

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 1974-2012**

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
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
2005	2,975.6	81	95,989	32	2,617	12,262,325	12,021,384	125	4,040	328	12,779,158	4,314	348
2006	3,026.2	84	104,127	34	2,905	13,627,482	13,410,519	129	4,431	374	13,912,750	4,619	388
2007	3,099.5	87	114,654	37	3,231	15,156,114	14,912,303	130	4,811	420	15,565,441	5,046	439
2008	3,171.6	90	121,005	38	3,426	16,570,487	16,262,053	134	5,127	460	16,872,735	5,361	478
2009	3,281.1	92	130,099	40	3,679	18,489,770	18,137,946	139	5,528	513	18,733,108	5,747	530
2010	3,434.4	95	126,063	37	3,510	18,615,688	18,262,337	145	5,318	509	19,407,218	5,688	540
2011	3,463.9	95	123,249	36	3,380	18,894,146	18,473,688	150	5,333	507	18,362,264	5,357	504
2012	3,459.6	92	117,669	34	3,161	18,498,219	18,095,404	154	5,231	486	18,025,554	5,256	484

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

Table 7.2
Persons Served, Visits, Total Charges, Visit Charges, and Program Payments for Medicare Home Health Agency Services,
by Demographic Characteristics: Calendar Year 2012

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	3,460	93	117,669	34	3,162	\$18,498,219	\$18,095,404	\$154	\$5,231	\$486	\$18,025,554	\$5,256	\$484
Age													
Under 65 Years	476	69	16,918	36	2,461	2,689,867	2,584,983	153	5,432	376	2,532,890	5,409	368
65-74 Years	835	50	25,203	30	1,499	4,002,836	3,910,710	155	4,685	233	4,006,867	4,851	238
75-84 Years	1,113	122	37,937	34	4,165	5,936,692	5,825,558	154	5,234	640	5,796,765	5,246	636
85 Years or Over	1,036	234	37,611	36	8,506	5,868,824	5,774,153	154	5,573	1,306	5,689,032	5,524	1,287
Sex													
Male	1,293	76	41,925	32	2,457	6,676,808	6,498,796	155	5,026	381	6,480,376	5,058	380
Female	2,166	107	75,744	35	3,758	11,821,410	11,596,608	153	5,353	575	11,545,178	5,375	573
Type of Entitlement													
Aged	2,984	98	100,751	34	3,321	15,808,351	15,510,421	154	5,198	511	15,492,663	5,232	511
Disabled	476	69	16,918	36	2,461	2,689,867	2,584,983	153	5,432	376	2,532,890	5,409	368
Race													
White	2,755	90	88,694	32	2,894	14,120,897	13,805,437	156	5,011	450	13,704,746	5,012	447
Other ³	704	107	28,975	41	4,414	4,377,322	4,289,967	148	6,091	653	4,320,807	6,217	658

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

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 2012**

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	
All Areas ³	3,460	93	117,669	34	3,162	\$18,498,219
United States ⁴	3,390	93	115,875	34	3,169	18,197,674
Northeast	632	92	19,923	32	2,904	3,137,172
Midwest	718	85	20,683	29	2,454	3,364,098
South	1,549	107	61,971	40	4,286	9,318,453
West	492	72	13,298	27	1,949	2,377,952
New England	217	104	6,842	32	3,277	965,635
Connecticut	51	109	1,983	39	4,252	231,471
Maine	19	80	438	23	1,850	68,725
Massachusetts	105	114	3,294	31	3,576	501,941
New Hampshire	20	88	513	26	2,255	75,867
Rhode Island	13	102	341	27	2,737	50,338
Vermont	9	85	273	29	2,448	37,294
Middle Atlantic	415	87	13,081	32	2,741	2,171,537
New Jersey	95	80	2,106	22	1,772	373,679
New York	179	85	7,446	42	3,519	1,191,025
Pennsylvania	141	96	3,529	25	2,403	606,833
East North Central	549	94	16,554	30	2,839	2,704,059
Illinois	192	111	6,161	32	3,553	1,018,012
Indiana	61	71	1,982	33	2,310	307,832
Michigan	150	115	3,997	27	3,067	717,701
Ohio	113	88	3,629	32	2,835	528,083
Wisconsin	34	52	785	23	1,198	132,431
West North Central	169	65	4,129	24	1,591	660,038
Iowa	25	53	611	25	1,320	82,999
Kansas	24	59	692	29	1,738	107,009
Minnesota	32	73	706	22	1,588	118,713
Missouri	65	81	1,576	24	1,940	261,618
Nebraska	14	57	364	25	1,431	59,289
North Dakota	4	41	77	19	779	14,525
South Dakota	4	35	104	24	831	15,885

