

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 1974-2002

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 ²	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	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 ¹	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 ¹	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 ¹	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 ¹	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 ¹	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 ¹	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 ¹	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 ¹	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
2002 ¹	2,544.4	73	78,192	31	2,235	9,088,756	8,865,475	113	3,484	253	9,550,683	3,765	273
Average Annual Rate of Chang													
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
1987-2002	3.3	2.8	5.3	2.0	4.8	9.9	10.1	4.5	6.6	9.5	11.8	8.3	11.3
1974-2002	6.9	5.6	8.4	1.4	7.0	15.9	16.0	7.0	8.6	14.3	16.2	8.7	14.6

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

²Does 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 Data Extract System; 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 2002

Demographic Characteristic	Persons Served		Visits			Total Charges in Thousands	Visit Charges			Program Payments		
	Number in Thousands	Per 1,000 Enrollees ¹	Number in Thousands	Per Person Served	Per 1,000 Enrollees ¹		Amount in Thousands	Per Person Served	Per Enrollee ¹	Amount in Thousands	Per Person Served ²	Per Enrollee ¹
Total	2,544	73	78,192	31	2,235	\$9,088,756	\$8,865,475	\$3,484	\$253	\$9,550,683	\$3,765	\$273
Age												
Under 65 Years	238	44	8,554	36	1,570	1,009,948	963,439	4,045	177	949,408	4,012	174
65-74 Years	698	46	19,687	28	1,303	2,333,244	2,274,649	3,257	151	2,418,912	3,474	160
75-84 Years	1,023	97	31,025	30	2,945	3,592,980	3,520,667	3,443	334	3,829,495	3,754	364
85 Years or Over	585	151	18,926	32	4,867	2,152,583	2,106,719	3,599	542	2,352,868	4,030	605
Sex												
Male	911	60	26,576	29	1,735	3,130,300	3,039,040	3,335	198	3,230,176	3,556	211
Female	1,633	83	51,616	32	2,625	5,958,456	5,826,434	3,567	296	6,320,507	3,881	321
Medicare Status												
Aged	2,306	78	69,638	30	2,358	8,078,808	7,902,036	3,426	268	8,601,275	3,739	291
Disabled	238	44	8,554	36	1,570	1,009,948	963,439	4,045	177	949,408	4,012	174
Race												
White	2,116	71	61,791	29	2,087	7,142,142	6,969,425	3,294	235	7,630,133	3,617	258
Other ³	429	80	16,401	38	3,053	1,946,614	1,896,050	4,423	353	1,920,550	4,495	357

¹Medicare enrollees in managed care plans are not included in the denominator used to calculate the utilization rates and average payments.

²Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the reporting year.

³Includes 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 Data Extract System; 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 2002**

Area of Residence	Persons Served		Visits		Total Charges in Thousands
	Number in Thousands	Per 1,000 Enrollees ¹	Number in Thousands	Per Person Served	
All Areas ³	2,544	73	78,192	31	\$9,088,756
United States ⁴	2,466	72	76,018	31	8,831,916
Northeast	571	84	17,799	31	1,973,377
Midwest	540	63	13,796	26	1,615,264
South	1,001	76	34,930	35	3,936,765
West	354	64	9,493	27	1,306,510
New England	177	97	6,380	36	621,513
Connecticut	46	95	1,726	37	152,554
Maine	18	81	550	31	55,360
Massachusetts	79	105	3,001	38	305,013
New Hampshire	14	79	444	33	42,768
Rhode Island	12	101	300	26	36,938
Vermont	9	98	359	40	28,881
Middle Atlantic	393	79	11,418	29	1,351,864
New Jersey	83	75	2,231	27	262,921
New York	167	74	5,662	34	666,701
Pennsylvania	143	90	3,525	25	422,242
East North Central	401	67	10,426	26	1,245,041
Illinois	113	73	2,745	24	354,217
Indiana	43	51	1,221	29	133,039
Michigan	115	83	3,056	27	378,412
Ohio	97	66	2,574	27	291,049
Wisconsin	34	44	830	25	88,325
West North Central	139	53	3,370	24	370,223
Iowa	21	46	519	25	47,004
Kansas	17	47	461	27	52,842
Minnesota	23	40	521	22	61,019
Missouri	55	74	1,370	25	157,580
Nebraska	12	49	279	23	30,110
North Dakota	5	50	119	23	11,240
South Dakota	5	43	102	21	10,427

