

Table 7.6

Persons Using Medicare Home Health Agency Services, Visits, Total Charges, Visit Charges, and Program Payments, by Principal Diagnosis Within Major Diagnostic Classifications (MDCs): Calendar Year 2004

Principal ICD-9-CM Diagnosis Within MDC ¹	Principal ICD-9-CM Codes	Persons Served ²		Visits		Total Charges in Thousands	Visit Charges			Program Payments		
		Number in Thousands	Percent	Number in Thousands	Per Person Served		Amount in Thousands	Per Visit	Per Person Served	Amount in Thousands	Per Visit	Per Person Served ³
Total All Diagnoses ⁴	---	2,836	100.0	89,130	31	\$11,054,455	\$10,814,509	\$121	\$3,814	\$11,402,560	\$128	\$4,039
Total Leading Diagnoses ⁵	---	1,411	49.7	40,707	29	4,952,428	4,838,103	119	3,430	4,593,937	113	3,273
Infectious and Parasitic Diseases (MDC 1)	001-139	17	0.6	311	18	38,693	37,903	122	2,205	36,370	117	2,128
Neoplasms (MDC 2)	140-239	94	3.3	1,732	18	214,927	209,142	121	2,232	203,696	118	2,185
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	18	0.6	288	16	35,568	35,054	122	1,935	35,292	123	1,955
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	260	9.2	12,903	50	1,581,667	1,564,362	121	6,021	1,256,884	97	4,870
Diabetes Mellitus	250	230	8.1	12,323	54	1,512,849	1,496,806	121	6,516	1,185,140	96	5,195
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	16	0.5	239	15	29,366	28,651	120	1,842	30,477	128	1,969
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	52	1.8	1,488	29	152,033	149,900	101	2,902	155,829	105	3,030
Other Deficiency Anemias	281	25	0.9	864	35	80,173	78,972	91	3,203	84,590	98	3,438
Other and Unspecified Anemias	285	17	0.6	393	24	45,432	44,873	114	2,701	45,033	115	2,726
Coagulation Defects	286	5	0.2	99	22	11,085	10,926	111	2,384	10,924	111	2,406
Mental Disorders (MDC 5)	290-319	46	1.6	970	21	115,809	115,122	119	2,514	117,260	121	2,585
Schizophrenic Disorders	295	5	0.2	125	25	15,116	15,053	121	2,984	14,731	118	2,994
Affective Psychoses	296	9	0.3	177	19	22,709	22,618	128	2,490	22,395	127	2,485
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	76	2.7	2,468	32	279,993	275,329	112	3,615	319,172	129	4,248
Parkinson's Disease	332	18	0.6	556	31	64,862	64,325	116	3,581	80,169	144	4,491

See footnotes at end of table.

Table 7.6—Continued

Persons Using Medicare Home Health Agency Services, Visits, Total Charges, Visit Charges, and Program Payments, by Principal Diagnosis Within Major Diagnostic Classifications (MDCs): Calendar Year 2004

Principal ICD-9-CM Diagnosis Within MDC ¹	Principal ICD-9-CM Codes	Persons Served ²		Visits		Total Charges in Thousands	Visit Charges			Program Payments		
		Number in Thousands	Percent	Number in Thousands	Per Person Served		Amount in Thousands	Per Visit	Per Person Served	Amount in Thousands	Per Visit	Per Person Served ³
Diseases of the Circulatory System (MDC 7)	390-459	582	20.5	13,604	23	\$1,658,106	\$1,629,117	\$120	\$2,800	\$1,654,279	\$122	\$2,856
Essential Hypertension	401	103	3.6	2,079	20	244,189	243,124	117	2,352	253,500	122	2,465
Hypertensive Heart Disease	402	13	0.4	299	24	33,182	32,994	110	2,609	35,434	118	2,823
Acute Myocardial Infarction	410	19	0.7	294	15	36,238	36,001	122	1,884	36,626	124	1,923
Other Acute and Subacute Forms of Ischemic Heart Disease	411	5	0.2	73	16	8,763	8,713	120	1,899	8,814	121	1,925
Angina Pectoris	413	6	0.2	110	19	12,243	12,195	111	2,057	12,356	113	2,094
Other Forms of Chronic Ischemic Heart Disease	414	49	1.7	780	16	95,385	94,758	121	1,948	98,869	127	2,041
Cardiac Dysrhythmias	427	48	1.7	812	17	98,259	97,522	120	2,016	98,662	122	2,047
Heart Failure	428	169	6.0	3,551	21	426,597	422,635	119	2,501	416,908	117	2,475
Transient Cerebral Ischemia	435	15	0.5	290	19	35,325	35,141	121	2,351	44,376	153	2,980
Acute but Ill-Defined Cerebrovascular Disease	436	61	2.1	1,695	28	213,008	211,479	125	3,478	244,601	144	4,044
Other Peripheral Vascular Disease	443	12	0.4	339	29	40,725	39,164	116	3,361	35,037	103	3,021
Diseases of the Respiratory System (MDC 8)	460-519	207	7.3	3,960	19	477,887	473,469	120	2,284	482,938	122	2,338
Pneumonia, Organism Unspecified	486	57	2.0	834	15	104,496	103,572	124	1,830	109,416	131	1,939
Chronic Airway Obstruction, not Elsewhere Classified	496	71	2.5	1,469	21	172,042	170,886	116	2,418	171,517	117	2,436
Diseases of the Digestive System (MDC 9)	520-579	65	2.3	1,118	17	137,579	134,384	120	2,080	133,132	119	2,070
Diseases of the Genitourinary System (MDC 10)	580-629	65	2.3	1,391	21	159,211	153,664	110	2,367	157,269	113	2,434
Other Disorders of Urethra and Urinary Tract	599	31	1.1	552	18	65,256	63,396	115	2,032	68,467	124	2,200
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	183	6.5	6,578	36	859,011	791,592	120	4,323	721,408	110	3,958
Other Cellulitis and Abscess	682	41	1.5	921	22	121,919	115,312	125	2,803	91,741	100	2,241
Chronic Ulcer of Skin	707	134	4.7	5,397	40	704,575	645,321	120	4,801	603,975	112	4,512

