | 0.34 | 6,049.06 | 6.04 |
| | Under 65 | 14,066 | 0.69 | 7,916.24 | 6.65 |
| | 65-74 years | 18,979 | 0.31 | 5,788.27 | 5.90 |
| | 75-84 years | 18,952 | 0.29 | 5,163.04 | 5.44 |
| | 85 or over | 9,205 | 0.30 | 5,557.87 | 6.61 |
| White | | 69,174 | 0.27 | 6,701.35 | 6.08 |
| Male | | 32,799 | 0.29 | 7,769.30 | 5.98 |
| | Under 65 | 10,726 | 0.61 | 9,898.01 | 5.45 |
| | 65-74 years | 9,638 | 0.22 | 7,509.41 | 6.25 |
| | 75-84 years | 9,405 | 0.25 | 5,573.18 | 5.97 |
| | 85 or over | 3,031 | 0.27 | 7,876.86 | 7.06 |
| Female | | 36,375 | 0.25 | 5,738.38 | 6.16 |
| | Under 65 | 7,151 | 0.51 | 7,760.50 | 7.16 |
| | 65-74 years | 11,037 | 0.22 | 5,396.10 | 6.01 |
| | 75-84 years | 11,736 | 0.21 | 4,905.42 | 5.27 |
| | 85 or over | 6,451 | 0.24 | 5,597.97 | 6.92 |
| Black | | 27,828 | 0.93 | 6,806.95 | 6.02 |
| Male | | 11,518 | 0.91 | 7,584.87 | 6.19 |
| | Under 65 | 5,291 | 1.16 | 7,917.45 | 5.76 |
| | 65-74 years | 3,549 | 0.81 | 7,758.11 | 6.51 |
| | 75-84 years | 2,060 | 0.72 | 6,863.95 | 6.65 |
| | 85 or over | ,617 | 0.72 | 6,143.93 | 6.41 |
| Female | | 16,310 | 0.95 | 6,257.60 | 5.91 |
| | Under 65 | 4,956 | 1.25 | 7,487.06 | 6.21 |
| | 65-74 years | 5,083 | 0.87 | 6,074.41 | 5.70 |
| | 75-84 years | 4,538 | 0.92 | 5,420.83 | 5.81 |
| | 85 or over | 1,734 | 0.73 | 5,470.64 | 5.90 |
| Hispanic | | 12,743 | 0.63 | 7,963.05 | 6.21 |
| Male | | 6,106 | 0.64 | 9,185.65 | 6.77 |
| | Under 65 | 2,292 | 0.90 | 12,246.54 | 6.86 |
| | 65-74 years | 2,166 | 0.58 | 8,034.15 | 7.07 |
| | 75-84 years | 1,339 | 0.55 | 6,668.89 | 6.39 |
| | 85 or over | 309 | 0.42 | 5,455.28 | 5.73 |
| Female | | 6,636 | 0.61 | 6,838.11 | 5.69 |
| | Under 65 | 1,510 | 0.82 | 9,137.99 | 5.76 |
| | 65-74 years | 2,258 | 0.54 | 6,693.33 | 5.67 |
| | 75-84 years | 2,067 | 0.61 | 5,865.66 | 5.61 |
| | 85 or over | 801 | 0.54 | 5,419.19 | 5.81 |
| Asian/Pacific Islander | | 1,493 | 0.26 | 8,104.21 | 5.96 |
| Male | | 688 | 0.27 | 9,515.36 | 6.30 |
| | Under 65 | 132 | 0.49 | 15,900.22 | 7.88 |
| | 65-74 years | 215 | 0.20 | 10,682.56 | 6.43 |
| | 75-84 years | 258 | 0.28 | 6,370.40 | 5.82 |
| | 85 or over | 83 | 0.32 | 6,124.10 | 4.96 |
| Female | | 806 | 0.25 | 6,899.57 | 5.67 |
| | Under 65 | 119 | 0.51 | 10,132.83 | 6.53 |
| | 65-74 years | 233 | 0.18 | 6,788.27 | 5.63 |
| | 75-84 years | 347 | 0.26 | 6,126.54 | 5.22 |
| | 85 or over | 107 | 0.25 | 6,038.87 | 6.23 |

(continued)

## Table E-6
## Number, percentage, mean average annual payments, and mean length of stay for Medicare fee-for-service beneficiaries with hospital discharge for principal diagnosis of diabetes in the past 12 months by race/ethnicity, sex, and age: calendar year 2002 (continued)

| | | Number | Percentage | Mean payment | Mean length of stay in days |
|---|---|---|---|---|---|
| American Indian/Alaska Native | | 1,305 | 1.08 | $8,132.05 | 6.37 |
| Male | | 611 | 1.12 | 8,207.53 | 6.59 |
| | Under 65 | 279 | 1.45 | 9,550.83 | 6.93 |
| | 65-74 years | 204 | 1.02 | 7,542.20 | 6.41 |
| | 75-84 years | 106 | 0.86 | 6,735.66 | 6.51 |
| | 85 or over | 22 | 0.75 | 4,433.20 | 4.41 |
| Female | | 694 | 1.05 | 8,065.60 | 6.17 |
| | Under 65 | 231 | 1.52 | 11,268.22 | 6.58 |
| | 65-74 years | 250 | 0.98 | 7,686.95 | 6.38 |
| | 75-84 years | 170 | 0.91 | 5,212.73 | 5.62 |
| | 85 or over | 43 | 0.65 | 4,341.00 | 4.97 |

SOURCE: 2002 SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries.

## APPENDIX F:
## TABLES OF UTILIZATION FOR TYPES OF SERVICE BY AGE, GENDER, AND RACE/ETHNICITY IN 2002

## LIST OF TABLES IN APPENDIX F

## F-1

## Number, percentage, and mean annual payment for Medicare fee-for-service beneficiaries receiving any type of services in the past 12 months by race/ethnicity, sex, and age: calendar year 2002

| | | Received any type of service | | |
|---|---|---|---|---|
| | | Number | Percentage | Mean payment per user |
| Total, all race/ethnicity groups | | 27,102,197 | 85.77 | $4,803.31 |
| Male | | 11,175,795 | 81.26 | 5,121.56 |
| | Under 65 | 1,810,819 | 71.40 | 5,755.17 |
| | 65-74 years | 4,212,502 | 77.99 | 4,353.00 |
| | 75-84 years | 3,961,752 | 88.53 | 5,427.39 |
| | 85 or over | 1,190,723 | 88.84 | 5,859.37 |
| Female | | 15,926,402 | 89.25 | 4,580.00 |
| | Under 65 | 1,641,058 | 80.63 | 5,837.35 |
| | 65-74 years | 5,370,159 | 86.71 | 3,862.87 |
| | 75-84 years | 6,059,977 | 93.18 | 4,667.15 |
| | 85 or over | 2,855,207 | 91.74 | 5,021.16 |
| White | | 22,495,433 | 87.72 | 4,607.03 |
| Male | | 9,329,928 | 83.84 | 4,919.28 |
| | Under 65 | 1,269,613 | 72.71 | 4,958.98 |
| | 65-74 years | 3,547,767 | 80.32 | 4,191.11 |
| | 75-84 years | 3,464,058 | 90.57 | 5,376.69 |
| | 85 or over | 1,048,490 | 91.91 | 5,823.87 |
| Female | | 13,165,505 | 90.69 | 4,385.75 |
| | Under 65 | 1,122,405 | 80.62 | 5,217.38 |
| | 65-74 years | 4,387,180 | 87.95 | 3,662.92 |
| | 75-84 years | 5,172,887 | 94.19 | 4,558.64 |
| | 85 or over | 2,483,032 | 93.89 | 4,926.78 |
| Black | | 2,380,997 | 79.92 | 6,367.01 |
| Male | | 906,918 | 71.60 | 6,933.14 |
| | Under 65 | 317,013 | 69.43 | 8,442.67 |
| | 65-74 years | 306,675 | 69.70 | 5,902.81 |
| | 75-84 years | 218,917 | 77.03 | 6,309.31 |
| | 85 or over | 64,314 | 74.87 | 6,528.97 |
| Female | | 1,474,079 | 86.07 | 6,018.70 |
| | Under 65 | 332,751 | 83.62 | 7,603.91 |
| | 65-74 years | 490,286 | 84.03 | 5,333.65 |
| | 75-84 years | 447,746 | 90.50 | 5,649.36 |
| | 85 or over | 203,297 | 86.00 | 5,889.63 |
| Hispanic | | 1,501,639 | 73.70 | 5,312.83 |
| Male | | 640,169 | 67.48 | 5,506.94 |
| | Under 65 | 171,446 | 67.46 | 6,386.73 |
| | 65-74 years | 241,274 | 64.13 | 4,837.76 |
| | 75-84 years | 178,872 | 73.30 | 5,475.29 |
| | 85 or over | 48,576 | 65.41 | 5,842.08 |
| Female | | 861,470 | 79.12 | 5,168.59 |
| | Under 65 | 141,994 | 76.92 | 6,219.16 |
| | 65-74 years | 331,359 | 78.93 | 4,446.27 |
| | 75-84 years | 283,603 | 84.20 | 5,284.34 |
| | 85 or over | 104,513 | 70.83 | 5,717.30 |
| Asian/Pacific Islander | | 470,986 | 80.84 | 4,421.71 |
| Male | | 194,384 | 76.51 | 4,883.92 |
| | Under 65 | 18,292 | 68.64 | 7,275.59 |
| | 65-74 years | 76,197 | 70.39 | 3,920.81 |
| | 75-84 years | 78,407 | 83.82 | 5,033.72 |
| | 85 or over | 21,488 | 83.87 | 5,716.55 |
| Female | | 276,602 | 84.18 | 4,096.89 |
| | Under 65 | 16,896 | 72.54 | 7,356.94 |
| | 65-74 years | 106,829 | 81.34 | 3,363.94 |
| | 75-84 years | 115,747 | 88.31 | 4,123.28 |
| | 85 or over | 37,129 | 86.58 | 4,640.00 |

