

Table 6.1

Trends in Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Type of Entitlement: Selected Calendar Years 1967-2008

Type of Entitlement and Year ¹	Covered Days of Care		Covered Charges		Total Medicare	Program Payments				
	Number in Thousands	Per 1,000 HI Enrollees	Amount in Millions	Per Day	Program Payments in Millions	Amount in Millions	Percent of Covered Charges	Percent of Total Medicare Program Payments	Per HI Enrollee	Per Day
All Beneficiaries										
1967	19,997	1,026	---	---	\$4,239	\$313	---	7.4	\$16	\$16
1971	6,481	361	---	---	7,354	195	---	2.7	9	30
1975	8,874	360	\$420	\$47	14,549	261	62.1	1.8	11	29
1979	8,294	302	536	65	27,699	324	60.4	1.2	12	39
1981	8,575	300	697	81	39,818	403	57.8	1.0	14	47
1983	9,032	305	897	99	53,438	456	50.9	0.9	15	51
1984	8,864	296	975	110	59,132	465	47.7	0.8	16	52
1985	8,268	270	1,028	124	63,877	480	46.7	0.8	16	58
1986	7,770	249	1,123	144	68,583	501	44.6	0.7	16	65
1987	7,041	221	1,188	169	75,817	544	45.8	0.7	17	77
1988	11,802	364	1,982	168	80,595	964	48.7	1.2	30	82
1989	28,571	865	4,537	159	86,038	2,837	62.5	3.3	86	99
1990	21,242	630	4,263	201	101,419	1,827	42.9	1.8	54	86
1991	22,210	645	5,308	239	110,887	2,277	42.9	2.2	66	103
1992	25,271	719	6,904	273	132,951	3,128	45.3	2.4	89	124
1993	30,985	863	9,711	313	136,718	4,385	45.2	3.2	122	142
1994	36,091	1,072	12,864	356	147,106	5,904	45.9	4.0	175	164
1995	40,182	1,194	16,099	401	158,980	7,495	46.6	4.7	223	187
1996	45,883	1,378	20,134	439	167,063	9,095	47.5	5.4	273	208
1997	48,239	1,479	23,274	482	175,423	11,199	48.1	6.4	343	232
1998	45,429	1,422	22,516	496	168,164	11,224	49.9	6.7	351	247
1999	43,397	1,366	18,226	420	166,687	9,617	52.8	5.8	303	222
2000	44,834	1,387	18,208	406	174,261	10,651	58.5	6.1	329	238
2001	48,974	1,464	20,274	414	197,505	13,105	64.6	6.6	392	268
2002	54,674	1,582	23,131	423	215,411	14,503	62.7	6.7	420	265
2003	59,240	1,674	25,738	434	232,821	15,172	58.9	6.5	429	256
2004	62,364	1,732	27,644	443	255,325	17,213	62.3	6.7	478	276
2005	66,002	1,817	29,955	454	274,143	19,077	63.7	7.0	525	289
2006	67,143	1,892	31,494	469	280,672	20,499	65.1	7.3	578	305
2007	67,663	1,925	32,846	485	288,504	22,189	67.6	7.7	631	328
2008	69,157	1,977	34,941	505	301,136	24,329	69.6	8.1	695	352

See footnotes at end of table.

Table 6.1—Continued
Trends in Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services Used
by Medicare Beneficiaries, by Type of Entitlement: Selected Calendar Years 1967-2008

Type of Entitlement and Year ¹	Covered Days of Care		Covered Charges		Total Medicare Program Payments in Millions	Program Payments				
	Number in Thousands	Per 1,000 HI Enrollees	Amount in Millions	Per Day		Amount in Millions	Percent of Covered Charges	Percent of Total Medicare Program Payments	Per HI Enrollee	Per Day
Aged Beneficiaries										
1967	19,997	1,026	---	---	\$4,239	\$313	---	7.4	\$16	\$16
1971	6,481	361	---	---	7,354	195	---	2.7	9	30
1975	8,585	382	\$406	\$47	13,056	252	62.0	1.9	11	29
1979	7,988	325	513	64	24,005	310	60.4	1.3	13	39
1981	8,269	323	669	81	36,614	387	57.9	1.1	15	47
1983	8,738	328	865	99	46,727	441	51.0	0.9	17	50
1984	8,578	361	940	110	52,118	449	47.8	0.9	17	52
1985	7,986	288	988	124	56,428	463	46.9	0.8	17	58
1986	7,493	265	1,075	144	60,459	482	44.9	0.7	17	64
1987	6,875	235	1,136	167	67,893	524	46.1	0.8	18	77
1988	11,360	388	1,893	167	71,780	926	48.9	1.3	32	81
1989	27,216	911	4,300	158	76,356	2,698	62.7	3.5	90	99
1990	20,398	669	4,067	199	89,620	1,752	43.1	2.0	57	86
1991	21,391	689	5,076	237	98,059	2,187	41.9	2.2	70	102
1992	24,377	772	6,616	271	117,534	3,009	45.5	2.6	95	123
1993	29,821	930	9,271	311	120,201	4,207	45.4	3.5	131	141
1994	34,667	1,169	12,247	353	128,069	5,650	46.1	4.4	191	163
1995	38,490	1,308	15,293	397	137,952	7,149	46.7	5.2	243	186
1996	43,842	1,518	19,084	435	144,485	9,094	47.7	6.3	315	207
1997	45,989	1,636	22,004	478	151,655	10,636	48.3	7.0	378	231
1998	43,206	1,580	21,245	492	144,418	10,647	50.1	7.4	389	246
1999	41,213	1,524	17,170	417	142,425	9,126	53.1	6.4	338	221
2000	42,443	1,548	17,109	403	148,488	10,097	59.0	6.8	368	238
2001	46,179	1,633	18,963	411	167,825	12,387	65.3	7.4	438	268
2002	51,297	1,762	21,541	420	182,303	13,658	63.4	7.5	469	266
2003	55,370	1,867	23,908	432	195,726	14,243	59.6	7.3	480	257
2004	58,007	1,935	25,568	441	213,241	16,081	62.9	7.5	537	277
2005	61,203	2,038	27,662	452	227,594	17,758	64.2	7.8	591	290
2006	62,091	2,122	29,034	468	232,468	19,038	65.6	8.2	651	307
2007	62,330	2,162	30,194	484	237,806	20,524	68.0	8.6	712	329
2008	63,554	2,220	32,049	504	247,118	22,448	70.0	9.1	784	353

See footnotes at end of table.

Table 6.1—Continued
Trends in Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services Used
by Medicare Beneficiaries, by Type of Entitlement: Selected Calendar Years 1967-2008

Type of Entitlement and Year ¹	Covered Days of Care		Covered Charges		Total Medicare Program Payments in Millions	Program Payments				
	Number in Thousands	Per 1,000 HI Enrollees	Amount in Millions	Per Day		Amount in Millions	Percent of Covered Charges	Percent of Total Medicare Program Payments	Per HI Enrollee	Per Day
Disabled Beneficiaries										
1975	289	133	\$15	\$51	\$1,492	\$10	64.7	0.6	\$4	\$33
1979	306	105	22	73	3,694	13	59.2	0.4	5	43
1981	306	102	28	93	5,304	16	55.1	0.3	5	51
1983	293	101	33	111	6,711	16	48.0	0.2	5	53
1984	286	99	35	123	7,014	15	44.0	0.2	5	54
1985	282	97	40	143	7,449	17	42.5	0.2	6	61
1986	277	93	47	171	8,123	19	39.4	0.2	6	68
1987	256	84	51	201	7,923	21	40.0	0.2	7	81
1988	442	142	88	200	8,796	38	43.6	0.4	12	87
1989	1,355	427	237	175	9,682	139	58.8	1.4	44	103
1990	844	260	195	231	11,800	76	38.7	0.6	23	90
1991	819	242	232	283	12,828	90	38.8	0.7	26	109
1992	894	250	287	322	15,417	119	41.4	0.8	33	133
1993	1,164	302	440	378	16,517	177	40.3	1.1	46	152
1994	1,424	353	616	433	19,037	254	41.3	1.3	63	179
1995	1,692	399	806	476	21,029	347	43.0	1.7	82	205
1996	2,041	463	1,049	514	22,577	460	43.9	2.0	104	226
1997	2,250	500	1,270	564	23,768	563	44.3	2.4	125	250
1998	2,216	480	1,271	573	23,746	577	45.4	2.6	125	260
1999	2,184	461	1,056	484	24,262	491	46.5	2.0	104	225
2000	2,392	488	1,099	459	25,773	554	50.5	2.1	113	232
2001	2,795	540	1,312	469	29,680	718	54.7	2.4	139	257
2002	3,377	620	1,590	471	33,108	846	53.2	2.6	155	250
2003	3,870	675	1,830	473	37,095	928	50.7	2.5	162	240
2004	4,357	722	2,076	477	42,085	1,131	54.5	2.7	187	260
2005	4,799	764	2,293	478	46,550	1,319	57.5	2.8	210	275
2006	5,052	812	2,459	487	48,204	1,461	59.4	3.0	235	289
2007	5,333	844	2,653	497	50,697	1,665	62.8	3.3	264	312
2008	5,602	881	2,891	516	54,018	1,881	65.1	3.5	296	336

¹Beginning with 1994, Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average payments.

NOTES: HI is hospital insurance. 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.

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.

