

Table 7.1

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 1974-2004

Year of Service	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 Visit	Per Person Served	Per Enrollee ¹	Amount in Thousands	Per Person Served ²	Per Enrollee ¹
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
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
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	3,179.2	86	208,621	66	5,646	17,761,662	17,234,388	83	5,421	466	12,660,526	3,987	343
1995	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	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	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	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	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	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	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	2,544.4	73	78,192	31	2,236	9,088,756	8,654,757	113	3,484	253	9,550,683	3,765	273
2003	2,681.1	75	82,851	31	2,313	9,966,568	9,744,912	118	3,635	272	10,069,628	3,770	281
2004	2,835.6	78	89,130	31	2,452	11,054,455	10,814,509	121	3,814	298	11,402,560	4,039	314
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
1987-2004	3.6	2.9	5.5	1.8	4.8	9.9	10.1	4.4	6.3	9.4	11.5	7.7	10.8
1974-2004	6.8	5.4	8.3	1.3	6.8	15.5	15.7	6.8	8.3	13.9	15.8	8.4	14.1

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. The change in program payments and utilization for home health agency services between 1997 and 2004 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 the benefit was also affected by the efforts to identify fraudulent activities in the use of services and by the introduction of interim per beneficiary cost limits at levels resulting in substantially lower aggregate payments. These cost limits were used until the prospective payment system was implemented in October 2000. Program payments are now associated with episodes and not with individual visits. As a result, program payments may exceed charges.

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 7.2

Persons Served, Visits, Total Charges, Visit Charges, and Program Payments for Medicare Home Health Agency Services, by Demographic Characteristics: Calendar Year 2004

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 Visit	Per Person Served	Per Enrollee ¹	Amount in Thousands	Per Person Served ²	Per Enrollee ¹
Total	2,836	78	89,130	31	2,452	\$11,054,455	\$10,814,509	\$121	\$3,814	\$298	\$11,402,560	\$4,039	\$314
Age													
Under 65 Years	296	49	10,510	36	1,741	1,330,684	1,275,803	121	4,315	211	1,232,603	4,213	204
65-74 Years	672	43	19,339	29	1,245	2,436,137	2,380,524	123	3,544	153	2,478,344	3,708	160
75-84 Years	1,112	103	34,438	31	3,202	4,259,539	4,185,353	122	3,763	389	4,449,670	4,013	414
85 Years or Over	756	188	24,843	33	6,170	3,028,095	2,972,829	120	3,933	738	3,241,943	4,301	805
Sex													
Male	1,019	64	30,194	30	1,882	3,802,089	3,699,896	123	3,630	231	3,835,079	3,780	239
Female	1,816	89	58,936	33	2,903	7,252,366	7,114,613	121	3,917	350	7,567,481	4,184	373
Medicare Status													
Aged	2,540	84	78,620	31	2,594	9,723,771	9,538,705	121	3,756	315	10,169,957	4,018	336
Disabled	296	49	10,510	36	1,741	1,330,684	1,275,803	121	4,315	211	1,232,603	4,213	204
Race													
White	2,330	76	68,872	30	2,248	8,530,570	8,346,294	121	3,583	272	8,926,562	3,847	291
Other ³	506	89	20,258	40	3,548	2,523,885	2,468,215	122	4,879	432	2,475,997	4,923	434

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. As a result, program payments may exceed charges. 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 7.3

**Persons Served, Visits, Total Charges, Visit Charges, and Program Payments
for Medicare Home Health Agency Services, by Area of Residence: Calendar Year 2004**

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	2,836	78	89,130	31	\$11,054,455
United States ⁴	2,740	77	86,656	32	10,741,199
Northeast	599	87	18,196	30	2,153,415
Midwest	593	67	14,993	25	1,913,573
South	1,162	85	42,278	36	5,067,161
West	386	65	11,189	29	1,607,051
New England	191	99	6,368	33	668,321
Connecticut	48	97	1,695	35	159,016
Maine	19	81	475	26	52,923
Massachusetts	88	110	3,090	35	337,656
New Hampshire	15	82	475	32	51,146
Rhode Island	11	96	277	25	35,296
Vermont	9	98	356	39	32,282
Middle Atlantic	409	82	11,828	29	1,485,094
New Jersey	86	76	2,223	26	287,820
New York	176	78	6,016	34	736,290
Pennsylvania	147	91	3,590	25	460,985
East North Central	444	72	11,486	26	1,493,471
Illinois	128	80	3,176	25	442,535
Indiana	47	54	1,342	29	158,954
Michigan	129	89	3,337	26	458,408
Ohio	107	71	2,788	26	337,073
Wisconsin	34	45	842	25	96,502
West North Central	148	55	3,507	24	420,101
Iowa	22	46	528	25	52,631
Kansas	19	51	502	26	61,882
Minnesota	26	44	566	22	72,135
Missouri	59	75	1,431	24	176,848
Nebraska	12	50	281	23	34,675
North Dakota	5	50	99	19	10,377
South Dakota	5	41	99	20	11,553

