

Table 46

**Trends in Persons Served, Visits, Total Charges, Visit Charges, and Program Payments for Medicare Home Health Agency Services,  
by Year of Service: Selected Calendar Years 1974-1999**

Year of Service	Persons Served		Visits		Total Charges in Thousands	Visit Charges			Program Payments				
	Number in Thousands	Per 1,000 Enrollees	Number in Thousands	Per Person Served		Amount in Thousands	Per Visit	Per Person Served	Amount in Thousands	Per Person Served <sup>2</sup>	Per Enrollee		
1974	392.7	16	8,070	21	340	\$147,499	\$137,406	\$17	\$350	\$6	\$141,464	\$360	\$6
1976	588.7	23	13,335	23	520	312,325	292,697	22	497	11	289,851	492	11
1978	789.7	28	17,345	23	639	500,747	474,498	27	617	18	435,322	566	16
1980	957.4	34	22,428	23	788	770,703	734,718	33	767	26	662,133	692	23
1982	1,171.9	40	30,787	26	1,044	1,296,454	1,232,684	40	1,052	42	1,104,715	943	37
1983	1,351.2	45	36,844	27	1,227	1,657,024	1,596,989	43	1,182	53	1,398,092	1,035	47
1984	1,515.9	50	40,337	27	1,324	1,982,033	1,843,706	46	1,216	61	1,666,253	1,099	55
1985	1,588.6	51	39,742	25	1,279	2,124,312	2,040,697	51	1,285	66	1,773,048	1,116	57
1986	1,600.2	50	38,359	24	1,208	2,190,238	2,102,253	55	1,314	66	1,795,820	1,122	57
1987	1,564.5	48	36,088	23	1,113	2,210,670	2,104,753	58	1,345	65	1,791,589	1,145	55
1988	1,601.7	49	37,713	24	1,144	2,453,974	2,341,441	62	1,462	71	1,945,768	1,215	59
1989	1,724.9	51	47,258	27	1,407	3,240,071	3,113,345	66	1,805	93	2,431,643	1,410	72
1990	1,967.1	57	70,268	36	2,054	5,031,248	4,856,147	69	2,469	142	3,713,652	1,892	109
1991	2,242.9	64	99,825	45	2,862	7,365,931	7,117,436	71	3,173	204	5,369,051	2,397	154
1992	2,506.2	70	132,220	53	3,714	10,229,130	9,900,157	75	3,950	278	7,396,822	2,955	208
1993	2,874.1	79	164,234	57	4,520	13,673,836	13,241,340	81	4,607	364	9,726,444	3,389	268
1994 <sup>1</sup>	3,179.2	83	208,621	66	6,122	17,761,662	17,234,388	83	5,421	506	12,660,526	3,987	372
1995 <sup>1</sup>	3,489.4	102	249,394	72	7,322	21,591,139	20,973,734	84	6,045	616	15,391,094	4,441	452
1996 <sup>1</sup>	3,599.7	107	264,798	74	7,857	23,327,834	22,655,440	86	6,294	672	16,756,767	4,660	497
1997 <sup>1</sup>	3,557.5	106	256,168	73	7,821	23,460,105	22,766,528	88	6,400	690	16,718,263	4,704	507
1998 <sup>1</sup>	3,061.6	95	155,407	51	4,804	14,846,358	14,399,716	93	4,703	445	10,458,908	3,420	323
1999 <sup>1</sup>	2,719.7	85	113,439	42	3,525	11,370,780	11,065,837	98	4,069	344	7,936,513	2,921	247
						Average Annual Rate of Change							
1974-1982	14.6	12.1	18.2	2.7	15.1	31.2	31.6	11.3	14.7	27.5	29.3	12.8	25.5
1982-1987	5.9	3.7	3.2	-2.4	1.3	11.3	11.3	7.7	5.0	9.1	10.2	4.0	8.3
1987-1999	4.7	4.9	10.0	5.1	10.1	14.6	14.8	4.5	9.7	14.9	13.2	8.1	13.3
1974-1999	8.0	6.9	11.2	2.8	9.8	19.0	19.2	7.3	10.3	17.6	17.5	8.7	16.0

<sup>1</sup>Beginning with 1994, Medicare enrollees in managed care plans are not included in the denominator used to calculate the utilization rates and average payments.

<sup>2</sup>Prior to July 1, 1981, Part B home health services were subject to the Part B deductible. The deductible applicable to home health services was eliminated, effective July 1, 1981. The denominator for the calculation of program payments per person served do not include beneficiaries who received covered home health service but for whom no program payments were reported during the calendar year.

