

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 2008

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	---	2,561,073	100.0
Leading Diagnoses ⁵	---	2,069,916	80.8
Infectious and Parasitic Diseases (MDC 1)	001-139	35,536	1.4
Septicemia	038	14,260	0.6
Other	---	21,276	0.8
Neoplasms (MDC 2)	140-239	58,461	2.3
Malignant Neoplasm of Colon	153	4,470	0.2
Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus	154	2,767	0.1
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	9,314	0.4
Malignant Neoplasm of Female Breast	174	2,779	0.1
Malignant Neoplasm of Prostate	185	2,979	0.1
Secondary Malignant Neoplasm of Respiratory and Digestive Systems and Other Specified Sites	197-198	2,889	0.1
Other	---	33,263	1.3
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	80,479	3.1
Diabetes	250	41,029	1.6
Nutritional Deficiencies	260-263	2,109	0.1
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	20,606	0.8
Other	---	16,735	0.7
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	22,294	0.9
Other and Unspecified Anemias	285	14,457	0.6
Other	---	7,837	0.3
Mental Disorders (MDC 5)	290-319	69,914	2.7
Senile and Prosenile Organic Psychotic Conditions	290	16,595	0.6
Other Organic Psychotic Conditions (Chronic)	294	22,538	0.9
Other Non-Organic Psychoses	298	4,943	0.2
Other	---	25,838	1.0
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	62,195	2.4
Other Cerebral Degenerations	331	21,324	0.8
Parkinson's Disease	332	11,472	0.4
Hemiplegia and Hemiparesis	342	1,894	0.1
Other	---	27,505	1.1

See footnotes at end of table.

Table 6.6—Continued
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Within Major Diagnostic Classification (MDC): Calendar Year 2008

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
69,157	1,977	27	\$34,940,505	\$13,643	\$505	\$24,329,013	\$9,508	\$352
55,717	1,593	27	28,550,077	13,793	512	19,736,951	9,543	354
876	25	25	492,414	13,857	562	341,470	9,619	390
322	9	23	205,077	14,381	638	115,529	8,106	359
555	16	26	287,337	13,505	518	225,940	10,634	407
1,314	38	23	642,872	10,997	489	452,710	7,755	345
98	3	22	48,640	10,881	499	34,751	7,788	356
65	2	24	31,605	11,422	485	22,878	8,271	351
185	5	20	92,838	9,968	502	63,596	6,837	344
71	2	26	32,100	11,551	452	23,717	8,547	334
74	2	25	33,370	11,202	453	25,418	8,550	345
58	2	20	38,272	13,247	656	20,588	7,136	353
764	22	23	366,048	11,005	479	261,762	7,880	343
2,338	67	29	1,042,742	12,957	446	759,822	9,451	325
1,244	36	30	547,121	13,335	440	391,480	9,552	315
64	2	30	29,240	13,864	457	19,744	9,384	308
544	16	26	251,879	12,224	463	186,206	9,044	342
485	14	29	214,501	12,818	442	162,393	9,715	335
606	17	27	276,087	12,384	456	201,619	9,052	333
400	11	28	179,489	12,415	448	133,345	9,234	333
206	6	26	96,598	12,326	470	68,274	8,717	332
2,234	64	32	876,915	12,543	392	655,064	9,380	293
551	16	33	215,518	12,987	391	164,387	9,918	298
734	21	33	281,064	12,471	383	213,866	9,501	291
153	4	31	60,801	12,300	397	45,620	9,242	298
796	23	31	319,531	12,367	401	231,191	8,955	290
2,025	58	33	869,440	13,979	429	642,320	10,339	317
699	20	33	263,122	12,339	376	202,972	9,531	290
407	12	35	179,625	15,658	442	133,981	11,690	329
71	2	37	32,622	17,224	461	23,703	12,534	335
848	24	31	394,071	14,327	465	281,664	10,251	332

