### Table 52

		Persons Served <sup>2</sup>		Visits			Visit Charges			Program Payments		
	Principal	Number		Number	Per	Total Charges	Amount		Per	Amount		Per
Principal ICD-9-CM Diagnosis	ICD-9-CM	in		in	Person	in	in	Per	Person	in	Per	Person
Within MDC <sup>1</sup>	Codes	Thousands	Percent	Thousands	Served	Thousands	Thousands	Visit	Served	Thousands	Visit	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 See footnotes at end of table.	332	24	0.9	833	35	79,360	78,480	94	3,274	57,903	70	2,420

# 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

#### Table 52—Continued

Diagnosis Within Major Diagnostic Classifications (MDCs): Calendar Year 1999												
	Persons Served <sup>2</sup>		Visits			Visit Charges			Program Payments			
	Principal	Number		Number	Per	Total Charges	Amount		Per	Amount		Per
Principal ICD-9-CM Diagnosis	ICD-9-CM	in		in	Person	in	in	Per	Person	in	Per	Person
Within MDC <sup>1</sup>	Codes	Thousands	Percent	Thousands	Served	Thousands	Thousands	Visit	Served	Thousands	Visit	Served <sup>3</sup>
Diseases of the Circulatory System (MDC 7)	390-459	855	31.4	26,776	31	\$2,658,037	\$2,614,941	\$98	\$3,057	\$1,857,609	\$69	\$2,176
Essential Hypertension	401	122	4.5	3,677	30	355,178	352,095	96	2,879	242,348	66	1,986
Hypertensive Heart Disease	402	15	0.6	733	48	67,697	66,848	91	4,359	44,753	61	2,920
Acute Myocardial Infarction	410	40	1.5	765	19	76,819	76,152	100	1,891	55,168	72	1,372
Other Acute and Subacute Forms of Ischemic												
Heart Disease	411	17	0.6	326	20	32,879	32,628	100	1,974	23,839	73	1,444
Angina Pectoris	413	20	0.7	511	25	47,711	47,333	93	2,333	33,686	66	1,665
Other Forms of Chronic Ischemic												
Heart Disease	414	92	3.4	1,651	18	169,519	167,655	102	1,819	120,938	73	1,314
Cardiac Dysrhythmias	427	68	2.5	1,481	22	144,845	143,554	97	2,127	103,766	70	1,540
Heart Failure	428	226	8.3	6,622	29	645,983	638,044	96	2,821	459,790	69	2,037
Transient Cerebral Ischemia	435	26	0.9	629	24	62,020	61,466	98	2,386	44,053	70	1,713
Acute but III-Defined Cerebrovascular												
Disease	436	121	4.4	4,084	34	418,223	413,503	101	3,420	291,736	71	2,417
Other Peripheral Vascular Disease	443	30	1.1	1,138	38	105,512	102,490	90	3,412	73,758	65	2,460
Diseases of the Respiratory System (MDC 8)	460-519	315	11.6	8,104	26	788,509	778,326	96	2,471	566,349	70	1,801
Pneumonia, Organism Unspecified	486	101	3.7	1,973	20	196,507	193,520	98	1,923	142,094	72	1,415
Chronic Airway Obstruction,												
not Elsewhere Classified	496	99	3.6	2,728	28	260,842	258,564	95	2,613	190,132	70	1,925
Diseases of the Digestive System (MDC 9)	520-579	141	5.2	3,302	23	327,690	320,040	97	2,272	233,379	71	1,661
Diseases of the Genitourinary												
System (MDC 10)	580-629	126	4.6	4,334	35	394,615	379,501	88	3,022	296,213	68	2,364
Other Disorders of Urethra												
and Urinary Tract	599	59	2.2	1,843	31	168,991	162,873	88	2,746	123,483	67	2,086
Diseases of the Skin and Subcutaneous												
Tissue (MDC 12)	680-709	200	7.4	10,458	52	1,125,141	1,042,996	100	5,212	746,989	71	3,742
Other Cellulitis and Abscess	682	53	2.0	1,650	31	181,835	172,288	104	3,231	122,244	74	2,298
Chronic Ulcer of Skin See footnotes at end of table.	707	135	5.0	8,277	61	888,906	818,668	99	6,062	587,777	71	4,364

## 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

#### Table 52—Continued

		Persons Served <sup>2</sup>		Visits			Visit Charges			Program Payments		
	Principal	Number		Number	Per	Total Charges	Amount		Per	Amount		Per
Principal ICD-9-CM Diagnosis	ICD-9-CM	in		in	Person	in	in	Per	Person	in	Per	Person
Within MDC <sup>1</sup>	Codes	Thousands	Percent	Thousands	Served	Thousands	Thousands	Visit	Served	Thousands	Visit	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
Osteoarthrosis 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

### 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

<sup>1</sup>ICD-9-CM is International Classification of Diseases, 9th Revision, Clinical Modificatior (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>b</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.