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 2012**

Visit Charges				Program Payments		
Amount in Thousands	Per Visit	Per Person Served	Per Enrollee ¹	Amount in Thousands	Per Visit	Per Person Served ²
\$18,095,404	\$154	\$5,231	\$486	\$18,025,554	\$153	\$5,256
17,803,287	154	5,251	487	17,736,053	153	5,277
3,085,677	155	4,883	450	2,745,645	138	4,421
3,291,465	159	4,584	391	3,418,709	165	4,789
9,104,192	147	5,879	630	9,088,316	147	5,910
2,321,952	175	4,722	340	2,483,382	187	5,089
948,480	139	4,367	454	1,010,679	148	4,720
227,168	115	4,487	487	239,865	121	4,860
66,749	152	3,508	282	72,074	165	3,812
495,082	150	4,703	537	519,571	158	4,992
74,043	144	3,692	326	84,622	165	4,252
49,426	145	3,884	397	55,830	164	4,443
36,012	132	3,798	323	38,716	142	4,163
2,137,197	163	5,152	448	1,734,966	133	4,263
367,462	174	3,856	309	389,490	185	4,129
1,174,052	158	6,559	555	778,258	105	4,500
595,684	169	4,239	406	567,217	161	4,061
2,646,191	160	4,816	454	2,763,254	167	5,058
993,784	161	5,183	573	1,124,507	183	5,900
300,171	151	4,948	350	291,003	147	4,818
705,418	176	4,707	541	711,927	178	4,775
518,259	143	4,593	405	507,644	140	4,527
128,560	164	3,745	196	128,173	163	3,759
645,274	156	3,826	249	655,455	159	3,911
81,581	134	3,330	176	87,188	143	3,579
105,026	152	4,460	264	98,038	142	4,190
116,993	166	3,619	263	124,147	176	3,878
253,834	161	3,881	312	259,597	165	3,987
57,956	159	4,010	228	59,434	163	4,140
14,292	186	3,551	145	10,837	141	2,719
15,592	150	3,557	125	16,214	156	3,720

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 2012**

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	764	99	25,548	33	3,299	\$3,755,380
Delaware	12	76	272	24	1,781	43,946
District of Columbia	6	81	157	26	2,117	26,664
Florida	339	142	14,328	42	5,989	1,995,663
Georgia	84	82	2,636	31	2,569	401,353
Maryland	59	76	1,312	22	1,701	225,772
North Carolina	104	80	2,446	23	1,888	370,451
South Carolina	51	74	1,279	25	1,859	201,180
Virginia	88	85	2,510	28	2,411	391,554
West Virginia	22	73	607	27	2,001	98,797
East South Central	265	100	9,877	37	3,724	1,536,635
Alabama	70	99	2,395	34	3,406	378,381
Kentucky	60	90	1,978	33	2,976	302,417
Mississippi	55	119	2,282	41	4,921	363,404
Tennessee	80	98	3,222	40	3,924	492,434
West South Central	519	128	26,547	51	6,538	4,026,437
Arkansas	35	74	1,232	36	2,641	191,419
Louisiana	74	136	3,680	50	6,759	547,754
Oklahoma	65	121	3,591	55	6,717	510,041
Texas	346	137	18,044	52	7,175	2,777,223
Mountain	148	67	4,617	31	2,088	723,284
Arizona	36	56	827	23	1,297	147,980
Colorado	32	71	986	30	2,178	152,971
Idaho	12	67	359	31	2,058	57,764
Montana	6	42	137	22	899	21,928
Nevada	23	86	760	33	2,813	123,887
New Mexico	16	67	559	34	2,294	87,342
Utah	19	94	876	47	4,396	116,696
Wyoming	4	44	113	32	1,396	14,716
Pacific	344	75	8,680	25	1,883	1,654,668
Alaska	2	33	53	22	726	11,532
California	277	85	7,290	26	2,236	1,346,848
Hawaii	3	23	47	17	381	10,433
Oregon	21	54	442	21	1,117	102,463
Washington	40	52	848	21	1,118	183,392
Outlying Areas ⁵	69	107	1,794	26	2,767	300,545

