

**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 2009**

Principal ICD-9-CM Diagnosis Within MDC <sup>1</sup>	Principal ICD-9-CM Codes	Persons Served <sup>2</sup>		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>3</sup>
Total All Diagnoses <sup>4</sup>	---	3,281	100.0	130,099	40	\$18,489,770	\$18,137,946	\$139	\$5,528	\$18,733,108	\$144	\$5,747
Total Leading Diagnoses <sup>5</sup>	---	1,929	58.8	70,288	36	9,586,779	9,421,536	134	4,884	8,891,990	127	4,640
Infectious and Parasitic Diseases (MDC 1)	001-139	22	0.7	423	19	61,798	60,743	144	2,789	62,615	148	2,896
Neoplasms (MDC 2)	140-239	111	3.4	2,273	21	338,316	327,739	144	2,958	355,565	156	3,231
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	23	0.7	420	18	63,517	61,731	147	2,686	68,310	163	2,990
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	377	11.5	30,844	82	3,970,470	3,936,232	128	10,430	3,057,229	99	8,165
Diabetes Mellitus	250	345	10.5	30,150	87	3,872,740	3,840,154	127	11,124	2,954,551	98	8,627
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	12	0.4	188	16	27,766	27,234	145	2,360	29,253	155	2,550
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	64	1.9	1,760	28	220,246	217,522	124	3,414	240,503	137	3,792
Other Deficiency Anemias	281	33	1.0	1,069	32	125,295	123,742	116	3,719	138,820	130	4,188
Other and Unspecified Anemias	285	21	0.7	478	22	65,360	64,598	135	3,022	71,337	149	3,356
Coagulation Defects	286	2	0.1	45	23	6,097	6,013	133	3,072	5,893	130	3,042
Mental Disorders (MDC 5)	290-319	80	2.4	1,895	24	264,018	262,337	138	3,290	289,598	153	3,672
Schizophrenic Disorders	295	8	0.2	214	27	28,755	28,578	134	3,611	32,873	154	4,268
Affective Psychoses	296	11	0.3	251	23	36,196	36,035	144	3,320	39,910	159	3,737
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	159	4.8	5,048	32	697,491	687,310	136	4,320	765,060	152	4,858
Parkinson's Disease	332	36	1.1	1,204	34	171,817	170,573	142	4,785	200,301	166	5,647

See footnotes at end of table.

Table 7.6--Continued

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Principal ICD-9-CM Diagnosis Within MDC <sup>1</sup>	Principal ICD-9-CM Codes	Persons Served <sup>2</sup>		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>3</sup>
Diseases of the Circulatory System (MDC 7)	390-459	906	27.6	25,805	28	\$3,700,984	\$3,643,020	\$141	\$4,022	\$3,924,780	\$152	\$4,358
Essential Hypertension	401	282	8.6	6,936	25	949,950	943,400	136	3,349	1,059,857	153	3,784
Hypertensive Heart Disease	402	30	0.9	793	27	105,788	104,943	132	3,523	117,580	148	4,004
Acute Myocardial Infarction	410	19	0.6	326	17	49,050	48,707	149	2,600	50,915	156	2,731
Other Acute and Subacute Forms of Ischemic												
Heart Disease	411	3	0.1	51	18	7,340	7,299	142	2,586	7,749	151	2,775
Angina Pectoris	413	5	0.1	86	18	11,513	11,440	134	2,425	12,197	142	2,605
Other Forms of Chronic Ischemic												
Heart Disease	414	67	2.0	1,358	20	191,525	190,031	140	2,845	206,051	152	3,101
Cardiac Dysrhythmias	427	81	2.5	1,688	21	242,168	239,626	142	2,964	251,419	149	3,124
Heart Failure	428	232	7.1	5,802	25	832,150	823,047	142	3,548	858,536	148	3,717
Transient Cerebral Ischemia	435	6	0.2	132	21	18,567	19,305	147	3,015	19,874	151	3,125
Acute but Ill-Defined Cerebrovascular												
Disease	436	3	0.1	110	34	14,829	14,690	133	4,472	15,721	143	4,882
Other Peripheral Vascular Disease	443	12	0.4	329	27	46,268	44,450	135	3,596	44,339	135	3,604
Diseases of the Respiratory System (MDC 8)	460-519	290	8.8	6,567	23	951,215	939,872	143	3,241	1,012,795	154	3,512
Pneumonia, Organism Unspecified	486	61	1.9	985	16	149,188	147,805	150	2,431	160,311	163	2,648
Chronic Airway Obstruction, not Elsewhere Classified	496	36	1.1	808	23	113,227	111,975	139	3,136	112,529	139	3,184
Diseases of the Digestive System (MDC 9)	520-579	80	2.4	1,463	18	214,715	209,532	143	2,611	226,890	155	2,845
Diseases of the Genitourinary System (MDC 10)	580-629	90	2.7	1,829	20	262,610	256,037	140	2,850	268,966	147	3,011
Other Disorders of Urethra and Urinary Tract	599	54	1.6	974	18	141,563	138,706	142	2,588	150,209	154	2,813
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	209	6.4	7,102	34	1,101,780	1,017,636	143	4,881	936,208	132	4,517
Other Cellulitis and Abscess	682	60	1.8	1,288	22	204,375	192,961	150	3,223	184,281	143	3,097
Chronic Ulcer of Skin	707	141	4.3	5,540	39	856,843	785,877	142	5,577	716,172	129	5,112
See footnotes at end of table.												

