

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 1974-2001

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	Per 1,000 Enrollees		Amount in Thousands	Per Visit	Per Person Served	Per Enrollee	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
1976	588.7	23	13,335	23	520	312,325	292,697	22	497	11	289,851	492	11
1978	769.7	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
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	93	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>	3,469.4	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	108	258,168	73	7,821	23,460,105	22,766,628	88	6,400	690	16,718,263	4,704	506
1998 <sup>1</sup>	3,061.6	95	155,407	51	4,804	14,846,358	14,399,716	93	4,703	445	10,456,908	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
2000 <sup>1</sup>	2,461.2	75	90,566	37	2,766	9,488,429	9,245,053	102	3,756	282	7,215,958	2,936	193
2001 <sup>1</sup>	2,402.5	71	73,573	31	2,173	8,199,439	7,987,887	109	3,325	236	8,513,702	3,545	251
						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
1987-2001	3.1	2.8	5.2	2.2	4.9	9.8	10.0	4.6	6.7	9.6	11.8	8.4	11.5
1974-2001	6.9	5.7	8.5	1.5	7.1	16.0	16.2	7.1	8.7	14.6	16.4	8.8	14.8

<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 reporting year.

NOTES: 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 prospective payment system, beginning October 1, 2000, program payments are now associated with episodes and not individual visits. 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 2001**

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>	2,403	71	73,573	31	2,173	\$8,199,439	\$7,987,887	\$3,325	\$236	\$8,513,702	\$3,545	\$251
<b>Age</b>												
Under 65 Years	213	41	7,740	36	1,496	874,600	832,537	3,901	161	819,899	3,844	159
65-74 Years	575	39	15,892	28	1,082	1,811,365	1,761,284	3,065	120	1,857,765	3,234	126
75-84 Years	971	95	29,205	30	2,860	3,250,497	3,180,023	3,275	311	3,405,673	3,509	334
85 Years or Over	644	170	20,736	32	5,475	2,262,977	2,214,044	3,441	585	2,430,365	3,778	642
<b>Sex</b>												
Male	857	58	24,965	29	1,693	2,811,928	2,726,581	3,183	185	2,876,290	3,360	195
Female	1,546	81	48,609	31	2,543	5,387,511	5,261,306	3,403	275	5,637,412	3,648	295
<b>Medicare Status</b>												
Aged	2,189	76	65,834	30	2,295	7,324,839	7,155,351	3,269	249	7,693,803	3,516	268
Disabled	213	41	7,740	36	1,496	874,600	832,537	3,901	161	819,899	3,844	159
<b>Race</b>												
White	2,010	70	58,622	29	2,039	6,487,767	6,324,707	3,146	220	6,866,782	3,418	239
Other <sup>3</sup>	392	77	14,951	38	2,927	1,711,671	1,663,180	4,238	326	1,646,920	4,199	322

<sup>1</sup>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 reporting year.

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

NOTES: 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. 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 2001**

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>	2,403	71	73,573	31	2,173	\$8,199,439
United States <sup>4</sup>	2,321	70	71,339	31	2,162	7,950,028
Northeast	547	82	17,105	31	2,572	1,830,933
Midwest	514	61	13,302	26	1,581	1,481,218
South	935	74	32,693	35	2,573	3,544,683
West	325	62	8,239	25	1,577	1,093,193
New England	168	95	6,179	37	3,482	572,737
Connecticut	41	91	1,547	38	3,481	133,397
Maine	18	81	580	33	2,650	54,217
Massachusetts	76	103	2,918	39	3,950	278,085
New Hampshire	14	80	443	33	2,625	40,859
Rhode Island	11	99	329	29	2,908	39,074
Vermont	9	96	362	41	3,987	27,105
Middle Atlantic	379	78	10,926	29	2,241	1,258,196
New Jersey	77	73	2,085	27	1,963	239,372
New York	161	72	5,309	33	2,374	610,467
Pennsylvania	141	90	3,531	25	2,240	408,357
East North Central	377	65	9,938	26	1,709	1,128,179
Illinois	105	71	2,599	25	1,760	318,631
Indiana	42	51	1,186	28	1,442	124,936
Michigan	107	81	2,937	28	2,211	343,208
Ohio	92	63	2,433	27	1,673	261,363
Wisconsin	32	43	783	25	1,065	80,040
West North Central	137	53	3,364	25	1,296	353,039
Iowa	21	46	528	25	1,152	45,204
Kansas	17	46	441	27	1,241	48,831
Minnesota	22	39	491	22	850	54,657
Missouri	55	74	1,401	26	1,893	154,140
Nebraska	12	49	277	23	1,128	28,593
North Dakota	5	53	125	23	1,222	11,798
South Dakota	5	42	103	21	874	9,815

