

Table 63

Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Principal Diagnosis Within Major Diagnostic Classifications (MDCs): Calendar Year 1999

Principal ICD-9-CM ¹ Diagnosis Within MDC	ICD-9-CM Code	Services in Thousands	Submitted Charges in Thousands	Allowed Charges		Program Payments in Thousands
				Amount in Thousands	Percent of Charges Assigned	
Total All Diagnoses	---	1,195,970	\$116,249,395	\$60,563,266	98.2	\$46,487,526
Leading Diagnoses ²	---	697,071	62,646,087	32,966,768	98.2	25,287,881
Infectious and Parasitic Diseases (MDC 1)	001-139	17,080	1,138,680	730,090	98.6	551,895
Dermatophytosis	110	6,992	337,100	258,049	98.8	183,905
Neoplasm (MDC 2)	140-239	100,616	14,098,803	7,208,407	98.6	5,679,308
Malignant Neoplasm of Colon	153	6,856	693,887	332,171	99.1	264,250
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	12,413	1,523,025	775,625	99.5	616,485
Other Malignant Neoplasm of Skin	173	5,656	1,062,174	597,232	98.1	463,935
Malignant Neoplasm of Female Breast	174	12,832	1,402,252	697,105	97.5	551,402
Malignant Neoplasm of Prostate	185	12,572	2,373,401	1,501,257	98.8	1,186,272
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	119,798	5,037,734	2,863,779	96.8	2,258,112
Thyroiditis	244	9,044	372,245	188,473	97.8	159,244
Diabetes Mellitus	250	61,559	2,461,865	1,590,231	95.7	1,220,752
Disorders of Lipoid Metabolism	272	32,238	991,906	434,335	97.8	358,592
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	6,020	403,834	238,212	99.0	189,203
Diseases of the Blood and Blood-Forming Organs (MDC 4)	280-289	34,573	1,889,324	1,033,270	99.3	844,826
Other and Unspecified Anemias	285	16,273	916,125	492,431	99.3	404,799
Mental Disorders (MDC 5)	290-319	32,189	2,810,145	1,930,780	97.7	1,199,963
Schizophrenic Disorders	295	5,860	440,885	294,386	99.3	180,971
Affective Psychoses	296	9,381	861,122	596,473	96.7	354,462
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	65,409	12,397,233	6,206,705	98.4	4,652,559
Other Retinal Disorders	362	6,537	1,053,832	634,380	98.9	473,835
Glaucoma	365	8,476	824,042	495,069	97.9	343,541
Cataract	366	15,616	6,546,536	2,810,031	98.6	2,144,811

See footnotes at end of table.

Table 63—Continued

Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Principal Diagnosis Within Major Diagnostic Classifications (MDCs): Calendar Year 1999

Principal ICD-9-CM ¹ Diagnosis Within MDC	ICD-9-CM Code	Services in Thousands	Submitted Charges in Thousands	Allowed Charges		Program Payments in Thousands
				Amount in Thousands	Percent of Charges Assigned	
Diseases of the Circulatory System (MDC 7)	390-459	200,312	\$22,178,320	\$10,987,206	98.5	\$8,438,286
Essential Hypertension	401	43,746	2,008,010	1,304,109	96.4	909,046
Acute Myocardial Infarction	410	4,535	704,827	322,653	98.8	254,484
Other Acute and Subacute Forms of Ischemic Heart Disease	411	4,455	1,016,570	408,117	99.2	321,534
Angina Pectoris	413	4,905	691,117	325,594	98.7	251,431
Other Forms of Chronic Ischemic Heart Disease	414	28,307	4,692,986	2,063,387	98.8	1,596,704
Other Diseases of Endocardium	424	6,474	1,227,292	508,451	98.7	397,551
Cardiac Dysrhythmias	427	27,246	2,167,514	1,113,297	98.5	863,529
Heart Failure	428	24,873	2,174,700	1,243,796	99.1	973,612
III-Defined Descriptions and Complications of Heart Disease	429	5,468	395,740	185,729	98.5	142,276
Acute, But III-Defined, Cerebrovascular Disease	436	9,321	1,020,897	655,255	98.9	512,066
Diseases of the Respiratory System (MDC 8)	460-519	102,957	8,522,282	5,166,383	98.9	3,959,185
Acute Bronchitis and Bronchiolitis	466	5,098	272,953	185,738	96.8	125,438
Allergic Rhinitis	477	14,664	207,011	156,510	95.6	113,695
Pneumonia, Organism Unspecified	486	9,482	776,729	473,033	99.0	367,863
Asthma	493	7,448	461,481	298,870	98.4	225,820
Other Diseases of Lung	518	9,612	1,071,632	605,904	99.4	479,294
Diseases of the Digestive System (MDC 9)	520-579	34,049	5,829,340	2,632,138	98.8	2,046,221
Diseases of the Genitourinary System (MDC 10)	580-629	68,445	6,512,913	3,218,729	98.9	2,511,687
Chronic Renal Failure	585	20,281	2,072,429	1,070,234	99.9	853,559
Calculus of Kidney and Ureter	592	1,341	275,460	100,923	98.9	78,817
Other Disorders of Urethra and Urinary Tract	599	15,182	815,116	438,318	98.9	346,814
Hyperplasia of Prostate	600	7,201	569,296	280,486	98.3	215,635
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	40,538	2,509,205	1,619,477	97.8	1,199,356
Other Dermatoses	702	15,642	604,085	419,246	96.6	302,677
Chronic Ulcer of Skin	707	5,760	689,740	398,210	99.4	310,764