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 2002**

Visit Charges				Program Payments		
Amount in Thousands	Per Visit	Per Person Served	Per Enrollee ¹	Amount in Thousands	Per Visit	Per Person Served ²
\$8,865,475	\$113	\$3,484	\$253	\$9,550,683	\$122	\$3,765
8,622,069	113	3,497	253	9,286,891	122	3,777
1,937,154	109	3,395	285	2,052,461	115	3,610
1,578,916	114	2,925	183	1,780,717	129	3,309
3,827,311	110	3,823	291	4,108,200	118	4,113
1,278,688	135	3,610	231	1,345,512	142	3,811
611,780	96	3,451	333	671,811	105	3,811
150,848	87	3,262	310	172,950	100	3,763
53,822	98	2,993	242	59,607	108	3,340
300,765	100	3,813	401	316,850	106	4,038
42,189	95	3,087	244	50,773	114	3,730
35,774	119	3,101	314	36,949	123	3,216
28,381	79	3,168	309	34,681	97	3,892
1,325,375	116	3,369	267	1,380,650	121	3,520
258,317	116	3,101	233	295,699	133	3,559
653,102	115	3,907	289	630,820	111	3,790
413,956	117	2,896	260	454,131	129	3,183
1,218,273	117	3,039	203	1,376,209	132	3,443
345,259	126	3,067	224	402,785	147	3,586
129,734	106	3,039	155	143,753	118	3,376
372,396	122	3,228	269	423,498	139	3,683
284,988	111	2,943	194	313,299	122	3,244
85,896	103	2,567	113	92,875	112	2,792
360,643	107	2,596	137	404,508	120	2,921
46,048	89	2,190	100	54,466	105	2,596
51,582	112	3,029	142	54,778	119	3,226
60,245	116	2,581	104	63,615	122	2,746
152,239	111	2,752	203	174,250	127	3,155
29,264	105	2,421	118	32,149	115	2,665
11,051	93	2,168	108	12,544	105	2,469
10,205	100	2,042	87	12,707	125	2,548

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 2002**

Area of Residence	Persons Served		Visits			Total Charges in Thousands
	Number in Thousands	Per 1,000 Enrollees ¹	Number in Thousands	Per Person Served	Per 1,000 Enrollees ¹	
South Atlantic	512	73	14,369	28	2,045	\$1,694,139
Delaware	8	65	212	28	1,778	22,917
District of Columbia	5	70	128	26	1,829	15,838
Florida	205	88	6,236	30	2,684	775,394
Georgia	57	62	1,809	32	1,961	205,600
Maryland	42	66	887	21	1,377	106,567
North Carolina	76	67	2,013	27	1,784	219,814
South Carolina	39	67	965	25	1,635	106,536
Virginia	61	67	1,669	27	1,834	191,332
West Virginia	18	58	450	25	1,414	50,141
East South Central	196	78	7,335	38	2,920	772,997
Alabama	49	74	1,762	36	2,666	185,856
Kentucky	46	74	1,653	36	2,682	159,398
Mississippi	36	85	1,443	40	3,395	152,185
Tennessee	65	80	2,477	38	3,061	275,558
West South Central	294	82	13,226	45	3,674	1,469,628
Arkansas	27	61	971	37	2,229	92,636
Louisiana	55	102	3,030	55	5,636	317,079
Oklahoma	39	82	1,968	51	4,152	204,013
Texas	174	81	7,256	42	3,371	855,901
Mountain	102	57	2,935	29	1,623	341,461
Arizona	22	45	474	21	957	61,108
Colorado	22	64	600	27	1,724	72,276
Idaho	9	58	225	24	1,420	26,646
Montana	7	48	168	25	1,203	17,422
Nevada	11	58	308	29	1,660	39,525
New Mexico	13	61	341	27	1,657	39,739
Utah	15	72	736	49	3,525	75,929
Wyoming	3	46	83	27	1,243	8,815
Pacific	252	68	6,558	26	1,762	965,049
Alaska	2	40	37	21	821	6,386
California	189	73	5,385	28	2,073	800,247
Hawaii	3	28	64	20	559	9,778
Oregon	23	69	430	19	1,277	62,522
Washington	34	55	641	19	1,024	86,116
Outlying Areas ⁵	79	88	2,174	28	2,438	256,840

¹Medicare enrollees in managed care plans are not included in the denominator used to calculate the utilization rates and average payments.

²Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the reporting year.

³Includes United States and outlying areas.

⁴Includes 50 States and District of Columbia.

⁵Includes 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 Data Extract System; 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 2002**

Visit Charges				Program Payments		
Amount in Thousands	Per Visit	Per Person Served	Per Enrollee ¹	Amount in Thousands	Per Visit	Per Person Served ²
\$1,644,253	\$114	\$3,212	\$234	\$1,829,670	\$127	\$3,583
22,483	106	2,925	189	27,005	127	3,520
15,604	122	3,199	223	18,368	144	3,774
759,676	122	3,702	327	746,842	120	3,650
198,461	110	3,471	215	228,552	126	4,004
103,490	117	2,443	161	126,612	143	2,995
208,007	103	2,746	184	262,488	130	3,472
102,511	106	2,604	174	141,018	146	3,591
186,095	111	3,045	204	214,200	128	3,513
47,927	107	2,607	151	64,585	144	3,519
744,081	101	3,807	296	847,961	116	4,347
180,532	102	3,715	273	202,526	115	4,175
151,719	92	3,321	246	181,379	110	3,980
144,243	100	3,978	339	163,119	113	4,506
267,587	108	4,121	331	300,938	121	4,645
1,438,977	109	4,901	400	1,430,568	108	4,882
89,352	92	3,376	205	95,212	98	3,607
310,706	103	5,681	578	315,967	104	5,787
200,009	102	5,173	422	189,724	96	4,914
838,909	116	4,827	390	829,666	114	4,784
334,245	114	3,272	185	360,765	123	3,544
59,260	125	2,643	120	64,563	136	2,889
71,365	119	3,182	205	75,214	125	3,366
25,818	115	2,801	163	30,164	134	3,281
16,886	101	2,541	121	21,518	128	3,252
38,820	126	3,604	209	41,152	134	3,840
38,629	113	3,056	188	43,877	129	3,480
74,787	102	4,983	358	74,188	101	4,967
8,680	105	2,865	131	10,088	122	3,335
944,443	144	3,747	254	984,747	150	3,919
6,259	169	3,492	139	7,113	192	3,979
785,504	146	4,148	302	789,487	147	4,183
9,571	148	2,940	83	11,789	184	3,647
60,111	140	2,579	178	71,085	165	3,059
82,997	129	2,416	132	105,274	164	3,075
243,406	112	3,092	273	263,793	121	3,364

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 2002

Type of Visit	Type of Agency						Type of Control		
	All Agencies	Visiting Nurse Association	Combined Government and Voluntary	Official Health Agency	Hospital-Based	Other ¹	Voluntary Non-Profit	Proprietary	Government
Persons Served in Thousands									
Total ²	2,544	416	8	207	842	1,165	1,475	981	188
Nursing Care	2,312	366	7	178	735	1,027	1,280	867	170
Home Health Aide	733	112	2	62	222	334	385	286	63
Physical Therapy	1,567	250	5	121	496	696	887	584	99
Speech Therapy	86	14	(4)	6	30	36	50	31	6
Occupational Therapy	503	88	1	32	165	217	299	178	27
Other ³	385	64	1	27	124	170	227	139	19
Percent of Persons Served									
Total ²	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Nursing Care	90.9	87.9	88.9	85.8	87.2	88.2	86.8	88.4	90.1
Home Health Aide	28.8	27.0	30.8	29.8	26.4	28.7	26.1	29.1	33.5
Physical Therapy	61.6	60.1	59.5	58.3	58.9	59.8	60.1	59.6	52.8
Speech Therapy	3.4	3.3	2.3	3.0	3.5	3.1	3.4	3.1	2.9
Occupational Therapy	19.8	21.2	16.9	15.5	19.6	18.6	20.3	18.2	14.5
Other ³	15.1	15.4	9.1	13.0	14.7	14.6	15.4	14.2	10.1
Visits in Thousands									
Total	78,192	11,664	235	6,426	20,095	39,772	38,006	34,913	5,273
Nursing Care	39,092	5,624	104	3,082	9,905	20,377	18,373	18,239	2,479
Home Health Aide	18,479	3,050	72	1,580	4,338	9,438	8,884	8,079	1,516
Physical Therapy	16,384	2,305	52	1,446	4,584	7,997	8,384	6,960	1,039
Speech Therapy	594	84	1	49	191	269	326	227	40
Occupational Therapy	2,921	465	5	210	864	1,376	1,607	1,152	162
Other ³	723	136	1	58	213	314	431	255	37

