

Table 6.6
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 2005

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code	Covered Admissions ¹	
	Category	Number	Percent Distri- bution
Total All Diagnoses ⁴	---	2,549,408	100.0
Leading Diagnoses ⁵	---	2,031,254	79.7
Infectious and Parasitic Diseases (MDC 1)	001-139	40,393	1.6
Septicemia	038	20,366	0.8
Other	---	20,027	0.8
Neoplasms (MDC 2)	140-239	71,822	2.8
Malignant Neoplasm of Colon	153	5,598	0.2
Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus	154	4,002	0.2
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	11,651	0.5
Malignant Neoplasm of Female Breast	174	3,539	0.1
Malignant Neoplasm of Prostate	185	3,683	0.1
Secondary Malignant Neoplasm of Respiratory and Digestive Systems and Other Specified Sites	197-198	4,466	0.2
Other	---	38,883	1.5
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	91,615	3.6
Diabetes	250	47,183	1.9
Nutritional Deficiencies	260-263	2,654	0.1
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	25,306	1.0
Other	---	16,472	0.6
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	21,996	0.9
Other and Unspecified Anemias	285	13,862	0.5
Other	---	8,134	0.3
Mental Disorders (MDC 5)	290-319	71,482	2.8
Senile and Prosenile Organic Psychotic Conditions	290	17,144	0.7
Other Organic Psychotic Conditions (Chronic)	294	20,023	0.8
Other Non-Organic Psychoses	298	5,856	0.2
Other	---	28,459	1.1
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	61,743	2.4
Other Cerebral Degenerations	331	21,587	0.8
Parkinson's Disease	332	13,101	0.5
Hemiplegia	342	2,620	0.1
Other	---	24,435	1.0

See footnotes at end of table.

Table 6.6—Continued
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Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses
Within Major Diagnostic Classification (MDC): Calendar Year 2005

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 ³	Per Day
66,002	1,817	26	\$29,955,327	\$11,750	\$454	\$19,076,973	\$7,487	\$289
52,317	1,441	26	24,120,866	11,875	461	15,225,993	7,500	291
957	26	24	487,907	12,079	510	287,613	7,124	300
454	13	22	249,495	12,251	549	131,907	6,479	290
503	14	25	238,412	11,905	474	155,706	7,779	310
1,576	43	22	706,872	9,842	448	447,015	6,227	284
117	3	21	53,806	9,612	461	34,390	6,147	295
93	3	23	39,086	9,767	422	26,320	6,578	284
226	6	19	104,880	9,002	464	64,472	5,535	285
91	2	26	36,698	10,370	405	25,035	7,078	276
91	3	25	37,693	10,234	413	25,951	7,048	285
82	2	18	50,328	11,269	613	23,905	5,356	291
877	24	23	384,382	9,886	438	246,943	6,355	282
2,584	71	28	1,022,938	11,166	396	697,673	7,621	270
1,410	39	30	550,365	11,664	390	370,196	7,853	262
80	2	30	33,723	12,707	421	20,786	7,838	260
634	17	25	257,491	10,175	406	179,673	7,104	283
460	13	28	181,359	11,010	394	127,018	7,714	276
577	16	26	231,707	10,534	402	157,966	7,187	274
369	10	27	144,807	10,446	392	100,920	7,284	273
207	6	26	86,901	10,684	419	57,046	7,021	275
2,194	60	31	739,776	10,349	337	541,211	7,577	247
544	15	32	183,487	10,703	338	136,475	7,967	251
627	17	31	207,943	10,385	332	155,160	7,755	247
179	5	31	59,862	10,222	334	45,234	7,735	252
844	23	30	288,484	10,137	342	204,342	7,186	242
1,960	54	32	745,101	12,068	380	530,855	8,603	271
668	18	31	219,104	10,150	328	166,911	7,737	250
442	12	34	169,511	12,939	384	124,415	9,501	282
97	3	37	40,851	15,592	421	28,793	10,990	297
753	21	31	315,635	12,917	419	210,736	8,629	280

