

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 2007

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	---	3,100	100.0	114,654	37	\$15,156,114	\$14,912,303	\$130	\$4,811	\$15,565,441	\$136	\$5,046
Total Leading Diagnoses ⁵	---	1,656	53.4	57,249	35	7,344,068	7,236,551	126	4,371	6,843,315	120	4,157
Infectious and Parasitic Diseases (MDC 1)	001-139	18	0.6	343	19	46,053	45,285	132	2,531	43,944	128	2,469
Neoplasms (MDC 2)	140-239	94	3.0	1,756	19	240,593	234,202	133	2,487	232,566	132	2,485
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	19	0.6	318	17	43,273	42,534	134	2,253	43,188	136	2,303
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	362	11.7	25,223	70	3,128,299	3,111,967	123	8,592	2,551,495	101	7,095
Diabetes Mellitus	250	330	10.6	24,545	74	3,039,946	3,024,795	123	9,174	2,456,220	100	7,502
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	13	0.4	202	16	27,527	27,049	134	2,089	28,401	141	2,201
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	55	1.8	1,559	28	179,797	177,796	114	3,219	180,522	116	3,281
Other Deficiency Anemias	281	27	0.9	894	33	95,671	94,522	106	3,493	96,414	108	3,574
Other and Unspecified Anemias	285	19	0.6	441	24	55,867	55,320	125	2,962	56,134	127	3,017
Coagulation Defects	286	4	0.1	80	23	9,965	9,856	123	2,847	9,689	121	2,808
Mental Disorders (MDC 5)	290-319	54	1.8	1,186	22	150,930	150,291	127	2,769	159,368	134	2,962
Schizophrenic Disorders	295	6	0.2	152	26	19,169	19,105	126	3,298	20,438	135	3,589
Affective Psychoses	296	9	0.3	177	21	24,146	24,063	136	2,792	24,830	140	2,901
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	135	4.4	4,454	33	561,758	555,285	125	4,105	653,959	147	4,887
Parkinson's Disease	332	31	1.0	1,017	33	132,505	131,617	129	4,249	161,314	159	5,243

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 2007

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	683	22.0	17,104	25	\$2,275,568	\$2,242,659	\$131	\$3,282	\$2,320,061	\$136	\$3,410
Essential Hypertension	401	160	5.1	3,455	22	435,524	433,896	126	2,718	470,477	136	2,962
Hypertensive Heart Disease	402	18	0.6	408	23	51,637	51,310	126	2,900	57,030	140	3,246
Acute Myocardial Infarction	410	16	0.5	258	16	35,734	35,552	138	2,203	35,758	138	2,220
Other Acute and Subacute Forms of Ischemic Heart Disease	411	3	0.1	52	16	6,973	6,956	135	2,186	6,897	133	2,186
Angina Pectoris	413	5	0.2	91	18	11,714	11,681	128	2,285	11,827	130	2,321
Other Forms of Chronic Ischemic Heart Disease	414	48	1.5	865	18	112,654	111,974	130	2,331	117,218	136	2,450
Cardiac Dysrhythmias	427	64	2.0	1,183	19	156,833	155,532	131	2,449	159,622	135	2,522
Heart Failure	428	184	5.9	4,154	23	549,120	544,328	131	2,962	537,735	129	2,936
Transient Cerebral Ischemia	435	18	0.6	364	20	49,232	48,993	135	2,675	61,726	170	3,381
Acute but Ill-Defined Cerebrovascular Disease	436	15	0.5	439	29	58,425	58,097	132	3,858	68,940	157	4,617
Other Peripheral Vascular Disease	443	11	0.4	318	28	41,354	39,800	125	3,535	36,941	116	3,305
Diseases of the Respiratory System (MDC 8)	460-519	223	7.2	4,514	20	604,689	599,057	133	2,691	607,268	135	2,741
Pneumonia, Organism Unspecified	486	53	1.7	803	15	112,105	111,174	138	2,095	115,466	144	2,183
Chronic Airway Obstruction, not Elsewhere Classified	496	73	2.3	1,579	22	206,258	204,834	130	2,823	205,333	130	2,844
Diseases of the Digestive System (MDC 9)	520-579	63	2.0	1,086	17	147,612	144,116	133	2,298	146,074	135	2,340
Diseases of the Genitourinary System (MDC 10)	580-629	75	2.4	1,487	20	193,142	188,640	127	2,512	194,736	131	2,605
Other Disorders of Urethra and Urinary Tract	599	41	1.3	716	18	94,260	92,573	129	2,270	98,830	138	2,433
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	182	5.9	6,242	34	892,948	830,517	133	4,575	777,479	125	4,302
Other Cellulitis and Abscess	682	45	1.5	964	21	140,761	133,702	139	2,944	112,047	116	2,480
Chronic Ulcer of Skin	707	128	4.1	5,029	39	718,842	664,652	132	5,187	635,935	126	4,985
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 2007

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	409	13.2	11,881	29	\$1,545,102	\$1,536,343	\$129	\$3,761	\$1,777,013	\$150	\$4,376
Rheumatoid Arthritis and Other												
Inflammatory Polyarthropathies	714	15	0.5	529	36	63,783	63,309	120	4,353	73,088	138	5,068
Osteoarthritis and Allied Disorders	715	55	1.8	1,436	26	178,535	177,843	124	3,263	195,381	136	3,614
Other and Unspecified Arthropathies	716	77	2.5	2,349	31	291,943	290,891	124	3,794	371,434	158	4,881
Other and Unspecified Disorders of Back	724	49	1.6	1,031	21	137,743	137,304	133	2,830	174,280	169	3,617
Other Disorders of Bone and Cartilage	733	15	0.5	959	65	113,140	112,933	118	7,615	75,329	79	5,108
Congenital Anomalies (MDC 14)	740-759	3	0.1	64	24	8,043	7,904	124	2,925	8,196	129	3,070
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	309	10.0	6,694	22	904,518	896,245	134	2,897	1,072,509	160	3,486
General Symptoms	780	57	1.8	1,041	18	139,168	138,237	133	2,441	151,479	146	2,691
Symptoms Involving Urinary System	788	18	0.6	414	24	51,985	49,217	119	2,813	50,553	122	2,906
Injury and Poisoning (MDC 17)	800-999	190	6.1	5,096	27	721,054	692,774	136	3,645	628,511	123	3,343
Fracture of Neck of Femur	820	5	0.2	128	25	16,826	16,735	131	3,278	19,890	156	3,933
Open Wound of Other and Unspecified Sites, Except Limbs	879	8	0.3	222	28	30,859	29,614	134	3,760	26,386	119	3,436
Open Wound of Knee, Leg (Except Thigh), and Ankle	891	22	0.7	638	30	90,590	86,553	136	4,005	77,087	121	3,600
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	1,168	37.7	25,961	22	3,555,377	3,498,606	135	2,996	4,211,289	162	3,624

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.