

Table 63

Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Principal Diagnosis Within Major Diagnostic Classifications (MDCs): Calendar Year 2003

Principal ICD-9-CM ¹ Diagnosis Within MDC	ICD-9-CM Code	Services	Submitted	Allowed Charges		Program
		in Thousands	in Thousands	Amount in Thousands	Percent of Charges Assigned	Payments in Thousands
Total All Diagnoses	---	1,573,445	\$191,593,731	\$92,638,665	99.0	\$71,733,844
Leading Diagnoses ²	---	927,738	102,642,173	50,626,677	99.0	39,160,417
Infectious and Parasitic Diseases (MDC 1)	001-139	20,265	1,639,502	957,232	99.3	736,233
Dermatophytosis	110	8,343	433,890	309,888	99.3	225,569
Neoplasm (MDC 2)	140-239	131,355	24,781,501	11,889,735	99.3	9,383,503
Malignant Neoplasm of Colon	153	9,289	1,240,687	584,108	99.7	464,718
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	16,719	2,559,406	1,247,534	99.8	990,890
Other Malignant Neoplasm of Skin	173	7,142	1,764,644	986,611	98.8	771,952
Malignant Neoplasm of Female Breast	174	15,610	2,356,136	1,106,209	98.6	875,878
Malignant Neoplasm of Prostate	185	15,436	3,814,875	2,165,174	99.7	1,711,470
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	170,021	9,071,520	4,786,027	97.9	3,781,226
Thyroiditis	244	12,392	591,576	262,684	98.5	222,049
Diabetes Mellitus	250	90,292	4,546,991	2,798,362	97.2	2,162,978
Disorders of Lipoid Metabolism	272	44,732	1,886,417	755,593	98.5	622,976
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	7,695	592,517	301,120	99.6	240,091
Diseases of the Blood and Blood-Forming Organs (MDC 4)	280-289	45,805	4,751,803	2,545,355	99.8	2,058,500
Other and Unspecified Anemias	285	23,458	2,594,006	1,357,828	99.9	1,098,867
Mental Disorders (MDC 5)	290-319	36,780	3,655,718	2,356,398	98.4	1,449,345
Schizophrenic Disorders	295	6,328	542,384	334,622	99.4	205,250
Affective Psychoses	296	10,933	1,125,468	748,828	97.7	431,915
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	81,884	18,260,965	8,894,324	99.0	6,754,742
Other Retinal Disorders	362	9,049	1,875,174	1,134,655	99.5	866,149
Glaucoma	365	12,698	1,469,923	948,507	98.8	693,243
Cataract	366	16,843	8,659,572	3,425,912	99.1	2,628,738

See footnotes at end of table.

Table 63—Continued

Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Principal Diagnosis Within Major Diagnostic Classifications (MDCs): Calendar Year 2003

Principal ICD-9-CM ¹ Diagnosis Within MDC	ICD-9-CM Code	Services in Thousands	Submitted Charges in Thousands	Allowed Charges		Program Payments in Thousands
				Amount in Thousands	Percent of Charges Assigned	
Diseases of the Circulatory System (MDC 7)	390-459	242,671	\$32,597,118	\$14,657,164	99.1	\$11,318,810
Essential Hypertension	401	59,808	3,613,032	2,169,343	98.0	1,572,574
Acute Myocardial Infarction	410	4,525	860,846	339,946	99.7	268,557
Other Acute and Subacute Forms of Ischemic Heart Disease	411	3,918	1,059,831	352,981	99.7	277,828
Angina Pectoris	413	5,426	1,085,680	466,885	99.5	364,156
Other Forms of Chronic Ischemic Heart Disease	414	34,708	7,097,245	2,800,824	99.3	2,173,188
Other Diseases of Endocardium	424	8,698	1,911,857	690,689	99.1	540,579
Cardiac Dysrhythmias	427	35,829	3,428,745	1,532,064	99.1	1,193,907
Heart Failure	428	26,762	3,093,426	1,628,607	99.5	1,282,260
Ill-Defined Descriptions and Complications of Heart Disease	429	5,181	469,805	199,941	99.1	154,147
Acute, But Ill-Defined, Cerebrovascular Disease	436	9,608	1,223,393	736,606	99.5	578,129
Diseases of the Respiratory System (MDC 8)	460-519	129,473	13,221,114	7,485,077	99.5	5,792,260
Acute Bronchitis and Bronchiolitis	466	5,078	331,347	215,211	98.2	150,709
Allergic Rhinitis	477	17,470	318,932	223,479	98.0	164,410
Pneumonia, Organism Unspecified	486	10,018	1,012,582	545,178	99.6	426,841
Asthma	493	10,185	824,787	505,883	99.4	387,785
Other Diseases of Lung	518	12,575	1,730,866	870,412	99.6	688,866
Diseases of the Digestive System (MDC 9)	520-579	39,429	8,716,629	3,397,077	99.3	2,644,127
Diseases of the Genitourinary System (MDC 10)	580-629	85,050	9,847,540	4,455,824	99.4	3,506,731
Chronic Renal Failure	585	28,492	3,172,281	1,484,252	99.9	1,184,600
Calculus of Kidney and Ureter	592	1,992	476,771	146,263	99.5	114,271
Other Disorders of Urethra and Urinary Tract	599	18,307	1,239,523	609,783	99.3	484,959
Hyperplasia of Prostate	600	4,853	672,788	342,427	99.1	259,943
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	52,301	4,012,342	2,484,862	98.6	1,876,956
Other Dermatoses	702	21,585	1,019,172	667,451	97.8	494,124
Chronic Ulcer of Skin	707	7,721	1,151,653	653,270	99.7	513,414

