

**Table 10.1**  
**Supplementary Medical Insurance (SMI) Medicare Enrollees, Hospital Outpatient Charges**  
**and Program Payments, by Type of Entitlement: Selected Calendar Years 1974-2005**

Type of Entitlement and Year	Number of SMI Enrollees	Covered Charges in Thousands	Program Payments		
			Amount in Thousands	Per Enrollee <sup>2</sup>	As Percent of Charges
<b>Total SMI</b>					
1974 <sup>1</sup>	23,166,564	\$535,296	\$323,383	\$14	60.4
1976	24,614,378	974,708	630,323	26	64.7
1978	26,074,085	1,384,067	923,658	35	66.7
1980	27,399,658	2,076,396	1,441,986	52	69.4
1982	28,412,282	3,164,530	2,203,260	78	69.6
1984	29,415,397	5,129,210	3,387,146	115	66.0
1985	29,988,763	6,480,777	4,082,303	136	63.0
1986	30,589,728	8,115,976	4,881,605	160	60.1
1987	31,169,960	9,794,832	5,690,786	183	58.1
1988	31,617,082	11,833,919	6,371,704	202	53.8
1989	32,098,770	14,195,252	7,160,586	223	50.4
1990	32,635,800	18,346,471	8,171,088	250	44.5
1991	33,239,840	22,016,673	8,612,320	259	39.1
1992	33,956,460	26,799,501	9,941,391	293	37.1
1993	34,642,500	32,026,576	10,938,545	316	34.2
1994	35,178,600	36,232,649	11,813,522	366	32.6
1995	35,711,060	40,576,180	12,933,358	402	31.9
1996	36,164,700	44,564,665	13,896,048	437	31.2
1997	36,478,460	47,888,129	14,382,561	464	30.0
1998	36,793,540	50,607,564	14,212,983	469	28.1
1999	37,054,200	54,744,210	14,617,464	486	26.7
2000	37,369,220	60,728,234	14,969,335	491	24.6
2001	37,697,860	71,066,998	17,739,919	563	25.0
2002	38,088,000	92,787,173	20,211,036	621	21.8
2003	38,629,380	113,298,000	22,763,222	683	20.1
2004	39,100,863	138,009,804	25,963,191	770	18.8
2005	39,730,362	165,827,447	28,584,759	843	17.2
<b>Aged</b>					
1974	21,421,545	394,680	220,742	10	55.9
1976	22,445,911	704,569	432,971	19	61.5
1978	23,530,893	1,005,467	648,249	28	64.5
1980	24,680,432	1,517,183	1,030,896	42	69.9
1982	25,706,792	2,402,462	1,645,064	64	68.5
1984	26,764,150	4,122,859	2,679,571	100	65.0
1985	27,310,894	5,210,762	3,211,744	118	61.6
1986	27,862,737	6,529,273	3,809,992	137	58.4
1987	28,382,203	8,021,167	4,522,841	159	56.4
1988	28,780,154	9,790,273	5,098,546	177	52.1
1989	29,216,027	11,855,127	5,767,689	197	48.7
1990	29,691,180	15,384,510	6,563,454	221	42.7
1991	30,183,480	18,460,835	6,842,329	227	37.1
1992	30,722,080	22,253,657	7,741,774	252	34.8
1993	31,162,480	26,556,415	8,522,089	273	32.1
1994	31,443,800	29,768,892	9,116,610	318	30.6
1995	31,754,680	33,110,441	9,900,441	348	29.9
1996	31,997,360	36,099,678	10,542,937	379	29.2
1997	32,171,220	38,728,484	10,861,323	402	28.0
1998	32,308,000	41,045,972	10,681,369	407	26.0
1999	32,411,940	44,272,508	10,903,014	421	24.6
2000	32,601,700	48,940,902	11,029,355	421	22.5
2001	32,763,980	57,262,254	13,142,167	487	23.0
2002	32,955,100	73,194,461	14,893,603	536	20.3
2003	33,248,740	87,468,150	16,760,691	593	19.2
2004	33,435,566	103,366,187	19,086,017	672	18.5
2005	33,779,665	120,679,674	20,972,035	738	17.4

See footnotes at end of table.

**Table 10.1—Continued**  
**Supplementary Medical Insurance (SMI) Medicare Enrollees, Hospital Outpatient Charges**  
**and Program Payments, by Type of Entitlement: Selected Calendar Years 1974-2005**

Type of Entitlement and Year	Number of SMI Enrollees	Covered Charges in Thousands	Program Payments		
			Amount in Thousands	Per Enrollee <sup>2</sup>	As Percent of Charges
<b>Disabled</b>					
1974 <sup>1</sup>	1,745,019	\$140,617	\$102,641	\$59	73.0
1976	2,168,467	270,139	197,352	91	73.1
1978	2,543,192	378,600	275,409	108	72.7
1980	2,719,226	559,213	411,090	152	73.5
1982	2,705,490	762,068	558,195	206	73.2
1984	2,651,247	1,006,351	707,575	267	70.3
1985	2,677,869	1,270,015	870,560	325	68.5
1986	2,726,991	1,586,703	1,071,613	393	67.5
1987	2,787,757	1,773,664	1,167,945	419	65.8
1988	2,836,928	2,043,646	1,273,158	449	62.3
1989	2,882,743	2,340,124	1,392,897	483	59.5
1990	2,944,620	2,961,961	1,607,634	546	54.3
1991	3,056,360	3,555,838	1,769,991	579	49.8
1992	3,234,380	4,545,843	2,199,617	680	48.4
1993	3,480,020	5,470,161	2,416,456	694	44.2
1994	3,734,800	6,463,757	2,696,912	746	41.7
1995	3,956,380	7,465,739	3,033,158	801	40.6
1996	4,167,340	8,464,987	3,353,211	854	39.6
1997	4,307,240	9,159,645	3,521,238	886	38.4
1998	4,485,540	9,561,592	3,531,614	870	36.9
1999	4,642,260	10,471,702	3,714,450	892	35.5
2000	4,767,520	11,787,331	3,939,980	915	33.4
2001	4,933,880	13,804,744	4,597,752	1,013	33.3
2002	5,132,900	19,592,711	5,317,433	1,113	27.1
2003	5,380,640	25,829,850	6,002,531	1,192	23.2
2004	5,665,297	34,643,617	6,877,174	1,297	19.9
2005	5,950,697	45,147,772	7,612,723	1,381	16.9

<sup>1</sup>1974 was the first full year of coverage for disabled beneficiaries under Medicare.