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

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 2012**

Visit Charges				Program Payments		
Amount in Thousands	Per Visit	Per Person Served	Per Enrollee ¹	Amount in Thousands	Per Visit	Per Person Served ²
\$3,665,456	\$143	\$4,797	\$473	\$3,933,037	\$154	\$5,194
42,591	157	3,678	279	46,484	171	4,048
26,131	167	4,359	352	26,922	172	4,532
1,959,767	137	5,786	819	2,091,956	146	6,252
392,068	149	4,681	382	407,204	154	4,893
219,522	167	3,731	285	243,049	185	4,156
354,626	145	3,404	274	413,906	169	4,000
193,386	151	3,809	281	214,536	168	4,259
381,452	152	4,324	366	394,325	157	4,501
95,913	158	4,342	316	94,654	156	4,309
1,496,233	151	5,636	564	1,454,348	147	5,504
370,657	155	5,310	527	345,078	144	4,968
291,020	147	4,857	438	292,111	148	4,897
354,324	155	6,404	764	335,962	147	6,101
480,232	149	5,972	585	481,196	149	6,013
3,942,503	149	7,597	971	3,700,932	139	7,167
186,239	151	5,376	399	154,334	125	4,478
533,448	145	7,215	980	510,049	139	6,928
501,822	140	7,750	939	450,359	125	6,985
2,720,994	151	7,873	1082	2,586,190	143	7,521
710,474	154	4,796	321	706,241	153	4,806
144,866	175	4,030	227	150,799	182	4,227
150,847	153	4,664	333	143,787	146	4,496
56,745	158	4,847	325	52,415	146	4,504
21,205	154	3,321	139	22,361	163	3,525
121,425	160	5,235	450	133,930	176	5,820
85,364	153	5,226	350	83,994	150	5,176
115,562	132	6,188	580	103,647	118	5,590
14,459	128	4,054	179	15,308	136	4,327
1,611,479	186	4,690	350	1,777,141	205	5,211
11,099	211	4,691	154	11,193	213	4,775
1,311,911	180	4,730	402	1,487,204	204	5,405
10,220	219	3,651	83	10,468	224	3,759
99,512	225	4,650	251	92,070	208	4,322
178,736	211	4,510	236	176,206	208	4,468
292,117	163	4,216	451	289,501	161	4,228

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 2012

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	3,460	508	11	315	498	2,258	1,246	2,210	121
Nursing Care	3,285	463	10	284	452	2,076	1,122	2,041	109
Home Health Aide	721	115	2	68	97	439	253	436	30
Physical Therapy	2,585	369	9	221	353	1,633	895	1,603	81
Speech Therapy	207	27	1	16	25	138	63	139	5
Occupational Therapy	1,118	165	4	93	145	711	386	701	29
Other ³	498	86	1	37	71	302	192	294	11
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	94.9	91.0	88.6	90.3	90.8	91.9	90.1	92.4	90.1
Home Health Aide	20.9	22.5	21.4	21.6	19.6	19.4	20.3	19.7	25.2
Physical Therapy	74.7	72.7	76.3	70.4	71.0	72.3	71.8	72.5	66.8
Speech Therapy	6.0	5.3	5.7	5.2	4.9	6.1	5.0	6.3	3.9
Occupational Therapy	32.3	32.4	33.7	29.6	29.2	31.5	31.0	31.7	24.1
Other ³	14.4	16.9	9.8	11.7	14.4	13.4	15.4	13.3	9.5
Visits in Thousands									
Total	117,669	13,997	313	10,884	10,959	81,516	29,788	84,760	3,121
Nursing Care	60,029	6,533	142	5,513	5,580	42,261	14,392	44,143	1,494
Home Health Aide	18,009	3,027	58	1,933	1,577	11,414	5,408	11,935	666
Physical Therapy	30,183	3,261	87	2,648	2,868	21,320	7,433	21,991	760
Speech Therapy	1,429	148	5	113	136	1,027	350	1,051	28
Occupational Therapy	7,110	860	19	613	679	4,938	1,864	5,094	152
Other ³	908	168	2	63	119	556	341	546	22

