

Table 44

Number and Distribution of Covered Admissions for Medicare Beneficiaries Admitted to Skilled Nursing Facilities (SNF), by the Leading Principal Diagnoses: Calendar Years 1987, 1997, and 2001

Principal ICD-9-CM Diagnosis ¹	ICD- 9-CM Code	1987 Covered Admissions ²			1997 Covered Admissions ²			2001 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	---	327,012	21.5	\$1,712	1,990,803	24.2	\$5,693	2,068,716	23.7	\$6,337
Fracture of Neck of Femur	820	43,875	22.6	1,770	138,880	30.1	6,900	118,941	31.4	8,649
Heart Failure	428	8,779	15.9	1,181	95,808	23.0	5,121	98,260	22.4	5,756
Pneumonia	486	9,918	17.4	1,263	84,382	22.7	5,238	94,118	21.5	5,687
Acute But Ill-Defined, Cerebrovascular Disease	436	36,063	25.7	1,719	112,228	33.2	7,043	88,931	31.6	8,663
General Symptoms	780	2,205	21.0	1,432	43,906	25.9	5,856	63,022	24.4	6,565
Osteoarthritis and Allied Disorders	715	4,381	14.8	1,694	55,246	15.0	4,335	51,692	16.8	5,021
Other Disorders of Urethra and Urinary Tract	599	6,841	19.6	1,341	40,590	26.8	5,995	47,609	24.6	6,456
Chronic Airway Obstruction, Not Elsewhere Classified	496	4,082	16.4	1,254	43,296	25.7	5,522	42,202	24.6	6,114
Diabetes Mellitus	250	5,773	21.7	1,425	50,272	31.8	6,417	41,838	27.5	6,813
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	4,165	22.9	1,509	32,430	25.6	5,707	28,448	23.2	6,126
All Other Diagnoses	---	200,930	20.5	1,669	1,293,765	22.9	5,468	1,393,655	22.8	6,461

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 principal diagnoses for beneficiaries admitted to SNFs during 2001; 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 Decision Support Access Facility; data development by the Office of Research, Development, and Information.