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 2001**

Visit Charges				Program Payments		
Amount in Thousands	Per Visit	Per Person Served	Per Enrollee <sup>1</sup>	Amount in Thousands	Per Visit	Per Person Served <sup>2</sup>
\$7,987,887	\$109	\$3,325	\$236	\$8,513,702	\$116	\$3,545
7,749,618	109	3,339	235	8,252,855	116	3,557
1,797,601	105	3,287	270	1,897,061	111	3,472
1,447,907	109	2,819	172	1,613,579	121	3,142
3,437,799	105	3,676	271	3,610,578	110	3,862
1,066,311	129	3,277	204	1,131,637	137	3,480
562,866	91	3,357	317	624,784	101	3,732
130,992	85	3,228	295	153,701	99	3,792
52,940	91	2,972	242	57,513	99	3,234
274,151	94	3,613	371	294,800	101	3,891
40,286	91	2,995	239	49,042	111	3,651
37,840	115	3,385	334	36,735	112	3,291
26,657	74	3,046	294	32,992	91	3,776
1,234,734	113	3,256	253	1,272,278	116	3,357
235,460	113	3,042	222	265,803	127	3,435
598,597	113	3,728	268	574,882	108	3,583
400,677	113	2,837	254	431,593	122	3,057
1,104,173	111	2,932	190	1,234,188	124	3,278
311,648	120	2,980	211	354,847	137	3,394
121,716	103	2,908	148	133,106	112	3,180
336,866	115	3,150	254	378,676	129	3,542
256,319	105	2,798	176	284,694	117	3,109
77,625	99	2,452	106	82,864	106	2,619
343,734	102	2,508	132	379,391	113	2,769
44,181	84	2,095	96	53,029	100	2,515
47,714	108	2,896	134	49,460	112	3,002
54,040	110	2,427	94	57,327	117	2,577
148,770	106	2,711	201	164,993	118	3,007
27,818	100	2,307	113	30,565	110	2,535
11,624	93	2,162	114	12,128	97	2,256
9,588	93	1,955	82	11,890	115	2,424

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 2001**

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	486	71	13,809	28	2,028	\$1,572,967
Delaware	7	63	197	27	1,730	20,778
District of Columbia	5	67	123	26	1,745	14,435
Florida	184	84	5,544	30	2,526	680,901
Georgia	56	62	1,868	34	2,074	201,001
Maryland	43	68	942	22	1,483	109,185
North Carolina	76	68	1,978	26	1,786	206,712
South Carolina	39	67	1,025	27	1,768	108,307
Virginia	59	66	1,664	28	1,863	181,711
West Virginia	18	57	469	26	1,489	49,937
East South Central	185	75	7,170	39	2,913	713,860
Alabama	44	69	1,683	38	2,618	161,890
Kentucky	43	72	1,596	37	2,666	149,266
Mississippi	35	85	1,467	41	3,524	147,326
Tennessee	62	77	2,424	39	3,015	255,377
West South Central	264	77	11,715	44	3,409	1,257,857
Arkansas	26	63	898	35	2,164	83,438
Louisiana	50	96	2,800	57	5,404	282,548
Oklahoma	36	79	1,748	49	3,808	177,133
Texas	153	75	6,269	41	3,066	714,739
Mountain	94	54	2,657	28	1,542	295,736
Arizona	20	43	402	21	874	50,315
Colorado	21	63	549	27	1,681	62,784
Idaho	9	59	211	23	1,373	23,873
Montana	7	51	184	26	1,343	18,535
Nevada	9	53	254	28	1,464	31,484
New Mexico	12	59	325	27	1,602	35,155
Utah	13	64	647	49	3,162	65,114
Wyoming	3	45	84	29	1,300	8,476
Pacific	232	66	5,582	24	1,594	797,457
Alaska	2	38	31	19	709	5,239
California	174	72	4,520	26	1,877	654,820
Hawaii	3	29	64	19	560	9,263
Oregon	21	65	372	18	1,147	50,678
Washington	32	53	596	19	1,000	77,456
Outlying Areas <sup>5</sup>	82	94	2,235	27	2,586	249,411

