

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 2003**

Principal ICD-9-CM Diagnosis Within MDC <sup>1</sup>	Principal ICD-9-CM Codes	Persons Served		Visits		Total Charges in Thousands	Visit Charges			Program Payments		
		Number in Thousands	Percent	Number in Thousands	Per Person Served		Amount in Thousands	Per Visit	Per Person Served	Amount in Thousands	Per Visit	Per Person Served <sup>2</sup>
Total All Diagnoses <sup>3</sup>	---	2,681	100.0	82,851	31	\$9,966,568	\$9,744,912	\$118	\$3,635	\$10,069,628	\$122	\$3,770
Total Leading Diagnoses <sup>4</sup>	---	1,779	66.3	48,134	27	5,754,201	5,629,521	117	3,165	5,535,286	115	3,125
Infectious and Parasitic Diseases (MDC 1)	001-139	21	0.8	418	20	50,674	49,487	118	2,335	46,453	111	2,209
Neoplasms (MDC 2)	140-239	149	5.5	2,765	19	338,583	327,753	119	2,203	314,228	114	2,121
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	23	0.9	370	16	44,526	43,772	118	1,919	44,306	120	1,949
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	251	9.4	11,934	47	1,452,995	1,435,187	120	5,712	1,137,501	95	4,555
Diabetes Mellitus	250	216	8.1	11,214	52	1,369,762	1,353,431	121	6,267	1,053,253	94	4,907
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	19	0.7	310	16	36,853	36,114	117	1,918	37,779	122	2,012
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	54	2.0	1,642	31	161,896	159,579	97	2,976	161,754	98	3,026
Other Deficiency Anemias	281	25	0.9	980	39	87,272	85,852	88	3,393	89,318	91	3,535
Other and Unspecified Anemias	285	16	0.6	385	24	43,816	43,385	113	2,651	42,746	111	2,620
Coagulation Defects	286	6	0.2	128	23	13,831	13,633	107	2,434	13,393	105	2,410
Mental Disorders (MDC 5)	290-319	45	1.7	978	22	114,350	113,791	116	2,508	110,591	113	2,469
Schizophrenic Disorders	295	5	0.2	127	26	15,368	15,314	121	3,172	13,031	103	2,818
Affective Psychoses	296	9	0.3	187	20	23,213	23,147	124	2,511	21,805	117	2,392
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	92	3.4	3,068	33	339,233	333,060	109	3,633	387,028	126	4,264
Parkinson's Disease	332	25	0.9	741	30	86,670	85,902	116	3,425	108,308	146	4,332

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 2003

Principal ICD-9-CM Diagnosis Within MDC <sup>1</sup>	Principal ICD-9-CM Codes	Persons Served		Visits		Total Charges in Thousands	Visit Charges			Program Payments		
		Number in Thousands	Percent	Number in Thousands	Per Person Served		Amount in Thousands	Per Visit	Per Person Served	Amount in Thousands	Per Visit	Per Person Served <sup>2</sup>
Diseases of the Circulatory System (MDC 7)	390-459	707	26.4	16,813	24	\$2,011,395	\$1,979,304	\$118	\$2,798	\$2,009,955	\$120	\$2,852
Essential Hypertension	401	94	3.5	1,930	21	222,276	221,463	115	2,353	230,309	119	2,458
Hypertensive Heart Disease	402	13	0.5	302	23	34,228	34,059	113	2,610	37,571	124	2,892
Acute Myocardial Infarction	410	27	1.0	443	16	53,275	52,907	120	1,930	52,603	119	1,924
Other Acute and Subacute Forms of Ischemic Heart Disease	411	7	0.3	114	15	13,376	13,315	117	1,808	13,289	117	1,810
Angina Pectoris	413	8	0.3	135	17	15,335	15,264	113	1,967	15,376	114	1,992
Other Forms of Chronic Ischemic Heart Disease	414	83	3.1	1,264	15	153,409	152,027	120	1,827	158,892	126	1,917
Cardiac Dysrhythmias	427	56	2.1	969	17	114,432	113,661	117	2,016	113,822	117	2,025
Heart Failure	428	176	6.6	3,850	22	450,731	446,717	116	2,541	429,320	112	2,448
Transient Cerebral Ischemia	435	21	0.8	407	20	48,536	48,290	119	2,359	60,934	150	2,981
Acute but Ill-Defined Cerebrovascular Disease	436	97	3.6	2,764	29	338,655	336,136	122	3,466	389,142	141	4,029
Other Peripheral Vascular Disease	443	21	0.8	624	30	74,452	71,545	115	3,476	62,330	100	3,043
Diseases of the Respiratory System (MDC 8)	460-519	220	8.2	4,346	20	510,336	505,329	116	2,303	507,126	117	2,318
Pneumonia, Organism Unspecified	486	64	2.4	1,001	16	121,347	120,242	120	1,888	125,532	125	1,976
Chronic Airway Obstruction, not Elsewhere Classified	496	73	2.7	1,553	21	177,793	176,604	114	2,420	173,526	112	2,386
Diseases of the Digestive System (MDC 9)	520-579	104	3.9	1,890	18	231,369	224,051	119	2,150	215,529	114	2,075
Diseases of the Genitourinary System (MDC 10)	580-629	90	3.3	2,237	25	246,270	236,530	106	2,642	234,669	105	2,634
Other Disorders of Urethra and Urinary Tract	599	36	1.3	687	19	78,993	76,891	112	2,126	80,576	117	2,233
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	188	7.0	6,815	36	861,100	796,894	117	4,233	705,202	103	3,762
Other Cellulitis and Abscess	682	49	1.8	1,152	23	149,010	141,272	123	2,878	109,906	95	2,250
Chronic Ulcer of Skin	707	130	4.8	5,337	41	672,155	617,528	116	4,770	565,406	106	4,385

