

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 2007

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		12,036,270	343	68,048,295	5.7	\$106,783,834	\$8,926	\$1,569
Leading Diagnoses ⁵	---	6,436,380	183	36,570,475	5.7	60,507,998	9,451	1,655
Infectious and Parasitic Diseases (MDC 1)	---	528,925	15	4,298,520	8.1	6,750,865	12,852	1,571
Septicemia	001-139 038	369,210	11	3,252,365	8.8	5,396,501	14,730	1,659
Neoplasms (MDC 2)		582,475	17	4,042,560	6.9	7,101,536	12,233	1,757
Malignant Neoplasms	140-239	508,435	14	3,652,280	7.2	6,346,678	12,524	1,738
Malignant Neoplasm of Large Intestine and Rectum	140-208,230-234	70,985	2	674,860	9.5	1,138,455	16,094	1,687
Malignant Neoplasm of Trachea, Bronchus, and Lung	153-154,197.5 162,176.4,197.0, 197.3	83,555	2	625,090	7.5	1,121,672	13,455	1,794
Malignant Neoplasm of Breast	174-175,198.81	25,835	1	65,490	2.5	120,486	4,678	1,840
Benign Neoplasms	210-229	54,395	2	276,630	5.1	563,656	10,395	2,038
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3)		505,705	14	2,484,880	4.9	3,052,251	6,086	1,228
Diabetes Mellitus	240-279	186,170	5	1,097,265	5.9	1,408,652	7,652	1,284
Volume Depletion	250 276.5	143,420	4	603,975	4.2	636,624	4,460	1,054
Diseases of Blood and Blood-Forming Organs (MDC 4)		155,390	4	727,690	4.7	923,473	6,116	1,269
Mental Disorders (MDC 5)		485,925	14	4,515,675	9.3	2,892,974	6,067	641
Psychoses	290-319	414,860	12	4,083,695	9.8	2,595,665	6,380	636
Alcohol Dependence Syndrome	290-299 303	15,655	(6)	96,900	6.2	57,228	3,707	591
Diseases of the Nervous System and Sense Organs (MDC 6) See footnotes at end of table.		251,725	7	1,563,530	6.2	1,745,874	6,976	1,117
	320-389							

Table 5.5--Continued
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 2007

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 Circulatory System (MDC 7)	390-459	3,024,070	86	14,741,810	4.9	\$30,799,144	\$10,229	\$2,089
Heart Disease	391-392.0, 393-398,402,404, 410-416,420-429	2,065,680	59	10,058,635	4.9	22,332,327	10,854	2,220
Acute Myocardial Infarction	410	300,195	9	1,716,080	5.7	4,096,536	13,692	2,387
Coronary Atherosclerosis	414.0	448,655	13	1,654,980	3.7	5,813,604	13,019	3,513
Other Ischemic Heart Disease	411-413, 414.1-414.9	39,640	1	107,705	2.7	432,994	11,032	4,020
Cardiac Dysrhythmias	427	401,655	11	1,551,905	3.9	3,119,483	7,791	2,010
Congestive Heart Failure	428.0	500,970	14	2,675,240	5.3	4,044,234	8,107	1,512
Cerebrovascular Disease	430-438	498,650	14	2,340,160	4.7	3,767,675	7,589	1,610
Diseases of the Respiratory System (MDC 8)	460-519	1,417,490	40	8,731,400	6.2	11,393,446	8,073	1,305
Acute Bronchitis and Bronchocolitis	466	26,785	1	105,970	4.0	98,825	3,707	933
Pneumonia	480-486	527,050	15	3,122,800	5.9	3,537,682	6,736	1,133
Asthma	493	91,990	3	444,275	4.8	458,837	5,018	1,033
Diseases of the Digestive System (MDC 9)	520-579	1,174,975	33	6,613,605	5.6	9,525,409	8,149	1,440
Appendicitis	540-543	21,705	1	111,235	5.1	205,283	9,495	1,845
Non Infectious Enteritis and Colitis	555-558	100,935	3	552,080	5.5	743,408	7,397	1,347
Diverticula of Intestine	562	129,460	4	730,145	5.6	969,939	7,518	1,328
Cholelithiasis	574	101,620	3	538,390	5.3	944,808	9,326	1,755
Diseases of the Genitourinary System (MDC 10)	580-629	710,750	20	3,509,345	4.9	4,286,136	6,055	1,221
Calculus of Kidney and Ureter	592	31,535	1	98,220	3.1	178,777	5,700	1,820

See footnotes at end of table.

Table 5.5--Continued
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 2007

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	219,590	6	1,293,610	5.9	\$1,271,292	\$5,821	\$983
Cellulitis and Abscess	681-682	172,070	5	926,210	5.4	883,484	5,159	954
Diseases of the Musculoskeletal System								
and Connective Tissue (MDC 13)	710-739	822,815	23	3,336,440	4.1	8,244,540	10,054	2,471
Osteoarthritis and Allied Disorders	715	392,645	11	1,436,070	3.7	4,178,397	10,662	2,910
Intervertebral Disc Disorders	722	83,520	2	307,055	3.7	872,000	10,478	2,840
Congenital Anomalies (MDC 14)	740-759	10,980	(6)	53,150	4.8	173,203	15,883	3,259
Symptoms, Signs, and Ill-Defined								
Conditions (MDC 16)	780-799	725,155	21	2,289,865	3.2	3,056,807	4,251	1,335
Injury and Poisoning (MDC 17)	800-999	1,093,880	31	6,408,130	5.9	11,051,621	10,164	1,725
Fractures, All Sites	800-829	447,130	13	2,533,185	5.7	4,058,417	9,104	1,602
Fracture of Neck of Femur	820	212,375	6	1,317,420	6.2	2,251,565	10,618	1,709
Poisoning by Drugs, Medicinal and								
Biological Substances	960-989	53,460	2	202,935	3.8	273,134	5,162	1,346
Supplementary Classification of Factors								
Influencing Health Status and Contact								
with Health Services	V01-V82	308,300	9	3,375,425	10.9	4,456,843	14,592	1,320

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.