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 2012

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	51.0	46.7	45.3	50.7	50.9	51.8	48.3	52.1	47.9
Home Health Aide	15.3	21.6	18.6	17.8	14.4	14.0	18.2	14.1	21.3
Physical Therapy	25.7	23.3	27.7	24.3	26.2	26.2	25.0	25.9	24.3
Speech Therapy	1.2	1.1	1.5	1.0	1.2	1.3	1.2	1.2	0.9
Occupational Therapy	6.0	6.1	6.1	5.6	6.2	6.1	6.3	6.0	4.9
Other ³	0.8	1.2	0.7	0.6	1.1	0.7	1.1	0.6	0.7
	Visit Charges in Millions								
Total	\$18,095	\$2,211	\$44	\$1,585	\$1,960	\$12,296	\$4,958	\$12,685	\$452
Nursing Care	9,550	1,127	22	834	1,052	6,516	2,570	6,737	242
Home Health Aide	1,697	308	4	181	163	1,041	557	1,089	51
Physical Therapy	5,173	566	14	435	555	3,603	1,352	3,698	124
Speech Therapy	255	27	1	19	27	181	67	184	5
Occupational Therapy	1,231	149	3	103	132	845	337	868	26
Other ³	189	34	(4)	13	30	112	76	108	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	52.8	51.0	49.4	52.6	53.7	53.0	51.8	53.1	53.6
Home Health Aide	9.4	13.9	9.5	11.4	8.3	8.5	11.2	8.6	11.3
Physical Therapy	28.6	25.6	31.1	27.5	28.3	29.3	27.3	29.1	27.3
Speech Therapy	1.4	1.2	1.8	1.2	1.4	1.5	1.3	1.4	1.1
Occupational Therapy	6.8	6.7	7.2	6.5	6.7	6.9	6.8	6.8	5.7
Other ³	1.0	1.6	1.0	0.8	1.5	0.9	1.5	0.9	1.0

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 2012

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	34	28	28	35	22	36	24	38	26
Nursing Care	18	14	14	19	12	20	13	22	14
Home Health Aide	25	26	24	28	16	26	21	27	22
Physical Therapy	12	9	10	12	8	13	8	14	9
Speech Therapy	7	6	7	7	6	7	6	8	6
Occupational Therapy	6	5	5	7	5	7	5	7	5
Other ³	2	2	2	2	2	2	2	2	2
Average Visit Charge per Visit									
Total	\$154	\$158	\$139	\$146	\$179	\$151	\$166	\$150	\$145
Nursing Care	159	173	152	151	188	154	179	153	162
Home Health Aide	94	102	71	94	103	91	103	91	77
Physical Therapy	171	174	156	164	194	169	182	168	163
Speech Therapy	179	184	164	172	202	176	191	175	171
Occupational Therapy	173	173	163	167	194	171	181	170	169
Other ³	209	204	209	201	253	201	224	199	219
Average Visit Charge per Person Served									
Total	\$5,231	\$4,351	\$3,887	\$5,038	\$3,937	\$5,445	\$3,981	\$5,741	\$3,741
Nursing Care	2,907	2,436	2,169	2,936	2,326	3,139	2,291	3,300	2,225
Home Health Aide	2,352	2,687	1,730	2,665	1,675	2,370	2,196	2,498	1,685
Physical Therapy	2,001	1,533	1,583	1,966	1,573	2,206	1,511	2,307	1,529
Speech Therapy	1,236	1,013	1,211	1,194	1,119	1,305	1,064	1,321	1,020
Occupational Therapy	1,101	902	825	1,102	908	1,188	872	1,238	881
Other ³	381	400	410	346	421	370	398	369	411

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.

⁴Less than \$500,000.

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

Table 7.5
Persons Using Medicare Home Health Agency Services, Visits, Total Charges, and Program Payments, by Number of Visits: Calendar Years 2000 and 2012

