Table 42

Covered Admissions and Total Charges for Medicare Skilled Nursing Facility Admissions, by Covered Days of Care and Type of Service: Calendar Year 1999

Covered	All	Accom-	Type of Ancillary Service							
								Inhalation	Rehabil-	
Days of Care	Services	modations	Total	Pharmacy	Laboratory	Radiology	Supply	Therapy	itation ¹	Other ²
				N	lumber of Admissions ³					
Total	1,902,496	1,902,489	1,879,590	1,783,095	1,049,089	452,586	1,256,721	336,748	1,618,566	309,963
1-8 Days	544,444	544,437	528,351	489,601	271,405	94,195	343,975	125,868	402,512	87,982
9-20 Days	644,327	644,327	639,312	605,260	371,784	161,330	432,243	126,667	565,641	119,226
21-40 Days	411,526	411,526	410,271	394,230	226,060	106,411	270,227	54,820	375,722	61,078
41-60 Days	152,433	152,433	152,180	148,048	86,770	42,131	103,552	15,326	140,495	19,957
61-80 Days	68,297	68,297	68,197	66,623	40,937	20,827	48,532	6,509	62,261	9,564
More than 81 Days	81,469	81,469	81,279	79,333	52,133	27,692	58,192	7,558	71,935	12,156
				т	otal Charges in Thousa	nds				
Total	\$18,417,408	\$9,342,422	\$9,075,212	\$2,382,909	\$509,298	\$180,982	\$689,698	\$463,390	\$4,659,669	\$189,265
1-8 Days	1,840,308	781,620	1,058,759	347,997	91,780	29,869	110,648	85,029	363,788	29,648
9-20 Days	5,017,949	2,299,237	2,718,800	766,540	201,305	67,208	244,493	182,026	1,194,459	62,769
21-40 Days	5,043,788	2,487,085	2,556,747	658,729	134,455	48,850	179,247	117,004	1,370,650	47,813
41-60 Days	2,680,384	1,436,203	1,244,194	281,463	42,399	17,638	67,723	38,392	777,169	19,410
61-80 Days	1,539,989	880,923	659,072	142,812	18,055	7,763	34,461	17,950	427,010	11,020
More than 81 Days	2,294,991	1,457,354	837,640	185,369	21,305	9,653	53,126	22,989	526,593	18,604
					Percent of Charges					
Total	100.0	50.7	49.3	12.9	2.8	1.0	3.7	2.5	25.3	1.0
1-8 Days	100.0	42.5	57.5	18.9	5.0	1.6	6.0	4.6	19.8	1.6
9-20 Days	100.0	45.8	54.2	15.3	4.0	1.3	4.9	3.6	23.8	1.3
21-40 Days	100.0	49.3	50.7	13.1	2.7	1.0	3.6	2.3	27.2	0.9
41-60 Days	100.0	53.6	46.4	10.5	1.6	0.7	2.5	1.4	29.0	0.7
61-80 Days	100.0	57.2	42.8	9.3	1.2	0.5	2.2	1.2	27.7	0.7
More than 81 Days	100.0	63.5	36.5	8.1	0.9	0.4	2.3	1.0	22.9	0.8
See footnotes at end	l of table.									

Table 42—Continued

Covered Admissions and Total Charges for Medicare Skilled Nursing Facility Admissions, by Covered Days of Care and Type of Service: Calendar Year 1999

Covered Days of Care	All Services	Accom- modations	Type of Ancillary Service							
				Pharmacy	Laboratory	Radiology		Inhalation Therapy	Rehabil- itation ¹	Other ²
			Total				Supply			
				Average	Total Charge per Adm	ission				
Total	\$9,681	\$4,911	\$4,828	\$1,336	\$485	\$400	\$549	\$1,376	\$2,879	\$611
1-8 Days	3,380	1,436	2,004	711	338	317	322	676	904	337
9-20 Days	7,788	3,568	4,253	1,266	541	417	566	1,437	2,112	526
21-40 Days	12,256	6,044	6,232	1,671	595	459	663	2,134	3,648	783
41-60 Days	17,584	9,422	8,176	1,901	489	419	654	2,505	5,532	973
61-80 Days	22,548	12,898	9,664	2,144	441	373	710	2,758	6,858	1,152
More than 81 Days	28,170	17,888	10,306	2,337	409	349	913	3,042	7,320	1,530

¹Includes physical therapy, speech therapy, and occupational therapy.

²Includes services such as blood and blood components, etc.

³Reflects skilled nursing facility admissions with at least 1 day of covered care under Medicare.

NOTES: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Numbers may not add to total because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.