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 2008

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	392,560	15.3
Essential Hypertension	401	42,711	1.7
Acute Myocardial Infarction	410	16,739	0.7
Other Forms of Chronic Ischemic Heart Disease	414	23,472	0.9
Cardiac Dysrhythmia	427	35,488	1.4
Heart Failure	428	99,022	3.9
III-Defined Descriptions and Complication of Heart Disease	429	3,411	0.1
Intracranial Hemorrhage	431	2,817	0.1
Occlusion of Cerebral Arteries	434	16,284	0.6
Transient Cerebral Ischemia	435	9,151	0.4
Acute, But III-Defined, Cerebrovascular Disease	436	32,745	1.3
Other and III-Defined Cerebrovascular Disease	437	3,036	0.1
Late Effects of Cerebrovascular Disease	438	40,216	1.6
Atherosclerosis	440	1,862	0.1
Other Peripheral Vascular Disease	443	7,718	0.3
Venous Embolism and Thrombosis	453	10,671	0.4
Other	---	47,217	1.8
Diseases of the Respiratory System (MDC 8)	460-519	255,459	10.0
Other Bacterial Pneumonia and Breathing Exercises (V-57.0)	482	8,506	0.3
Pneumonia, Organism Unspecified	486	106,594	4.2
Chronic Bronchitis	491	16,793	0.7
Chronic Airway Obstruction	496	50,033	2.0
Pneumonitis Due to Solids and Liquids	507	14,631	0.6
Other Diseases of Lung	518	24,153	0.9
Other	---	34,749	1.4
Diseases of the Digestive System (MDC 9)	520-579	86,377	3.4
Intestinal Obstruction Without Mention of Hernia	560	10,220	0.4
Diverticula of Intestine	562	5,940	0.2
Gastrointestinal Hemorrhage	578	23,126	0.9
Other	---	47,091	1.8

See footnotes at end of table.

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Table 6.6—Continued
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Within Major Diagnostic Classification (MDC): Calendar Year 2008

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
11,290	323	29	\$5,238,953	\$13,346	\$464	\$3,864,598	\$9,853	\$342
1,334	38	31	577,989	13,533	433	439,748	10,308	330
400	11	24	191,440	11,437	478	139,820	8,360	349
592	17	25	275,970	11,757	466	205,104	8,749	347
963	28	27	442,997	12,483	460	331,982	9,364	345
2,525	72	26	1,168,381	11,799	463	846,650	8,557	335
102	3	30	43,890	12,867	432	33,252	9,757	328
92	3	33	45,153	16,029	492	33,959	12,055	370
527	15	32	263,476	16,180	500	192,861	11,852	366
274	8	30	126,196	13,790	461	95,878	10,481	350
1,130	32	35	515,568	15,745	456	389,981	11,924	345
101	3	33	44,716	14,728	444	34,663	11,421	344
1,436	41	36	676,783	16,829	471	502,023	12,491	350
46	1	25	25,588	13,742	553	15,063	8,094	326
225	6	29	100,437	13,013	447	73,005	9,466	325
300	9	28	138,149	12,946	461	98,141	9,203	327
1,245	36	26	602,221	12,754	484	432,469	9,169	347
6,429	184	25	3,283,580	12,854	511	2,198,244	8,612	342
190	5	22	115,994	13,637	610	65,434	7,695	344
2,692	77	25	1,299,490	12,191	483	935,462	8,782	348
347	10	21	204,064	12,152	588	122,742	7,317	354
1,334	38	27	596,536	11,923	447	433,194	8,667	325
367	10	25	189,974	12,984	517	125,691	8,597	342
635	18	26	463,276	19,181	729	221,396	9,174	349
864	25	25	414,247	11,921	479	294,325	8,477	341
2,197	63	25	1,026,791	11,887	467	756,436	8,765	344
254	7	25	119,093	11,653	470	88,790	8,702	350
144	4	24	71,772	12,083	497	51,775	8,719	359
621	18	27	271,756	11,751	438	207,905	8,997	335
1,178	34	25	564,171	11,980	479	407,965	8,670	346

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 2008

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	135,037	5.3
Chronic Renal Failure	585	20,485	0.8
Renal Failure, Unspecified	586	9,256	0.4
Other Disorders of Urethra and Urinary Tract	599	75,634	3.0
Other	---	29,662	1.2
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	53,416	2.1
Other Cellulitis and Abscess	682	33,138	1.3
Chronic Ulcer of Skin	707	17,355	0.7
Other	---	2,923	0.1
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	183,775	7.2
Osteoarthritis and Allied Disorders	715	42,589	1.7
Other and Unspecified Disorders of Joint	719	31,060	1.2
Other and Unspecified Disorders of Back	724	18,554	0.7
Disorders of Muscle, Ligament, and Fascia	728	48,776	1.9
Osteomyelitis, Periostitis, and Other Infections Involving Bone	730	7,951	0.3
Other Disorders of Bone and Cartilage	733	10,858	0.4
Other	---	23,987	0.9
Congenital Anomalies (MDC 14)	740-759	3,947	0.2
Other Ill Defined Conditions (MDC 16)	780-799	218,557	8.5
General Symptoms	780	90,938	3.6
Symptoms Involving Nervous and Musculoskeletal Systems	781	32,420	1.3
Symptoms Involving Cardiovascular System	785	4,190	0.2
Symptoms Involving Respiratory System and Other Chest Symptoms	786	16,923	0.7
Symptoms Involving Digestive System	787	14,536	0.6
Other	---	59,550	2.3
Injury and Poisoning (MDC 17)	800-999	195,856	7.6
Fracture, Vertebra without Mention of Spinal Cord Injury	805	11,775	0.5
Fracture, Pelvis	808	12,521	0.5
Fracture, Humerus	812	9,772	0.4
Fracture, Neck of Femur	820	62,371	2.4
Fracture, Other and Unspecified Parts of Femur	821	10,627	0.4
Fracture, Tibia, Fibula	823	5,955	0.2
Fracture of Ankle	824	7,112	0.3
Amputation of Leg(s)	897	4,129	0.2
Other	---	71,594	2.8

