

**Table 41**  
**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 1999**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Total All Diagnoses <sup>4</sup>	---	1,902,496	100.0
Leading Diagnoses <sup>5</sup>	---	1,508,330	79.3
<b>Infectious and Parasitic Diseases (MDC 1)</b>			
Septicemia	001-139	30,966	1.6
Other	038	20,373	1.1
	---	10,593	0.6
<b>Neoplasms (MDC 2)</b>			
Malignant Neoplasm of Colon	140-239	78,568	4.1
Malignant Neoplasm of Rectum, Rectosigmoid Junction, and Anus	153	7,475	0.4
Malignant Neoplasm of Trachea, Bronchus, and Lung	154	4,826	0.3
Malignant Neoplasm of Female Breast	162	12,382	0.7
Malignant Neoplasm of Prostate	174	3,840	0.2
Secondary Malignant Neoplasm of Respiratory and Digestive Systems and Other Specified Sites	185	4,029	0.2
Other	197-198	8,021	0.4
	---	37,995	2.0
<b>Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)</b>			
Diabetes	240-279	85,850	4.5
Nutritional Deficiencies	250	39,995	2.1
Disorders of Fluid, Electrolyte, and Acid-Base Balance	260-263	4,405	0.2
Other	276	31,826	1.7
	---	9,624	0.5
<b>Diseases of the Blood and Blood Forming Organs (MDC 4)</b>			
Other and Unspecified Anemias	280-289	13,258	0.7
Other	285	7,363	0.4
	---	5,895	0.3
<b>Mental Disorders (MDC 5)</b>			
Senile and Prosenile Organic Psychotic Conditions	290-319	43,383	2.3
Other Organic Psychotic Conditions (Chronic)	290	14,302	0.8
Other Non-Organic Psychoses	294	7,760	0.4
Other	298	4,286	0.2
	---	17,035	0.9
<b>Diseases of the Nervous System and Sense Organs (MDC 6)</b>			
Other Cerebral Degenerations	320-389	48,103	2.5
Parkinson's Disease	331	12,824	0.7
Hemiplegia	332	11,359	0.6
Other	342	4,373	0.2
	---	19,547	1.0

See footnotes at end of table.

**Table 41—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 1999**

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 <sup>a</sup>	Per Day
43,397	1,366	23	\$18,225,776	\$9,580	\$420	\$9,616,539	\$5,077	\$222
34,434	1,084	23	14,508,364	9,619	421	7,642,944	5,089	222
637	20	21	325,076	10,498	510	149,228	4,842	234
405	13	20	214,622	10,535	530	95,636	4,718	236
232	7	22	110,455	10,427	476	53,592	5,080	231
1,540	48	20	689,492	8,776	448	347,984	4,452	226
132	4	18	61,387	8,212	466	31,203	4,194	237
100	3	21	40,561	8,405	404	22,163	4,622	221
219	7	18	105,638	8,532	482	50,404	4,089	230
91	3	24	32,762	8,532	361	19,150	5,013	211
92	3	23	33,502	8,315	366	19,299	4,810	211
128	4	16	80,684	10,059	630	32,205	4,031	251
778	24	21	334,958	8,816	431	173,560	4,594	223
2,204	69	26	811,219	9,449	368	456,423	5,337	207
1,082	34	27	403,713	10,094	373	218,847	5,492	202
122	4	28	48,142	10,929	394	24,170	5,497	198
757	24	24	271,262	8,523	358	161,829	5,107	214
243	8	25	88,103	9,154	362	51,576	5,377	212
315	10	24	114,888	8,666	365	65,507	4,963	208
186	6	25	62,883	8,540	338	38,217	5,217	205
129	4	22	52,005	8,822	403	27,291	4,648	211
1,289	41	30	380,550	8,772	295	250,324	5,795	194
446	14	31	128,036	8,952	287	85,153	5,991	191
229	7	30	65,213	8,404	285	43,890	5,667	192
120	4	28	35,885	8,373	298	23,549	5,533	196
494	16	29	151,416	8,889	306	97,732	5,755	198
1,420	45	30	488,388	10,153	344	291,209	6,083	205
374	12	29	107,486	8,382	288	71,261	5,583	191
335	11	30	113,578	9,999	339	69,473	6,143	207
169	5	39	59,669	13,645	352	34,788	8,032	205
541	17	28	207,655	10,623	384	115,687	5,943	214