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
2000								
Total	2,461	100.0	90,566	100.0	\$9,488,429	100.0	\$7,215,958	100.0
1-9	767	31.2	3,903	4.3	464,863	4.9	424,383	5.9
10-19	577	23.4	8,050	8.9	936,155	9.9	790,594	11.0
20-29	318	12.9	7,644	8.4	866,230	9.1	686,760	9.5
30-39	194	7.9	6,608	7.3	733,211	7.7	562,678	7.8
40-49	129	5.2	5,715	6.3	625,562	6.6	471,194	6.5
50-99	273	11.1	18,817	20.8	1,997,487	21.1	1,477,357	20.5
100 or More	203	8.2	39,832	44.0	3,864,922	40.7	2,802,993	38.8
2012								
Total	3,460	100.0	117,669	100.0	\$18,498,219	100.0	\$18,025,554	100.0
1-9	833	24.1	4,983	4.2	902,581	4.9	1,485,062	8.2
10-19	937	27.1	13,784	11.7	2,408,935	13.0	2,944,812	16.3
20-29	530	15.3	13,271	11.3	2,241,257	12.1	2,402,587	13.3
30-39	320	9.3	11,350	9.6	1,860,082	10.1	1,974,357	11.0
40-49	216	6.2	9,844	8.4	1,587,713	8.6	1,663,777	9.2
50-99	431	12.5	29,775	25.3	4,682,522	25.3	4,513,337	25.0
100 or More	193	5.6	34,663	29.5	4,815,129	26.0	3,041,623	16.9

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

Table 7.6

Persons Using Medicare Home Health Agency Services, Visits, Total Charges, Visit Charges, and Program Payments, by Principal Diagnosis Within Major Diagnostic Classifications (MDCs): Calendar Year 2012

Principal ICD-9-CM Diagnosis Within MDC 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	---	3,460	100.0	117,669	34	\$18,498,219	\$18,095,404	\$154	\$5,231	\$18,025,554	\$153	\$5,256
Total Leading Diagnoses ⁵	---	1,999	57.8	54,962	27	8,374,713	8,187,230	149	4,096	7,639,983	139	3,874
Infectious and Parasitic Diseases (MDC 1)	001-139	26	0.8	531	20	85,653	84,389	159	3,216	73,199	138	2,853
Neoplasms (MDC 2)	140-239	111	3.2	2,187	20	357,784	345,226	158	3,119	347,102	159	3,164
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	22	0.6	391	18	64,847	62,430	160	2,855	64,048	164	2,951
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	362	10.5	15,733	43	2,290,397	2,259,421	144	6,238	1,826,661	116	5,135
Diabetes Mellitus	250	327	9.5	14,973	46	2,175,170	2,146,121	143	6,563	1,712,063	114	5,336
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	12	0.3	185	16	29,418	28,847	156	2,506	30,238	164	2,644
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	58	1.7	1,486	26	203,765	200,948	135	3,492	206,810	139	3,618
Other Deficiency Anemias	281	30	0.9	918	31	117,588	115,845	126	3,907	120,014	131	4,072
Other and Unspecified Anemias	285	19	0.6	381	20	57,707	57,029	150	2,975	58,828	155	3,091
Coagulation Defects	286	1	(6)	28	26	4,175	4,106	145	3,726	3,689	130	3,384
Mental Disorders (MDC 5)	290-319	97	2.8	2,396	25	353,559	351,669	147	3,621	332,930	139	3,530
Schizophrenic Disorders	295	10	0.3	316	32	44,692	44,498	141	4,471	39,376	125	4,274
Affective Psychoses	296	13	0.4	305	24	46,364	46,172	151	3,662	43,615	143	3,581
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	164	4.7	4,785	29	727,395	717,848	150	4,371	685,117	143	4,245
Parkinson's Disease	332	38	1.1	1,214	32	188,821	187,347	154	4,983	182,347	150	4,904

See footnotes at end of table.

Table 7.6--Continued

Persons Using Medicare Home Health Agency Services, Visits, Total Charges, Visit Charges, and Program Payments, by Principal Diagnosis Within Major Diagnostic Classifications (MDCs): Calendar Year 2012

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

See footnotes at end of table.

Table 7.6--Continued

Persons Using Medicare Home Health Agency Services, Visits, Total Charges, Visit Charges, and Program Payments, by Principal Diagnosis Within Major Diagnostic Classifications (MDCs): Calendar Year 2012

