

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 2010

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions ¹	
		Number	Percent Distri- bution
Total All Diagnoses ⁴	---	2,542,541	100.0
Leading Diagnoses ⁵	---	2,100,489	82.6
Infectious and Parasitic Diseases (MDC 1)	001-139	32,589	1.3
Septicemia	038	12,491	0.5
Other	---	20,098	0.8
Neoplasms (MDC 2)	140-239	49,101	1.9
Malignant Neoplasm of Colon	153	3,473	0.1
Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus	154	2,067	0.1
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	7,662	0.3
Malignant Neoplasm of Female Breast	174	2,266	0.1
Malignant Neoplasm of Prostate	185	2,457	0.1
Secondary Malignant Neoplasm of Respiratory and Digestive Systems and Other Specified Sites	197-198	2,230	0.1
Other	---	28,946	1.1
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	63,251	2.5
Diabetes	250	30,966	1.2
Nutritional Deficiencies	260-263	1,683	0.1
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	16,364	0.6
Other	---	14,238	0.6
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	19,838	0.8
Other and Unspecified Anemias	285	12,711	0.5
Other	---	7,127	0.3
Mental Disorders (MDC 5)	290-319	61,628	2.4
Senile and Prosenile Organic Psychotic Conditions	290	14,268	0.6
Other Organic Psychotic Conditions (Chronic)	294	21,566	0.8
Other Non-Organic Psychoses	298	4,050	0.2
Other	---	21,744	0.9
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	57,148	2.2
Other Cerebral Degenerations	331	17,114	0.7
Parkinson's Disease	332	9,661	0.4
Hemiplegia and Hemiparesis	342	1,455	0.1
Other	---	28,918	1.1
See footnotes at end of table.			

Table 6.6--Continued
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Within Major Diagnostic Classification (MDC): Calendar Year 2010

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
68,928	1,938	27	\$38,497,309	\$15,141	\$559	\$27,454,045	\$10,808	\$398
56,733	1,595	27	32,080,061	15,273	565	22,755,596	10,844	401
809	23	25	499,418	15,325	617	360,793	11,081	446
282	8	23	197,676	15,825	702	114,071	9,136	405
527	15	26	301,742	15,014	572	246,722	12,291	468
1,098	31	22	588,446	11,984	536	425,198	8,674	387
77	2	22	42,574	12,259	550	31,461	9,074	406
48	1	23	24,113	11,666	508	18,001	8,717	379
152	4	20	83,347	10,878	549	58,882	7,696	388
60	2	27	30,555	13,484	507	22,802	10,071	378
59	2	24	29,906	12,172	509	22,512	9,189	383
45	1	20	27,926	12,523	616	18,012	8,095	397
657	18	23	350,025	12,092	533	253,528	8,773	386
1,845	52	29	931,140	14,721	505	683,127	10,810	370
951	27	31	474,589	15,326	499	341,277	11,034	359
50	1	29	26,283	15,617	531	17,058	10,153	345
429	12	26	221,306	13,524	515	166,937	10,209	389
415	12	29	208,962	14,676	504	157,856	11,092	380
533	15	27	270,462	13,634	507	201,149	10,150	377
345	10	27	173,693	13,665	503	129,949	10,231	376
188	5	26	96,769	13,578	515	71,201	10,006	379
1,949	55	32	858,099	13,924	440	646,239	10,499	332
474	13	33	208,438	14,609	440	161,374	11,321	341
701	20	32	299,284	13,878	427	228,121	10,589	326
127	4	31	56,611	13,978	447	42,612	10,540	337
648	18	30	293,767	13,510	454	214,132	9,861	331
1,841	52	32	882,293	15,439	479	666,052	11,668	362
560	16	33	236,216	13,802	422	183,639	10,744	328
344	10	36	166,207	17,204	484	127,802	13,248	372
55	2	38	28,578	19,641	516	21,517	14,809	388
883	25	31	451,292	15,606	511	333,094	11,530	377

