

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 2009

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	---	2,509,080	100.0
Leading Diagnoses ⁵	---	2,047,806	81.6
Infectious and Parasitic Diseases (MDC 1)	001-139	34,111	1.4
Septicemia	038	13,291	0.5
Other	---	20,820	0.8
Neoplasms (MDC 2)	140-239	53,486	2.1
Malignant Neoplasm of Colon	153	3,794	0.2
Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus	154	2,488	0.1
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	8,420	0.3
Malignant Neoplasm of Female Breast	174	2,487	0.1
Malignant Neoplasm of Prostate	185	2,707	0.1
Secondary Malignant Neoplasm of Respiratory and Digestive Systems and Other Specified Sites	197-198	2,518	0.1
Other	---	31,072	1.2
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	70,008	2.8
Diabetes	250	35,390	1.4
Nutritional Deficiencies	260-263	1,774	0.1
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	17,711	0.7
Other	---	15,133	0.6
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	21,052	0.8
Other and Unspecified Anemias	285	13,524	0.5
Other	---	7,528	0.3
Mental Disorders (MDC 5)	290-319	64,916	2.6
Senile and Prosenile Organic Psychotic Conditions	290	15,073	0.6
Other Organic Psychotic Conditions (Chronic)	294	22,066	0.9
Other Non-Organic Psychoses	298	4,365	0.2
Other	---	23,412	0.9
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	58,517	2.3
Other Cerebral Degenerations	331	18,836	0.8
Parkinson's Disease	332	10,310	0.4
Hemiplegia and Hemiparesis	342	1,727	0.1
Other	---	27,644	1.1

See footnotes at end of table.

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
68,385	1,952	27	\$36,535,206	\$14,561	\$534	\$25,530,079	\$10,183	\$353
55,624	1,587	27	30,125,661	14,711	542	20,912,667	10,220	376
849	24	25	495,952	14,539	584	350,932	10,296	414
304	9	23	200,056	15,052	659	114,999	8,658	379
545	16	26	295,896	14,212	543	235,933	11,342	433
1,208	34	23	618,748	11,568	512	439,713	8,229	364
86	2	23	44,360	11,692	519	31,918	8,415	373
61	2	25	29,677	11,928	486	22,339	8,986	366
170	5	20	90,593	10,759	534	62,499	7,429	369
64	2	26	30,858	12,408	483	22,347	8,996	350
66	2	24	32,553	12,026	492	24,277	8,972	367
51	1	20	31,928	12,680	629	18,915	7,521	372
711	20	23	358,780	11,547	505	257,418	8,294	362
2,043	58	29	976,813	13,953	478	706,372	10,098	346
1,080	31	31	511,031	14,440	473	361,241	10,217	334
53	2	30	25,605	14,434	484	16,832	9,488	318
470	13	27	229,955	12,984	489	171,595	9,694	365
440	13	29	210,222	13,892	478	156,704	10,365	356
573	16	27	277,430	13,178	484	202,757	9,639	354
377	11	28	180,057	13,314	478	132,875	9,833	352
196	6	26	97,373	12,935	496	69,882	9,290	356
2,093	60	32	878,698	13,536	420	647,552	9,985	309
510	15	34	212,210	14,079	416	160,788	10,674	315
724	21	33	297,414	13,478	411	222,647	10,103	307
135	4	31	57,692	13,217	427	42,652	9,778	316
723	21	31	311,382	13,300	431	221,464	9,468	306
1,910	55	33	864,781	14,778	453	640,052	10,948	335
624	18	33	248,770	13,207	398	191,293	10,167	306
368	11	36	169,069	16,398	460	126,055	12,238	343
64	2	37	32,020	18,541	500	22,840	13,233	357
854	24	31	414,922	15,009	486	299,864	10,857	351