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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 Admission ³	Per Day
3,718	106	28	\$1,656,010	\$12,263	\$445	\$1,244,117	\$9,221	\$335
535	15	26	229,016	11,180	428	167,887	8,204	314
249	7	27	107,781	11,644	433	80,140	8,663	322
2,147	61	28	954,265	12,617	445	729,698	9,657	340
787	22	27	364,948	12,304	464	266,392	8,989	339
1,594	46	30	778,638	14,577	489	529,111	9,912	332
909	26	27	457,689	13,812	503	321,237	9,701	353
600	17	35	280,509	16,163	468	179,596	10,354	299
85	2	29	40,440	13,835	478	28,278	9,684	334
4,997	143	27	2,415,928	13,146	483	1,787,003	9,731	358
897	26	21	465,879	10,939	519	357,702	8,406	399
922	26	30	428,845	13,807	465	321,501	10,358	349
481	14	26	233,959	12,610	486	177,622	9,581	369
1,464	42	30	668,892	13,714	457	497,760	10,211	340
246	7	31	140,352	17,652	571	84,172	10,590	343
322	9	31	154,742	14,251	466	114,056	10,518	344
656	19	27	323,258	13,476	493	234,191	9,772	357
107	3	27	48,561	12,303	454	36,332	9,217	340
6,176	177	28	2,888,349	13,216	468	2,116,516	9,691	343
2,573	74	28	1,178,041	12,954	458	894,517	9,844	348
948	27	29	468,968	14,465	495	333,616	10,296	352
116	3	28	53,114	12,676	458	39,317	9,390	339
424	12	25	195,660	11,562	462	145,037	8,576	342
461	13	32	195,154	13,426	423	146,329	10,072	317
1,655	47	28	797,411	13,391	482	557,700	9,372	337
6,501	186	33	3,113,196	15,895	479	2,290,775	11,708	352
353	10	30	167,728	14,244	475	126,261	10,736	357
407	12	33	194,128	15,504	477	147,861	11,826	363
364	10	37	170,254	17,423	468	127,789	13,090	351
2,239	64	36	1,052,424	16,874	470	798,153	12,809	357
412	12	39	190,370	17,914	462	142,450	13,421	346
230	7	39	107,681	18,082	468	78,525	13,206	341
261	7	37	124,491	17,504	477	90,416	12,722	346
142	4	34	59,915	14,511	423	43,343	10,497	306
2,093	60	29	1,046,206	14,613	500	735,977	10,290	352

Table 6.6—Continued
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Within Major Diagnostic Classification (MDC): Calendar Year 2008

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	704,209	27.5
Organ of Tissue Replaced by Other Means	V43	22,457	0.9
Orthopedic Aftercare	V54	105,844	4.1
Care Involving Use of Rehabilitation Procedures	V57	479,440	18.7
Encounter for Other and Unspecified Procedures and Aftercare	V58	55,300	2.2
Convalescence	V66	6,186	0.2
Other	---	34,982	1.4

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 Admission ³	Per Day
16,668	476	24	\$10,250,389	\$14,556	\$615	\$6,422,961	\$9,127	\$385
481	14	21	251,274	11,189	522	197,210	8,790	410
3,041	87	29	1,576,549	14,895	518	1,140,734	10,787	375
10,844	310	23	7,129,753	14,871	657	4,248,756	8,868	392
1,161	33	21	750,092	13,564	646	447,226	8,094	385
110	3	18	71,482	11,555	651	51,741	8,372	471
1,031	29	30	471,239	13,471	457	337,294	9,649	327