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 2002

Type of Visit	Type of Agency						Type of Control		
	All Agencies	Visiting Nurse Association	Combined Government and Voluntary	Official Health Agency	Hospital-Based	Other ¹	Voluntary Non-Profit	Proprietary	Government
	Percent Distribution of Visits:								
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Nursing Care	50.0	48.2	44.1	48.0	49.3	51.2	48.3	52.2	47.0
Home Health Aide	23.6	26.2	30.8	24.6	21.6	23.7	23.4	23.1	28.7
Physical Therapy	21.0	19.8	21.9	22.5	22.8	20.1	22.1	19.9	19.7
Speech Therapy	0.8	0.7	0.4	0.8	0.9	0.7	0.9	0.7	0.8
Occupational Therapy	3.7	4.0	2.2	3.3	4.3	3.5	4.2	3.3	3.1
Other ³	0.9	1.2	0.5	0.9	1.1	0.8	1.1	0.7	0.7
	Visit Charges in Millions								
Total	\$8,865	\$1,236	\$21	\$688	\$2,364	\$4,556	\$4,282	\$4,058	\$526
Nursing Care	4,847	678	11	363	1,259	2,536	2,275	2,291	280
Home Health Aide	1,290	180	4	104	322	679	603	593	93
Physical Therapy	2,145	287	5	179	604	1,069	1,080	943	122
Speech Therapy	79	11	(5)	6	26	36	43	31	5
Occupational Therapy	386	58	1	27	116	184	209	157	19
Other ³	120	22	(5)	9	37	52	72	42	6
	Percent Distribution of Visit Charges:								
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Nursing Care	54.7	54.9	51.3	52.8	53.2	55.7	53.1	56.5	53.4
Home Health Aide	14.6	14.6	19.2	15.1	13.6	14.9	14.1	14.6	17.7
Physical Therapy	24.2	23.2	25.6	26.0	25.6	23.5	25.2	23.2	23.2
Speech Therapy	0.9	0.9	0.5	0.9	1.1	0.8	1.0	0.8	0.9
Occupational Therapy	4.4	4.7	2.8	3.9	4.9	4.0	4.9	3.9	3.7
Other ³	1.4	1.8	0.8	1.3	1.6	1.1	1.7	1.0	1.1

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 2002

Type of Visit	Type of Agency						Type of Control		
	All Agencies	Visiting Nurse Association	Combined Government and Voluntary	Official Health Agency	Hospital-Based	Other ¹	Voluntary Non-Profit	Proprietary	Government
Average Number of Visits per Person Served									
Total	31	28	30	31	24	34	26	36	28
Nursing Care	17	15	15	17	14	20	14	21	15
Home Health Aide	25	27	30	26	20	28	23	28	24
Physical Therapy	11	9	11	12	9	12	10	12	10
Speech Therapy	7	6	6	8	7	7	7	7	7
Occupational Therapy	6	5	4	7	5	6	5	7	6
Other ³	2	2	2	2	2	2	2	2	2
Average Visit Charge per Visit									
Total	\$113	\$106	\$91	\$107	\$118	\$115	\$113	\$116	\$100
Nursing Care	124	121	106	118	127	124	124	126	113
Home Health Aide	70	59	57	66	74	72	68	73	61
Physical Therapy	131	124	107	124	132	134	129	135	117
Speech Therapy	133	127	109	130	135	135	132	138	121
Occupational Therapy	132	125	107	128	134	134	130	136	120
Other ³	166	159	149	150	175	165	166	165	161
Average Visit Charge per Person Served									
Total	\$3,484	\$2,969	\$2,749	\$3,323	\$2,808	\$3,910	\$2,904	\$4,135	\$2,792
Nursing Care	2,096	1,853	1,586	2,045	1,713	2,469	1,778	2,642	1,653
Home Health Aide	1,759	1,605	1,711	1,688	1,450	2,029	1,566	2,077	1,474
Physical Therapy	1,368	1,147	1,182	1,482	1,220	1,535	1,218	1,613	1,226
Speech Therapy	923	783	635	1,045	873	997	864	1,023	880
Occupational Therapy	766	661	428	836	702	849	700	882	715
Other ³	311	338	239	321	301	306	316	301	314