<sup>1</sup>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 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 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. 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 2001**

Visit Charges				Program Payments		
Amount in Thousands	Per Visit	Per Person Served	Per Enrollee <sup>1</sup>	Amount in Thousands	Per Visit	Per Person Served <sup>2</sup>
\$1,524,893	\$110	\$3,139	\$224	\$1,673,871	\$121	\$3,446
20,436	104	2,843	179	24,682	125	3,438
14,133	115	2,985	200	17,080	139	3,607
666,721	120	3,622	304	647,431	117	3,518
194,479	104	3,492	216	214,101	115	3,846
105,958	113	2,467	167	126,740	135	2,951
195,016	99	2,584	176	246,949	125	3,273
103,835	101	2,686	179	136,260	133	3,526
176,519	106	2,985	198	200,085	120	3,384
47,795	102	2,664	152	60,543	129	3,376
684,147	95	3,696	278	759,435	106	4,103
156,278	93	3,520	243	176,335	105	3,972
141,646	89	3,277	237	164,200	103	3,799
139,383	95	3,933	335	149,297	102	4,214
246,840	102	3,979	307	269,603	111	4,346
1,228,758	105	4,651	358	1,177,272	100	4,457
80,316	89	3,083	194	85,151	95	3,269
275,885	99	5,563	532	266,824	95	5,381
173,702	99	4,817	378	158,382	91	4,393
698,855	111	4,583	342	666,914	106	4,375
289,096	109	3,092	168	311,932	117	3,338
48,906	122	2,502	106	52,419	130	2,683
61,776	113	2,995	189	66,653	121	3,233
23,002	109	2,549	150	26,567	126	2,945
18,045	98	2,576	132	21,962	119	3,137
30,780	121	3,382	178	32,113	126	3,528
34,212	105	2,836	168	38,809	119	3,218
64,074	99	4,862	313	64,147	99	4,869
8,301	98	2,819	128	9,262	110	3,145
777,215	139	3,352	222	819,705	147	3,537
5,125	167	3,115	118	5,568	180	3,385
639,884	142	3,676	266	652,103	144	3,748
9,076	143	2,717	80	10,367	162	3,106
48,378	130	2,283	149	58,124	156	2,743
74,753	126	2,364	126	93,543	157	2,959
238,269	107	2,925	276	260,847	117	3,203