Table 6.2
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services
Used by Medicare Beneficiaries, by Demographic Characteristics, Type of Entitlement, and Discharge Status:
Calendar Year 2008

Demographic Characteristic, Type of Entitlement, and Discharge Status	Covered Admissions ¹		Covered Days of Care			Covered Charges			Program Payments			
	Number	Per 1,000 HI Enrollees ²	Total in Thousands	Per 1,000 HI Enrollees ²	Per Admission	Amount in Thousands	Per Admission	Per Day	Amount in Thousands	Percent of Covered Charges	Per Admission ³	Per Day
Total	2,561,073	73	69,157	1,977	27	\$34,940,505	\$13,643	505	\$24,329,013	70	9,508	352
Age												
Under 65 Years	200,887	32	5,387	847	27	2,781,260	13,845	516	1,809,525	65	9,018	336
65-69 Years	234,096	27	5,888	686	25	3,103,762	13,259	527	2,044,451	66	8,742	347
70-74 Years	257,606	40	6,432	999	25	3,457,458	13,421	538	2,299,389	67	8,933	357
75-79 Years	378,888	72	9,745	1,852	26	5,115,046	13,500	525	3,485,678	68	9,207	358
80-84 Years	528,681	126	14,269	3,389	27	7,255,832	13,724	509	5,072,122	70	9,602	355
85 Years or Over	960,915	233	27,436	6,645	29	13,227,148	13,765	482	9,617,848	73	10,017	351
Sex												
Male	929,083	59	23,965	1,519	26	12,320,169	13,261	514	8,497,048	69	9,154	355
Female	1,631,990	85	45,192	2,353	28	22,620,336	13,861	501	15,831,964	70	9,709	350
Race⁴												
White	2,201,491	75	58,747	1,997	27	29,781,000	13,528	507	20,731,948	70	9,425	353
Other	353,486	64	10,245	1,863	29	5,074,994	14,357	495	3,538,968	70	10,023	345
Type of Entitlement												
Aged ⁵	2,352,085	82	63,554	2,220	27	32,049,074	13,626	504	22,447,828	70	9,552	353
Disabled ⁶	208,988	33	5,602	881	27	2,891,432	13,835	516	1,881,185	65	9,011	336
Discharge Status												
Alive	2,449,759	---	67,055	---	27	33,945,561	13,857	506	23,616,131	70	9,648	352
Dead	111,314	---	2,102	---	19	994,944	8,938	473	712,882	72	6,410	339

¹Includes skilled nursing care admissions with at least 1 day of covered care under Medicare.

²Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates.

³The denominator used to calculate the average program payment per covered admission includes only those bills with Medicare reimbursement greater than zero.

⁴Excludes unknown race.

⁵Includes aged persons with end stage renal disease (ESRD).

⁶Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

NOTES: HI is hospital insurance. 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.

--- is not available.

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.

Table 6.3
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services Used
by Medicare Beneficiaries, by Area of Residence: Calendar Year 2008

Area of Residence	Covered Admissions ¹		Covered Days of Care		Per Admis- sion	Covered Charges			Program Payments		
	Number	Per 1,000 HI Enrollees ²	Number in Thousands	Per 1,000 HI Enrollees ²		Amount in Thousands	Per Admis- sion	Per Day	Amount in Thousands	Per Admis- sion ³	Per Day
All Areas ⁴	2,561,073	73	69,157	1,977	27.0	\$34,940,505	\$13,643	\$505	\$24,329,013	\$9,508	\$352
United States	2,559,144	75	69,115	2,013	27.0	34,917,963	13,644	505	24,316,008	9,510	352
Northeast	570,444	87	14,992	2,289	26.3	7,899,462	13,848	527	5,550,527	9,735	370
Midwest	723,827	88	18,780	2,278	25.9	9,403,060	12,991	501	6,492,213	8,982	346
South	925,250	68	26,145	1,932	28.3	12,190,182	13,175	466	8,490,374	9,181	325
West	339,623	57	9,199	1,531	27.1	5,425,259	15,974	590	3,782,893	11,153	411
New England	178,135	92	4,717	2,424	26.5	2,553,579	14,335	541	1,792,619	10,067	380
Connecticut	49,154	105	1,387	2,974	28.2	742,057	15,097	535	521,426	10,611	376
Maine	17,193	72	404	1,699	23.5	230,712	13,419	571	153,228	8,914	379
Massachusetts	80,473	97	2,134	2,577	26.5	1,184,638	14,721	555	817,151	10,160	383
New Hampshire	15,397	77	400	1,996	26.0	208,693	13,554	522	153,956	10,002	385
Rhode Island	9,656	86	231	2,063	23.9	114,770	11,886	497	85,360	8,844	370
Vermont	6,262	62	161	1,592	25.7	72,709	11,611	452	61,499	9,823	382
Middle Atlantic	392,309	85	10,275	2,231	26.2	5,345,883	13,627	520	3,757,908	9,584	366
New Jersey	114,836	102	2,675	2,368	23.3	1,512,753	13,173	565	1,142,205	9,947	427
New York	152,367	73	4,326	2,084	28.4	2,159,015	14,170	499	1,526,429	10,023	353
Pennsylvania	125,106	89	3,274	2,340	26.2	1,674,115	13,382	511	1,089,274	8,714	333
East North Central	494,798	87	13,660	2,403	27.6	6,821,607	13,787	499	4,679,269	9,469	343
Illinois	149,286	94	3,942	2,483	26.4	2,135,475	14,305	542	1,357,106	9,100	344
Indiana	73,004	87	2,268	2,700	31.1	1,056,899	14,477	466	734,821	10,078	324
Michigan	83,060	67	2,361	1,915	28.4	1,150,185	13,848	487	813,898	9,824	345
Ohio	136,537	100	3,632	2,665	26.6	1,804,071	13,213	497	1,238,838	9,078	341
Wisconsin	52,911	80	1,457	2,207	27.5	674,977	12,757	463	534,605	10,120	367

See footnotes at end of table.

Table 6.3—Continued
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services Used
by Medicare Beneficiaries, by Area of Residence: Calendar Year 2008

Area of Residence	Covered Admissions ¹		Covered Days of Care		Covered Charges			Program Payments			
	Number	Per 1,000 HI Enrollees ²	Number	Per	Amount	Per	Per Day	Amount	Per	Per Day	
			in Thousands	Admission	in Thousands	Admission		in Thousands	Admission ³		
West North Central	229,029	90	5,120	2,001	22.4	\$2,581,453	\$11,271	\$504	\$1,812,944	\$7,929	\$354
Iowa	41,856	94	733	1,648	17.5	394,477	9,425	538	281,516	6,733	384
Kansas	33,809	89	753	1,991	22.3	375,357	11,102	498	277,662	8,222	369
Minnesota	46,286	94	1,009	2,051	21.8	489,601	10,578	485	386,971	8,367	384
Missouri	65,490	83	1,717	2,184	26.2	876,896	13,390	511	532,416	8,162	310
Nebraska	23,039	96	537	2,235	23.3	271,097	11,767	505	198,681	8,627	370
North Dakota	8,486	87	165	1,680	19.4	79,142	9,326	480	55,745	6,569	338
South Dakota	10,063	85	205	1,721	20.4	94,882	9,429	463	79,953	7,945	390
South Atlantic	491,773	68	13,702	1,891	27.9	6,299,112	12,809	460	4,677,432	9,516	341
Delaware	8,871	66	241	1,791	27.2	106,431	11,998	441	89,152	10,051	369
District of Columbia	4,961	76	132	2,005	26.5	74,708	15,059	567	48,480	9,814	368
Florida	183,236	78	5,143	2,201	28.1	2,515,789	13,730	489	1,881,910	10,273	366
Georgia	52,880	53	1,499	1,512	28.4	641,113	12,124	428	477,969	9,047	319
Maryland	57,074	83	1,389	2,018	24.3	649,944	11,388	468	510,819	8,952	368
North Carolina	70,946	60	2,058	1,749	29.0	854,334	12,042	415	648,285	9,148	315
South Carolina	31,988	51	988	1,587	30.9	403,820	12,624	409	309,480	9,677	313
Virginia	62,817	67	1,733	1,843	27.6	805,169	12,818	465	554,898	8,835	320
West Virginia	19,000	66	519	1,792	27.3	247,805	13,042	478	156,440	8,236	302
East South Central	176,656	70	5,060	2,019	28.6	2,271,431	12,858	449	1,551,848	8,789	307
Alabama	42,005	65	1,125	1,728	26.8	446,409	10,628	397	347,039	8,267	308
Kentucky	47,095	76	1,294	2,083	27.5	606,794	12,884	469	399,276	8,489	309
Mississippi	30,180	69	900	2,060	29.8	469,143	15,545	521	279,944	9,279	311
Tennessee	57,376	72	1,741	2,185	30.3	749,085	13,056	430	525,589	9,162	302

See footnotes at end of table.

