

**Table 6.8**

**Number and Distribution of Covered Admissions for Medicare Beneficiaries Admitted to Skilled Nursing Facilities (SNF), by the Leading Principal Diagnoses: Calendar Years 1998, 2000, and 2004**

Principal ICD-9-CM Diagnosis <sup>1</sup>	ICD- 9-CM Code	1998 Covered Admissions <sup>2</sup>			2000 Covered Admissions <sup>2</sup>			2004 Covered Admissions <sup>2</sup>		
		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>	Number	Average Covered Days of Care per Admission	Average Program Payment per Admission <sup>3</sup>
Total All Diagnoses	---	1,984,713	22.9	\$5,708	1,936,127	23.2	\$5,511	2,419,943	25.8	\$7,115
Heart Failure	428	96,921	21.7	5,215	93,765	21.9	5,002	117,539	24.6	6,468
Pneumonia	486	89,866	21.2	5,278	90,147	21.1	4,960	109,000	23.5	6,392
Fracture of Neck of Femur	820	133,347	28.9	7,021	120,261	30.3	7,389	95,273	34.8	9,864
General Symptoms	780	43,210	24.0	5,861	53,320	23.8	5,688	79,109	27.2	7,519
Acute But Ill-Defined, Cerebrovascular Disease	436	103,913	31.4	7,238	90,653	31.6	7,484	67,917	33.0	9,416
Other Disorders of Urethra and Urinary Tract	599	40,642	24.7	6,009	42,606	24.0	5,631	66,176	26.9	7,180
Chronic Airway Obstruction, Not Elsewhere Classified	496	42,300	24.4	5,619	40,241	24.6	5,379	49,347	26.2	6,708
Osteoarthritis and Allied Disorders	715	54,851	14.5	4,360	48,245	16.1	4,327	48,220	19.7	6,132
Late Effects of Cerebrovascular Disease	438	17,242	31.2	7,068	27,236	29.7	7,176	45,063	33.8	9,844
Diabetes Mellitus	250	48,266	29.6	6,529	39,334	27.3	5,984	44,951	29.5	7,422

<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 or special interest principal diagnoses for beneficiaries admitted to SNFs during 2004; 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 and exclude amounts paid for managed care services.

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.