NOTES: Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to total because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

**Table 47**  
**Persons Served, Visits, Total Charges, Visit Charges, and Program Payments for Medicare Home Health Agency Services,**  
**by Demographic Characteristics: Calendar Year 1999**

Demographic Characteristic	Persons Served		Visits			Total Charges in Thousands	Visit Charges			Program Payments		
	Number in Thousands	Per 1,000 Enrollees <sup>1</sup>	Number in Thousands	Per Person Served	Per 1,000 Enrollees <sup>1</sup>		Amount in Thousands	Per Person Served	Per Enrollee <sup>1</sup>	Amount in Thousands	Per Person Served <sup>2</sup>	Per Enrollee <sup>1</sup>
<b>Total</b>	2,720	85	113,439	42	3,525	\$11,370,780	\$11,065,837	\$4,069	\$344	\$7,936,513	\$2,921	\$247
<b>Age</b>												
Under 65 Years	233	49	11,699	50	2,467	1,200,850	1,146,614	4,927	242	813,324	3,503	172
65-74 Years	663	47	24,689	37	1,754	2,543,223	2,474,491	3,730	176	1,748,746	2,639	124
75-84 Years	1,098	113	44,680	41	4,584	4,471,882	4,368,793	3,980	448	3,139,357	2,862	322
85 Years or Over	726	201	32,372	45	8,948	3,154,825	3,075,939	4,237	850	2,235,085	3,082	618
<b>Sex</b>												
Male	966	70	37,863	39	2,729	3,854,472	3,733,930	3,866	269	2,673,271	2,771	193
Female	1,754	96	75,576	43	4,128	7,516,308	7,331,907	4,180	400	5,263,242	3,004	287
<b>Medicare Status</b>												
Aged	2,487	91	101,741	41	3,708	10,169,930	9,919,223	3,988	362	7,123,188	2,867	260
Disabled	233	49	11,699	50	2,467	1,200,850	1,146,614	4,927	242	813,324	3,503	172
<b>Race</b>												
White	2,273	84	89,148	39	3,284	8,875,116	8,644,881	3,803	318	6,258,920	2,756	231
Other <sup>3</sup>	446	89	24,291	54	4,830	2,495,664	2,420,956	5,423	481	1,677,593	3,762	334

<sup>1</sup>Beginning with 1994, Medicare enrollees in managed care plans are not included in the denominator used to calculate the utilization rates and average payments.

<sup>2</sup>Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the calendar year.

<sup>3</sup>Includes unknown race.

NOTES: Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to total because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

Table 48

**Persons Served, Visits, Total Charges, Visit Charges, and Program Payments  
for Medicare Home Health Agency Services, by Area of Residence: Calendar Year 1999**

Area of Residence	Persons Served		Visits		Total Charges in Thousands
	Number in Thousands	Per 1,000 Enrollees <sup>1</sup>	Number in Thousands	Per Person Served Per 1,000 Enrollees <sup>1</sup>	
All Areas <sup>3</sup>	2,720	85	113,439	42	\$11,370,780
United States <sup>4</sup>	2,685	86	112,359	42	11,265,161
Northeast	633	99	23,890	38	2,321,882
Midwest	614	75	19,763	32	2,006,665
South	1,059	89	56,791	54	5,500,493
West	380	78	11,915	31	1,436,121
New England	190	113	8,929	47	711,420
Connecticut	45	111	2,169	48	164,899
Maine	21	98	832	40	64,326
Massachusetts	87	123	4,391	50	359,790
New Hampshire	14	94	556	40	41,661
Rhode Island	13	114	499	39	52,542
Vermont	11	122	482	46	28,203
Middle Atlantic	443	94	14,961	34	1,610,462
New Jersey	88	88	2,779	32	296,165
New York	189	87	6,876	36	754,685
Pennsylvania	165	109	5,306	32	559,612
East North Central	442	78	14,613	33	1,515,854
Illinois	122	85	3,906	32	438,978
Indiana	53	66	1,959	37	187,183
Michigan	121	92	4,081	34	441,723
Ohio	106	76	3,473	33	339,921
Wisconsin	40	55	1,194	30	108,049
West North Central	172	67	5,150	30	490,811
Iowa	29	62	790	28	60,342
Kansas	21	59	674	32	68,270
Minnesota	28	51	748	26	72,426
Missouri	65	89	2,140	33	218,447
Nebraska	15	64	425	28	39,299
North Dakota	7	67	184	27	15,980
South Dakota	7	58	188	28	16,047

See footnotes at end of table.

