

**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 2005**

Principal ICD-9-CM <sup>1</sup> Diagnosis Within MDC	ICD-9-CM Code	Discharges <sup>2</sup>		Total Days of Care		Program Payments		
		Number	Per 1,000 HI Enrollees <sup>3</sup>	Number	Per Discharge	Amount in Thousands	Per Discharge <sup>4</sup>	Per Day
Total All Diagnoses	---	12,903,875	355	73,995,570	5.7	\$107,615,220	\$8,383	\$1,454
Leading Diagnoses <sup>5</sup>	---	7,070,270	195	40,575,415	5.7	62,450,801	8,872	1,539
Infectious and Parasitic Diseases (MDC 1)	001-139	458,760	13	3,707,970	8.1	4,799,292	10,528	1,294
Septicemia	038	318,535	9	2,762,620	8.7	3,766,205	11,903	1,363
Neoplasms (MDC 2)	140-239	642,515	18	4,552,645	7.1	7,483,713	11,682	1,644
Malignant Neoplasms	140-208,230-234	558,200	15	4,108,500	7.4	6,633,049	11,918	1,614
Malignant Neoplasm of Large Intestine and Rectum	153-154,197.5	80,555	2	766,540	9.5	1,280,908	15,928	1,671
alignant Neoplasm of Trachea, Bronchus, and Lung	162,176.4,197.0,197.3	90,305	2	694,185	7.7	1,156,218	12,834	1,666
Malignant Neoplasm of Breast	174-175,198.81	30,140	1	75,825	2.5	129,480	4,310	1,708
Benign Neoplasms	210-229	62,450	2	311,360	5.0	617,673	9,920	1,984
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	542,005	15	2,791,440	5.2	3,105,788	5,767	1,113
Diabetes Mellitus	250	199,295	5	1,215,510	6.1	1,424,239	7,210	1,172
Volume Depletion	276.5	163,650	5	749,050	4.6	701,798	4,309	937
Diseases of Blood and Blood-Forming Organs (MDC 4)	280-289	159,015	4	750,585	4.7	880,593	5,673	1,173
Mental Disorders (MDC 5)	290-319	525,360	14	4,878,445	9.3	3,020,333	5,838	619
Psychoses	290-299	449,220	12	4,434,770	9.9	2,713,333	6,135	612
Alcohol Dependence Syndrome	303	16,975	(6)	100,165	5.9	55,865	3,348	558
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	209,945	6	1,331,500	6.3	1,421,741	6,806	1,068
See footnotes at end of table.								

**Table 5.5–Continued**  
**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 2005**

Principal ICD-9-CM <sup>1</sup>	ICD-9-CM Code	Discharges <sup>2</sup>		Total Days of Care		Program Payments		
		Number	Per 1,000 HI Enrollees <sup>3</sup>	Number	Per Discharge	Amount in Thousands	Per Discharge <sup>4</sup>	Per Day
Diseases of the Circulatory System (MDC 7)	390-459	3,384,780	93	16,857,380	5.0	\$33,670,513	\$9,985	\$1,997
Heart Disease	391-392.0, 393-398,402,404, 410-416,420-429	2,357,825	65	11,587,215	4.9	25,108,789	10,684	2,167
Acute Myocardial Infarction	410	348,245	10	2,063,240	5.9	4,722,366	13,600	2,289
Coronary Atherosclerosis	414.0	565,910	16	2,097,025	3.7	7,225,935	12,820	3,446
Other Ischemic Heart Disease	411-413, 414.1-414.9	51,940	1	137,495	2.6	491,436	9,535	3,574
Cardiac Dysrhythmias	427	408,480	11	1,595,260	3.9	3,150,537	7,733	1,975
Congestive Heart Failure	428.0	637,360	18	3,427,980	5.4	5,042,945	7,936	1,471
Cerebrovascular Disease	430-438	546,560	15	2,656,710	4.9	3,892,944	7,159	1,465
Diseases of the Respiratory System (MDC 8)	460-519	1,663,240	46	10,460,305	6.3	12,545,355	7,572	1,199
Acute Bronchitis and Bronchocolitis	466	36,235	1	147,205	4.1	120,289	3,332	817
Pneumonia	480-486	669,250	18	4,073,020	6.1	4,230,865	6,342	1,039
Asthma	493	111,720	3	559,325	5.0	516,811	4,645	924
Diseases of the Digestive System (MDC 9)	520-579	1,254,915	35	7,154,595	5.7	9,421,099	7,543	1,317
Appendicitis	540-543	21,075	1	113,090	5.4	190,015	9,046	1,680
Non Infectious Enteritis and Colitis	555-558	101,345	3	585,525	5.8	732,327	7,257	1,251
Diverticula of Intestine	562	146,745	4	826,630	5.6	981,873	6,709	1,188
Cholelithiasis	574	113,150	3	614,300	5.4	987,936	8,756	1,608
Diseases of the Genitourinary System (MDC 10)	580-629	691,510	19	3,438,985	5.0	3,828,648	5,558	1,113
Calculus of Kidney and Ureter	592	34,345	1	109,035	3.2	178,886	5,221	1,641

See footnotes at end of table.

**Table 5.5–Continued**  
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Principal ICD-9-CM <sup>1</sup>	ICD-9-CM Code	Discharges <sup>2</sup>		Total Days of Care		Program Payments		
		Number	Per 1,000 HI Enrollees <sup>3</sup>	Number	Per Discharge	Amount in Thousands	Per Discharge <sup>4</sup>	Per Day
<b>Diagnosis Within MDC</b>								
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	228,595	6	1,384,745	6.1	\$1,256,473	\$5,526	\$907
Cellulitis and Abscess	681-682	174,705	5	958,015	5.5	839,503	4,827	876
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	843,705	23	3,552,785	4.2	7,660,497	9,106	2,156
Osteoarthritis and Allied Disorders	715	399,870	11	1,548,765	3.9	4,028,302	10,089	2,601
Intervertebral Disc Disorders	722	84,330	2	312,990	3.7	717,236	8,537	2,292
Congenital Anomalies (MDC 14)	740-759	11,445	(6)	57,455	5.0	172,543	15,115	3,003
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	802,035	22	2,597,830	3.2	3,278,171	4,115	1,262
Injury and Poisoning (MDC 17)	800-999	1,108,980	31	6,534,355	5.9	10,364,928	9,397	1,586
Fractures, All Sites	800-829	455,185	13	2,622,915	5.8	3,784,806	8,336	1,443
Fracture of Neck of Femur	820	225,000	6	1,415,945	6.3	2,194,891	9,764	1,550
Poisoning by Drugs, Medicinal and Biological Substances	960-989	49,605	1	178,700	3.6	228,056	4,648	1,276
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	359,235	10	3,881,245	10.8	4,654,566	13,034	1,199

<sup>1</sup>ICD-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.

<sup>2</sup>Excludes discharges for managed care enrollees that were paid by the managed care plan.

<sup>3</sup>Medicare enrollees in managed care plans are not included in the denominator used to calculate the utilization rates.

<sup>4</sup>The average program payment per discharge does not reflect discharges with covered services, but for whom no program payments were reported.

<sup>5</sup>Specific 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.

<sup>6</sup>Less 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.