<sup>2</sup>Beginning with 1994, Medicare enrollees in managed care plans are not included in the denominator used to calculate average program payments per enrollee.

NOTES: Hospital outpatient services also include the facility component for those procedures performed in a hospital outpatient department operating room which are subject to the ambulatory surgical center (ASC) or blended ASC fee schedule and hospital-based renal dialysis facility services. Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Numbers may not add to totals because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

**Table 10.1**  
**Supplementary Medical Insurance (SMI) Medicare Enrollees, Hospital Outpatient Charges**  
**and Program Payments, by Type of Entitlement: Selected Calendar Years 1974-2006**

Type of Entitlement and Year	Number of SMI Enrollees	Covered Charges in Thousands	Program Payments		
			Amount in Thousands	Per Enrollee <sup>2</sup>	As Percent of Charges
<b>Total SMI</b>					
1974 <sup>1</sup>	23,166,564	\$535,296	\$323,383	\$14	60.4
1976	24,614,378	974,708	630,323	26	64.7
1978	26,074,085	1,384,067	923,658	35	66.7
1980	27,399,658	2,076,396	1,441,986	52	69.4
1982	28,412,282	3,164,530	2,203,260	78	69.6
1984	29,415,397	5,129,210	3,387,146	115	66.0
1986	30,589,728	8,115,976	4,881,605	160	60.1
1987	31,169,960	9,794,832	5,690,786	183	58.1
1988	31,617,082	11,833,919	6,371,704	202	53.8
1989	32,098,770	14,195,252	7,160,586	223	50.4
1990	32,635,800	18,346,471	8,171,088	250	44.5
1991	33,239,840	22,016,673	8,612,320	259	39.1
1992	33,956,460	26,799,501	9,941,391	293	37.1
1993	34,642,500	32,026,576	10,938,545	316	34.2
1994	35,178,600	36,232,649	11,813,522	366	32.6
1995	35,711,060	40,576,180	12,933,358	402	31.9
1996	36,164,700	44,564,665	13,896,048	437	31.2
1997	36,478,460	47,888,129	14,382,561	464	30.0
1998	36,793,540	50,607,564	14,212,983	469	28.1
1999	37,054,200	54,744,210	14,617,464	486	26.7
2000	37,369,220	60,728,234	14,969,335	491	24.6
2001	37,697,860	71,066,998	17,739,919	563	25.0
2002	38,088,000	92,787,173	20,211,036	621	21.8
2003	38,629,380	113,298,000	22,763,222	683	20.1
2004	39,100,863	138,009,804	25,963,191	770	18.8
2005	39,730,362	165,827,447	28,584,759	843	17.2
2006	40,398,230	183,400,542	29,991,921	911	16.4
<b>Aged</b>					
1974	21,421,545	394,680	220,742	10	55.9
1976	22,445,911	704,569	432,971	19	61.5
1978	23,530,893	1,005,467	648,249	28	64.5
1980	24,680,432	1,517,183	1,030,896	42	69.9
1982	25,706,792	2,402,462	1,645,064	64	68.5
1984	26,764,150	4,122,859	2,679,571	100	65.0
1986	27,862,737	6,529,273	3,809,992	137	58.4
1987	28,382,203	8,021,167	4,522,841	159	56.4
1988	28,780,154	9,790,273	5,098,546	177	52.1
1989	29,216,027	11,855,127	5,767,689	197	48.7
1990	29,691,180	15,384,510	6,563,454	221	42.7
1991	30,183,480	18,460,835	6,842,329	227	37.1
1992	30,722,080	22,253,657	7,741,774	252	34.8
1993	31,162,480	26,556,415	8,522,089	273	32.1
1994	31,443,800	29,768,892	9,116,610	318	30.6
1995	31,754,680	33,110,441	9,900,441	348	29.9
1996	31,997,360	36,099,678	10,542,937	379	29.2
1997	32,171,220	38,728,484	10,861,323	402	28.0
1998	32,308,000	41,045,972	10,681,369	407	26.0
1999	32,411,940	44,272,508	10,903,014	421	24.6
2000	32,601,700	48,940,902	11,029,355	421	22.5
2001	32,763,980	57,262,254	13,142,167	487	23.0
2002	32,955,100	73,194,461	14,893,603	536	20.3
2003	33,248,740	87,468,150	16,760,691	593	19.2
2004	33,435,566	103,366,187	19,086,017	672	18.5
2005	33,779,665	120,679,674	20,972,035	738	17.4
2006	34,183,478	131,315,177	21,811,661	793	16.6

See footnotes at end of table.

**Table 10.1—Continued**  
**Supplementary Medical Insurance (SMI) Medicare Enrollees, Hospital Outpatient Charges**  
**and Program Payments, by Type of Entitlement: Selected Calendar Years 1974-2006**

