

Table 6.6
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 2004

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	---	2,419,943	100.0
Leading Diagnoses ⁵	---	1,926,867	79.6
Infectious and Parasitic Diseases (MDC 1)	001-139	39,782	1.6
Septicemia	038	22,123	0.9
Other	---	17,659	0.7
Neoplasms (MDC 2)	140-239	72,863	3.0
Malignant Neoplasm of Colon	153	5,477	0.2
Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus	154	4,332	0.2
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	11,869	0.5
Malignant Neoplasm of Female Breast	174	3,541	0.1
Malignant Neoplasm of Prostate	185	3,758	0.2
Secondary Malignant Neoplasm of Respiratory and Digestive Systems and Other Specified Sites	197-198	4,978	0.2
Other	---	38,908	1.6
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	88,926	3.7
Diabetes	250	44,951	1.9
Nutritional Deficiencies	260-263	2,924	0.1
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	26,205	1.1
Other	---	14,846	0.6
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	21,250	0.9
Other and Unspecified Anemias	285	13,127	0.5
Other	---	8,123	0.3
Mental Disorders (MDC 5)	290-319	67,862	2.8
Senile and Prosenile Organic Psychotic Conditions	290	17,359	0.7
Other Organic Psychotic Conditions (Chronic)	294	17,904	0.7
Other Non-Organic Psychoses	298	5,826	0.2
Other	---	26,773	1.1
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	58,569	2.4
Other Cerebral Degenerations	331	19,781	0.8
Parkinson's Disease	332	12,580	0.5
Hemiplegia	342	2,826	0.1
Other	---	23,382	1.0

See footnotes at end of table.

Table 6.6—Continued
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Within Major Diagnostic Classification (MDC): Calendar Year 2004

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
62,364	1,732	26	\$27,643,607	\$11,423	\$443	\$17,212,822	\$7,115	\$276
49,473	1,374	26	22,256,536	11,551	450	13,748,007	7,137	278
934	26	24	455,011	11,438	487	257,187	6,467	275
498	14	23	254,062	11,484	510	137,084	6,198	275
436	12	25	200,949	11,379	461	120,103	6,803	275
1,597	44	22	704,877	9,674	441	433,653	5,954	272
119	3	22	52,665	9,616	443	33,463	6,113	281
100	3	23	41,424	9,562	415	27,362	6,316	274
232	6	20	108,728	9,161	468	63,050	5,314	271
91	3	26	35,540	10,037	392	24,055	6,795	265
90	2	24	35,872	9,545	400	24,597	6,547	274
91	3	18	53,324	10,712	586	25,213	5,066	277
874	24	23	377,324	9,698	432	235,914	6,067	270
2,481	69	28	962,624	10,825	388	642,667	7,230	259
1,325	37	30	510,899	11,366	386	333,515	7,422	252
83	2	28	34,385	11,760	416	20,567	7,041	249
659	18	25	257,947	9,843	391	178,042	6,797	270
415	12	28	159,393	10,736	384	110,542	7,448	267
550	15	26	213,674	10,055	389	144,284	6,793	262
346	10	26	131,198	9,994	379	91,083	6,943	263
204	6	25	82,476	10,153	405	53,200	6,552	261
2,034	56	30	666,321	9,819	328	486,582	7,174	239
539	15	31	174,121	10,031	323	131,339	7,572	244
549	15	31	176,044	9,833	321	130,758	7,307	238
175	5	30	57,400	9,852	327	42,342	7,272	241
771	21	29	258,755	9,665	336	182,143	6,806	236
1,836	51	31	681,555	11,637	371	479,288	8,187	261
603	17	31	190,090	9,610	315	144,094	7,288	239
417	12	33	155,461	12,358	373	113,392	9,015	272
108	3	38	44,224	15,649	410	31,532	11,158	293
709	20	30	291,780	12,479	412	190,270	8,143	268

