

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 2004

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	---	12,918,130	359	74,606,025	5.8	\$102,648,047	\$7,985	\$1,376
Leading Diagnoses ⁵	---	7,119,665	198	41,254,070	5.8	60,022,959	8,465	1,455
Infectious and Parasitic Diseases (MDC 1)	001-139	392,370	11	3,156,210	8.0	3,825,947	9,803	1,212
Septicemia	038	264,650	7	2,296,865	8.7	2,911,955	11,061	1,268
Neoplasms (MDC 2)	140-239	654,730	18	4,684,780	7.2	7,302,714	11,187	1,559
Malignant Neoplasms	140-208,230-234	570,140	16	4,230,425	7.4	6,494,103	11,423	1,535
Malignant Neoplasm of Large Intestine and Rectum	153-154,197.5	84,700	2	824,645	9.7	1,327,816	15,711	1,610
Malignant Neoplasm of Trachea, Bronchus, and Lung	162,176.4,197.0,197.3	91,810	3	717,560	7.8	1,127,490	12,314	1,571
Malignant Neoplasm of Breast	174-175,198.81	31,770	1	81,635	2.6	127,554	4,027	1,562
Benign Neoplasms	210-229	62,510	2	319,350	5.1	581,653	9,338	1,821
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	559,710	16	2,931,415	5.2	3,101,806	5,575	1,058
Diabetes Mellitus	250	203,000	6	1,261,305	6.2	1,402,201	6,961	1,112
Volume Depletion	276.5	179,070	5	833,540	4.7	747,718	4,195	897
Diseases of Blood and Blood-Forming Organs (MDC 4)	280-289	158,850	4	754,255	4.7	864,434	5,559	1,146
Mental Disorders (MDC 5)	290-319	537,185	15	5,033,100	9.4	3,012,960	5,687	599
Psychoses	290-299	455,985	13	4,550,080	10.0	2,726,917	6,064	599
Alcohol Dependence Syndrome	303	19,250	1	111,660	5.8	56,532	2,985	506
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	201,445	6	1,260,540	6.3	1,302,045	6,494	1,033

See footnotes at end of table.

Table 5.5—Continued
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Principal ICD-9-CM ¹	ICD-9-CM	Discharges ²		Total Days of Care		Program Payments		
		Per 1,000 HI		Per		Amount in	Per	Per
Diagnosis Within MDC	Code	Number	Enrollees ³	Number	Discharge	Thousands	Discharge ⁴	Day
Diseases of the Circulatory System (MDC 7)	390-459	3,519,965	98	17,844,590	5.1	\$33,110,758	\$9,439	\$1,856
Heart Disease	391-392.0, 393-398,402,404, 410-416,420-429	2,466,295	68	12,318,465	5.0	24,787,667	10,083	2,012
Acute Myocardial Infarction	410	371,455	10	2,236,585	6.0	4,784,742	12,910	2,139
Coronary Atherosclerosis	414.0	610,250	17	2,321,390	3.8	7,471,206	12,288	3,218
Other Ischemic Heart Disease	411-413, 414.1-414.9	55,815	2	159,295	2.9	345,205	6,224	2,167
Cardiac Dysrhythmias	427	418,355	12	1,632,850	3.9	3,149,158	7,550	1,929
Congestive Heart Failure	428.0	668,600	19	3,691,435	5.5	4,847,787	7,273	1,313
Cerebrovascular Disease	430-438	573,265	16	2,803,015	4.9	3,822,629	6,689	1,364
Diseases of the Respiratory System (MDC 8)	460-519	1,536,070	43	9,889,220	6.4	11,258,284	7,355	1,138
Acute Bronchitis and Bronchocolitis	466	31,555	1	132,780	4.2	105,152	3,339	792
Pneumonia	480-486	639,275	18	4,034,025	6.3	4,057,480	6,366	1,006
Asthma	493	101,425	3	508,025	5.0	452,344	4,479	890
Diseases of the Digestive System (MDC 9)	520-579	1,295,965	36	7,395,860	5.7	9,186,671	7,123	1,242
Appendicitis	540-543	20,600	1	115,075	5.6	180,844	8,807	1,572
Non Infectious Enteritis and Colitis	555-558	101,145	3	591,595	5.8	696,672	6,929	1,178
Diverticula of Intestine	562	152,895	4	875,610	5.7	996,908	6,539	1,139
Cholelithiasis	574	117,630	3	635,955	5.4	980,203	8,360	1,541
Diseases of the Genitourinary System (MDC 10)	580-629	669,030	19	3,309,965	4.9	3,542,766	5,315	1,070
Calculus of Kidney and Ureter	592	35,715	1	111,615	3.1	175,146	4,927	1,569

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	219,065	6	1,356,740	6.2	\$1,167,019	\$5,352	\$860
Cellulitis and Abscess	681-682	165,435	5	920,755	5.6	759,046	4,606	824
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	824,335	23	3,562,385	4.3	7,104,859	8,645	1,994
Osteoarthritis and Allied Disorders	715	374,065	10	1,472,605	3.9	3,638,629	9,743	2,471
Intervertebral Disc Disorders	722	84,765	2	317,520	3.7	666,299	7,884	2,098
Congenital Anomalies (MDC 14)	740-759	11,125	(6)	55,585	5.0	163,248	14,780	2,937
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	833,665	23	2,679,245	3.2	3,198,048	3,866	1,194
Injury and Poisoning (MDC 17)	800-999	1,097,940	30	6,515,195	5.9	9,738,346	8,915	1,495
Fractures, All Sites	800-829	453,100	13	2,642,345	5.8	3,578,142	7,918	1,354
Fracture of Neck of Femur	820	229,485	6	1,464,575	6.4	2,126,932	9,280	1,452
Poisoning by Drugs, Medicinal and Biological Substances	960-989	47,895	1	171,460	3.6	204,718	4,310	1,194
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	390,860	11	4,124,590	10.6	4,724,393	12,131	1,145

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.