

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 2005**

Principal ICD-9-CM Diagnosis Within MDC <sup>1</sup>	Principal ICD-9-CM Codes	<sup>2</sup> Persons Served in		Number Visits Thousands	Per Person Served	Total Charges in Thousands	Amount in Thousands	Per Visit	Per Person Served	Amount in Thousands	Per Visit	Per Person Served <sup>3</sup>
		Thousands	Percent									
Total All Diagnoses <sup>4</sup>	---	2,976	100.0	95,989	32	\$12,262,325	\$12,021,384	\$125	\$4,040	\$12,779,158	\$133	\$4,314
Total Leading Diagnoses <sup>5</sup>	---	1,433	48.1	42,140	29	5,245,685	5,137,481	122	3,586	4,938,579	117	3,465
Infectious and Parasitic Diseases (MDC 1)	001-139	17	0.6	309	18	39,307	38,454	124	2,287	36,858	119	2,209
Neoplasms (MDC 2)	140-239	90	3.0	1,643	18	210,616	205,276	125	2,287	201,814	123	2,262
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	18	0.6	288	16	37,439	36,895	128	2,042	36,453	126	2,027
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	291	9.8	14,781	51	1,826,443	1,813,170	123	6,232	1,538,803	104	5,329
Diabetes Mellitus	250	261	8.8	14,188	54	1,753,933	1,741,853	123	6,684	1,462,254	103	5,652
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	14	0.5	216	15	27,069	26,590	123	1,848	28,640	132	2,001
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	53	1.8	1,465	28	157,777	155,815	106	2,935	160,519	110	3,036
Other Deficiency Anemias	281	25	0.9	844	33	83,502	82,369	98	3,255	86,157	102	3,414
Other and Unspecified Anemias	285	18	0.6	405	23	48,295	47,795	118	2,698	48,725	120	2,760
Coagulation Defects	286	4	0.1	78	19	9,388	9,244	119	2,281	9,192	118	2,288
Mental Disorders (MDC 5)	290-319	48	1.6	1,007	21	123,872	123,262	122	2,549	126,982	126	2,647
Schizophrenic Disorders	295	5	0.2	124	23	15,379	15,335	124	2,844	15,483	125	2,926
Affective Psychoses	296	9	0.3	175	19	22,858	22,776	130	2,523	23,109	132	2,570
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	90	3.0	2,850	32	340,296	335,248	118	3,743	392,072	138	4,432
Parkinson's Disease	332	22	0.7	668	31	80,974	80,376	120	3,707	98,787	148	4,590

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 2005**

Principal ICD-9-CM Diagnosis Within MDC <sup>1</sup>	Principal ICD-9-CM Codes	<sup>2</sup> Persons Served		Number Visits Thousands	Per Person Served	Total Charges in Thousands	Amount		Per Person Served	Amount		Per Person Served <sup>3</sup>
		in Thousands	Percent				in Thousands	Per Visit		in Thousands	Per Visit	
Diseases of the Circulatory System (MDC 7)	390-459	596	20.0	13,934	23	\$1,751,445	\$1,721,352	\$124	\$2,887	\$1,767,487	\$127	\$2,977
Essential Hypertension	401	116	3.9	2,323	20	278,572	277,416	119	2,395	297,456	128	2,582
Hypertensive Heart Disease	402	15	0.5	345	24	40,116	39,897	116	2,719	42,863	124	2,948
Acute Myocardial Infarction	410	17	0.6	256	15	33,037	32,887	129	1,931	33,251	130	1,959
Other Acute and Subacute Forms of Ischemic												
Heart Disease	411	4	0.1	60	16	7,520	7,492	125	2,013	7,471	125	2,015
Angina Pectoris	413	6	0.2	101	18	11,645	11,600	115	2,021	12,148	120	2,122
Other Forms of Chronic Ischemic												
Heart Disease	414	45	1.5	748	17	93,358	92,803	124	2,052	96,467	129	2,140
Cardiac Dysrhythmias	427	52	1.8	875	17	109,267	108,560	124	2,074	111,511	127	2,135
Heart Failure	428	170	5.7	3,573	21	443,217	439,286	123	2,581	433,864	121	2,558
Transient Cerebral Ischemia	435	16	0.5	300	19	37,682	37,512	125	2,411	47,911	160	3,085
Acute but Ill-Defined Cerebrovascular												
Disease	436	26	0.9	704	28	90,174	89,595	127	3,502	104,296	148	4,107
Other Peripheral Vascular Disease	443	11	0.4	306	28	37,436	36,042	118	3,306	33,328	109	3,076
Diseases of the Respiratory System (MDC 8)	460-519	218	7.3	4,074	19	509,584	505,056	124	2,321	516,926	127	2,386
Pneumonia, Organism Unspecified	486	56	1.9	807	14	105,199	104,278	129	1,857	110,514	137	1,973
Chronic Airway Obstruction, not Elsewhere Classified	496	73	2.4	1,481	20	179,196	178,026	120	2,451	179,368	121	2,482
Diseases of the Digestive System (MDC 9)	520-579	60	2.0	1,022	17	129,385	126,596	124	2,102	127,229	124	2,121
Diseases of the Genitourinary System (MDC 10)	580-629	64	2.1	1,255	20	151,080	146,729	117	2,305	151,924	121	2,397
Other Disorders of Urethra and Urinary Tract	599	33	1.1	556	17	68,510	66,889	120	2,032	72,121	130	2,198
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	188	6.3	6,707	36	904,742	835,239	125	4,438	775,021	116	4,136
Other Cellulitis and Abscess	682	43	1.4	939	22	128,697	121,756	130	2,844	100,103	107	2,351
Chronic Ulcer of Skin	707	138	4.6	5,520	40	744,441	683,496	124	4,955	648,529	117	4,719
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 2005**