**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 2001**

Type of Visit	Type of Agency						Type of Control		
	All Agencies	Visiting Nurse Association	Combined Government and Voluntary	Official Health Agency	Hospital-Based	Other <sup>1</sup>	Voluntary Non-Profit	Proprietary	Government
Persons Served in Thousands									
Total <sup>2</sup>	2,403	375	4	195	859	970	1,393	827	182
Nursing Care	2,113	332	3	169	752	856	1,216	732	165
Home Health Aide	708	108	1	61	238	300	387	258	63
Physical Therapy	1,374	218	2	107	492	556	811	472	91
Speech Therapy	80	12	(3)	6	31	31	47	27	6
Occupational Therapy	430	73	(3)	28	159	170	265	139	25
Other <sup>4</sup>	362	61	(3)	26	130	145	221	122	19
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	87.9	88.4	91.9	87.0	87.6	88.2	87.3	88.4	90.9
Home Health Aide	29.5	28.8	38.3	31.1	27.7	30.9	27.8	31.2	34.5
Physical Therapy	57.2	58.1	45.2	55.0	57.3	57.3	58.2	57.0	50.1
Speech Therapy	3.3	3.3	1.4	3.2	3.6	3.2	3.4	3.2	3.1
Occupational Therapy	17.9	19.6	9.0	14.2	18.5	17.5	19.0	16.8	13.9
Other <sup>4</sup>	15.1	16.2	8.1	13.1	15.1	14.9	15.9	14.7	10.3
Visits in Thousands									
Total <sup>2</sup>	73,573	11,105	108	6,248	21,652	34,461	37,960	30,417	5,196
Nursing Care	36,529	5,317	55	2,979	10,704	17,475	18,349	15,702	2,478
Home Health Aide	18,540	3,107	32	1,649	4,875	8,878	9,361	7,675	1,505
Physical Therapy	14,652	2,070	19	1,330	4,750	6,483	7,985	5,691	976
Speech Therapy	566	75	(3)	51	209	231	324	198	44
Occupational Therapy	2,580	405	1	184	880	1,110	1,505	920	154
Other <sup>4</sup>	706	132	1	55	234	283	437	230	39

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 2001

Type of Visit	Type of Agency						Type of Control		
	All Agencies	Visiting Nurse Association	Combined Government and Voluntary	Official Health Agency	Hospital-Based	Other <sup>1</sup>	Voluntary Non-Profit	Proprietary	Government
Percent Distribution of Visits									
Total <sup>2</sup>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Nursing Care	49.7	47.9	50.6	47.7	49.4	50.7	48.3	51.6	47.7
Home Health Aide	25.2	28.0	29.3	26.4	22.5	25.8	24.7	25.2	29.0
Physical Therapy	19.9	18.6	17.6	21.3	21.9	18.8	21.0	18.7	18.8
Speech Therapy	0.8	0.7	0.3	0.8	1.0	0.7	0.9	0.7	0.8
Occupational Therapy	3.5	3.6	1.3	2.9	4.1	3.2	4.0	3.0	3.0
Other <sup>4</sup>	1.0	1.2	0.9	0.9	1.1	0.8	1.2	0.8	0.8
Visit Charges in Millions									
Total <sup>2</sup>	\$7,988	\$1,122	\$10	\$623	\$2,449	\$3,783	\$4,101	\$3,395	\$491
Nursing Care	4,373	614	6	328	1,310	2,115	2,186	1,922	265
Home Health Aide	1,262	180	2	105	354	621	625	549	88
Physical Therapy	1,842	249	2	155	605	831	991	742	109
Speech Therapy	72	9	(5)	6	27	30	41	26	5
Occupational Therapy	326	49	(5)	22	114	141	189	119	18
Other <sup>4</sup>	113	20	(5)	8	40	46	70	37	6
Percent Distribution of Visit Charges									
Total <sup>2</sup>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Nursing Care	54.7	54.7	57.6	52.5	53.5	55.9	53.3	56.6	54.0
Home Health Aide	15.8	16.0	18.5	16.9	14.4	16.4	15.2	16.2	17.9
Physical Therapy	23.1	22.2	20.8	24.8	24.7	22.0	24.2	21.8	22.2
Speech Therapy	0.9	0.8	0.4	1.0	1.1	0.8	1.0	0.8	1.0
Occupational Therapy	4.1	4.4	1.6	3.6	4.7	3.7	4.6	3.5	3.7
Other <sup>4</sup>	1.4	1.8	1.2	1.2	1.6	1.2	1.7	1.1	1.2

