

Table 41
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for
Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses
Within Major Diagnostic Classification (MDC): Calendar Year 2003

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions ¹	
		Number	Percent Distri- bution
Total All Diagnoses ⁴	---	2,336,359	100.0
Leading Diagnoses ⁵	---	1,858,367	79.5
Infectious and Parasitic Diseases (MDC 1)	001-139	39,726	1.7
Septicemia	038	23,637	1.0
Other	---	16,089	0.7
Neoplasms (MDC 2)	140-239	73,860	3.2
Malignant Neoplasm of Colon	153	5,924	0.3
Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus	154	4,534	0.2
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	11,688	0.5
Malignant Neoplasm of Female Breast	174	3,673	0.2
Malignant Neoplasm of Prostate	185	3,905	0.2
Secondary Malignant Neoplasm of Respiratory and Digestive Systems and Other Specified Sites	197-198	5,152	0.2
Other	---	38,984	1.7
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	90,016	3.9
Diabetes	250	44,912	1.9
Nutritional Deficiencies	260-263	3,259	0.1
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	27,506	1.2
Other	---	14,339	0.6
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	20,157	0.9
Other and Unspecified Anemias	285	12,294	0.5
Other	---	7,863	0.3
Mental Disorders (MDC 5)	290-319	64,734	2.8
Senile and Prosenile Organic Psychotic Conditions	290	17,333	0.7
Other Organic Psychotic Conditions (Chronic)	294	16,400	0.7
Other Non-Organic Psychoses	298	5,697	0.2
Other	---	25,304	1.1
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	58,251	2.5
Other Cerebral Degenerations	331	19,143	0.8
Parkinson's Disease	332	13,036	0.6
Hemiplegia	342	3,150	0.1
Other	---	22,922	1.0

See footnotes at end of table.

Table 41—Continued
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for
Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses
Within Major Diagnostic Classification (MDC): Calendar Year 2003

Covered Days of Care			Covered Charges			Program Payments		
Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admis- sion ³	Per Day
59,240	1,674	25	\$25,738,362	\$11,016	\$434	\$15,171,550	\$6,496	\$256
46,928	1,326	25	20,715,299	11,147	441	12,099,438	6,513	258
931	26	23	440,927	11,099	474	234,142	5,895	251
537	15	23	263,557	11,150	490	136,480	5,774	254
394	11	25	177,370	11,024	451	97,662	6,072	248
1,611	46	22	696,718	9,433	433	404,693	5,481	251
123	3	21	55,215	9,321	449	32,304	5,453	263
105	3	23	41,718	9,201	398	26,562	5,861	253
227	6	20	103,381	8,845	455	56,696	4,854	249
96	3	26	35,881	9,769	375	23,513	6,407	246
95	3	24	36,277	9,290	382	23,431	6,002	247
91	3	18	56,131	10,895	617	23,759	4,613	261
874	25	22	368,116	9,443	421	218,427	5,604	250
2,493	70	28	934,111	10,377	375	599,108	6,658	240
1,323	37	30	491,353	10,940	371	309,744	6,900	234
95	3	29	38,051	11,676	401	21,528	6,610	227
685	19	25	260,148	9,458	380	171,834	6,250	251
389	11	27	144,560	10,082	371	96,002	6,697	247
521	15	26	194,937	9,671	374	126,270	6,266	242
328	9	27	118,591	9,646	362	79,669	6,481	243
194	5	25	76,346	9,710	394	46,601	5,929	241
1,919	54	30	609,432	9,414	318	429,057	6,630	224
530	15	31	166,548	9,609	314	120,811	6,974	228
488	14	30	150,883	9,200	309	108,810	6,637	223
167	5	29	54,134	9,502	325	38,158	6,700	229
735	21	29	237,867	9,400	324	161,278	6,375	219
1,802	51	31	647,962	11,124	359	439,001	7,540	244
573	16	30	173,662	9,072	303	128,071	6,693	223
423	12	32	153,611	11,784	363	107,043	8,214	253
120	3	38	47,364	15,036	393	32,707	10,390	271
686	19	30	273,324	11,924	399	171,180	7,472	250

Table 41—Continued
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for
Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses
Within Major Diagnostic Classification (MDC): Calendar Year 2003

