

**Table 5.5**  
**Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals,**  
**by Principal Diagnoses Within Major Diagnostic Classifications (MDCs): Calendar Year 2011**

Principal ICD-9-CM <sup>1</sup> Diagnosis Within MDC	ICD-9-CM Code	Discharges <sup>2</sup>		Total Days of Care		Program Payments		
		Number	Per 1,000 HI Enrollees <sup>3</sup>	Number	Per Discharge	Amount in Thousands	Per Discharge <sup>4</sup>	Per Day
Total All Diagnoses	---	11,492,668	318	61,852,214	5.4	\$116,719,998	\$10,347	\$1,887
Leading Diagnoses <sup>5</sup>	---	6,029,793	167	32,986,252	5.5	65,176,058	10,972	1,976
Infectious and Parasitic Diseases (MDC 1)	001-139	696,502	19	5,247,144	7.5	10,304,646	14,953	1,964
Septicemia	038	532,830	15	4,255,933	8.0	8,727,201	16,508	2,051
Neoplasms (MDC 2)	140-239	491,237	14	3,227,928	6.6	7,167,271	14,761	2,220
Malignant Neoplasms	140-208,230-234	424,721	12	2,882,978	6.8	6,342,756	15,100	2,200
Malignant Neoplasm of Large Intestine and Rectum	153-154,197.5	58,432	2	504,024	8.6	1,040,117	17,883	2,064
Malignant Neoplasm of Trachea, Bronchus, and Lung	162,176.4,197.0,							
	197.3	71,765	2	492,831	6.9	1,047,400	14,663	2,125
Malignant Neoplasm of Breast	174-175,198.81	20,128	1	53,625	2.7	126,296	6,573	2,355
Benign Neoplasms	210-229	43,653	1	214,003	4.9	547,805	12,750	2,560
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	468,076	13	2,111,665	4.5	3,347,048	7,291	1,585
Diabetes Mellitus	250	181,924	5	975,967	5.4	1,608,523	9,011	1,648
Volume Depletion	276.5	84,581	2	306,252	3.6	394,860	4,755	1,289
Diseases of Blood and Blood-Forming Organs (MDC 4)	280-289	176,640	5	772,882	4.4	1,283,485	7,456	1,661
Mental Disorders (MDC 5)	290-319	480,782	13	4,317,895	9.0	3,301,125	7,022	765
Psychoses	290-299	413,324	11	3,922,256	9.5	2,980,746	7,374	760
Alcohol Dependence Syndrome	303	15,546	(6)	88,749	5.7	73,680	4,846	830
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	277,942	8	1,608,537	5.8	2,275,545	8,337	1,415
See footnotes at end of table.								

**Table 5.5--Continued**  
**Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals,**  
**by Principal Diagnoses Within Major Diagnostic Classifications (MDCs): Calendar Year 2011**

Principal ICD-9-CM <sup>1</sup> Diagnosis Within MDC	ICD-9-CM Code	Discharges <sup>2</sup>		Total Days of Care		Program Payments		
		Number	Per 1,000 HI Enrollees <sup>3</sup>	Number	Per Discharge	Amount in Thousands	Per Discharge <sup>4</sup>	Per Day
Diseases of the Circulatory System (MDC 7)	390-459	2,614,263	72	12,314,663	4.7	\$29,081,570	\$11,346	\$2,362
Heart Disease	391-392.0, 393-398,402,404, 410-416,420-429	1,733,270	48	8,325,441	4.8	20,331,987	11,950	2,442
Acute Myocardial Infarction	410	268,848	7	1,388,039	5.2	3,880,980	14,499	2,796
Coronary Atherosclerosis	414.0	264,557	7	1,040,173	3.9	3,748,688	15,045	3,604
Other Ischemic Heart Disease	411-413, 414.1-414.9	24,194	1	70,494	2.9	279,092	11,861	3,959
Cardiac Dysrhythmias	427	397,974	11	1,496,903	3.8	3,238,110	8,253	2,163
Congestive Heart Failure	428.0	145,808	4	681,939	4.7	1,240,251	8,651	1,819
Cerebrovascular Disease	430-438	467,169	13	2,032,418	4.4	4,100,710	8,953	2,018
Diseases of the Respiratory System (MDC 8)	460-519	1,396,094	39	7,824,592	5.6	12,343,074	8,903	1,577
Acute Bronchitis and Bronchocolitis	466	28,438	1	103,803	3.7	124,443	4,422	1,199
Pneumonia	480-486	476,151	13	2,672,578	5.6	3,798,360	8,018	1,421
Asthma	493	93,913	3	424,087	4.5	548,644	5,908	1,294
Diseases of the Digestive System (MDC 9)	520-579	1,125,609	31	5,909,679	5.3	10,205,981	9,263	1,727
Appendicitis	540-543	20,246	1	92,894	4.6	195,938	9,759	2,109
Non Infectious Enteritis and Colitis	555-558	97,449	3	495,938	5.1	760,045	8,054	1,533
Diverticula of Intestine	562	118,131	3	607,841	5.1	954,969	8,228	1,571
Cholelithiasis	574	90,250	2	456,111	5.1	918,487	10,368	2,014
Diseases of the Genitourinary System (MDC 10)	580-629	731,427	20	3,373,107	4.6	4,875,244	6,771	1,445
Calculus of Kidney and Ureter	592	33,968	1	103,057	3.0	221,806	6,704	2,152

See footnotes at end of table.

**Table 5.5--Continued**  
**Discharges, Total Days of Care, and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals,**  
**by Principal Diagnoses Within Major Diagnostic Classifications (MDCs): Calendar Year 2011**

Principal ICD-9-CM <sup>1</sup> Diagnosis Within MDC	ICD-9-CM Code	Discharges <sup>2</sup>		Total Days of Care		Program Payments		
		Number	Per 1,000 HI Enrollees <sup>3</sup>	Number	Per Discharge	Amount in Thousands	Per Discharge <sup>4</sup>	Per Day
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	229,800	6	1,208,333	5.3	\$1,548,585	\$6,796	\$1,282
Cellulitis and Abscess	681-682	189,699	5	930,516	4.9	1,147,869	6,094	1,234
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	811,974	22	2,988,359	3.7	10,176,298	12,755	3,405
Osteoarthritis and Allied Disorders	715	410,256	11	1,320,981	3.2	4,962,645	12,209	3,757
Intervertebral Disc Disorders	722	81,913	2	276,861	3.4	1,210,899	15,158	4,374
Congenital Anomalies (MDC 14)	740-759	10,878	(6)	52,423	4.8	222,583	20,847	4,246
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	593,390	16	1,765,593	3.0	2,708,130	4,862	1,534
Injury and Poisoning (MDC 17)	800-999	1,087,333	30	5,973,356	5.5	13,334,104	12,451	2,232
Fractures, All Sites	800-829	427,918	12	2,252,534	5.3	4,803,682	11,350	2,133
Fracture of Neck of Femur	820	195,961	5	1,110,738	5.7	2,554,401	13,070	2,300
Poisoning by Drugs, Medicinal and Biological Substances	960-989	64,443	2	245,054	3.8	420,005	6,614	1,714
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V91	279,378	8	3,081,583	11.0	4,445,428	16,133	1,443

<sup>1</sup>ICD-9-CM is *International Classification of Diseases, 10th Revision, Clinical Modification*. Although as many as 25 codes are reported on the HCFA Form-1450, only the principal diagnosis (first listed) has been used.

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

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

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

<sup>5</sup>Specific 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.

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

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

HI is hospital insurance.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the MEDPAR files: Medicare Provider Analysis and Review; data development by the Office of Information Products and Data Analytics.