See footnotes at end of table.

Table 63—Continued

Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Principal Diagnosis Within Major Diagnostic Classifications (MDCs): Calendar Year 1999

Principal ICD-9-CM ¹ Diagnosis Within MDC	ICD-9-CM Code	Services in Thousands	Submitted Charges in Thousands	Allowed Charges		Program Payments in Thousands
				Amount in Thousands	Percent of Charges Assigned	
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	109,690	\$10,835,887	\$5,369,184	97.1	\$4,086,716
Rheumatoid Arthritis and Other Inflammatory Polyarthropathies	714	7,101	294,707	170,059	95.7	130,553
Osteoarthritis and Allied Disorders	715	18,166	2,467,225	1,190,271	97.8	909,035
Other and Unspecified Arthropathies	716	3,553	248,585	143,714	97.4	106,657
Other and Unspecified Disorders of Joint	719	14,358	935,679	489,418	98.4	371,082
Other and Unspecified Disorders of Back	724	15,169	1,987,303	875,915	97.8	671,842
Peripheral Enthesopathies and Allied Syndromes	726	7,164	454,341	254,343	98.0	188,308
Other Disorders of Soft Tissues	729	7,606	550,216	293,165	98.0	220,938
Non-Allopathic Lesions, Not Elsewhere Classified	739	7,971	269,130	231,603	81.0	169,984
Congenital Anomalies (MDC 14)	740-759	2,223	338,487	156,768	98.3	120,767
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	126,208	12,009,219	6,257,423	98.5	4,853,491
General Symptoms	780	26,443	2,274,016	1,262,306	98.4	989,531
Symptoms Involving Respiratory System and Other Chest Symptoms	786	38,759	3,645,598	1,862,975	98.4	1,434,756
Symptoms Involving Digestive System	787	8,296	1,007,464	557,005	99.1	436,294
Symptoms Involving Urinary System	788	7,768	487,183	264,303	98.6	203,769
Sudden Death, Cause Unknown	798	13	2,084	1,165	99.4	883
Other Ill-Defined and Unknown Causes of Morbidity and Mortality	799	2,804	282,203	171,445	97.3	135,878
Injury and Poisoning (MDC 17)	800-999	44,500	6,175,628	3,028,631	98.3	2,352,218
Fracture of Neck of Femur	820	4,193	1,127,318	506,943	99.2	400,067
Supplementary Classification of Factors Influencing Health Status and Contact With Health Services	V01-V82	87,231	3,275,875	1,744,879	95.9	1,403,838
Need for Prophylactic Vaccination and Inoculation Against Certain Viral Diseases	V04	20,635	166,456	86,394	96.6	85,473
Special Investigations and Examinations	V72	7,680	266,739	112,396	98.6	93,733

¹ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification*. Only the first listed or principal diagnosis has been used.

²Specific diagnostic categories were selected for presentation based on amount of allowed charges.

NOTES: Numbers may not add to totals because of rounding. MDCs 11 {Complications of Pregnancy, Childbirth, and the Puerperium (630-676)} and 15 {Certain Conditions Originating in the Perinatal Period (780-799)} were not shown separately (but are included in the totals) because these diagnostic conditions are, for the most part, not applicable to Medicare beneficiaries. E Codes {Supplementary Classifications of External Causes of Injury and Poisoning (E800-E999)} are also not broken out separately. Medicare program payments represent fee-for-service only.

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.