

Table 27
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 2003

Principal ICD-9-CM ¹ Diagnosis Within MDC	ICD-9-CM Code	Discharges ²		Total Days of Care		Program Payments		
		Number	Per 1,000 HI Enrollees ³	Number	Per Discharge	Amount in Thousands	Per Discharge ⁴	Per Day
Total All Diagnoses	---	12,857,535	363	75,229,845	5.9	\$98,432,090	\$7,691	\$1,308
Leading Diagnoses ⁵	---	7,125,895	201	41,894,230	5.9	57,403,271	8,088	1,370
Infectious and Parasitic Diseases (MDC 1)	001-139	350,800	10	2,756,845	7.9	3,230,922	9,262	1,172
Septicemia	038	224,430	6	1,906,635	8.5	2,340,106	10,484	1,227
Neoplasms (MDC 2)	140-239	659,410	19	4,772,285	7.2	7,172,551	10,908	1,503
Malignant Neoplasms	140-208,230-234	575,470	16	4,318,360	7.5	6,388,202	11,132	1,479
Malignant Neoplasm of Large Intestine and Rectum	153-154,197.5	88,090	2	862,065	9.8	1,326,974	15,088	1,539
Malignant Neoplasm of Trachea, Bronchus, and Lung	162,176.4,197.0,197.3	91,910	3	725,475	7.9	1,100,427	11,998	1,517
Malignant Neoplasm of Breast	174-175,198.81	33,220	1	85,755	2.6	126,921	3,830	1,480
Benign Neoplasms	210-229	61,965	2	319,665	5.2	566,072	9,163	1,771
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	562,590	16	3,022,260	5.4	3,006,555	5,372	995
Diabetes Mellitus	250	198,590	6	1,265,220	6.4	1,334,320	6,764	1,055
Volume Depletion	276.5	193,315	5	925,760	4.8	784,941	4,075	848
Diseases of Blood and Blood-Forming Organs (MDC 4)	280-289	157,095	4	757,860	4.8	848,036	5,500	1,119
Mental Disorders (MDC 5)	290-319	529,765	15	5,046,525	9.5	2,886,752	5,522	572
Psychoses	290-299	450,905	13	4,567,315	10.1	2,612,465	5,872	572
Alcohol Dependence Syndrome	303	19,215	1	116,995	6.1	57,115	3,013	488
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	191,330	5	1,209,855	6.3	1,216,336	6,395	1,005

See footnotes at end of table.

Table 27—Continued
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Principal ICD-9-CM ¹	ICD-9-CM	Discharges ²		Total Days of Care		Program Payments		
		Number	Per 1,000 HI Enrollees ³	Number	Per Discharge	Amount in Thousands	Per Discharge ⁴	Per Day
Diagnosis Within MDC	Code	Number	Enrollees³	Number	Discharge	Thousands	Discharge⁴	Day
Diseases of the Circulatory System (MDC 7)	390-459	3,544,205	100	18,341,345	5.2	\$31,670,204	\$8,966	\$1,727
Heart Disease	391-392.0, 393-398,402,404, 410-416,420-429	2,484,070	70	12,661,825	5.1	23,653,384	9,553	1,868
Acute Myocardial Infarction	410	394,495	11	2,390,075	6.1	4,847,599	12,321	2,028
Coronary Atherosclerosis	414.0	602,695	17	2,392,865	4.0	7,075,591	11,783	2,957
Other Ischemic Heart Disease	411-413, 414.1-414.9	62,495	2	185,315	3.0	318,764	5,127	1,720
Cardiac Dysrhythmias	427	420,510	12	1,677,415	4.0	3,066,017	7,312	1,828
Congestive Heart Failure	428.0	674,600	19	3,778,445	5.6	4,422,731	6,577	1,171
Cerebrovascular Disease	430-438	588,890	17	2,946,605	5.0	3,737,428	6,363	1,268
Diseases of the Respiratory System (MDC 8)	460-519	1,633,990	46	10,537,095	6.4	11,593,782	7,123	1,100
Acute Bronchitis and Bronchocolitis	466	33,705	1	140,910	4.2	106,724	3,179	757
Pneumonia	480-486	698,085	20	4,443,650	6.4	4,349,287	6,252	979
Asthma	493	102,030	3	508,215	5.0	445,608	4,387	877
Diseases of the Digestive System (MDC 9)	520-579	1,273,990	36	7,330,175	5.8	8,795,963	6,933	1,200
Appendicitis	540-543	19,710	1	118,720	6.0	175,028	8,921	1,474
Non Infectious Enteritis and Colitis	555-558	101,430	3	593,395	5.9	669,562	6,637	1,128
Diverticula of Intestine	562	148,300	4	862,330	5.8	934,239	6,312	1,083
Cholelithiasis	574	119,340	3	639,630	5.4	951,337	7,991	1,487
Diseases of the Genitourinary System (MDC 10)	580-629	645,955	18	3,199,080	5.0	3,293,080	5,118	1,029
Calculus of Kidney and Ureter	592	35,520	1	112,055	3.2	161,724	4,576	1,443

See footnotes at end of table.

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Principal ICD-9-CM ¹ Diagnosis Within MDC	ICD-9-CM Code	Discharges ²		Total Days of Care		Program Payments		
		Number	Per 1,000 HI Enrollees ³	Number	Per Discharge	Amount in Thousands	Per Discharge ⁴	Per Day
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	216,360	6	1,401,890	6.5	\$1,151,253	\$5,348	\$821
Cellulitis and Abscess	681-682	161,790	5	937,620	5.8	730,791	4,536	779
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	767,445	22	3,431,415	4.5	6,304,036	8,242	1,837
Osteoarthritis and Allied Disorders	715	333,970	9	1,360,320	4.1	3,168,521	9,506	2,329
Intervertebral Disc Disorders	722	79,995	2	309,545	3.9	592,036	7,435	1,913
Congenital Anomalies (MDC 14)	740-759	10,385	(6)	53,285	5.1	144,571	14,016	2,713
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	823,605	23	2,667,750	3.2	3,014,838	3,683	1,130
Injury and Poisoning (MDC 17)	800-999	1,081,305	31	6,513,090	6.0	9,434,073	8,768	1,448
Fractures, All Sites	800-829	450,610	13	2,678,590	5.9	3,457,924	7,694	1,291
Fracture of Neck of Femur	820	230,590	7	1,496,845	6.5	2,092,631	9,086	1,398
Poisoning by Drugs, Medicinal and Biological Substances	960-989	44,560	1	160,870	3.6	186,456	4,219	1,159
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	395,055	11	4,140,165	10.5	4,631,066	11,770	1,119

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

²Excludes discharges for managed care enrollees that were paid by the managed care plan.

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

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

⁵Specific 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.

⁶Less 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 Medicare Data Extract System; data development by the Office of Research, Development, and Information.