

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 2008

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	---	11,820,795	338	66,590,540	5.6	\$110,231,606	\$9,390	\$1,655
Leading Diagnoses ⁵	---	6,244,805	179	35,415,900	5.7	61,858,300	9,966	1,747
Infectious and Parasitic Diseases (MDC 1)	001-139	576,065	16	4,658,155	8.1	7,868,323	13,763	1,689
Septicemia	038	414,740	12	3,596,560	8.7	6,420,464	15,604	1,785
Neoplasms (MDC 2)	140-239	557,250	16	3,831,920	6.9	7,249,745	13,069	1,892
Malignant Neoplasms	140-208,230-234	484,395	14	3,452,535	7.1	6,467,737	13,413	1,873
Malignant Neoplasm of Large Intestine and Rectum	153-154,197.5	66,920	2	621,870	9.3	1,153,085	17,275	1,854
Malignant Neoplasm of Trachea, Bronchus, and Lung	162,176.4,197.0,197.3	80,965	2	591,950	7.3	1,118,320	13,865	1,889
Malignant Neoplasm of Breast	174-175,198.81	24,740	1	62,805	2.5	135,170	5,496	2,152
Benign Neoplasms	210-229	53,135	2	267,325	5.0	581,725	10,993	2,176
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	490,675	14	2,352,195	4.8	3,143,556	6,467	1,336
Diabetes Mellitus	250	180,625	5	1,047,020	5.8	1,454,334	8,144	1,389
Volume Depletion	276.5	128,965	4	514,500	4.0	578,948	4,517	1,125
Diseases of Blood and Blood-Forming Organs (MDC 4)	280-289	162,840	5	763,645	4.7	1,042,386	6,553	1,365
Mental Disorders (MDC 5)	290-319	468,325	13	4,346,265	9.3	2,924,629	6,381	673
Psychoses	290-299	402,285	11	3,939,745	9.8	2,640,315	6,710	670
Alcohol Dependence Syndrome	303	14,965	(6)	93,180	6.2	58,874	4,008	632
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	266,695	8	1,625,630	6.1	1,952,839	7,379	1,201
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		
		Number	Per 1,000 HI Enrollees ³	Number	Per Discharge	Amount in Thousands	Per Discharge ⁴	Per Day
Diagnosis Within MDC	Code							
Diseases of the Circulatory System (MDC 7)	390-459	2,873,930	82	14,002,870	4.9	\$30,255,379	\$10,582	\$2,161
Heart Disease	391-392.0, 393-398,402,404, 410-416,420-429	1,948,675	56	9,534,180	4.9	21,739,740	11,210	2,280
Acute Myocardial Infarction	410	290,880	8	1,647,815	5.7	3,956,605	13,652	2,401
Coronary Atherosclerosis	414.0	394,150	11	1,488,900	3.8	5,330,055	13,614	3,580
Other Ischemic Heart Disease	411-413, 414.1-414.9	35,000	1	97,490	2.8	381,491	10,978	3,913
Cardiac Dysrhythmias	427	404,185	12	1,573,470	3.9	3,236,129	8,042	2,057
Congestive Heart Failure	428.0	299,810	9	1,533,180	5.1	2,457,820	8,237	1,603
Cerebrovascular Disease	430-438	484,635	14	2,247,505	4.6	3,848,768	7,983	1,712
Diseases of the Respiratory System (MDC 8)	460-519	1,479,260	42	8,939,595	6.0	12,283,803	8,343	1,374
Acute Bronchitis and Bronchocolitis	466	30,770	1	119,795	3.9	117,330	3,830	979
Pneumonia	480-486	495,490	14	2,955,110	6.0	3,602,235	7,298	1,219
Asthma	493	101,700	3	487,630	4.8	541,089	5,348	1,110
Diseases of the Digestive System (MDC 9)	520-579	1,129,725	32	6,321,210	5.6	9,631,799	8,577	1,524
Appendicitis	540-543	21,055	1	103,175	4.9	195,794	9,355	1,898
Non Infectious Enteritis and Colitis	555-558	95,060	3	527,080	5.5	733,492	7,757	1,392
Diverticula of Intestine	562	119,690	3	659,250	5.5	909,669	7,629	1,380
Cholelithiasis	574	100,090	3	529,390	5.3	966,096	9,698	1,825
Diseases of the Genitourinary System (MDC 10)	580-629	706,545	20	3,438,765	4.9	4,468,331	6,357	1,299
Calculus of Kidney and Ureter	592	30,290	1	96,780	3.2	186,489	6,191	1,927

See footnotes at end of table.

Table 5.5--Continued
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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	216,285	6	1,256,950	5.8	\$1,355,102	\$6,303	\$1,078
Cellulitis and Abscess	681-682	171,755	5	915,475	5.3	956,354	5,595	1,045
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	808,500	23	3,233,810	4.0	8,646,073	10,740	2,674
Osteoarthritis and Allied Disorders	715	389,995	11	1,388,625	3.6	4,273,860	10,985	3,078
Intervertebral Disc Disorders	722	83,325	2	295,260	3.5	968,619	11,683	3,281
Congenital Anomalies (MDC 14)	740-759	11,150	(6)	55,805	5.0	194,587	17,530	3,487
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	665,780	19	2,081,990	3.1	2,898,890	4,399	1,392
Injury and Poisoning (MDC 17)	800-999	1,085,185	31	6,298,345	5.8	11,801,109	10,949	1,874
Fractures, All Sites	800-829	437,430	13	2,436,800	5.6	4,297,311	9,864	1,764
Fracture of Neck of Femur	820	204,785	6	1,241,965	6.1	2,357,405	11,536	1,898
Poisoning by Drugs, Medicinal and Biological Substances	960-989	55,735	2	208,980	3.7	319,057	5,776	1,527
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	302,960	9	3,313,175	10.9	4,442,725	14,832	1,341

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.