

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 2006**

Principal ICD-9-CM Diagnosis Within MDC <sup>1</sup>	Principal ICD-9-CM Codes	Persons Served <sup>2</sup>		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 <sup>3</sup>
Total All Diagnoses <sup>4</sup>	---	3,026	100.0	104,127	34	\$13,627,482	\$13,410,519	\$129	\$4,431	\$13,912,750	\$134	\$4,619
Total Leading Diagnoses <sup>5</sup>	---	1,549	51.2	48,855	32	6,245,273	6,151,749	126	3,971	5,788,949	118	3,757
Infectious and Parasitic Diseases (MDC 1)	001-139	17	0.6	322	19	42,022	41,255	128	2,400	39,655	123	2,320
Neoplasms (MDC 2)	140-239	93	3.1	1,700	18	225,104	220,034	129	2,380	216,362	127	2,355
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	19	0.6	309	16	41,168	40,441	131	2,145	40,232	130	2,146
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	326	10.8	18,836	58	2,366,238	2,368,112	126	7,266	1,948,706	103	6,022
Diabetes Mellitus	250	295	9.7	18,191	62	2,284,877	2,287,962	126	7,769	1,863,008	102	6,372
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	13	0.4	210	16	27,804	27,174	129	2,025	28,135	134	2,107
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	55	1.8	1,528	28	170,359	168,367	110	3,082	172,081	113	3,163
Other Deficiency Anemias	281	26	0.9	867	33	88,815	87,683	101	3,356	90,557	104	3,477
Other and Unspecified Anemias	285	19	0.6	435	23	53,605	53,085	122	2,861	54,250	125	2,934
Coagulation Defects	286	4	0.1	80	21	9,885	9,758	122	2,566	9,743	122	2,584
Mental Disorders (MDC 5)	290-319	52	1.7	1,109	21	138,818	138,105	125	2,673	142,212	128	2,777
Schizophrenic Disorders	295	6	0.2	136	25	17,091	17,039	125	3,098	17,320	127	3,222
Affective Psychoses	296	9	0.3	182	21	24,110	24,031	132	2,717	24,245	133	2,757
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	110	3.6	3,560	32	437,248	432,080	121	3,931	505,182	142	4,648
Parkinson's Disease	332	28	0.9	870	32	110,672	109,959	126	3,984	132,683	152	4,843

See footnotes at end of table.

Table 7.6—Continued

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Principal ICD-9-CM Diagnosis Within MDC <sup>1</sup>	Principal ICD-9-CM Codes	Persons Served <sup>2</sup>		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 <sup>3</sup>
Diseases of the Circulatory System (MDC 7)	390-459	646	21.4	15,874	25	\$2,067,825	\$2,035,330	\$128	\$3,149	\$2,059,933	\$130	\$3,200
Essential Hypertension	401	138	4.6	2,878	21	358,451	357,163	124	2,594	377,492	131	2,755
Hypertensive Heart Disease	402	16	0.5	381	23	47,113	46,704	123	2,879	49,815	131	3,086
Acute Myocardial Infarction	410	16	0.5	260	16	34,981	34,778	134	2,133	33,987	131	2,093
Other Acute and Subacute Forms of Ischemic Heart Disease	411	4	0.1	58	17	7,475	7,449	129	2,150	7,369	127	2,128
Angina Pectoris	413	5	0.2	96	18	11,745	11,691	121	2,199	11,734	122	2,209
Other Forms of Chronic Ischemic Heart Disease	414	46	1.5	815	18	104,663	103,991	128	2,258	105,694	130	2,303
Cardiac Dysrhythmias	427	57	1.9	1,033	18	133,541	132,495	128	2,310	133,792	129	2,341
Heart Failure	428	181	6.0	4,014	22	515,913	511,402	127	2,828	497,035	124	2,757
Transient Cerebral Ischemia	435	18	0.6	352	20	46,197	45,764	130	2,605	57,091	162	3,261
Acute but Ill-Defined Cerebrovascular Disease	436	18	0.6	511	28	68,055	67,770	133	3,745	76,949	151	4,292
Other Peripheral Vascular Disease	443	11	0.4	311	28	39,234	37,837	122	3,372	35,145	113	3,144
Diseases of the Respiratory System (MDC 8)	460-519	217	7.2	4,280	20	556,851	551,973	129	2,546	553,929	129	2,567
Pneumonia, Organism Unspecified	486	54	1.8	818	15	110,532	109,687	134	2,018	113,076	138	2,086
Chronic Airway Obstruction, not Elsewhere Classified	496	71	2.4	1,534	21	194,496	193,176	126	2,705	190,957	124	2,689
Diseases of the Digestive System (MDC 9)	520-579	62	2.1	1,085	17	141,605	138,468	128	2,230	138,928	128	2,248
Diseases of the Genitourinary System (MDC 10)	580-629	69	2.3	1,381	20	174,178	169,604	123	2,453	172,833	125	2,510
Other Disorders of Urethra and Urinary Tract	599	37	1.2	645	18	82,631	81,116	126	2,221	85,644	133	2,352
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	187	6.2	6,612	35	923,351	854,475	129	4,559	783,205	118	4,199
Other Cellulitis and Abscess	682	45	1.5	964	21	138,468	131,022	136	2,913	106,582	111	2,383
Chronic Ulcer of Skin	707	135	4.4	5,375	40	749,399	689,382	128	5,124	646,823	120	4,830

See footnotes at end of table.

Table 7.6—Continued

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Principal ICD-9-CM Diagnosis Within MDC <sup>1</sup>	Principal ICD-9-CM Codes	Persons Served <sup>2</sup>		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 <sup>3</sup>
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	317	10.5	8,905	28	\$1,131,300	\$1,124,103	\$126	\$3,544	\$1,270,831	\$143	\$4,031
Rheumatoid Arthritis and Other Inflammatory Polyarthropathies	714	13	0.4	447	35	52,380	52,031	116	4,124	59,649	133	4,754
Osteoarthritis and Allied Disorders	715	49	1.6	1,313	27	159,857	159,376	121	3,234	168,047	128	3,443
Other and Unspecified Arthropathies	716	63	2.1	1,893	30	231,088	230,311	122	3,683	284,719	150	4,577
Other and Unspecified Disorders of Back	724	38	1.3	795	21	102,739	102,376	129	2,704	126,364	159	3,360
Other Disorders of Bone and Cartilage	733	14	0.5	661	48	81,739	81,471	123	5,955	56,685	86	4,165
Congenital Anomalies (MDC 14)	740-759	3	0.1	57	21	7,202	7,095	125	2,635	7,390	131	2,786
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	264	8.7	5,653	21	743,248	735,917	130	2,788	860,259	152	3,274
General Symptoms	780	52	1.7	939	18	121,165	120,411	128	2,338	130,753	139	2,551
Symptoms Involving Urinary System	788	18	0.6	456	26	55,038	51,935	114	2,939	52,146	114	2,970
Injury and Poisoning (MDC 17)	800-999	186	6.1	5,087	27	702,015	674,059	133	3,634	597,236	117	3,251
Fracture of Neck of Femur	820	5	0.2	135	26	17,037	16,932	125	3,210	19,663	146	3,753
Open Wound of Other and Unspecified Sites, Except Limbs	879	8	0.3	255	31	35,190	34,076	134	4,106	28,367	111	3,482
Open Wound of Knee, Leg (Except Thigh), and Ankle	891	21	0.7	634	30	88,118	84,720	133	3,975	73,198	116	3,478
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	1,258	41.6	28,138	22	3,799,814	3,751,244	133	2,981	4,443,788	158	3,548

<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.