Table 48—Continued

Persons Served, Visits, Total Charges, Visit Charges, and Program Payments  
for Medicare Home Health Agency Services, by Area of Residence: Calendar Year 1999

Amount in Thousands	Visit Charges			Program Payments		
	Per Visit	Per Person Served	Per Enrollee <sup>1</sup>	Amount in Thousands	Per Visit	Per Person Served <sup>2</sup>
\$11,065,837	\$98	\$4,069	\$344	\$7,936,513	\$70	\$2,921
10,965,925	98	4,084	350	7,881,263	70	2,939
2,282,935	96	3,608	358	1,715,463	72	2,714
1,966,671	100	3,204	239	1,424,957	72	2,324
5,314,950	94	5,021	447	3,716,390	65	3,514
1,401,369	118	3,690	289	1,024,453	86	2,702
699,832	78	3,678	417	564,580	63	2,972
162,053	75	3,588	398	135,794	63	3,008
63,092	76	3,017	296	51,230	62	2,452
354,854	81	4,073	499	283,319	65	3,263
41,182	74	2,956	277	32,912	59	2,366
50,885	102	4,010	455	37,623	75	2,966
27,766	58	2,649	322	23,702	49	2,262
1,583,103	106	3,578	337	1,150,883	77	2,603
290,622	105	3,297	290	220,472	79	2,502
741,228	108	3,919	340	530,719	77	2,808
551,253	104	3,338	365	399,692	75	2,421
1,487,434	102	3,366	262	1,090,552	75	2,470
427,412	109	3,515	298	295,415	76	2,432
183,205	94	3,473	228	131,667	67	2,499
435,606	107	3,603	332	333,421	82	2,760
335,658	97	3,156	241	248,040	71	2,334
105,553	88	2,623	145	82,009	69	2,039
479,237	93	2,787	187	334,405	65	1,947
59,236	75	2,080	130	44,008	56	1,547
66,970	99	3,186	188	43,801	65	2,086
71,541	96	2,515	128	49,189	66	1,731
211,754	99	3,251	291	146,759	69	2,256
38,160	90	2,499	160	28,362	67	1,862
15,751	85	2,322	156	11,134	61	1,643
15,825	84	2,318	135	11,152	59	1,636

Table 48—Continued

**Persons Served, Visits, Total Charges, Visit Charges, and Program Payments  
for Medicare Home Health Agency Services, by Area of Residence: Calendar Year 1999**

Area of Residence	Persons Served		Visits			Total Charges in Thousands
	Number in Thousands	Per 1,000 Enrollees <sup>1</sup>	Number in Thousands	Per Person Served	Per 1,000 Enrollees <sup>1</sup>	
South Atlantic	544	86	22,303	41	3,519	\$2,240,197
Delaware	8	74	245	31	2,295	24,636
District of Columbia	5	80	237	44	3,478	24,677
Florida	197	98	8,485	43	4,234	885,351
Georgia	65	76	3,384	52	3,966	330,343
Maryland	44	81	1,306	30	2,387	137,704
North Carolina	90	84	3,311	37	3,107	315,367
South Carolina	45	80	1,832	41	3,311	172,141
Virginia	67	81	2,680	40	3,233	272,357
West Virginia	23	75	823	36	2,650	77,622
<b>East South Central</b>	<b>217</b>	<b>91</b>	<b>14,091</b>	<b>65</b>	<b>5,919</b>	<b>1,266,693</b>
Alabama	51	82	3,279	64	5,260	279,897
Kentucky	51	87	2,387	47	4,131	211,498
Mississippi	45	109	3,630	81	8,871	323,356
Tennessee	71	92	4,796	68	6,224	451,942
<b>West South Central</b>	<b>297</b>	<b>93</b>	<b>20,397</b>	<b>69</b>	<b>6,410</b>	<b>1,993,602</b>
Arkansas	31	75	1,425	46	3,453	119,766
Louisiana	56	116	5,318	96	11,112	480,478
Oklahoma	43	94	3,072	72	6,791	284,814
Texas	168	91	10,582	63	5,755	1,108,545
<b>Mountain</b>	<b>112</b>	<b>71</b>	<b>4,166</b>	<b>37</b>	<b>2,643</b>	<b>422,835</b>
Arizona	23	58	683	29	1,706	79,211
Colorado	25	83	963	39	3,234	99,575
Idaho	11	72	315	30	2,140	31,994
Montana	9	69	275	30	2,088	25,324
Nevada	11	70	404	37	2,590	45,884
New Mexico	14	75	503	37	2,736	47,644
Utah	15	77	868	57	4,399	79,046
Wyoming	4	66	156	38	2,502	14,157
<b>Pacific</b>	<b>268</b>	<b>82</b>	<b>7,749</b>	<b>29</b>	<b>2,364</b>	<b>1,013,285</b>
Alaska	2	51	48	24	1,202	7,326
California	202	88	6,271	31	2,737	835,833
Hawaii	4	39	105	25	955	14,170
Oregon	24	78	508	21	1,672	60,703
Washington	36	67	817	23	1,531	95,253
<b>Outlying Areas<sup>5</sup></b>	<b>35</b>	<b>42</b>	<b>1,081</b>	<b>31</b>	<b>1,308</b>	<b>105,619</b>

<sup>1</sup>The utilization statistics do not reflect managed care enrollment; that is, Medicare enrollees in managed care plans are not included in the denominator used to calculate the utilization rates and average payments.