(continued)

**F-1**

**Number, percentage, and mean annual payment for Medicare fee-for-service beneficiaries receiving any type of services in the past 12 months by race/ethnicity, sex, and age: calendar year 2002 (continued)**

| | | Received any type of service | | |
|---|---|---|---|---|
| | | Number | Percentage | Mean payment per user |
| American Indian/Alaska Native | | 99,247 | 82.32 | $5,935.41 |
| Male | | 41,721 | 76.56 | 6,013.21 |
| | Under 65 | 14,206 | 73.60 | 6,855.18 |
| | 65-74 years | 14,877 | 74.74 | 5,390.24 |
| | 75-84 years | 10,138 | 81.99 | 5,802.37 |
| | 85 or over | 2,500 | 85.41 | 5,791.02 |
| Female | | 57,526 | 87.08 | 5,878.98 |
| | Under 65 | 13,064 | 85.88 | 7,836.55 |
| | 65-74 years | 21,484 | 84.36 | 5,190.29 |
| | 75-84 years | 16,848 | 89.85 | 5,350.46 |
| | 85 or over | 6,130 | 92.47 | 5,573.41 |

SOURCE: 2002 NCH Carrier, SAF OPD, SAF Inpatient, SAF Home Health, and SAF DME Claims that match a sample of 1,960,121 beneficiaries

## Table F-2
## Number, percentage, and mean annual payment for Medicare fee-for-service beneficiaries with an overnight hospital stay or physician visits in the past 12 months by race/ethnicity, sex, and age: calendar year 2002

| | | Overnight hospital stay | | | Physician visits | | |
|---|---|---|---|---|---|---|---|
| | | Number | Percentage | Mean payment per user | Number | Percentage | Mean payment per user |
| Total, all race/ethnicity groups | | 5,329,988 | 16.87 | $10,447.29 | 24,142,716 | 76.41 | $516.67 |
| Male | | 2,231,465 | 16.23 | 11,584.70 | 9,803,482 | 71.28 | 508.65 |
| | Under 65 | 359,034 | 14.16 | 13,345.82 | 1,450,119 | 57.18 | 508.87 |
| | 65-74 years | 718,886 | 13.31 | 11,607.71 | 3,664,489 | 67.84 | 433.13 |
| | 75-84 years | 839,842 | 18.77 | 11,502.15 | 3,604,970 | 80.56 | 552.27 |
| | 85 or over | 313,703 | 23.40 | 9,737.37 | 1,083,905 | 80.87 | 618.56 |
| Female | | 3,098,524 | 17.36 | 9,628.16 | 14,339,234 | 80.36 | 522.16 |
| | Under 65 | 361,152 | 17.74 | 11,061.75 | 1,431,407 | 70.33 | 586.79 |
| | 65-74 years | 814,125 | 13.14 | 9,840.50 | 4,801,366 | 77.52 | 457.78 |
| | 75-84 years | 1,187,877 | 18.27 | 9,722.06 | 5,586,485 | 85.90 | 542.26 |
| | 85 or over | 735,370 | 23.63 | 8,537.35 | 2,519,975 | 80.97 | 563.58 |
| White | | 4,381,351 | 17.08 | 10,135.87 | 20,142,121 | 78.54 | 503.70 |
| Male | | 1,840,959 | 16.54 | 11,297.97 | 8,252,137 | 74.15 | 496.30 |
| | Under 65 | 237,756 | 13.62 | 12,433.91 | 1,027,427 | 58.84 | 478.46 |
| | 65-74 years | 594,274 | 13.45 | 11,386.83 | 3,097,981 | 70.14 | 417.48 |
| | 75-84 years | 733,010 | 19.17 | 11,466.74 | 3,167,621 | 82.82 | 543.68 |
| | 85 or over | 275,918 | 24.19 | 9,679.42 | 959,108 | 84.08 | 613.49 |
| Female | | 2,540,392 | 17.50 | 9,293.73 | 11,889,985 | 81.90 | 508.83 |
| | Under 65 | 238,145 | 17.10 | 10,209.17 | ,984,446 | 70.71 | 569.98 |
| | 65-74 years | 650,002 | 13.03 | 9,463.77 | 3,926,669 | 78.72 | 439.97 |
| | 75-84 years | 1,011,260 | 18.41 | 9,543.67 | 4,782,482 | 87.09 | 530.93 |
| | 85 or over | 640,986 | 24.24 | 8,386.87 | 2,196,388 | 83.05 | 556.42 |
| Black | | 547,938 | 18.39 | 12,191.56 | 2,035,050 | 68.31 | 569.82 |
| Male | | 215,813 | 17.04 | 13,236.11 | 743,947 | 58.73 | 572.66 |
| | Under 65 | 77,919 | 17.07 | 15,310.19 | 242,679 | 53.15 | 605.24 |
| | 65-74 years | 65,775 | 14.95 | 12,797.75 | 258,444 | 58.74 | 521.18 |
| | 75-84 years | 53,422 | 18.80 | 11,806.92 | 187,741 | 66.06 | 591.50 |
| | 85 or over | 18,697 | 21.77 | 10,218.07 | 55,083 | 64.13 | 606.41 |
| Female | | 332,124 | 19.39 | 11,512.81 | 1,291,104 | 75.39 | 568.19 |
| | Under 65 | 84,790 | 21.31 | 12,837.42 | 285,219 | 71.67 | 628.59 |
| | 65-74 years | 93,376 | 16.00 | 11,966.14 | 432,343 | 74.10 | 524.01 |
| | 75-84 years | 98,840 | 19.98 | 10,936.78 | 400,069 | 80.86 | 572.96 |
| | 85 or over | 55,120 | 23.32 | 9,740.15 | 173,473 | 73.39 | 567.96 |
| Hispanic | | 291,838 | 14.32 | 11,208.31 | 1,322,252 | 64.90 | 608.54 |
| Male | | 126,959 | 13.38 | 12,276.64 | 545,619 | 57.51 | 578.50 |
| | Under 65 | 33,072 | 13.01 | 14,702.09 | 138,111 | 54.34 | 564.23 |
| | 65-74 years | 42,969 | 11.42 | 12,279.86 | 205,853 | 54.72 | 526.53 |
| | 75-84 years | 37,931 | 15.54 | 11,114.30 | 158,635 | 65.01 | 626.46 |
| | 85 or over | 12,987 | 17.49 | 9,484.31 | 43,019 | 57.92 | 696.16 |
| Female | | 164,879 | 15.14 | 10,385.67 | 776,633 | 71.33 | 629.64 |
| | Under 65 | 28,926 | 15.67 | 12,013.97 | 124,560 | 67.48 | 627.35 |
| | 65-74 years | 53,244 | 12.68 | 10,294.47 | 297,799 | 70.94 | 572.61 |
| | 75-84 years | 56,490 | 16.77 | 10,221.97 | 260,909 | 77.46 | 671.52 |
| | 85 or over | 26,218 | 17.77 | 9,127.13 | 93,365 | 63.27 | 697.53 |
| Asian/Pacific Islander | | 58,609 | 10.06 | 12,938.86 | 427,742 | 73.41 | 602.00 |
| Male | | 26,480 | 10.42 | 14,119.24 | 175,000 | 68.88 | 613.80 |
| | Under 65 | 3,121 | 11.71 | 18,281.58 | 14,665 | 55.03 | 571.32 |
| | 65-74 years | 8,493 | 7.85 | 13,998.66 | 68,100 | 62.91 | 525.75 |
| | 75-84 years | 10,835 | 11.58 | 13,640.25 | 72,412 | 77.41 | 667.61 |
| | 85 or over | 4,030 | 15.73 | 12,437.87 | 19,824 | 77.37 | 751.16 |
| Female | | 32,129 | 9.78 | 11,966.04 | 252,742 | 76.92 | 593.83 |
| | Under 65 | 3,134 | 13.45 | 16,014.71 | 14,459 | 62.08 | 611.39 |
| | 65-74 years | 9,203 | 7.01 | 11,585.02 | 97,327 | 74.10 | 536.13 |
| | 75-84 years | 13,590 | 10.37 | 11,847.55 | 107,446 | 81.98 | 622.70 |
| | 85 or over | 6,203 | 14.46 | 10,745.55 | 33,510 | 78.14 | 661.29 |