Table 6.3—Continued
Covered Admissions, Covered Days of Care, Covered Charges, and Program Payments for Skilled Nursing Facility Services Used
by Medicare Beneficiaries, by Area of Residence: Calendar Year 2008

Area of Residence	Covered Admissions ¹		Covered Days of Care		Covered Charges			Program Payments			
	Number	Per 1,000 HI Enrollees ²	Number	Per	Amount	Per	Per Day	Amount	Per	Per Day	
			in Thousands	Admission	in Thousands	Admission		in Thousands	Admission ³		
West South Central	256,821	68	7,383	1,952	28.7	\$3,619,638	\$14,094	\$490	\$2,261,095	\$8,809	\$306
Arkansas	30,202	68	716	1,606	23.7	387,450	12,829	541	211,870	7,019	296
Louisiana	37,966	73	1,119	2,149	29.5	595,519	15,686	532	310,206	8,177	277
Oklahoma	31,657	63	784	1,568	24.8	421,894	13,327	538	233,741	7,387	298
Texas	156,996	68	4,765	2,057	30.3	2,214,775	14,107	465	1,505,279	9,594	316
Mountain	103,264	53	2,690	1,383	26.1	1,388,135	13,443	516	989,629	9,599	368
Arizona	23,248	42	555	1,010	23.9	259,904	11,180	468	203,548	8,765	367
Colorado	26,689	69	705	1,830	26.4	376,467	14,106	534	267,566	10,052	379
Idaho	9,185	57	253	1,568	27.5	128,331	13,972	507	88,738	9,686	351
Montana	9,608	71	210	1,543	21.9	105,214	10,951	501	77,168	8,034	367
Nevada	9,655	42	281	1,223	29.1	144,412	14,957	514	114,768	11,893	409
New Mexico	8,578	38	258	1,156	30.0	134,367	15,664	522	85,275	9,969	331
Utah	11,491	61	315	1,659	27.4	178,406	15,526	567	111,077	9,671	353
Wyoming	4,810	67	114	1,588	23.8	61,033	12,689	534	41,489	8,644	363
Pacific	236,359	58	6,508	1,603	27.5	4,037,124	17,080	620	2,793,264	11,832	429
Alaska	1,184	20	30	510	25.4	24,423	20,627	812	15,558	13,151	517
California	176,984	62	4,933	1,741	27.9	3,218,397	18,185	652	2,161,634	12,222	438
Hawaii	3,475	29	97	798	27.9	63,319	18,221	653	38,651	11,335	399
Oregon	15,282	44	376	1,093	24.6	203,208	13,297	540	151,343	9,913	402
Washington	39,434	56	1,072	1,526	27.2	527,777	13,384	492	426,079	10,823	397
Outlying Areas ⁵	1,929	3	42	65	21.8	22,542	11,686	535	13,005	6,745	309

¹Reflects skilled nursing admissions with at least 1 day of covered care under Medicare.

²Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates.

³The denominator used to calculate the average program payment per covered admission includes only those bills with Medicare reimbursement greater than zero.

⁴Includes 50 States, District of Columbia, and outlying areas.

⁵Includes Puerto Rico, Guam, Virgin Islands, residence unknown, and outlying areas not shown separately.

NOTES: HI is hospital insurance. 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. Swing-bed hospitals are not skilled nursing facilities (SNFs) and are not included in the count of total SNFs; however, swing-bed hospital services are included in the total use and cost of Medicare SNF 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.

Table 6.4

Persons Served, Coinsurance Days, and Coinsurance Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Area of Residence: Calendar Year 2008

Area of Residence	Persons Served ¹			Coinsurance Days			Coinsurance Payments		
	Number	Per 1,000 HI Enrollees ²	With Coinsurance	Number	Per 1,000 HI Enrollees ²	Per Person With Coinsurance	Amount	Per 1,000 HI Enrollees ²	Per Person With Coinsurance
All Areas ³	1,736,557	50	1,070,225	39,752,728	1,136	37	\$5,109,353,720	\$146,057	\$4,774
United States	1,734,993	51	1,069,241	39,734,316	1,157	37	5,106,988,338	148,739	4,776
Northeast	385,489	59	240,346	8,379,424	1,279	35	1,076,833,984	164,391	4,480
Midwest	483,177	59	292,349	10,713,578	1,300	37	1,376,954,045	167,049	4,710
South	626,468	46	392,647	15,403,254	1,138	39	1,979,830,332	146,272	5,042
West	239,859	40	143,899	5,238,060	872	36	673,369,977	112,101	4,679
New England	121,791	63	74,721	2,636,995	1,355	35	338,916,292	174,188	4,536
Connecticut	33,773	72	21,214	796,065	1,706	38	102,314,210	219,288	4,823
Maine	12,381	52	7,244	199,524	840	28	25,634,743	107,860	3,539
Massachusetts	54,212	65	33,165	1,202,476	1,452	36	154,544,349	186,592	4,660
New Hampshire	10,489	52	6,361	229,121	1,144	36	29,455,711	147,084	4,631
Rhode Island	6,458	58	4,046	119,336	1,067	30	15,333,137	137,066	3,790
Vermont	4,478	44	2,691	90,473	895	34	11,634,142	115,107	4,323
Middle Atlantic	263,698	57	165,625	5,742,429	1,247	35	737,917,692	160,251	4,455
New Jersey	74,469	66	46,310	1,388,879	1,229	30	178,420,372	157,938	3,853
New York	104,566	50	66,258	2,505,129	1,207	38	321,981,074	155,115	4,860
Pennsylvania	84,663	61	53,057	1,848,421	1,321	35	237,516,246	169,739	4,477
East North Central	328,930	58	206,964	8,012,256	1,410	39	1,029,821,805	181,182	4,976
Illinois	95,542	60	59,180	2,329,339	1,467	39	299,358,713	188,549	5,058
Indiana	49,115	58	31,687	1,418,399	1,688	45	182,371,732	217,078	5,755
Michigan	56,201	46	36,447	1,372,104	1,113	38	176,364,928	143,065	4,839
Ohio	90,126	66	56,285	2,080,151	1,526	37	267,327,286	196,144	4,750
Wisconsin	37,946	57	23,365	812,263	1,230	35	104,399,146	158,078	4,468

See footnotes at end of table.

Table 6.4—Continued

Persons Served, Coinsurance Days, and Coinsurance Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Area of Residence: Calendar Year 2008

Area of Residence	Persons Served ¹			Coinsurance Days			Coinsurance Payments		
	Number	Per 1,000 HI Enrollees ²	With Coinsurance	Number	Per 1,000 HI Enrollees ²	Per Person With Coinsurance	Amount	Per 1,000 HI Enrollees ²	Per Person With Coinsurance
West North Central	154,247	60	85,385	2,701,322	1,056	32	\$347,132,240	\$135,657	\$4,065
Iowa	27,627	62	13,849	333,323	749	24	42,815,970	96,211	3,092
Kansas	22,350	59	12,594	403,864	1,068	32	51,902,138	137,253	4,121
Minnesota	32,871	67	17,709	486,331	989	28	62,494,059	127,044	3,529
Missouri	42,820	54	26,062	1,001,088	1,273	38	128,664,004	163,639	4,937
Nebraska	15,793	66	8,717	290,439	1,208	33	37,312,495	155,204	4,280
North Dakota	5,885	60	2,941	82,051	837	28	10,545,287	107,518	3,586
South Dakota	6,901	58	3,513	104,226	875	30	13,398,287	112,529	3,814
South Atlantic	338,236	47	213,869	7,851,359	1,083	37	1,009,122,519	139,258	4,718
Delaware	6,038	45	3,842	134,218	995	35	17,253,221	127,965	4,491
District of Columbia	3,288	50	2,081	75,939	1,156	37	9,760,322	148,591	4,690
Florida	124,139	53	79,037	2,965,985	1,269	38	381,190,105	163,104	4,823
Georgia	36,411	37	22,670	881,227	888	39	113,266,259	114,201	4,996
Maryland	37,644	55	23,341	744,608	1,082	32	95,695,525	139,042	4,100
North Carolina	50,937	43	32,290	1,182,879	1,005	37	152,052,844	129,221	4,709
South Carolina	23,127	37	14,717	589,702	947	40	75,795,460	121,752	5,150
Virginia	43,779	47	27,920	971,278	1,033	35	124,836,405	132,791	4,471
West Virginia	12,873	44	7,971	305,523	1,056	38	39,272,378	135,703	4,927
East South Central	119,565	48	72,917	3,022,474	1,206	42	388,587,872	155,065	5,329
Alabama	29,905	46	17,293	598,534	919	35	76,920,968	118,138	4,448
Kentucky	31,206	50	18,993	780,177	1,256	41	100,309,505	161,480	5,281
Mississippi	19,801	45	12,290	567,974	1,300	46	73,034,445	167,217	5,943
Tennessee	38,653	49	24,341	1,075,789	1,350	44	138,322,954	173,575	5,683

See footnotes at end of table.

Table 6.4—Continued

Persons Served, Coinsurance Days, and Coinsurance Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Area of Residence: Calendar Year 2008

Area of Residence	Persons Served ¹			Coinsurance Days			Coinsurance Payments		
	Number	Per 1,000 HI Enrollees ²	With Coinsurance	Number	Per 1,000 HI Enrollees ²	Per Person With Coinsurance	Amount	Per 1,000 HI Enrollees ²	Per Person With Coinsurance
West South Central	168,667	45	105,861	4,529,421	1,197	43	\$582,119,941	\$153,883	\$5,499
Arkansas	19,448	44	11,952	397,981	892	33	51,118,130	114,622	4,277
Louisiana	23,417	45	15,099	726,542	1,396	48	93,381,719	179,365	6,185
Oklahoma	21,260	43	12,390	446,737	894	36	57,411,392	114,871	4,634
Texas	104,542	45	66,420	2,958,161	1,277	45	380,208,700	164,132	5,724
Mountain	75,225	39	44,148	1,469,046	755	33	188,855,676	97,065	4,278
Arizona	17,202	31	10,466	272,093	496	26	34,960,746	63,668	3,340
Colorado	18,941	49	11,284	389,072	1,010	35	50,007,165	129,783	4,432
Idaho	6,734	42	3,885	145,076	900	37	18,656,271	115,684	4,802
Montana	6,935	51	3,649	107,515	790	30	13,832,089	101,577	3,791
Nevada	6,909	30	4,165	163,563	713	39	21,032,107	91,672	5,050
New Mexico	6,422	29	3,889	151,558	680	39	19,489,654	87,463	5,011
Utah	8,657	46	4,903	175,604	926	36	22,578,946	119,100	4,605
Wyoming	3,425	48	1,907	64,565	897	34	8,298,698	115,335	4,352
Pacific	164,634	41	99,751	3,769,014	928	38	484,514,301	119,305	4,857
Alaska	925	16	536	15,782	268	29	2,027,497	34,367	3,783
California	120,372	42	73,704	2,925,074	1,032	40	376,010,445	132,676	5,102
Hawaii	2,817	23	1,691	53,345	439	32	6,857,711	56,475	4,055
Oregon	11,605	34	6,748	186,256	541	28	23,938,844	69,567	3,548
Washington	28,915	41	17,072	588,557	838	35	75,679,804	107,719	4,433
Outlying Areas ⁴	1,564	2	984	18,412	28	19	2,365,382	3,658	2,404

¹Number of beneficiaries receiving Medicare skilled nursing facility services.

²Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average payments.

³Includes 50 States, District of Columbia, and outlying areas.

⁴Includes Puerto Rico, Guam, Virgin Islands, foreign countries, and other outlying areas.

NOTES: HI is hospital insurance. 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.

Table 6.5

Covered Persons, Covered Admissions, Covered Days of Care, Covered Charges, Coinsurance and Program Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Type of Entitlement and Covered Days of Care:

Calendar Year 2008

Type of Entitlement and Covered Days of Care	Persons ¹	Covered Admissions ²	Covered Days of Care			Covered Charges			
			Number	Per Admission	Per Person	Amount in Thousands	Per Admission	Per Person	Per Day
All Beneficiaries									
Total	1,736,557	2,561,073	69,156,958	27.0	39.8	\$34,940,505	\$13,643	\$20,121	\$505
1-8 Days	400,524	588,561	2,774,697	4.7	6.9	2,331,958	3,962	5,822	840
9-20 Days	539,417	771,166	11,054,452	14.3	20.5	6,990,081	9,064	12,959	632
21-40 Days	425,074	644,497	18,680,644	29.0	43.9	9,509,286	14,755	22,371	509
41-60 Days	181,186	283,454	14,022,808	49.5	77.4	6,452,295	22,763	35,611	460
61-80 Days	80,407	130,364	9,049,073	69.4	112.5	3,973,995	30,484	49,423	439
81 Days or More	109,949	143,031	13,575,284	94.9	123.5	5,682,890	39,732	51,687	419
Aged									
Total	1,601,214	2,352,085	63,554,472	27.0	39.7	32,049,074	13,626	20,015	504
1-8 Days	366,086	535,169	2,529,808	4.7	6.9	2,119,163	3,960	5,789	838
9-20 Days	496,626	707,173	10,131,287	14.3	20.4	6,407,068	9,060	12,901	632
21-40 Days	396,509	598,304	17,339,698	29.0	43.7	8,804,221	14,715	22,204	508
41-60 Days	168,423	262,365	12,978,283	49.5	77.1	5,961,360	22,722	35,395	459
61-80 Days	74,244	119,841	8,316,738	69.4	112.0	3,642,574	30,395	49,062	438
81 Days or More	99,326	129,233	12,258,658	94.9	123.4	5,114,687	39,577	51,494	417
Disabled									
Total	135,343	208,988	5,602,486	26.8	41.4	2,891,432	13,835	21,364	516
1-8 Days	34,438	53,392	244,889	4.6	7.1	212,795	3,986	6,179	869
9-20 Days	42,791	63,993	923,165	14.4	21.6	583,013	9,111	13,625	632
21-40 Days	28,565	46,193	1,340,946	29.0	46.9	705,065	15,263	24,683	526
41-60 Days	12,763	21,089	1,044,525	49.5	81.8	490,935	23,279	38,465	470
61-80 Days	6,163	10,523	732,335	69.6	118.8	331,421	31,495	53,776	453
81 Days or More	10,623	13,798	1,316,626	95.4	123.9	568,202	41,180	53,488	432

See footnotes at end of table.

Table 6.5—Continued

Covered Persons, Covered Admissions, Covered Days of Care, Covered Charges, Coinsurance and Program Payments for Skilled Nursing Facility Services Used by Medicare Beneficiaries, by Type of Entitlement and Covered Days of Care: Calendar Year 2008

Type of Entitlement and Covered Days of Care	Coinsurance Payments				Program Payments			
	Amount in Thousands	Per Admission	Per Person	Per Day	Amount in Thousands	Per Admission ³	Per Person	Per Day
All Beneficiaries								
Total	\$5,109,354	\$1,995	\$2,942	\$74	\$24,329,013	\$9,508	\$14,010	\$352
1-8 Days	63,631	108	159	23	1,181,965	2,011	2,951	426
9-20 Days	286,578	372	531	26	4,627,144	6,006	8,578	419
21-40 Days	1,168,744	1,813	2,750	63	6,971,343	10,824	16,400	373
41-60 Days	1,263,928	4,459	6,976	90	4,695,749	16,573	25,917	335
61-80 Days	918,680	7,047	11,425	102	2,835,584	21,759	35,265	313
81 Days or More	1,407,793	9,843	12,804	104	4,017,229	28,093	36,537	296
Aged								
Total	4,677,050	1,988	2,921	74	22,447,828	9,552	14,019	353
1-8 Days	57,130	107	156	23	1,085,455	2,031	2,965	429
9-20 Days	259,342	367	522	26	4,262,678	6,033	8,583	421
21-40 Days	1,078,854	1,803	2,721	62	6,493,453	10,860	16,377	374
41-60 Days	1,167,342	4,449	6,931	90	4,359,563	16,623	25,885	336
61-80 Days	843,270	7,037	11,358	101	2,611,883	21,803	35,180	314
81 Days or More	1,271,113	9,836	12,797	104	3,634,797	28,132	36,595	297
Disabled								
Total	432,304	2,069	3,194	77	1,881,185	9,011	13,899	336
1-8 Days	6,501	122	189	27	96,510	1,811	2,802	394
9-20 Days	27,236	426	636	30	364,466	5,702	8,517	395
21-40 Days	89,890	1,946	3,147	67	477,890	10,355	16,730	356
41-60 Days	96,586	4,580	7,568	92	336,186	15,953	26,341	322
61-80 Days	75,410	7,166	12,236	103	223,700	21,266	36,297	305
81 Days or More	136,680	9,906	12,866	104	382,433	27,729	36,000	290

¹Number of beneficiaries receiving Medicare skilled nursing facility covered services.

²Reflects skilled nursing facility 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.

NOTE: 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.

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 2008

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	---	2,561,073	100.0
Leading Diagnoses ⁵	---	2,069,916	80.8
Infectious and Parasitic Diseases (MDC 1)	001-139	35,536	1.4
Septicemia	038	14,260	0.6
Other	---	21,276	0.8
Neoplasms (MDC 2)	140-239	58,461	2.3
Malignant Neoplasm of Colon	153	4,470	0.2
Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus	154	2,767	0.1
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	9,314	0.4
Malignant Neoplasm of Female Breast	174	2,779	0.1
Malignant Neoplasm of Prostate	185	2,979	0.1
Secondary Malignant Neoplasm of Respiratory and Digestive Systems and Other Specified Sites	197-198	2,889	0.1
Other	---	33,263	1.3
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	80,479	3.1
Diabetes	250	41,029	1.6
Nutritional Deficiencies	260-263	2,109	0.1
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	20,606	0.8
Other	---	16,735	0.7
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	22,294	0.9
Other and Unspecified Anemias	285	14,457	0.6
Other	---	7,837	0.3
Mental Disorders (MDC 5)	290-319	69,914	2.7
Senile and Prosenile Organic Psychotic Conditions	290	16,595	0.6
Other Organic Psychotic Conditions (Chronic)	294	22,538	0.9
Other Non-Organic Psychoses	298	4,943	0.2
Other	---	25,838	1.0
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	62,195	2.4
Other Cerebral Degenerations	331	21,324	0.8
Parkinson's Disease	332	11,472	0.4
Hemiplegia and Hemiparesis	342	1,894	0.1
Other	---	27,505	1.1

See footnotes at end of table.

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 2008

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
69,157	1,977	27	\$34,940,505	\$13,643	\$505	\$24,329,013	\$9,508	\$352
55,717	1,593	27	28,550,077	13,793	512	19,736,951	9,543	354
876	25	25	492,414	13,857	562	341,470	9,619	390
322	9	23	205,077	14,381	638	115,529	8,106	359
555	16	26	287,337	13,505	518	225,940	10,634	407
1,314	38	23	642,872	10,997	489	452,710	7,755	345
98	3	22	48,640	10,881	499	34,751	7,788	356
65	2	24	31,605	11,422	485	22,878	8,271	351
185	5	20	92,838	9,968	502	63,596	6,837	344
71	2	26	32,100	11,551	452	23,717	8,547	334
74	2	25	33,370	11,202	453	25,418	8,550	345
58	2	20	38,272	13,247	656	20,588	7,136	353
764	22	23	366,048	11,005	479	261,762	7,880	343
2,338	67	29	1,042,742	12,957	446	759,822	9,451	325
1,244	36	30	547,121	13,335	440	391,480	9,552	315
64	2	30	29,240	13,864	457	19,744	9,384	308
544	16	26	251,879	12,224	463	186,206	9,044	342
485	14	29	214,501	12,818	442	162,393	9,715	335
606	17	27	276,087	12,384	456	201,619	9,052	333
400	11	28	179,489	12,415	448	133,345	9,234	333
206	6	26	96,598	12,326	470	68,274	8,717	332
2,234	64	32	876,915	12,543	392	655,064	9,380	293
551	16	33	215,518	12,987	391	164,387	9,918	298
734	21	33	281,064	12,471	383	213,866	9,501	291
153	4	31	60,801	12,300	397	45,620	9,242	298
796	23	31	319,531	12,367	401	231,191	8,955	290
2,025	58	33	869,440	13,979	429	642,320	10,339	317
699	20	33	263,122	12,339	376	202,972	9,531	290
407	12	35	179,625	15,658	442	133,981	11,690	329
71	2	37	32,622	17,224	461	23,703	12,534	335
848	24	31	394,071	14,327	465	281,664	10,251	332

