

Table 27
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 2003

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
Total All Diagnoses	---	12,857,535	363	75,229,845	5.9	\$98,432,090	\$7,691	\$1,308
Leading Diagnoses ⁵	---	7,125,895	201	41,894,230	5.9	57,403,271	8,088	1,370
Infectious and Parasitic Diseases (MDC 1)	001-139	350,800	10	2,756,845	7.9	3,230,922	9,262	1,172
Septicemia	038	224,430	6	1,906,635	8.5	2,340,106	10,484	1,227
Neoplasms (MDC 2)	140-239	659,410	19	4,772,285	7.2	7,172,551	10,908	1,503
Malignant Neoplasms	140-208,230-234	575,470	16	4,318,360	7.5	6,388,202	11,132	1,479
Malignant Neoplasm of Large Intestine and Rectum	153-154,197.5	88,090	2	862,065	9.8	1,326,974	15,088	1,539
Malignant Neoplasm of Trachea, Bronchus, and Lung	162,176.4,197.0,197.3	91,910	3	725,475	7.9	1,100,427	11,998	1,517
Malignant Neoplasm of Breast	174-175,198.81	33,220	1	85,755	2.6	126,921	3,830	1,480
Benign Neoplasms	210-229	61,965	2	319,665	5.2	566,072	9,163	1,771
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	562,590	16	3,022,260	5.4	3,006,555	5,372	995
Diabetes Mellitus	250	198,590	6	1,265,220	6.4	1,334,320	6,764	1,055
Volume Depletion	276.5	193,315	5	925,760	4.8	784,941	4,075	848
Diseases of Blood and Blood-Forming Organs (MDC 4)	280-289	157,095	4	757,860	4.8	848,036	5,500	1,119
Mental Disorders (MDC 5)	290-319	529,765	15	5,046,525	9.5	2,886,752	5,522	572
Psychoses	290-299	450,905	13	4,567,315	10.1	2,612,465	5,872	572
Alcohol Dependence Syndrome	303	19,215	1	116,995	6.1	57,115	3,013	488
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	191,330	5	1,209,855	6.3	1,216,336	6,395	1,005

See footnotes at end of table.

Table 27—Continued
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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 Circulatory System (MDC 7)	390-459	3,544,205	100	18,341,345	5.2	\$31,670,204	\$8,966	\$1,727
Heart Disease	391-392.0, 393-398,402,404, 410-416,420-429							
Acute Myocardial Infarction	410	2,484,070	70	12,661,825	5.1	23,653,384	9,553	1,868
Coronary Atherosclerosis	414.0	394,495	11	2,390,075	6.1	4,847,599	12,321	2,028
Other Ischemic Heart Disease	411-413, 414.1-414.9	602,695	17	2,392,865	4.0	7,075,591	11,783	2,957
Cardiac Dysrhythmias	427	62,495	2	185,315	3.0	318,764	5,127	1,720
Congestive Heart Failure	428.0	420,510	12	1,677,415	4.0	3,066,017	7,312	1,828
Cerebrovascular Disease	430-438	674,600	19	3,778,445	5.6	4,422,731	6,577	1,171
Diseases of the Respiratory System (MDC 8)	460-519	588,890	17	2,946,605	5.0	3,737,428	6,363	1,268
Acute Bronchitis and Bronchocollitis	466	1,633,990	46	10,537,095	6.4	11,593,782	7,123	1,100
Pneumonia	480-486	33,705	1	140,910	4.2	106,724	3,179	757
Asthma	493	698,085	20	4,443,650	6.4	4,349,287	6,252	979
Diseases of the Digestive System (MDC 9)	520-579	102,030	3	508,215	5.0	445,608	4,387	877
Appendicitis	540-543	1,273,990	36	7,330,175	5.8	8,795,963	6,933	1,200
Non Infectious Enteritis and Colitis	555-558	19,710	1	118,720	6.0	175,028	8,921	1,474
Diverticula of Intestine	562	101,430	3	593,395	5.9	669,562	6,637	1,128
Cholelithiasis	574	148,300	4	862,330	5.8	934,239	6,312	1,083
Diseases of the Genitourinary System (MDC 10)	580-629	119,340	3	639,630	5.4	951,337	7,991	1,487
Calculus of Kidney and Ureter	592	645,955	18	3,199,080	5.0	3,293,080	5,118	1,029
		35,520	1	112,055	3.2	161,724	4,576	1,443

See footnotes at end of table.

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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	216,360	6	1,401,890	6.5	\$1,151,253	\$5,348	\$821
Cellulitis and Abscess	681-682	161,790	5	937,620	5.8	730,791	4,536	779
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	767,445	22	3,431,415	4.5	6,304,036	8,242	1,837
Osteoarthritis and Allied Disorders	715	333,970	9	1,360,320	4.1	3,168,521	9,506	2,329
Intervertebral Disc Disorders	722	79,995	2	309,545	3.9	592,036	7,435	1,913
Congenital Anomalies (MDC 14)	740-759	10,385	(6)	53,285	5.1	144,571	14,016	2,713
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	823,605	23	2,667,750	3.2	3,014,838	3,683	1,130
Injury and Poisoning (MDC 17)	800-999	1,081,305	31	6,513,090	6.0	9,434,073	8,768	1,448
Fractures, All Sites	800-829	450,610	13	2,678,590	5.9	3,457,924	7,694	1,291
Fracture of Neck of Femur	820	230,590	7	1,496,845	6.5	2,092,631	9,086	1,398
Poisoning by Drugs, Medicinal and Biological Substances	960-989	44,560	1	160,870	3.6	186,456	4,219	1,159
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	395,055	11	4,140,165	10.5	4,631,066	11,770	1,119

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.