Table 6.6—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 2004

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	460,920	19.0
Essential Hypertension	401	37,386	1.5
Acute Myocardial Infarction	410	22,301	0.9
Ischemic Heart Disease	414	28,272	1.2
Cardiac Dysrhythmia	427	34,171	1.4
Heart Failure	428	117,539	4.9
Ill-Defined Descriptions and Complication of Heart Disease	429	4,125	0.2
Intracranial Hemorrhage	431	3,348	0.1
Occlusion of Cerebral Arteries	434	7,796	0.3
Transient Cerebral Ischemia	435	10,960	0.5
Acute, But Ill-Defined, Cerebrovascular Disease	436	67,917	2.8
Other and Ill-Defined Cerebrovascular Disease	437	3,796	0.2
Late Effects of Cerebrovascular Disease	438	45,063	1.9
Atherosclerosis	440	3,007	0.1
Other Peripheral Vascular Disease	443	10,397	0.4
Venous Embolism and Thrombosis	453	10,708	0.4
Other	---	54,134	2.2
Diseases of the Respiratory System (MDC 8)	460-519	256,857	10.6
Other Bacterial Pneumonia and Breathing Exercises (V-57.0)	482	9,143	0.4
Pneumonia, Organism Unspecified	486	109,000	4.5
Chronic Bronchitis	491	16,098	0.7
Chronic Airway Obstruction	496	49,347	2.0
Pneumonitis Due to Solids and Liquids	507	17,538	0.7
Other Diseases of Lung	518	20,543	0.8
Other	---	35,188	1.5
Diseases of the Digestive System (MDC 9)	520-579	99,393	4.1
Intestinal Obstruction Without Mention of Hernia	560	12,054	0.5
Diverticula of Intestine	562	7,649	0.3
Gastrointestinal Hemorrhage	578	27,154	1.1
Other	---	52,536	2.2
See footnotes at end of table.			

Table 6.6—Continued
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Within Major Diagnostic Classification (MDC): Calendar Year 2004

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
12,742	354	28	\$5,129,660	\$11,129	\$403	\$3,500,687	\$7,598	\$275
1,111	31	30	408,657	10,931	368	297,418	7,959	268
515	14	23	214,245	9,607	416	142,377	6,387	276
675	19	24	275,906	9,759	409	185,981	6,581	275
889	25	26	347,378	10,166	391	241,635	7,073	272
2,890	80	25	1,152,216	9,803	399	759,917	6,468	263
117	3	28	42,546	10,314	365	30,711	7,449	264
103	3	31	44,263	13,221	428	30,958	9,247	300
208	6	27	104,419	13,394	501	63,856	8,193	307
314	9	29	121,108	11,050	386	86,959	7,936	277
2,242	62	33	879,911	12,956	393	639,180	9,416	285
126	3	33	46,960	12,371	373	35,333	9,310	281
1,524	42	34	640,930	14,223	421	443,431	9,844	291
73	2	24	38,905	12,938	536	19,338	6,431	266
304	8	29	118,719	11,419	391	78,536	7,555	259
289	8	27	113,492	10,599	393	74,557	6,964	258
1,364	38	25	580,005	10,714	425	370,501	6,846	272
6,152	171	24	2,750,491	10,708	447	1,648,340	6,419	268
187	5	21	113,539	12,418	606	51,268	5,609	273
2,561	71	24	1,072,432	9,839	419	696,493	6,392	272
300	8	19	170,085	10,566	567	82,393	5,119	275
1,295	36	26	492,045	9,971	380	330,862	6,708	255
432	12	25	201,568	11,493	467	116,145	6,623	269
540	15	26	352,133	17,141	652	148,413	7,227	275
836	23	24	348,687	9,909	417	222,764	6,333	266
2,391	66	24	975,675	9,816	408	641,522	6,456	268
280	8	23	114,638	9,510	409	76,643	6,358	274
171	5	22	75,595	9,883	441	47,395	6,200	277
696	19	26	255,452	9,408	367	182,892	6,738	263
1,244	35	24	529,990	10,088	426	334,592	6,371	269

Table 6.6—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 2004

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions ¹	
		Number	Percent Distri- bution
Diseases of the Genitourinary System (MDC 10)	580-629	122,180	5.0
Chronic Renal Failure	585	17,413	0.7
Renal Failure, Unspecified	586	10,427	0.4
Other Disorders of Urethra and Urinary Tract	599	66,176	2.7
Other	---	28,164	1.2
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	60,743	2.5
Other Cellulitis and Abscess	682	34,522	1.4
Chronic Ulcer of Skin	707	22,916	0.9
Other	---	3,305	0.1
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	163,538	6.8
Osteoarthritis and Allied Disorders	715	48,220	2.0
Other and Unspecified Disorders of Joint	719	21,477	0.9
Spinal Stenosis	724	20,504	0.8
Disorders of Muscle, Ligament, and Fascia	728	22,956	0.9
Osteomyelitis, Periostitis, and Other Infections Involving Bone	730	8,446	0.3
Other Disorders of Bone and Cartilage	733	15,168	0.6
Other	---	26,767	1.1
Congenital Anomalies (MDC 14)	740-759	4,308	0.2
Other III Defined Conditions (MDC 16)	780-799	199,700	8.3
General Symptoms	780	79,109	3.3
Symptoms Involving Nervous and Musculoskeletal Systems	781	30,037	1.2
Symptom Disorders of Cardiovascular System	785	4,627	0.2
Symptoms Involving Respiratory System and Other Chest Symptoms	786	14,073	0.6
Symptoms Involving Digestive System	787	14,549	0.6
Other	---	57,305	2.4
Injury and Poisoning (MDC 17)	800-999	246,735	10.2
Fracture, Vertebra	805	13,767	0.6
Fracture, Pelvis	808	15,151	0.6
Fracture, Humerus	812	11,755	0.5
Fracture, Neck of Femur	820	95,273	3.9
Fracture, Shaft of Femur	821	14,013	0.6
Fracture, Tibia, Fibula	823	6,765	0.3
Fracture of Ankle	824	8,688	0.4
Amputation	897	6,597	0.3
Other	---	74,726	3.1

