

**Table 41**  
**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 2000**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Total All Diagnoses <sup>4</sup>	---	1,936,127	100.0
Leading Diagnoses <sup>5</sup>	---	1,539,933	79.5
Infectious and Parasitic Diseases (MDC 1)	001-139	30,554	1.6
Septicemia	038	19,299	1.0
Other	---	11,255	0.6
Neoplasms (MDC 2)	140-239	73,809	3.8
Malignant Neoplasm of Colon	153	6,704	0.3
Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus	154	4,614	0.2
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	11,570	0.6
Malignant Neoplasm of Female Breast	174	3,657	0.2
Malignant Neoplasm of Prostate	185	3,894	0.2
Secondary Malignant Neoplasm of Respiratory and Digestive Systems and Other Specified Sites	197-198	6,728	0.3
Other	---	36,642	1.9
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	82,544	4.3
Diabetes	250	39,334	2.0
Nutritional Deficiencies	260-263	3,981	0.2
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	28,609	1.5
Other	---	10,620	0.5
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	14,700	0.8
Other and Unspecified Anemias	285	8,454	0.4
Other	---	6,246	0.3
Mental Disorders (MDC 5)	290-319	47,055	2.4
Senile and Prosenile Organic Psychotic Conditions	290	14,923	0.8
Other Organic Psychotic Conditions (Chronic)	294	9,046	0.5
Other Non-Organic Psychoses	298	4,408	0.2
Other	---	18,678	1.0
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	48,832	2.5
Other Cerebral Degenerations	331	13,844	0.7
Parkinson's Disease	332	11,401	0.6
Hemiplegia	342	3,832	0.2
Other	---	19,755	1.0

See footnotes at end of table.

**Table 41—Continued**  
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**Within Major Diagnostic Classification (MDC): Calendar Year 2000**

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 <sup>3</sup>	Per Day
44,834	1,387	23	\$18,207,530	\$9,404	\$406	\$10,651,274	\$5,511	\$238
35,597	1,101	23	14,582,199	9,469	410	8,494,388	5,525	239
649	20	21	308,384	10,093	475	157,350	5,160	242
397	12	21	193,908	10,048	488	97,543	5,064	246
252	8	22	114,476	10,171	454	59,807	5,324	237
1,478	46	20	623,553	8,448	422	347,320	4,715	235
123	4	18	53,497	7,980	435	30,183	4,506	245
97	3	21	36,715	7,957	380	22,549	4,899	233
208	6	18	95,428	8,248	458	49,139	4,257	236
89	3	24	30,289	8,282	340	20,022	5,495	225
88	3	23	31,514	8,093	357	20,197	5,197	229
111	3	16	67,363	10,012	609	27,847	4,147	252
763	24	21	308,747	8,426	405	177,382	4,850	233
2,134	66	26	754,504	9,141	354	475,660	5,772	223
1,075	33	27	385,050	9,789	358	235,039	5,984	219
109	3	27	41,569	10,442	381	23,272	5,853	213
676	21	24	234,708	8,204	347	155,440	5,443	230
274	8	26	93,177	8,774	340	61,909	5,844	226
359	11	24	124,498	8,469	347	80,574	5,491	225
217	7	26	70,696	8,362	326	48,758	5,780	225
142	4	23	53,803	8,614	380	31,816	5,101	225
1,353	42	29	390,924	8,308	289	288,069	6,132	213
447	14	30	125,456	8,407	280	96,063	6,452	215
256	8	28	73,117	8,083	286	53,831	5,957	211
127	4	29	36,895	8,370	290	27,600	6,276	217
522	16	28	155,456	8,323	298	110,575	5,928	212
1,429	44	29	474,133	9,709	332	327,547	6,720	229
395	12	29	110,149	7,956	279	83,857	6,072	212
343	11	30	112,439	9,862	328	79,785	7,009	233
141	4	37	49,920	13,027	354	35,483	9,277	251
550	17	28	201,625	10,206	366	128,422	6,511	233

