

Table 27

[illegible]

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 2002**

Principal ICD-9-CM ¹	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 ⁴	Per Day
Diseases of the Circulatory System (MDC 7)	390-459	3,543,890	103	18,622,710	5.3	\$30,541,642	\$8,647	\$1,640
Heart Disease	391-392.0, 393-398,402,404, 410-416,420-429	2,470,815	71	12,743,205	5.2	22,670,547	9,205	1,779
Acute Myocardial Infarction	410	399,845	12	2,448,275	6.1	4,780,431	11,995	1,953
Coronary Atherosclerosis	414.0	602,450	17	2,507,430	4.2	6,835,220	11,383	2,726
Other Ischemic Heart Disease	411-413, 414.1-414.9	73,655	2	218,000	3.0	299,798	4,092	1,375
Cardiac Dysrhythmias	427	427,510	12	1,710,180	4.0	2,937,874	6,893	1,718
Congestive Heart Failure	428.0	677,715	20	3,861,255	5.7	4,265,211	6,314	1,105
Cerebrovascular Disease	430-438	609,070	18	3,115,690	5.1	3,658,996	6,025	1,174
Diseases of the Respiratory System (MDC 8)	460-519	1,582,790	46	10,454,015	6.6	11,439,178	7,256	1,094
Acute Bronchitis and Bronchocolitis	466	34,970	1	153,050	4.4	108,891	3,125	711
Pneumonia	480-486	683,085	20	4,481,535	6.6	4,369,109	6,420	975
Asthma	493	84,450	2	422,325	5.0	364,788	4,342	864
Diseases of the Digestive System (MDC 9)	520-579	1,260,900	36	7,308,695	5.8	8,683,195	6,916	1,188
Appendicitis	540-543	18,175	1	110,760	6.1	165,065	9,052	1,481
Non Infectious Enteritis and Colitis	555-558	97,515	3	563,585	5.8	647,403	6,669	1,149
Diverticula of Intestine	562	145,310	4	851,415	5.9	913,445	6,302	1,073
Cholelithiasis	574	123,650	4	668,045	5.4	992,023	8,041	1,485
Diseases of the Genitourinary System (MDC 10)	580-629	598,025	17	2,930,175	4.9	2,956,501	4,964	1,009
Calculus of Kidney and Ureter	592	35,815	1	109,935	3.1	154,387	4,333	1,404

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 2002

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 ⁴	Per Day
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	206,695	6	1,355,965	6.6	\$1,070,480	\$5,207	\$789
Cellulitis and Abscess	681-682	153,300	4	895,140	5.8	674,755	4,421	754
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	717,930	21	3,278,660	4.6	5,557,011	7,767	1,695
Osteoarthritis and Allied Disorders	715	301,080	9	1,263,465	4.2	2,707,938	9,009	2,143
Intervertebral Disc Disorders	722	75,105	2	287,800	3.8	501,703	6,704	1,743
Congenital Anomalies (MDC 14)	740-759	10,250	(6)	55,570	5.4	126,537	12,412	2,277
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	816,875	24	2,651,455	3.2	2,849,029	3,509	1,075
Injury and Poisoning (MDC 17)	800-999	1,042,185	30	6,273,625	6.0	8,879,577	8,563	1,415
Fractures, All Sites	800-829	432,830	13	2,575,055	5.9	3,123,179	7,234	1,213
Fracture of Neck of Femur	820	227,010	7	1,479,795	6.5	1,932,536	8,524	1,306
Poisoning by Drugs, Medicinal and Biological Substances	960-989	41,345	1	148,590	3.6	164,920	4,029	1,110
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	372,770	11	3,970,940	10.7	3,958,364	10,657	997

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.

⁴The average program payment per discharge does not reflect discharges with covered services, but for whom no program payments were reported.

⁵Specific 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.

⁶Less 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 Data Extract System; data development by the Office of Research, Development, and Information.