See footnotes at end of table.

Table 6.6—Continued
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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
3,208	89	26	\$1,210,392	\$9,907	\$377	\$844,400	\$6,913	\$263
449	12	26	160,544	9,220	357	112,727	6,474	251
269	7	26	95,651	9,173	356	68,924	6,616	256
1,782	49	27	668,107	10,096	375	475,058	7,180	267
708	20	25	286,090	10,158	404	187,692	6,667	265
1,784	50	29	771,688	12,704	433	461,904	7,606	259
915	25	27	407,391	11,801	445	247,407	7,168	270
781	22	34	326,403	14,243	418	191,263	8,350	245
88	2	27	37,895	11,466	429	23,234	7,032	263
4,156	115	25	1,793,058	10,964	431	1,186,401	7,258	285
948	26	20	438,227	9,088	462	295,557	6,132	312
615	17	29	247,027	11,502	402	171,906	8,008	279
507	14	25	211,704	10,325	418	147,212	7,185	290
704	20	31	276,937	12,064	393	190,968	8,325	271
255	7	30	139,241	16,486	545	66,815	7,914	262
424	12	28	173,427	11,434	409	117,228	7,730	277
703	20	26	306,497	11,451	436	196,714	7,352	280
111	3	26	42,036	9,758	378	30,197	7,014	271
5,477	152	27	2,185,709	10,945	399	1,498,654	7,507	274
2,153	60	27	841,043	10,631	391	594,608	7,519	276
852	24	28	360,583	12,005	423	244,943	8,158	287
129	4	28	50,102	10,828	389	34,024	7,358	264
341	9	24	131,791	9,365	386	90,777	6,453	266
465	13	32	163,012	11,204	351	117,747	8,095	253
1,537	43	27	639,178	11,154	416	416,555	7,271	271
8,024	223	33	3,297,451	13,364	411	2,241,029	9,086	279
382	11	28	154,972	11,257	405	108,097	7,855	283
470	13	31	190,607	12,581	405	134,505	8,881	286
427	12	36	168,516	14,336	395	118,933	10,123	278
3,316	92	35	1,327,107	13,930	400	939,463	9,864	283
528	15	38	204,588	14,600	387	144,565	10,322	274
257	7	38	100,905	14,916	393	68,901	10,188	269
306	9	35	122,131	14,057	399	83,881	9,659	274
227	6	34	80,645	12,225	356	55,778	8,462	246
2,111	59	28	947,980	12,686	449	586,906	7,857	278

Table 6.6—Continued
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Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses
Within Major Diagnostic Classification (MDC): Calendar Year 2004

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions ¹	
		Number	Percent Distri- bution
Supplementary Classification of Factors Influencing			
Health Status and Contact with Health Services	V01-V82	453,899	18.8
Organ of Tissue Replaced by Other Means	V43	16,752	0.7
Orthopedic Aftercare	V54	62,637	2.6
Breathing Exercises	V57	293,250	12.1
Encounter for Other and Unspecified Procedures and Aftercare	V58	48,495	2.0
Convalescence	V66	8,231	0.3
Other	---	24,534	1.0

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.

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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
8,817	245	19	\$5,776,690	\$12,727	\$655	\$2,696,507	\$5,942	\$306
364	10	22	160,894	9,604	442	114,178	6,822	313
1,684	47	27	775,659	12,383	461	498,026	7,956	296
5,092	141	17	3,882,609	13,240	762	1,598,133	5,450	314
818	23	17	610,880	12,597	747	253,645	5,232	310
149	4	18	75,307	9,149	507	48,559	5,902	327
710	20	29	271,341	11,060	382	183,966	7,502	259