

Table 7.7

**Persons Served and Program Payments for Medicare Home Health Agency (HHA) Services,  
by Selected Diagnoses: Calendar Years 1997 and 2008**

Principal ICD-9-CM Diagnosis <sup>1</sup>	ICD-9-CM Codes	Persons in Thousands	Percent	1997		
				Program Payments		Per Person Served <sup>2</sup>
				Amount in Thousands	Percent	
Total All Diagnoses	---	3,558	100.0	\$16,718,263	100.0	\$4,702
Total Selected Diagnoses <sup>3</sup>	---	1808	50.8	6,908,917	41.3	3,821
Diabetes Mellitus	250	324	9.1	2,260,343	13.5	6,995
Essential Hypertension	401	244	6.9	839,278	5.0	3,447
Other Forms of Chronic Ischemic						
Heart Disease	414	124	3.5	252,328	1.5	2,037
Cardiac Dysrhythmias	427	115	3.2	298,792	1.8	2,611
Heart Failure	428	339	9.5	1,139,447	6.8	3,364
Pneumonia, Organism Unspecified	486	108	3.0	208,135	1.2	1,925
Other Cellulitis and Abscess	682	59	1.7	177,454	1.1	3,034
Chronic Ulcer of Skin	707	149	4.2	913,679	5.5	6,171
Osteoarthritis and Allied Disorders	715	206	5.8	433,641	2.6	2,115
Other and Unspecified Arthropathies	716	41	1.2	113,928	0.7	2,801
General Symptoms	780	99	2.8	271,892	1.6	2,762
<b>All Other Diagnoses</b>	---	<b>1,750</b>	<b>49.2</b>	<b>9,809,346</b>	<b>58.7</b>	<b>5,605</b>

<sup>1</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>2</sup>Does not reflect persons who received covered services, but for whom no program payments were reported during the reporting year.

<sup>3</sup>Specific leading diagnoses were selected for presentation because of frequency of occurrences or special interest.

NOTE: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. The change in program payments and utilization for home health beginning in 1997 is due in part to the Balanced Budget Act of 1997 (Public Law 105-33) which called for the gradual transfer of home health services unassociated with a hospital or skilled nursing facility stay from hospital insurance to supplementary medical insurance. The use of benefit was also affected by the efforts to identify fraudulent activities in the use of services. The impact was first noted in 1998 (not shown).

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.

Table 7.7-Continued

**Persons Served and Program Payments for Medicare Home Health Agency (HHA) Services,  
by Selected Diagnoses: Calendar Years 1997 and 2008**

Persons in Thousands	Percent	2008			Percent Change 1997-2008		
		Program Payments		Per Person Served <sup>2</sup>	Persons	Program Payments	Average Program Payment
		Amount in Thousands	Percent				
3,172	100.0	\$16,872,735	100.0	\$5,361	-11	1	14
1,365	43.0	6,316,541	37.4	4,628	-25	-9	21
341	10.8	2,736,293	16.2	8,130	5	21	16
223	7.0	751,088	4.5	3,407	-9	-11	-1
60	1.9	170,356	1.0	2,840	-51	-32	39
72	2.3	206,832	1.2	2,874	-37	-31	10
212	6.7	716,846	4.2	3,408	-38	-37	1
59	1.9	144,292	0.9	2,460	-45	-31	28
54	1.7	157,292	0.9	2,958	-9	-11	-3
135	4.3	661,300	3.9	4,920	-9	-28	-20
93	2.9	361,436	2.1	3,917	-55	-17	85
60	1.9	248,734	1.5	4,213	46	118	50
56	1.8	162,072	1.0	2,944	-44	-40	7
1,807	57.0	10,556,194	62.6	5,843	3	8	4