<sup>2</sup>Does not reflect beneficiaries who received covered services but for whom no program payments were made during the reporting year.

<sup>3</sup>Includes United States and outlying areas.

<sup>4</sup>Includes 50 States and District of Columbia.

<sup>5</sup>Includes Puerto Rico, Virgin Islands, Guam, residence unknown, and all other outlying areas.

NOTES: Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to total because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

Table 48—Continued

Persons Served, Visits, Total Charges, Visit Charges, and Program Payments  
for Medicare Home Health Agency Services, by Area of Residence: Calendar Year 1999

Amount in Thousands	Visit Charges			Program Payments		
	Per Visit	Per Person Served	Per Enrollee <sup>1</sup>	Amount in Thousands	Per Visit	Per Person Served <sup>2</sup>
\$2,166,588	\$97	\$3,982	\$342	\$1,607,029	\$72	\$2,956
24,256	99	3,069	227	17,590	72	2,227
24,233	102	4,459	356	19,288	81	3,550
865,142	102	4,387	432	622,802	73	3,161
319,745	94	4,937	375	226,214	67	3,496
133,426	102	3,018	244	109,376	84	2,476
295,907	89	3,293	278	241,074	73	2,686
163,876	89	3,684	296	133,913	73	3,012
265,269	99	3,954	320	184,445	69	2,752
74,733	91	3,228	241	52,327	64	2,262
1,211,186	86	5,577	509	844,598	60	3,893
269,183	82	5,249	432	186,893	57	3,649
199,693	84	3,956	346	150,340	63	2,981
307,427	85	6,894	751	203,364	56	4,567
434,883	91	6,139	564	304,002	63	4,295
1,937,177	95	6,516	609	1,264,763	62	4,259
115,058	81	3,700	279	83,139	58	2,676
468,239	88	8,420	978	312,809	59	5,629
276,867	90	6,508	612	176,885	58	4,163
1,077,014	102	6,410	586	691,931	65	4,122
412,881	99	3,697	262	293,892	71	2,634
76,779	112	3,296	192	51,524	75	2,214
98,084	102	3,975	329	68,000	71	2,758
30,980	98	2,918	210	23,001	73	2,169
24,676	90	2,701	187	19,111	69	2,095
44,771	111	4,113	287	31,621	78	2,909
46,314	92	3,367	252	34,107	68	2,482
77,569	89	5,102	393	56,978	66	3,753
13,708	88	3,329	220	9,551	61	2,322
988,487	128	3,687	302	730,561	94	2,730
7,160	149	3,514	179	5,741	120	2,825
817,274	130	4,042	357	591,830	94	2,933
13,926	133	3,263	127	9,510	91	2,239
58,001	114	2,445	191	47,383	93	2,001
92,126	113	2,564	173	76,097	93	2,121
99,912	92	2,873	121	55,250	51	1,589

**Table 49**  
**Persons Using Medicare Home Health Agency Services, Visits, and Charges, by Type of Visit, Type of Agency, and Type of Control:**  
**Calendar Year 1999**

