

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 2010

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	---	3,434	100.0	126,063	37	\$18,615,688	\$18,262,337	\$145	\$5,318	\$19,407,218	\$154	\$5,688
Total Leading Diagnoses ⁵	---	2,057	59.9	63,400	31	9,043,047	8,878,337	140	4,317	8,629,564	136	4,230
Infectious and Parasitic Diseases (MDC 1)	001-139	23	0.7	428	19	64,631	63,395	148	2,744	66,185	155	2,889
Neoplasms (MDC 2)	140-239	111	3.2	2,261	20	345,845	335,166	148	3,015	362,727	160	3,285
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	23	0.7	411	18	64,273	62,204	151	2,703	68,673	167	3,003
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	387	11.3	21,464	56	2,919,175	2,892,210	135	7,482	2,231,295	104	5,834
Diabetes Mellitus	250	352	10.2	20,705	59	2,809,698	2,784,125	134	7,909	2,114,603	102	6,073
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	12	0.3	192	16	29,019	28,571	149	2,425	31,257	163	2,661
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	64	1.8	1,739	27	225,134	222,470	128	3,503	249,357	143	3,943
Other Deficiency Anemias	281	34	1.0	1,080	32	130,751	129,266	120	3,803	148,207	137	4,375
Other and Unspecified Anemias	285	21	0.6	452	22	64,481	63,690	141	3,079	70,221	155	3,408
Coagulation Defects	286	2	0.1	42	26	5,873	5,804	138	3,582	5,511	131	3,434
Mental Disorders (MDC 5)	290-319	90	2.6	2,377	26	333,696	332,313	140	3,699	322,512	136	3,727
Schizophrenic Disorders	295	10	0.3	410	40	55,928	55,684	136	5,437	37,517	91	4,311
Affective Psychoses	296	13	0.4	349	28	49,882	49,928	143	3,964	43,783	126	3,721
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	163	4.7	5,036	31	718,212	708,273	141	4,350	778,700	155	4,835
Parkinson's Disease	332	36	1.1	1,224	34	178,509	177,122	145	4,892	205,566	168	5,713
See footnotes at end of table.												

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 2010**

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	981	28.6	28,019	29	\$4,120,280	\$4,059,828	\$145	\$4,139	\$4,375,059	\$156	\$4,489
Essential Hypertension	401	319	9.3	7,799	24	1,089,315	1,082,205	139	3,397	1,223,433	157	3,868
Hypertensive Heart Disease	402	33	1.0	854	26	116,897	116,077	136	3,537	131,836	154	4,044
Acute Myocardial Infarction	410	19	0.6	334	17	51,524	51,208	153	2,678	53,395	160	2,803
Other Acute and Subacute Forms of Ischemic Heart Disease	411	3	0.1	49	18	7,160	7,135	144	2,546	7,585	153	2,733
Angina Pectoris	413	5	0.1	82	18	11,406	11,359	138	2,439	12,298	150	2,666
Other Forms of Chronic Ischemic Heart Disease	414	70	2.0	1,431	20	206,756	205,317	143	2,923	222,058	155	3,182
Cardiac Dysrhythmias	427	90	2.6	1,903	21	281,809	278,814	147	3,105	292,606	154	3,275
Heart Failure	428	253	7.4	6,363	25	941,943	932,243	147	3,691	965,435	152	3,839
Transient Cerebral Ischemia	435	5	0.2	112	21	16,280	16,788	150	3,083	17,366	155	3,214
Acute but Ill-Defined Cerebrovascular Disease	436	3	0.1	101	32	13,918	13,797	137	4,433	14,710	146	4,827
Other Peripheral Vascular Disease	443	13	0.4	331	26	48,050	46,287	140	3,584	46,206	140	3,603
Diseases of the Respiratory System (MDC 8)	460-519	306	8.9	7,002	23	1,041,072	1,030,113	147	3,368	1,108,066	158	3,645
Pneumonia, Organism Unspecified	486	63	1.8	1,049	17	164,540	163,174	156	2,577	175,313	167	2,781
Chronic Airway Obstruction, not Elsewhere Classified	496	37	1.1	846	23	120,823	119,831	142	3,226	120,898	143	3,292
Diseases of the Digestive System (MDC 9)	520-579	86	2.5	1,591	18	241,141	235,981	148	2,738	256,057	161	2,988
Diseases of the Genitourinary System (MDC 10)	580-629	99	2.9	1,966	20	290,722	284,388	145	2,870	302,050	154	3,065
Other Disorders of Urethra and Urinary Tract	599	62	1.8	1,134	18	169,407	166,491	147	2,665	180,792	159	2,906
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	223	6.5	7,476	34	1,184,633	1,095,517	147	4,920	1,027,097	137	4,638
Other Cellulitis and Abscess	682	65	1.9	1,418	22	230,754	217,710	154	3,339	210,517	148	3,245
Chronic Ulcer of Skin	707	149	4.3	5,758	39	908,437	834,479	145	5,598	775,787	135	5,232
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 2010

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	434	12.6	11,591	27	\$1,660,657	\$1,649,045	\$142	\$3,800	\$1,998,654	\$172	\$4,638
Rheumatoid Arthritis and Other Inflammatory Polyarthropathies	714	18	0.5	564	31	77,239	76,651	136	4,260	84,828	150	4,754
Osteoarthritis and Allied Disorders	715	128	3.7	3,072	24	434,181	431,739	141	3,377	544,214	177	4,291
Other and Unspecified Arthropathies	716	43	1.2	1,144	27	155,566	154,632	135	3,610	183,970	161	4,322
Other and Unspecified Disorders of Back	724	54	1.6	1,134	21	163,220	162,476	143	2,988	211,417	186	3,917
Other Disorders of Bone and Cartilage	733	14	0.4	623	43	79,386	78,826	126	5,488	64,475	103	4,527
Congenital Anomalies (MDC 14)	740-759	3	0.1	76	27	10,944	10,536	139	3,750	9,906	130	3,649
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	241	7.0	5,240	22	783,049	774,783	148	3,209	895,829	171	3,735
General Symptoms	780	59	1.7	1,158	20	172,799	171,778	148	2,929	187,743	162	3,224
Symptoms Involving Urinary System	788	15	0.4	356	23	49,942	47,534	134	3,127	48,346	136	3,212
Injury and Poisoning (MDC 17)	800-999	215	6.3	5,708	27	899,037	855,796	150	3,980	814,079	143	3,822
Fracture of Neck of Femur	820	2	0.1	59	25	8,642	8,545	144	3,624	9,767	165	4,201
Open Wound of Other and Unspecified Sites, Except Limbs	879	6	0.2	165	29	24,455	23,015	140	4,104	20,808	126	3,773
Open Wound of Knee, Leg (Except Thigh), and Ankle	891	26	0.8	697	27	110,186	103,834	149	4,014	98,425	141	3,825
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V89	1,209	35.2	24,087	20	3,777,018	3,712,097	154	3,070	4,609,310	191	3,834

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 Standard Analytical Files; data development by the Center for Strategic Planning.