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 2008

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	392,560	15.3
Essential Hypertension	401	42,711	1.7
Acute Myocardial Infarction	410	16,739	0.7
Other Forms of Chronic Ischemic Heart Disease	414	23,472	0.9
Cardiac Dysrhythmia	427	35,488	1.4
Heart Failure	428	99,022	3.9
III-Defined Descriptions and Complication of Heart Disease	429	3,411	0.1
Intracranial Hemorrhage	431	2,817	0.1
Occlusion of Cerebral Arteries	434	16,284	0.6
Transient Cerebral Ischemia	435	9,151	0.4
Acute, But III-Defined, Cerebrovascular Disease	436	32,745	1.3
Other and III-Defined Cerebrovascular Disease	437	3,036	0.1
Late Effects of Cerebrovascular Disease	438	40,216	1.6
Atherosclerosis	440	1,862	0.1
Other Peripheral Vascular Disease	443	7,718	0.3
Venous Embolism and Thrombosis	453	10,671	0.4
Other	---	47,217	1.8
Diseases of the Respiratory System (MDC 8)	460-519	255,459	10.0
Other Bacterial Pneumonia and Breathing Exercises (V-57.0)	482	8,506	0.3
Pneumonia, Organism Unspecified	486	106,594	4.2
Chronic Bronchitis	491	16,793	0.7
Chronic Airway Obstruction	496	50,033	2.0
Pneumonitis Due to Solids and Liquids	507	14,631	0.6
Other Diseases of Lung	518	24,153	0.9
Other	---	34,749	1.4
Diseases of the Digestive System (MDC 9)	520-579	86,377	3.4
Intestinal Obstruction Without Mention of Hernia	560	10,220	0.4
Diverticula of Intestine	562	5,940	0.2
Gastrointestinal Hemorrhage	578	23,126	0.9
Other	---	47,091	1.8

See footnotes at end of table.

T

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 2008

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
11,290	323	29	\$5,238,953	\$13,346	\$464	\$3,864,598	\$9,853	\$342
1,334	38	31	577,989	13,533	433	439,748	10,308	330
400	11	24	191,440	11,437	478	139,820	8,360	349
592	17	25	275,970	11,757	466	205,104	8,749	347
963	28	27	442,997	12,483	460	331,982	9,364	345
2,525	72	26	1,168,381	11,799	463	846,650	8,557	335
102	3	30	43,890	12,867	432	33,252	9,757	328
92	3	33	45,153	16,029	492	33,959	12,055	370
527	15	32	263,476	16,180	500	192,861	11,852	366
274	8	30	126,196	13,790	461	95,878	10,481	350
1,130	32	35	515,568	15,745	456	389,981	11,924	345
101	3	33	44,716	14,728	444	34,663	11,421	344
1,436	41	36	676,783	16,829	471	502,023	12,491	350
46	1	25	25,588	13,742	553	15,063	8,094	326
225	6	29	100,437	13,013	447	73,005	9,466	325
300	9	28	138,149	12,946	461	98,141	9,203	327
1,245	36	26	602,221	12,754	484	432,469	9,169	347
6,429	184	25	3,283,580	12,854	511	2,198,244	8,612	342
190	5	22	115,994	13,637	610	65,434	7,695	344
2,692	77	25	1,299,490	12,191	483	935,462	8,782	348
347	10	21	204,064	12,152	588	122,742	7,317	354
1,334	38	27	596,536	11,923	447	433,194	8,667	325
367	10	25	189,974	12,984	517	125,691	8,597	342
635	18	26	463,276	19,181	729	221,396	9,174	349
864	25	25	414,247	11,921	479	294,325	8,477	341
2,197	63	25	1,026,791	11,887	467	756,436	8,765	344
254	7	25	119,093	11,653	470	88,790	8,702	350
144	4	24	71,772	12,083	497	51,775	8,719	359
621	18	27	271,756	11,751	438	207,905	8,997	335
1,178	34	25	564,171	11,980	479	407,965	8,670	346

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 2008

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions ¹	
		Number	Percent Distri- bution
Diseases of the Genitourinary System (MDC 10)	580-629	135,037	5.3
Chronic Renal Failure	585	20,485	0.8
Renal Failure, Unspecified	586	9,256	0.4
Other Disorders of Urethra and Urinary Tract	599	75,634	3.0
Other	---	29,662	1.2
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	53,416	2.1
Other Cellulitis and Abscess	682	33,138	1.3
Chronic Ulcer of Skin	707	17,355	0.7
Other	---	2,923	0.1
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	183,775	7.2
Osteoarthritis and Allied Disorders	715	42,589	1.7
Other and Unspecified Disorders of Joint	719	31,060	1.2
Other and Unspecified Disorders of Back	724	18,554	0.7
Disorders of Muscle, Ligament, and Fascia	728	48,776	1.9
Osteomyelitis, Periostitis, and Other Infections Involving Bone	730	7,951	0.3
Other Disorders of Bone and Cartilage	733	10,858	0.4
Other	---	23,987	0.9
Congenital Anomalies (MDC 14)	740-759	3,947	0.2
Other Ill Defined Conditions (MDC 16)	780-799	218,557	8.5
General Symptoms	780	90,938	3.6
Symptoms Involving Nervous and Musculoskeletal Systems	781	32,420	1.3
Symptoms Involving Cardiovascular System	785	4,190	0.2
Symptoms Involving Respiratory System and Other Chest Symptoms	786	16,923	0.7
Symptoms Involving Digestive System	787	14,536	0.6
Other	---	59,550	2.3
Injury and Poisoning (MDC 17)	800-999	195,856	7.6
Fracture, Vertebra without Mention of Spinal Cord Injury	805	11,775	0.5
Fracture, Pelvis	808	12,521	0.5
Fracture, Humerus	812	9,772	0.4
Fracture, Neck of Femur	820	62,371	2.4
Fracture, Other and Unspecified Parts of Femur	821	10,627	0.4
Fracture, Tibia, Fibula	823	5,955	0.2
Fracture of Ankle	824	7,112	0.3
Amputation of Leg(s)	897	4,129	0.2
Other	---	71,594	2.8

See footnotes at end of table.

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 2008

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
3,718	106	28	\$1,656,010	\$12,263	\$445	\$1,244,117	\$9,221	\$335
535	15	26	229,016	11,180	428	167,887	8,204	314
249	7	27	107,781	11,644	433	80,140	8,663	322
2,147	61	28	954,265	12,617	445	729,698	9,657	340
787	22	27	364,948	12,304	464	266,392	8,989	339
1,594	46	30	778,638	14,577	489	529,111	9,912	332
909	26	27	457,689	13,812	503	321,237	9,701	353
600	17	35	280,509	16,163	468	179,596	10,354	299
85	2	29	40,440	13,835	478	28,278	9,684	334
4,997	143	27	2,415,928	13,146	483	1,787,003	9,731	358
897	26	21	465,879	10,939	519	357,702	8,406	399
922	26	30	428,845	13,807	465	321,501	10,358	349
481	14	26	233,959	12,610	486	177,622	9,581	369
1,464	42	30	668,892	13,714	457	497,760	10,211	340
246	7	31	140,352	17,652	571	84,172	10,590	343
322	9	31	154,742	14,251	466	114,056	10,518	344
656	19	27	323,258	13,476	493	234,191	9,772	357
107	3	27	48,561	12,303	454	36,332	9,217	340
6,176	177	28	2,888,349	13,216	468	2,116,516	9,691	343
2,573	74	28	1,178,041	12,954	458	894,517	9,844	348
948	27	29	468,968	14,465	495	333,616	10,296	352
116	3	28	53,114	12,676	458	39,317	9,390	339
424	12	25	195,660	11,562	462	145,037	8,576	342
461	13	32	195,154	13,426	423	146,329	10,072	317
1,655	47	28	797,411	13,391	482	557,700	9,372	337
6,501	186	33	3,113,196	15,895	479	2,290,775	11,708	352
353	10	30	167,728	14,244	475	126,261	10,736	357
407	12	33	194,128	15,504	477	147,861	11,826	363
364	10	37	170,254	17,423	468	127,789	13,090	351
2,239	64	36	1,052,424	16,874	470	798,153	12,809	357
412	12	39	190,370	17,914	462	142,450	13,421	346
230	7	39	107,681	18,082	468	78,525	13,206	341
261	7	37	124,491	17,504	477	90,416	12,722	346
142	4	34	59,915	14,511	423	43,343	10,497	306
2,093	60	29	1,046,206	14,613	500	735,977	10,290	352

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 2008

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions ¹	
		Number	Percent Distri- bution
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	704,209	27.5
Organ of Tissue Replaced by Other Means	V43	22,457	0.9
Orthopedic Aftercare	V54	105,844	4.1
Care Involving Use of Rehabilitation Procedures	V57	479,440	18.7
Encounter for Other and Unspecified Procedures and Aftercare	V58	55,300	2.2
Convalescence	V66	6,186	0.2
Other	---	34,982	1.4

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.