Type of Visit	Type of Agency						Type of Control		
	All Agencies <sup>1</sup>	Visiting Nurse Association	Combined Government and Voluntary		Hospital- Based	Other	Voluntary		Govern- ment
			Agency	Agency			Non-Profit	Proprietary	
Persons Served in Thousands									
Total <sup>2</sup>	2,720	433	6	215	1,094	972	1,586	894	239
Nursing Care	2,476	398	5	194	988	891	1,433	823	220
Home Health Aide	1,034	159	3	84	382	406	557	382	95
Physical Therapy	1,330	215	2	98	548	467	801	427	102
Speech Therapy	94	13	(3)	7	40	34	56	31	7
Occupational Therapy	390	66	(3)	23	165	136	242	122	26
Other <sup>4</sup>	487	76	1	31	192	187	284	174	29
Percent of Persons Served									
Total <sup>2</sup>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Nursing Care	91.0	91.9	93.2	90.2	90.4	91.6	90.3	92.0	92.1
Home Health Aide	38.0	36.7	45.1	39.2	34.9	41.8	35.1	42.7	39.8
Physical Therapy	48.9	49.6	38.7	45.6	50.1	48.0	50.5	47.7	42.5
Speech Therapy	3.5	3.1	1.9	3.2	3.6	3.5	3.5	3.5	3.1
Occupational Therapy	14.3	15.1	5.4	10.8	15.1	14.0	15.2	13.6	11.1
Other <sup>4</sup>	17.9	17.7	10.4	14.6	17.6	19.2	17.9	19.4	12.2
Visits in Thousands									
Total	113,439	16,541	195	9,045	35,906	51,752	54,609	50,325	8,505
Nursing Care	54,914	7,520	90	4,148	17,737	25,419	26,189	24,771	3,954
Home Health Aide	38,949	6,134	78	3,293	10,856	18,588	17,568	18,251	3,130
Physical Therapy	14,865	2,173	23	1,266	5,539	5,864	8,212	5,547	1,106
Speech Therapy	792	99	1	65	316	311	440	288	65
Occupational Therapy	2,731	408	2	185	1,045	1,091	1,537	1,016	178
Other <sup>4</sup>	1,188	207	2	87	412	480	664	452	72

See footnotes at end of table.



**Table 49—Continued**

**Persons Using Medicare Home Health Agency Services, Visits, and Charges, by Type of Visit, Type of Agency, and Type of Control:  
Calendar Year 1999**

Type of Visit	Type of Agency						Type of Control		
	All Agencies <sup>1</sup>	Visiting Nurse Association	Combined Government and Voluntary	Official Health Agency	Hospital-Based	Other	Voluntary Non-Profit	Proprietary	Government
	Average Number of Visits per Person Served <sup>6</sup>								
Total	42	38	35	42	33	53	34	56	36
Nursing Care	22	19	17	21	18	29	18	30	18
Home Health Aide	38	39	31	39	28	46	32	48	33
Physical Therapy	11	10	11	13	10	13	10	13	11
Speech Therapy	8	7	9	9	8	9	8	9	9
Occupational Therapy	7	6	6	8	6	8	6	8	7
Other <sup>4</sup>	2	3	3	3	2	3	2	3	3
	Average Visit Charge per Visit								
Total	\$98	\$88	\$87	\$89	\$102	\$99	\$98	\$99	\$86
Nursing Care	112	105	104	103	115	114	111	115	102
Home Health Aide	66	57	60	60	69	68	65	68	56
Physical Therapy	117	109	108	107	119	121	115	122	106
Speech Therapy	119	111	107	110	121	121	117	123	109
Occupational Therapy	119	110	115	113	121	121	117	124	110
Other <sup>4</sup>	148	134	132	135	157	149	145	152	144
	Average Visit Charge per Person Served <sup>6</sup>								
Total	\$4,069	\$3,374	\$3,045	\$3,732	\$3,359	\$5,257	\$3,362	\$5,592	\$3,065
Nursing Care	2,492	1,991	1,799	2,212	2,061	3,260	2,037	3,462	1,828
Home Health Aide	2,474	2,189	1,847	2,352	1,955	3,104	2,048	3,253	1,844
Physical Therapy	1,311	1,103	1,142	1,379	1,207	1,515	1,181	1,592	1,155
Speech Therapy	999	826	986	1,033	956	1,110	923	1,144	964
Occupational Therapy	832	686	682	901	765	973	742	1,031	744
Other <sup>4</sup>	361	363	357	374	335	384	340	396	357

<sup>1</sup>Includes rehabilitation facility-based, skilled nursing facility-based, and other types of agencies not shown separately.

<sup>2</sup>Numbers of persons served and corresponding percents do not add to total since persons may receive more than one type of service during the year.

<sup>3</sup>Fewer than 500 persons served.

<sup>4</sup>Includes medical social services and other health disciplines.

<sup>5</sup>Less than \$500,000.

<sup>6</sup>Based on persons actually using a given type of service.

NOTES: Visits by type of agency differ slightly from those in Table 50 because of differences in allocating visits for persons served by more than one agency during the year. Numbers may not add to totals because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

**Table 50**  
**Number of Providers, Persons Served, Visits, and Program Payments for Medicare Home Health Agency Services, by Type of Agency: Calendar Year 1999**