See footnotes at end of table.

Table 7.3—Continued

**Persons Served, Visits, Total Charges, Visit Charges, and Program Payments
for Medicare Home Health Agency Services, by Area of Residence: Calendar Year 2004**

Visit Charges				Program Payments		
Amount in Thousands	Per Visit	Per Person Served	Per Enrollee ¹	Amount in Thousands	Per Visit	Per Person Served ²
\$10,814,509	\$121	\$3,814	\$298	\$11,402,560	\$128	\$4,039
10,516,411	121	3,838	297	11,083,395	128	4,063
2,113,963	116	3,529	306	2,246,770	123	3,765
1,875,213	125	3,163	211	2,064,528	138	3,498
4,951,507	117	4,262	360	5,164,751	122	4,463
1,575,727	141	4,080	266	1,607,346	144	4,187
657,560	103	3,452	342	752,379	118	3,966
156,455	92	3,251	317	193,796	114	4,043
51,506	108	2,770	223	57,882	122	3,126
332,967	108	3,765	415	368,801	119	4,187
50,377	106	3,338	273	58,564	123	3,895
34,631	125	3,148	302	37,542	136	3,426
31,625	89	3,425	336	35,794	101	3,900
1,456,403	123	3,565	292	1,494,390	126	3,672
283,172	127	3,306	251	306,090	138	3,587
720,362	120	4,088	318	701,132	117	3,997
452,869	126	3,086	282	487,168	136	3,330
1,465,392	128	3,298	237	1,619,962	141	3,661
433,364	136	3,400	273	495,441	156	3,903
154,961	115	3,314	178	163,126	122	3,503
451,604	135	3,515	314	502,159	150	3,925
331,060	119	3,084	219	358,066	128	3,346
94,402	112	2,751	123	101,170	120	2,966
409,821	117	2,761	152	444,567	127	3,012
51,651	98	2,402	111	56,641	107	2,650
60,535	120	3,118	158	63,069	126	3,264
71,134	126	2,751	121	74,345	131	2,901
171,458	120	2,894	218	190,914	133	3,235
33,540	119	2,719	135	34,643	123	2,823
10,225	103	2,002	100	11,803	119	2,328
11,279	114	2,272	92	13,151	133	2,661

Table 7.3—Continued

**Persons Served, Visits, Total Charges, Visit Charges, and Program Payments
for Medicare Home Health Agency Services, by Area of Residence: Calendar Year 2004**

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	584	79	16,959	29	2,306	\$2,091,759
Delaware	9	73	225	25	1,835	26,972
District of Columbia	6	81	136	25	1,999	17,196
Florida	246	101	8,462	34	3,465	1,050,835
Georgia	65	66	1,911	29	1,947	229,528
Maryland	46	70	960	21	1,462	125,467
North Carolina	85	72	2,064	24	1,743	245,663
South Carolina	40	64	942	23	1,507	118,547
Virginia	68	72	1,799	26	1,899	222,585
West Virginia	19	59	460	24	1,405	54,967
East South Central	210	81	7,602	36	2,932	864,957
Alabama	53	77	1,818	35	2,672	202,675
Kentucky	47	73	1,536	33	2,393	162,444
Mississippi	39	89	1,513	38	3,402	175,600
Tennessee	71	86	2,735	39	3,314	324,238
West South Central	368	97	17,717	48	4,676	2,110,445
Arkansas	28	60	1,006	36	2,194	109,154
Louisiana	65	116	3,632	56	6,501	405,665
Oklahoma	46	94	2,331	51	4,771	254,806
Texas	230	101	10,747	47	4,706	1,340,819
Mountain	116	60	3,404	29	1,748	414,819
Arizona	26	47	544	21	977	72,019
Colorado	26	70	742	29	2,003	91,725
Idaho	10	62	264	26	1,585	32,700
Montana	7	46	153	23	1,059	18,152
Nevada	14	67	399	29	1,949	56,189
New Mexico	13	59	356	28	1,648	46,473
Utah	18	80	860	49	3,902	88,156
Wyoming	3	47	86	27	1,259	9,405
Pacific	270	68	7,785	29	1,953	1,192,231
Alaska	2	36	37	20	749	6,890
California	205	73	6,533	32	2,338	996,905
Hawaii	3	26	59	19	499	9,699
Oregon	24	69	467	19	1,313	76,290
Washington	36	54	688	19	1,027	102,448
Outlying Areas⁵	96	109	2,475	26	2,803	313,256