See footnotes at end of table.

Table 7.6—Continued

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Principal ICD-9-CM Diagnosis Within MDC ¹	Principal ICD-9-CM Codes	Persons Served ²		Visits		Total Charges in Thousands	Visit Charges			Program Payments		
		Number in Thousands	Percent	Number in Thousands	Per Person Served		Amount in Thousands	Per Visit	Per Person Served	Amount in Thousands	Per Visit	Per Person Served ³
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	196	6.9	5,217	27	\$617,432	\$612,584	\$117	\$3,133	\$687,026	\$132	\$3,538
Rheumatoid Arthritis and Other Inflammatory Polyarthropathies	714	9	0.3	357	38	39,185	38,904	109	4,163	41,736	117	4,517
Osteoarthritis and Allied Disorders	715	45	1.6	1,076	24	125,340	124,633	116	2,770	137,295	128	3,077
Other and Unspecified Arthropathies	716	40	1.4	1,217	31	137,698	137,039	113	3,446	167,331	138	4,243
Other and Unspecified Disorders of Back	724	23	0.8	459	20	55,651	55,354	121	2,387	68,423	149	2,966
Other Disorders of Bone and Cartilage	733	13	0.4	450	36	53,038	52,711	117	4,215	39,953	89	3,216
Congenital Anomalies (MDC 14)	740-759	3	0.1	60	20	7,019	6,860	115	2,273	7,065	118	2,365
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	219	7.7	4,632	21	559,513	550,074	119	2,507	650,651	140	2,979
General Symptoms	780	44	1.5	788	18	94,545	93,786	119	2,150	103,238	131	2,379
Symptoms Involving Urinary System	788	26	0.9	745	29	79,855	74,421	100	2,906	76,225	102	2,992
Injury and Poisoning (MDC 17)	800-999	176	6.2	4,755	27	614,371	588,797	124	3,356	525,875	111	3,021
Fracture of Neck of Femur	820	9	0.3	211	24	25,866	25,657	122	2,947	30,807	146	3,547
Open Wound of Other and Unspecified Sites, Except Limbs	879	9	0.3	277	30	36,559	34,686	125	3,768	29,053	105	3,190
Open Wound of Knee, Leg (Except Thigh), and Ankle	891	19	0.7	569	30	75,331	71,418	125	3,718	60,827	107	3,186
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	1,283	45.2	27,942	22	3,580,824	3,521,842	126	2,745	4,293,526	154	3,359

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

²Numbers do not add to total since persons may have more than one principal diagnosis reported for covered HHA services.

³Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the reporting year.

⁴Includes invalid codes not listed separately.

⁵Specific leading diagnostic categories were selected for presentation because of frequency of occurrences or because of special interest.

NOTES: MDCs 11 and 15 were not shown separately (but included in the total), because they were for the most part, not applicable to Medicare beneficiaries. Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Total charges and visit charges are shown for trend purposes only. With the implementation of the home health agency prospective payment system, beginning October 1, 2000, program payments are now associated with episodes and not with individual visits. As a result, program payments may exceed charges. Changes, as of October 2003, in the medical coding of the ICD-9-CM diagnosis field has resulted in the significant increase in the use of V-codes (Supplementary Classification of Factors Influencing Health Status and Contact with Health Services). That is, V-codes are now being used more frequently in the principal diagnostic field to reflect the fact that the HHA episode is oriented to providing some type of aftercare or rehabilitation service in a post-acute care setting. This is in direct contrast to the acute care setting when the coding of the principal diagnosis is directly related to the underlying condition. Numbers may not add to total because of rounding.

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.