(continued)

## Table F-2
## Number, percentage, and mean annual payment for Medicare fee-for-service beneficiaries with an overnight hospital stay or physician visits in the past 12 months by race/ethnicity, sex, and age: calendar year 2002 (continued)

| | | Overnight hospital stay | | | Physician visits | | |
|---|---|---|---|---|---|---|---|
| | | Number | Percentage | Mean payment per user | Number | Percentage | Mean payment per user |
| American Indian/Alaska Native | | 24,173 | 20.05 | $10,985.27 | 82,807 | 68.69 | $431.35 |
| Male | | 10,170 | 18.66 | 11,780.29 | 33,686 | 61.81 | 412.82 |
| | Under 65 | 3,349 | 17.35 | 13,121.96 | 11,113 | 57.57 | 453.50 |
| | 65-74 years | 3,473 | 17.45 | 11,455.78 | 12,033 | 60.46 | 373.29 |
| | 75-84 years | 2,581 | 20.87 | 11,179.62 | 8,456 | 68.39 | 413.89 |
| | 85 or over | 767 | 26.20 | 9,412.82 | 2,084 | 71.20 | 419.82 |
| Female | | 14,003 | 21.20 | 10,407.87 | 49,121 | 74.36 | 444.05 |
| | Under 65 | 3,503 | 23.03 | 12,431.02 | 11,166 | 73.40 | 534.41 |
| | 65-74 years | 4,577 | 17.97 | 10,373.01 | 18,131 | 71.20 | 402.73 |
| | 75-84 years | 4,143 | 22.09 | 9,410.94 | 14,663 | 78.19 | 433.62 |
| | 85 or over | 1,780 | 26.85 | 8,836.40 | 5,161 | 77.85 | 423.36 |

SOURCE: 2002 NCH Carrier and SAF Inpatient Claims that match a sample of 1,960,121 beneficiaries

## Table F-3
## Number, percentage, and mean annual payment for Medicare fee-for-service beneficiaries receiving nursing home care or home health services in the past 12 months by race/ethnicity, sex, and age: calendar year 2002

| | | Receiving nursing home care | | Mean payment per user | Receiving home health services | | Mean payment per user |
|---|---|---|---|---|---|---|---|
| | | Number | Percentage | | Number | Percentage | |
| Total, all race/ethnicity groups | | 1,734,722 | 5.49 | $5,397.85 | 2,057,839 | 6.51 | $3,479.31 |
| Male | | 507,423 | 3.69 | 5,576.31 | 682,873 | 4.97 | 3,324.55 |
| | Under 65 | 83,117 | 3.28 | 3,806.80 | 88,369 | 3.48 | 3,613.34 |
| | 65-74 years | 97,541 | 1.81 | 5,682.82 | 163,436 | 3.03 | 3,054.93 |
| | 75-84 years | 184,094 | 4.11 | 6,278.75 | 271,731 | 6.07 | 3,278.97 |
| | 85 or over | 142,671 | 10.64 | 5,627.97 | 159,336 | 11.89 | 3,518.65 |
| Female | | 1,227,299 | 6.88 | 5,324.07 | 1,374,967 | 7.71 | 3,556.18 |
| | Under 65 | 68,396 | 3.36 | 3,975.98 | 96,780 | 4.76 | 3,719.48 |
| | 65-74 years | 138,002 | 2.23 | 5,594.36 | 257,527 | 4.16 | 3,613.11 |
| | 75-84 years | 418,230 | 6.43 | 5,768.66 | 548,812 | 8.44 | 3,531.88 |
| | 85 or over | 602,670 | 19.36 | 5,106.64 | 471,848 | 15.16 | 3,519.87 |
| White | | 1,473,715 | 5.75 | 5,378.94 | 1,629,784 | 6.36 | 3,334.85 |
| Male | | 414,111 | 3.72 | 5,572.82 | 542,044 | 4.87 | 3,206.37 |
| | Under 65 | 60,547 | 3.47 | 3,694.40 | 57,127 | 3.27 | 3,630.93 |
| | 65-74 years | 73,915 | 1.67 | 5,540.60 | 124,047 | 2.81 | 2,891.37 |
| | 75-84 years | 154,514 | 4.04 | 6,306.76 | 224,932 | 5.88 | 3,132.78 |
| | 85 or over | 125,135 | 10.97 | 5,594.46 | 135,938 | 11.92 | 3,437.14 |
| Female | | 1,059,604 | 7.30 | 5,303.17 | 1,087,740 | 7.49 | 3,398.87 |
| | Under 65 | 52,774 | 3.79 | 3,665.19 | 61,635 | 4.43 | 3,661.60 |
| | 65-74 years | 109,979 | 2.20 | 5,486.51 | 185,915 | 3.73 | 3,459.10 |
| | 75-84 years | 360,326 | 6.56 | 5,782.13 | 441,547 | 8.04 | 3,358.71 |
| | 85 or over | 536,525 | 20.29 | 5,105.03 | 398,644 | 15.07 | 3,374.65 |
| Black | | 168,318 | 5.65 | 5,640.12 | 239,684 | 8.05 | 4,307.16 |
| Male | | 59,930 | 4.73 | 5,752.75 | 74,860 | 5.91 | 4,018.24 |
| | Under 65 | 15,148 | 3.32 | 4,157.91 | 19,378 | 4.24 | 3,740.85 |
| | 65-74 years | 15,647 | 3.56 | 6,332.36 | 21,520 | 4.89 | 3,775.51 |
| | 75-84 years | 18,715 | 6.58 | 6,342.66 | 23,063 | 8.11 | 4,201.65 |
| | 85 or over | 10,419 | 12.13 | 6,141.36 | 10,900 | 12.69 | 4,602.51 |
| Female | | 108,388 | 6.33 | 5,577.84 | 164,823 | 9.62 | 4,438.38 |
| | Under 65 | 10,773 | 2.71 | 5,347.78 | 24,442 | 6.14 | 3,939.61 |
| | 65-74 years | 18,488 | 3.17 | 6,295.92 | 41,623 | 7.13 | 4,184.74 |
| | 75-84 years | 37,394 | 7.56 | 5,739.72 | 58,986 | 11.92 | 4,579.84 |
| | 85 or over | 41,732 | 17.65 | 5,174.06 | 39,772 | 16.83 | 4,800.57 |
| Hispanic | | 59,946 | 2.94 | 5,317.20 | 141,941 | 6.97 | 3,533.16 |
| Male | | 22,873 | 2.41 | 5,240.22 | 49,453 | 5.21 | 3,290.13 |
| | Under 65 | 5,324 | 2.09 | 3,994.89 | 9,531 | 3.75 | 3,237.87 |
| | 65-74 years | 5,790 | 1.54 | 5,712.52 | 13,857 | 3.68 | 3,244.20 |
| | 75-84 years | 7,418 | 3.04 | 5,621.44 | 17,133 | 7.02 | 3,400.53 |
| | 85 or over | 4,340 | 5.84 | 5,486.33 | 8,933 | 12.03 | 3,205.41 |
| Female | | 37,073 | 3.40 | 5,364.69 | 92,487 | 8.49 | 3,663.11 |
| | Under 65 | 3,436 | 1.86 | 4,305.14 | 8,582 | 4.65 | 3,465.33 |
| | 65-74 years | 6,633 | 1.58 | 5,490.67 | 23,453 | 5.59 | 3,686.84 |
| | 75-84 years | 13,540 | 4.02 | 5,686.89 | 36,417 | 10.81 | 3,710.10 |
| | 85 or over | 13,464 | 9.12 | 5,249.04 | 24,036 | 16.29 | 3,639.38 |
| Asian/Pacific Islander | | 17,316 | 2.97 | 5,509.02 | 28,756 | 4.94 | 4,230.22 |
| Male | | 6,001 | 2.36 | 5,848.83 | 10,818 | 4.26 | 4,324.37 |
| | Under 65 | 765 | 2.87 | 3,833.57 | 842 | 3.16 | 3,217.35 |
| | 65-74 years | 1,109 | 1.02 | 6,153.64 | 2,373 | 2.19 | 3,692.72 |
| | 75-84 years | 2,308 | 2.47 | 6,509.96 | 5,063 | 5.41 | 4,901.65 |
| | 85 or over | 1,819 | 7.10 | 5,671.32 | 2,540 | 9.91 | 4,130.75 |
| Female | | 11,315 | 3.44 | 5,328.80 | 17,937 | 5.46 | 4,173.43 |
| | Under 65 | 508 | 2.18 | 3,978.52 | 747 | 3.21 | 3,490.74 |
| | 65-74 years | 1,537 | 1.17 | 5,708.89 | 4,054 | 3.09 | 4,298.97 |
| | 75-84 years | 4,442 | 3.39 | 5,643.46 | 8,277 | 6.32 | 4,284.57 |
| | 85 or over | 4,829 | 11.26 | 5,060.49 | 4,860 | 11.33 | 3,984.29 |

