

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 2006

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	---	2,543,133	100.0
Leading Diagnoses ⁵	---	2,033,254	80.0
Infectious and Parasitic Diseases (MDC 1)	001-139	39,406	1.5
Septicemia	038	18,370	0.7
Other	---	21,036	0.8
Neoplasms (MDC 2)	140-239	67,098	2.6
Malignant Neoplasm of Colon	153	5,414	0.2
Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus	154	3,412	0.1
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	10,847	0.4
Malignant Neoplasm of Female Breast	174	3,279	0.1
Malignant Neoplasm of Prostate	185	3,435	0.1
Secondary Malignant Neoplasm of Respiratory and Digestive Systems and Other Specified Sites	197-198	3,963	0.2
Other	---	36,748	1.4
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	89,627	3.5
Diabetes	250	46,712	1.8
Nutritional Deficiencies	260-263	2,447	0.1
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	23,407	0.9
Other	---	17,061	0.7
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	22,267	0.9
Other and Unspecified Anemias	285	14,186	0.6
Other	---	8,081	0.3
Mental Disorders (MDC 5)	290-319	72,975	2.9
Senile and Prosenile Organic Psychotic Conditions	290	17,338	0.7
Other Organic Psychotic Conditions (Chronic)	294	21,599	0.8
Other Non-Organic Psychoses	298	5,678	0.2
Other	---	28,360	1.1
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	62,296	2.4
Other Cerebral Degenerations	331	22,146	0.9
Parkinson's Disease	332	12,700	0.5
Hemiplegia	342	2,336	0.1
Other	---	25,114	1.0
See footnotes at end of table.			

Table 6.6—Continued
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Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses
Within Major Diagnostic Classification (MDC): Calendar Year 2006

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 ³	Per Day
67,143	1,892	26	\$31,493,529	\$12,384	\$469	\$20,498,788	\$8,067	\$305
53,415	1,505	26	25,442,378	12,513	476	16,423,757	8,084	307
954	27	24	498,976	12,662	523	315,438	8,010	331
416	12	23	238,413	12,978	573	129,613	7,060	311
538	15	26	260,563	12,387	485	185,824	8,840	346
1,504	42	22	690,019	10,284	459	450,579	6,721	300
119	3	22	55,737	10,295	468	37,165	6,868	312
81	2	24	36,112	10,584	448	24,501	7,189	304
217	6	20	102,410	9,441	473	64,522	5,954	298
83	2	26	35,817	10,923	429	24,429	7,466	293
86	2	25	36,274	10,560	420	25,806	7,524	299
75	2	19	44,868	11,322	598	23,081	5,830	308
842	24	23	378,801	10,308	450	251,075	6,837	298
2,538	72	28	1,049,115	11,705	413	718,369	8,023	283
1,385	39	30	565,723	12,111	408	379,794	8,139	274
70	2	29	30,262	12,367	430	18,978	7,765	270
603	17	26	255,811	10,929	424	180,838	7,732	300
479	13	28	197,319	11,565	412	138,759	8,141	290
592	17	27	249,400	11,200	421	171,451	7,706	290
385	11	27	160,414	11,308	417	111,814	7,890	291
207	6	26	88,987	11,012	429	59,637	7,384	288
2,285	64	31	815,142	11,170	357	577,864	7,928	253
569	16	33	199,837	11,526	351	145,601	8,404	256
689	19	32	238,560	11,045	346	174,769	8,102	254
180	5	32	63,292	11,147	351	45,938	8,100	255
847	24	30	313,454	11,053	370	211,556	7,469	250
2,009	57	32	790,297	12,686	393	559,262	8,988	278
712	20	32	243,294	10,986	342	181,412	8,202	255
435	12	34	173,461	13,658	399	126,242	9,948	290
85	2	36	36,784	15,747	432	25,622	10,982	301
778	22	31	336,758	13,409	433	225,986	9,010	291

