

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, 2003, and 2007

Principal ICD-9-CM Diagnosis ¹	ICD- 9-CM Code	1998 Covered Admissions ²			2003 Covered Admissions ²			2007 Covered Admissions ²		
		Number	Average Covered Days of Care per Admission	Average Program Payment per Admission ³	Number	Average Covered Days of Care per Admission	Average Program Payment per Admission ³	Number	Average Covered Days of Care per Admission	Average Program Payment per Admission ³
Total All Diagnoses	---	1,984,713	22.9	\$5,708	2,336,359	25.4	\$6,496	2,533,016	26.7	\$8,766
Heart Failure	428	96,921	21.7	5,215	113,309	24.0	5,892	103,152	25.2	7,907
Pneumonia, Organism Unspecified	486	89,866	21.2	5,278	110,329	23.2	5,866	102,519	24.6	7,987
General Symptoms	780	43,210	24.0	5,861	73,259	26.6	6,842	86,996	28.1	9,144
Other Disorders of Urethra and Urinary Tract	599	40,642	24.7	6,009	61,330	26.3	6,517	76,153	28.0	8,886
Fracture of Neck of Femur	820	133,347	28.9	7,021	108,238	34.2	9,021	70,096	35.7	11,905
Chronic Airway Obstruction, Not Elsewhere Classified	496	42,300	24.4	5,619	48,291	25.6	6,079	48,826	26.4	7,986
Osteoarthritis and Allied Disorders	715	54,851	14.5	4,360	49,512	19.3	5,616	45,073	20.8	7,774
Diabetes Mellitus	250	48,266	29.6	6,529	44,912	29.5	6,900	44,693	30.2	8,858
Essential Hypertension	401	22,580	29.1	6,661	34,874	29.7	7,356	42,923	30.6	9,415
Late Effects of Cerebrovascular Disease	438	17,242	31.2	7,068	40,601	33.0	8,912	41,020	35.2	11,538

¹ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification* (Volume 1). Only the first listed or principal diagnosis has been used.

²Reflects SNF admissions with at least 1 day of covered care under Medicare.

³The 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 2007; 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.