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 2001

Type of Visit	Type of Agency						Type of Control			
	All Agencies	Visiting Nurse Association	Combined Government and Voluntary	Official Health Agency	Hospital-Based	Other <sup>1</sup>	Voluntary Non-Profit	Proprietary	Government	
Average Number of Visits per Person Served										
Total <sup>2</sup>	31	30	30	32	25	36	27	37	29	
Nursing Care	17	16	16	18	14	20	15	22	15	
Home Health Aide	26	29	23	27	21	30	24	30	24	
Physical Therapy	11	10	12	12	10	12	10	12	11	
Speech Therapy	7	6	6	8	7	8	7	7	8	
Occupational Therapy	6	6	4	7	6	7	6	7	6	
Other <sup>4</sup>	2	2	3	2	2	2	2	2	2	
Average Visit Charge per Visit										
Total <sup>2</sup>	\$109	\$101	\$91	\$100	\$113	\$110	\$108	\$112	\$95	
Nursing Care	120	116	104	110	122	121	119	122	107	
Home Health Aide	68	58	57	64	73	70	67	72	59	
Physical Therapy	126	120	107	116	127	128	124	130	112	
Speech Therapy	127	123	120	120	129	128	126	131	114	
Occupational Therapy	126	122	113	121	129	127	125	130	116	
Other <sup>4</sup>	160	153	117	140	169	161	160	162	151	
Average Visit Charge per Person Served										
Total <sup>2</sup>	\$3,325	\$2,993	\$2,683	\$3,201	\$2,852	\$3,899	\$2,944	\$4,104	\$2,699	
Nursing Care	2,070	1,853	1,681	1,934	1,741	2,471	1,798	2,627	1,602	
Home Health Aide	1,782	1,668	1,296	1,736	1,486	2,071	1,615	2,126	1,403	
Physical Therapy	1,340	1,144	1,235	1,442	1,231	1,494	1,222	1,572	1,198	
Speech Therapy	902	758	731	979	882	963	863	971	901	
Occupational Therapy	759	670	467	806	718	828	711	858	708	
Other <sup>4</sup>	313	332	389	304	304	314	316	306	316	

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

<sup>2</sup>Numbers do not add to total since persons may receive more than 1 type of service.

<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.

NOTE: 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. 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 50**  
**Number of Providers, Persons Served, Visits, and Program Payments for Medicare Home Health Agency Services, by Type of Agency: Calendar Year 2001**

Type of Agency	Providers		Persons Served		Visits			Visit Charges			Program Payments		
	Number	Percent	Number in Thousands	Percent	Number in Thousands	Percent	Per Person	Amount in Thousands	Percent	Per Person	Amount in Thousands	Percent	Per Person <sup>1</sup>
Total	6,809	100.0	2,600	100.0	73,578	100.0	28	\$7,988,279	100.0	\$3,073	\$8,513,996	100.0	\$3,276
Visiting Nurse Association	410	6.0	403	15.5	11,097	15.1	28	1,119,477	14.0	2,775	1,291,439	15.2	3,204
Combined Government and Voluntary	25	0.4	4	0.2	116	0.2	29	10,446	0.1	2,579	12,929	0.2	3,192
Official Health	877	12.9	210	8.1	6,263	8.5	30	623,712	7.8	2,970	692,104	8.1	3,297
Hospital-Based	1,994	29.3	907	34.9	21,409	29.1	24	2,425,601	30.4	2,674	2,578,179	30.3	2,844
Skilled Nursing Facility-Based	128	1.9	18	0.7	581	0.8	32	63,819	0.8	3,519	65,751	0.8	3,631
Other <sup>2</sup>	3,375	49.6	1,057	40.7	34,112	46.4	32	3,745,224	46.9	3,543	3,873,595	45.5	3,665

<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 freestanding non-visiting nurse association agencies, community home health agencies, rehabilitation-based agencies, and unknown agencies.

NOTES: 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 individual visits. Due to differences in timing and edits, additional home health agency claims were included in this table and will cause the number of persons served, visits, and the associated charges and payments to differ slightly from the other tables on Medicare home health agency utilization.