T

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 2008

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
16,668	476	24	\$10,250,389	\$14,556	\$615	\$6,422,961	\$9,127	\$385
481	14	21	251,274	11,189	522	197,210	8,790	410
3,041	87	29	1,576,549	14,895	518	1,140,734	10,787	375
10,844	310	23	7,129,753	14,871	657	4,248,756	8,868	392
1,161	33	21	750,092	13,564	646	447,226	8,094	385
110	3	18	71,482	11,555	651	51,741	8,372	471
1,031	29	30	471,239	13,471	457	337,294	9,649	327

Table 6.7

Number of Medicare Skilled Nursing Facilities (SNF) and Swing-Bed Hospitals Providing SNF Services, Covered Admissions, Covered Days of Care, and Program Payments, by Type of Facility and Bedsizes: Calendar Year 2008

Type of Facility and Bed Size	Number of Facilities	Covered Admissions ¹		Covered Days of Care			Program Payments			
		Number	Percent	Number in Thousands	Percent	Per Admission	Amount in Thousands	Percent	Per Admission ²	Per Day
SNFs										
Total	15,032	2,435,103	100.0	67,960	100.0	27.9	\$23,272,854	100.0	\$9,566	\$342
1-49 Beds	2,405	300,809	12.4	5,879	8.7	19.5	2,003,366	8.6	6,664	341
50-99 Beds	5,398	581,879	23.9	16,947	24.9	29.1	5,699,329	24.5	9,802	336
100-149 Beds	4,737	874,167	35.9	25,693	37.8	29.4	8,742,071	37.6	10,011	340
150-199 Beds	1,610	398,398	16.4	11,470	16.9	28.8	3,998,549	17.2	10,047	349
200 Beds or More	882	279,850	11.5	7,972	11.7	28.5	2,829,540	12.2	10,120	355
Hospital Based										
Total	1,055	219,768	100.0	3,325	100.0	15.1	1,128,149	100.0	5,137	339
1-49 Beds	661	150,791	68.6	1,871	56.3	12.4	657,373	58.3	4,361	351
50-99 Beds	233	32,805	14.9	634	19.1	19.3	203,773	18.1	6,241	322
100-149 Beds	95	17,556	8.0	365	11.0	20.8	113,645	10.1	6,486	311
150-199 Beds	32	6,990	3.2	169	5.1	24.2	53,769	4.8	7,699	318
200 Beds or More	34	11,626	5.3	286	8.6	24.6	99,589	8.8	8,576	348
Non-Hospital Based										
Total	13,977	2,215,335	100.0	64,634	100.0	29.2	22,144,705	100.0	10,005	343
1-49 Beds	1,744	150,018	6.8	4,007	6.2	26.7	1,345,993	6.1	8,979	336
50-99 Beds	5,165	549,074	24.8	16,313	25.2	29.7	5,495,557	24.8	10,017	337
100-149 Beds	4,642	856,611	38.7	25,327	39.2	29.6	8,628,425	39.0	10,083	341
150-199 Beds	1,578	391,408	17.7	11,301	17.5	28.9	3,944,780	17.8	10,089	349
200 Beds or More	848	268,224	12.1	7,686	11.9	28.7	2,729,950	12.3	10,187	355
Swing-Bed Hospitals³										
Total	555	125,970	100.0	1,197	100.0	9.5	1,056,159	100.0	8,386	882
1-49 Beds	307	105,925	84.1	1,039	86.8	9.8	1,005,333	95.2	9,493	967
50-99 Beds	248	20,045	15.9	158	13.2	7.9	50,826	4.8	2,536	322

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

²The denominator used to calculate the average program payment per covered admission includes only those bills with Medicare reimbursement greater than zero.

³Swing-bed hospitals are not SNFs and are not included in the count of total SNFs; however, swing-bed hospital services are included in the total use and cost of Medicare SNF services.

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.

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.

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 2008

Principal ICD-9-CM Diagnosis ¹	ICD-9-CM Code	1998 Covered Admissions ²			2003 Covered Admissions ²			2008 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	2,561,073	27.0	\$9,508
Pneumonia, Organism Unspecified	486	89,866	21.2	5,278	110,329	23.2	5,866	106,594	25.3	8,782
Heart Failure	428	96,921	21.7	5,215	113,309	24.0	5,892	99,022	25.5	8,557
General Symptoms	780	43,210	24.0	5,861	73,259	26.6	6,842	90,938	28.3	9,844
Other Disorders of Urethra and Urinary Tract	599	40,642	24.7	6,009	61,330	26.3	6,517	75,634	28.4	9,657
Fracture of Neck of Femur	820	133,347	28.9	7,021	108,238	34.2	9,021	62,371	35.9	12,809
Chronic Airway Obstruction, Not Elsewhere Classified	496	42,300	24.4	5,619	48,291	25.6	6,079	50,033	26.7	8,667
Disorders of Muscle, Ligament, and Fascia	728	7,998	23.6	6,070	18,800	29.8	7,528	48,776	30.0	10,211
Essential Hypertension	401	22,580	29.1	6,661	34,874	29.7	7,356	42,711	31.2	10,308
Osteoarthritis and Allied Disorders	715	54,851	14.5	4,360	49,512	19.3	5,616	42,589	21.1	8,406
Diabetes Mellitus	250	48,266	29.6	6,529	44,912	29.5	6,900	41,029	30.3	9,552

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 2008; 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.

Table 6.9
Distribution of Medicare Covered Skilled Nursing Facility (SNF) Days, by State of Provider,
and Major RUG-III Groups: Calendar Year 2008

State of Provider	Total Days	RUG-III Rehabilitation Groups					
		Total	Ultra High	Very High	High	Medium	Low
United States ²	69,669,044	60,914,988	21,283,535	17,859,650	7,438,331	14,220,010	113,462
Alabama	1,135,434	969,114	411,192	268,729	93,822	193,673	1,698
Alaska	20,829	13,780	543	1,790	2,575	8,556	316
Arizona	601,033	506,495	182,079	159,096	55,831	109,203	286
Arkansas	709,874	601,810	174,377	186,924	82,874	157,128	507
California	5,013,827	4,315,944	2,016,213	1,216,626	369,332	705,717	8,056
Colorado	697,596	641,923	242,982	218,793	68,849	110,184	1,115
Connecticut	1,433,621	1,168,104	326,945	382,508	127,617	328,582	2,452
Delaware	235,402	210,182	80,545	69,790	18,122	41,664	61
District of Columbia	75,006	65,634	12,651	18,517	12,216	22,236	14
Florida	5,224,359	4,826,358	2,870,494	1,068,013	268,397	615,384	4,070
Georgia	1,492,826	1,234,066	366,802	368,976	165,870	327,372	5,046
Hawaii	92,545	77,547	24,621	23,462	10,608	18,774	82
Idaho	260,672	226,219	81,819	59,210	22,212	61,706	1,272
Illinois	3,896,412	3,543,380	1,056,076	1,155,498	496,077	823,638	12,091
Indiana	2,296,668	2,091,332	710,543	638,079	301,290	436,667	4,753
Iowa	662,378	576,859	58,887	127,942	134,873	252,228	2,929
Kansas	690,315	616,600	139,083	187,887	128,574	158,894	2,162
Kentucky	1,274,850	1,093,270	357,209	314,971	130,573	286,919	3,598
Louisiana	1,115,503	986,828	288,209	328,135	163,723	205,746	1,015
Maine	386,907	352,226	139,420	118,052	31,222	62,141	1,391
Maryland	1,467,752	1,275,952	499,170	412,852	102,617	260,884	429
Massachusetts	2,229,321	1,842,921	699,129	572,248	155,692	414,315	1,537
Michigan	2,418,642	2,181,909	793,218	712,005	241,300	432,395	2,991
Minnesota	1,054,748	899,376	159,167	299,933	145,761	293,881	634
Mississippi	846,179	744,818	275,322	200,392	113,259	153,946	1,899
Missouri	1,709,478	1,532,750	339,462	515,775	267,735	407,963	1,815
Montana	183,753	154,378	15,878	33,184	34,773	69,594	949
Nebraska	510,574	444,986	95,638	117,131	82,564	148,579	1,074
Nevada	269,877	244,996	124,030	63,137	17,406	39,944	479
New Hampshire	368,435	313,357	142,497	84,145	26,957	58,329	1,429

See footnotes at end of table.

