

Table 7.7
Persons Served and Program Payments for Medicare Home Health Agency (HHA) Services,
by Selected Diagnoses: Calendar Years 1997 and 2006

Principal ICD-9-CM Diagnosis ¹	ICD-9-CM Codes	1997				
		Persons in Thousands	Percent	Program Payments		Per Person Served ²
				Amount in Thousands	Percent	
Total All Diagnoses	---	3,558	100.0	\$16,718,263	100.0	\$4,702
Total Selected Diagnoses ³	---	1894	53.2	7,185,024	43.0	3,794
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
Chronic Airway Obstruction, Not Elsewhere Classified	496	145	4.1	453,561	2.7	3,131
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
All Other Diagnoses	---	1,664	46.8	9,533,239	57.0	5,729

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 persons who received covered services but for whom no program payments were reported during the reporting year.

³Specific leading diagnoses were selected for presentation because of frequency of occurrences or because of 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 between 1997 and 2006 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 2006

Persons in Thousands	Percent	2006			Percent Change 1997-2006		
		Amount in Thousands	Percent	Per Person Served ²	Persons	Program Payments	Average Program Payment
3,026	100.0	\$13,912,750	100.0	\$4,619	-15	-17	-2
1,140	37.7	4,511,396	32.4	3,957	-40	-37	4
295	9.7	1,863,008	13.4	6,372	-9	-18	-9
138	4.5	377,492	2.7	2,755	-44	-55	-20
46	1.5	105,694	0.8	2,303	-63	-58	13
57	1.9	133,792	1.0	2,341	-50	-55	-10
181	6.0	497,035	3.6	2,757	-47	-56	-18
54	1.8	113,076	0.8	2,086	-50	-46	8
71	2.4	190,957	1.4	2,689	-51	-58	-14
135	4.4	646,823	4.6	4,830	-10	-29	-22
49	1.6	168,047	1.2	3,443	-76	-61	63
63	2.1	284,719	2.0	4,577	52	150	63
52	1.7	130,753	0.9	2,551	-48	-52	-8
1,886	62.3	9,401,354	67.6	4,985	13	-1	-13