

**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 2011**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Total All Diagnoses <sup>4</sup>	---	2,573,854	100.0
Leading Diagnoses <sup>5</sup>	---	2,138,270	83.1
Infectious and Parasitic Diseases (MDC 1)	001-139	33,404	1.3
Septicemia	038	12,251	0.5
Other	---	21,153	0.8
Neoplasms (MDC 2)	140-239	46,363	1.8
Malignant Neoplasm of Colon	153	3,611	0.1
Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus	154	1,492	0.1
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	6,907	0.3
Malignant Neoplasm of Female Breast	174	2,039	0.1
Malignant Neoplasm of Prostate	185	2,269	0.1
Secondary Malignant Neoplasm of Respiratory and Digestive Systems and Other Specified Sites	197-198	1,997	0.1
Other	---	28,048	1.1
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	57,834	2.2
Diabetes	250	26,651	1.0
Nutritional Deficiencies	260-263	1,557	0.1
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	15,282	0.6
Other	---	14,344	0.6
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	19,497	0.8
Other and Unspecified Anemias	285	12,463	0.5
Other	---	7,034	0.3
Mental Disorders (MDC 5)	290-319	59,512	2.3
Senile and Prosenile Organic Psychotic Conditions	290	13,788	0.5
Other Organic Psychotic Conditions (Chronic)	294	21,385	0.8
Other Non-Organic Psychoses	298	3,474	0.1
Other	---	20,865	0.8
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	57,286	2.2
Other Cerebral Degenerations	331	15,688	0.6
Parkinson's Disease	332	9,445	0.4
Hemiplegia and Hemiparesis	342	1,438	0.1
Other	---	30,715	1.2
See footnotes at end of table.			

**Table 6.6--Continued**  
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**Within Major Diagnostic Classification (MDC): Calendar Year 2011**

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 Admis- sion <sup>3</sup>	Per Day
69,907	1,935	27	\$41,230,541	\$16,019	\$590	\$30,101,764	\$11,707	\$431
57,877	1,602	27	34,507,755	16,138	596	25,081,417	11,742	433
848	23	25	548,730	16,427	647	411,058	12,318	484
280	8	23	206,246	16,835	737	121,262	9,905	433
569	16	27	342,484	16,191	602	289,797	13,716	510
1,038	29	22	592,453	12,779	571	430,966	9,308	415
81	2	23	45,619	12,633	561	34,443	9,551	424
34	1	23	18,999	12,734	557	14,252	9,571	418
137	4	20	80,657	11,678	590	56,283	8,163	412
50	1	25	27,809	13,639	553	20,315	9,973	404
55	2	24	29,730	13,103	540	22,969	10,168	417
39	1	20	26,857	13,449	682	16,279	8,176	413
641	18	23	362,783	12,934	566	266,425	9,508	416
1,681	47	29	903,690	15,626	538	674,828	11,680	401
814	23	31	433,038	16,248	532	318,442	11,962	391
45	1	29	25,657	16,479	567	17,087	11,002	377
405	11	27	221,961	14,524	548	168,876	11,064	417
416	12	29	223,034	15,549	536	170,424	11,886	409
530	15	27	288,141	14,779	544	215,670	11,071	407
342	9	27	184,296	14,787	538	139,516	11,205	407
187	5	27	103,845	14,763	555	76,154	10,834	407
1,884	52	32	882,954	14,837	469	678,569	11,415	360
458	13	33	214,322	15,544	468	169,020	12,269	369
693	19	32	314,025	14,684	453	245,754	11,509	355
108	3	31	51,741	14,894	477	39,467	11,374	364
625	17	30	302,865	14,515	485	224,327	10,762	359
1,836	51	32	941,968	16,443	513	728,042	12,724	397
508	14	32	228,852	14,588	451	182,276	11,632	359
337	9	36	174,068	18,430	517	137,665	14,595	409
55	2	38	29,661	20,626	541	23,404	16,286	427
937	26	30	509,388	16,584	544	384,698	12,540	411