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 1997 and 2001**

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>1997</b>								
Total	3,558	100.0	258,168	100.0	\$23,460,105	100.0	\$16,718,263	100.0
1-9	820	23.0	4,096	1.6	453,521	1.9	326,454	2.0
10-19	647	18.2	9,094	3.5	978,214	4.2	676,581	4.0
20-29	395	11.1	9,532	3.7	1,002,319	4.3	694,720	4.2
30-39	265	7.4	9,085	3.5	936,294	4.0	653,835	3.9
40-49	193	5.4	8,563	3.3	869,803	3.7	610,492	3.7
50-99	506	14.2	35,469	13.7	3,486,321	14.9	2,466,810	14.8
More than 100	732	20.6	182,330	70.6	15,733,632	67.1	11,289,371	67.5
<b>2001</b>								
Total	2,403	100.0	73,573	100.0	\$8,199,439	100.0	\$8,513,702	100.0
1-9	731	30.4	3,936	5.3	492,612	6.0	875,151	10.3
10-19	646	26.9	9,013	12.3	1,102,370	13.4	1,630,558	19.2
20-29	346	14.4	8,301	11.3	986,636	12.0	1,205,259	14.2
30-39	196	8.2	6,695	9.1	778,194	9.5	849,599	10.0
40-49	122	5.1	5,409	7.4	619,429	7.6	632,630	7.4
50-99	230	9.6	15,649	21.3	1,741,585	21.2	1,609,094	18.9
More than 100	131	5.5	24,570	33.4	2,478,611	30.2	1,711,411	20.1

NOTES: 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. 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 2001**

Principal ICD-9-CM Diagnosis Within MDC <sup>1</sup>	Principal ICD-9-CM Codes	Persons Served		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>2</sup>
Total All Diagnoses <sup>3</sup>	---	2,403	100.0	73,573	31	\$8,199,439	\$7,987,887	\$109	\$3,325	\$8,513,702	\$116	\$3,545
Total Leading Diagnoses <sup>4</sup>	---	1,727	71.9	45,505	26	5,065,692	4,941,841	109	2,861	5,160,708	113	2,990
Infectious and Parasitic Diseases (MDC 1)	001-139	20	0.8	394	20	44,946	43,790	111	2,241	42,364	108	2,171
Neoplasms (MDC 2)	140-239	156	6.5	2,858	18	323,521	312,693	109	2,003	317,978	111	2,038
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	23	1.0	376	16	41,014	40,404	108	1,769	43,087	115	1,887
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	215	9.0	9,123	42	1,046,080	1,029,297	113	4,778	871,797	96	4,049
Diabetes Mellitus	250	179	7.5	8,399	47	967,987	952,803	113	5,310	788,974	94	4,400
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	21	0.9	355	17	38,999	38,184	108	1,812	41,706	118	1,980
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	55	2.3	1,844	34	165,012	162,174	88	2,960	169,035	92	3,087
Other Deficiency Anemias	281	30	1.2	1,260	42	102,887	100,954	80	3,379	107,807	86	3,610
Other and Unspecified Anemias	285	14	0.6	329	23	35,251	34,780	106	2,472	34,752	106	2,471
Coagulation Defects	286	5	0.2	97	21	10,105	9,950	102	2,154	10,208	105	2,211
Mental Disorders (MDC 5)	290-319	43	1.8	916	21	100,303	99,682	109	2,323	100,109	109	2,337
Schizophrenic Disorders	295	5	0.2	116	25	12,738	12,677	109	2,703	12,167	105	2,614
Affective Psychoses	296	10	0.4	207	21	24,425	24,362	117	2,455	23,028	111	2,326
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	95	3.9	3,445	36	345,658	336,373	98	3,550	406,563	118	4,296
Parkinson's Disease	332	27	1.1	803	30	85,420	84,320	105	3,171	112,930	141	4,248

