

**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 2002**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Total All Diagnoses <sup>4</sup>	---	2,222,923	100.0
Leading Diagnoses <sup>5</sup>	---	1,767,548	79.5
Infectious and Parasitic Diseases (MDC 1)	001-139	37,480	1.7
Septicemia	038	22,443	1.0
Other	---	15,037	0.7
Neoplasms (MDC 2)	140-239	75,658	3.4
Malignant Neoplasm of Colon	153	6,361	0.3
Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus	154	4,588	0.2
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	12,106	0.5
Malignant Neoplasm of Female Breast	174	3,732	0.2
Malignant Neoplasm of Prostate	185	4,006	0.2
Secondary Malignant Neoplasm of Respiratory and Digestive Systems and Other Specified Sites	197-198	5,789	0.3
Other	---	39,076	1.8
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	90,408	4.1
Diabetes	250	44,171	2.0
Nutritional Deficiencies	260-263	3,355	0.2
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	28,948	1.3
Other	---	13,934	0.6
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	19,075	0.9
Other and Unspecified Anemias	285	11,619	0.5
Other	---	7,456	0.3
Mental Disorders (MDC 5)	290-319	58,531	2.6
Senile and Prosenile Organic Psychotic Conditions	290	16,242	0.7
Other Organic Psychotic Conditions (Chronic)	294	13,934	0.6
Other Non-Organic Psychoses	298	5,224	0.2
Other	---	23,131	1.0
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	55,634	2.5
Other Cerebral Degenerations	331	17,588	0.8
Parkinson's Disease	332	12,734	0.6
Hemiplegia	342	3,323	0.1
Other	---	21,989	1.0

See footnotes at end of table.

**Table 41—Continued**  
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**Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses**  
**Within Major Diagnostic Classification (MDC): Calendar Year 2002**

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 <sup>3</sup>	Per Day
54,674	1,582	25	\$23,131,058	\$10,406	\$423	\$14,503,083	\$6,528	\$265
43,335	1,254	25	18,582,303	10,513	429	11,565,507	6,546	267
865	25	23	404,552	10,794	468	227,234	6,068	263
506	15	23	241,134	10,744	477	135,160	6,028	267
359	10	24	163,418	10,868	455	92,074	6,128	256
1,609	47	21	686,502	9,074	427	418,824	5,538	260
129	4	20	57,206	8,993	443	34,821	5,476	270
103	3	23	39,709	8,655	385	26,931	5,871	261
228	7	19	102,518	8,468	449	59,747	4,937	262
93	3	25	34,352	9,205	368	23,703	6,356	254
93	3	23	35,274	8,805	378	24,192	6,044	259
102	3	18	63,448	10,960	622	27,607	4,771	271
860	25	22	353,996	9,059	412	221,824	5,679	258
2,432	70	27	892,905	9,876	367	608,615	6,736	250
1,261	36	29	460,848	10,433	365	307,146	6,958	243
98	3	29	38,167	11,376	389	22,893	6,832	233
702	20	24	258,835	8,941	369	183,051	6,326	261
371	11	27	135,055	9,692	364	95,524	6,862	257
483	14	25	174,932	9,171	362	122,560	6,429	253
302	9	26	105,376	9,069	349	76,911	6,623	254
181	5	24	69,556	9,329	384	45,649	6,125	252
1,690	49	29	520,809	8,898	308	397,239	6,792	235
483	14	30	146,200	9,001	303	116,073	7,153	240
407	12	29	120,789	8,669	297	94,859	6,815	233
150	4	29	45,649	8,738	305	35,731	6,844	239
650	19	28	208,170	9,000	320	150,575	6,514	232
1,678	49	30	587,399	10,558	350	430,539	7,746	257
510	15	29	148,645	8,451	292	120,180	6,840	236
404	12	32	141,438	11,107	350	106,780	8,393	264
126	4	38	48,230	14,514	381	36,423	10,974	288
637	18	29	249,086	11,328	391	167,155	7,608	262