¹Includes freestanding non-visiting nurse association agencies, community home health agencies, rehabilitation-based agencies, skilled nursing facility-based agencies, and unknown agencies.

²Numbers do not add to total since persons may receive more than one type of service or use more than one type of agency.

³Includes medical social services and other health disciplines.

⁴Fewer than 500 persons served.

⁵Less 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 Data Extract System; 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 2002**

Type of Agency	Providers		Persons Served ¹		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 ²
Total	6,924	100.0	2,544	100.0	78,192	100.0	31	\$8,865,475	100.0	\$3,484	\$9,550,683	100.0	\$3,765
Visiting Nurse Association	425	6.1	416	16.4	11,664	14.9	28	1,235,774	13.9	2,969	1,418,414	14.9	3,425
Combined Government and Voluntary	26	0.4	8	0.3	235	0.3	30	21,448	0.2	2,749	26,812	0.3	3,473
Official Health	837	12.1	207	8.1	6,426	8.2	31	687,939	7.8	3,323	744,113	7.8	3,663
Hospital-Based	1,899	27.4	842	33.1	20,095	25.7	24	2,364,322	26.7	2,808	2,554,656	26.7	3,109
Skilled Nursing Facility-Based	119	1.7	18	0.7	556	0.7	31	61,541	0.7	3,417	66,246	0.7	4,004
Other ³	3,618	52.3	1,147	45.1	39,216	50.2	34	4,494,451	50.7	3,918	4,740,442	49.6	4,414

¹Numbers do not add to total since persons may use more than one type of agency.

²Does not reflect persons who received covered services but for whom no program payments were reported during the year.

³Includes 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. 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.

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 51
Persons Using Medicare Home Health Agency Services, Visits, Total Charges, and Program Payments, by Number of Visits: Calendar Years 1997 and 2002

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
1997								
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
2002								
Total	2,544	100.0	78,192	100.0	\$9,088,756	100.0	\$9,550,683	100.0
1-9	789	31.0	4,410	5.6	574,988	6.3	1,015,987	10.6
10-19	699	27.5	10,106	12.9	1,290,159	14.2	1,916,950	20.1
20-29	367	14.4	9,131	11.7	1,133,063	12.5	1,384,949	14.5
30-39	204	8.0	7,210	9.2	871,641	9.6	950,403	10.0
40-49	125	4.9	5,738	7.3	683,373	7.5	701,926	7.3
50-99	229	9.0	16,078	20.6	1,854,822	20.4	1,738,697	18.2
More than 100	132	5.2	25,519	32.6	2,680,710	29.5	1,841,771	19.3

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 Data Extract System; 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 2002