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 2001**

Principal ICD-9-CM Diagnosis Within MDC <sup>1</sup>	Principal ICD-9-CM Codes	Persons Served		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>2</sup>
Diseases of the Circulatory System (MDC 7)	390-459	688	28.6	16,475	24	\$1,832,210	\$1,800,963	\$109	\$2,620	\$1,904,243	\$116	\$2,771
Essential Hypertension	401	71	2.9	1,468	21	160,556	159,798	109	2,268	160,933	110	2,286
Hypertensive Heart Disease	402	9	0.4	217	25	22,878	22,679	104	2,655	22,138	102	2,592
Acute Myocardial Infarction	410	31	1.3	502	16	56,188	55,744	111	1,799	58,286	116	1,882
Other Acute and Subacute Forms of Ischemic Heart Disease	411	10	0.4	161	16	17,893	17,783	110	1,733	18,625	115	1,817
Angina Pectoris	413	10	0.4	176	18	2 18,709	18,609	106	1,951	18,850	107	1,977
Other Forms of Chronic Ischemic Heart Disease	414	82	3.4	1,220	15	139,037	137,497	113	1,669	148,967	122	1,809
Cardiac Dysrhythmias	427	51	2.1	866	17	94,961	94,293	109	1,850	98,545	114	1,934
Heart Failure	428	166	6.9	3,696	22	400,117	395,908	107	2,391	390,853	106	2,361
Transient Cerebral Ischemia	435	23	1.0	470	21	51,516	51,208	109	2,240	66,524	142	2,911
Acute but Ill-Defined Cerebrovascular Disease	436	113	4.7	3,346	30	376,273	372,237	111	3,310	452,171	135	4,022
Other Peripheral Vascular Disease	443	22	0.9	684	31	74,778	71,867	105	3,210	68,215	100	3,050
Diseases of the Respiratory System (MDC 8)	460-519	212	8.8	4,241	20	460,660	455,617	107	2,151	476,677	112	2,252
Pneumonia, Organism Unspecified	486	64	2.7	1,042	16	115,543	114,253	110	1,787	126,093	121	1,973
Chronic Airway Obstruction, not Elsewhere Classified	496	70	2.9	1,496	21	159,124	157,849	106	2,259	160,099	107	2,292
Diseases of the Digestive System (MDC 9)	520-579	104	4.3	1,915	18	216,312	209,477	109	2,011	213,287	111	2,048
Diseases of the Genitourinary System (MDC 10)	580-629	89	3.7	2,214	25	227,364	217,841	98	2,451	225,913	102	2,543
Other Disorders of Urethra and Urinary Tract	599	35	1.4	690	20	73,391	70,985	103	2,054	78,243	113	2,265
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	159	6.6	5,910	37	703,267	647,992	110	4,071	590,574	100	3,712
Other Cellulitis and Abscess	682	41	1.7	992	24	118,907	112,603	114	2,749	92,075	93	2,248
Chronic Ulcer of Skin	707	109	4.6	4,655	43	553,968	506,410	109	4,627	473,570	102	4,330

See footnotes at end of table.

**Table 52—Continued**  
**Persons Using Medicare Home Health Agency Services, Visits, Total Charges, and Program Payments, by Principal**  
**Diagnosis Within Major Diagnostic Classifications (MDCs): Calendar Year 2001**