Type of Entitlement and Year	Number of SMI Enrollees	Covered Charges in Thousands	Program Payments		
			Amount in Thousands	Per Enrollee <sup>2</sup>	As Percent of Charges
<b>Disabled</b>					
1974 <sup>1</sup>	1,745,019	\$140,617	\$102,641	\$59	73.0
1976	2,168,467	270,139	197,352	91	73.1
1978	2,543,192	378,600	275,409	108	72.7
1980	2,719,226	559,213	411,090	152	73.5
1982	2,705,490	762,068	558,195	206	73.2
1984	2,651,247	1,006,351	707,575	267	70.3
1986	2,726,991	1,586,703	1,071,613	393	67.5
1987	2,787,757	1,773,664	1,167,945	419	65.8
1988	2,836,928	2,043,646	1,273,158	449	62.3
1989	2,882,743	2,340,124	1,392,897	483	59.5
1990	2,944,620	2,961,961	1,607,634	546	54.3
1991	3,056,360	3,555,838	1,769,991	579	49.8
1992	3,234,380	4,545,843	2,199,617	680	48.4
1993	3,480,020	5,470,161	2,416,456	694	44.2
1994	3,734,800	6,463,757	2,696,912	746	41.7
1995	3,956,380	7,465,739	3,033,158	801	40.6
1996	4,167,340	8,464,987	3,353,211	854	39.6
1997	4,307,240	9,159,645	3,521,238	886	38.4
1998	4,485,540	9,561,592	3,531,614	870	36.9
1999	4,642,260	10,471,702	3,714,450	892	35.5
2000	4,767,520	11,787,331	3,939,980	915	33.4
2001	4,933,880	13,804,744	4,597,752	1,013	33.3
2002	5,132,900	19,592,711	5,317,433	1,113	27.1
2003	5,380,640	25,829,850	6,002,531	1,192	23.2
2004	5,665,297	34,643,617	6,877,174	1,297	19.9
2005	5,950,697	45,147,772	7,612,723	1,381	16.9
2006	6,214,752	52,085,365	8,180,260	1,510	15.7

<sup>1</sup>1974 was the first full year of coverage for disabled beneficiaries under Medicare.

<sup>2</sup>Beginning with 1994, Medicare enrollees in managed care plans are not included in the denominator used to calculate average program payments per enrollee.

NOTES: Hospital outpatient services also include the facility component for those procedures performed in a hospital outpatient department operating room which are subject to the ambulatory surgical center (ASC) or blended ASC fee schedule and hospital-based renal dialysis facility services. Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Numbers may not add to totals because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

**Table 10.2**  
**Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics, Type of Entitlement, and Type of Service: Calendar Year 2005**

Demographic Characteristic and Type of Entitlement	Type of Service				
	Total	Clinic	Emergency Room	Laboratory	Radiology
Covered Charges in Thousands					
Total	\$165,827,447	\$1,999,596	\$6,443,508	\$16,570,981	\$29,792,280
<b>Sex</b>					
Male	77,939,737	843,159	2,691,807	7,129,230	13,019,406
Female	87,887,708	1,156,436	3,751,700	9,441,750	16,772,874
<b>Race<sup>2</sup></b>					
White	123,283,000	1,385,355	4,942,381	13,654,322	24,991,024
Other	41,868,286	605,889	1,474,822	2,847,052	4,678,222
<b>Type of Entitlement</b>					
Aged <sup>3</sup>	120,679,674	1,489,919	4,471,616	13,100,503	25,112,956
Disabled <sup>4</sup>	45,147,772	509,676	1,971,892	3,470,477	4,679,324
Percent Distribution					
Total	100.0	1.2	3.9	10.0	18.0
<b>Sex</b>					
Male	100.0	1.1	3.5	9.1	16.7
Female	100.0	1.3	4.3	10.7	19.1
<b>Race<sup>2</sup></b>					
White	100.0	1.1	4.0	11.1	20.3
Other	100.0	1.4	3.5	6.8	11.2
<b>Type of Entitlement</b>					
Aged <sup>3</sup>	100.0	1.2	3.7	10.9	20.8
Disabled <sup>4</sup>	100.0	1.1	4.4	7.7	10.4

See footnotes at end of table.

**Table 10.2—Continued**  
**Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics,**  
**Type of Entitlement, and Type of Service: Calendar Year 2005**

Pharmacy	Type of Service				
	Physical Therapy	Medical/ Surgical Supplies	Operating Room	End Stage Renal Disease	Other <sup>1</sup>
Covered Charges in Thousands					
\$4,752,282	\$2,937,401	\$10,784,437	\$15,685,179	\$22,153,445	\$54,708,333
2,145,453	1,112,229	5,503,734	7,157,081	11,929,479	26,408,155
2,606,828	1,825,171	5,280,703	8,528,098	10,223,966	28,300,177
3,949,511	2,507,284	8,962,361	13,074,699	10,804,915	39,011,144
781,527	417,898	1,782,250	2,542,130	11,258,976	15,479,516
3,709,369	2,442,416	8,659,570	12,736,743	10,984,169	37,972,407
1,042,912	494,984	2,124,867	2,948,435	11,169,276	16,735,925
Percent Distribution					
2.9	1.8	6.5	9.5	13.4	33.0
2.8	1.4	7.1	9.2	15.3	33.9
3.0	2.1	6.0	9.7	11.6	32.2
3.2	2.0	7.3	10.6	8.8	31.6
1.9	1.0	4.3	6.1	26.9	37.0
3.1	2.0	7.2	10.6	9.1	31.5
2.3	1.1	4.7	6.5	24.7	37.1

**Table 10.2—Continued**

**Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics, Type of Entitlement, and Type of Service: Calendar Year 2005**

Demographic Characteristic and Type of Entitlement	Type of Service				
	Total	Clinic	Emergency Room	Laboratory	Radiology
			Average Charge per Enrollee <sup>5</sup>		
Total	\$4,889	\$59	\$190	\$489	\$878
<b>Sex</b>					
Male	5,294	57	183	484	884
Female	4,579	60	195	492	874
<b>Race<sup>2</sup></b>					
White	4,300	48	172	476	872
Other	8,062	117	284	548	901
<b>Type of Entitlement</b>					
Aged <sup>3</sup>	4,249	52	157	461	884
Disabled <sup>4</sup>	8,188	92	358	629	849

<sup>1</sup>Includes charges for blood, blood administration, cardiology, ambulatory surgical care, magnetic resonance imaging, drugs requiring specific identification, etc.

<sup>2</sup>Excludes unknown race.

<sup>3</sup>Includes aged persons with end stage renal disease (ESRD).

<sup>4</sup>Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

<sup>5</sup>Medicare enrollees in managed care plans are not included in the denominator used to calculate the average charge per enrollee.