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 2006

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	438,340	17.2
Essential Hypertension	401	41,656	1.6
Acute Myocardial Infarction	410	19,175	0.8
Ischemic Heart Disease	414	26,942	1.1
Cardiac Dysrhythmia	427	36,597	1.4
Heart Failure	428	112,493	4.4
Ill-Defined Descriptions and Complication of Heart Disease	429	3,948	0.2
Intracranial Hemorrhage	431	3,180	0.1
Occlusion of Cerebral Arteries	434	17,394	0.7
Transient Cerebral Ischemia	435	10,203	0.4
Acute, But Ill-Defined, Cerebrovascular Disease	436	44,207	1.7
Other and Ill-Defined Cerebrovascular Disease	437	3,433	0.1
Late Effects of Cerebrovascular Disease	438	43,356	1.7
Atherosclerosis	440	2,531	0.1
Other Peripheral Vascular Disease	443	9,430	0.4
Venous Embolism and Thrombosis	453	11,532	0.5
Other	---	52,263	2.1
Diseases of the Respiratory System (MDC 8)	460-519	260,483	10.2
Other Bacterial Pneumonia and Breathing Exercises (V-57.0)	482	8,520	0.3
Pneumonia, Organism Unspecified	486	110,801	4.4
Chronic Bronchitis	491	16,464	0.6
Chronic Airway Obstruction	496	51,120	2.0
Pneumonitis Due to Solids and Liquids	507	16,023	0.6
Other Diseases of Lung	518	22,642	0.9
Other	---	34,913	1.4
Diseases of the Digestive System (MDC 9)	520-579	97,162	3.8
Intestinal Obstruction Without Mention of Hernia	560	11,461	0.5
Diverticula of Intestine	562	7,586	0.3
Gastrointestinal Hemorrhage	578	25,407	1.0
Other	---	52,708	2.1

See footnotes at end of table.

Table 6.6—Continued
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Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses
Within Major Diagnostic Classification (MDC): Calendar Year 2006

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
12,354	348	28	\$5,312,157	\$12,119	\$430	\$3,713,814	\$8,480	\$301
1,266	36	30	498,819	11,975	394	366,606	8,813	290
457	13	24	201,036	10,484	439	139,828	7,296	306
663	19	25	289,973	10,763	437	202,675	7,529	306
971	27	27	410,536	11,218	423	292,779	8,006	301
2,807	79	25	1,209,803	10,754	431	823,490	7,326	293
113	3	29	45,388	11,497	401	32,106	8,141	283
101	3	32	46,989	14,776	465	32,715	10,304	324
544	15	31	255,163	14,670	469	177,332	10,200	326
299	8	29	124,470	12,199	417	91,143	8,942	305
1,498	42	34	629,657	14,243	420	454,874	10,302	304
114	3	33	46,733	13,613	408	34,955	10,185	305
1,506	42	35	662,142	15,272	440	468,427	10,814	311
63	2	25	32,266	12,748	515	18,689	7,401	298
274	8	29	113,647	12,052	415	77,653	8,236	283
326	9	28	136,514	11,838	419	91,823	7,971	282
1,352	38	26	609,020	11,653	451	408,721	7,826	302
6,419	181	25	3,033,534	11,646	473	1,913,756	7,353	298
183	5	22	110,949	13,022	605	56,482	6,631	308
2,706	76	24	1,205,798	10,883	446	821,178	7,417	304
337	10	21	183,649	11,155	544	103,086	6,265	305
1,338	38	26	549,523	10,750	411	377,467	7,391	282
397	11	25	192,838	12,035	485	118,500	7,400	298
599	17	26	408,253	18,031	682	182,882	8,086	305
859	24	25	382,524	10,956	445	254,161	7,285	296
2,433	69	25	1,052,544	10,833	433	727,460	7,491	299
280	8	24	122,288	10,670	437	85,002	7,422	304
180	5	24	82,429	10,866	457	55,281	7,293	307
672	19	27	266,572	10,492	397	196,133	7,723	292
1,301	37	25	581,255	11,028	447	391,044	7,423	301

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 2006

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code	Covered Admissions ¹	
	Category	Number	Percent Distri- bution
Diseases of the Genitourinary System (MDC 10)	580-629	136,346	5.4
Chronic Renal Failure	585	17,992	0.7
Renal Failure, Unspecified	586	11,809	0.5
Other Disorders of Urethra and Urinary Tract	599	76,478	3.0
Other	---	30,067	1.2
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	59,454	2.3
Other Cellulitis and Abscess	682	35,595	1.4
Chronic Ulcer of Skin	707	20,664	0.8
Other	---	3,195	0.1
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	182,560	7.2
Osteoarthritis and Allied Disorders	715	48,911	1.9
Other and Unspecified Disorders of Joint	719	28,081	1.1
Spinal Stenosis	724	21,010	0.8
Disorders of Muscle, Ligament, and Fascia	728	36,197	1.4
Osteomyelitis, Periostitis, and Other Infections Involving Bone	730	8,359	0.3
Other Disorders of Bone and Cartilage	733	13,166	0.5
Other	---	26,836	1.1
Congenital Anomalies (MDC 14)	740-759	4,295	0.2
Other Ill Defined Conditions (MDC 16)	780-799	214,073	8.4
General Symptoms	780	85,203	3.4
Symptoms Involving Nervous and Musculoskeletal Systems	781	32,103	1.3
Symptom Disorders of Cardiovascular System	785	4,500	0.2
Symptoms Involving Respiratory System and Other Chest Symptoms	786	16,124	0.6
Symptoms Involving Digestive System	787	15,806	0.6
Other	---	60,337	2.4
Injury and Poisoning (MDC 17)	800-999	225,017	8.8
Fracture, Vertebra	805	13,204	0.5
Fracture, Pelvis	808	14,393	0.6
Fracture, Humerus	812	11,440	0.4
Fracture, Neck of Femur	820	78,770	3.1
Fracture, Shaft of Femur	821	12,044	0.5
Fracture, Tibia, Fibula	823	6,381	0.3
Fracture of Ankle	824	8,025	0.3
Amputation	897	5,486	0.2
Other	---	75,274	3.0