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 2010

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	341,364	13.4
Essential Hypertension	401	34,596	1.4
Acute Myocardial Infarction	410	14,021	0.6
Other Forms of Chronic Ischemic Heart Disease	414	19,677	0.8
Cardiac Dysrhythmia	427	32,930	1.3
Heart Failure	428	86,523	3.4
III-Defined Descriptions and Complication of Heart Disease	429	2,403	0.1
Intracranial Hemorrhage	431	2,554	0.1
Occlusion of Cerebral Arteries	434	14,463	0.6
Transient Cerebral Ischemia	435	7,391	0.3
Acute, But III-Defined, Cerebrovascular Disease	436	24,987	1.0
Other and III-Defined Cerebrovascular Disease	437	2,527	0.1
Late Effects of Cerebrovascular Disease	438	39,650	1.6
Atherosclerosis	440	1,516	0.1
Other Peripheral Vascular Disease	443	6,855	0.3
Venous Embolism and Thrombosis	453	9,151	0.4
Other	---	42,120	1.7
Diseases of the Respiratory System (MDC 8)	460-519	221,165	8.7
Other Bacterial Pneumonia and Breathing Exercises (V-57.0)	482	7,689	0.3
Pneumonia, Organism Unspecified	486	90,760	3.6
Chronic Bronchitis	491	15,527	0.6
Chronic Airway Obstruction	496	42,942	1.7
Pneumonitis Due to Solids and Liquids	507	12,781	0.5
Other Diseases of Lung	518	24,785	1.0
Other	---	26,681	1.0
Diseases of the Digestive System (MDC 9)	520-579	77,592	3.1
Intestinal Obstruction Without Mention of Hernia	560	8,966	0.4
Diverticula of Intestine	562	5,304	0.2
Gastrointestinal Hemorrhage	578	20,558	0.8
Other	---	42,764	1.7
See footnotes at end of table.			

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 2010

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
9,844	277	29	\$5,098,368	\$14,935	\$518	\$3,799,468	\$11,141	\$386
1,079	30	31	539,972	15,608	501	411,047	11,895	381
341	10	24	178,137	12,705	522	133,015	9,492	390
499	14	25	256,845	13,053	515	194,862	9,912	391
893	25	27	456,464	13,862	511	345,669	10,506	387
2,200	62	25	1,141,681	13,195	519	827,871	9,576	376
70	2	29	34,086	14,185	488	25,789	10,741	369
82	2	32	44,620	17,471	544	33,928	13,295	414
471	13	33	258,955	17,905	550	193,323	13,378	410
219	6	30	111,482	15,084	509	85,787	11,616	392
867	24	35	440,116	17,614	508	337,018	13,507	389
81	2	32	40,254	15,930	498	31,740	12,575	393
1,420	40	36	736,544	18,576	519	556,092	14,040	392
38	1	25	22,083	14,566	583	14,339	9,471	379
199	6	29	100,321	14,635	504	72,824	10,630	366
259	7	28	133,460	14,584	515	95,981	10,501	370
1,127	32	27	603,348	14,325	535	440,184	10,464	391
5,570	157	25	3,171,489	14,340	569	2,150,751	9,735	386
179	5	23	113,704	14,788	634	69,664	9,068	389
2,253	63	25	1,218,173	13,422	541	879,815	9,704	391
339	10	22	211,581	13,627	624	132,164	8,518	390
1,149	32	27	577,972	13,459	503	418,316	9,753	364
319	9	25	181,454	14,197	569	123,544	9,677	387
660	19	27	508,646	20,522	771	269,490	10,889	409
673	19	25	359,959	13,491	535	257,759	9,669	383
1,958	55	25	1,016,685	13,103	519	753,155	9,717	385
221	6	25	114,569	12,778	518	85,844	9,584	388
129	4	24	69,929	13,184	544	51,312	9,680	399
539	15	26	266,541	12,965	494	202,792	9,872	376
1,069	30	25	565,646	13,227	529	413,207	9,675	386

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 2010

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions ¹	
		Number	Percent Distri- bution
Diseases of the Genitourinary System (MDC 10)	580-629	127,751	5.0
Chronic Renal Failure	585	21,706	0.9
Renal Failure, Unspecified	586	8,430	0.3
Other Disorders of Urethra and Urinary Tract	599	70,403	2.8
Other	---	27,212	1.1
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	48,684	1.9
Other Cellulitis and Abscess	682	32,025	1.3
Chronic Ulcer of Skin	707	14,080	0.6
Other	---	2,579	0.1
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	178,954	7.0
Osteoarthritis and Allied Disorders	715	37,435	1.5
Other and Unspecified Disorders of Joint	719	32,216	1.3
Other and Unspecified Disorders of Back	724	15,671	0.6
Disorders of Muscle, Ligament, and Fascia	728	56,256	2.2
Osteomyelitis, Periostitis, and Other Infections Involving Bone	730	7,894	0.3
Other Disorders of Bone and Cartilage	733	8,962	0.4
Other	---	20,520	0.8
Congenital Anomalies (MDC 14)	740-759	3,427	0.1
Other Ill Defined Conditions (MDC 16)	780-799	190,102	7.5
General Symptoms	780	79,861	3.1
Symptoms Involving Nervous and Musculoskeletal Systems	781	26,811	1.1
Symptoms Involving Cardiovascular System	785	4,038	0.2
Symptoms Involving Respiratory System and Other Chest Symptoms	786	15,483	0.6
Symptoms Involving Digestive System	787	12,584	0.5
Other	---	51,325	2.0
Injury and Poisoning (MDC 17)	800-999	160,648	6.3
Fracture, Vertebra without Mention of Spinal Cord Injury	805	9,644	0.4
Fracture, Pelvis	808	9,969	0.4
Fracture, Humerus	812	7,677	0.3
Fracture, Neck of Femur	820	45,502	1.8
Fracture, Other and Unspecified Parts of Femur	821	9,016	0.4
Fracture, Tibia, Fibula	823	4,603	0.2
Fracture of Ankle	824	5,500	0.2
Amputation of Leg(s)	897	2,965	0.1
Other	---	65,772	2.6
See footnotes at end of table.			

