

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 1999**

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>	---	2,720	100.0	113,439	42	\$11,370,780	\$11,065,837	\$98	\$4,069	\$7,936,513	\$70	\$2,921
Total Leading Diagnoses <sup>5</sup>	---	2,159	79.4	72,574	34	7,260,561	7,072,566	97	3,276	5,040,445	69	2,339
Infectious and Parasitic Diseases (MDC 1)	001-139	30	1.1	739	25	76,021	73,850	100	2,456	53,329	72	1,779
Neoplasms (MDC 2)	140-239	190	7.0	4,228	22	431,838	420,665	99	2,214	307,846	73	1,623
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	28	1.0	563	20	56,334	55,465	99	1,984	41,203	73	1,476
Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	232	8.5	13,112	56	1,367,396	1,348,862	103	5,805	887,651	68	3,827
Diabetes Mellitus	250	172	6.3	11,526	67	1,215,205	1,200,017	104	6,983	779,612	68	4,545
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	38	1.4	837	22	81,500	79,550	95	2,122	57,911	69	1,547
Diseases of the Blood and Blood Forming Organs (MDC 4)	280-289	85	3.1	3,609	42	298,797	292,457	81	3,426	230,695	64	2,707
Other Deficiency Anemias	281	46	1.7	2,398	52	183,542	179,271	75	3,914	149,643	62	3,274
Other and Unspecified Anemias	285	21	0.8	582	28	56,322	55,369	95	2,703	40,091	69	1,960
Coagulation Defects	286	10	0.3	305	32	28,029	27,505	90	2,895	19,502	64	2,056
Mental Disorders (MDC 5)	290-319	73	2.7	2,041	28	200,170	198,389	97	2,721	143,852	70	1,978
Schizophrenic Disorders	295	9	0.3	250	29	25,212	25,084	101	2,904	17,510	70	2,032
Affective Psychoses	296	17	0.6	472	28	48,688	48,413	103	2,864	34,101	72	2,023
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	90	3.3	3,599	40	326,878	320,508	89	3,561	241,966	67	2,696
Parkinson's Disease	332	24	0.9	833	35	79,360	78,480	94	3,274	57,903	70	2,420

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 1999

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	383	14.1	9,536	25	\$960,071	\$949,653	100	\$2,481	\$674,520	\$71	\$1,765
Rheumatoid Arthritis and Other												
Inflammatory Polyarthropathies	714	14	0.5	564	39	51,126	50,627	90	3,527	37,511	66	2,619
Osteoarthritis and Allied Disorders	715	171	6.3	3,410	20	350,554	348,228	102	2,041	244,467	72	1,436
Other and Unspecified Arthropathies	716	25	0.9	665	27	62,596	62,024	93	2,480	43,735	66	1,750
Other and Unspecified Disorders of Back	724	41	1.5	799	20	81,694	81,156	102	1,988	58,765	74	1,441
Other Disorders of Bone and Cartilage	733	37	1.4	1,669	45	160,867	158,782	95	4,280	113,998	68	3,076
Congenital Anomalies (MDC 14)	740-759	8	0.3	185	22	18,590	18,121	98	2,150	12,871	70	1,529
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	282	10.4	8,116	29	771,615	746,803	92	2,648	571,700	70	2,031
General Symptoms	780	75	2.7	1,623	22	159,102	157,257	97	2,111	114,497	71	1,540
Symptoms Involving Urinary System	788	61	2.2	3,092	51	265,877	248,982	81	4,106	211,557	68	3,494
Injury and Poisoning (MDC 17)	800-999	432	15.9	14,442	33	1,540,865	1,480,562	103	3,431	1,049,877	73	2,441
Fracture of Neck of Femur	820	80	2.9	1,923	24	199,236	197,434	103	2,466	141,144	73	1,767
Open Wound of Other and Unspecified Sites, Except Limbs	879	38	1.4	1,544	41	173,417	162,872	105	4,339	113,509	74	3,035
Open Wound of Knee, Leg (Except Thigh), and Ankle	891	32	1.2	1,428	45	158,435	148,366	104	4,715	104,219	73	3,324
Supplementary Classification of Factors Influencing Health Status and Contact with Health Services	V01-V82	28	1.0	839	30	83,038	78,680	94	2,791	60,489	72	2,151

<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 of persons served by diagnostic category do not add to total since persons may receive home health services for different diagnosis during the year and are counted in the appropriate group.

<sup>3</sup>Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the 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: Numbers may not add to totals because of rounding. 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.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services; Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.