Principal ICD-9-CM Diagnosis Within MDC <sup>1</sup>	Principal ICD-9-CM Codes	Persons Served		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>2</sup>
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	414	17.2	8,752	21	\$983,525	\$974,682	\$111	\$2,357	\$1,257,792	\$144	\$3,043
Rheumatoid Arthritis and Other Inflammatory Polyarthropathies	714	13	0.6	450	34	46,727	46,220	103	3,447	53,002	118	3,957
Osteoarthritis and Allied Disorders	715	163	6.8	2,815	17	323,908	322,063	114	1,977	445,499	158	2,736
Other and Unspecified Arthropathies	716	48	2.0	1,279	27	134,663	133,789	105	2,796	170,278	133	3,560
Other and Unspecified Disorders of Back	724	42	1.7	727	17	82,730	82,216	113	1,977	113,281	156	2,725
Other Disorders of Bone and Cartilage	733	28	1.2	830	30	92,606	91,770	111	3,263	85,516	103	3,042
Congenital Anomalies (MDC 14)	740-759	6	0.3	120	19	13,260	12,941	108	2,022	14,732	123	2,305
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	251	10.5	5,539	22	596,375	581,117	105	2,313	721,815	130	2,875
General Symptoms	780	48	2.0	857	18	94,198	93,420	109	1,932	110,243	129	2,281
Symptoms Involving Urinary System	788	46	1.9	1,748	38	165,979	154,026	88	3,335	162,783	93	3,525
Injury and Poisoning (MDC 17)	800-999	368	15.3	9,817	27	1,139,763	1,102,131	112	2,994	1,199,542	122	3,261
Fracture of Neck of Femur	820	76	3.2	1,692	22	194,193	192,663	114	2,523	267,900	158	3,509
Open Wound of Other and Unspecified Sites, Except Limbs	879	22	0.9	736	33	88,082	82,781	112	3,739	69,232	94	3,128
Open Wound of Knee, Leg (Except Thigh), and Ankle	891	22	0.9	749	34	89,941	84,738	113	3,889	74,129	99	3,404
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	1	(5)	9	17	998	939	106	1,851	1,068	120	2,105

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

<sup>3</sup>Includes invalid codes not listed separately.

<sup>4</sup>Specific leading diagnostic categories were selected for presentation because of frequency of occurrences or because of special interest.

<sup>5</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. 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 53

**Persons Served and Program Payments for Medicare Home Health Agency (HHA) Services,  
by Selected Diagnoses: Calendar Years 1997 and 2001**

Principal ICD-9-CM Diagnosis <sup>1</sup>	ICD-9-CM Codes	1997				
		Persons in		Program Payments		Per Person Served <sup>2</sup>
		Thousands	Percent	Amount in Thousands	Percent	
Total All Diagnoses	---	3,558	100.0	\$16,718,263	100.0	\$4,702
Total Selected Diagnoses <sup>3</sup>	---	2029	57.0	7,708,840	46.1	3,799
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
Acute But Ill-Defined Cerebrovascular Disease	436	179	5.0	675,853	4.0	3,779
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
Fracture of Neck of Femur	820	96	2.7	233,783	1.4	2,432
All Other Diagnoses	---	1,529	43.0	9,009,423	53.9	5,892

<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 reporting year.

<sup>3</sup>Based on frequency of occurrence in 2001.

NOTE: Medicare program payments represent fee-for-service only and 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 1997 and 2001**

Persons in Thousands	Percent	2001			Percent Change 1997-2001		
		Program Payments		Per Person Served <sup>2</sup>	Persons	Program Payments	Average Program Payment
		Amount in Thousands	Percent				
2,403	100.0	\$8,513,702	100.0	\$3,545	-32	-49	-25
1144	47.6	3,513,604	41.3	3,071	-44	-54	-19
179	7.5	788,974	9.3	4,400	-45	-65	-37
71	2.9	160,933	1.9	2,286	-71	-81	-34
82	3.4	148,967	1.7	1,809	-34	-41	-11
51	2.1	98,545	1.2	1,934	-56	-67	-26
166	6.9	390,853	4.6	2,361	-51	-66	-30
113	4.7	452,171	5.3	4,022	-37	-33	6
64	2.7	126,093	1.5	1,973	-41	-39	2
70	2.9	160,099	1.9	2,292	-52	-65	-27
109	4.6	473,570	5.6	4,330	-27	-48	-30
163	6.8	445,499	5.2	2,736	-21	3	29
76	3.2	267,900	3.1	3,509	-21	15	44
1,259	52.4	5,000,098	58.7	3,971	-18	-45	-33