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions ¹	
		Number	Percent Distri- bution
Diseases of the Circulatory System (MDC 7)	390-459	461,237	19.7
Essential Hypertension	401	34,874	1.5
Acute Myocardial Infarction	410	23,398	1.0
Ischemic Heart Disease	414	28,982	1.2
Cardiac Dysrhythmia	427	32,772	1.4
Heart Failure	428	113,309	4.8
Ill-Defined Descriptions and Complication of Heart Disease	429	4,356	0.2
Intracranial Hemorrhage	431	3,602	0.2
Occlusion of Cerebral Arteries	434	6,362	0.3
Transient Cerebral Ischemia	435	11,149	0.5
Acute, But Ill-Defined, Cerebrovascular Disease	436	79,451	3.4
Other and Ill-Defined Cerebrovascular Disease	437	3,877	0.2
Late Effects of Cerebrovascular Disease	438	40,601	1.7
Atherosclerosis	440	3,285	0.1
Other Peripheral Vascular Disease	443	10,723	0.5
Venous Embolism and Thrombosis	453	10,159	0.4
Other	---	54,337	2.3
Diseases of the Respiratory System (MDC 8)	460-519	257,529	11.0
Other Bacterial Pneumonia and Breathing Exercises (V-57.0)	482	9,678	0.4
Pneumonia, Organism Unspecified	486	110,329	4.7
Chronic Bronchitis	491	15,831	0.7
Chronic Airway Obstruction	496	48,291	2.1
Pneumonitis Due to Solids and Liquids	507	18,127	0.8
Other Diseases of Lung	518	18,944	0.8
Other	---	36,329	1.6
Diseases of the Digestive System (MDC 9)	520-579	97,363	4.2
Intestinal Obstruction Without Mention of Hernia	560	12,130	0.5
Diverticula of Intestine	562	7,576	0.3
Gastrointestinal Hemorrhage	578	26,032	1.1
Other	---	51,625	2.2
See footnotes at end of table.			

Table 41—Continued
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for
Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses
Within Major Diagnostic Classification (MDC): Calendar Year 2003

Covered Days of Care			Covered Charges			Program Payments		
Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admission ³	Per Day
12,546	355	27	\$4,957,212	\$10,748	\$395	\$3,209,540	\$6,961	\$256
1,035	29	30	365,141	10,470	353	256,504	7,356	248
526	15	23	215,896	9,227	410	134,683	5,758	256
668	19	23	270,839	9,345	406	173,066	5,974	259
830	23	25	314,647	9,601	379	210,094	6,414	253
2,721	77	24	1,065,859	9,407	392	667,340	5,892	245
127	4	29	44,202	10,147	348	30,701	7,050	242
104	3	29	45,548	12,645	438	28,585	7,938	275
150	4	24	79,096	12,433	528	42,205	6,635	282
312	9	28	117,342	10,525	377	80,878	7,258	260
2,606	74	33	1,004,585	12,644	385	692,301	8,715	266
123	3	32	45,469	11,728	369	31,813	8,206	258
1,339	38	33	559,713	13,786	418	361,658	8,912	270
75	2	23	42,181	12,840	560	18,727	5,704	249
310	9	29	116,715	10,885	377	74,419	6,941	240
271	8	27	103,367	10,175	382	64,884	6,388	240
1,350	38	25	566,612	10,428	420	341,682	6,289	253
6,049	171	24	2,673,420	10,381	442	1,505,898	5,849	249
191	5	20	118,451	12,239	620	48,323	4,994	253
2,562	72	23	1,046,558	9,486	409	647,053	5,866	253
285	8	18	168,765	10,660	592	71,918	4,544	252
1,234	35	26	456,657	9,456	370	293,199	6,074	238
437	12	24	203,422	11,222	466	108,832	6,006	249
501	14	26	339,134	17,902	678	127,879	6,751	255
840	24	23	340,431	9,371	405	208,694	5,746	248
2,315	65	24	921,469	9,464	398	577,663	5,935	250
279	8	23	113,457	9,353	407	70,355	5,801	252
170	5	22	72,425	9,560	427	43,750	5,776	258
663	19	26	235,684	9,054	355	162,499	6,243	245
1,203	34	23	499,904	9,683	416	301,060	5,834	250

Table 41—Continued
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for
Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses
Within Major Diagnostic Classification (MDC): Calendar Year 2003

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code	Covered Admissions ¹	
	Category	Number	Percent Distri- bution
Diseases of the Genitourinary System (MDC 10)	580-629	113,114	4.8
Chronic Renal Failure	585	15,611	0.7
Renal Failure, Unspecified	586	10,332	0.4
Other Disorders of Urethra and Urinary Tract	599	61,330	2.6
Other	---	25,841	1.1
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	59,100	2.5
Other Cellulitis and Abscess	682	32,550	1.4
Chronic Ulcer of Skin	707	23,309	1.0
Other	---	3,241	0.1
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	159,207	6.8
Osteoarthritis and Allied Disorders	715	49,512	2.1
Other and Unspecified Disorders of Joint	719	20,787	0.9
Spinal Stenosis	724	19,528	0.8
Disorders of Muscle, Ligament, and Fascia	728	18,800	0.8
Osteomyelitis, Periostitis, and Other Infections Involving Bone	730	7,962	0.3
Other Disorders of Bone and Cartilage	733	15,414	0.7
Other	---	27,204	1.2
Congenital Anomalies (MDC 14)	740-759	4,345	0.2
Other Ill Defined Conditions (MDC 16)	780-799	186,485	8.0
General Symptoms	780	73,259	3.1
Symptoms Involving Nervous and Musculoskeletal Systems	781	27,466	1.2
Symptom Disorders of Cardiovascular System	785	4,822	0.2
Symptoms Involving Respiratory System and Other Chest Symptoms	786	12,687	0.5
Symptoms Involving Digestive System	787	14,123	0.6
Other	---	54,128	2.3
Injury and Poisoning (MDC 17)	800-999	260,094	11.1
Fracture, Vertebra	805	14,003	0.6
Fracture, Pelvis	808	16,138	0.7
Fracture, Humerus	812	12,492	0.5
Fracture, Neck of Femur	820	108,238	4.6
Fracture, Shaft of Femur	821	15,090	0.6
Fracture, Tibia, Fibula	823	7,095	0.3
Fracture of Ankle	824	8,922	0.4
Amputation	897	6,579	0.3
Other	---	71,537	3.1