**Table 41—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 2000**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Diseases of the Circulatory System (MDC 7)	390-459	417,192	21.5
Essential Hypertension	401	25,131	1.3
Acute Myocardial Infarction	410	22,361	1.2
Ischemic Heart Disease	414	27,024	1.4
Cardiac Dysrhythmia	427	25,161	1.3
Heart Failure	428	93,765	4.8
III-Defined Descriptions and Complication of Heart Disease	429	4,139	0.2
Intracranial Hemorrhage	431	4,360	0.2
Occlusion of Cerebral Arteries	434	9,878	0.5
Transient Cerebral Ischemia	435	10,368	0.5
Acute, But III-Defined, Cerebrovascular Disease	436	90,653	4.7
Other and III-Defined Cerebrovascular Disease	437	3,529	0.2
Late Effects of Cerebrovascular Disease	438	27,236	1.4
Atherosclerosis	440	4,832	0.2
Other Peripheral Vascular Disease	443	9,736	0.5
Venous Embolism and Thrombosis	453	8,392	0.4
Other	---	50,627	2.6
Diseases of the Respiratory System (MDC 8)	460-519	218,277	11.3
Other Bacterial Pneumonia and Breathing Exercises (V-57.0)	482	9,189	0.5
Pneumonia, Organism Unspecified	486	90,147	4.7
Chronic Bronchitis	491	15,924	0.8
Chronic Airway Obstruction	496	40,241	2.1
Pneumonitis Due to Solids and Liquids	507	15,790	0.8
Other Diseases of Lung	518	14,600	0.8
Other	---	32,386	1.7
Diseases of the Digestive System (MDC 9)	520-579	82,203	4.2
Intestinal Obstruction Without Mention of Hernia	560	11,096	0.6
Diverticula of Intestine	562	6,815	0.4
Gastrointestinal Hemorrhage	578	19,860	1.0
Other	---	44,432	2.3

See footnotes at end of table.

**Table 41—Continued**  
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**Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses**  
**Within Major Diagnostic Classification (MDC): Calendar Year 2000**

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 <sup>3</sup>	Per Day
10,499	325	25	\$3,916,117	\$9,387	\$373	\$2,466,322	\$5,923	\$235
705	22	28	223,975	8,912	318	161,797	6,449	229
424	13	19	173,483	7,758	409	102,069	4,575	241
569	18	21	224,453	8,306	395	139,690	5,180	246
590	18	23	210,062	8,349	356	137,282	5,464	233
2,057	64	22	760,039	8,106	369	468,227	5,002	228
116	4	28	37,347	9,023	322	24,767	6,001	214
120	4	28	48,574	11,141	404	29,469	6,771	245
201	6	20	109,520	11,087	545	52,495	5,320	261
255	8	25	89,719	8,653	352	60,802	5,875	238
2,868	89	32	996,343	10,991	347	676,946	7,484	236
108	3	31	35,563	10,077	330	24,253	6,884	225
809	25	30	324,621	11,919	401	194,973	7,176	241
90	3	19	55,639	11,515	617	22,600	4,692	251
266	8	27	94,122	9,667	353	60,367	6,220	227
196	6	23	71,170	8,481	362	44,431	5,299	226
1,123	35	22	461,485	9,115	411	266,153	5,267	237
4,656	144	21	1,931,346	8,848	415	1,080,394	4,959	232
155	5	17	93,987	10,228	607	37,259	4,059	241
1,900	59	21	748,053	8,298	394	446,114	4,960	235
240	7	15	151,363	9,505	630	59,161	3,719	246
988	31	25	339,203	8,429	343	216,109	5,379	219
349	11	22	163,601	10,361	468	82,629	5,239	237
345	11	24	171,354	11,737	497	84,533	5,799	245
678	21	21	263,786	8,145	389	154,590	4,783	228
1,743	54	21	677,310	8,239	389	409,461	4,990	235
231	7	21	90,145	8,124	390	54,822	4,949	237
133	4	20	56,285	8,259	423	32,054	4,708	241
465	14	23	151,881	7,648	326	106,472	5,373	229
914	28	21	378,998	8,530	415	216,113	4,873	237

**Table 41—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 2000**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Diseases of the Genitourinary System (MDC 10)	580-629	80,705	4.2
Chronic Renal Failure	585	11,083	0.6
Renal Failure, Unspecified	586	7,799	0.4
Other Disorders of Urethra and Urinary Tract	599	42,606	2.2
Other	---	19,217	1.0
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	50,030	2.6
Other Cellulitis and Abscess	682	25,330	1.3
Chronic Ulcer of Skin	707	21,846	1.1
Other	---	2,854	0.1
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	131,832	6.8
Osteoarthritis and Allied Disorders	715	48,245	2.5
Other and Unspecified Disorders of Joint	719	12,550	0.6
Spinal Stenosis	724	14,804	0.8
Disorders of Muscle, Ligament, and Fascia	728	10,064	0.5
Osteomyelitis, Periostitis, and Other Infections Involving Bone	730	6,849	0.4
Other Disorders of Bone and Cartilage	733	16,006	0.8
Other	---	23,314	1.2
Congenital Anomalies (MDC 14)	740-759	3,387	0.2
Other Ill Defined Conditions (MDC 16)	780-799	127,975	6.6
General Symptoms	780	53,320	2.8
Symptoms Involving Nervous and Musculoskeletal Systems	781	16,870	0.9
Symptom Disorders of Cardiovascular System	785	4,247	0.2
Symptoms Involving Respiratory System and Other Chest Symptoms	786	7,914	0.4
Symptoms Involving Digestive System	787	10,346	0.5
Other	---	35,278	1.8
Injury and Poisoning (MDC 17)	800-999	257,696	13.3
Fracture, Vertebra	805	12,895	0.7
Fracture, Pelvis	808	15,261	0.8
Fracture, Humerus	812	11,618	0.6
Fracture, Neck of Femur	820	120,261	6.2
Fracture, Shaft of Femur	821	14,628	0.8
Fracture, Tibia, Fibula	823	6,420	0.3
Fracture of Ankle	824	7,376	0.4
Amputation	897	5,765	0.3
Other	---	63,472	3.3

See footnotes at end of table.

