

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 2002

[illegible]

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Table 52—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 2002

Principal ICD-9-CM Diagnosis Within MDC ¹	Principal ICD-9-CM Codes	Persons Served		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 ²
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	448	17.6	9,550	21	\$1,117,938	\$1,108,467	\$116	\$2,475	\$1,444,679	\$151	\$3,236
Rheumatoid Arthritis and Other												
Inflammatory Polyarthropathies	714	12	0.5	399	34	42,580	42,183	106	3,561	49,455	124	4,196
Osteoarthritis and Allied Disorders	715	170	6.7	3,008	18	361,100	359,158	119	2,113	492,571	164	2,907
Other and Unspecified Arthropathies	716	50	2.0	1,406	28	154,150	153,164	109	3,074	197,122	140	3,974
Other and Unspecified Disorders of Back	724	44	1.7	779	18	91,957	91,462	117	2,069	126,596	163	2,871
Other Disorders of Bone and Cartilage	733	28	1.1	792	29	90,507	89,793	113	3,245	88,329	112	3,200
Congenital Anomalies (MDC 14)	740-759	6	0.2	117	19	13,249	13,033	111	2,144	14,668	125	2,430
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	350	13.7	7,461	21	852,550	833,130	112	2,381	1,083,982	145	3,106
General Symptoms	780	59	2.3	1,046	18	119,544	118,663	113	2,002	143,583	137	2,430
Symptoms Involving Urinary System	788	48	1.9	1,820	38	180,951	168,069	92	3,527	180,805	99	3,805
Injury and Poisoning (MDC 17)	800-999	345	13.6	8,970	26	1,083,769	1,051,501	117	3,046	1,135,736	127	3,305
Fracture of Neck of Femur	820	71	2.8	1,594	23	190,913	189,381	119	2,686	260,916	164	3,709
Open Wound of Other and Unspecified Sites, Except Limbs	879	13	0.5	432	32	53,759	50,803	118	3,784	42,419	98	3,180
Open Wound of Knee, Leg (Except Thigh), and Ankle	891	18	0.7	597	33	74,013	70,243	118	3,861	60,288	101	3,339
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	(5)	(6)	4	15	470	439	105	1,625	493	118	1,934

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

²Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the reporting year.

³Includes invalid codes not listed separately.

⁴Specific leading diagnostic categories were selected for presentation because of frequency of occurrences or because of special interest.

⁵Less than 500 persons.

⁶Less than 0.05 percent.

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. 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.