Type of Agency	Providers		Persons Served		Visits			Visit Charges			Program Payments		
	Number	Percent	Number in Thousands	Per-cent	Number in Thousands	Per-cent	Per Person	Amount in Thousands	Per-cent	Per Person	Amount in Thousands	Per-cent	Per Person <sup>1</sup>
Total	7,857	100.0	2,720	100.0	113,439	100.0	42	\$11,065,837	100.0	\$4,069	\$7,936,513	100.0	\$2,921
Visiting Nurse Association	450	5.7	433	15.9	16,520	14.6	38	1,449,991	13.1	3,350	1,186,697	15.0	2,744
Combined Government and Voluntary	37	0.5	6	0.2	195	0.2	35	17,065	0.2	3,053	12,308	0.2	2,204
Official Health	932	11.9	215	7.9	9,103	8.0	42	806,545	7.3	3,749	589,942	7.4	2,745
Hospital-Based	2,322	29.6	1,094	40.2	35,715	31.5	33	3,659,001	33.1	3,345	2,607,245	32.9	2,387
Skilled Nursing Facility-Based	161	2.0	20	0.7	775	0.7	39	78,814	0.7	3,988	55,688	0.7	2,820
Other <sup>2</sup>	3,955	50.3	953	35.0	51,130	45.1	54	5,054,421	45.7	5,306	3,484,632	43.9	3,662

<sup>1</sup>Does not reflect persons who received covered services but for whom no program payments were reported during the year.

<sup>2</sup>Represents rehabilitation facility-based agencies and other types of agencies.

NOTES: During the course of a calendar year, a beneficiary may receive services from more than one home health agency. For purposes of this report, persons served are grouped by the characteristics of the provider from the first claim encountered for the beneficiary during the calendar year. Visits by type of agency differ slightly from those in Table 49 because of differences in allocating visits for persons served by more than one agency during the year. Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to totals because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

**Table 51**  
**Persons Using Medicare Home Health Agency Services, Visits, Total Charges, and Program Payments, by Number of Visits: Calendar Years 1988 and 1999**

Number of Visits	Persons Served		Visits		Total Charges		Program Payments	
	Number in Thousands	Percent	Number in Thousands	Percent	Amount in Thousands	Percent	Amount in Thousands	Percent
<b>1988</b>								
Total	1,602	100.0	37,713	100.0	\$2,454,455	100.0	\$1,945,768	100.0
1-9	655	40.9	3,224	8.5	226,796	9.2	179,327	9.2
10-19	393	24.5	5,441	14.4	374,302	15.2	295,910	15.2
20-29	190	11.9	4,557	12.1	306,822	12.5	243,181	12.5
30-39	105	6.6	3,590	9.5	237,685	9.7	189,234	9.7
40-49	66	4.1	2,898	7.7	189,268	7.7	150,104	7.7
50-99	118	7.4	8,057	21.4	515,609	21.0	408,227	21.0
More than 100	64	4.0	9,946	26.4	603,974	24.6	478,784	24.6
<b>1999</b>								
Total	2,720	100.0	113,439	100.0	\$11,370,780	100.0	\$7,936,513	100.0
1-9	830	30.5	4,152	3.7	479,489	4.2	341,229	4.3
10-19	605	22.2	8,475	7.5	951,986	8.4	648,366	8.2
20-29	339	12.5	8,158	7.2	893,678	7.9	609,630	7.7
30-39	212	7.8	7,231	6.4	776,613	6.8	532,671	6.7
40-49	144	5.3	6,375	5.6	675,182	5.9	464,256	5.8
50-99	320	11.8	22,111	19.5	2,272,780	20.0	1,574,914	19.8
More than 100	270	9.9	56,938	50.2	5,321,052	46.8	3,765,447	47.4

NOTES: Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services. Numbers may not add to total because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

Table 52

**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 1999**

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>	---	2,720	100.0	113,439	42	\$11,370,780	\$11,065,837	\$98	\$4,069	\$7,936,513	\$70	\$2,921
Total Leading Diagnoses <sup>5</sup>	---	2,159	79.4	72,574	34	7,260,561	7,072,566	97	3,276	5,040,445	69	2,339
Infectious and Parasitic Diseases (MDC 1)	001-139	30	1.1	739	25	76,021	73,850	100	2,456	53,329	72	1,779
Neoplasms (MDC 2)	140-239	190	7.0	4,228	22	431,838	420,665	99	2,214	307,846	73	1,623
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	28	1.0	563	20	56,334	55,465	99	1,984	41,203	73	1,476
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	232	8.5	13,112	56	1,367,396	1,348,862	103	5,805	887,651	68	3,827
Diabetes Mellitus	250	172	6.3	11,526	67	1,215,205	1,200,017	104	6,983	779,612	68	4,545
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	38	1.4	837	22	81,500	79,550	95	2,122	57,911	69	1,547
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	85	3.1	3,609	42	298,797	292,457	81	3,426	230,695	64	2,707
Other Deficiency Anemias	281	46	1.7	2,398	52	183,542	179,271	75	3,914	149,643	62	3,274
Other and Unspecified Anemias	285	21	0.8	582	28	56,322	55,369	95	2,703	40,091	69	1,960
Coagulation Defects	286	10	0.3	305	32	28,029	27,505	90	2,895	19,502	64	2,056
Mental Disorders (MDC 5)	290-319	73	2.7	2,041	28	200,170	198,389	97	2,721	143,852	70	1,978
Schizophrenic Disorders	295	9	0.3	250	29	25,212	25,084	101	2,904	17,510	70	2,032
Affective Psychoses	296	17	0.6	472	28	48,688	48,413	103	2,864	34,101	72	2,023
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	90	3.3	3,599	40	326,878	320,508	89	3,561	241,966	67	2,696
Parkinson's Disease	332	24	0.9	833	35	79,360	78,480	94	3,274	57,903	70	2,420