(continued)

**Table F-3**
**Number, percentage, and mean annual payment for Medicare fee-for-service beneficiaries receiving nursing home care or home health services in the past 12 months by race/ethnicity, sex, and age: calendar year 2002 (continued)**

| | | Receiving nursing home care | | Mean payment per user | Receiving home health services | | Mean payment per user |
|---|---|---|---|---|---|---|---|
| | | Number | Percentage | | Number | Percentage | |
| American Indian/Alaska Native | | 5,112 | 4.24 | $4,759.37 | 6,085 | 5.05 | $4,274.96 |
| Male | | 1,902 | 3.49 | 4,891.19 | 2,065 | 3.79 | 4,041.75 |
| | Under 65 | 504 | 2.61 | 4,117.33 | 572 | 2.96 | 3,958.11 |
| | 65-74 years | 534 | 2.68 | 5,309.87 | 613 | 3.08 | 3,772.85 |
| | 75-84 years | 593 | 4.80 | 5,141.66 | 640 | 5.18 | 4,029.73 |
| | 85 or over | 271 | 9.26 | 4,957.30 | 240 | 8.20 | 4,959.93 |
| Female | | 3,210 | 4.86 | 4,681.27 | 4,020 | 6.09 | 4,394.76 |
| | Under 65 | 389 | 2.56 | 5,286.48 | 655 | 4.31 | 4,405.70 |
| | 65-74 years | 692 | 2.72 | 5,218.80 | 1,073 | 4.21 | 3,890.90 |
| | 75-84 years | 1,063 | 5.67 | 4,780.83 | 1,426 | 7.60 | 4,459.26 |
| | 85 or over | 1,066 | 16.08 | 4,012.20 | 866 | 13.06 | 4,904.59 |

SOURCE: 2002 NCH Carrier, SAF SNF, and SAF Home Health Claims that match a sample of 1,960,121 beneficiaries

## Table F-4
## Number, percentage, and mean annual payment for Medicare fee-for-service beneficiaries receiving durable medical equipment or emergency room services in the past 12 months by race/ethnicity, sex, and age: calendar year 2002

