

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 2012

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	---	11,179,587	303	59,557,003	5.3	\$115,431,744	\$10,658	\$1,938
Leading Diagnoses ⁵	---	5,917,689	160	32,028,180	5.4	64,843,608	11,237	2,025
Infectious and Parasitic Diseases (MDC 1)	001-139	737,546	20	5,413,282	7.3	10,915,942	15,021	2,017
Septicemia	038	576,629	16	4,461,382	7.7	9,360,526	16,386	2,098
Neoplasms (MDC 2)	140-239	468,609	13	3,069,344	6.5	7,049,484	15,321	2,297
Malignant Neoplasms	140-208,230-234	404,868	11	2,740,111	6.8	6,233,459	15,663	2,275
Malignant Neoplasm of Large Intestine and Rectum	153-154,197.5	55,694	2	470,203	8.4	995,209	18,015	2,117
Malignant Neoplasm of Trachea, Bronchus, and Lung	162,176.4,197.0,197.3	70,043	2	467,233	6.7	1,025,889	14,794	2,196
Malignant Neoplasm of Breast	174-175,198.81	17,885	(6)	48,880	2.7	118,775	7,041	2,430
Benign Neoplasms	210-229	41,464	1	200,252	4.8	531,270	13,164	2,653
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	444,917	12	1,989,711	4.5	3,217,688	7,542	1,617
Diabetes Mellitus	250	175,664	5	929,836	5.3	1,577,519	9,236	1,697
Volume Depletion	276.5	72,520	2	254,064	3.5	328,400	4,851	1,293
Diseases of Blood and Blood-Forming Organs (MDC 4)	280-289	173,057	5	751,853	4.3	1,262,632	7,576	1,679
Mental Disorders (MDC 5)	290-319	481,584	13	4,329,615	9.0	3,372,070	7,188	779
Psychoses	290-299	414,647	11	3,944,693	9.5	3,051,762	7,547	774
Alcohol Dependence Syndrome	303	15,801	(6)	89,308	5.7	77,660	5,089	870
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	269,642	7	1,526,123	5.7	2,249,794	8,617	1,474
See footnotes at end of table.								

Table 5.5--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 2012

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	2,528,249	69	11,756,882	4.7	\$28,354,855	\$11,602	\$2,412
Heart Disease	391-392.0, 393-398,402,404, 410-416,420-429	1,672,530	45	7,965,787	4.8	19,766,131	12,203	2,481
Acute Myocardial Infarction	410	271,679	7	1,364,919	5.0	3,971,422	14,731	2,910
Coronary Atherosclerosis	414.0	232,421	6	923,808	4.0	3,314,663	15,587	3,588
Other Ischemic Heart Disease	411-413, 414.1-414.9	21,782	1	64,183	2.9	244,494	11,989	3,809
Cardiac Dysrhythmias	427	391,632	11	1,446,583	3.7	3,123,363	8,224	2,159
Congestive Heart Failure	428.0	115,230	3	521,176	4.5	953,504	8,550	1,830
Cerebrovascular Disease	430-438	459,360	12	1,948,470	4.2	4,077,121	9,169	2,092
Diseases of the Respiratory System (MDC 8)	460-519	1,323,014	36	7,224,249	5.5	11,756,548	8,992	1,627
Acute Bronchitis and Bronchocolitis	466	27,215	1	96,826	3.6	121,761	4,547	1,258
Pneumonia	480-486	448,468	12	2,449,575	5.5	3,590,856	8,076	1,466
Asthma	493	86,757	2	382,490	4.4	509,658	5,975	1,332
Diseases of the Digestive System (MDC 9)	520-579	1,100,618	30	5,673,500	5.2	10,002,068	9,439	1,763
Appendicitis	540-543	19,807	1	88,330	4.5	190,348	9,887	2,155
Non Infectious Enteritis and Colitis	555-558	93,463	3	462,074	4.9	721,531	8,178	1,562
Diverticula of Intestine	562	116,752	3	588,332	5.0	938,756	8,327	1,596
Cholelithiasis	574	87,144	2	426,860	4.9	881,002	10,472	2,064
Diseases of the Genitourinary System (MDC 10)	580-629	709,040	19	3,242,786	4.6	4,751,080	6,901	1,465
Calculus of Kidney and Ureter	592	33,644	1	101,323	3.0	221,706	6,886	2,188

See footnotes at end of table.

Table 5.5--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 2012

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	225,710	6	1,155,482	5.1	\$1,535,877	\$6,940	\$1,329
Cellulitis and Abscess	681-682	188,442	5	904,431	4.8	1,136,302	6,150	1,256
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	814,251	22	2,917,359	3.6	10,415,963	13,209	3,570
Osteoarthritis and Allied Disorders	715	425,892	12	1,326,032	3.1	5,126,100	12,248	3,866
Intervertebral Disc Disorders	722	77,312	2	260,632	3.4	1,193,109	16,380	4,578
Congenital Anomalies (MDC 14)	740-759	11,108	(6)	51,443	4.6	232,494	21,517	4,519
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	534,133	14	1,583,386	3.0	2,413,312	5,075	1,524
Injury and Poisoning (MDC 17)	800-999	1,060,043	29	5,765,333	5.4	13,308,259	12,863	2,308
Fractures, All Sites	800-829	415,103	11	2,161,571	5.2	4,777,945	11,749	2,210
Fracture of Neck of Femur	820	192,098	5	1,068,662	5.6	2,541,766	13,301	2,378
Poisoning by Drugs, Medicinal and Biological Substances	960-989	64,207	2	245,801	3.8	430,686	6,876	1,752
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V86	276,175	7	3,030,241	11.0	4,487,325	16,681	1,481

¹ICD-9-CM is *International Classification of Diseases, 10th Revision, Clinical Modification*. Although as many as 25 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 Information Products & Data Analytics.