NOTES: Numbers may not add to totals because of rounding. Hospital outpatient services also include the facility component for those procedures performed in a hospital outpatient department operating room which are subject to the ambulatory surgical center (ASC) or blended ASC fee schedule and hospital-based renal dialysis facility services.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

**Table 10.2—Continued**  
**Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics,**  
**Type of Entitlement, and Type of Service: Calendar Year 2005**

Pharmacy	Type of Service					Other <sup>1</sup>	
	Physical Therapy	Medical/Surgical Supplies	Operating Room	End Stage Renal Disease			
		Average Charge per Enrollee <sup>5</sup>					
\$140	\$87	\$318	\$462	\$653	\$1,613		
146	76	374	486	810	1,794		
136	95	275	444	533	1,474		
138	87	313	456	377	1,361		
151	80	343	490	2,168	2,981		
131	86	305	448	387	1,337		
189	90	385	535	2,026	3,035		



**Table 10.2**

**Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics, Type of Entitlement, and Type of Service: Calendar Year 2006**

Demographic Characteristic and Type of Entitlement	Type of Service				
	Total	Clinic	Emergency Room	Laboratory	Radiology
Covered Charges in Thousands					
Total	\$183,400,542	\$2,090,551	\$7,132,268	\$17,871,204	\$32,447,712
<b>Sex</b>					
Male	86,333,406	891,047	2,947,156	7,686,273	14,213,303
Female	97,067,135	1,199,504	4,185,111	10,184,931	18,234,408
<b>Race<sup>2</sup></b>					
White	134,623,093	1,476,811	5,482,700	14,729,677	27,241,374
Other	48,073,721	605,034	1,623,956	3,074,376	5,091,026
<b>Type of Entitlement</b>					
Aged <sup>3</sup>	131,315,176	1,565,603	4,889,358	14,087,075	27,178,345
Disabled <sup>4</sup>	52,085,365	524,948	2,242,909	3,784,129	5,269,367
Percent Distribution					
Total	100.0	1.1	3.9	9.7	17.7
<b>Sex</b>					
Male	100.0	1.0	3.4	8.9	16.5
Female	100.0	1.2	4.3	10.5	18.8
<b>Race<sup>2</sup></b>					
White	100.0	1.1	4.1	10.9	20.2
Other	100.0	1.3	3.4	6.4	10.6
<b>Type of Entitlement</b>					
Aged <sup>3</sup>	100.0	1.2	3.7	10.7	20.7
Disabled <sup>4</sup>	100.0	1.0	4.3	7.3	10.1

See footnotes at end of table.

**Table 10.2—Continued**  
**Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics,**  
**Type of Entitlement, and Type of Service: Calendar Year 2006**

Pharmacy	Type of Service				
	Physical Therapy	Medical/Surgical Supplies	Operating Room	End Stage Renal Disease	Other <sup>1</sup>
Covered Charges in Thousands					
\$4,379,968	\$3,021,729	\$11,403,066	\$16,627,468	\$26,685,001	\$61,741,569
1,954,829	1,123,956	5,707,187	7,540,721	14,390,935	29,877,994
2,425,139	1,897,773	5,695,879	9,086,746	12,294,066	31,863,575
3,627,997	2,572,865	9,349,137	13,847,425	12,896,163	43,398,939
735,019	438,135	2,011,893	2,717,576	13,666,664	18,110,037
3,353,632	2,505,786	9,051,136	13,409,721	13,138,638	42,135,879
1,026,336	515,943	2,351,929	3,217,747	13,546,363	19,605,690
Percent Distribution					
2.4	1.6	6.2	9.1	14.6	33.7
2.3	1.3	6.6	8.7	16.7	34.6
2.5	2.0	5.9	9.4	12.7	32.8
2.7	1.9	6.9	10.3	9.6	32.2
1.5	0.9	4.2	5.7	28.4	37.7
2.6	1.9	6.9	10.2	10.0	32.1
2.0	1.0	4.5	6.2	26.0	37.6

**Table 10.2—Continued**

**Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics, Type of Entitlement, and Type of Service: Calendar Year 2006**

Demographic Characteristic and Type of Entitlement	Type of Service				
	Total	Clinic	Emergency Room	Laboratory	Radiology
Total	\$5,573	\$64	Average Charge per Enrollee <sup>5</sup> \$217	\$543	\$986
<b>Sex</b>					
Male	6,026	62	206	536	992
Female	5,224	65	225	548	981
<b>Race<sup>2</sup></b>					
White	4,837	53	197	529	979
Other	9,559	120	323	611	1,012
<b>Type of Entitlement</b>					
Aged <sup>3</sup>	4,777	57	178	512	989
Disabled <sup>4</sup>	9,613	97	414	698	973

<sup>1</sup>Includes charges for blood, blood administration, cardiology, ambulatory surgical care, magnetic resonance imaging, drugs requiring specific identification, etc.

<sup>2</sup>Excludes unknown race.

<sup>3</sup>Includes aged persons with end stage renal disease (ESRD).

<sup>4</sup>Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

<sup>5</sup>Medicare enrollees in managed care plans are not included in the denominator used to calculate the average charge per enrollee.

NOTES: Numbers may not add to totals because of rounding. Hospital outpatient services also include the facility component for those procedures performed in a hospital outpatient department operating room which are subject to the ambulatory surgical center (ASC) or blended ASC fee schedule and hospital-based renal dialysis facility services.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

**Table 10.2—Continued**

**Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics, Type of Entitlement, and Type of Service: Calendar Year 2006**

Pharmacy	Type of Service					Other <sup>1</sup>
	Physical Therapy	Medical/Surgical Supplies	Operating Room	End Stage Renal Disease		
		Average Charge per Enrollee <sup>5</sup>				
\$133	\$92	\$347	\$505	\$811	\$1,876	
136	78	398	526	1,004	2,085	
131	102	307	489	662	1,715	
130	92	336	498	463	1,559	
146	87	400	540	2,718	3,601	
122	91	329	488	478	1,533	
189	95	434	594	2,500	3,619	