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 2009

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	360,729	14.4
Essential Hypertension	401	38,130	1.5
Acute Myocardial Infarction	410	14,697	0.6
Other Forms of Chronic Ischemic Heart Disease	414	20,979	0.8
Cardiac Dysrhythmia	427	33,467	1.3
Heart Failure	428	91,767	3.7
III-Defined Descriptions and Complication of Heart Disease	429	2,845	0.1
Intracranial Hemorrhage	431	2,639	0.1
Occlusion of Cerebral Arteries	434	15,193	0.6
Transient Cerebral Ischemia	435	8,302	0.3
Acute, But III-Defined, Cerebrovascular Disease	436	27,979	1.1
Other and III-Defined Cerebrovascular Disease	437	2,728	0.1
Late Effects of Cerebrovascular Disease	438	39,612	1.6
Atherosclerosis	440	1,694	0.1
Other Peripheral Vascular Disease	443	7,085	0.3
Venous Embolism and Thrombosis	453	9,507	0.4
Other	---	44,105	1.8
Diseases of the Respiratory System (MDC 8)	460-519	232,013	9.2
Other Bacterial Pneumonia and Breathing Exercises (V-57.0)	482	7,900	0.3
Pneumonia, Organism Unspecified	486	95,967	3.8
Chronic Bronchitis	491	15,965	0.6
Chronic Airway Obstruction	496	45,669	1.8
Pneumonitis Due to Solids and Liquids	507	13,445	0.5
Other Diseases of Lung	518	24,011	1.0
Other	---	29,056	1.2
Diseases of the Digestive System (MDC 9)	520-579	81,639	3.3
Intestinal Obstruction Without Mention of Hernia	560	9,783	0.4
Diverticula of Intestine	562	5,452	0.2
Gastrointestinal Hemorrhage	578	21,732	0.9
Other	---	44,672	1.8

See footnotes at end of table.

Table 6.6--Continued
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Within Major Diagnostic Classification (MDC): Calendar Year 2009

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
10,494	299	29	\$5,152,807	\$14,284	\$491	\$3,796,145	\$10,533	\$362
1,197	34	31	555,836	14,577	464	420,593	11,045	351
364	10	25	181,380	12,341	498	133,786	9,107	367
534	15	26	262,990	12,536	492	195,744	9,346	366
916	26	27	444,444	13,280	485	334,825	10,012	366
2,351	67	26	1,156,521	12,603	492	834,940	9,107	355
85	2	30	39,036	13,721	461	28,960	10,186	342
89	3	34	46,296	17,543	522	34,161	12,949	385
500	14	33	261,646	17,222	523	192,068	12,657	384
245	7	30	118,533	14,278	485	90,317	10,884	369
1,000	29	36	485,137	17,339	485	362,363	12,961	362
93	3	34	43,236	15,849	467	33,319	12,232	360
1,414	40	36	697,720	17,614	493	519,188	13,121	367
44	1	26	23,580	13,920	537	15,453	9,122	352
207	6	29	98,430	13,893	476	71,088	10,039	344
273	8	29	135,663	14,270	496	95,216	10,018	348
1,182	34	27	602,358	13,657	510	434,125	9,850	367
5,897	168	25	3,190,423	13,751	541	2,133,594	9,203	362
181	5	23	113,080	14,314	623	66,441	8,416	366
2,431	69	25	1,242,802	12,950	511	896,091	9,344	369
343	10	22	207,844	13,019	606	127,425	7,990	371
1,223	35	27	581,296	12,728	475	420,075	9,205	344
343	10	26	184,525	13,724	538	123,515	9,202	360
650	19	27	490,195	20,415	754	237,397	9,897	365
726	21	25	370,682	12,757	511	262,651	9,046	362
2,086	60	26	1,025,877	12,566	492	760,575	9,324	365
246	7	25	120,703	12,338	491	90,820	9,287	369
135	4	25	69,711	12,786	516	50,929	9,350	377
582	17	27	270,412	12,443	464	207,571	9,556	357
1,123	32	25	565,051	12,649	503	411,255	9,216	366

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 2009

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	130,166	5.2
Chronic Renal Failure	585	21,320	0.8
Renal Failure, Unspecified	586	8,388	0.3
Other Disorders of Urethra and Urinary Tract	599	71,964	2.9
Other	---	28,494	1.1
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	50,876	2.0
Other Cellulitis and Abscess	682	32,856	1.3
Chronic Ulcer of Skin	707	15,330	0.6
Other	---	2,690	0.1
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	178,214	7.1
Osteoarthritis and Allied Disorders	715	39,755	1.6
Other and Unspecified Disorders of Joint	719	30,637	1.2
Other and Unspecified Disorders of Back	724	16,842	0.7
Disorders of Muscle, Ligament, and Fascia	728	51,531	2.1
Osteomyelitis, Periostitis, and Other Infections Involving Bone	730	7,727	0.3
Other Disorders of Bone and Cartilage	733	9,826	0.4
Other	---	21,896	0.9
Congenital Anomalies (MDC 14)	740-759	3,745	0.1
Other Ill Defined Conditions (MDC 16)	780-799	203,501	8.1
General Symptoms	780	85,214	3.4
Symptoms Involving Nervous and Musculoskeletal Systems	781	30,084	1.2
Symptoms Involving Cardiovascular System	785	4,014	0.2
Symptoms Involving Respiratory System and Other Chest Symptoms	786	16,206	0.6
Symptoms Involving Digestive System	787	13,291	0.5
Other	---	54,692	2.2
Injury and Poisoning (MDC 17)	800-999	176,365	7.0
Fracture, Vertebra without Mention of Spinal Cord Injury	805	10,542	0.4
Fracture, Pelvis	808	11,122	0.4
Fracture, Humerus	812	8,584	0.3
Fracture, Neck of Femur	820	52,805	2.1
Fracture, Other and Unspecified Parts of Femur	821	9,620	0.4
Fracture, Tibia, Fibula	823	4,940	0.2
Fracture of Ankle	824	6,467	0.3
Amputation of Leg(s)	897	3,653	0.1
Other	---	68,632	2.7