Table 6.9--continued
Distribution of Medicare Covered Skilled Nursing Facility (SNF) Days, by State of Provider,
and Major RUG-III Groups: Calendar Year 2008

Other Major RUG-III Groups									
Total	Extensive Care	Special Care	Clinically Complex	Cognitively Impaired	Behavior Problems Only	Reduced Physical Function	Not Otherwise Classified	Case-Mix Index ¹	
								Nursing	Therapy
8,754,056	2,850,618	2,012,408	2,130,609	166,206	19,179	561,286	1,013,736	1.29	1.49
166,320	46,761	40,814	44,333	3,485	146	13,177	17,604	1.28	1.59
7,049	3,199	2,170	1,323	0	(3)	274	77	1.32	0.94
94,538	16,540	13,222	10,721	325	57	2,133	51,540	1.24	1.52
108,064	56,766	20,252	16,746	2,741	131	7,854	3,574	1.28	1.42
697,883	220,576	161,274	147,978	12,887	2,350	43,476	109,342	1.31	1.66
55,673	13,383	12,377	19,358	1,249	157	3,962	5,187	1.26	1.57
265,517	62,453	49,716	106,314	6,891	521	28,444	11,178	1.31	1.41
25,220	8,884	6,922	7,662	153	25	1,224	350	1.27	1.56
9,372	4,140	3,455	1,290	(3)	0	167	314	1.32	1.27
398,001	116,187	108,849	105,779	3,421	631	16,963	46,171	1.31	1.80
258,760	90,369	58,843	49,328	5,985	435	13,733	40,067	1.28	1.42
14,998	6,347	4,605	3,297	18	16	487	228	1.29	1.46
34,453	8,746	7,047	8,379	606	63	3,416	6,196	1.29	1.49
353,032	147,730	88,903	76,586	8,850	2,480	21,549	6,934	1.28	1.44
205,336	64,089	41,620	51,523	6,188	128	20,531	21,257	1.26	1.49
85,519	36,953	22,399	16,936	1,970	172	5,724	1,365	1.35	1.10
73,715	26,441	15,608	19,127	2,448	522	6,361	3,208	1.26	1.33
181,580	73,601	39,268	39,131	2,933	62	12,492	14,093	1.31	1.46
128,675	56,610	36,956	19,583	3,416	404	8,223	3,483	1.20	1.44
34,681	10,819	7,943	11,542	155	24	2,041	2,157	1.27	1.58
191,800	67,208	48,532	50,407	1,285	64	6,284	18,020	1.33	1.57
386,400	89,118	69,906	132,573	11,605	1,194	31,249	50,755	1.30	1.54
236,733	72,124	52,767	68,631	3,683	145	11,359	28,024	1.26	1.54
155,372	37,369	27,308	33,533	2,115	210	11,009	43,828	1.28	1.27
101,361	33,347	23,011	25,402	5,009	451	12,614	1,527	1.21	1.51
176,728	57,334	37,161	39,830	7,499	2,160	14,919	17,825	1.26	1.34
29,375	10,481	7,575	7,195	404	29	2,100	1,591	1.30	1.10
65,588	22,268	14,709	17,351	1,350	278	5,509	4,123	1.29	1.29
24,881	8,816	6,395	6,744	302	0	944	1,680	1.27	1.70
55,078	12,071	10,062	23,844	1,857	35	4,209	3,000	1.25	1.63

Table 6.9--Continued
Distribution of Medicare Covered Skilled Nursing Facility (SNF) Days, by State of Provider,
and Major RUG-III Groups: Calendar Year 2008

State of Provider	Total Days	RUG-III Rehabilitation Groups					
		Total	Ultra High	Very High	High	Medium	Low
New Jersey	2,694,337	2,422,472	1,119,266	559,729	164,577	576,517	2,383
New Mexico	244,869	219,226	82,001	59,200	22,915	54,715	395
New York	4,335,605	3,508,112	542,882	776,490	834,199	1,339,803	14,738
North Carolina	2,121,443	1,791,947	556,224	554,735	230,539	448,696	1,753
North Dakota	144,649	108,164	16,176	13,347	25,162	53,106	373
Ohio	3,800,592	3,445,056	1,197,337	1,061,452	349,949	832,584	3,734
Oklahoma	746,398	641,321	194,145	207,992	98,094	139,807	1,283
Oregon	373,690	337,359	71,178	116,024	38,858	110,926	373
Pennsylvania	3,392,650	2,967,402	919,607	930,855	373,492	737,761	5,687
Rhode Island	239,677	207,042	60,990	70,065	24,876	51,022	89
South Carolina	974,871	841,692	293,058	245,300	107,851	193,870	1,613
South Dakota	184,838	152,371	29,346	41,299	30,230	50,957	539
Tennessee	1,830,676	1,536,984	568,301	456,927	156,947	352,571	2,238
Texas	4,789,769	4,228,587	1,529,034	1,319,020	548,896	826,836	4,801
Utah	337,751	317,001	128,146	111,061	27,799	49,362	633
Vermont	150,151	122,969	23,708	35,080	17,905	45,794	482
Virginia	1,761,823	1,536,336	477,039	495,652	172,168	389,874	1,603
Washington	1,082,523	946,523	279,777	296,101	98,992	269,959	1,694
West Virginia	474,772	407,924	142,947	102,767	52,413	109,548	249
Wisconsin	1,514,332	1,342,258	351,655	458,602	175,714	354,011	2,276
Wyoming	98,812	81,128	16,517	24,152	14,034	26,049	376

¹The purpose of the RUG-III case-mix indexes are to establish payment levels that account for varying levels of resource intensity within the Medicare SNF prospective payment system. In calculating case-mix indexes at the state level, the Centers for Medicare & Medicaid Services uses the RUG-III weights and the MEDPAR analog, and applies them to the distribution of residents in a given state. This table provides a representation of the resource intensity of the residence within each state.

²Excludes Puerto Rico, Guam, Virgin Islands, residence unknown, and outlying areas.

³For groups with fewer than 11 individuals in any category, the details are masked to prevent disclosure of personal identifiable information.

NOTES: RUG-III is Resource Utilization Groups, Version III. For a complete description of the RUG-III classification system and the RUG-53 SNF prospective payment system case-mix indexes, refer to *Federal Register (FR)*: Medicare Program: Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Final Rule. 70 FR 45033, (August 4, 2005).

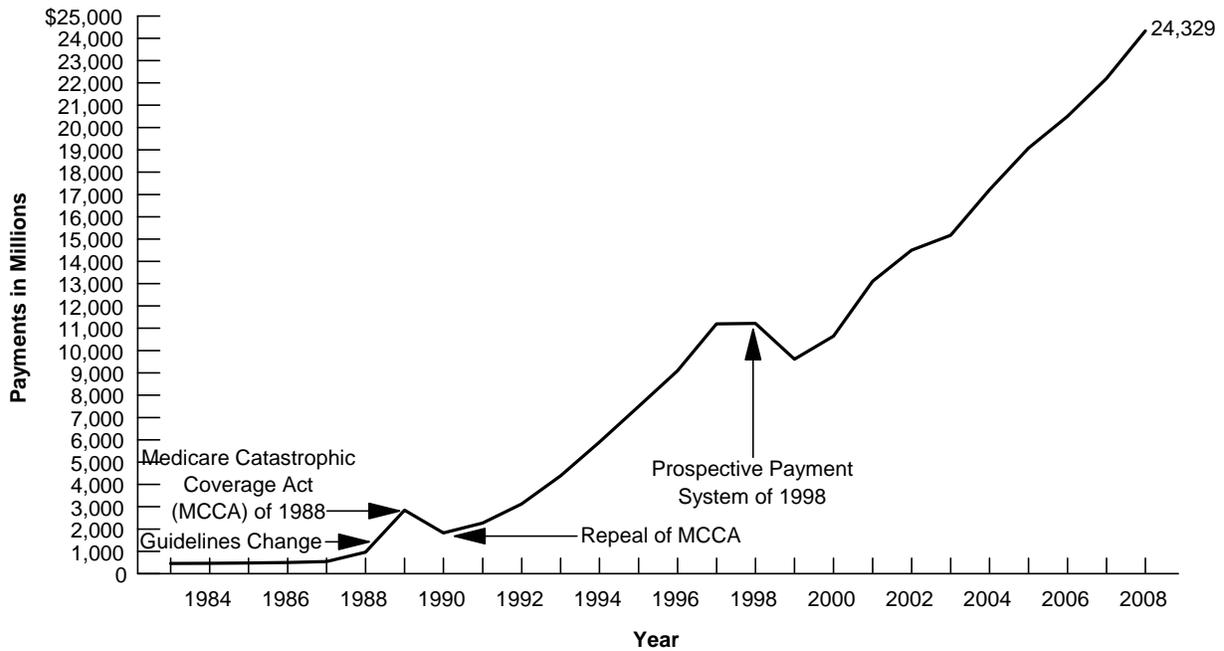
SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

Table 6.9--Continued
Distribution of Medicare Covered Skilled Nursing Facility (SNF) Days, by State of Provider,
and Major RUG-III Groups: Calendar Year 2008

Total	Other Major RUG-III Groups							Case-Mix Index ¹	
	Extensive Care	Special Care	Clinically Complex	Cognitively Impaired	Behavior Problems Only	Reduced Physical Function	Not Otherwise Classified	Nursing	Therapy
271,865	116,301	81,779	60,901	2,024	241	8,140	2,479	1.37	1.61
25,643	7,890	6,544	6,420	360	(3)	1,449	2,978	1.29	1.51
827,493	298,322	203,548	202,018	7,396	613	30,048	85,548	1.28	1.18
329,496	106,418	74,610	79,294	3,071	279	18,401	47,423	1.26	1.45
36,485	15,029	10,566	7,312	598	19	2,222	739	1.32	1.11
355,536	120,298	81,372	73,204	5,846	470	12,205	62,141	1.33	1.50
105,077	36,489	26,800	28,107	2,837	560	9,256	1,028	1.20	1.45
36,331	7,909	7,118	5,413	408	86	2,253	13,144	1.32	1.32
425,248	115,329	98,203	86,571	4,503	242	27,320	93,080	1.30	1.45
32,635	8,969	6,668	8,397	499	41	1,118	6,943	1.28	1.44
133,179	44,676	33,445	34,724	1,635	206	6,989	11,504	1.25	1.49
32,467	12,018	6,926	6,051	377	0	2,282	4,813	1.27	1.26
293,692	92,489	55,039	63,110	7,354	439	23,535	51,726	1.30	1.52
561,182	178,585	130,526	153,811	19,063	2,193	57,790	19,214	1.24	1.53
20,750	4,576	3,151	4,719	511	27	1,305	6,461	1.26	1.61
27,182	8,459	6,065	8,254	911	61	3,054	378	1.34	1.26
225,487	83,707	57,185	50,914	2,869	218	12,913	17,681	1.30	1.45
136,000	38,137	33,389	35,943	2,374	215	11,456	14,486	1.34	1.42
66,848	24,300	11,402	12,674	1,513	212	4,369	12,378	1.29	1.47
172,074	44,931	34,244	34,775	2,622	143	10,998	44,361	1.28	1.40
17,684	5,056	4,159	5,551	605	24	1,756	533	1.25	1.29