See footnotes at end of table.

Table 63—Continued

Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Principal Diagnosis Within Major Diagnostic Classifications (MDCs): Calendar Year 2003

Principal ICD-9-CM ¹ Diagnosis Within MDC	ICD-9-CM Code	Services in Thousands	Submitted Charges in Thousands	Allowed Charges		Program Payments in Thousands
				Amount in Thousands	Percent of Charges Assigned	
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	173,599	\$22,133,208	\$10,284,452	98.3	\$7,926,166
Rheumatoid Arthritis and Other Inflammatory Polyarthropathies	714	8,572	1,112,453	722,251	99.2	559,643
Osteoarthritis and Allied Disorders	715	26,728	4,663,518	2,105,402	98.9	1,629,850
Other and Unspecified Arthropathies	716	3,640	426,414	257,061	98.8	197,725
Other and Unspecified Disorders of Joint	719	25,757	1,937,326	1,000,347	99.3	768,906
Other and Unspecified Disorders of Back	724	27,769	4,048,630	1,668,981	98.8	1,292,341
Peripheral Enthesopathies and Allied Syndromes	726	10,957	903,962	445,640	99.1	338,536
Other Disorders of Soft Tissues	729	11,510	997,436	506,033	98.9	386,147
Non-Allopathic Lesions, Not Elsewhere Classified	739	14,905	585,834	476,860	85.5	354,367
Congenital Anomalies (MDC 14)	740-759	2,460	489,130	202,056	99.0	156,984
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	184,590	21,903,773	10,480,939	99.4	8,182,376
General Symptoms	780	41,237	4,648,557	2,360,610	99.5	1,856,598
Symptoms Involving Respiratory System and Other Chest Symptoms	786	54,391	6,445,529	3,000,770	99.5	2,331,161
Symptoms Involving Digestive System	787	13,718	1,637,860	811,434	99.6	635,709
Symptoms Involving Urinary System	788	10,343	881,205	457,336	99.0	357,530
Sudden Death, Cause Unknown	798	17	3,848	1,927	99.9	1,456
Other Ill-Defined and Unknown Causes of Morbidity and Mortality	799	3,688	529,575	289,009	99.9	228,077
Injury and Poisoning (MDC 17)	800-999	53,004	9,291,476	4,063,241	99.1	3,172,274
Fracture of Neck of Femur	820	4,581	1,349,909	521,287	99.6	412,122
Supplementary Classification of Factors Influencing Health Status and Contact With Health Services	V01-V82	119,680	6,757,606	3,438,506	98.1	2,786,064
Need for Prophylactic Vaccination and Inoculation Against Certain Viral Diseases	V04	24,105	296,931	205,473	99.5	203,762
Special Investigations and Examinations	V72	6,126	324,956	147,130	98.5	118,504

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

²Specific diagnostic categories were selected for presentation based 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 (760-779)] 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 (E800-E999)] are also not broken out separately. Medicare program payments represent fee-for-service only.

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.