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**Within Major Diagnostic Classification (MDC): Calendar Year 2000**

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 <sup>3</sup>	Per Day
1,915	59	24	\$663,023	\$8,215	\$346	\$440,139	\$5,465	\$230
280	9	25	89,973	8,118	321	61,382	5,551	219
191	6	25	59,710	7,656	313	41,989	5,398	220
1,024	32	24	352,252	8,268	344	239,479	5,631	234
420	13	22	161,088	8,383	383	97,289	5,074	231
1,374	43	28	556,444	11,122	405	311,638	6,242	227
598	19	24	250,665	9,896	419	141,793	5,612	237
708	22	32	277,966	12,724	393	153,976	7,058	218
69	2	24	27,813	9,745	403	15,869	5,576	230
2,759	85	21	1,163,140	8,823	422	686,592	5,219	249
776	24	16	351,187	7,279	452	208,191	4,327	268
309	10	25	117,932	9,397	382	74,573	5,950	242
306	9	21	119,799	8,092	392	76,642	5,186	251
270	8	27	99,961	9,932	371	62,571	6,223	232
189	6	28	103,954	15,178	549	45,035	6,595	238
377	12	24	150,957	9,431	401	90,454	5,656	240
532	16	23	219,350	9,409	412	129,128	5,551	243
82	3	24	27,597	8,148	336	19,325	5,714	235
3,203	99	25	1,157,147	9,042	361	754,778	5,907	236
1,271	39	24	465,514	8,731	366	302,826	5,688	238
423	13	25	167,382	9,922	396	106,335	6,131	251
117	4	27	39,345	9,264	338	26,139	6,177	224
178	6	23	63,473	8,020	356	40,705	5,154	228
335	10	32	99,703	9,637	298	70,848	6,858	212
880	27	25	321,729	9,120	366	207,925	5,903	236
7,383	228	29	2,777,581	10,779	376	1,781,964	6,926	241
315	10	24	116,330	9,021	369	75,738	5,880	240
404	13	27	151,229	9,909	374	99,613	6,532	246
369	11	32	130,428	11,226	353	87,962	7,576	238
3,644	113	30	1,321,614	10,990	363	887,060	7,389	243
485	15	33	168,333	11,508	347	114,115	7,823	235
219	7	34	78,542	12,234	359	51,937	8,101	237
223	7	30	81,583	11,061	366	53,581	7,274	241
191	6	33	59,339	10,293	311	40,558	7,049	213
1,533	47	24	670,183	10,559	437	371,400	5,861	242

**Table 41—Continued**  
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**Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses**  
**Within Major Diagnostic Classification (MDC): Calendar Year 2000**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Supplementary Classification of Factors Influencing			
Health Status and Contact with Health Services	V01-V82	267,322	13.8
Organ of Tissue Replaced by Other Means	V43	10,422	0.5
Orthopedic Aftercare	V54	9,475	0.5
Breathing Exercises	V57	185,012	9.6
Encounter for Other and Unspecified Procedures and Aftercare	V58	37,446	1.9
Convalescence	V66	8,950	0.5
Other	---	16,017	0.8

<sup>1</sup>Reflects skilled nursing facility admissions with at least 1 day of covered care under Medicare.

<sup>2</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>3</sup>The denominator used to calculate the average program payment per covered admission includes only those bills with Medicare reimbursement greater than zero.

<sup>4</sup>Includes invalid codes not shown separately.

<sup>5</sup>Specific leading diagnostic categories were selected for presentation because of frequency of occurrences or special interest.

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. 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 Decision Support Access Facility; data development by the Office of Research, Development, and Information.

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**Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses**  
**Within Major Diagnostic Classification (MDC): Calendar Year 2000**

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 <sup>3</sup>	Per Day
3,765	116	14	\$2,645,037	\$9,895	\$703	\$1,011,706	\$3,788	\$269
202	6	19	79,776	7,655	394	51,398	4,939	254
180	6	19	106,573	11,248	591	48,348	5,120	268
2,345	73	13	1,848,013	9,989	788	659,016	3,564	281
456	14	12	393,877	10,519	864	126,177	3,374	277
132	4	15	67,574	7,550	513	30,019	3,356	228
450	14	28	149,224	9,317	331	96,748	6,047	215