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. As a result, program payments may exceed charges. 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 7.3—Continued

**Persons Served, Visits, Total Charges, Visit Charges, and Program Payments
for Medicare Home Health Agency Services, by Area of Residence: Calendar Year 2004**

Visit Charges				Program Payments		
Amount in Thousands	Per Visit	Per Person Served	Per Enrollee ¹	Amount in Thousands	Per Visit	Per Person Served ²
\$2,041,353	\$120	\$3,496	\$278	\$2,195,069	\$129	\$3,773
26,463	118	2,982	216	30,115	134	3,408
16,884	124	3,098	248	20,349	150	3,749
1,037,019	123	4,216	425	987,696	117	4,030
222,059	116	3,419	226	257,654	135	3,983
122,033	127	2,666	186	146,664	153	3,217
233,493	113	2,740	197	297,669	144	3,506
113,485	120	2,823	181	148,571	158	3,707
217,329	121	3,184	229	240,017	133	3,531
52,588	114	2,736	161	66,334	144	3,466
834,429	110	3,979	322	933,900	123	4,472
197,513	109	3,759	290	223,774	123	4,275
153,700	100	3,260	239	183,362	119	3,912
167,966	111	4,266	378	187,229	124	4,772
315,251	115	4,463	382	339,535	124	4,825
2,075,725	117	5,639	548	2,035,782	115	5,551
106,173	106	3,835	232	102,696	102	3,731
399,108	110	6,168	714	403,852	111	6,262
250,704	108	5,490	513	236,715	102	5,202
1,319,740	123	5,736	578	1,292,519	120	5,640
406,809	120	3,504	209	440,018	129	3,812
70,083	129	2,694	126	79,314	146	3,063
90,652	122	3,508	245	94,272	127	3,674
31,447	119	3,053	189	35,590	135	3,475
17,725	116	2,690	123	20,336	133	3,095
55,110	138	4,020	269	63,028	158	4,625
45,290	127	3,544	210	49,091	138	3,851
87,220	101	4,938	396	87,901	102	5,018
9,283	107	2,908	136	10,487	122	3,303
1,168,918	150	4,328	293	1,167,327	150	4,348
6,782	183	3,681	137	6,919	187	3,781
980,038	150	4,791	351	952,694	146	4,688
9,492	160	3,057	80	10,590	179	3,427
73,392	157	3,003	206	77,558	166	3,189
99,213	144	2,744	148	119,566	174	3,321
298,098	120	3,112	338	319,165	129	3,346

Table 7.4
Persons Using Medicare Home Health Agency Services, Visits, and Charges, by Type of Visit, Type of Agency, and Type of Control:
Calendar Year 2004