Principal ICD-9-CM Diagnosis Within MDC <sup>1</sup>	Principal ICD-9-CM Codes	<sup>2</sup> Persons Served		Number Visits Thousands	Per Person Served	Total Charges in Thousands	Visit Charges			Program Payments		
		in Thousands	Percent				Amount in Thousands	Per Visit	Per Person Served	Amount in Thousands	Per Visit	Per Person Served <sup>3</sup>
Diseases of the Musculoskeletal System												
and Connective Tissue (MDC 13)	710-739	223	7.5	6,091	27	\$742,420	\$737,205	\$121	\$3,313	\$832,950	\$137	\$3,767
Rheumatoid Arthritis and Other												
Inflammatory Polyarthropathies	714	10	0.3	371	36	41,624	41,314	111	4,011	46,561	125	4,558
Osteoarthritis and Allied Disorders	715	43	1.4	1,102	26	130,070	129,639	118	3,030	138,813	126	3,277
Other and Unspecified Arthropathies	716	47	1.6	1,390	30	162,075	161,358	116	3,470	201,065	145	4,349
Other and Unspecified Disorders of Back	724	27	0.9	549	20	68,440	68,116	124	2,503	84,342	154	3,115
Other Disorders of Bone and Cartilage	733	12	0.4	537	44	65,821	65,471	122	5,350	46,399	86	3,812
Congenital Anomalies (MDC 14)	740-759	3	0.1	54	21	6,596	6,460	120	2,526	6,679	124	2,648
Symptoms, Signs, and Ill-Defined												
Conditions (MDC 16)	780-799	217	7.3	4,492	21	567,731	560,048	125	2,583	661,339	147	3,065
General Symptoms	780	44	1.5	791	18	98,120	97,541	123	2,201	107,528	136	2,438
Symptoms Involving Urinary System	788	19	0.6	512	27	58,810	55,104	108	2,916	55,251	108	2,942
Injury and Poisoning (MDC 17)	800-999	177	5.9	4,741	27	633,919	607,078	128	3,440	544,607	115	3,116
Fracture of Neck of Femur	820	6	0.2	128	23	16,086	15,952	125	2,915	19,696	154	3,617
Open Wound of Other and Unspecified												
Sites, Except Limbs	879	9	0.3	262	30	34,939	33,307	127	3,871	28,544	109	3,366
Open Wound of Knee, Leg (Except Thigh),												
and Ankle	891	21	0.7	617	30	82,798	78,912	128	3,801	70,379	114	3,414
Supplementary Classification of Factors												
Influencing Health Status and Contact												
with Health Services	V01-V82	1,398	47.0	31,562	23	4,166,762	4,103,867	130	2,935	4,937,666	156	3,546

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

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

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

<sup>5</sup>Specific 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.