

**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 2007**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code	Covered Admissions <sup>1</sup>	
	Category	Number	Percent Distri- bution
Total All Diagnoses <sup>4</sup>	---	2,533,016	100.0
Leading Diagnoses <sup>5</sup>	---	2,038,873	80.5
Infectious and Parasitic Diseases (MDC 1)	001-139	36,684	1.4
Septicemia	038	15,947	0.6
Other	---	20,737	0.8
Neoplasms (MDC 2)	140-239	62,763	2.5
Malignant Neoplasm of Colon	153	4,863	0.2
Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus	154	3,196	0.1
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	10,050	0.4
Malignant Neoplasm of Female Breast	174	3,075	0.1
Malignant Neoplasm of Prostate	185	3,255	0.1
Secondary Malignant Neoplasm of Respiratory and Digestive Systems and Other Specified Sites	197-198	3,388	0.1
Other	---	34,936	1.4
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	85,819	3.4
Diabetes	250	44,693	1.8
Nutritional Deficiencies	260-263	2,193	0.1
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	21,977	0.9
Other	---	16,956	0.7
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	22,273	0.9
Other and Unspecified Anemias	285	14,281	0.6
Other	---	7,992	0.3
Mental Disorders (MDC 5)	290-319	72,299	2.9
Senile and Prosenile Organic Psychotic Conditions	290	17,068	0.7
Other Organic Psychotic Conditions (Chronic)	294	22,677	0.9
Other Non-Organic Psychoses	298	5,408	0.2
Other	---	27,146	1.1
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	61,898	2.4
Other Cerebral Degenerations	331	21,529	0.8
Parkinson's Disease	332	11,937	0.5
Hemiplegia and Hemiparesis	342	2,138	0.1
Other	---	26,294	1.0

See footnotes at end of table.

**Table 6.6--Continued**  
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**Within Major Diagnostic Classification (MDC): Calendar Year 2007**

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 <sup>3</sup>	Per Day
67,663	1,925	27	\$32,846,115	\$12,967	\$485	\$22,189,390	\$8,766	\$328
54,247	1,544	27	26,737,190	13,114	493	17,926,383	8,798	330
887	25	24	484,483	13,207	546	317,485	8,659	358
355	10	22	216,755	13,592	610	119,153	7,474	335
532	15	26	267,728	12,911	503	198,331	9,570	373
1,411	40	22	666,867	10,625	473	455,397	7,261	323
108	3	22	51,209	10,530	473	36,003	7,403	332
79	2	25	36,349	11,373	458	25,562	8,008	322
200	6	20	97,284	9,680	485	63,941	6,367	319
80	2	26	34,626	11,260	434	24,955	8,129	313
79	2	24	35,469	10,897	449	25,857	7,946	327
65	2	19	41,607	12,281	641	21,945	6,485	338
799	23	23	370,324	10,600	463	257,135	7,365	322
2,460	70	29	1,048,331	12,216	426	745,078	8,687	303
1,349	38	30	567,774	12,704	421	395,700	8,858	293
64	2	29	28,668	13,072	445	18,697	8,538	290
569	16	26	249,711	11,362	439	181,819	8,277	320
478	14	28	202,179	11,924	423	148,862	8,784	311
611	17	27	263,628	11,836	431	188,662	8,475	309
397	11	28	168,857	11,824	425	122,605	8,591	309
214	6	27	94,771	11,858	443	66,057	8,270	309
2,296	65	32	853,428	11,804	372	625,025	8,650	272
570	16	33	211,528	12,393	371	158,713	9,304	279
733	21	32	267,526	11,797	365	199,027	8,779	271
170	5	31	64,054	11,844	377	46,885	8,673	276
823	23	30	310,320	11,432	377	220,401	8,126	268
1,985	56	32	812,795	13,131	410	589,115	9,522	297
703	20	33	251,278	11,672	358	190,816	8,866	272
406	12	34	169,136	14,169	416	125,532	10,524	309
76	2	36	32,964	15,418	432	24,489	11,459	321
800	23	30	359,417	13,669	449	248,278	9,477	310

