

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 2012**

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>	---	3,460	100.0	117,669	34	\$18,498,219	\$18,095,404	\$154	\$5,231	\$18,025,554	\$153	\$5,256
Total Leading Diagnoses <sup>5</sup>	---	1,999	57.8	54,962	27	8,374,713	8,187,230	149	4,096	7,639,983	139	3,874
Infectious and Parasitic Diseases (MDC 1)	001-139	26	0.8	531	20	85,653	84,389	159	3,216	73,199	138	2,853
Neoplasms (MDC 2)	140-239	111	3.2	2,187	20	357,784	345,226	158	3,119	347,102	159	3,164
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	22	0.6	391	18	64,847	62,430	160	2,855	64,048	164	2,951
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	362	10.5	15,733	43	2,290,397	2,259,421	144	6,238	1,826,661	116	5,135
Diabetes Mellitus	250	327	9.5	14,973	46	2,175,170	2,146,121	143	6,563	1,712,063	114	5,336
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	12	0.3	185	16	29,418	28,847	156	2,506	30,238	164	2,644
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	58	1.7	1,486	26	203,765	200,948	135	3,492	206,810	139	3,618
Other Deficiency Anemias	281	30	0.9	918	31	117,588	115,845	126	3,907	120,014	131	4,072
Other and Unspecified Anemias	285	19	0.6	381	20	57,707	57,029	150	2,975	58,828	155	3,091
Coagulation Defects	286	1	(6)	28	26	4,175	4,106	145	3,726	3,689	130	3,384
Mental Disorders (MDC 5)	290-319	97	2.8	2,396	25	353,559	351,669	147	3,621	332,930	139	3,530
Schizophrenic Disorders	295	10	0.3	316	32	44,692	44,498	141	4,471	39,376	125	4,274
Affective Psychoses	296	13	0.4	305	24	46,364	46,172	151	3,662	43,615	143	3,581
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	164	4.7	4,785	29	727,395	717,848	150	4,371	685,117	143	4,245
Parkinson's Disease	332	38	1.1	1,214	32	188,821	187,347	154	4,983	182,347	150	4,904

See footnotes at end of table.

Table 7.6--Continued

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		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	956	27.6	26,373	28	\$4,129,299	\$4,057,993	\$154	\$4,245	\$3,914,925	\$148	\$4,150
Essential Hypertension	401	227	6.6	5,082	22	755,637	749,384	147	3,301	737,745	145	3,318
Hypertensive Heart Disease	402	65	1.9	1,527	23	229,651	227,942	149	3,486	246,014	161	3,837
Acute Myocardial Infarction	410	20	0.6	346	17	56,873	56,511	163	2,768	55,668	161	2,743
Other Acute and Subacute Forms of Ischemic Heart Disease	411	2	0.1	41	18	6,467	6,436	156	2,774	6,304	153	2,754
Angina Pectoris	413	4	0.1	73	17	10,647	10,576	144	2,509	10,792	147	2,593
Other Forms of Chronic Ischemic Heart Disease	414	70	2.0	1,437	21	217,663	216,042	150	3,098	210,727	147	3,071
Cardiac Dysrhythmias	427	94	2.7	1,991	21	310,574	307,418	154	3,265	298,617	150	3,200
Heart Failure	428	260	7.5	6,365	24	1,000,611	987,597	155	3,795	939,727	148	3,640
Transient Cerebral Ischemia	435	4	0.1	91	20	13,697	13,624	150	3,042	13,434	148	3,038
Acute but Ill-Defined Cerebrovascular Disease	436	2	0.1	75	32	10,380	10,325	138	4,435	9,746	130	4,318
Other Peripheral Vascular Disease	443	12	0.4	304	25	46,280	44,315	146	3,632	41,461	136	3,432
Diseases of the Respiratory System (MDC 8)	460-519	323	9.3	7,100	22	1,117,800	1,103,380	155	3,414	1,102,525	155	3,440
Pneumonia, Organism Unspecified	486	68	2.0	1,092	16	180,387	178,829	164	2,649	180,331	165	2,683
Chronic Airway Obstruction, not Elsewhere Classified	496	34	1.0	750	22	110,337	109,489	146	3,250	102,375	136	3,096
Diseases of the Digestive System (MDC 9)	520-579	92	2.7	1,629	18	261,810	255,454	157	2,780	260,905	160	2,861
Diseases of the Genitourinary System (MDC 10)	580-629	111	3.2	2,177	20	338,601	330,448	152	2,976	326,977	150	2,967
Other Disorders of Urethra and Urinary Tract	599	76	2.2	1,356	18	214,134	210,039	155	2,773	212,714	157	2,821
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	233	6.7	7,536	32	1,262,331	1,161,210	154	4,981	1,022,528	136	4,414
Other Cellulitis and Abscess	682	70	2.0	1,464	21	250,587	236,043	161	3,392	215,346	147	3,114
Chronic Ulcer of Skin	707	155	4.5	5,762	37	962,398	878,388	152	5,670	764,211	133	4,962

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	449	13.0	11,407	25	\$1,708,647	\$1,696,235	\$149	\$3,782	\$1,896,258	\$166	\$4,284
Rheumatoid Arthritis and Other Inflammatory Polyarthropathies	714	18	0.5	532	29	77,167	76,487	144	4,209	77,101	145	4,305
Osteoarthritis and Allied Disorders	715	142	4.1	3,371	24	492,797	490,092	145	3,442	558,813	166	3,986
Other and Unspecified Arthropathies	716	27	0.8	685	25	97,071	96,443	141	3,526	103,562	151	3,834
Other and Unspecified Disorders of Back	724	61	1.8	1,233	20	183,048	182,262	148	2,995	222,980	181	3,723
Other Disorders of Bone and Cartilage	733	10	0.3	334	33	47,092	46,419	139	4,535	38,285	114	3,822
Congenital Anomalies (MDC 14)	740-759	3	0.1	67	25	10,850	10,555	157	3,918	8,681	129	3,369
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	225	6.5	4,712	21	734,875	725,520	154	3,226	754,995	160	3,385
General Symptoms	780	55	1.6	1,049	19	165,890	164,929	157	3,009	161,966	154	2,991
Symptoms Involving Urinary System	788	14	0.4	306	22	46,025	43,789	143	3,175	42,344	138	3,090
Injury and Poisoning (MDC 17)	800-999	218	6.3	5,672	26	942,591	895,084	158	4,105	797,874	141	3,690
Fracture of Neck of Femur	820	2	0.1	44	25	6,267	6,229	143	3,519	6,597	151	3,765
Open Wound of Other and Unspecified Sites, Except Limbs	879	5	0.2	152	29	23,894	22,543	148	4,242	19,380	128	3,689
Open Wound of Knee, Leg (Except Thigh), and Ankle	891	30	0.9	787	27	130,359	122,684	156	4,149	109,524	139	3,723
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	1,257	36.3	23,872	19	3,971,880	3,899,077	163	3,101	4,467,281	187	3,575

<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.

<sup>6</sup>Less than 0.05 percent.

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 Standard Analytical Files; data development by the Office of Information Products & Data Analytics.