Table 6.6--Continued
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Within Major Diagnostic Classification (MDC): Calendar Year 2010

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
3,522	99	28	\$1,757,444	\$13,757	\$499	\$1,327,133	\$10,400	\$377
584	16	27	277,610	12,790	475	207,766	9,584	356
234	7	28	114,956	13,637	492	86,021	10,214	368
1,977	56	28	992,517	14,098	502	759,231	10,795	384
727	20	27	372,361	13,684	512	274,114	10,087	377
1,464	41	30	794,062	16,311	542	545,340	11,213	373
893	25	28	500,171	15,618	560	351,112	10,974	393
495	14	35	254,478	18,074	514	166,250	11,821	336
75	2	29	39,414	15,283	524	27,978	10,861	372
4,982	140	28	2,637,464	14,738	529	1,985,686	11,109	399
806	23	22	456,960	12,207	567	356,583	9,532	442
952	27	30	486,717	15,108	511	378,036	11,746	397
411	12	26	222,176	14,178	541	168,164	10,741	410
1,708	48	30	860,857	15,303	504	652,898	11,626	382
246	7	31	151,263	19,162	614	92,272	11,699	375
285	8	32	145,731	16,261	511	110,334	12,326	387
573	16	28	313,758	15,290	547	227,400	11,091	397
93	3	27	45,849	13,379	492	34,857	10,192	374
5,371	151	28	2,769,253	14,567	516	2,074,195	10,923	386
2,250	63	28	1,147,537	14,369	510	880,403	11,035	391
798	22	30	435,873	16,257	546	319,679	11,930	401
109	3	27	56,001	13,868	513	41,436	10,282	380
385	11	25	200,632	12,958	522	148,124	9,577	385
395	11	31	185,868	14,770	471	140,418	11,180	356
1,434	40	28	743,342	14,483	518	544,135	10,615	379
5,323	150	33	2,824,074	17,579	531	2,100,726	13,091	395
294	8	30	154,084	15,977	524	117,683	12,220	400
330	9	33	175,063	17,561	530	134,856	13,549	409
284	8	37	147,925	19,269	521	111,898	14,601	394
1,645	46	36	855,404	18,799	520	656,625	14,441	399
347	10	38	179,291	19,886	517	134,963	14,984	389
180	5	39	93,801	20,378	521	69,021	15,011	383
207	6	38	108,816	19,785	525	80,129	14,596	387
102	3	35	48,718	16,431	476	34,344	11,599	335
1,934	54	29	1,060,972	16,131	549	761,207	11,587	394

Table 6.6--Continued
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Within Major Diagnostic Classification (MDC): Calendar Year 2010

Principal ICD-9-CM ² Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions ¹	
		Number	Percent Distri- bution
Supplementary Classification of Factors Influencing			
Health Status and Contact with Health Services	V01-V89	907,231	35.7
Organ of Tissue Replaced by Other Means	V43	23,442	0.9
Orthopedic Aftercare	V54	113,709	4.5
Care Involving Use of Rehabilitation Procedures	V57	669,907	26.3
Encounter for Other and Unspecified Procedures and Aftercare	V58	58,230	2.3
Convalescence	V66	5,430	0.2
Other	---	36,513	1.4

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 MEDPAR files: Medicare Provider Analysis and Review; data development by the Center for Strategic Planning.

Table 6.6--Continued
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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
22,661	637	25	\$14,320,476	\$15,785	\$632	\$9,675,462	\$10,673	\$427
500	14	21	289,324	12,342	578	227,819	9,725	455
3,348	94	29	1,904,222	16,746	569	1,395,045	12,282	417
16,312	459	24	10,616,010	15,847	651	7,035,801	10,510	431
1,304	37	22	865,779	14,868	664	547,273	9,404	420
90	3	17	67,384	12,410	750	53,160	9,799	592
1,107	31	30	577,757	15,823	522	416,364	11,413	376