

**Table 5.5**  
**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 2006**

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 <sup>4</sup>	Per Day
Total All Diagnoses	---	12,384,100	349	70,301,460	5.7	\$106,757,631	\$8,669	\$1,519
Leading Diagnoses <sup>5</sup>	---	6,689,455	188	38,082,975	5.7	61,177,564	9,190	1,606
Infectious and Parasitic Diseases (MDC 1)	001-139	494,160	14	4,003,865	8.1	5,639,083	11,487	1,408
Septicemia	038	341,155	10	3,004,110	8.8	4,473,701	13,211	1,489
Neoplasms (MDC 2)	140-239	608,675	17	4,271,770	7.0	7,284,499	12,005	1,705
Malignant Neoplasms	140-208,230-234	529,560	15	3,853,255	7.3	6,467,202	12,252	1,678
Malignant Neoplasm of Large Intestine and Rectum	153-154,197.5	74,695	2	712,135	9.5	1,213,797	16,275	1,704
Malignant Neoplasm of Trachea, Bronchus, and Lung	162,176.4,197.0,197.3	86,975	2	666,665	7.7	1,157,910	13,352	1,737
Malignant Neoplasm of Breast	174-175,198.81	26,565	1	69,755	2.6	120,296	4,545	1,725
Benign Neoplasms	210-229	58,080	2	292,800	5.0	591,795	10,218	2,021
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	497,625	14	2,496,400	5.0	2,904,687	5,878	1,164
Diabetes Mellitus	250	191,360	5	1,142,710	6.0	1,400,493	7,383	1,226
Volume Depletion	276.5	139,400	4	603,785	4.3	598,493	4,315	991
Diseases of Blood and Blood-Forming Organs (MDC 4)	280-289	157,405	4	735,165	4.7	891,114	5,816	1,212
Mental Disorders (MDC 5)	290-319	500,100	14	4,656,460	9.3	2,886,433	5,869	620
Psychoses	290-299	427,390	12	4,218,710	9.9	2,578,801	6,138	611
Alcohol Dependence Syndrome	303	16,170	(6)	96,690	6.0	54,969	3,455	569
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	217,835	6	1,399,755	6.4	1,504,886	6,944	1,075
See footnotes at end of table.								

**Table 5.5—Continued**  
**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 2006**

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 <sup>4</sup>	Per Day
Diseases of the Circulatory System (MDC 7)	390-459	3,217,150	91	15,760,625	4.9	\$32,693,020	\$10,201	\$2,074
Heart Disease	391-392.0, 393-398,402,404, 410-416,420-429							
Acute Myocardial Infarction	410	2,223,555	63	10,782,790	4.8	24,076,215	10,866	2,233
Coronary Atherosclerosis	414.0	315,925	9	1,825,050	5.8	4,414,092	14,009	2,419
Other Ischemic Heart Disease	411-413, 414.1-414.9	528,840	15	1,892,425	3.6	6,834,022	12,977	3,611
Cardiac Dysrhythmias	427	45,585	1	120,090	2.6	481,198	10,630	4,007
Congestive Heart Failure	428.0	400,455	11	1,550,160	3.9	3,107,122	7,783	2,004
Cerebrovascular Disease	430-438	588,365	17	3,162,250	5.4	4,690,685	8,001	1,483
Diseases of the Respiratory System (MDC 8)	460-519	519,345	15	2,489,315	4.8	3,852,186	7,449	1,547
Acute Bronchitis and Bronchocollitis	466	1,487,470	42	9,289,165	6.2	11,763,827	7,944	1,266
Pneumonia	480-486	29,570	1	118,965	4.0	103,782	3,531	872
Asthma	493	570,130	16	3,418,810	6.0	3,716,705	6,543	1,087
Diseases of the Digestive System (MDC 9)	520-579	98,765	3	478,270	4.8	468,854	4,775	980
Appendicitis	540-543	1,229,495	35	6,909,420	5.6	9,527,113	7,787	1,379
Non Infectious Enteritis and Colitis	555-558	21,225	1	116,030	5.5	200,229	9,478	1,726
Diverticula of Intestine	562	109,845	3	609,420	5.5	786,681	7,193	1,291
Cholelithiasis	574	136,120	4	771,200	5.7	967,664	7,139	1,255
Diseases of the Genitourinary System (MDC 10)	580-629	108,865	3	577,115	5.3	981,135	9,043	1,700
Calculus of Kidney and Ureter	592	700,850	20	3,469,800	5.0	4,028,363	5,771	1,161
		32,130	1	100,745	3.1	176,107	5,500	1,748

See footnotes at end of table.

**Table 5.5—Continued**  
**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 2006**

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 <sup>4</sup>	Per Day
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	220,715	6	1,319,760	6.0	\$1,224,282	\$5,579	\$928
Cellulitis and Abscess	681-682	170,655	5	930,010	5.4	836,513	4,925	899
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	824,490	23	3,416,030	4.1	7,791,190	9,480	2,281
Osteoarthritis and Allied Disorders	715	387,935	11	1,467,990	3.8	3,976,071	10,269	2,709
Intervertebral Disc Disorders	722	83,515	2	306,145	3.7	784,471	9,429	2,562
Congenital Anomalies (MDC 14)	740-759	10,670	(6)	51,715	4.8	161,600	15,238	3,125
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	781,900	22	2,524,450	3.2	3,282,206	4,230	1,300
Injury and Poisoning (MDC 17)	800-999	1,088,750	31	6,399,850	5.9	10,572,604	9,769	1,652
Fractures, All Sites	800-829	444,295	13	2,520,355	5.7	3,840,880	8,673	1,524
Fracture of Neck of Femur	820	216,320	6	1,347,880	6.2	2,204,304	10,207	1,635
Poisoning by Drugs, Medicinal and Biological Substances	960-989	50,390	1	183,755	3.6	244,615	4,897	1,331
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	329,130	9	3,535,760	10.7	4,551,132	13,930	1,287

<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 by the managed care plan.

<sup>3</sup>Medicare enrollees in managed care plans are not included in the denominator used to calculate the utilization rates.

<sup>4</sup>The average program payment per discharge does not reflect discharges with covered services, but for whom no program payments were reported.

<sup>5</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>6</sup>Less than 1 discharge per 1,000 enrollees.

NOTES: Medicare program payments represent fee-for-service only and 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 Data Extract System; data development by the Office of Research, Development, and Information.