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
3,678	104	27	\$1,505,745	\$11,044	\$409	\$1,073,509	\$7,879	\$292
467	13	26	182,908	10,166	391	129,004	7,180	276
305	9	26	120,824	10,232	397	85,996	7,291	282
2,129	60	28	868,753	11,360	408	630,950	8,255	296
777	22	26	333,260	11,084	429	227,559	7,573	293
1,758	50	30	797,867	13,420	454	502,971	8,466	286
958	27	27	453,344	12,736	473	291,391	8,191	304
711	20	34	305,262	14,773	429	186,071	9,013	262
88	2	28	39,261	12,288	444	25,510	7,987	288
4,816	136	26	2,178,701	11,934	452	1,511,876	8,292	314
994	28	20	492,208	10,063	495	348,730	7,137	351
828	23	30	353,854	12,601	428	254,201	9,062	307
534	15	25	238,676	11,360	447	170,951	8,148	320
1,096	31	30	456,286	12,606	416	321,341	8,892	293
255	7	31	138,267	16,541	541	75,564	9,054	296
387	11	29	168,696	12,813	436	116,958	8,896	302
722	20	27	330,713	12,323	458	224,129	8,360	311
116	3	27	47,817	11,133	413	34,475	8,040	298
5,974	168	28	2,546,206	11,894	426	1,782,517	8,333	298
2,378	67	28	1,000,000	11,737	420	721,248	8,473	303
916	26	29	411,162	12,808	449	280,928	8,755	307
118	3	26	50,244	11,165	426	34,699	7,719	294
398	11	25	168,155	10,429	423	118,127	7,332	297
498	14	32	191,541	12,118	384	138,049	8,738	277
1,666	47	28	725,105	12,018	435	489,467	8,118	294
7,414	209	33	3,270,267	14,533	441	2,275,292	10,120	307
381	11	29	165,170	12,509	434	117,911	8,936	310
464	13	32	202,504	14,070	436	145,898	10,149	314
419	12	37	179,545	15,694	429	128,158	11,220	306
2,797	79	36	1,205,734	15,307	431	868,839	11,038	311
463	13	38	195,558	16,237	422	139,073	11,555	300
239	7	38	102,630	16,084	429	71,219	11,172	298
291	8	36	127,023	15,828	436	87,869	10,962	302
180	5	33	68,863	12,553	382	47,495	8,664	264
2,180	61	29	1,023,240	13,594	469	668,829	8,893	307

Table 6.6—Continued
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Within Major Diagnostic Classification (MDC): Calendar Year 2006

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code	Covered Admissions ¹	
	Category	Number	Percent Distri- bution
Supplementary Classification of Factors Influencing			
Health Status and Contact with Health Services	V01-V82	568,992	22.4
Organ of Tissue Replaced by Other Means	V43	21,345	0.8
Orthopedic Aftercare	V54	93,854	3.7
Breathing Exercises	V57	361,946	14.2
Encounter for Other and Unspecified Procedures and Aftercare	V58	54,338	2.1
Convalescence	V66	6,660	0.3
Other	---	30,849	1.2

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 Medicare Data Extract System; data development by the Office of Research, Development, and Information.

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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 ³	Per Day
12,217	344	22	\$7,622,636	\$13,397	\$624	\$4,146,417	\$7,290	\$339
455	13	21	215,085	10,077	473	162,685	7,625	358
2,578	73	28	1,254,356	13,365	486	853,152	9,095	331
7,118	201	20	5,023,347	13,879	706	2,469,575	6,825	347
1,056	30	19	691,574	12,727	655	362,273	6,670	343
114	3	17	68,304	10,256	601	44,172	6,648	388
897	25	29	369,969	11,993	413	254,561	8,260	284