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 2003

Principal ICD-9-CM Diagnosis Within MDC <sup>1</sup>	Principal ICD-9-CM Codes	Persons Served		Visits		Total Charges in Thousands	Visit Charges			Program Payments		
		Number in Thousands	Percent	Number in Thousands	Per Person Served		Amount in Thousands	Per Visit	Per Person Served	Amount in Thousands	Per Visit	Per Person Served <sup>2</sup>
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	429	16.0	9,383	22	\$1,129,548	\$1,120,810	\$119	\$2,612	\$1,367,005	\$146	\$3,198
Rheumatoid Arthritis and Other												
Inflammatory Polyarthropathies	714	12	0.4	409	35	44,870	44,440	109	3,772	48,951	120	4,189
Osteoarthritis and Allied Disorders	715	147	5.5	2,696	18	331,721	330,090	122	2,252	417,146	155	2,860
Other and Unspecified Arthropathies	716	51	1.9	1,435	28	162,643	161,813	113	3,156	199,047	139	3,900
Other and Unspecified Disorders of Back	724	43	1.6	782	18	95,249	94,792	121	2,182	122,914	157	2,837
Other Disorders of Bone and Cartilage	733	25	0.9	709	28	82,567	82,076	116	3,251	76,138	107	3,025
Congenital Anomalies (MDC 14)	740-759	6	0.2	107	19	12,776	12,543	117	2,246	13,318	124	2,404
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	445	16.6	9,426	21	1,122,578	1,102,801	117	2,478	1,391,300	148	3,136
General Symptoms	780	68	2.6	1,211	18	143,373	142,407	118	2,081	164,712	136	2,415
Symptoms Involving Urinary System	788	46	1.7	1,681	36	173,915	161,883	96	3,514	165,953	99	3,618
Injury and Poisoning (MDC 17)	800-999	318	11.9	8,250	26	1,027,653	997,601	121	3,135	1,005,400	122	3,181
Fracture of Neck of Femur	820	56	2.1	1,294	23	159,822	158,521	123	2,811	203,154	157	3,613
Open Wound of Other and Unspecified Sites, Except Limbs	879	12	0.5	381	31	48,842	46,539	122	3,743	37,930	100	3,083
Open Wound of Knee, Leg (Except Thigh), and Ankle	891	18	0.7	564	31	71,884	68,488	122	3,730	56,868	101	3,122
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	187	7.00	2,776	15	355,447	349,841	126	1,872	462,264	167	2,484

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

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

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

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

<sup>5</sup>Less than 500 persons.

<sup>6</sup>Less than 0.05 percent.

NOTES: MDCs 11 and 15 were not shown separately (but included in the total), because they were for the most part, not applicable to Medicare beneficiaries. Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Total charges and visit charges are shown for trend purposes only. With the implementation of the home health agency prospective payment system, beginning October 1, 2000, program payments are now associated with episodes and not with individual visits. 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.