Table 6.6—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 2005

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code	Covered Admissions ¹	
	Category	Number	Percent Distri- bution
Diseases of the Circulatory System (MDC 7)	390-459	458,260	18.0
Essential Hypertension	401	40,058	1.6
Acute Myocardial Infarction	410	21,265	0.8
Ischemic Heart Disease	414	28,249	1.1
Cardiac Dysrhythmia	427	36,281	1.4
Heart Failure	428	119,721	4.7
III-Defined Descriptions and Complication of Heart Disease	429	4,140	0.2
Intracranial Hemorrhage	431	3,330	0.1
Occlusion of Cerebral Arteries	434	15,821	0.6
Transient Cerebral Ischemia	435	10,572	0.4
Acute, But III-Defined, Cerebrovascular Disease	436	51,955	2.0
Other and III-Defined Cerebrovascular Disease	437	3,658	0.1
Late Effects of Cerebrovascular Disease	438	45,076	1.8
Atherosclerosis	440	2,846	0.1
Other Peripheral Vascular Disease	443	10,068	0.4
Venous Embolism and Thrombosis	453	11,397	0.4
Other	---	53,823	2.1
Diseases of the Respiratory System (MDC 8)	460-519	282,862	11.1
Other Bacterial Pneumonia and Breathing Exercises (V-57.0)	482	9,539	0.4
Pneumonia, Organism Unspecified	486	121,013	4.7
Chronic Bronchitis	491	18,214	0.7
Chronic Airway Obstruction	496	53,624	2.1
Pneumonitis Due to Solids and Liquids	507	17,791	0.7
Other Diseases of Lung	518	22,733	0.9
Other	---	39,948	1.6
Diseases of the Digestive System (MDC 9)	520-579	99,067	3.9
Intestinal Obstruction Without Mention of Hernia	560	12,052	0.5
Diverticula of Intestine	562	7,592	0.3
Gastrointestinal Hemorrhage	578	26,449	1.0
Other	---	52,974	2.1

See footnotes at end of table.

Table 6.6—Continued
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Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses
Within Major Diagnostic Classification (MDC): Calendar Year 2005

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 ³	Per Day
12,686	349	28	\$5,252,300	\$11,461	\$414	\$3,633,523	\$7,934	\$286
1,203	33	30	449,075	11,211	373	330,987	8,267	275
493	14	23	211,597	9,950	429	141,676	6,667	287
682	19	24	287,787	10,187	422	196,809	6,972	288
939	26	26	378,424	10,430	403	267,247	7,369	284
2,946	81	25	1,214,726	10,146	412	811,641	6,784	276
119	3	29	44,331	10,708	371	32,656	7,890	273
104	3	31	47,407	14,236	455	32,655	9,815	314
465	13	29	215,610	13,628	463	147,054	9,299	316
301	8	29	119,930	11,344	398	87,712	8,299	291
1,746	48	34	705,806	13,585	404	515,681	9,931	295
124	3	34	47,960	13,111	386	36,338	9,937	293
1,534	42	34	656,031	14,554	428	463,629	10,295	302
69	2	24	35,191	12,365	510	19,141	6,735	277
289	8	29	114,408	11,363	396	77,378	7,692	268
312	9	27	126,364	11,087	404	84,747	7,439	271
1,357	37	25	597,657	11,104	440	388,172	7,215	286
6,776	187	24	3,095,744	10,944	457	1,905,988	6,742	281
199	5	21	118,009	12,371	592	57,627	6,046	289
2,865	79	24	1,229,604	10,161	429	819,003	6,771	286
350	10	19	195,464	10,732	559	100,919	5,544	289
1,384	38	26	545,505	10,173	394	369,251	6,891	267
437	12	25	205,186	11,533	469	123,437	6,941	282
597	16	26	395,914	17,416	664	171,940	7,568	288
944	26	24	406,063	10,165	430	263,811	6,605	279
2,418	67	24	1,009,415	10,189	418	681,695	6,886	282
286	8	24	122,153	10,135	427	82,309	6,833	287
173	5	23	77,450	10,201	449	49,996	6,594	290
683	19	26	261,058	9,870	382	188,456	7,130	276
1,276	35	24	548,754	10,359	430	360,934	6,818	283

Table 6.6—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 2005

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code	Covered Admissions ¹	
	Category	Number	Percent Distri- bution
Diseases of the Genitourinary System (MDC 10)	580-629	131,329	5.2
Chronic Renal Failure	585	17,014	0.7
Renal Failure, Unspecified	586	11,229	0.4
Other Disorders of Urethra and Urinary Tract	599	73,393	2.9
Other	---	29,693	1.2
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	61,106	2.4
Other Cellulitis and Abscess	682	35,626	1.4
Chronic Ulcer of Skin	707	22,163	0.9
Other	---	3,317	0.1
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	177,973	7.0
Osteoarthritis and Allied Disorders	715	51,462	2.0
Other and Unspecified Disorders of Joint	719	24,824	1.0
Spinal Stenosis	724	21,259	0.8
Disorders of Muscle, Ligament, and Fascia	728	29,893	1.2
Osteomyelitis, Periostitis, and Other Infections Involving Bone	730	8,452	0.3
Other Disorders of Bone and Cartilage	733	14,139	0.6
Other	---	27,944	1.1
Congenital Anomalies (MDC 14)	740-759	4,491	0.2
Other Ill Defined Conditions (MDC 16)	780-799	213,408	8.4
General Symptoms	780	84,316	3.3
Symptoms Involving Nervous and Musculoskeletal Systems	781	31,476	1.2
Symptom Disorders of Cardiovascular System	785	4,634	0.2
Symptoms Involving Respiratory System and Other Chest Symptoms	786	15,643	0.6
Symptoms Involving Digestive System	787	15,869	0.6
Other	---	61,470	2.4
Injury and Poisoning (MDC 17)	800-999	237,927	9.3
Fracture, Vertebra	805	13,350	0.5
Fracture, Pelvis	808	14,622	0.6
Fracture, Humerus	812	11,589	0.5
Fracture, Neck of Femur	820	85,879	3.4
Fracture, Shaft of Femur	821	13,244	0.5
Fracture, Tibia, Fibula	823	6,697	0.3
Fracture of Ankle	824	8,637	0.3
Amputation	897	6,195	0.2
Other	---	77,714	3.0

See footnotes at end of table.