**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 2002**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Diseases of the Circulatory System (MDC 7)	390-459	450,898	20.3
Essential Hypertension	401	31,747	1.4
Acute Myocardial Infarction	410	24,305	1.1
Ischemic Heart Disease	414	28,895	1.3
Cardiac Dysrhythmia	427	30,841	1.4
Heart Failure	428	104,700	4.7
III-Defined Descriptions and Complication of Heart Disease	429	4,249	0.2
Intracranial Hemorrhage	431	3,824	0.2
Occlusion of Cerebral Arteries	434	7,295	0.3
Transient Cerebral Ischemia	435	11,338	0.5
Acute, But III-Defined, Cerebrovascular Disease	436	84,930	3.8
Other and III-Defined Cerebrovascular Disease	437	3,797	0.2
Late Effects of Cerebrovascular Disease	438	36,897	1.7
Atherosclerosis	440	3,785	0.2
Other Peripheral Vascular Disease	443	10,669	0.5
Venous Embolism and Thrombosis	453	9,933	0.4
Other	---	53,693	2.4
Diseases of the Respiratory System (MDC 8)	460-519	245,615	11.0
Other Bacterial Pneumonia and Breathing Exercises (V-57.0)	482	9,309	0.4
Pneumonia, Organism Unspecified	486	105,149	4.7
Chronic Bronchitis	491	16,325	0.7
Chronic Airway Obstruction	496	45,096	2.0
Pneumonitis Due to Solids and Liquids	507	17,474	0.8
Other Diseases of Lung	518	17,712	0.8
Other	---	34,550	1.6
Diseases of the Digestive System (MDC 9)	520-579	94,746	4.3
Intestinal Obstruction Without Mention of Hernia	560	12,181	0.5
Diverticula of Intestine	562	7,473	0.3
Gastrointestinal Hemorrhage	578	24,793	1.1
Other	---	50,299	2.3

See footnotes at end of table.

**Table 41—Continued**  
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**Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses**  
**Within Major Diagnostic Classification (MDC): Calendar Year 2002**

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 <sup>3</sup>	Per Day
11,956	346	27	\$4,597,644	\$10,197	\$385	\$3,176,456	\$7,049	\$266
917	27	29	310,482	9,780	338	237,644	7,493	259
515	15	21	206,133	8,481	401	136,194	5,606	265
644	19	22	254,780	8,817	396	173,754	6,017	270
767	22	25	282,434	9,158	368	201,074	6,524	262
2,451	71	23	931,154	8,894	380	624,371	5,967	255
122	4	29	40,017	9,418	328	30,473	7,179	250
112	3	29	47,699	12,474	426	31,781	8,320	284
162	5	22	87,330	11,971	539	46,873	6,429	290
305	9	27	110,823	9,774	364	81,496	7,190	268
2,750	80	32	1,015,479	11,957	369	756,317	8,911	275
120	3	32	43,008	11,327	358	32,077	8,452	267
1,173	34	32	485,976	13,171	414	327,265	8,875	279
78	2	21	46,554	12,300	596	20,788	5,497	266
304	9	28	110,570	10,364	364	76,544	7,176	252
256	7	26	94,326	9,496	369	63,721	6,418	249
1,282	37	24	530,880	9,887	414	336,082	6,262	262
5,597	162	23	2,405,050	9,792	430	1,452,079	5,915	259
175	5	19	105,664	11,351	605	45,998	4,943	263
2,366	68	23	941,577	8,955	398	622,793	5,925	263
275	8	17	164,168	10,056	597	71,959	4,411	262
1,135	33	25	407,078	9,027	359	281,179	6,238	248
411	12	24	187,141	10,710	455	107,091	6,131	260
460	13	26	295,520	16,685	642	123,651	6,987	269
775	22	22	303,903	8,796	392	199,409	5,774	257
2,182	63	23	842,061	8,888	386	566,133	5,978	259
276	8	23	107,497	8,825	390	73,045	5,997	265
160	5	22	67,008	8,967	418	42,327	5,665	264
619	18	25	208,432	8,407	337	158,068	6,378	256
1,128	33	22	459,125	9,128	407	292,694	5,822	260

**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 2002**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Diseases of the Genitourinary System (MDC 10)	580-629	102,847	4.6
Chronic Renal Failure	585	14,363	0.6
Renal Failure, Unspecified	586	9,686	0.4
Other Disorders of Urethra and Urinary Tract	599	54,685	2.5
Other	---	24,113	1.1
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	57,140	2.6
Other Cellulitis and Abscess	682	30,590	1.4
Chronic Ulcer of Skin	707	23,337	1.0
Other	---	3,213	0.1
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	154,525	7.0
Osteoarthritis and Allied Disorders	715	51,991	2.3
Other and Unspecified Disorders of Joint	719	19,354	0.9
Spinal Stenosis	724	18,342	0.8
Disorders of Muscle, Ligament, and Fascia	728	15,181	0.7
Osteomyelitis, Periostitis, and Other Infections Involving Bone	730	7,795	0.4
Other Disorders of Bone and Cartilage	733	15,828	0.7
Other	---	26,034	1.2
Congenital Anomalies (MDC 14)	740-759	4,080	0.2
Other III Defined Conditions (MDC 16)	780-799	171,976	7.7
General Symptoms	780	71,196	3.2
Symptoms Involving Nervous and Musculoskeletal Systems	781	24,358	1.1
Symptom Disorders of Cardiovascular System	785	4,527	0.2
Symptoms Involving Respiratory System and Other Chest Symptoms	786	11,354	0.5
Symptoms Involving Digestive System	787	13,027	0.6
Other	---	47,514	2.1
Injury and Poisoning (MDC 17)	800-999	266,261	12.0
Fracture, Vertebra	805	13,813	0.6
Fracture, Pelvis	808	16,088	0.7
Fracture, Humerus	812	12,520	0.6
Fracture, Neck of Femur	820	116,718	5.3
Fracture, Shaft of Femur	821	15,447	0.7
Fracture, Tibia, Fibula	823	7,155	0.3
Fracture of Ankle	824	8,146	0.4
Amputation	897	6,506	0.3
Other	---	69,868	3.1

See footnotes at end of table.