See footnotes at end of table.

Table 52—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 1999**

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	855	31.4	26,776	31	\$2,658,037	\$2,614,941	\$98	\$3,057	\$1,857,609	\$69	\$2,176
Essential Hypertension	401	122	4.5	3,677	30	355,178	352,095	96	2,879	242,348	66	1,986
Hypertensive Heart Disease	402	15	0.6	733	48	67,697	66,848	91	4,359	44,753	61	2,920
Acute Myocardial Infarction	410	40	1.5	765	19	76,819	76,152	100	1,891	55,168	72	1,372
Other Acute and Subacute Forms of Ischemic Heart Disease	411	17	0.6	326	20	32,879	32,628	100	1,974	23,839	73	1,444
Angina Pectoris	413	20	0.7	511	25	47,711	47,333	93	2,333	33,686	66	1,665
Other Forms of Chronic Ischemic Heart Disease	414	92	3.4	1,651	18	169,519	167,655	102	1,819	120,938	73	1,314
Cardiac Dysrhythmias	427	68	2.5	1,481	22	144,845	143,554	97	2,127	103,766	70	1,540
Heart Failure	428	226	8.3	6,622	29	645,983	638,044	96	2,821	459,790	69	2,037
Transient Cerebral Ischemia	435	26	0.9	629	24	62,020	61,466	98	2,386	44,053	70	1,713
Acute but Ill-Defined Cerebrovascular Disease	436	121	4.4	4,084	34	418,223	413,503	101	3,420	291,736	71	2,417
Other Peripheral Vascular Disease	443	30	1.1	1,138	38	105,512	102,490	90	3,412	73,758	65	2,460
Diseases of the Respiratory System (MDC 8)	460-519	315	11.6	8,104	26	788,509	778,326	96	2,471	566,349	70	1,801
Pneumonia, Organism Unspecified	486	101	3.7	1,973	20	196,507	193,520	98	1,923	142,094	72	1,415
Chronic Airway Obstruction, not Elsewhere Classified	496	99	3.6	2,728	28	260,842	258,564	95	2,613	190,132	70	1,925
Diseases of the Digestive System (MDC 9)	520-579	141	5.2	3,302	23	327,690	320,040	97	2,272	233,379	71	1,661
Diseases of the Genitourinary System (MDC 10)	580-629	126	4.6	4,334	35	394,615	379,501	88	3,022	296,213	68	2,364
Other Disorders of Urethra and Urinary Tract	599	59	2.2	1,843	31	168,991	162,873	88	2,746	123,483	67	2,086
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	200	7.4	10,458	52	1,125,141	1,042,996	100	5,212	746,989	71	3,742
Other Cellulitis and Abscess	682	53	2.0	1,650	31	181,835	172,288	104	3,231	122,244	74	2,298
Chronic Ulcer of Skin	707	135	5.0	8,277	61	888,906	818,668	99	6,062	587,777	71	4,364

See footnotes at end of table.

