

**Table 6.8**

**Number and Distribution of Covered Admissions for Medicare Beneficiaries Admitted to Skilled Nursing Facilities (SNF), by the Leading Principal Diagnoses: Calendar Years 1998, 2003, and 2008**

Principal ICD-9-CM Diagnosis <sup>1</sup>	ICD-9-CM Code	1998 Covered Admissions <sup>2</sup>			2003 Covered Admissions <sup>2</sup>			2008 Covered Admissions <sup>2</sup>		
		Number	Average Covered Days of Care per Admission	Average Program Payment per Admission <sup>3</sup>	Number	Average Covered Days of Care per Admission	Average Program Payment per Admission <sup>3</sup>	Number	Average Covered Days of Care per Admission	Average Program Payment per Admission <sup>3</sup>
Total All Diagnoses	---	1,984,713	22.9	\$5,708	2,336,359	25.4	\$6,496	2,561,073	27.0	\$9,508
Pneumonia, Organism Unspecified	486	89,866	21.2	5,278	110,329	23.2	5,866	106,594	25.3	8,782
Heart Failure	428	96,921	21.7	5,215	113,309	24.0	5,892	99,022	25.5	8,557
General Symptoms	780	43,210	24.0	5,861	73,259	26.6	6,842	90,938	28.3	9,844
Other Disorders of Urethra and Urinary Tract	599	40,642	24.7	6,009	61,330	26.3	6,517	75,634	28.4	9,657
Fracture of Neck of Femur	820	133,347	28.9	7,021	108,238	34.2	9,021	62,371	35.9	12,809
Chronic Airway Obstruction, Not Elsewhere Classified	496	42,300	24.4	5,619	48,291	25.6	6,079	50,033	26.7	8,667
Disorders of Muscle, Ligament, and Fascia	728	7,998	23.6	6,070	18,800	29.8	7,528	48,776	30.0	10,211
Essential Hypertension	401	22,580	29.1	6,661	34,874	29.7	7,356	42,711	31.2	10,308
Osteoarthritis and Allied Disorders	715	54,851	14.5	4,360	49,512	19.3	5,616	42,589	21.1	8,406
Diabetes Mellitus	250	48,266	29.6	6,529	44,912	29.5	6,900	41,029	30.3	9,552

<sup>1</sup>ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification* (Volume 1). Only the first listed or principal diagnosis has been used.

<sup>2</sup>Reflects SNF admissions with at least 1 day of covered care under Medicare.

<sup>3</sup>The denominator used to calculate the average program payment per covered admission includes only those bills with Medicare reimbursement greater than zero.

NOTES: The leading conditions were selected based on the most frequently reported or special interest principal diagnoses for beneficiaries admitted to SNFs during 2008; excludes ICD-9-CM V codes (Supplementary Classification of Factors Influencing Health Status and Contact with Health Services). Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services.

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.