**Table 10.3**

**Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 2005**

Area of Residence	Persons Served in Thousands					Total Payments (\$100 Millions)	Average Program Payment per Enrollee <sup>2</sup>							
	Total Number	Per 1,000 Enrollees <sup>2</sup>					Total	Aged	Disabled	ESRD	Total	Aged	Disabled	ESRD
		Aged <sup>3</sup>	Disabled <sup>4</sup>	ESRD <sup>5</sup>	Total									
All Areas <sup>1</sup>	23,215	684	19,298	3,596	321	32,805	17,602	\$3,942	\$6,978	\$843	\$625	\$739	\$21,487	
United States	23,044	688	19,170	3,558	316	28,410	17,602	3,926	6,883	848	630	748	21,500	
Northeast	4,498	712	3,762	682	54	5,648	3,632	802	1,213	894	683	850	22,185	
Midwest	6,220	740	5,299	852	69	7,349	4,932	936	1,481	874	690	791	20,899	
South	8,836	670	7,196	1,503	137	11,044	6,413	1,585	3,045	838	594	706	21,568	
West	3,490	623	2,913	522	55	4,370	2,624	603	1,143	781	562	689	21,416	
New England	1,374	774	1,145	218	12	1,745	1,202	277	266	983	812	978	22,699	
Connecticut	319	695	274	42	3	423	276	59	88	921	691	1,042	25,245	
Maine	172	777	140	30	1	213	146	34	32	962	814	849	27,022	
Massachusetts	603	824	495	103	5	788	551	136	101	1,078	919	1,072	20,780	
New Hampshire	131	753	113	18	1	155	118	21	16	886	795	825	17,535	
Rhode Island	75	755	60	14	1	90	58	16	16	914	740	805	20,328	
Vermont	74	822	63	11	1	77	53	11	13	848	700	771	26,609	
Middle Atlantic	3,124	688	2,618	464	43	3,903	2,430	526	947	859	633	795	22,044	
New Jersey	631	603	537	82	11	900	540	97	263	861	594	765	24,893	
New York	1,327	654	1,089	219	19	1,724	1,053	259	412	850	622	820	20,675	
Pennsylvania	1,167	795	991	163	13	1,278	837	169	272	871	677	774	21,815	

See footnotes at end of table.

**Table 10.3—Continued**  
**Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 2005**

Area of Residence	Persons Served in Thousands					Program Payments				Average Program Payment per Enrollee <sup>2</sup>				
	Total Number	Per 1,000 Enrollees <sup>2</sup>		Disabled <sup>4</sup>	ESRD <sup>5</sup>	Total	Aged	Millions	Disabled	ESRD	Total	Aged	Disabled	ESRD
		Aged <sup>3</sup>	Disabled <sup>4</sup>											
East North Central	4,430	756	3,776	603	50	\$5,320	\$3,564	\$666	\$1,091	\$908	\$716	\$804	\$20,817	
Illinois	1,102	737	953	136	13	1,283	865	140	277	858	672	725	19,798	
Indiana	609	730	512	91	7	758	505	110	144	910	718	892	20,445	
Michigan	1,115	803	944	159	11	1,371	931	180	260	988	802	840	20,376	
Ohio	1,108	775	940	155	14	1,322	863	169	291	924	712	823	22,034	
Wisconsin	496	696	428	62	6	585	400	67	119	822	650	727	22,015	
West North Central	1,791	703	1,523	249	19	2,029	1,368	270	390	797	630	762	21,132	
Iowa	315	712	273	39	3	325	229	40	56	735	592	763	21,153	
Kansas	226	616	196	29	2	261	194	28	39	710	609	601	15,312	
Minnesota	403	748	347	53	3	426	306	53	67	791	663	722	18,672	
Missouri	545	728	442	95	7	663	387	111	165	887	635	848	25,394	
Nebraska	164	695	143	19	2	174	117	19	38	737	567	697	21,767	
North Dakota	70	720	62	7	1	92	73	8	11	950	841	822	17,888	
South Dakota	69	581	60	7	1	87	63	10	14	741	605	790	17,417	
South Atlantic	4,705	666	3,888	745	71	5,978	3,536	822	1,620	847	603	731	22,098	
Delaware	81	680	69	11	1	123	76	13	34	1,030	746	776	28,295	
District of Columbia	41	703	33	6	2	73	35	6	33	1,271	721	743	23,556	
Florida	1,432	616	1,237	177	18	1,579	1,014	174	391	679	506	578	21,320	
Georgia	663	690	530	121	12	856	454	127	276	892	590	711	21,163	
Maryland	362	596	309	46	8	755	471	104	180	1,243	894	1,412	24,666	
North Carolina	795	692	628	155	12	1,056	595	170	291	919	645	790	22,446	
South Carolina	445	724	356	82	7	517	275	74	168	842	562	631	22,924	
Virginia	645	709	539	97	9	752	452	99	201	827	594	713	20,867	
West Virginia	241	759	188	51	2	266	166	53	47	835	682	732	21,831	

See footnotes at end of table.

**Table 10.3—Continued**  
**Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 2005**

Area of Residence	Persons Served in Thousands					Average Program Payment per Enrollee <sup>2</sup>							
	Total Number	Per 1,000 Enrollees <sup>2</sup>	Aged <sup>3</sup>	Disabled <sup>4</sup>	ESRD <sup>5</sup>	Program Payments Total	Aged Millions	Disabled	ESRD	Total	Aged	Disabled	ESRD
East South Central	1,767	707	1,360	385	22	\$1,967	\$1,112	\$358	\$496	\$787	\$576	\$656	\$20,675
Alabama	482	742	376	99	7	519	289	84	147	800	571	609	21,752
Kentucky	430	685	329	97	4	466	292	92	82	743	611	634	18,238
Mississippi	302	698	225	72	5	385	184	67	134	890	564	662	24,839
Tennessee	553	700	430	117	6	596	348	116	133	754	560	712	18,108
West South Central	2,365	652	1,948	373	44	3,099	1,765	405	929	855	587	704	21,171
Arkansas	281	626	223	54	3	310	191	59	59	691	541	650	18,503
Louisiana	382	750	301	73	8	479	252	70	157	941	623	719	22,247
Oklahoma	312	664	260	48	4	346	225	49	72	737	577	646	18,285
Texas	1,390	633	1,163	198	29	1,964	1,096	226	641	894	590	729	21,586
Mountain	1,171	631	989	166	16	1,332	867	164	300	718	553	601	19,228
Arizona	291	545	244	42	5	335	203	39	93	627	450	498	17,584
Colorado	253	725	214	36	3	283	182	37	64	811	624	677	23,579
Idaho	97	597	83	13	1	120	82	15	23	737	599	606	23,202
Montana	98	703	85	13	1	102	80	11	11	733	665	607	14,529
Nevada	90	475	74	14	2	120	69	16	35	633	434	566	19,366
New Mexico	139	675	114	23	2	166	99	21	46	805	588	599	19,541
Utah	160	768	140	19	1	163	123	19	21	786	676	764	15,576
Wyoming	42	631	37	5	(6)	42	29	6	7	636	506	692	21,109

See footnotes at end of table.

