

Table 7.7

**Persons Served and Program Payments for Medicare Home Health Agency (HHA) Services,
by Selected Diagnoses: Calendar Years 1997 and 2009**

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	---	1845	51.9	7,042,517	42.1	3,817
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 Disorders of the Urethra and Urinary Tract	599	78	2.2	247,528	1.5	3,177
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
General Symptoms	780	99	2.8	271,892	1.6	2,762
All Other Diagnoses	---	1,713	48.1	9,675,746	57.9	5,648

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 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 Standard Analytical Files; 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 2009**

Persons in Thousands	Percent	2009			Percent Change 1997-2009		
		Program Payments		Per Person Served ²	Persons	Program Payments	Average Program Payment
		Amount in Thousands	Percent				
3,281	100.0	\$18,733,108	100.0	\$5,747	-8	12	22
1,492	45.5	7,197,771	38.4	4,823	-19	2	26
345	10.5	2,954,551	15.8	8,627	7	31	23
282	8.6	1,059,857	5.7	3,784	15	26	10
67	2.0	206,051	1.1	3,101	-46	-18	52
81	2.5	251,419	1.3	3,124	-30	-16	20
232	7.1	858,536	4.6	3,717	-32	-25	10
61	1.9	160,311	0.9	2,648	-44	-23	38
54	1.6	150,209	0.8	2,813	-31	-39	-11
60	1.8	184,281	1.0	3,097	2	4	2
141	4.3	716,172	3.8	5,112	-5	-22	-17
113	3.5	476,316	2.5	4,243	-45	10	101
57	1.7	180,068	1.0	3,163	-42	-34	15
1,789	54.5	11,535,337	61.6	6,449	4	19	14