See footnotes at end of table.

Table 41—Continued
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for
Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses
Within Major Diagnostic Classification (MDC): Calendar Year 2003

Covered Days of Care			Covered Charges			Program Payments		
Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admis- sion ³	Per Day
2,922	83	26	\$1,069,194	\$9,452	\$366	\$714,420	\$6,319	\$244
401	11	26	138,843	8,894	347	93,929	6,023	234
268	8	26	93,525	9,052	349	63,290	6,128	236
1,612	46	26	585,837	9,552	363	399,578	6,517	248
642	18	25	250,988	9,713	391	157,623	6,103	246
1,721	49	29	726,591	12,294	422	409,294	6,927	238
843	24	26	367,281	11,284	436	210,643	6,474	250
792	22	34	323,860	13,894	409	178,104	7,642	225
86	2	27	35,450	10,938	412	20,547	6,344	239
3,943	111	25	1,666,867	10,470	423	1,050,385	6,600	266
954	27	19	430,698	8,699	451	277,958	5,616	291
589	17	28	227,873	10,962	387	153,811	7,402	261
473	13	24	194,239	9,947	411	127,458	6,528	270
561	16	30	212,331	11,294	379	141,498	7,528	252
235	7	30	130,451	16,384	556	57,024	7,167	243
420	12	27	170,634	11,070	407	108,064	7,014	258
712	20	26	300,641	11,051	422	184,572	6,786	259
113	3	26	41,874	9,637	370	28,632	6,593	253
5,033	142	27	1,948,843	10,450	387	1,282,034	6,877	255
1,947	55	27	742,066	10,129	381	501,052	6,842	257
763	22	28	316,536	11,525	415	205,667	7,491	270
136	4	28	51,818	10,746	380	33,441	6,939	245
313	9	25	117,473	9,259	376	76,847	6,061	246
451	13	32	148,429	10,510	329	105,344	7,461	233
1,424	40	26	572,522	10,577	402	359,683	6,647	253
8,343	236	32	3,340,805	12,845	400	2,170,464	8,347	260
385	11	28	151,963	10,852	395	100,325	7,170	261
485	14	30	193,432	11,986	399	129,445	8,026	267
437	12	35	168,032	13,451	384	113,571	9,096	260
3,700	105	34	1,440,543	13,309	389	976,235	9,021	264
560	16	37	210,605	13,957	376	142,969	9,478	255
265	7	37	101,434	14,297	383	66,567	9,385	251
309	9	35	120,457	13,501	390	79,005	8,859	256
226	6	34	76,315	11,600	338	51,757	7,869	229
1,975	56	28	878,024	12,274	445	510,588	7,139	259

Table 41—Continued
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for
Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses
Within Major Diagnostic Classification (MDC): Calendar Year 2003

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code	Covered Admissions ¹	
	Category	Number	Percent Distri- bution
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	388,934	16.6
Organ of Tissue Replaced by Other Means	V43	12,925	0.6
Orthopedic Aftercare	V54	39,904	1.7
Breathing Exercises	V57	263,664	11.3
Encounter for Other and Unspecified Procedures and Aftercare	V58	42,057	1.8
Convalescence	V66	8,687	0.4
Other	---	21,697	0.9

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

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

³The denominator used to calculate the average program payment per covered admission includes only those bills with Medicare reimbursement greater than zero.

⁴Includes invalid codes not shown separately.

⁵Specific 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: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

Table 41—Continued
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for
Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses
Within Major Diagnostic Classification (MDC): Calendar Year 2003

Covered Days of Care			Covered Charges			Program Payments		
Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admis- sion ³	Per Day
6,914	195	18	\$4,844,742	\$12,456	\$701	\$1,974,557	\$5,078	\$286
282	8	22	121,996	9,439	433	81,467	6,305	289
979	28	25	478,424	11,989	489	269,058	6,744	275
4,230	120	16	3,398,144	12,888	803	1,243,049	4,716	294
638	18	15	534,992	12,721	838	186,080	4,426	291
153	4	18	75,408	8,681	494	43,411	5,001	284
633	18	29	235,778	10,867	373	151,492	6,983	239