

Table 7.7
Persons Served and Program Payments for Medicare Home Health Agency (HHA) Services,
by Selected Diagnoses: Calendar Years 1997 and 2010

Principal ICD-9-CM Diagnosis ¹	ICD-9-CM Codes	1997				2010				Percent Change 1997-2010		
		Program Payments				Program Payments				Persons	Program Payments	Average Program Payment
		Persons in Thousands	Amount in Thousands	Per-cent	Per Person Served ²	Persons in Thousands	Amount in Thousands	Per-cent	Per Person Served ²			
Total All Diagnoses	---	3,558	16,718,263	100.0	4,702	3,434	19,407,218	100.0	5,688	-3	16	21
Diabetes Mellitus	250	324	2,260,343	13.5	6,995	352	2,114,603	10.9	6,073	9	-6	-13
Essential Hypertension	401	244	839,278	5.0	3,447	319	1,223,433	6.3	3,868	31	46	12
Other Forms of Chronic Ischemic Heart Disease	414	124	252,328	1.5	2,037	70	222,058	1.1	3,182	-44	-12	56
Cardiac Dysrhythmias	427	115	298,792	1.8	2,611	90	292,606	1.5	3,275	-22	-2	25
Heart Failure	428	339	1,139,447	6.8	3,364	253	965,435	5.0	3,839	-25	-15	14
Pneumonia, Organism Unspecified	486	108	208,135	1.2	1,925	63	175,313	0.9	2,781	-42	-16	45
Other Disorders of the Urethra and Urinary Track	599	78	247,528	1.5	3,177	62	180,792	0.9	2,906	-21	-27	-9
Other Cellulitis and Abscess	682	59	177,454	1.1	3,034	65	210,517	1.1	3,245	10	19	7
Chronic Ulcer of Skin	707	149	913,679	5.5	6,171	149	775,787	4.0	5,232	0	-15	-15
Osteoarthritis and Allied Disorder	715	206	433,641	2.6	2,115	128	544,214	2.8	4,291	-38	25	103
General Symptoms	780	99	271,892	1.6	2,762	59	187,743	1.0	3,224	-40	-31	17

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.

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 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 Center for Strategic Planning.