

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 2004

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	---	12,918,130	359	74,606,025	5.8	\$102,648,047	\$7,985	\$1,376
Leading Diagnoses ⁵	---	7,119,665	198	41,254,070	5.8	60,022,959	8,465	1,455
Infectious and Parasitic Diseases (MDC 1)	001-139	392,370	11	3,156,210	8.0	3,825,947	9,803	1,212
Septicemia	038	264,650	7	2,296,865	8.7	2,911,955	11,061	1,268
Neoplasms (MDC 2)	140-239	654,730	18	4,684,780	7.2	7,302,714	11,187	1,559
Malignant Neoplasms	140-208,230-234	570,140	16	4,230,425	7.4	6,494,103	11,423	1,535
Malignant Neoplasm of Large Intestine and Rectum	153-154,197.5	84,700	2	824,645	9.7	1,327,816	15,711	1,610
Malignant Neoplasm of Trachea, Bronchus, and Lung	162,176.4,197.0,197.3	91,810	3	717,560	7.8	1,127,490	12,314	1,571
Malignant Neoplasm of Breast	174-175,198.81	31,770	1	81,635	2.6	127,554	4,027	1,562
Benign Neoplasms	210-229	62,510	2	319,350	5.1	581,653	9,338	1,821
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	559,710	16	2,931,415	5.2	3,101,806	5,575	1,058
Diabetes Mellitus	250	203,000	6	1,261,305	6.2	1,402,201	6,961	1,112
Volume Depletion	276.5	179,070	5	833,540	4.7	747,718	4,195	897
Diseases of Blood and Blood-Forming Organs (MDC 4)	280-289	158,850	4	754,255	4.7	864,434	5,559	1,146
Mental Disorders (MDC 5)	290-319	537,185	15	5,033,100	9.4	3,012,960	5,687	599
Psychoses	290-299	455,985	13	4,550,080	10.0	2,726,917	6,064	599
Alcohol Dependence Syndrome	303	19,250	1	111,660	5.8	56,532	2,985	506
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	201,445	6	1,260,540	6.3	1,302,045	6,494	1,033

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 Circulatory System (MDC 7)	390-459	3,519,965	98	17,844,590	5.1	\$33,110,758	\$9,439	\$1,856
Heart Disease	391-392.0, 393-398,402,404, 410-416,420-429							
Acute Myocardial Infarction	410	2,466,295	68	12,318,465	5.0	24,787,667	10,083	2,012
Coronary Atherosclerosis	414.0	371,455	10	2,236,585	6.0	4,784,742	12,910	2,139
Other Ischemic Heart Disease	411-413, 414.1-414.9	610,250	17	2,321,390	3.8	7,471,206	12,288	3,218
Cardiac Dysrhythmias	427	55,815	2	159,295	2.9	345,205	6,224	2,167
Congestive Heart Failure	428.0	418,355	12	1,632,850	3.9	3,149,158	7,550	1,929
Cerebrovascular Disease	430-438	668,600	19	3,691,435	5.5	4,847,787	7,273	1,313
Diseases of the Respiratory System (MDC 8)	460-519	573,265	16	2,803,015	4.9	3,822,629	6,689	1,364
Acute Bronchitis and Bronchocollitis	466	1,536,070	43	9,889,220	6.4	11,258,284	7,355	1,138
Pneumonia	480-486	31,555	1	132,780	4.2	105,152	3,339	792
Asthma	493	639,275	18	4,034,025	6.3	4,057,480	6,366	1,006
Diseases of the Digestive System (MDC 9)	520-579	101,425	3	508,025	5.0	452,344	4,479	890
Appendicitis	540-543	1,295,965	36	7,395,860	5.7	9,186,671	7,123	1,242
Non Infectious Enteritis and Colitis	555-558	20,600	1	115,075	5.6	180,844	8,807	1,572
Diverticula of Intestine	562	101,145	3	591,595	5.8	696,672	6,929	1,178
Cholelithiasis	574	152,895	4	875,610	5.7	996,908	6,539	1,139
Diseases of the Genitourinary System (MDC 10)	580-629	117,630	3	635,955	5.4	980,203	8,360	1,541
Calculus of Kidney and Ureter	592	669,030	19	3,309,965	4.9	3,542,766	5,315	1,070
		35,715	1	111,615	3.1	175,146	4,927	1,569

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	219,065	6	1,356,740	6.2	\$1,167,019	\$5,352	\$860
Cellulitis and Abscess	681-682	165,435	5	920,755	5.6	759,046	4,606	824
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	824,335	23	3,562,385	4.3	7,104,859	8,645	1,994
Osteoarthritis and Allied Disorders	715	374,065	10	1,472,605	3.9	3,638,629	9,743	2,471
Intervertebral Disc Disorders	722	84,765	2	317,520	3.7	666,299	7,884	2,098
Congenital Anomalies (MDC 14)	740-759	11,125	(6)	55,585	5.0	163,248	14,780	2,937
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	833,665	23	2,679,245	3.2	3,198,048	3,866	1,194
Injury and Poisoning (MDC 17)	800-999	1,097,940	30	6,515,195	5.9	9,738,346	8,915	1,495
Fractures, All Sites	800-829	453,100	13	2,642,345	5.8	3,578,142	7,918	1,354
Fracture of Neck of Femur	820	229,485	6	1,464,575	6.4	2,126,932	9,280	1,452
Poisoning by Drugs, Medicinal and Biological Substances	960-989	47,895	1	171,460	3.6	204,718	4,310	1,194
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	390,860	11	4,124,590	10.6	4,724,393	12,131	1,145

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.