Principal ICD-9-CM Diagnosis Within MDC ¹	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 ²
Total All Diagnoses ³	---	2,544	100.0	78,192	31	\$9,088,756	\$8,865,475	\$113	\$3,484	\$9,550,683	\$122	\$3,765
Total Leading Diagnoses ⁴	---	1,791	70.4	47,582	27	5,516,641	5,386,427	113	3,008	5,648,686	119	3,165
Infectious and Parasitic Diseases (MDC 1)	001-139	22	0.8	440	21	51,346	49,936	113	2,328	49,463	112	2,321
Neoplasms (MDC 2)	140-239	161	6.3	2,985	19	352,887	341,180	114	2,124	343,809	115	2,148
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	24	0.9	390	16	45,448	44,713	115	1,855	47,532	122	1,978
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	232	9.1	10,316	44	1,226,800	1,207,847	117	5,199	1,019,445	99	4,410
Diabetes Mellitus	250	196	7.7	9,570	49	1,143,718	1,126,340	118	5,759	929,794	97	4,777
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	20	0.8	345	17	39,451	38,657	112	1,893	42,420	123	2,083
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	54	2.1	1,725	32	163,245	160,739	93	2,981	172,418	100	3,206
Other Deficiency Anemias	281	27	1.0	1,083	41	93,091	91,498	84	3,425	101,012	93	3,787
Other and Unspecified Anemias	285	16	0.6	367	24	40,497	40,088	109	2,572	41,205	112	2,654
Coagulation Defects	286	5	0.2	118	22	12,302	12,119	103	2,296	12,680	107	2,412
Mental Disorders (MDC 5)	290-319	43	1.7	954	22	108,136	107,528	113	2,481	106,824	112	2,499
Schizophrenic Disorders	295	5	0.2	130	27	14,964	14,902	115	3,147	12,752	98	2,861
Affective Psychoses	296	9	0.4	191	20	23,437	23,350	122	2,472	22,106	116	2,371
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	92	3.6	3,192	35	336,679	329,492	103	3,575	401,528	126	4,397
Parkinson's Disease	332	26	1.0	765	29	85,379	84,566	111	3,245	114,401	150	4,409

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 2002

Principal ICD-9-CM Diagnosis Within MDC ¹	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 ²
Diseases of the Circulatory System (MDC 7)	390-459	713	28.0	17,042	24	\$1,972,237	\$1,939,135	\$114	\$2,721	\$2,072,136	\$122	\$2,916
Essential Hypertension	401	81	3.2	1,674	21	188,500	187,664	112	2,323	199,818	119	2,484
Hypertensive Heart Disease	402	11	0.4	255	24	27,965	27,752	109	2,639	30,266	119	2,886
Acute Myocardial Infarction	410	31	1.2	497	16	57,490	57,090	115	1,873	60,353	121	1,985
Other Acute and Subacute Forms of Ischemic Heart Disease	411	9	0.4	141	16	16,538	16,411	116	1,835	16,976	120	1,903
Angina Pectoris	413	9	0.3	162	18	17,711	17,599	109	1,989	18,028	111	2,046
Other Forms of Chronic Ischemic Heart Disease	414	88	3.5	1,318	15	155,588	154,086	117	1,751	169,229	128	1,928
Cardiac Dysrhythmias	427	56	2.2	970	17	109,693	108,861	112	1,958	114,767	118	2,070
Heart Failure	428	170	6.7	3,766	22	424,890	420,758	112	2,473	421,642	112	2,484
Transient Cerebral Ischemia	435	22	0.9	444	20	50,828	50,550	114	2,315	67,183	151	3,084
Acute but Ill-Defined Cerebrovascular Disease	436	109	4.3	3,183	29	374,679	371,533	117	3,413	454,285	143	4,185
Other Peripheral Vascular Disease	443	22	0.9	687	31	79,047	75,645	110	3,396	70,542	103	3,180
Diseases of the Respiratory System (MDC 8)	460-519	225	8.8	4,494	20	508,992	503,429	112	2,237	536,021	119	2,388
Pneumonia, Organism Unspecified	486	69	2.7	1,115	16	129,290	128,054	115	1,864	142,265	128	2,074
Chronic Airway Obstruction, not Elsewhere Classified	496	72	2.8	1,557	22	172,456	171,178	110	2,367	177,032	114	2,454
Diseases of the Digestive System (MDC 9)	520-579	110	4.3	2,014	18	237,731	230,775	115	2,096	233,452	116	2,127
Diseases of the Genitourinary System (MDC 10)	580-629	92	3.6	2,334	25	248,619	238,283	102	2,582	249,407	107	2,713
Other Disorders of Urethra and Urinary Tract	599	36	1.4	705	20	78,465	76,034	108	2,109	83,734	119	2,330
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	176	6.9	6,592	37	813,823	750,290	114	4,254	686,369	104	3,905
Other Cellulitis and Abscess	682	46	1.8	1,121	24	139,269	131,887	118	2,867	106,488	95	2,322
Chronic Ulcer of Skin	707	121	4.7	5,154	43	636,472	582,174	113	4,820	550,088	107	4,569
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 2002