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	2,836	453	6	233	784	1,468	1,477	1,290	179
Nursing Care	2,599	401	6	202	685	1,306	1,288	1,151	161
Home Health Aide	754	112	2	65	191	384	357	340	57
Physical Therapy	1,864	289	3	144	492	936	946	818	102
Speech Therapy	96	15	(4)	7	27	47	50	41	5
Occupational Therapy	651	109	1	43	177	320	349	274	29
Other ³	419	68	1	29	114	207	226	177	16
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	91.7	88.4	94.3	87.0	87.3	89.0	87.2	89.2	90.2
Home Health Aide	26.6	24.7	34.9	27.7	24.4	26.1	24.1	26.4	32.0
Physical Therapy	65.7	63.8	56.0	61.9	62.7	63.8	64.1	63.4	57.1
Speech Therapy	3.4	3.3	1.7	2.9	3.5	3.2	3.4	3.2	2.9
Occupational Therapy	23.0	24.2	15.5	18.6	22.6	21.8	23.6	21.2	16.4
Other ³	14.8	15.0	10.3	12.4	14.5	14.1	15.3	13.7	8.9
Visits in Thousands									
Total	89,130	11,908	235	7,614	18,261	51,112	36,208	47,862	5,060
Nursing Care	45,383	5,688	128	3,830	8,903	26,834	17,273	25,757	2,353
Home Health Aide	18,797	2,757	57	1,687	3,606	10,691	7,597	9,832	1,368
Physical Therapy	19,786	2,667	40	1,715	4,465	10,898	8,767	9,928	1,091
Speech Therapy	637	85	1	53	171	327	308	290	39
Occupational Therapy	3,747	571	8	270	916	1,982	1,840	1,730	177
Other ³	780	140	1	59	200	380	424	325	31

See footnotes at end of table.

Table 7.4—Continued
Persons Using Medicare Home Health Agency Services, Visits, and Charges, by Type of Visit, Type of Agency, and Type of Control:
Calendar Year 2004

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	50.9	47.8	54.3	50.3	48.8	52.5	47.7	53.8	46.5
Home Health Aide	21.1	23.2	24.1	22.2	19.7	20.9	21.0	20.5	27.0
Physical Therapy	22.2	22.4	17.1	22.5	24.5	21.3	24.2	20.7	21.6
Speech Therapy	0.7	0.7	0.4	0.7	0.9	0.6	0.9	0.6	0.8
Occupational Therapy	4.2	4.8	3.4	3.6	5.0	3.9	5.1	3.6	3.5
Other ³	0.9	1.2	0.6	0.8	1.1	0.7	1.2	0.7	0.6
Visit Charges in Millions									
Total	\$10,815	\$1,377	\$23	\$882	\$2,347	\$6,187	\$4,456	\$5,814	\$544
Nursing Care	5,918	733	13	483	1,231	3,458	2,316	3,315	287
Home Health Aide	1,401	177	3	121	285	815	552	758	90
Physical Therapy	2,747	355	5	226	637	1,525	1,213	1,399	135
Speech Therapy	90	12	(5)	7	25	47	44	42	5
Occupational Therapy	525	76	1	37	132	280	257	246	22
Other ³	134	23	(5)	9	38	63	74	55	5
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	53.3	59.1	54.7	52.4	55.9	52.0	57.0	52.7
Home Health Aide	13.0	12.9	15.2	13.7	12.1	13.2	12.4	13.0	16.6
Physical Therapy	25.4	25.8	20.2	25.6	27.1	24.7	27.2	24.1	24.8
Speech Therapy	0.8	0.9	0.5	0.8	1.1	0.8	1.0	0.7	0.9
Occupational Therapy	4.9	5.5	4.3	4.2	5.6	4.5	5.8	4.2	4.0
Other ³	1.2	1.7	0.8	1.0	1.6	1.0	1.7	0.9	0.9

See footnotes at end of table.

Table 7.4—Continued
Persons Using Medicare Home Health Agency Services, Visits, and Charges, by Type of Visit, Type of Agency, and Type of Control:
Calendar Year 2004

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	26	39	33	23	35	25	37	28
Nursing Care	18	14	23	19	13	21	13	22	15
Home Health Aide	25	25	27	26	19	28	21	29	24
Physical Therapy	11	9	12	12	9	12	9	12	11
Speech Therapy	7	6	10	8	6	7	6	7	8
Occupational Therapy	6	5	9	6	5	6	5	6	6
Other ³	2	2	2	2	2	2	2	2	2
Average Visit Charge per Visit									
Total	\$121	\$116	\$97	\$116	\$129	\$121	\$123	\$121	\$108
Nursing Care	130	129	105	126	138	129	134	129	122
Home Health Aide	75	64	61	71	79	76	73	77	66
Physical Therapy	139	133	114	132	143	140	138	141	124
Speech Therapy	142	139	103	134	146	142	143	143	124
Occupational Therapy	140	134	121	135	144	141	140	142	125
Other ³	172	165	133	156	190	167	175	168	165
Average Visit Charge per Person Served									
Total	\$3,814	\$3,039	\$3,777	\$3,788	\$2,992	\$4,215	\$3,017	\$4,507	\$3,043
Nursing Care	2,277	1,830	2,366	2,384	1,797	2,648	1,798	2,881	1,778
Home Health Aide	1,858	1,586	1,642	1,867	1,486	2,123	1,548	2,230	1,582
Physical Therapy	1,474	1,228	1,360	1,568	1,295	1,629	1,282	1,710	1,322
Speech Therapy	938	792	1,018	1,031	915	984	872	1,018	943
Occupational Therapy	806	697	1,046	845	743	873	736	900	752
Other ³	320	340	301	318	334	306	329	308	319