**Table 41—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 1999**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Diseases of the Circulatory System (MDC 7)	390-459	416,351	21.9
Essential Hypertension	401	22,430	1.2
Acute Myocardial Infarction	410	21,683	1.1
Ischemic Heart Disease	414	26,904	1.4
Cardiac Dysrhythmia	427	23,510	1.2
Heart Failure	428	91,212	4.8
III-Defined Descriptions and Complication of Heart Disease	429	3,941	0.2
Intracranial Hemorrhage	431	4,957	0.3
Occlusion of Cerebral Arteries	434	14,224	0.7
Transient Cerebral Ischemia	435	10,388	0.5
Acute, But III-Defined, Cerebrovascular Disease	436	98,042	5.2
Other and III-Defined Cerebrovascular Disease	437	3,548	0.2
Late Effects of Cerebrovascular Disease	438	19,837	1.0
Atherosclerosis	440	6,382	0.3
Other Peripheral Vascular Disease	443	9,089	0.5
Venous Embolism and Thrombosis	453	8,380	0.4
Other	---	51,824	2.7
Diseases of the Respiratory System (MDC 8)	460-519	225,209	11.8
Other Bacterial Pneumonia and Breathing Exercises (V-57.0)	482	10,310	0.5
Pneumonia, Organism Unspecified	486	91,904	4.8
Chronic Bronchitis	491	18,126	1.0
Chronic Airway Obstruction	496	39,841	2.1
Pneumonitis Due to Solids and Liquids	507	16,644	0.9
Other Diseases of Lung	518	15,041	0.8
Other	---	33,343	1.8
Diseases of the Digestive System (MDC 9)	520-579	81,803	4.3
Intestinal Obstruction Without Mention of Hernia	560	11,561	0.6
Diverticula of Intestine	562	6,862	0.4
Gastrointestinal Hemorrhage	578	18,092	1.0
Other	---	45,288	2.4

See footnotes at end of table.

**Table 41—Continued**  
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**Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses**  
**Within Major Diagnostic Classification (MDC): Calendar Year 1999**

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 Admission <sup>2</sup>	Per Day
10,328	325	25	\$4,048,840	\$9,725	\$392	\$2,237,043	\$5,400	\$217
658	21	29	212,305	9,465	323	134,437	6,028	204
394	12	18	171,804	7,923	436	90,820	4,214	231
546	17	20	227,067	8,440	416	125,060	4,677	229
538	17	23	199,273	8,476	370	116,545	4,979	217
1,960	62	22	762,502	8,360	389	416,916	4,591	213
111	3	28	35,029	8,888	317	21,725	5,544	196
134	4	27	59,796	12,063	447	30,111	6,110	225
270	8	19	162,863	11,450	603	69,612	4,912	258
252	8	24	92,462	8,901	366	55,763	5,381	221
3,092	97	32	1,118,198	11,405	362	654,751	6,717	212
103	3	29	35,648	10,047	346	21,071	5,959	204
622	20	31	238,575	12,027	383	129,812	6,569	209
110	3	17	76,168	11,935	691	28,608	4,499	260
243	8	27	91,569	10,075	377	51,570	5,705	213
191	6	23	72,378	8,637	380	40,416	4,845	212
1,105	35	21	493,202	9,517	446	249,826	4,846	226
4,680	147	21	2,062,387	9,158	441	1,034,256	4,611	221
170	5	17	108,790	10,552	640	40,330	3,923	237
1,886	59	21	779,144	8,478	413	418,857	4,576	222
265	8	15	177,199	9,776	670	66,336	3,668	251
961	30	24	345,586	8,674	360	197,644	4,986	206
368	12	22	180,771	10,861	492	81,586	4,917	222
343	11	23	187,333	12,455	545	80,024	5,350	233
687	22	21	283,564	8,504	413	149,477	4,500	218
1,697	53	21	704,353	8,610	415	376,624	4,624	222
239	8	21	101,559	8,785	424	53,695	4,667	224
128	4	19	58,616	8,542	459	29,547	4,321	231
425	13	24	143,813	7,949	339	89,561	4,981	211
905	28	20	400,366	8,840	443	203,821	4,517	225

**Table 41—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 1999**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Diseases of the Genitourinary System (MDC 10)	580-629	75,081	3.9
Chronic Renal Failure	585	10,173	0.5
Renal Failure, Unspecified	586	6,668	0.4
Other Disorders of Urethra and Urinary Tract	599	39,984	2.1
Other	---	18,256	1.0
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	48,757	2.6
Other Cellulitis and Abscess	682	23,266	1.2
Chronic Ulcer of Skin	707	22,769	1.2
Other	---	2,722	0.1
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	134,035	7.0
Osteoarthritis and Allied Disorders	715	53,068	2.8
Other and Unspecified Disorders of Joint	719	10,814	0.6
Spinal Stenosis	724	13,908	0.7
Disorders of Muscle, Ligament, and Fascia	728	8,721	0.5
Osteomyelitis, Periostitis, and Other Infections Involving Bone	730	6,486	0.3
Other Disorders of Bone and Cartilage	733	17,478	0.9
Other	---	23,560	1.2
Congenital Anomalies (MDC 14)	740-759	3,274	0.2
Other III Defined Conditions (MDC 16)	780-799	112,803	5.9
General Symptoms	780	45,199	2.4
Symptoms Involving Nervous and Musculoskeletal Systems	781	14,826	0.8
Symptom Disorders of Cardiovascular System	785	4,193	0.2
Symptoms Involving Respiratory System and Other Chest Symptoms	786	6,961	0.4
Symptoms Involving Digestive System	787	9,793	0.5
Other	---	31,831	1.7
Injury and Poisoning (MDC 17)	800-999	272,268	14.3
Fracture, Vertebra	805	13,212	0.7
Fracture, Pelvis	808	15,871	0.8
Fracture, Humerus	812	11,288	0.6
Fracture, Neck of Femur	820	130,956	6.9
Fracture, Shaft of Femur	821	15,002	0.8
Fracture, Tibia, Fibula	823	6,811	0.4
Fracture of Ankle	824	7,400	0.4
Amputation	897	5,717	0.3
Other	---	66,011	3.5

