

**Table 27**  
**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 1999**

Principal ICD-9-CM <sup>1</sup> Diagnosis Within MDC	ICD-9-CM Code	Discharges <sup>2</sup>		Total Days of Care		Program Payments		
		Number	Per 1,000 HI Enrollees <sup>3</sup>	Number	Per Discharge	Amount in Thousands	Per Discharge	Per Day
Total All Diagnoses	---	11,604,590	365	70,507,765	6.1	\$79,013,113	\$6,920	\$1,121
Leading Diagnoses <sup>4</sup>	---	6,683,140	210	40,785,160	6.1	47,724,385	7,250	1,170
Infectious and Parasitic Diseases (MDC 1)	001-139	310,210	10	2,452,450	7.9	2,511,704	8,211	1,024
Septicemia	038	206,130	6	1,747,730	8.5	1,818,619	8,928	1,041
Neoplasms (MDC 2)	140-239	655,950	21	4,779,430	7.3	6,247,176	9,670	1,307
Malignant Neoplasms	140-208,230-234	581,990	18	4,368,670	7.5	5,641,626	9,843	1,291
Malignant Neoplasm of Large Intestine and Rectum	153-154,197.5	90,690	3	895,905	9.9	1,241,610	13,856	1,386
Malignant Neoplasm of Trachea, Bronchus, and Lung	162,176.4,197.0,197.3	88,320	3	712,095	8.1	946,753	10,888	1,330
Malignant Neoplasm of Breast	174-175,198.81	41,945	1	108,700	2.6	141,056	3,397	1,298
Benign Neoplasms and Neoplasms of Uncertain Behavior and Unspecified Nature	210-229	55,085	2	291,570	5.3	441,600	8,152	1,515
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	498,230	16	2,864,410	5.7	2,395,591	4,886	836
Diabetes Mellitus	250	179,645	6	1,207,570	6.7	1,101,437	6,282	912
Volume Depletion	276.5	190,830	6	1,000,680	5.2	733,548	3,880	733
Diseases of Blood and Blood-Forming Organs (MDC 4)	280-289	121,770	4	616,285	5.1	599,579	5,075	973
Mental Disorders (MDC 5)	290-319	483,655	15	4,848,830	10.0	2,556,610	5,409	527
Psychoses	290-299	402,655	13	4,319,895	10.7	2,283,329	5,801	529
Alcohol Dependence Syndrome	303	23,550	1	152,255	6.5	67,289	2,926	442
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	162,425	5	1,011,810	6.2	937,444	5,873	927

See footnotes at end of table.

Table 27—Continued

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Principal ICD-9-CM <sup>1</sup> Diagnosis Within MDC	ICD-9-CM Code	Discharges <sup>2</sup>		Total Days of Care		Program Payments		
		Number	Per 1,000 HI Enrollees <sup>3</sup>	Number	Per Discharge	Amount in Thousands	Per Discharge	Per Day
Diseases of the Circulatory System (MDC 7)	390-459	3,381,760	106	18,279,235	5.4	\$26,282,709	\$7,883	\$1,438
Heart Disease	391-392.0, 393-398,402,404, 410-416,420-429	2,350,940	74	12,302,075	5.2	19,255,536	8,311	1,565
Acute Myocardial Infarction	410	384,750	12	2,378,830	6.2	3,913,674	10,336	1,645
Coronary Atherosclerosis	414.0	583,085	18	2,583,445	4.4	6,438,720	11,270	2,492
Other Ischemic Heart Disease	411-413, 414.1-414.9	96,540	3	298,235	3.1	329,986	3,472	1,106
Cardiac Dysrhythmias	427	363,025	11	1,462,965	4.0	2,167,798	6,041	1,482
Congestive Heart Failure	428.0	659,535	21	3,767,835	5.7	3,560,902	5,456	945
Cerebrovascular Disease	430-438	608,430	19	3,275,620	5.4	3,425,643	5,692	1,046
Diseases of the Respiratory System (MDC 8)	460-519	1,615,455	51	10,702,995	6.6	10,519,823	6,602	983
Acute Respiratory Infections	466	50,320	2	227,900	4.5	152,326	3,062	668
Pneumonia	480-486	709,640	22	4,755,320	6.7	4,237,041	6,044	891
Asthma	493	76,490	2	383,535	5.0	306,167	4,085	798
Diseases of the Digestive System (MDC 9)	520-579	1,144,245	36	6,672,110	5.8	7,204,143	6,392	1,080
Appendicitis	540-543	14,690	(5)	97,205	6.6	127,912	8,923	1,316
Noninfectious Enteritis and Colitis	555-558	83,375	3	491,825	5.9	521,183	6,342	1,060
Diverticula of Intestine	562	127,545	4	764,585	6.0	747,944	5,937	978
Cholelithiasis	574	121,550	4	649,240	5.3	876,091	7,312	1,349
Diseases of the Genitourinary System (MDC 10)	580-629	550,675	17	2,698,580	4.9	2,463,494	4,542	913
Calculus of Kidney and Ureter	592	30,450	1	96,055	3.2	112,453	3,784	1,171

See footnotes at end of table.

Table 27—Continued

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by Principal Diagnoses Within Major Diagnostic Classifications (MDCs): Calendar Year 1999**

Principal ICD-9-CM <sup>1</sup> Diagnosis Within MDC	ICD-9-CM Code	Discharges <sup>2</sup>		Total Days of Care		Program Payments		
		Number	Per 1,000 HI Enrollees <sup>3</sup>	Number	Per Discharge	Amount in Thousands	Per Discharge	Per Day
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	181,620	6	1,223,360	6.7	\$872,001	\$4,870	\$713
Cellulitis and Abscess	681-682	126,970	4	752,345	5.9	506,889	4,051	674
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	579,190	18	2,769,015	4.8	4,115,684	7,255	1,486
Arthropathies and Related Disorders	715	233,780	7	1,047,925	4.5	2,083,632	9,082	1,988
Intervertebral Disc Disorders	722	61,435	2	241,375	3.9	346,560	5,837	1,436
Congenital Anomalies (MDC 14)	740-759	8,230	(5)	47,210	5.7	88,116	11,084	1,866
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	642,945	20	2,186,050	3.4	2,098,610	3,324	960
Injury and Poisoning (MDC 17)	800-999	924,370	29	5,504,600	6.0	7,036,798	7,784	1,278
Fractures, All Sites	800-829	415,100	13	2,493,910	6.0	2,815,089	6,899	1,129
Fracture of Neck of Femur	820	232,235	7	1,505,795	6.5	1,878,334	8,139	1,247
Poisoning by Drugs, Medicinal and Biological Substances	960-989	32,540	1	117,875	3.6	122,468	3,848	1,039
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	333,105	10	3,814,890	11.5	3,055,681	9,312	801

<sup>1</sup>ICD-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.

<sup>2</sup>Excludes discharges for managed care enrollees that were paid for by the managed care plan.

<sup>3</sup>Utilization rate is based only on fee-for-service HI enrollees; that is, Medicare enrollees in managed care plans are not included in the denominator.

<sup>4</sup>Specific 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.

<sup>5</sup>Less than 1 discharge per 1,000 enrollees.

NOTES: Medicare program payments represent fee-for-service only; that is, program payments 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 Decision Support Access Facility; data development by the Office of Research, Development, and Information.