Principal ICD-9-CM Diagnosis Within MDC ¹	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 ²
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	448	17.6	9,550	21	\$1,117,938	\$1,108,467	\$116	\$2,475	\$1,444,679	\$151	\$3,236
Rheumatoid Arthritis and Other												
Inflammatory Polyarthropathies	714	12	0.5	399	34	42,580	42,183	106	3,561	49,455	124	4,196
Osteoarthritis and Allied Disorders	715	170	6.7	3,008	18	361,100	359,158	119	2,113	492,571	164	2,907
Other and Unspecified Arthropathies	716	50	2.0	1,406	28	154,150	153,164	109	3,074	197,122	140	3,974
Other and Unspecified Disorders of Back	724	44	1.7	779	18	91,957	91,462	117	2,069	126,596	163	2,871
Other Disorders of Bone and Cartilage	733	28	1.1	792	29	90,507	89,793	113	3,245	88,329	112	3,200
Congenital Anomalies (MDC 14)	740-759	6	0.2	117	19	13,249	13,033	111	2,144	14,668	125	2,430
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	350	13.7	7,461	21	852,550	833,130	112	2,381	1,083,982	145	3,106
General Symptoms	780	59	2.3	1,046	18	119,544	118,663	113	2,002	143,583	137	2,430
Symptoms Involving Urinary System	788	48	1.9	1,820	38	180,951	168,069	92	3,527	180,805	99	3,805
Injury and Poisoning (MDC 17)	800-999	345	13.6	8,970	26	1,083,769	1,051,501	117	3,046	1,135,736	127	3,305
Fracture of Neck of Femur	820	71	2.8	1,594	23	190,913	189,381	119	2,686	260,916	164	3,709
Open Wound of Other and Unspecified Sites, Except Limbs	879	13	0.5	432	32	53,759	50,803	118	3,784	42,419	98	3,180
Open Wound of Knee, Leg (Except Thigh), and Ankle	891	18	0.7	597	33	74,013	70,243	118	3,861	60,288	101	3,339
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	(5)	(6)	4	15	470	439	105	1,625	493	118	1,934

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

³Includes invalid codes not listed separately.

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

⁵Less than 500 persons.

⁶Less 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 Data Extract System; 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 2002**

Principal ICD-9-CM Diagnosis ¹	ICD-9-CM Codes	1997				
		Persons		Program Payments		
		in Thousands	Percent	Amount in Thousands	Percent	Per Person Served ²
Total All Diagnoses	---	3,558	100.0	\$16,718,263	100.0	\$4,702
Total Selected Diagnoses ³	---	2013	56.6	7,681,940	45.9	3,816
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
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
General Symptoms	780	99	2.8	271,892	1.6	2,762
Fracture of Neck of Femur	820	96	2.7	233,783	1.4	2,432
All Other Diagnoses	---	1,545	43.4	9,036,323	54.1	5,849

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.

³Based on frequency of occurrence in 2002.

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 2002 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 53—Continued

**Persons Served and Program Payments for Medicare Home Health Agency (HHA) Services,
by Selected Diagnoses: Calendar Years 1997 and 2002**

		2002			Percent Change 1997-2002		
		Program Payments					
Persons in Thousands	Percent	Amount	Percent	Per	Persons	Program Payments	Average Program Payment
		in Thousands		Person Served ²			
2,544	100.0	\$9,550,683	100.0	\$3,765	-28	-43	-20
1206	47.4	3,941,223	41.3	3,268	-40	-49	-14
196	7.7	929,794	9.7	4,777	-40	-59	-32
81	3.2	199,818	2.1	2,484	-67	-76	-28
88	3.5	169,229	1.8	1,928	-29	-33	-5
170	6.7	421,642	4.4	2,484	-50	-63	-26
109	4.3	454,285	4.8	4,185	-39	-33	11
69	2.7	142,265	1.5	2,074	-36	-32	8
72	2.8	177,032	1.9	2,454	-50	-61	-22
121	4.7	550,088	5.8	4,569	-19	-40	-26
170	6.7	492,571	5.2	2,907	-17	14	37
59	2.3	143,583	1.5	2,430	-40	-47	-12
71	2.8	260,916	2.7	3,709	-26	12	53
1,338	52.6	5,609,460	58.7	4,192	-13	-38	-28