**Table 10.3—Continued**  
**Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 2005**

Area of Residence	Persons Served in Thousands					Average Program Payment per Enrollee <sup>2</sup>							
	Total Number	Per 1,000 Enrollees <sup>2</sup>	Aged <sup>3</sup>	Disabled <sup>4</sup>	ESRD <sup>5</sup>	Total Program Payments in Millions	Aged	Disabled	ESRD	Total	Aged	Disabled	ESRD
Pacific	2,319	620	1,924	356	40	\$1,757	\$438	\$843	\$812	\$566	\$730	\$22,321	
Alaska	31	645	25	5		56	36	9	10	1,163	937	1,025	28,413
California	1,593	611	1,316	246	31	2,149	1,176	315	658	824	545	748	22,875
Hawaii	61	567	53	7	(6) 2	88	53	6	29	815	571	447	17,741
Oregon	240	719	200	38	2	245	164	38	43	734	598	666	18,658
Washington	394	612	330	59	4	500	327	70	103	777	607	702	21,849
Outlying Areas <sup>7</sup>	171	417	128	37	5	175	63	17	95	426	197	192	20,587

<sup>1</sup>Includes the 50 States and outlying areas.

<sup>2</sup>Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average program payments per enrollee.

<sup>3</sup>Excludes aged beneficiaries with ESRD; represents Medicare status code 10 (aged without ESRD).

<sup>4</sup>Excludes disabled beneficiaries with ESRD; represents Medicare status code 20 (disabled without ESRD).

<sup>5</sup>Includes ESRD beneficiaries entitled to Medicare because of age, disability, or ESRD (Medicare status codes 11 (aged with ESRD), 21 (disabled with ESRD), and 31 (ESRD only)).

<sup>6</sup>Less than 500 persons served.

<sup>7</sup>Consists of Puerto Rico, Virgin Islands, Guam, residence unknown, and all other outlying areas.

NOTES: ESRD is end stage renal disease. Numbers may not add to totals because of rounding. Hospital outpatient services also include the facility component for those procedures performed in a hospital outpatient department operating room which are subject to the ambulatory surgical center (ASC) or blended ASC fee schedule and hospital-based renal dialysis facility services. Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.



**Table 10.3**

**Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 2006**

Area of Residence	Persons Served in Thousand										Average Program Payment per Enrollee <sup>2</sup>			
	Total Number	Per 1,000 Enrollees <sup>2</sup>				ESRD <sup>5</sup>	Total Program Payments in Millions	Program Payments in Millions			Total	Aged	Disabled	ESRD
		Aged <sup>3</sup>	Disabled <sup>4</sup>	ESRD <sup>5</sup>	Aged			Disabled	ESRD					
All Areas <sup>1</sup>	22,620	687	18,720	3,570	330	\$29,839	\$18,310	\$4,213	\$7,469	\$911	\$670	\$805	\$22,471	
United States	22,514	689	18,639	3,550	325	29,839	18,263	4,204	7,372	913	673	810	22,480	
Northeast	4,383	714	3,662	665	56	5,909	3,791	848	1,270	963	733	930	23,162	
Midwest	6,052	741	5,108	871	73	7,652	4,989	1,032	1,630	937	723	861	22,148	
South	8,664	672	7,018	1506	141	11,694	6,734	1,683	3,278	907	640	756	22,536	
West	3,414	625	2,850	508	56	4,584	2,749	641	1,194	839	603	750	22,086	
New England	1,380	776	1,141	227	13	1,885	1,299	306	279	1,060	882	1,046	23,808	
Connecticut	322	712	275	43	4	455	301	60	94	1,005	769	1,048	26,676	
Maine	166	745	135	30	1	214	151	38	26	960	838	903	21,546	
Massachusetts	608	829	494	109	5	856	586	154	116	1,166	981	1,168	23,883	
New Hampshire	135	759	115	19	1	177	139	21	17	992	925	777	18,490	
Rhode Island	74	762	59	14	1	90	57	19	15	925	741	931	19,375	
Vermont	74	805	62	11	1	93	66	15	13	1,007	851	1,002	24,656	
Middle Atlantic	3,003	689	2,522	438	43	4,024	2,491	542	991	923	674	876	22,987	
New Jersey	634	608	538	85	11	954	575	106	273	914	636	823	25,023	
New York	1,286	653	1,045	221	21	1,828	1,081	294	453	928	661	931	22,396	
Pennsylvania	1,083	805	939	133	11	1,242	835	142	264	923	721	814	22,126	

See footnotes at end of table.