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

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

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 Decision Support Access Facility; data development by the Office of Research, Development, and Information.

Table 7.5
Persons Using Medicare Home Health Agency Services, Visits, Total Charges, and Program Payments, by Number of Visits: Calendar Years 1997 and 2004

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
2004								
Total	2,836	100.0	89,130	100.0	\$11,054,455	100.0	\$11,402,560	100.0
1-9	838	29.6	4,756	5.3	662,186	6.0	1,104,047	9.7
10-19	795	28.0	11,522	12.9	1,575,487	14.3	2,268,572	19.9
20-29	416	14.7	10,382	11.6	1,380,465	12.5	1,649,003	14.5
30-39	230	8.1	8,157	9.2	1,057,341	9.6	1,150,932	10.1
40-49	142	5.0	6,529	7.3	833,230	7.5	865,745	7.6
50-99	265	9.3	18,514	20.8	2,288,737	20.7	2,187,833	19.2
More than 100	148	5.2	29,269	32.8	3,257,008	29.5	2,176,427	19.1

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. As a result, program payments may exceed charges. 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 7.6

Persons Using Medicare Home Health Agency Services, Visits, Total Charges, Visit Charges, and Program Payments, by Principal Diagnosis Within Major Diagnostic Classifications (MDCs): Calendar Year 2004

Principal ICD-9-CM Diagnosis Within MDC ¹	Principal ICD-9-CM Codes	Persons Served ²		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 ³
Total All Diagnoses ⁴	---	2,836	100.0	89,130	31	\$11,054,455	\$10,814,509	\$121	\$3,814	\$11,402,560	\$128	\$4,039
Total Leading Diagnoses ⁵	---	1,411	49.7	40,707	29	4,952,428	4,838,103	119	3,430	4,593,937	113	3,273
Infectious and Parasitic Diseases (MDC 1)	001-139	17	0.6	311	18	38,693	37,903	122	2,205	36,370	117	2,128
Neoplasms (MDC 2)	140-239	94	3.3	1,732	18	214,927	209,142	121	2,232	203,696	118	2,185
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	18	0.6	288	16	35,568	35,054	122	1,935	35,292	123	1,955
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	260	9.2	12,903	50	1,581,667	1,564,362	121	6,021	1,256,884	97	4,870
Diabetes Mellitus	250	230	8.1	12,323	54	1,512,849	1,496,806	121	6,516	1,185,140	96	5,195
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	16	0.5	239	15	29,366	28,651	120	1,842	30,477	128	1,969
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	52	1.8	1,488	29	152,033	149,900	101	2,902	155,829	105	3,030
Other Deficiency Anemias	281	25	0.9	864	35	80,173	78,972	91	3,203	84,590	98	3,438
Other and Unspecified Anemias	285	17	0.6	393	24	45,432	44,873	114	2,701	45,033	115	2,726
Coagulation Defects	286	5	0.2	99	22	11,085	10,926	111	2,384	10,924	111	2,406
Mental Disorders (MDC 5)	290-319	46	1.6	970	21	115,809	115,122	119	2,514	117,260	121	2,585
Schizophrenic Disorders	295	5	0.2	125	25	15,116	15,053	121	2,984	14,731	118	2,994
Affective Psychoses	296	9	0.3	177	19	22,709	22,618	128	2,490	22,395	127	2,485
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	76	2.7	2,468	32	279,993	275,329	112	3,615	319,172	129	4,248
Parkinson's Disease	332	18	0.6	556	31	64,862	64,325	116	3,581	80,169	144	4,491

See footnotes at end of table.

