

Table 27

Principal ICD-9-CM ¹ Diagnosis Within MDC	ICD-9-CM Code	Discharges ²		Total Days of Care		Program Payments		
		Number	Per 1,000 HI Enrollees ³	Number	Per Discharge	Amount in Thousands	Per Discharge	Per Day
Total All Diagnoses	---	12,230,660	366	72,606,870	5.9	\$88,323,316	\$7,262	\$1,216
Leading Diagnoses ⁴	---	6,872,415	205	41,021,905	6.0	52,317,927	7,651	1,275
Infectious and Parasitic Diseases (MDC 1)	001-139	299,090	9	2,422,200	8.1	2,725,358	9,175	1,125
Septicemia	038	193,190	6	1,682,110	8.7	1,953,898	10,185	1,162
Neoplasms (MDC 2)	140-239	657,060	20	4,714,285	7.2	6,771,809	10,348	1,436
Malignant Neoplasms	140-208,230-234	578,185	17	4,284,505	7.4	6,078,647	10,557	1,419
Malignant Neoplasm of Large Intestine and Rectum	153-154,197.5	88,910	3	873,190	9.8	1,302,593	14,696	1,492
Malignant Neoplasm of Trachea, Bronchus, and Lung	162,176.4,197.0,197.3	88,535	3	706,895	8.0	1,014,468	11,505	1,435
Malignant Neoplasm of Breast	174-175,198.81	41,615	1	106,190	2.6	149,169	3,600	1,405
Benign Neoplasms and Neoplasms of Uncertain Behavior and Unspecified Nature	210-229	58,050	2	301,685	5.2	495,420	8,566	1,642
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	546,235	16	3,050,470	5.6	2,801,468	5,162	918
Diabetes Mellitus	250	195,020	6	1,283,800	6.6	1,267,731	6,551	987
Volume Depletion	276.5	201,510	6	1,020,035	5.1	813,873	4,058	798
Diseases of Blood and Blood-Forming Organs (MDC 4)	280-289	144,910	4	698,090	4.8	737,158	5,178	1,056
Mental Disorders (MDC 5)	290-319	514,560	15	4,983,760	9.7	2,691,069	5,310	540
Psychoses	290-299	431,095	13	4,469,515	10.4	2,411,930	5,679	540
Alcohol Dependence Syndrome	303	21,240	1	132,975	6.3	61,193	2,929	460
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	177,485	5	1,132,010	6.4	1,085,532	6,157	959

Table 27—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 2001

Principal ICD-9-CM ¹ Diagnosis Within MDC	ICD-9-CM Code	Discharges ²		Total Days of Care		Program Payments		
		Number	Per 1,000 HI Enrollees ³	Number	Per Discharge	Amount in Thousands	Per Discharge	Per Day
Diseases of the Circulatory System (MDC 7)	390-459	3,517,030	105	18,541,770	5.3	\$29,261,442	\$8,354	\$1,578
Heart Disease	391-392.0, 393-398,402,404, 410-416,420-429	2,453,700	73	12,598,785	5.1	21,553,702	8,820	1,711
Acute Myocardial Infarction	410	395,260	12	2,415,345	6.1	4,410,606	11,201	1,826
Coronary Atherosclerosis	414.0	614,180	18	2,573,640	4.2	6,912,794	11,308	2,686
Other Ischemic Heart Disease	411-413, 414.1-414.9	81,875	2	240,550	2.9	286,319	3,513	1,190
Cardiac Dysrhythmias	427	410,555	12	1,632,225	4.0	2,713,495	6,634	1,662
Congestive Heart Failure	428.0	676,245	20	3,844,440	5.7	3,982,230	5,912	1,036
Cerebrovascular Disease	430-438	612,380	18	3,179,930	5.2	3,684,283	6,037	1,159
Diseases of the Respiratory System (MDC 8)	460-519	1,510,720	45	10,030,840	6.6	10,667,187	7,095	1,063
Acute Respiratory Infections	466	33,585	1	146,705	4.4	103,256	3,086	704
Pneumonia	480-486	651,675	19	4,299,990	6.6	4,073,306	6,277	947
Asthma	493	78,295	2	386,000	4.9	331,422	4,260	859
Diseases of the Digestive System (MDC 9)	520-579	1,235,140	37	7,131,985	5.8	8,299,039	6,753	1,164
Appendicitis	540-543	17,295	1	106,455	6.2	151,650	8,830	1,425
Non Infectious Enteritis and Colitis	555-558	91,730	3	541,420	5.9	616,039	6,757	1,138
Diverticula of Intestine	562	141,795	4	836,715	5.9	875,301	6,196	1,046
Cholelithiasis	574	124,205	4	653,735	5.3	949,312	7,668	1,452
Diseases of the Genitourinary System (MDC 10)	580-629	586,260	18	2,879,935	4.9	2,836,676	4,862	985
Calculus of Kidney and Ureter	592	33,875	1	102,740	3.0	135,917	4,040	1,326

See footnotes at end of table.

Table 27—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 2001

Principal ICD-9-CM ¹ Diagnosis Within MDC	ICD-9-CM Code	Discharges ²		Total Days of Care		Program Payments		
		Number	Per 1,000 HI Enrollees ³	Number	Per Discharge	Amount in Thousands	Per Discharge	Per Day
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	198,260	6	1,330,315	6.7	\$1,016,247	\$5,157	\$764
Cellulitis and Abscess	681-682	144,575	4	857,305	5.9	621,656	4,324	725
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	674,030	20	3,140,585	4.7	5,107,221	7,613	1,626
Arthropathies and Related Disorders	715	275,685	8	1,191,015	4.3	2,498,008	9,086	2,097
Intervertebral Disc Disorders	722	72,485	2	280,800	3.9	463,570	6,430	1,651
Congenital Anomalies (MDC 14)	740-759	8,775	(5)	50,000	5.7	106,681	12,185	2,134
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	791,745	24	2,565,060	3.2	2,714,743	3,451	1,058
Injury and Poisoning (MDC 17)	800-999	998,725	30	5,954,250	6.0	8,199,533	8,263	1,377
Fractures, All Sites	800-829	425,265	13	2,527,200	5.9	3,027,113	7,148	1,198
Fracture of Neck of Femur	820	229,140	7	1,479,665	6.5	1,930,748	8,443	1,305
Poisoning by Drugs, Medicinal and Biological Substances	960-989	37,580	1	138,755	3.7	150,699	4,054	1,086
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	359,010	11	3,937,605	11.0	3,269,571	9,149	830

¹ICD-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.

²Excludes discharges for managed care enrollees that were paid by the managed care plan.

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

⁴Specific 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.

⁵Less 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 Decision Support Access Facility; data development by the Office of Research, Development, and Information.