**Table 10.3—Continued**  
**Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 2006**

Area of Residence	Persons Served in Thousands					Program Payments in Millions				Average Program Payment per Enrollee <sup>2</sup>			
	Total Number	Per 1,000 Enrollees <sup>2</sup>	Aged <sup>3</sup>	Disabled <sup>4</sup>	ESRD <sup>5</sup>	Total	Aged	Disabled	ESRD	Total	Aged	Disabled	ESRD
East North Central	4,341	759	3,667	621	53	\$3,565	\$3,628	\$743	\$1,195	\$973	\$752	\$883	\$2,930
Illinois	1,097	738	942	140	14	1,411	931	160	320	949	731	808	21,824
Indiana	591	728	493	91	7	756	494	114	149	931	725	916	20,687
Michigan	1,096	811	917	167	12	1,439	944	204	292	1,065	842	933	22,148
Ohio	1,089	777	917	158	14	1,368	865	186	317	975	733	894	23,061
Wisconsin	468	704	398	64	6	591	395	80	116	889	697	859	20,538
West North Central	1,712	698	1,441	251	20	2,087	1,362	289	436	851	656	807	22,768
Iowa	297	699	256	38	3	313	212	39	62	737	573	744	22,475
Kansas	218	604	186	29	3	270	190	31	49	750	612	666	18,502
Minnesota	369	756	313	53	3	436	299	60	77	894	729	811	21,546
Missouri	534	722	429	97	8	704	402	119	183	952	671	892	26,559
Nebraska	156	680	135	19	2	177	123	21	34	775	617	743	18,803
North Dakota	68	733	61	7	1	91	69	9	14	976	829	879	21,556
South Dakota	70	597	61	7	1	95	68	10	17	812	659	764	20,587
South Atlantic	4,635	673	3,811	751	73	6,377	3,754	888	1,735	926	658	802	22,891
Delaware	82	676	69	12	1	112	70	13	29	920	679	752	22,150
District of Columbia	40	704	33	6	2	80	36	7	37	1,394	766	807	26,789
Florida	1,390	622	1,196	176	18	1,671	1,073	186	412	747	557	639	21,617
Georgia	665	704	530	123	12	923	488	138	298	977	646	780	22,179
Maryland	363	595	308	48	8	811	510	115	185	1,329	968	1,525	24,351
North Carolina	775	691	608	155	13	1,111	606	187	319	991	678	872	23,722
South Carolina	441	731	351	82	8	571	294	80	196	946	612	695	25,804
Virginia	639	727	533	97	9	811	496	105	210	923	675	782	21,312
West Virginia	239	762	184	52	2	288	181	56	50	919	762	769	23,167

See footnotes at end of table.

**Table 10.3—Continued**  
**Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 2006**

Area of Residence	Persons Served in Thousand					Program Payments in Millions				Average Program Payment per Enrollee <sup>2</sup>			
	Total Number	Per 1,000 Enrollees <sup>2</sup>				Total	Aged	Disabled	ESRD	Total	Aged	Disabled	ESRD
		Aged <sup>3</sup>	Disabled <sup>4</sup>	ESRD <sup>5</sup>	ESRD								
East South Central	1,717	704	317	377	24	\$2,073	\$1,153	\$382	\$537	\$850	\$614	\$714	\$21,879
Alabama	472	741	365	99	7	548	296	93	159	861	602	679	22,878
Kentucky	423	691	324	95	4	505	316	92	97	824	675	654	21,914
Mississippi	293	689	216	71	6	413	193	80	140	972	607	793	24,464
Tennessee	530	694	412	112	7	607	348	117	142	794	581	746	18,951
West South Central	2,312	648	1,890	378	45	3,244	1,826	412	1,006	909	621	706	22,297
Arkansas	271	621	213	54	3	307	193	52	62	706	565	581	18,529
Louisiana	368	735	290	71	7	502	256	75	170	1,002	652	746	24,075
Oklahoma	312	668	256	52	4	361	229	54	78	773	595	688	19,644
Texas	1,362	629	1,131	201	31	2,075	1,148	231	696	958	631	733	22,639
Mountain	1,125	640	953	156	16	1,378	887	176	315	783	595	692	20,356
Arizona	262	544	226	31	5	330	202	36	92	684	487	577	18,757
Colorado	253	735	212	37	3	302	191	42	69	879	663	800	24,690
Idaho	97	621	82	13	1	119	86	14	20	767	654	593	19,923
Montana	95	717	82	12	1	108	81	15	12	811	713	809	15,296
Nevada	90	467	74	14	2	121	71	12	37	627	441	413	19,521
New Mexico	138	689	112	24	3	185	103	29	52	922	635	832	21,880
Utah	149	798	129	19	1	167	118	22	27	897	736	889	19,270
Wyoming	42	637	36	5	(6)	47	34	6	6	710	599	729	18,977

See footnotes at end of table.

**Table 10.3—Continued**  
**Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 2006**

Area of Residence	Persons Served in Thousand					Average Program Payment per Enrollee <sup>2</sup>							
	Number	Per 1,000 Enrollees <sup>2</sup>	Aged <sup>3</sup>	Disabled <sup>4</sup>	ESRD <sup>5</sup>	Total	Aged	Disabled	ESRD				
Pacific	2,288	617	897	352	39	\$8206	\$1,862	\$465	\$879	\$865	\$607	\$775	\$52781
Alaska	32	640	26	5		53	34	9	10	1,068	842	999	25,791
California	1,576	608	1,301	245	30	2,296	1,272	338	685	886	595	797	23,291
Hawaii	61	581	51	7	(6) 2	95	52	7	35	906	593	486	20,355
Oregon	221	704	186	33	2	235	159	35	41	747	605	698	18,737
Washington	398	618	333	61	5	528	345	76	107	818	641	743	22,151
Outlying Areas <sup>7</sup>	106	439	81	20	5	152	47	10	96	629	238	228	21,840

<sup>1</sup>Includes the 50 States and outlying areas.

<sup>2</sup>Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average program payments per enrollee.

<sup>3</sup>Excludes aged beneficiaries with ESRD; represents Medicare status code 10 (aged without ESRD).

<sup>4</sup>Excludes disabled beneficiaries with ESRD; represents Medicare status code 20 (disabled without ESRD).

<sup>5</sup>Includes ESRD beneficiaries entitled to Medicare because of age, disability, or ESRD (Medicare status codes 11 (aged with ESRD), 21 (disabled with ESRD), and 31 (ESRD only)).

<sup>6</sup>Less than 500 persons served.

<sup>7</sup>Consists of Puerto Rico, Virgin Islands, Guam, residence unknown, and all other outlying areas.