Table 7.6—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 2004

Principal ICD-9-CM Diagnosis Within MDC ¹	Principal ICD-9-CM Codes	Persons Served ²		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 ³
Diseases of the Circulatory System (MDC 7)	390-459	582	20.5	13,604	23	\$1,658,106	\$1,629,117	\$120	\$2,800	\$1,654,279	\$122	\$2,856
Essential Hypertension	401	103	3.6	2,079	20	244,189	243,124	117	2,352	253,500	122	2,465
Hypertensive Heart Disease	402	13	0.4	299	24	33,182	32,994	110	2,609	35,434	118	2,823
Acute Myocardial Infarction	410	19	0.7	294	15	36,238	36,001	122	1,884	36,626	124	1,923
Other Acute and Subacute Forms of Ischemic Heart Disease	411	5	0.2	73	16	8,763	8,713	120	1,899	8,814	121	1,925
Angina Pectoris	413	6	0.2	110	19	12,243	12,195	111	2,057	12,356	113	2,094
Other Forms of Chronic Ischemic Heart Disease	414	49	1.7	780	16	95,385	94,758	121	1,948	98,869	127	2,041
Cardiac Dysrhythmias	427	48	1.7	812	17	98,259	97,522	120	2,016	98,662	122	2,047
Heart Failure	428	169	6.0	3,551	21	426,597	422,635	119	2,501	416,908	117	2,475
Transient Cerebral Ischemia	435	15	0.5	290	19	35,325	35,141	121	2,351	44,376	153	2,980
Acute but Ill-Defined Cerebrovascular Disease	436	61	2.1	1,695	28	213,008	211,479	125	3,478	244,601	144	4,044
Other Peripheral Vascular Disease	443	12	0.4	339	29	40,725	39,164	116	3,361	35,037	103	3,021
Diseases of the Respiratory System (MDC 8)	460-519	207	7.3	3,960	19	477,887	473,469	120	2,284	482,938	122	2,338
Pneumonia, Organism Unspecified	486	57	2.0	834	15	104,496	103,572	124	1,830	109,416	131	1,939
Chronic Airway Obstruction, not Elsewhere Classified	496	71	2.5	1,469	21	172,042	170,886	116	2,418	171,517	117	2,436
Diseases of the Digestive System (MDC 9)	520-579	65	2.3	1,118	17	137,579	134,384	120	2,080	133,132	119	2,070
Diseases of the Genitourinary System (MDC 10)	580-629	65	2.3	1,391	21	159,211	153,664	110	2,367	157,269	113	2,434
Other Disorders of Urethra and Urinary Tract	599	31	1.1	552	18	65,256	63,396	115	2,032	68,467	124	2,200
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	183	6.5	6,578	36	859,011	791,592	120	4,323	721,408	110	3,958
Other Cellulitis and Abscess	682	41	1.5	921	22	121,919	115,312	125	2,803	91,741	100	2,241
Chronic Ulcer of Skin	707	134	4.7	5,397	40	704,575	645,321	120	4,801	603,975	112	4,512
See footnotes at end of table.												

Table 7.6—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 2004

Principal ICD-9-CM Diagnosis Within MDC ¹	Principal ICD-9-CM Codes	Persons Served ²		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 ³
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	196	6.9	5,217	27	\$617,432	\$612,584	\$117	\$3,133	\$687,026	\$132	\$3,538
Rheumatoid Arthritis and Other												
Inflammatory Polyarthropathies	714	9	0.3	357	38	39,185	38,904	109	4,163	41,736	117	4,517
Osteoarthritis and Allied Disorders	715	45	1.6	1,076	24	125,340	124,633	116	2,770	137,295	128	3,077
Other and Unspecified Arthropathies	716	40	1.4	1,217	31	137,698	137,039	113	3,446	167,331	138	4,243
Other and Unspecified Disorders of Back	724	23	0.8	459	20	55,651	55,354	121	2,387	68,423	149	2,966
Other Disorders of Bone and Cartilage	733	13	0.4	450	36	53,038	52,711	117	4,215	39,953	89	3,216
Congenital Anomalies (MDC 14)	740-759	3	0.1	60	20	7,019	6,860	115	2,273	7,065	118	2,365
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	219	7.7	4,632	21	559,513	550,074	119	2,507	650,651	140	2,979
General Symptoms	780	44	1.5	788	18	94,545	93,786	119	2,150	103,238	131	2,379
Symptoms Involving Urinary System	788	26	0.9	745	29	79,855	74,421	100	2,906	76,225	102	2,992
Injury and Poisoning (MDC 17)	800-999	176	6.2	4,755	27	614,371	588,797	124	3,356	525,875	111	3,021
Fracture of Neck of Femur	820	9	0.3	211	24	25,866	25,657	122	2,947	30,807	146	3,547
Open Wound of Other and Unspecified Sites, Except Limbs	879	9	0.3	277	30	36,559	34,686	125	3,768	29,053	105	3,190
Open Wound of Knee, Leg (Except Thigh), and Ankle	891	19	0.7	569	30	75,331	71,418	125	3,718	60,827	107	3,186
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	1,283	45.2	27,942	22	3,580,824	3,521,842	126	2,745	4,293,526	154	3,359

