

**Table 44**

**Number and Distribution of Covered Admissions for Medicare Beneficiaries Admitted to Skilled Nursing Facilities (SNF), by the Leading Principal Diagnoses: Calendar Years 1987 and 1999**

Principal ICD-9-CM Diagnosis <sup>1</sup>	ICD-9-CM Code	1987 Covered Admissions <sup>2</sup>			1999 Covered Admissions <sup>2</sup>			Percent Change 1987-1999		
		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>	Covered Admissions	Average Covered Days of Care per Admission	Average Program Payment per Admission <sup>3</sup>
Total All Diagnoses	---	327,012	21.5	\$1,712	1,902,496	22.8	\$5,077	482	6	\$197
Fracture of Neck of Femur Acute But Ill-Defined,	820	43,875	22.6	1,770	130,956	29.0	6,430	198	28	263
Cerebrovascular Disease	436	36,063	25.7	1,719	98,042	31.5	6,717	172	23	291
Pneumonia	486	9,918	17.4	1,263	91,904	20.5	4,576	827	18	262
Heart Failure	428	8,779	15.9	1,181	91,212	21.5	4,591	939	35	289
Osteoarthritis and Allied Disorders	715	4,381	14.8	1,694	53,068	14.7	3,870	1,111	-1	128
General Symptoms	780	2,205	21.0	1,432	45,199	23.8	5,265	1,950	13	268
Diabetes Mellitus	250	5,773	21.7	1,425	39,995	27.1	5,492	593	25	285
Other Disorders of Urethra and Urinary Tract	599	6,841	19.6	1,341	39,984	24.1	5,254	484	23	292
Chronic Airway Obstruction, Not Elsewhere Classified	496	4,082	16.4	1,254	39,841	24.1	4,986	876	47	298
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	4,165	22.9	1,509	31,826	23.8	5,107	664	4	238
All Other Diagnoses	---	205,311	20.5	1,704	1,240,469	21.8	4,907	504	6	188

<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 principal diagnoses for beneficiaries admitted to SNFs during 1999; 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.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.