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**Within Major Diagnostic Classification (MDC): Calendar Year 1999**

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 Admission <sup>3</sup>	Per Day
1,764	56	24	\$639,945	\$8,523	\$363	\$377,612	\$5,051	\$214
252	8	25	85,474	8,402	339	50,961	5,024	202
162	5	24	52,270	7,839	322	32,810	4,944	202
963	30	24	345,026	8,629	358	209,042	5,254	217
387	12	21	157,175	8,610	406	84,799	4,662	219
1,315	41	27	554,027	11,363	421	280,015	5,775	213
534	17	23	234,431	10,076	439	120,508	5,212	226
715	22	31	292,401	12,842	409	145,296	6,414	203
67	2	25	27,195	9,991	407	14,211	5,244	213
2,571	81	19	1,179,461	8,800	459	615,020	4,612	239
779	25	15	387,003	7,293	497	203,993	3,870	262
247	8	23	103,337	9,556	419	54,619	5,076	221
273	9	20	113,183	8,138	414	65,422	4,723	239
217	7	25	90,613	10,390	418	47,270	5,434	218
170	5	26	101,845	15,702	598	39,703	6,155	233
380	12	22	164,904	9,435	434	87,795	5,036	231
505	16	21	218,576	9,277	433	116,218	4,957	230
82	3	25	28,023	8,559	343	17,252	5,313	211
2,838	89	25	1,043,083	9,247	368	608,708	5,421	214
1,077	34	24	398,684	8,821	370	236,895	5,265	220
366	12	25	150,312	10,138	411	80,309	5,433	220
114	4	27	41,024	9,784	361	23,796	5,715	209
160	5	23	59,093	8,489	370	34,012	4,941	213
319	10	33	96,408	9,845	302	60,158	6,162	189
803	25	25	297,563	9,348	371	173,538	5,474	216
7,446	234	27	2,956,903	10,860	397	1,654,535	6,105	222
304	10	23	119,010	9,008	392	69,555	5,282	229
399	13	25	158,008	9,956	396	91,907	5,807	230
345	11	31	127,902	11,331	371	75,444	6,704	219
3,794	119	29	1,452,728	11,093	383	837,994	6,430	221
482	15	32	177,650	11,842	369	102,625	6,885	213
215	7	32	80,275	11,786	374	46,561	6,861	217
206	6	28	80,364	10,860	389	46,203	6,270	224
186	6	33	59,042	10,327	317	35,348	6,207	190
1,516	48	23	701,924	10,633	463	348,898	5,312	230

**Table 41—Continued**  
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**Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses**  
**Within Major Diagnostic Classification (MDC): Calendar Year 1999**

Principal ICD-9-CM <sup>2</sup> Diagnosis Within MDC	Principal ICD-9-CM Code Category	Covered Admissions <sup>1</sup>	
		Number	Percent Distri- bution
Supplementary Classification of Factors Influencing			
Health Status and Contact with Health Services	V01-V82	230,753	12.1
Organ of Tissue Replaced by Other Means	V43	9,567	0.5
Orthopedic Aftercare	V54	4,657	0.2
Breathing Exercises	V57	154,038	8.1
Encounter for Other and Unspecified Procedures and Aftercare	V58	36,266	1.9
Convalescence	V66	10,891	0.6
Other	---	15,334	0.8

<sup>1</sup>Reflects skilled nursing facility admissions with at least 1 day of covered care under Medicare.

<sup>2</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>3</sup>The denominator used to calculate the average program payment per covered admission includes only those bills with Medicare reimbursement greater than zero.

<sup>4</sup>Includes invalid codes not shown separately.

<sup>5</sup>Specific 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 Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

**Table 41—Continued**  
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**Medicare Beneficiaries Admitted to Skilled Nursing Facilities, by Principal Diagnoses**  
**Within Major Diagnostic Classification (MDC): Calendar Year 1999**

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 <sup>3</sup>	Per Day
3,217	101	14	\$2,181,152	\$9,452	\$678	\$843,066	\$3,662	\$262
190	6	20	74,254	7,761	392	43,322	4,554	228
91	3	20	47,358	10,169	522	21,573	4,696	238
1,916	60	12	1,475,410	9,578	770	538,943	3,505	281
434	14	12	358,176	9,876	825	121,644	3,361	280
149	5	14	78,710	7,227	527	33,201	3,058	222
437	14	29	147,244	9,602	337	84,384	5,517	193