**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 2007**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code	Covered Admissions <sup>1</sup>	
	Category	Number	Percent Distri- bution
Diseases of the Circulatory System (MDC 7)	390-459	410,229	16.2
Essential Hypertension	401	42,923	1.7
Acute Myocardial Infarction	410	17,574	0.7
Other Forms of Chronic Ischemic Heart Disease	414	25,090	1.0
Cardiac Dysrhythmia	427	35,881	1.4
Heart Failure	428	103,152	4.1
III-Defined Descriptions and Complication of Heart Disease	429	3,555	0.1
Intracranial Hemorrhage	431	2,938	0.1
Occlusion of Cerebral Arteries	434	16,807	0.7
Transient Cerebral Ischemia	435	9,890	0.4
Acute, But III-Defined, Cerebrovascular Disease	436	37,215	1.5
Other and III-Defined Cerebrovascular Disease	437	3,321	0.1
Late Effects of Cerebrovascular Disease	438	41,020	1.6
Atherosclerosis	440	2,073	0.1
Other Peripheral Vascular Disease	443	8,748	0.3
Venous Embolism and Thrombosis	453	11,080	0.4
Other	---	48,962	1.9
Diseases of the Respiratory System (MDC 8)	460-519	244,249	9.6
Other Bacterial Pneumonia and Breathing Exercises (V-57.0)	482	7,827	0.3
Pneumonia, Organism Unspecified	486	102,519	4.0
Chronic Bronchitis	491	15,613	0.6
Chronic Airway Obstruction	496	48,826	1.9
Pneumonitis Due to Solids and Liquids	507	15,178	0.6
Other Diseases of Lung	518	22,894	0.9
Other	---	31,392	1.2
Diseases of the Digestive System (MDC 9)	520-579	91,988	3.6
Intestinal Obstruction Without Mention of Hernia	560	10,754	0.4
Diverticula of Intestine	562	6,712	0.3
Gastrointestinal Hemorrhage	578	24,505	1.0
Other	---	50,017	2.0

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 2007**

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 <sup>3</sup>	Per Day
11,677	332	28	\$5,184,288	\$12,368	\$444	\$3,736,625	\$9,115	\$320
1,312	37	31	534,909	12,462	408	403,675	9,415	308
421	12	24	191,270	10,884	455	138,361	7,878	329
622	18	25	278,648	11,106	448	202,215	8,063	325
967	28	27	422,526	11,776	437	311,103	8,676	322
2,605	74	25	1,159,669	11,242	445	815,070	7,907	313
106	3	30	43,797	12,320	411	32,311	9,102	304
95	3	32	44,537	15,159	470	33,026	11,241	348
533	15	32	255,827	15,221	480	183,516	10,929	344
291	8	29	127,140	12,855	437	95,216	9,631	327
1,271	36	34	554,127	14,890	436	411,000	11,055	323
111	3	33	47,110	14,186	426	35,511	10,699	321
1,442	41	35	655,372	15,977	454	473,031	11,538	328
52	1	25	28,826	13,906	558	16,190	7,810	314
257	7	29	109,504	12,518	426	77,813	8,902	303
311	9	28	136,776	12,344	440	95,099	8,585	306
1,281	36	26	594,249	12,137	464	413,490	8,450	323
6,067	173	25	2,965,817	12,143	489	1,931,287	7,912	318
174	5	22	104,404	13,339	599	55,856	7,139	321
2,525	72	25	1,167,022	11,383	462	818,367	7,987	324
319	9	20	180,293	11,548	565	104,930	6,722	329
1,290	37	26	554,134	11,349	429	389,494	7,986	302
377	11	25	188,872	12,444	501	119,649	7,887	317
607	17	27	415,433	18,146	684	198,284	8,667	327
774	22	25	355,660	11,330	459	244,707	7,800	316
2,310	66	25	1,030,299	11,200	446	742,039	8,072	321
266	8	25	120,489	11,204	452	87,360	8,128	328
159	5	24	75,642	11,270	475	53,449	7,967	336
644	18	26	266,368	10,870	414	201,324	8,222	313
1,241	35	25	567,800	11,352	457	399,906	8,000	322

**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 2007**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code	Covered Admissions <sup>1</sup>	
	Category	Number	Percent Distri- bution
Diseases of the Genitourinary System (MDC 10)	580-629	135,397	5.3
Chronic Renal Failure	585	18,985	0.7
Renal Failure, Unspecified	586	10,326	0.4
Other Disorders of Urethra and Urinary Tract	599	76,153	3.0
Other	---	29,933	1.2
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	56,062	2.2
Other Cellulitis and Abscess	682	34,414	1.4
Chronic Ulcer of Skin	707	18,605	0.7
Other	---	3,043	0.1
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	181,497	7.2
Osteoarthritis and Allied Disorders	715	45,073	1.8
Other and Unspecified Disorders of Joint	719	29,579	1.2
Other and Unspecified Disorders of Back	724	19,902	0.8
Disorders of Muscle, Ligament, and Fascia	728	41,519	1.6
Osteomyelitis, Periostitis, and Other Infections Involving Bone	730	8,235	0.3
Other Disorders of Bone and Cartilage	733	11,896	0.5
Other	---	25,293	1.0
Congenital Anomalies (MDC 14)	740-759	4,070	0.2
Other III Defined Conditions (MDC 16)	780-799	214,026	8.4
General Symptoms	780	86,996	3.4
Symptoms Involving Nervous and Musculoskeletal Systems	781	32,369	1.3
Symptoms Involving Cardiovascular System	785	4,493	0.2
Symptoms Involving Respiratory System and Other Chest Symptoms	786	16,593	0.7
Symptoms Involving Digestive System	787	14,836	0.6
Other	---	58,739	2.3
Injury and Poisoning (MDC 17)	800-999	210,138	8.3
Fracture, Vertebra without Mention of Spinal Cord Injury	805	12,175	0.5
Fracture, Pelvis	808	13,460	0.5
Fracture, Humerus	812	10,779	0.4
Fracture, Neck of Femur	820	70,096	2.8
Fracture, Other and Unspecified Parts of Femur	821	11,448	0.5
Fracture, Tibia, Fibula	823	6,185	0.2
Fracture of Ankle	824	7,823	0.3
Amputation of Leg(s)	897	4,675	0.2
Other	---	73,497	2.9