**Table 41—Continued**  
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**Within Major Diagnostic Classification (MDC): Calendar Year 2002**

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 <sup>3</sup>	Per Day
2,597	75	25	\$915,676	\$8,903	\$353	\$659,688	\$6,417	\$254
364	11	25	120,897	8,417	332	89,095	6,206	245
248	7	26	81,204	8,384	328	61,300	6,332	248
1,408	41	26	495,637	9,063	352	362,120	6,625	257
577	17	24	217,937	9,038	378	147,173	6,107	255
1,639	47	29	678,229	11,870	414	408,219	7,147	249
776	22	25	331,146	10,825	427	201,051	6,574	259
780	23	33	313,368	13,428	402	186,562	7,998	239
82	2	26	33,715	10,493	409	20,606	6,421	250
3,595	104	23	1,509,683	9,770	420	994,844	6,441	277
943	27	18	425,040	8,175	451	282,300	5,432	299
530	15	27	195,498	10,101	369	144,097	7,448	272
421	12	23	166,740	9,091	396	116,980	6,379	278
422	12	28	164,202	10,816	389	111,296	7,337	263
230	7	30	127,914	16,410	556	58,214	7,472	253
410	12	26	164,858	10,416	402	109,734	6,936	268
638	18	25	265,430	10,196	416	172,223	6,620	270
103	3	25	36,848	9,031	357	26,969	6,615	261
4,505	130	26	1,707,112	9,926	379	1,190,408	6,925	264
1,823	53	26	683,152	9,595	375	485,264	6,819	266
652	19	27	268,913	11,040	412	182,639	7,503	280
126	4	28	45,611	10,075	362	32,256	7,127	256
266	8	23	97,586	8,595	367	68,199	6,008	257
426	12	33	134,418	10,318	316	103,466	7,944	243
1,212	35	26	477,432	10,048	394	318,584	6,708	263
8,285	240	31	3,215,489	12,076	388	2,233,370	8,392	270
365	11	27	139,280	10,083	381	98,664	7,145	270
466	13	29	178,374	11,087	382	128,798	8,009	276
431	12	34	159,702	12,756	371	115,682	9,243	268
3,852	111	33	1,445,809	12,387	375	1,054,823	9,042	274
553	16	36	200,344	12,970	362	145,848	9,448	264
256	7	36	94,656	13,229	370	66,990	9,370	262
274	8	34	103,695	12,730	378	73,155	8,988	267
223	6	34	73,067	11,231	328	53,573	8,243	240
1,863	54	27	820,562	11,744	440	495,838	7,100	266

**Table 41—Continued**  
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**Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses**  
**Within Major Diagnostic Classification (MDC): Calendar Year 2002**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Supplementary Classification of Factors Influencing			
Health Status and Contact with Health Services	V01-V82	336,155	15.1
Organ of Tissue Replaced by Other Means	V43	11,641	0.5
Orthopedic Aftercare	V54	16,789	0.8
Breathing Exercises	V57	241,829	10.9
Encounter for Other and Unspecified Procedures and Aftercare	V58	36,616	1.6
Convalescence	V66	9,786	0.4
Other	---	19,494	0.9

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

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

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

<sup>4</sup>Includes invalid codes not shown separately.

<sup>5</sup>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: 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**  
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**Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses**  
**Within Major Diagnostic Classification (MDC): Calendar Year 2002**

Covered Days of Care			Covered Charges			Program Payments		
Number in	Per 1,000	Per	Amount in	Per	Per	Amount in	Per	Per
Thousands	Enrollees	Admission	Thousands	Admission	Day	Thousands	Admis- sion <sup>3</sup>	Day
5,406	156	16	\$3,937,522	\$11,713	\$728	\$1,576,230	\$4,691	\$292
241	7	21	98,369	8,450	408	71,309	6,126	296
366	11	22	206,187	12,281	564	104,234	6,211	285
3,583	104	15	2,905,474	12,051	811	1,069,925	4,426	299
489	14	13	434,740	11,873	889	144,562	3,949	296
159	5	16	87,754	8,967	553	44,680	4,568	281
569	16	29	204,998	10,516	360	141,521	7,264	249