| | | Receiving durable medical equipment | | Mean payment | Receiving emergency room services | | Mean payment |
|---|---|---|---|---|---|---|---|
| | | Number | Percentage | per user | Number | Percentage | per user |
| Total, all race/ethnicity groups | | 6,332,266 | 20.04 | $396.20 | 6,622,085 | 20.96 | $587.20 |
| Male | | 2,420,277 | 17.60 | 431.51 | 2,676,516 | 19.46 | 594.56 |
| | Under 65 | 403,807 | 15.92 | 614.50 | 597,757 | 23.57 | 584.70 |
| | 65-74 years | 823,223 | 15.24 | 393.63 | 792,922 | 14.68 | 549.37 |
| | 75-84 years | 899,639 | 20.10 | 398.69 | 918,162 | 20.52 | 613.02 |
| | 85 or over | 293,609 | 21.90 | 386.61 | 367,675 | 27.43 | 661.98 |
| Female | | 3,911,989 | 21.92 | 374.35 | 3,945,569 | 22.11 | 582.20 |
| | Under 65 | 455,668 | 22.39 | 486.38 | 577,205 | 28.36 | 548.52 |
| | 65-74 years | 1,141,367 | 18.43 | 362.23 | 996,929 | 16.10 | 515.98 |
| | 75-84 years | 1,532,371 | 23.56 | 351.48 | 1,439,002 | 22.13 | 587.86 |
| | 85 or over | 782,581 | 25.14 | 371.59 | 932,434 | 29.96 | 665.10 |
| White | | 5,064,774 | 19.75 | 364.81 | 5,290,250 | 20.63 | 567.08 |
| Male | | 1,981,638 | 17.81 | 399.06 | 2,145,557 | 19.28 | 568.53 |
| | Under 65 | 283,846 | 16.26 | 579.99 | 401,986 | 23.02 | 525.60 |
| | 65-74 years | 676,194 | 15.31 | 366.78 | 636,478 | 14.41 | 519.30 |
| | 75-84 years | 772,027 | 20.19 | 374.84 | 787,417 | 20.59 | 596.79 |
| | 85 or over | 249,570 | 21.88 | 355.69 | 319,677 | 28.02 | 650.93 |
| Female | | 3,083,136 | 21.24 | 342.79 | 3,144,693 | 21.66 | 566.09 |
| | Under 65 | 306,852 | 22.04 | 462.55 | 377,658 | 27.13 | 505.42 |
| | 65-74 years | 875,244 | 17.55 | 339.02 | 761,768 | 15.27 | 491.46 |
| | 75-84 years | 1,253,525 | 22.83 | 320.71 | 1,199,507 | 21.84 | 572.79 |
| | 85 or over | 647,514 | 24.48 | 333.87 | 805,759 | 30.47 | 655.12 |
| Black | | 668,669 | 22.44 | 437.02 | 781,159 | 26.22 | 707.26 |
| Male | | 211,230 | 16.68 | 480.47 | 301,801 | 23.83 | 750.09 |
| | Under 65 | 68,135 | 14.92 | 593.66 | 127,575 | 27.94 | 763.57 |
| | 65-74 years | 71,139 | 16.17 | 415.27 | 84,853 | 19.29 | 725.46 |
| | 75-84 years | 54,611 | 19.22 | 426.71 | 65,766 | 23.14 | 750.18 |
| | 85 or over | 17,345 | 20.19 | 472.48 | 23,607 | 27.48 | 765.51 |
| Female | | 457,439 | 26.71 | 416.96 | 479,358 | 27.99 | 680.30 |
| | Under 65 | 98,722 | 24.81 | 483.25 | 139,492 | 35.05 | 659.78 |
| | 65-74 years | 145,455 | 24.93 | 358.20 | 134,327 | 23.02 | 648.77 |
| | 75-84 years | 144,520 | 29.21 | 391.60 | 132,512 | 26.78 | 692.33 |
| | 85 or over | 68,743 | 29.08 | 499.37 | 73,027 | 30.89 | 755.64 |
| Hispanic | | 444,435 | 21.81 | 687.20 | 404,551 | 19.86 | 601.51 |
| Male | | 168,258 | 17.74 | 745.26 | 168,594 | 17.77 | 620.91 |
| | Under 65 | 41,909 | 16.49 | 896.05 | 52,684 | 20.73 | 597.35 |
| | 65-74 years | 56,380 | 14.99 | 689.49 | 53,225 | 14.15 | 599.19 |
| | 75-84 years | 51,341 | 21.04 | 705.83 | 46,108 | 18.89 | 649.97 |
| | 85 or over | 18,628 | 25.08 | 683.44 | 16,576 | 22.32 | 684.69 |
| Female | | 276,177 | 25.37 | 651.83 | 235,958 | 21.67 | 587.65 |
| | Under 65 | 40,856 | 22.13 | 675.30 | 46,208 | 25.03 | 553.13 |
| | 65-74 years | 91,160 | 21.71 | 597.78 | 76,335 | 18.18 | 522.22 |
| | 75-84 years | 97,289 | 28.88 | 678.16 | 77,773 | 23.09 | 622.64 |
| | 85 or over | 46,871 | 31.76 | 681.82 | 35,643 | 24.15 | 696.19 |
| Asian/Pacific Islander | | 98,312 | 16.87 | 416.30 | 78,505 | 13.47 | 721.34 |
| Male | | 37,995 | 14.96 | 454.41 | 33,210 | 13.07 | 768.48 |
| | Under 65 | 2,884 | 10.82 | 547.24 | 4,499 | 16.88 | 755.49 |
| | 65-74 years | 12,333 | 11.39 | 402.59 | 10,009 | 9.25 | 708.99 |
| | 75-84 years | 16,805 | 17.97 | 463.39 | 13,417 | 14.34 | 797.60 |
| | 85 or over | 5,974 | 23.32 | 491.31 | 5,285 | 20.63 | 818.30 |
| Female | | 60,317 | 18.36 | 392.29 | 45,295 | 13.78 | 686.77 |
| | Under 65 | 2,968 | 12.74 | 458.32 | 4,408 | 18.93 | 733.59 |
| | 65-74 years | 18,883 | 14.38 | 353.07 | 13,141 | 10.00 | 590.92 |
| | 75-84 years | 26,952 | 20.56 | 384.78 | 18,886 | 14.41 | 705.76 |
| | 85 or over | 11,513 | 26.85 | 457.18 | 8,861 | 20.66 | 765.15 |

(continued)

**Table F-4**
**Number, percentage, and mean annual payment for Medicare fee-for-service beneficiaries receiving durable medical equipment or emergency room services in the past 12 months by race/ethnicity, sex, and age: calendar year 2002 (continued)**

| | | Receiving durable medical equipment | | Mean payment | Receiving emergency room services | | Mean payment |
|---|---|---|---|---|---|---|---|
| | | Number | Percentage | per user | Number | Percentage | per user |
| American Indian/Alaska Native | | 23,338 | 19.36 | $421.40 | $32,702 | 27.13 | $439.69 |
| Male | | 8,730 | 16.02 | 464.92 | 13,163 | 24.15 | 460.78 |
| | Under 65 | 3,084 | 15.98 | 560.02 | 5,433 | 28.15 | 500.57 |
| | 65-74 years | 2,777 | 13.95 | 409.14 | 3,964 | 19.92 | 439.56 |
| | 75-84 years | 2,224 | 17.99 | 426.58 | 2,881 | 23.30 | 415.35 |
| | 85 or over | 645 | 22.04 | 382.55 | 885 | 30.24 | 459.47 |
| Female | | 14,608 | 22.11 | 395.39 | 19,539 | 29.58 | 425.48 |
| | Under 65 | 3,480 | 22.88 | 480.33 | 5,589 | 36.74 | 467.51 |
| | 65-74 years | 4,683 | 18.39 | 367.32 | 6,255 | 24.56 | 394.24 |
| | 75-84 years | 4,476 | 23.87 | 365.41 | 5,376 | 28.67 | 412.88 |
| | 85 or over | 1,969 | 29.70 | 380.16 | 2,319 | 34.98 | 437.67 |

SOURCE: 2002 SAF DME, SAF OPD, and NCH Inpatient Claims that match a sample of 1,960,121 beneficiaries

# APPENDIX G:
# DESCRIPTION OF SPECIFICATIONS FOR CREATION OF THE SERVICE USE AND OTHER ANALYSIS VARIABLES CONTAINED IN TABLES IN APPENDICES A – F

**Definition of variables used in this report**

**Table C-1 – Diagnosed with Diabetes**

Inpatient claim with diagnosis of 250.0x-250.9x, 357.2x, 362.0x, 648.0x, 366.41 or
Physician or OPD claim with a diagnosis of 250.0x-250.9x, 357.2x, 362.0x, 648.0x, 366.41
along with an acute procedure, or 2 non-acute procedures more than 7 days apart.

Acute Procedure = 99221 – 99233, 99238 – 99239, 99251 – 99263, 99281 – 99292, 99356 - 99357
Non-Acute Procedure = 99201 - 99220, 99241 - 99245, 99271 - 99275, 99341 - 99355, 99381 - 99429, 92002 - 92014, 99301 - 99313, 99321 - 99323, 99499

Percent = Percent of Medicare Population Diagnosed with Diabetes

**Table C-2 – Foot Care**

OPD, Physician, or DME claim with podiatry visits or therapeutic shoes
Podiatry visits = specialty is 48(podiatry) and diagnosis = 250.xx
Therapeutic shoes = procedure is A5500 – A5507

**Eye Exam**

OPD, Physician, DME, or Home Health claim with procedure
67101, 67105, 67107, 67108, 67110, 67112, 67141, 67145, 67208, 67210, 67218, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92225, 92226, 92230, 92235, 92240, 92250, 92260
or specialty is 18 (ophthalmology) or 41 (Optometry) and procedure is
99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245

**Table C-3 – Physiologic Measures**

OPD, Physician, or DME claim with HglA1c Testing, Lipid Profiling or Microalbumin
HglA1c Test = procedure 83036
Lipid Profiling = procedure 88061 or 3 of 82465, 83718, 84478 on same day
Microalbumin = procedure 82043 or 82044

**Self-Care**

OPD, Physician, or DME claim with Self-Monitoring or Diabetes Education
Self-Monitoring = procedure 82962, A4253, or E0607
Diabetes Education = procedure G0108 or G0109

**Table D-1 – Chronic Lung Disease**

Inpatient or ER OPD claim with primary diagnosis of 493.xx, 491.xx, 492.xx, 494.xx or 496.xx

**Congestive Heart Failure**
Inpatient or ER OPD claim with primary diagnosis of 402.01, 402.11, 402.91, 404.01, 404.11, 404.91, 428.xx