¹ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification* (Volume 1). Only the first listed or principal diagnosis has been used.

²Numbers do not add to total since persons may have more than one principal diagnosis reported for covered HHA services.

³Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the reporting year.

⁴Includes invalid codes not listed separately.

⁵Specific leading diagnostic categories were selected for presentation because of frequency of occurrences or because of special interest.

NOTES: MDCs 11 and 15 were not shown separately (but included in the total), because they were for the most part, not applicable to Medicare beneficiaries. Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Total charges and visit charges are shown for trend purposes only. With the implementation of the home health agency prospective payment system, beginning October 1, 2000, program payments are now associated with episodes and not with individual visits. As a result, program payments may exceed charges. Changes, as of October 2003, in the medical coding of the ICD-9-CM diagnosis field has resulted in the significant increase in the use of V-codes (Supplementary Classification of Factors Influencing Health Status and Contact with Health Services). That is, V-codes are now being used more frequently in the principal diagnostic field to reflect the fact that the HHA episode is oriented to providing some type of aftercare or rehabilitation service in a post-acute care setting. This is in direct contrast to the acute care setting when the coding of the principal diagnosis is directly related to the underlying condition. Numbers may not add to total because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

Table 7.7

**Persons Served and Program Payments for Medicare Home Health Agency (HHA) Services,
by Selected Diagnoses: Calendar Years 1997 and 2004**

Principal ICD-9-CM Diagnosis ¹	ICD-9-CM Codes	1997				
		Persons in Thousands	Percent	Program Payments		Per Person Served ²
				Amount in Thousands	Percent	
Total All Diagnoses	---	3,558	100.0	\$16,718,263	100.0	\$4,702
Total Selected Diagnoses ³	---	2032	57.1	7,746,949	46.3	3,812
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
General Symptoms	780	99	2.8	271,892	1.6	2,762
All Other Diagnoses	---	1,526	42.9	8,971,314	53.7	5,879

¹ICD-9-CM is *International Classification of Diseases, 9th Revision, Clinical Modification* (Volume 1). Only the first listed or principal diagnosis has been used.

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

³Specific leading diagnoses were selected for presentation because of frequency of occurrences or because of special interest.

NOTE: Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. The change in program payments and utilization for home health between 1997 and 2004 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 7.7—Continued

**Persons Served and Program Payments for Medicare Home Health Agency (HHA) Services,
by Selected Diagnoses: Calendar Years 1997 and 2004**

Persons in Thousands	Percent	2004			Percent Change 1997-2004		
		Program Payments		Per Person Served ²	Persons	Program Payments	Average Program Payment
		Amount in Thousands	Percent				
2,836	100.0	\$11,402,560	100.0	\$4,039	-20	-32	-14
1011	35.6	3,423,121	30.0	3,386	-50	-56	-11
230	8.1	1,185,140	10.4	5,195	-29	-48	-26
103	3.6	253,500	2.2	2,465	-58	-70	-28
49	1.7	98,869	0.9	2,041	-60	-61	0
48	1.7	98,662	0.9	2,047			
169	6.0	416,908	3.7	2,475	-50	-63	-26
61	2.1	244,601	2.1	4,044	-66	-64	7
57	2.0	109,416	1.0	1,939	-47	-47	1
71	2.5	171,517	1.5	2,436	-51	-62	-22
134	4.7	603,975	5.3	4,512	-10	-34	-27
45	1.6	137,295	1.2	3,077	-78	-68	45
44	1.5	103,238	0.9	2,379	-56	-62	-14
1,825	64.4	7,979,439	70.0	4,372	20	-11	-26