See footnotes at end of table.

**Table 6.6--Continued**  
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**Within Major Diagnostic Classification (MDC): Calendar Year 2007**

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 <sup>3</sup>	Per Day
3,696	105	27	\$1,568,708	\$11,586	\$424	\$1,152,994	\$8,522	\$312
497	14	26	203,527	10,720	410	146,708	7,735	295
275	8	27	112,699	10,914	410	82,779	8,024	301
2,131	61	28	902,244	11,848	423	676,132	8,886	317
793	23	26	350,238	11,701	442	247,376	8,269	312
1,668	47	30	784,545	13,994	470	514,634	9,185	309
945	27	27	456,203	13,256	483	309,157	8,988	327
637	18	34	288,053	15,483	452	178,441	9,598	280
86	2	28	40,289	13,240	470	27,035	8,893	315
4,888	139	27	2,277,104	12,546	466	1,634,234	9,011	334
936	27	21	473,115	10,497	506	350,277	7,774	374
882	25	30	389,904	13,182	442	287,775	9,733	326
511	15	26	238,189	11,968	466	175,431	8,823	343
1,256	36	30	544,073	13,104	433	395,528	9,539	315
253	7	31	141,649	17,201	560	79,790	9,693	315
355	10	30	159,491	13,407	449	114,683	9,646	323
695	20	27	330,683	13,074	476	230,748	9,130	332
109	3	27	45,971	11,295	420	34,740	8,546	318
5,996	171	28	2,671,019	12,480	445	1,921,719	8,984	320
2,444	70	28	1,063,865	12,229	435	795,058	9,144	325
932	27	29	443,320	13,696	476	306,659	9,481	329
122	3	27	52,706	11,731	432	38,216	8,513	313
413	12	25	182,109	10,975	441	132,000	7,961	320
468	13	32	188,244	12,688	403	139,907	9,436	299
1,617	46	28	740,775	12,611	458	509,879	8,684	315
6,941	198	33	3,180,305	15,134	458	2,286,291	10,887	329
354	10	29	160,783	13,206	454	118,426	9,733	335
434	12	32	197,201	14,651	455	147,303	10,949	340
400	11	37	178,182	16,530	445	131,382	12,198	328
2,499	71	36	1,121,890	16,005	449	834,051	11,905	334
437	12	38	190,191	16,613	436	140,499	12,282	322
236	7	38	105,252	17,017	446	75,206	12,163	318
289	8	37	130,470	16,678	452	93,867	12,005	325
159	5	34	63,699	13,625	400	44,967	9,631	282
2,133	61	29	1,032,638	14,050	484	700,590	9,539	328

**Table 6.6--Continued**  
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**Within Major Diagnostic Classification (MDC): Calendar Year 2007**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code	Covered Admissions <sup>1</sup>	
	Category	Number	Percent Distri- bution
Supplementary Classification of Factors Influencing			
Health Status and Contact with Health Services	V01-V82	640,916	25.3
Organ of Tissue Replaced by Other Means	V43	21,615	0.9
Orthopedic Aftercare	V54	99,110	3.9
Care Involving Use of Rehabilitation Procedures	V57	427,438	16.9
Encounter for Other and Unspecified Procedures and Aftercare	V58	54,231	2.1
Convalescence	V66	6,094	0.2
Other	---	32,428	1.3

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

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

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

<sup>4</sup>Includes invalid codes not shown separately.

<sup>5</sup>Specific 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.

**Table 6.6--Continued**  
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**Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses**  
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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 <sup>3</sup>	Per Day
14,579	415	23	\$8,972,839	\$14,000	\$615	\$5,287,858	\$8,255	\$363
463	13	21	229,875	10,635	496	176,395	8,165	381
2,786	79	28	1,411,124	14,238	506	975,990	9,852	350
9,186	261	21	6,136,875	14,357	668	3,406,997	7,976	371
1,082	31	20	720,721	13,290	666	391,658	7,224	362
105	3	17	64,048	10,510	609	47,554	7,806	452
957	27	30	410,194	12,649	428	289,265	8,926	302