**Seizures**
Inpatient or ER OPD claim with primary diagnosis of 345.xx or 780.3x

**Table D-2 – Diabetes Mellitus**
Inpatient or ER OPD claim with primary diagnosis of 250.1x, 250.2x, 250.3x, 250.8x

**Hypertension**
Inpatient or ER OPD claim with primary diagnosis of 401.xx, 402.00, 402.10, 402.90, 403.xx, 404.00, 404.02, 404.10, 404.12, 404.90, 404.92, 405.xx, or 4372

**Cellulitis**
Inpatient or ER OPD claim with primary diagnosis of 681.xx or 682.xx

**Table D-3 – Dehydration**
Inpatient or ER OPD claim with primary diagnosis of 276.5x

**Bacterial Pneumonia**
Inpatient or ER OPD claim with primary diagnosis of 481.xx, 482.xx, 483.xx, 485 or 486

**Urinary Tract Infection**
Inpatient or ER OPD claim with primary diagnosis of 599.0 or 599.9

**Table D-4 – Gastric or Duodenal Ulcer**
Inpatient or ER OPD claim with primary diagnosis of 531.xx, 532.xx, 533.xx

**Hypoglycemia**
Inpatient or ER OPD claim with primary diagnosis of 251.0, 251.1, or 251.2

**Hypokalemia**
Inpatient or ER OPD claim with primary diagnosis of 2768

**Table D-5 – Ear/Nose/Throat Infections**
Inpatient or ER OPD claim with primary diagnosis of 382.xx, 462, 463, 465.xx, or 4721

**Influenza**
Inpatient or ER OPD claim with primary diagnosis of 487.xx

**Malnutrition**
Inpatient or ER OPD claim with primary diagnosis of 260, 261, 262, 263.x, 264.x, 265.x, 266.x, 267, 268.x, 269.x

**Table D-6 – Chronic ACSC**
Inpatient or ER OPD claim with primary diagnosis of Chronic Lung Disease, Congestive Heart Failure, Hypertension or Seizures

**Acute ACSC**
Inpatient or ER OPD claim with primary diagnosis of Pneumonia, Cellulitis, Dehydration, Urinary Tract Infection, Gastric or Duodenal Ulcer, Hypoglycemia, Hypokalemia, or Ear/Nose/Throat Infections

**Preventable ACSC**
Inpatient or ER OPD claim with primary diagnosis of Influenza or Malnutrition

**Table B-1 – Received Mammogram**
Female with Inpatient, OPD, or Physician claim with diagnosis of V76.11 or V76.12 or Procedure 88141 – 88158, 88164 – 88167, P3000, or P3001

**Received Pap Smear**
Female with Inpatient, OPD, or Physician claim with diagnosis of V76.2 or Procedure 76090 – 76092 or G0202 - G0207

**Received Both**
Female with both Mammogram and Pap Smear

**Table B-2 – Received PSA Test**
Male with OPD, or Physician claim with procedure 84152, 84153, 84154, 86316, G0103

**Table B-3 – Received FOBT**
OPD, or Physician claim with procedure 82270 or G0107

**Received Sigmoidoscopy**
OPD, or Physician claim with procedure 45330 – 45338 or G0104 or Inpatient claim with procedure 4523 or 4524

**Received Colonoscopy**
OPD, or Physician claim with procedure 45380, G0105 or G0121

**Table B-4 – Received Any Colorectal Screening**
OPD, or Physician claim with procedure 45330 – 45338, G0104 – G0107, G0120 – G0122, 82270, 45380, 74720, or 74280, or an Inpatient claim with procedure 4523 or 4524

**Table F-1– Received Any Type of Service**

**Number –** People with an Inpatient, Physician/Supplier, DME, Outpatient, SNF, or Home Health Claim
**Percent** – People with any claim/Total Enrollees
**Mean Payment** - Total Medicare payments over all claims / Number of people with a claim

**Table F-2 – Overnight Hospital Stay**

**Number** – People with an Inpatient claim
**Percent** – People with an Inpatient claim / Total Enrollees
**Mean Payment** - Total Medicare payments for Inpatient claims / Number of people with Inpatient claim

**Physician Visits (in hospital or opd)**
**Number** – People with a physician/supplier claim with procedure = 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99261-99263, 99291, 99292, 99288, 99356, 99357, 99201-99205, 99211-99215, 99241-99245, or 99271-99275
**Percent** – People with Physician visits / Total Enrollees
**Mean Payment** – Total Medicare payments for physician visits / Number of people with physician visit

**Table F-3 - Receiving Nursing Home Care**

**Number** – People with a SNF inpatient claim or a physician/supplier claim with procedure 99301-99302, 99311-99313, or 99321-99323
**Percent** – People with nursing home care / Total Enrollees
**Mean Payment** – Total Medicare Payments for nursing home / Number of People with nursing home care

**Receiving Home Health Services**
**Number** – People with HH claim or a physician/supplier claim with procedure 99341-99343, 99347-99353
**Percent** – People with Home Health care / Total Enrollees
**Mean Payment** – Total Medicare Payments for Home Health / Number of People with Home Health care

**Table F-4 – Receiving Durable Medical Equipment**

**Number –** People with a DME claim
**Percent -** People with DME claim / Total Enrollees
**Mean Payment** – Total Medicare Payments for DME / Number of People with DME claim

**Receiving Emergency Room Services**
**Number –** People with Inpatient ER charge, or Outpatient charge where RVU=0450-0459 or Physician/supplier claim with procedure = 99281 – 99285, or 99217-99220
**Percent** – People with ER service / Total Enrollees

**Mean Payment** - Total Medicare Payments for ER service / Number of People with ER service

**Tables E-1 through E-6 Hospital Discharges**

**Number** – Any Inpatient diagnosis
**Percent** – Number with inpatient diagnosis / Total Enrollees
**Mean Payment** – Total Inpatient Medicare payment for people with diagnosis / people with diagnosis
**Mean Length of Stay** – Total Length of stay for people with diagnosis / people with diagnosis

Table 18 Heart Diseases - Diagnosis of 391-398 402-404, 410-416, or 420-429
Table 19 Cerebral Vascular Disease - Diagnosis of 430-438
Table 20 Pneumonia - Diagnosis of 480-486
Table 21 Malignant Neoplasm - Diagnosis of 140-208, or 230-234
Table 22 Fractures - Diagnosis of 800-829
Table 23 Diabetes - Diagnosis of 2500-25093

**Tables A-1 through A-6 – Medicare Program Payments by Demographics**

Sum of Medicare payments from SS/LS/SNF Inpatient, Outpatient, Physician/Supplier, DME, and Home Health claims

**Tables A-7 through A12 – Cost Share Liability by Demographics**

Sum of COINS & DEDUCT from SS/LS/SNF Inpatient, Outpatient, and Physician/Supplier claims

**Tables A-13 through A-18 – Medicare Hospital Use and Payments by Demographics**
**Tables A-19 through A-24 – Medicare Hospital Use and Payments by Principle Diagnosis**
**Tables A-25 through A-30 – Medicare Hospital Use and Payments by Principle Procedure**
**Tables A-31 through A-36 – Medicare Hospital Use and Charges by Leading DRG**

Sum of payments/charges for persons with hospital discharge from Inpatient claims

**Tables A-37 through A-42 – SNF Payments by Demographics**
**Tables A-43 through A-48 – SNF Payments & Charges by Diagnosis**

Sum of Medicare payments, covered charges and covered days from SNF Inpatient claims where covdays>0

**Tables A-49 through A-54 – Home Health Services by Demographics**

Sum payments, number of services and covered charges (totchg - non_cov_chg) for revenue center code = 0001 from Home Health claims

**Tables A-55 through A-60 – Physician/Supplier Services by Demographics**
**Tables A-61 through A-66 - Physician/Supplier Services by Type of Service**

**Tables A-67 through A-72 - Physician/Supplier Services by Place of Service**
**Tables A-73 through A-78 - Physician/Supplier Services by BETOS**
**Tables A-79 through A-84- Physician/Supplier Services by Major Diagnostic Classification (MDC)**
**Tables A-85 through A-90 - Physician/Supplier Services by Leading HCPCS code**

Sum of Medicare payments, covered charges from Physician/Supplier & DME claims where allow>0