**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 2011**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Diseases of the Circulatory System (MDC 7)	390-459	322,492	12.5
Essential Hypertension	401	31,467	1.2
Acute Myocardial Infarction	410	13,351	0.5
Other Forms of Chronic Ischemic Heart Disease	414	18,460	0.7
Cardiac Dysrhythmia	427	32,688	1.3
Heart Failure	428	80,334	3.1
III-Defined Descriptions and Complication of Heart Disease	429	2,004	0.1
Intracranial Hemorrhage	431	2,359	0.1
Occlusion of Cerebral Arteries	434	14,871	0.6
Transient Cerebral Ischemia	435	6,910	0.3
Acute, But III-Defined, Cerebrovascular Disease	436	21,952	0.9
Other and III-Defined Cerebrovascular Disease	437	2,450	0.1
Late Effects of Cerebrovascular Disease	438	39,161	1.5
Atherosclerosis	440	1,342	0.1
Other Peripheral Vascular Disease	443	6,364	0.2
Venous Embolism and Thrombosis	453	8,470	0.3
Other	---	40,309	1.6
Diseases of the Respiratory System (MDC 8)	460-519	221,085	8.6
Other Bacterial Pneumonia and Breathing Exercises (V-57.0)	482	7,855	0.3
Pneumonia, Organism Unspecified	486	88,736	3.4
Chronic Bronchitis	491	16,646	0.6
Chronic Airway Obstruction	496	42,116	1.6
Pneumonitis Due to Solids and Liquids	507	11,640	0.5
Other Diseases of Lung	518	27,456	1.1
Other	---	26,636	1.0
Diseases of the Digestive System (MDC 9)	520-579	73,746	2.9
Intestinal Obstruction Without Mention of Hernia	560	8,728	0.3
Diverticula of Intestine	562	4,801	0.2
Gastrointestinal Hemorrhage	578	19,490	0.8
Other	---	40,727	1.6
See footnotes at end of table.			

**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 2011**

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 Admis- sion <sup>3</sup>	Per Day
9,343	259	29	\$5,127,300	\$15,899	\$549	\$3,915,026	\$12,153	\$419
979	27	31	515,363	16,378	526	406,527	12,932	415
327	9	24	182,316	13,656	558	135,945	10,194	416
466	13	25	255,919	13,863	549	196,362	10,648	421
883	24	27	478,582	14,641	542	370,182	11,338	419
2,054	57	26	1,131,461	14,084	551	832,456	10,374	405
60	2	30	31,199	15,568	516	24,323	12,155	402
79	2	33	44,970	19,063	570	35,601	15,111	452
488	13	33	282,472	18,995	579	220,026	14,813	451
204	6	30	112,556	16,289	552	88,052	12,756	431
777	21	35	425,862	19,400	548	334,191	15,243	430
82	2	34	43,421	17,723	528	35,574	14,538	433
1,407	39	36	766,795	19,581	545	598,984	15,312	426
34	1	26	20,426	15,221	593	13,859	10,335	402
187	5	29	99,699	15,666	533	73,348	11,536	392
243	7	29	132,112	15,598	545	98,637	11,655	407
1,073	30	27	604,147	14,988	563	450,958	11,198	420
5,605	155	25	3,359,196	15,194	599	2,371,774	10,739	423
182	5	23	119,095	15,162	653	77,266	9,849	424
2,198	61	25	1,259,377	14,192	573	925,528	10,440	421
375	10	23	238,358	14,319	635	158,188	9,512	422
1,134	31	27	601,038	14,271	530	443,633	10,547	391
297	8	26	173,117	14,873	583	123,530	10,620	416
744	21	27	589,251	21,462	792	363,805	13,265	489
674	19	25	378,958	14,227	562	279,823	10,516	415
1,851	51	25	1,023,766	13,882	553	767,194	10,414	415
213	6	24	118,999	13,634	559	89,720	10,290	422
117	3	24	67,180	13,993	572	50,379	10,496	429
513	14	26	270,200	13,864	527	208,363	10,704	406
1,008	28	25	567,387	13,931	563	418,732	10,293	415

**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 2011**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Diseases of the Genitourinary System (MDC 10)	580-629	125,367	4.9
Chronic Renal Failure	585	23,055	0.9
Renal Failure, Unspecified	586	7,690	0.3
Other Disorders of Urethra and Urinary Tract	599	69,422	2.7
Other	---	25,200	1.0
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	47,079	1.8
Other Cellulitis and Abscess	682	31,417	1.2
Chronic Ulcer of Skin	707	13,159	0.5
Other	---	2,503	0.1
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	176,385	6.9
Osteoarthritis and Allied Disorders	715	34,162	1.3
Other and Unspecified Disorders of Joint	719	32,778	1.3
Other and Unspecified Disorders of Back	724	14,510	0.6
Disorders of Muscle, Ligament, and Fascia	728	59,475	2.3
Osteomyelitis, Periostitis, and Other Infections Involving Bone	730	8,070	0.3
Other Disorders of Bone and Cartilage	733	8,129	0.3
Other	---	19,261	0.7
Congenital Anomalies (MDC 14)	740-759	3,229	0.1
Other Ill Defined Conditions (MDC 16)	780-799	179,540	7.0
General Symptoms	780	75,653	2.9
Symptoms Involving Nervous and Musculoskeletal Systems	781	23,109	0.9
Symptoms Involving Cardiovascular System	785	3,795	0.1
Symptoms Involving Respiratory System and Other Chest Symptoms	786	14,793	0.6
Symptoms Involving Digestive System	787	12,551	0.5
Other	---	49,639	1.9
Injury and Poisoning (MDC 17)	800-999	151,746	5.9
Fracture, Vertebra without Mention of Spinal Cord Injury	805	9,217	0.4
Fracture, Pelvis	808	9,459	0.4
Fracture, Humerus	812	7,190	0.3
Fracture, Neck of Femur	820	40,303	1.6
Fracture, Other and Unspecified Parts of Femur	821	8,735	0.3
Fracture, Tibia, Fibula	823	4,341	0.2
Fracture of Ankle	824	5,419	0.2
Amputation of Leg(s)	897	2,794	0.1
Other	---	64,288	2.5
See footnotes at end of table.			

