

Table 5.5
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 2009

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	---	11,558,205	330	63,441,875	5.5	\$114,516,481	\$9,977	\$1,805
Leading Diagnoses ⁵	---	6,095,920	174	33,801,390	5.5	64,081,333	10,577	1,896
Infectious and Parasitic Diseases (MDC 1)	001-139	592,030	17	4,647,905	7.9	8,605,982	14,645	1,852
Septicemia	038	434,145	12	3,647,965	8.4	7,090,619	16,461	1,944
Neoplasms (MDC 2)	140-239	521,695	15	3,465,310	6.6	7,183,631	13,829	2,073
Malignant Neoplasms	140-208,230-234	452,630	13	3,115,120	6.9	6,394,902	14,187	2,053
Malignant Neoplasm of Large Intestine and Rectum	153-154,197.5	62,215	2	559,245	9.0	1,097,843	17,693	1,963
Malignant Neoplasm of Trachea, Bronchus, and Lung	162,176.4,197.0,197.3	77,920	2	552,100	7.1	1,100,861	14,185	1,994
Malignant Neoplasm of Breast	174-175,198.81	23,830	1	59,370	2.5	135,953	5,745	2,290
Benign Neoplasms	210-229	48,470	1	237,220	4.9	560,556	11,614	2,363
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	482,600	14	2,235,610	4.6	3,343,001	7,006	1,495
Diabetes Mellitus	250	178,215	5	990,310	5.6	1,555,847	8,845	1,571
Volume Depletion	276.5	112,035	3	429,220	3.8	532,939	4,788	1,242
Diseases of Blood and Blood-Forming Organs (MDC 4)	280-289	171,665	5	782,420	4.6	1,225,090	7,311	1,566
Mental Disorders (MDC 5)	290-319	467,805	13	4,249,150	9.1	3,071,423	6,695	723
Psychoses	290-299	401,610	11	3,850,815	9.6	2,775,670	7,050	721
Alcohol Dependence Syndrome	303	14,565	(6)	92,790	6.4	64,814	4,525	698
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	271,965	8	1,590,370	5.8	2,124,019	7,865	1,336
See footnotes at end of table.								

Table 5.5--Continued
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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	2,773,075	79	13,257,725	4.8	\$30,644,608	\$11,112	\$2,311
Heart Disease	391-392.0, 393-398,402,404, 410-416,420-429	1,874,405	53	9,068,280	4.8	21,917,570	11,755	2,417
Acute Myocardial Infarction	410	274,970	8	1,491,355	5.4	3,963,122	14,462	2,657
Coronary Atherosclerosis	414.0	344,155	10	1,332,890	3.9	4,790,363	14,055	3,594
Other Ischemic Heart Disease	411-413, 414.1-414.9	30,845	1	84,405	2.7	353,239	11,578	4,185
Cardiac Dysrhythmias	427	408,990	12	1,572,995	3.8	3,399,280	8,345	2,161
Congestive Heart Failure	428.0	233,205	7	1,139,875	4.9	1,998,717	8,615	1,753
Cerebrovascular Disease	430-438	467,890	13	2,089,015	4.5	3,956,941	8,504	1,894
Diseases of the Respiratory System (MDC 8)	460-519	1,397,445	40	8,162,975	5.8	12,312,169	8,851	1,508
Acute Bronchitis and Bronchiolitis	466	29,005	1	110,545	3.8	121,611	4,216	1,100
Pneumonia	480-486	470,130	13	2,722,675	5.8	3,651,680	7,795	1,341
Asthma	493	99,345	3	465,465	4.7	569,004	5,763	1,222
Diseases of the Digestive System (MDC 9)	520-579	1,114,565	32	6,071,485	5.4	10,061,603	9,079	1,657
Appendicitis	540-543	20,505	1	98,180	4.8	199,542	9,762	2,032
Non Infectious Enteritis and Colitis	555-558	94,565	3	505,145	5.3	760,784	8,096	1,506
Diverticula of Intestine	562	117,505	3	639,470	5.4	956,585	8,165	1,496
Cholelithiasis	574	96,160	3	497,925	5.2	972,648	10,154	1,953
Diseases of the Genitourinary System (MDC 10)	580-629	687,405	20	3,249,650	4.7	4,590,509	6,715	1,413
Calculus of Kidney and Ureter	592	30,970	1	97,455	3.1	206,925	6,721	2,123

See footnotes at end of table.

Table 5.5--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 Skin and Subcutaneous Tissue (MDC 12)	680-709	221,610	6	1,222,490	5.5	\$1,494,435	\$6,782	\$1,222
Cellulitis and Abscess	681-682	178,775	5	918,470	5.1	1,081,615	6,078	1,178
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	816,785	23	3,154,665	3.9	9,492,994	11,672	3,009
Osteoarthritis and Allied Disorders	715	402,660	11	1,375,555	3.4	4,631,130	11,524	3,367
Intervertebral Disc Disorders	722	84,625	2	291,280	3.4	1,128,634	13,419	3,875
Congenital Anomalies (MDC 14)	740-759	11,825	(6)	55,130	4.7	218,770	18,603	3,968
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	638,950	18	1,938,150	3.0	2,882,056	4,563	1,487
Injury and Poisoning (MDC 17)	800-999	1,078,725	31	6,101,960	5.7	12,778,913	11,932	2,094
Fractures, All Sites	800-829	430,325	12	2,342,715	5.4	4,598,760	10,729	1,963
Fracture of Neck of Femur	820	200,365	6	1,177,195	5.9	2,476,691	12,383	2,104
Poisoning by Drugs, Medicinal and Biological Substances	960-989	57,385	2	215,775	3.8	352,559	6,207	1,634
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V86	289,665	8	3,185,955	11.0	4,402,099	15,280	1,382

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 MEDPAR files: Medicare Provider Analysis and Review; data development by the Office of Research, Development, and Information.