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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 ³	Per Day
3,497	96	27	\$1,357,890	\$10,340	\$388	\$960,722	\$7,320	\$275
427	12	25	159,884	9,397	374	113,183	6,659	265
301	8	27	111,698	9,947	372	80,214	7,151	267
2,007	55	27	772,946	10,532	385	557,540	7,601	278
763	21	26	313,363	10,553	411	209,785	7,070	275
1,799	50	29	786,022	12,863	437	486,137	7,960	270
947	26	27	430,269	12,077	454	268,843	7,550	284
761	21	34	316,187	14,266	415	192,674	8,698	253
91	3	28	39,567	11,928	434	24,620	7,429	270
4,572	126	26	2,013,439	11,313	440	1,361,559	7,655	298
1,021	28	20	488,140	9,485	478	333,338	6,484	326
724	20	29	300,506	12,105	415	210,286	8,474	291
527	15	25	225,427	10,604	428	159,971	7,533	304
899	25	30	365,105	12,214	406	253,559	8,484	282
256	7	30	136,607	16,163	533	70,464	8,339	275
405	11	29	169,211	11,968	418	116,516	8,248	288
740	20	27	328,443	11,754	444	217,425	7,785	294
119	3	26	46,453	10,344	392	33,897	7,554	286
5,874	162	28	2,410,075	11,293	410	1,673,029	7,843	285
2,316	64	28	930,334	11,034	402	668,460	7,932	289
885	24	28	388,262	12,335	439	263,058	8,361	297
127	3	28	51,305	11,072	403	35,221	7,609	277
381	10	24	153,078	9,786	402	106,093	6,783	278
506	14	32	182,826	11,521	361	132,568	8,357	262
1,659	46	27	704,269	11,457	425	467,629	7,611	282
7,737	213	33	3,287,690	13,818	425	2,261,050	9,509	292
378	10	28	158,138	11,846	418	112,163	8,409	296
457	13	31	193,840	13,257	424	138,357	9,469	303
418	12	36	172,635	14,896	413	121,919	10,528	292
3,007	83	35	1,248,374	14,536	415	891,007	10,381	296
498	14	38	201,609	15,223	404	142,689	10,777	286
251	7	37	102,478	15,302	409	70,500	10,535	281
311	9	36	129,659	15,012	417	89,449	10,363	287
209	6	34	75,766	12,230	362	52,973	8,551	253
2,206	61	28	1,005,191	12,934	456	641,992	8,267	291

Table 6.6—Continued
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Within Major Diagnostic Classification (MDC): Calendar Year 2005

Principal ICD-9-CM ²	Principal	Covered Admissions ¹	
	ICD-9-CM Code		Percent
Diagnosis Within MDC	Category	Number	Distribution
Supplementary Classification of Factors Influencing			
Health Status and Contact with Health Services	V01-V82	521,376	20.5
Organ of Tissue Replaced by Other Means	V43	19,493	0.8
Orthopedic Aftercare	V54	82,100	3.2
Breathing Exercises	V57	331,484	13.0
Encounter for Other and Unspecified Procedures and Aftercare	V58	52,256	2.0
Convalescence	V66	8,231	0.3
Other	---	27,812	1.1

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

²ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification* (Volume 1). Only the first listed or principal diagnosis has been used.

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

⁴Includes invalid codes not shown separately.

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

NOTES: Medicare program payments represent fee-for-service only. 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 Data Extract System; data development by the Office of Research, Development, and Information.

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Covered Days of Care			Covered Charges			Program Payments		
Number in	Per 1,000	Per	Amount in	Per	Per	Amount in	Per	Per
Thousands	Enrollees	Admission	Thousands	Admission	Day	Thousands	Admis- sion ³	Day
10,604	292	20	\$6,732,947	\$12,914	\$635	\$3,395,880	\$6,516	\$320
411	11	21	187,122	9,599	455	137,613	7,065	335
2,233	61	27	1,044,096	12,717	468	697,337	8,500	312
6,056	167	18	4,461,826	13,460	737	1,985,441	5,991	328
947	26	18	644,128	12,326	680	306,009	5,861	323
145	4	18	75,297	9,148	521	49,714	6,041	344
812	22	29	320,478	11,523	394	219,767	7,906	271