Table 7.6--Continued

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Principal ICD-9-CM Diagnosis Within MDC <sup>1</sup>	Principal ICD-9-CM Codes	Persons Served <sup>2</sup>		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>3</sup>
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	402	12.2	11,128	28	\$1,556,003	\$1,544,790	\$139	\$3,844	\$1,814,914	\$163	\$4,550
Rheumatoid Arthritis and Other Inflammatory Polyarthropathies	714	17	0.5	571	33	75,638	74,946	131	4,297	82,946	145	4,788
Osteoarthritis and Allied Disorders	715	113	3.5	2,764	24	382,728	380,440	138	3,360	476,316	172	4,243
Other and Unspecified Arthropathies	716	46	1.4	1,264	28	168,745	167,628	133	3,648	198,303	157	4,347
Other and Unspecified Disorders of Back	724	50	1.5	1,041	21	150,640	149,823	144	3,020	185,478	178	3,772
Other Disorders of Bone and Cartilage	733	17	0.5	1,034	62	126,839	126,362	122	7,617	91,476	88	5,564
Congenital Anomalies (MDC 14)	740-759	3	0.1	70	23	9,800	9,560	137	3,171	9,938	143	3,383
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	238	7.2	5,129	22	748,955	740,568	144	3,116	865,915	169	3,669
General Symptoms	780	57	1.7	1,120	20	163,047	162,059	145	2,825	180,068	161	3,163
Symptoms Involving Urinary System	788	15	0.5	362	23	49,482	46,881	130	3,040	48,761	135	3,189
Injury and Poisoning (MDC 17)	800-999	210	6.4	5,727	27	880,268	837,754	146	3,984	777,244	136	3,737
Fracture of Neck of Femur	820	3	0.1	78	26	11,043	10,945	141	3,612	12,603	162	4,187
Open Wound of Other and Unspecified Sites, Except Limbs	879	6	0.2	164	30	24,018	22,758	139	4,142	19,565	120	3,606
Open Wound of Knee, Leg (Except Thigh), and Ankle	891	24	0.7	666	28	102,713	96,776	145	4,068	87,486	131	3,714
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V89	1,123	34.2	23,035	21	3,510,648	3,446,873	150	3,068	4,124,491	179	3,695

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

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

<sup>4</sup>Includes invalid codes not listed separately.

<sup>5</sup>Specific 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 Standard Analytical Files; data development by the Office of Research, Development, and Information.