**Tables A- 91 through A-96 – Outpatient Services by Type of Service and Demographics**

Sum payments, number of services and covered charges (totchg - non_cov_chg) by type of service from OPD claims defined by the revenue center code where covered charges > 0

Clinic – 051x
ER – 045x
Lab – 030x, 031x, 074x, 075x
Radiology – 028x, 032x-035x, 040x
Pharmacy – 025x, 026x, 063x
Physical Therapy – 042x
Medical/Surgical Supplies – 027x, 062x
Operating Room – 071x, 072x, 036x
End Stage Renal Disease – 080x, 082x – 088x
Other – All other revenue center codes

# Data titles from which variables used in this report were created

**Denominator Files**

| *Program* | *Input Files* | *Output Files* | *Observations* | *Comments* |
|---|---|---|---|---|
| DEN02A | TI00.@AAA2049.TI36.@HDDENO2.R0028616.OUT | TI00.@AAA2049.TI10.SAS.DEN02A | 1987198 | Output SAS file from Desy extract of 2002 denominator |
| DEN02B | TI00.@AAA2049.TI10.SAS.DEN02A | TI00.@AAA2049.TI10.SAS.DEN02B | 1960121 | Merge on weight; create age as of 12/19/03 |
| | TI00.@AAA2301.TI10.SAS.NEWWTS | | | |
| | | | 1960121 | Merge on beneficiary level OPD, SNF, and HH costs & use |
| DEN02C | TI00.@AAA2301.TI10.SAS.DEN02B<br>TI00.@AAA2301.TI10.SAS.SNF02C<br>TI00.@AAA2301.TI10.SAS.HH02D<br>TI00.@AAA2301.TI10.SAS.OPD02C | TI00.@AAA2049.TI10.SAS.DEN02C | | |

**Inpatient Files**

| *Program* | *Input Files* | *Output Files* | *Observations* | *Comments* |
|---|---|---|---|---|
| PTA02A | TI00.@AAA2049.TI36.@HDSSLS2.R0028613.OUT | TI00.@AAA2301.TI10.SAS.PTA02A | 565457 | Output SAS file from Desy extract of 2002 LS/SS/SNF claims |
| | TI00.@AAA2049.TI36.@HDMSNF2.R0028615.OUT | TI00.@AAA2301.TI10.SAS.PTA02A.DIAG | 2826515 | Output all diagnosis from 2002 LS/SS/SNF claims |
| PTA02B | TI00.@AAA2301.TI10.SAS.PTA02A | TI00.@AAA2301.TI10.SAS.PTA02B | 446765 | Combine Transfers after SNF claims are removed |
| | | TI00.@AAA2301.TI10.SAS.PTA02B.SNF | 108489 | Separate out SNF claims |
| PTA02C | TI00.@AAA2301.TI10.SAS.PTA02B | TI00.@AAA2301.TI10.SAS.PTA02C | 285669 | Aggregate Claims to Beneficiary Level create ACSC and Discharge Variables |

**Outpatient Files**

| *Program* | *Input Files* | *Output Files* | *Observations* | *Comments* |
|---|---|---|---|---|
| OPD02A | TI00.@AAA2049.TI36.@HDOUT2-.R0028604.OUT | TI00.@AAA2301.TI10.SAS.OPD02A | 6049277 | Output SAS file from Desy extract of 2002 OPD claims |
| | | TI00.@AAA2301.TI10.SAS.OPD02A.DIAG | 7328073 | Output all diagnosis from 2002 OPD claims |
| OPD02B | TI00.@AAA2301.TI10.SAS.OPD02A | TI00.@AAA2301.TI10.SAS.OPD02B | 1079525 | Aggregate claims to beneficiary level, identify diabetics, summarizing ACSC costs |

**Denominator Files**

| | | | | |
|---|---|---|---|---|
| | | | | and use |
| TAB67A | TI00.@AAA2049.TI36.@HDOUT2-.R0028604 | TI00.@AAA2301.TI10.SAS.TAB67A | 21202226 | Output one record for every Revenue Center and create TOS (type of service) if covchg>0 |
| OPD02C | TI00.@AAA2301.TI10.SAS.TAB67A | TI00.@AAA2301.TI10.SAS.OPD02C | 1078130 | Aggregate claims to beneficiary level Summing covered charges by type of service |

**Physician/Supplier Files**

| ***Program*** | ***Input Files*** | ***Output Files*** | ***Observations*** | ***Comments*** |
|---|---|---|---|---|
| PTB02A | TI00.@AAA2301.TI36.COPY04.PARTB02 | TI00.@AAA2301.TI10.SAS.PTB02A | 63568351 | Output SAS file from Desy extract of 2002 Physician/Supplier claims |
| | | TI00.@AAA2301.TI10.SAS.PTB02A.DIAG | 21536859 | Output all diagnosis from 2002 Physician/Supplier claims |
| PTB02A1 | TI00.@AAA2049.TI36.@HDDMEO-.R0028758.OUT | TI00.@AAA2301.TI10.SAS.PTB02A1 | 353189 | Output SAS file from Desy extract of 2002 DME RIC O claims |
| PTB02B | TI00.@AAA2301.TI10.SAS.PTB02A | TI00.@AAA2301.TI10.SAS.PTB02B | 1569000 | Aggregate claims to beneficiary level; identify diabetics |
| | TI00.@AAA2301.TI10.SAS.PTB02A1 | | | Summarize HOSPVIS ERVIS OPDVIS HOMEVIS NHVIS Cancer tests and diabetic tests |
| PTB02C | TI00.@AAA2301.TI36.COPY04.PARTB02 | TI00.@AAA2301.TI10.SAS.PTB02C | 58353758 | Claim level file with allow charge > 0 with weight merged on |
| | TI00.@AAA2049.TI36.@HDDMEO-.R0028758.OUT | TI00.@AAA2301.TI10.SAS.PTB02D | 62512389 | Combines PTB02C and DME02D for Physician/Supplier Tables |
| | TI00.@AAA2301.TI10.SAS.DME02D DSN=TI00.@AAA2301.TI10.SAS.DEN02B | | | |

**DME Files**

| ***Program*** | ***Input Files*** | ***Output Files*** | ***Observations*** | ***Comments*** |
|---|---|---|---|---|
| DME02A | TI00.@AAA2049.TI36.@HDDME2-.R0028608.OUT | TI00.@AAA2301.TI10.SAS.DME02A | 256354 | Output SAS file from Desy extract of 2002 DME claims |

**Denominator Files**

| | | | | |
|---|---|---|---|---|
| DME02B | TI00.@AAA2301.TI10.SAS.DME02A | TI00.@AAA2301.TI10.SAS.DME02B | 417427 | Aggregate claims to beneficiary level; identify diabetics<br>Summarize total DME payments & diabetic services |
| DME02D | TI00.@AAA2049.TI36.@HDDME2-.R0028608.OUT<br>TI00.@AAA2301.TI10.SAS.DEN02B | TI00.@AAA2301.TI10.SAS.DME02D | 4158631 | Claim level file with allow charge > 0 with weight merged on |

**SNF Files**

| ***Program*** | ***Input Files*** | ***Output Files*** | ***Observations*** | ***Comments*** |
|---|---|---|---|---|
| SNF02A | TI00.@AAA2049.TI36.@HDSSLS2.R0028613.OUT<br>TI00.@AAA2049.TI36.@HDMSNF2.R0028615.OUT<br>TI00.@AAA2301.TI10.SAS.NEWWTS | TI00.@AAA2301.TI10.SAS.SNF02A | 78169<br>Keep only LS and SNF claims; Create MDC variable | Output SAS file from Desy extract of 2002 LS/SS/SNF claims |
| SNF02B | TI00.@AAA2301.TI10.SAS.PTA02B.SNF | TI00.@AAA2301.TI10.SAS.SNF02B | 71537 | Aggregate claims to beneficiary level summing total SNF payments |
| SNF02C | TI00.@AAA2301.TI10.SAS.SNF02A | TI00.@AAA2301.TI10.SAS.SNF02C | 39865 | Aggregate claims to beneficiary level where snf=1 & covdays>0 |