See footnotes at end of table.

Table 6.6--Continued
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Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admission ³	Per Day
3,606	103	28	\$1,708,755	\$13,128	\$474	\$1,277,620	\$9,823	\$354
566	16	27	255,446	11,982	451	188,036	8,828	332
229	7	27	106,789	12,731	466	78,748	9,399	344
2,046	58	28	972,220	13,510	475	738,013	10,263	361
765	22	27	374,299	13,136	489	272,824	9,583	357
1,534	44	30	789,531	15,519	515	540,117	10,626	352
925	26	28	487,690	14,843	527	343,073	10,452	371
533	15	35	263,288	17,175	494	170,193	11,100	319
75	2	28	38,553	14,332	512	26,852	9,986	356
4,935	141	28	2,536,529	14,233	514	1,861,447	10,454	377
846	24	21	463,863	11,668	548	357,042	8,989	422
911	26	30	451,706	14,744	496	338,587	11,062	371
443	13	26	228,882	13,590	517	172,256	10,242	389
1,569	45	30	773,357	15,008	493	560,683	10,888	357
239	7	31	144,385	18,686	604	87,416	11,320	366
315	9	32	152,978	15,569	486	113,353	11,541	360
612	17	28	321,359	14,677	525	232,109	10,613	379
101	3	27	49,320	13,170	486	36,746	9,825	362
5,799	165	29	2,868,273	14,095	495	2,105,064	10,352	363
2,414	69	28	1,176,637	13,808	488	890,324	10,456	369
902	26	30	471,038	15,657	522	337,564	11,230	374
108	3	27	52,560	13,094	488	38,451	9,589	357
408	12	25	201,287	12,421	493	147,890	9,131	362
427	12	32	190,008	14,296	445	141,690	10,669	332
1,540	44	28	776,743	14,202	504	549,146	10,047	357
5,917	169	34	2,989,003	16,948	505	2,198,728	12,484	372
321	9	31	160,514	15,226	500	120,609	11,458	376
374	11	34	187,344	16,844	501	142,810	12,863	382
323	9	38	158,484	18,463	490	118,087	13,781	365
1,930	55	37	958,383	18,149	497	726,193	13,773	376
380	11	40	185,229	19,255	488	138,686	14,428	365
192	5	39	95,583	19,349	497	70,332	14,266	365
242	7	37	120,994	18,709	501	88,257	13,668	365
126	4	34	56,541	15,478	450	40,079	10,984	319
2,030	58	30	1,065,930	15,531	525	753,674	10,993	371

Table 6.6--Continued
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Within Major Diagnostic Classification (MDC): Calendar Year 2009

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	786,809	31.4
Organ of Tissue Replaced by Other Means	V43	22,471	0.9
Orthopedic Aftercare	V54	110,774	4.4
Care Involving Use of Rehabilitation Procedures	V57	557,247	22.2
Encounter for Other and Unspecified Procedures and Aftercare	V58	55,664	2.2
Convalescence	V66	5,903	0.2
Other	---	34,750	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 MEDPAR files: Medicare Provider Analysis and Review; data development by the Office of Research, Development, and Information.

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Number in Thousands	Per 1,000 Enrollees	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Per Admission ³	Per Day
19,250	549	25	\$12,068,933	\$15,339	\$627	\$7,799,920	\$9,919	\$405
482	14	22	261,873	11,654	543	210,008	9,353	435
3,247	93	29	1,770,985	15,987	545	1,287,094	11,627	396
13,151	375	24	8,650,612	15,524	658	5,390,139	9,678	410
1,221	35	22	800,011	14,372	655	493,718	8,874	404
102	3	17	72,109	12,216	707	54,939	9,315	538
1,047	30	30	513,343	14,772	490	364,020	10,485	348