Principal ICD-9-CM Diagnosis Within MDC 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	449	13.0	11,407	25	\$1,708,647	\$1,696,235	\$149	\$3,782	\$1,896,258	\$166	\$4,284
Rheumatoid Arthritis and Other Inflammatory Polyarthropathies	714	18	0.5	532	29	77,167	76,487	144	4,209	77,101	145	4,305
Osteoarthritis and Allied Disorders	715	142	4.1	3,371	24	492,797	490,092	145	3,442	558,813	166	3,986
Other and Unspecified Arthropathies	716	27	0.8	685	25	97,071	96,443	141	3,526	103,562	151	3,834
Other and Unspecified Disorders of Back	724	61	1.8	1,233	20	183,048	182,262	148	2,995	222,980	181	3,723
Other Disorders of Bone and Cartilage	733	10	0.3	334	33	47,092	46,419	139	4,535	38,285	114	3,822
Congenital Anomalies (MDC 14)	740-759	3	0.1	67	25	10,850	10,555	157	3,918	8,681	129	3,369
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	225	6.5	4,712	21	734,875	725,520	154	3,226	754,995	160	3,385
General Symptoms	780	55	1.6	1,049	19	165,890	164,929	157	3,009	161,966	154	2,991
Symptoms Involving Urinary System	788	14	0.4	306	22	46,025	43,789	143	3,175	42,344	138	3,090
Injury and Poisoning (MDC 17)	800-999	218	6.3	5,672	26	942,591	895,084	158	4,105	797,874	141	3,690
Fracture of Neck of Femur	820	2	0.1	44	25	6,267	6,229	143	3,519	6,597	151	3,765
Open Wound of Other and Unspecified Sites, Except Limbs	879	5	0.2	152	29	23,894	22,543	148	4,242	19,380	128	3,689
Open Wound of Knee, Leg (Except Thigh), and Ankle	891	30	0.9	787	27	130,359	122,684	156	4,149	109,524	139	3,723
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	1,257	36.3	23,872	19	3,971,880	3,899,077	163	3,101	4,467,281	187	3,575

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.

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. As a result, program payments may exceed charges. Changes, as of October 2003, in the medical coding of the ICD-9-CM diagnosis field has resulted in the significant increase in the use of V-codes (Supplementary Classification of Factors Influencing Health Status and Contact with Health Services). That is, V-codes are now being used more frequently in the principal diagnostic field to reflect the fact that the HHA episode is oriented to providing some type of aftercare or rehabilitation service in a post-acute care setting. This is in direct contrast to the acute care setting when the coding of the principal diagnosis is directly related to the underlying condition. Numbers may not add to total because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Standard Analytical Files; data development by the Office of Information Products & Data Analytics.

Table 7.7
Persons Served and Program Payments for Medicare Home Health Agency (HHA) Services,
by Selected Diagnoses: Calendar Years 1997 and 2012

Principal ICD-9-CM Diagnosis ¹	ICD-9-CM Codes	1997				2012				Percent Change 1997-2012		
		Persons in Thousands	Program Payments			Persons in Thousands	Program Payments			Persons	Program Payments	Average Program Payment
			Amount in Thousands	Per-cent	Per Person Served ²		Amount in Thousands	Per-cent	Per Person Served ²			
Total All Diagnoses	---	3,558	16,718,263	100.0	4,702	3,460	18,025,554	100.0	5,256	-3	8	12
Diabetes Mellitus	250	324	2,260,343	13.5	6,995	327	1,712,063	9.5	5,336	1	-24	-24
Essential Hypertension	401	244	839,278	5.0	3,447	227		4.1	3,318		-12	-4
Other Forms of Chronic Ischemic												
Heart Disease	414	124	252,328	1.5	2,037	70	210,727	1.2	3,071	-44	-16	51
Cardiac Dysrhythmias	427	115	298,792	1.8	2,611	94	298,617	1.7	3,200	-18	0	23
Heart Failure	428	339	1,139,447	6.8	3,364	260	939,727	5.2	3,640	-23	-18	8
Pneumonia, Organism Unspecif	486	108	208,135	1.2	1,925	68	180,331	1.0	2,683	-37	-13	39
Other Disorders of the Urethra and Urinary Tract	599	78	247,528	1.5	3,177	76	212,714	1.2	2,821	-3	-14	-11
Other Cellulitis and Abscess	682	59	177,454	1.1	3,034	70	215,346	1.2	3,114	19	21	3
Chronic Ulcer of Skin	707	149	913,679	5.5	6,171	155	764,211	4.2	4,962	4	-16	-20
Osteoarthritis and Allied Disord	715	206	433,641	2.6	2,115	142	558,813	3.1	3,986	-31	29	89
General Symptoms	780	99	271,892	1.6	2,762	55	161,966	0.9	2,991	-44	-40	8

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.

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 beginning in 1997 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 Standard Analytical Files; data development by the Office of Information Products & Data Analytics.