Table 52—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 1999

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	383	14.1	9,536	25	\$960,071	\$949,653	100	\$2,481	\$674,520	\$71	\$1,765
Rheumatoid Arthritis and Other												
Inflammatory Polyarthropathies	714	14	0.5	564	39	51,126	50,627	90	3,527	37,511	66	2,619
Osteoarthritis and Allied Disorders	715	171	6.3	3,410	20	350,554	348,228	102	2,041	244,467	72	1,436
Other and Unspecified Arthropathies	716	25	0.9	665	27	62,596	62,024	93	2,480	43,735	66	1,750
Other and Unspecified Disorders of Back	724	41	1.5	799	20	81,694	81,156	102	1,988	58,765	74	1,441
Other Disorders of Bone and Cartilage	733	37	1.4	1,669	45	160,867	158,782	95	4,280	113,998	68	3,076
Congenital Anomalies (MDC 14)	740-759	8	0.3	185	22	18,590	18,121	98	2,150	12,871	70	1,529
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	282	10.4	8,116	29	771,615	746,803	92	2,648	571,700	70	2,031
General Symptoms	780	75	2.7	1,623	22	159,102	157,257	97	2,111	114,497	71	1,540
Symptoms Involving Urinary System	788	61	2.2	3,092	51	265,877	248,982	81	4,106	211,557	68	3,494
Injury and Poisoning (MDC 17)	800-999	432	15.9	14,442	33	1,540,865	1,480,562	103	3,431	1,049,877	73	2,441
Fracture of Neck of Femur	820	80	2.9	1,923	24	199,236	197,434	103	2,466	141,144	73	1,767
Open Wound of Other and Unspecified Sites, Except Limbs	879	38	1.4	1,544	41	173,417	162,872	105	4,339	113,509	74	3,035
Open Wound of Knee, Leg (Except Thigh), and Ankle	891	32	1.2	1,428	45	158,435	148,366	104	4,715	104,219	73	3,324
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	28	1.0	839	30	83,038	78,680	94	2,791	60,489	72	2,151

<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 of persons served by diagnostic category do not add to total since persons may receive home health services for different diagnosis during the year and are counted in the appropriate group.

<sup>3</sup>Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the 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: Numbers may not add to totals because of rounding. 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.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services; Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

**Table 53**  
**Persons Served and Program Payments for Medicare Home Health Agency (HHA) Services,**  
**by Selected Diagnoses: Calendar Years 1987 and 1999**

Principal ICD-9-CM Diagnosis <sup>1</sup>	ICD-9-CM Codes	1987				
		Persons in		Program Payments		
		Thousands	Percent	Amount in Thousands	Percent	Per Person Served <sup>2</sup>
Total All Diagnoses	---	1,565	100.0	\$1,791,589	100.0	\$1,145
Total Selected Diagnoses <sup>3</sup>	---	560	35.8	665,493	37.1	1,188
Diabetes Mellitus	250	92	5.9	107,311	6.0	1,166
Essential Hypertension	401	40	2.6	40,470	2.3	1,012
Other Forms of Chronic Ischemic Heart Disease	414	21	1.3	18,832	1.1	897
Heart Failure	428	98	6.3	99,541	5.6	1,016
Acute But Ill-Defined Cerebrovascular Disease	436	85	5.4	136,903	7.6	1,611
Pneumonia, Organism Unspecified	486	26	1.7	24,561	1.4	945
Chronic Airway Obstruction, Not Elsewhere Classified	496	34	2.2	34,111	1.9	1,003
Chronic Ulcer of Skin	707	41	2.6	83,287	4.6	2,031
Osteoarthritis and Allied Disorders	715	48	3.1	42,244	2.4	880
General Symptoms	780	14	0.9	13,067	0.7	933
Fracture of Neck of Femur	820	61	3.9	65,166	3.6	1,068
<b>All Other Diagnoses</b>	---	<b>1,005</b>	<b>64.2</b>	<b>1,126,096</b>	<b>62.9</b>	<b>1,120</b>

<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>Does not reflect persons who received covered services but for whom no program payments were reported during the year.

<sup>3</sup>Based on frequency of occurrence in 1999. Persons served for total selected diagnosis may be over counted for beneficiaries receiving care for more than one category.

NOTE: Medicare program payments represent fee-for-service only; that is, program payments exclude amounts paid for managed care services.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

**Table 53—Continued**  
**Persons Served and Program Payments for Medicare Home Health Agency (HHA) Services,**  
**by Selected Diagnoses: Calendar Years 1987 and 1999**

Persons in Thousands	Percent	1999			Percent Change 1987-1999		
		Program Payments		Per Person Served <sup>2</sup>	Persons	Program Payments	Average Program Payment
		Amount in Thousands	Percent				
2,720	100.0	\$7,936,513	100.0	\$2,921	74	343	155
1394	51.3	3,314,535	41.8	2,378	149	398	100
172	6.3	779,612	9.8	4,545	87	626	290
122	4.5	242,348	3.1	1,986	205	499	96
92	3.4	120,938	1.5	1,314	338	542	47
226	8.3	459,790	5.8	2,037	131	362	101
121	4.4	291,736	3.7	2,417	42	113	50
101	3.7	142,094	1.8	1,415	288	479	50
99	3.6	190,132	2.4	1,925	191	457	92
135	5.0	587,777	7.4	4,364	229	606	115
171	6.3	244,467	3.1	1,436	256	479	63
75	2.7	114,497	1.4	1,540	436	776	65
80	2.9	141,144	1.8	1,767	31	117	65
1,326	48.8	4,621,978	58.2	3,486	32	310	211