

Table 6.8

**Number and Distribution of Covered Admissions for Medicare Beneficiaries Admitted to Skilled Nursing Facilities (SNF), by the Leading Principal Diagnoses: Calendar Years 1998, 2003, 2011**

Principal ICD-9-CM Diagnosis <sup>1</sup>	ICD- 9-CM Code	1998 Covered Admissions <sup>2</sup>			2003 Covered Admissions <sup>2</sup>			2011 Covered Admissions <sup>2</sup>		
		Number	Average Covered Days of Care per Admission	Average Program Payment per Admission <sup>3</sup>	Number	Average Covered Days of Care per Admission	Average Program Payment per Admission <sup>3</sup>	Number	Average Covered Days of Care per Admission	Average Program Payment per Admission <sup>3</sup>
Total All Diagnoses	---	1,984,713	22.9	\$5,708	2,336,359	25.4	\$6,496	2,573,854	27.2	\$11,707
Pneumonia, Organism Unspecified	486	89,866	21.2	5,278	110,329	23.2	5,866	88,736	24.8	10,440
Heart Failure	428	96,921	21.7	5,215	113,309	24.0	5,892	80,334	25.6	10,374
General Symptoms	780	43,210	24.0	5,861	73,259	26.6	6,842	75,653	28.3	12,014
Other Disorders of Urethra and Urinary Tract	599	40,642	24.7	6,009	61,330	26.3	6,517	69,422	27.8	11,544
Disorders of Muscle, Ligament, and Fascia	728	7,998	23.6	6,070	18,800	29.8	7,528	59,475	30.1	12,405
Chronic Airway Obstruction	496	42,300	24.4	5,619	48,291	25.6	6,079	42,116	26.9	10,547
Fracture, Neck or Femur	820	133,347	28.9	7,021	108,238	34.2	9,021	40,303	36.4	15,855
Late Effects of Cerebrovascular Disease	438	17,242	31.2	7,068	40,601	33.0	8,912	39,161	35.9	15,312
Osteoarthritis and Allied Disorders	715	54,851	14.5	4,360	49,512	19.3	5,616	34,162	22.0	10,223
Other and Unspecified Disorders of Joint	719	10,499	22.9	5,853	20,787	28.3	7,402	32,778	29.0	12,659

<sup>1</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>2</sup>Reflects SNF admissions with at least 1 day of covered care under Medicare.

<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.

NOTES: The leading conditions were selected based on the most frequently reported or special interest principal diagnoses for beneficiaries admitted to SNFs during 2011; excludes ICD-9-CM V codes (Supplementary Classification of Factors Influencing Health Status and Contact with Health Services). Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services.

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 Information Products and Data Analytics.