**Home Health Files**

| ***Program*** | ***Input Files*** | ***Output Files*** | ***Observations*** | ***Comments*** |
|---|---|---|---|---|
| HH02A | TI00.@AAA2049.TI36.@HDHHA2-.R0028603.OUT | TI00.@AAA2301.TI10.SAS.HH02A | 205920 | Output SAS file from Desy extract of 2002 Home Health claims |
| HH02B | TI00.@AAA2301.TI10.SAS.HH02A | TI00.@AAA2301.TI10.SAS.HH02B | 107988 | Aggregate claims to beneficiary level; identify diabetics<br>Summarize total HH payments & diabetic services |
| HH02C | TI00.@AAA2049.TI36.@HDHHA2-.R0028603.OUT | TI00.@AAA2301.TI10.SAS.HH02C | 212097 | From Desy extract of 2002 Home Health claims keep cost variables |

**Denominator Files**

| | | | | |
|---|---|---|---|---|
| HH02D | TI00.@AAA2301.TI10.SAS.HH02C | TI00.@AAA2301.TI10.SAS.HH02D | 107988 | Aggregate claims to beneficiary level summing hhvis hhadm hhpay hhchg |

**Combined Files**

| *Program* | *Input Files* | *Output Files* | *Observations* | *Comments* |
|---|---|---|---|---|
| PIP01 | TI00.@AAA2301.TI10.SAS.SAMPLE | TI00.@AAA2301.TI10.SAS.PIP01.PERSON | 2000296 | Person level file to create PIP-DCG |
| | TI00.@AAA2049.TI10.SAS.DEN02A | TI00.@AAA2301.TI10.SAS.PIP01.ADM | 446765 | Admission level file with diagnosis to create PIP-DCG |
| | TI00.@AAA2301.TI10.SAS.PTA02B | | | |
| PIP02 | TI00.@AAA2301.TI10.SAS.PIP01.PERSON | TI00.@AAA2301.TI10.SAS.PIP02.PERSON | 2000003 | Assigns PIPDCG to each person; computes predicted annual expenditures |
| | TI00.@AAA2301.TI10.SAS.PIP01.ADM | | | |
| HDIS01 | TI00.@AAA2301.TI10.SAS.SAMP01<br>TI00.@AAA2301.TI10.SAS.PTA02C | TI00.@AAA2301.TI10.SAS.HDIS01 | 2000003 | Merges together<br>PIP02 - EVERDISM MCAID PIPDCG PREDEXPB RSKSCORB<br>SAMP01 - AGE GENDER NEWRACE NEWWEIGHT DOB OREC BUYMO<br>PTA02C - Inpatient variables aggregated to person level |
| | TI00.@AAA2301.TI10.SAS.PIP02.PERSON | | | |
| HDIS02 | TI00.@AAA2301.TI10.SAS.HDIS01 | TI00.@AAA2301.TI10.SAS.HDIS02 | 1960121 | Merges together beneficiary level claims from all services |
| | TI00.@AAA2301.TI10.SAS.DME02B<br>TI00.@AAA2301.TI10.SAS.PTB02B<br>TI00.@AAA2301.TI10.SAS.HH02B<br>TI00.@AAA2301.TI10.SAS.OPD02B<br>TI00.@AAA2301.TI10.SAS.SNF02B | | | |
| HDIS07 | TI00.@AAA2301.TI10.SAS.PTB02A | TI00.@AAA2301.TI10.SAS.HDIS07 | 73030716 | Merges together claims from all services |
| | TI00.@AAA2301.TI10.SAS.PTA02A<br>TI00.@AAA2301.TI10.SAS.DME02A<br>TI00.@AAA2301.TI10.SAS.HH02A<br>TI00.@AAA2301.TI10.SAS.OPD02A<br>TI00.@AAA2301.TI10.SAS.SNF02A | | | |
| HDIS08 | TI00.@AAA2049.TI36.@HDDENO2.R0028616.OUT | TI00.@AAA2301.TI10.SAS.HDIS08 | 1960121 | Aggregates claims to bene level for tables 14 & |

**Denominator Files**

| | | | | |
|---|---|---|---|---|
| | TI00.@AAA2301.TI10.SAS.HDIS07 | | | 20<br>Creates program payments and liability by type of claim |
| | TI00.@AAA2301.TI10.SAS.MSA02 | | | Merges on MSA by state/county |
| | TI00.@AAA2301.TI10.SAS.HDIS01 | | | |
| ALLDX02 | TI00.@AAA2301.TI10.SAS.PTA02A.DIAG | @AAA2301.TI10.SAS.ALLDX02 | 31691447 | All unique diagnosis codes from Inpatient, Outpatient, & Physician/supplier claims |
| | TI00.@AAA2301.TI10.SAS.PTB02A.DIAG<br>TI00.@AAA2301.TI10.SAS.OPD02A.DIAG | | | |
| HCC01 | TI00.@AAA2301.TI10.SAS.DEN02B | TI00.@AAA2301.TI10.SAS.HCC01 | 1960121 | Create 189 HCC catagories from diagnosis output bene level file using MACRO5 |
| | TI00.@AAA2301.TI10.SAS.ALLDX02 | | | |
| HCC02 | TI00.@AAA2301.TI10.SAS.DEN02B | TI00.@AAA2301.TI10.SAS.HCC02 | 1960121 | Generate HCC Risk score using Model from MACRO7 |
| | TI00.@AAA2301.TI10.SAS.HCC01<br>TI00.@DCH7750.TI03.M14DS08E.MODEL63N | | | |
| HCC03 | TI00.@AAA2301.TI10.SAS.HCC02 | TI00.@AAA2301.TI10.SAS.HCC03 | 1960121 | Use different model to generate HCC risk score for benes with less then 9 months of FFS |

**Tables**

| ***Program*** | ***Input Files*** | ***Output Files*** | ***Observations*** | ***Comments*** |
|---|---|---|---|---|
| TABLE01 | TI00.@AAA2301.TI10.SAS.HDIS02 | | | Tables 1 - 13 Diabetes, ACSC, Cancer Screening |
| TABLE02 | TI00.@AAA2301.TI10.SAS.HDIS02 | | | Tables 14 - 17 Services |
| TABLE03 | TI00.@AAA2301.TI10.SAS.HDIS02 | | | Tables 18 - 24 Discharges |
| TAB14 | TI00.@AAA2301.TI10.SAS.HDIS08 | | | Table 14 Program Payments |
| TAB20 | TI00.@AAA2301.TI10.SAS.HDIS08 | | | Table 20 Cost Sharing Liability |
| TAB37 | TI00.@AAA2301.TI10.SAS.DEN02C | | | Table 37 SNF by Demographics |
| TAB41 | TI00.@AAA2301.TI10.SAS.SNF02A | | | Table 41 SNF by Diagnosis |

**Denominator Files**

| | | |
|---|---|---|
| TAB47 | TI00.@AAA2301.TI10.SAS.DEN02C | Table 47 Home Health by Demographics |
| TAB56 | TI00.@AAA2301.TI10.SAS.PTB02D | Table 56 – Physician/Supplier Services by Demographics |
| TAB57 | TI00.@AAA2301.TI10.SAS.PTB02D | Table 57 - Physician/Supplier Services by Type of Service |
| TAB58 | TI00.@AAA2301.TI10.SAS.PTB02D | Table 58 - Physician/Supplier Services by Place of Service |
| TAB62 | TI00.@AAA2301.TI10.SAS.PTB02D | Table 62 - Physician/Supplier Services by BETOS |
| TAB63 | TI00.@AAA2301.TI10.SAS.PTB02D | Table 63 - Physician/Supplier Services by Major Diagnostic Classification (MDC) |
| TAB64 | TI00.@AAA2301.TI10.SAS.PTB02D | Table 64 - Physician/Supplier Services by Leading HCPCS code |
| TAB67 | TI00.@AAA2301.TI10.SAS.DEN02C | Table 67 Outpatient by Demographics & Type of service |