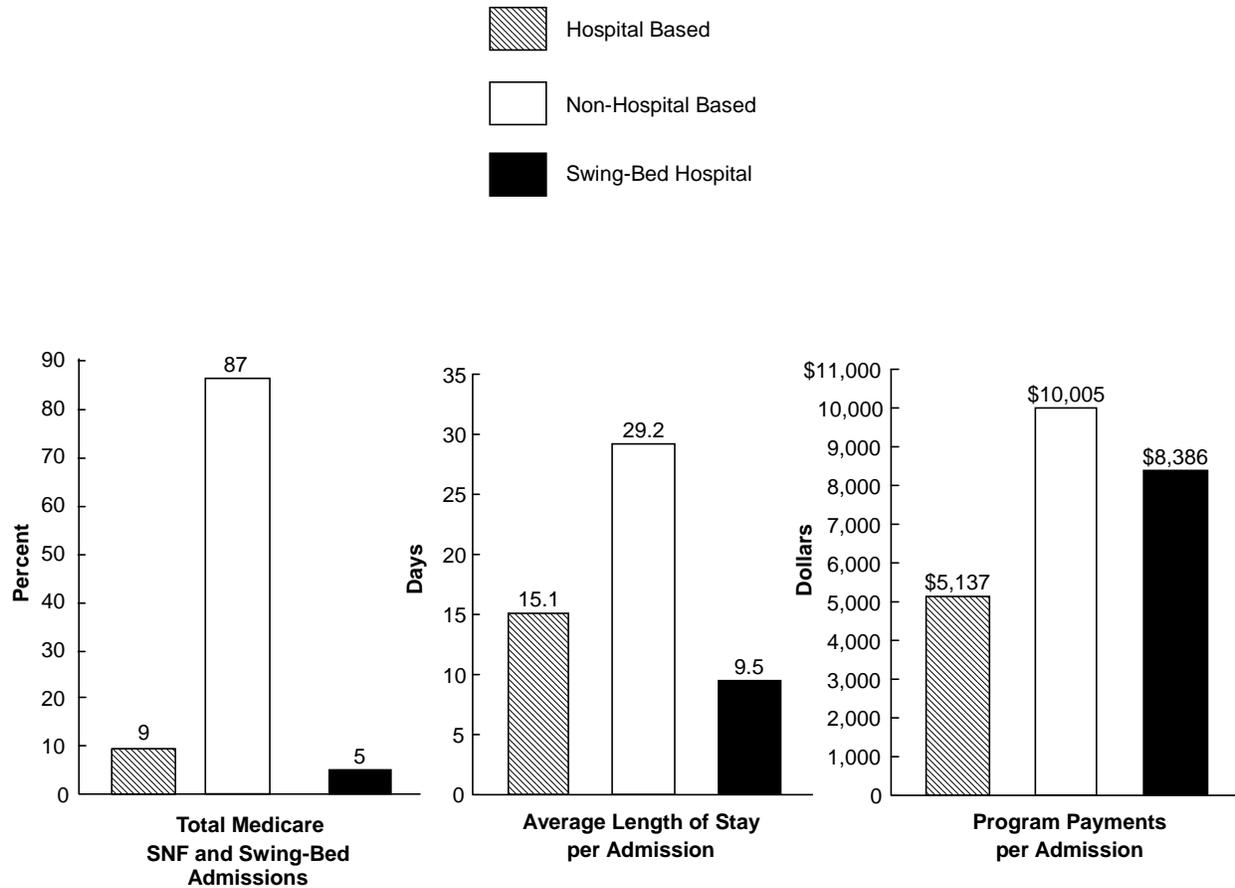
Figure 6.1

Growth in Medicare Skilled Nursing Facility Program Payments: Calendar Years 1983-2008



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.

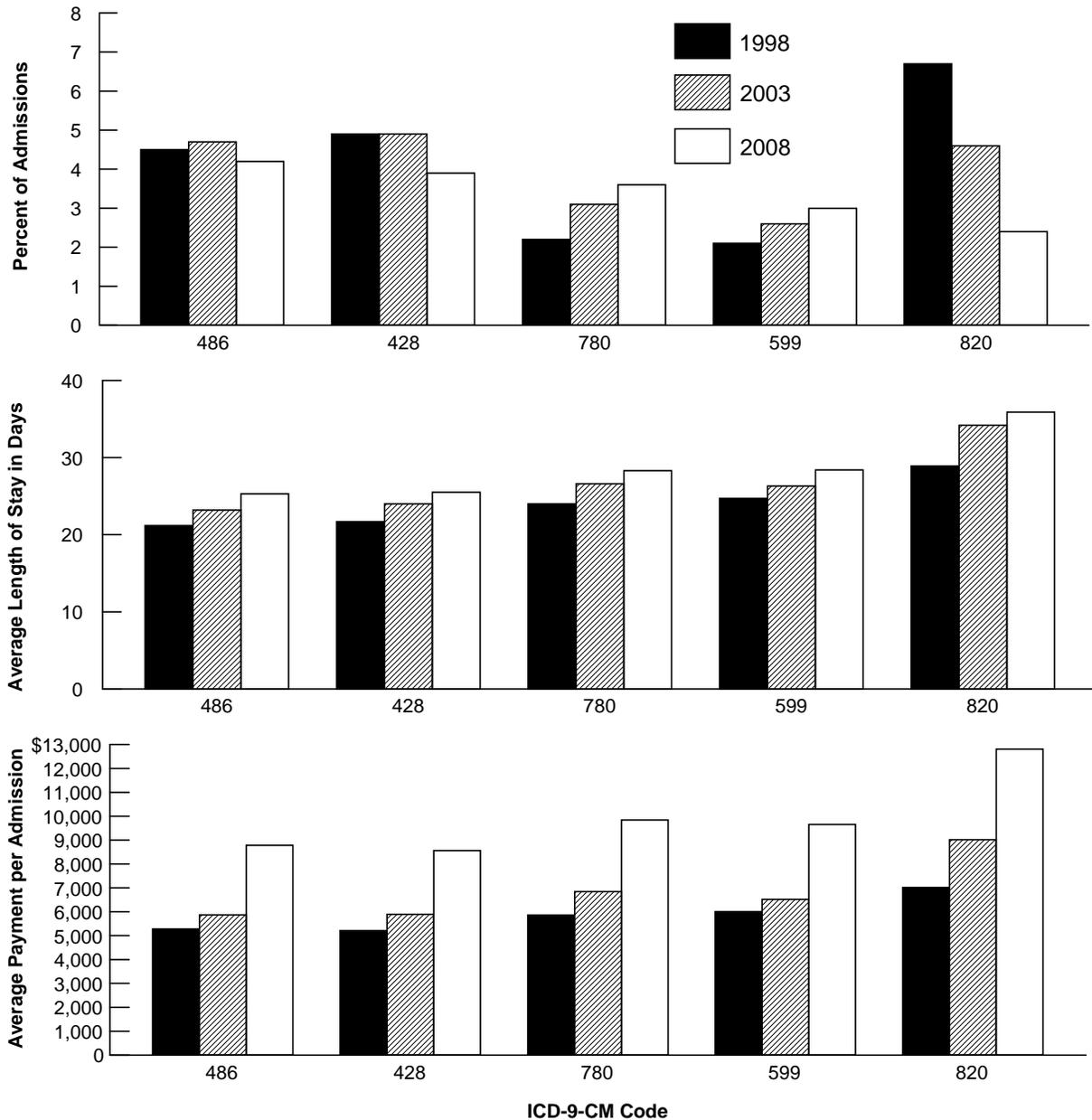
Figure 6.2 Medicare Skilled Nursing Facility (SNF) Utilization, by Type of Facility: Calendar Year 2008



NOTE: Distribution may not add to 100 percent because of rounding.

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.

Figure 6.3
Trends in the Top Five Medicare Skilled Nursing Facility Principal Diagnoses, Based on Number of Admissions: Calendar Years 1998, 2003, and 2008



NOTES: ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification* (Volume 1). ICD-9-CM codes for principal diagnoses are: pneumonia, organism unspecified, 486; heart failure, 428; general symptoms, 780; other disorders of urethra and urinary tract, 599; and fracture of neck of femur, 820.

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.

Figure 6.4

Description of Medicare Skilled Nursing Facility RUG-III Classification System

Clinical Hierarchy Category (First Level)		Activities of Daily Living Index (Second Level)	End Splits (Third Level)
Rehabilitation	Ultra High Intensity Very High Intensity High Intensity Medium Intensity Low Intensity	3 Levels 3 Levels 3 Levels 3 Levels 2 Levels	(Not Used) (14 Groups)
Extensive Services		(Not Used)	Count of Services (3 Groups)
Special Care		3 Levels	(Not Used) (3 Groups)
Clinically Complex		3 Levels	Signs of Depression (6 Groups)
Impaired Cognitively		2 Levels	Nursing Rehabilitation (Activity Count) (4 Groups)
Behavior Problems Only		2 Levels	Nursing Rehabilitation (Activity Count) (4 Groups)
Reduced Physical Function		5 Levels	Nursing Rehabilitation (Activity Count) (10 Groups)

NOTE: RUG-III is Resource Utilization Groups, Version III.

SOURCE: *Federal Register (FR)*: Medicare Program: Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Final Rule. 63 FR (91) 26262, (May 12, 1998).