**Table 6.6--Continued**  
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**Within Major Diagnostic Classification (MDC): Calendar Year 2011**

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 Admis- sion <sup>3</sup>	Per Day
3,429	95	27	\$1,831,929	\$14,613	\$534	\$1,397,741	\$11,159	\$408
613	17	27	311,441	13,509	508	235,185	10,212	384
214	6	28	113,956	14,819	533	85,074	11,072	398
1,929	53	28	1,037,974	14,952	538	800,705	11,544	415
674	19	27	368,558	14,625	547	276,777	10,993	411
1,421	39	30	810,308	17,212	570	566,696	12,049	399
876	24	28	516,682	16,446	590	365,916	11,656	418
473	13	36	253,141	19,237	535	171,644	13,063	363
71	2	28	40,485	16,174	572	29,136	11,654	412
4,915	136	28	2,731,431	15,486	556	2,105,441	11,951	428
750	21	22	441,796	12,932	589	348,907	10,223	465
952	26	29	517,041	15,774	543	414,328	12,659	435
379	10	26	217,605	14,997	574	169,318	11,686	447
1,789	49	30	944,120	15,874	528	736,997	12,405	412
255	7	32	166,212	20,596	651	99,090	12,291	388
256	7	32	137,511	16,916	537	106,986	13,181	417
534	15	28	307,146	15,947	575	229,815	11,948	430
88	2	27	46,489	14,397	531	36,334	11,266	415
5,067	140	28	2,777,355	15,469	548	2,120,409	11,826	418
2,138	59	28	1,167,029	15,426	546	907,923	12,014	425
689	19	30	393,021	17,007	570	298,761	12,950	434
99	3	26	54,327	14,316	547	40,790	10,774	411
373	10	25	207,976	14,059	557	155,756	10,546	417
396	11	32	194,639	15,508	492	154,072	12,293	389
1,371	38	28	760,363	15,318	554	563,107	11,359	411
5,027	139	33	2,824,630	18,614	562	2,151,216	14,194	428
281	8	30	156,067	16,933	556	122,692	13,324	437
314	9	33	175,315	18,534	558	140,502	14,874	448
269	7	37	148,969	20,719	554	115,346	16,065	429
1,466	41	36	808,313	20,056	551	638,213	15,855	435
339	9	39	184,212	21,089	543	143,872	16,493	424
169	5	39	92,542	21,318	547	70,818	16,340	419
202	6	37	111,957	20,660	554	84,754	15,649	419
93	3	33	47,017	16,828	508	34,312	12,303	371
1,894	52	29	1,100,238	17,114	581	800,707	12,471	423

**Table 6.6--Continued**  
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**Within Major Diagnostic Classification (MDC): Calendar Year 2011**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Supplementary Classification of Factors Influencing			
Health Status and Contact with Health Services	V01-V91	996,607	38.7
Organ of Tissue Replaced by Other Means	V43	23,433	0.9
Orthopedic Aftercare	V54	114,518	4.4
Care Involving Use of Rehabilitation Procedures	V57	757,608	29.4
Encounter for Other and Unspecified Procedures and Aftercare	V58	57,368	2.2
Convalescence	V66	4,729	0.2
Other	---	38,951	1.5

<sup>1</sup>Reflects skilled nursing facility admissions with at least 1 day of covered care under Medicare.

<sup>2</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>3</sup>The denominator used to calculate the average program payment per covered admission includes only those bills with Medicare reimbursement greater than zero.

<sup>4</sup>Includes invalid codes not shown separately.

<sup>5</sup>Specific 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 MEDPAR files: Medicare Provider Analysis and Review; data development by the Office of Information Products and Data Analytics.

**Table 6.6--Continued**  
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**Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses**  
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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 Admis- sion <sup>3</sup>	Per Day
25,263	699	25	\$16,495,888	\$16,552	\$653	\$11,496,560	\$11,546	\$455
501	14	21	306,725	13,089	612	239,318	10,224	477
3,367	93	29	2,036,396	17,782	605	1,501,731	13,128	446
18,819	521	25	12,521,650	16,528	665	8,633,229	11,405	459
1,310	36	23	909,429	15,853	694	584,855	10,200	446
78	2	17	61,386	12,981	786	48,533	10,278	622
1,188	33	31	660,302	16,952	556	488,894	12,566	411