NOTES: ESRD is end stage renal disease. Numbers may not add to totals because of rounding. Hospital outpatient services also include the facility component for those procedures performed in a hospital outpatient department operating room which are subject to the ambulatory surgical center (ASC) or blended ASC fee schedule and hospital-based renal dialysis facility services. Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

**Table 10.4**

**Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare, by Selected Reasons for the Visit:  
Calendar Year 2005**

Reason for Visit	ICD-9-CM <sup>1</sup> Code	Number of Bills	Covered Charges in Thousands	Program Payments in Thousands	Average Charge per Bill	Average Program Payment per Bill <sup>2</sup>
Total All Reasons for the Visit	---	115,427,120	\$165,827,447	\$28,584,759	\$1,437	\$256
Selected Reasons for the Visit <sup>3</sup>	---	57,222,460	83,942,854	13,746,158	1,467	247
Encounter for Other and Unspecified						
Procedures and Aftercare		6,048,900	5,999,039	1,220,798	992	205
Special Screening for Malignant Neoplasms	V58	4,797,040	1,502,955	329,165	313	71
Essential Hypertension	V701	4,710,920	1,541,114	279,472	327	61
Diabetes Mellitus	250	4,670,740	1,817,757	355,472	389	78
Cardiac Dysrhythmias	427	4,039,280	2,102,889	426,070	521	107
Chronic Renal Failure	585	3,950,300	40,946,697	6,407,754	10,365	1,637
Disorders of Lipoid Metabolism	272	3,914,480	1,072,555	195,773	274	51
Symptoms Involving Respiratory						
System and Other Chest Symptoms	786	3,587,320	6,151,417	893,509	1,715	260
General Symptoms	780	3,129,480	3,851,263	587,497	1,231	193
Other and Unspecified Anemias	285	2,343,240	1,970,054	412,705	841	179
Other Disorders of Urethra and Urinary Tract	599	2,298,180	1,312,044	197,188	571	88
Other and Unspecified Disorders of Back	724	2,132,600	2,470,839	408,009	1,159	199
Other Symptoms Involving Abdomen and Pelvis	789	1,935,720	3,130,056	384,933	1,617	205
Other Forms of Chronic Ischemic Heart Disease	414	1,767,940	4,713,846	740,166	2,666	430
Other and Unspecified Disorders of Joint	719	1,733,120	1,232,361	207,438	711	126
Heart Failure	428	1,420,000	1,230,606	236,638	867	170
Special Investigations and Examinations		1,387,300	695,690	96,452	501	74
	V72					

See footnotes at end of table



**Table 10.4—Continued**  
**Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare, by Selected Reasons for the Visit:**  
**Calendar Year 2005**

Reason for Visit	ICD-9-CM Code <sup>1</sup>	Number of Bills	Covered Charges in Thousands	Program Payments in Thousands	Average Charge per Bill	Average Program Payment per Bill <sup>2</sup>
Other Disorders of Soft Tissues Symptoms Involving Digestive System	729	13,220	\$911,389	\$147,603	\$751	\$127
Acquired Hypothyroidism	244	1,060,800	1,026,717	163,394	949	158
			263,566	56,122	248	54
<b>All Other Reasons for the Visit</b>		<b>58,204,660</b>	<b>81,884,592</b>	<b>14,838,601</b>	<b>1,407</b>	<b>266</b>

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volume 1*.

<sup>2</sup>Does not reflect bills for beneficiaries who received covered services, but for whom no program payments were reported during the year.

<sup>3</sup>Based on frequency of occurrence.

NOTES: Numbers may not add to totals because of rounding. Hospital outpatient services also include the facility component for those procedures performed in a hospital outpatient department operating room which are subject to the ambulatory surgical center (ASC) or blended ASC fee schedule and hospital-based renal dialysis facility services. Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

**Table 10.4**  
**Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare, by Selected Reasons for the Visit:**  
**Calendar Year 2006**

Reason for Visit	ICD-9-CM Code <sup>1</sup>	Number of Bills	Covered Charges in Thousands	Program Payments in Thousands	Average Covered Charge per Bill	Average Program Payment per Bill <sup>2</sup>
Total All Reasons for the Visit	---	112,970,620	\$183,400,542	\$29,991,921	\$1,623	\$274
Selected Reasons for the Visit <sup>3</sup>	---	56,398,580	95,585,006	14,438,813	1,695	263
Encounter for Other and Unspecified						
Procedures and Aftercare		6,177,740	6,908,091	1,329,493	1,118	219
Essential Hypertension	V58401	4,637,000	1,645,853	289,896	355	64
Diabetes Mellitus	250	4,598,160	1,952,807	372,725	425	83
Special Screening for Malignant Neoplasms		4,587,480	1,650,169	348,639	360	78
Chronic Renal Failure	V76585	4,213,060	49,291,308	6,776,639	11,700	1,624
Cardiac Dysrhythmias	427	4,061,440	2,246,761	424,649	553	106
Disorders of Lipoid Metabolism	272	3,768,940	1,150,891	199,876	305	54
Symptoms Involving Respiratory						
System and Other Chest Symptoms	786	3,414,320	6,621,260	972,471	1,939	297
General Symptoms	780	2,900,780	3,923,200	577,976	1,352	205
Other and Unspecified Anemias	285	2,398,700	2,179,829	418,770	909	178
Other Disorders of Urethra and Urinary Tract	599	2,297,660	1,455,515	211,625	633	94
Other and Unspecified Disorders of Back	724	2,061,340	2,641,607	425,008	1,282	214
Other Symptoms Involving Abdomen and Pelvis	789	1,898,440	3,421,593	412,462	1,802	223
Other and Unspecified Disorders of Joint	719	1,692,140	1,316,448	223,343	778	139
Other Forms of Chronic Ischemic Heart Disease	414	1,673,900	4,915,691	758,128	2,937	465
Special Investigations and Examinations		1,387,180	752,540	106,414	543	81
Heart Failure	V72428	1,299,940	1,075,622	205,601	827	161

See footnotes at end of table





**Table 10.4—Continued**  
**Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare, by Selected Reasons for the Visit:**  
**Calendar Year 2006**

Reason for Visit	ICD-9-CM Code <sup>1</sup>	Number of Bills	Covered Charges in Thousands	Program Payments in Thousands	Average Covered Charge per Bill	Average Program Payment per Bill <sup>2</sup>
Other Disorders of Soft Tissues	729	8,160	\$973,644	\$147,571	\$826	\$131
Symptoms Involving Digestive System	787	1,112,060	1,174,910	180,504	1,057	170
Acquired Hypothyroidism	244	1,040,140	287,267	57,023	276	56
All Other Reasons for the Visit		56,572,040	87,815,536	15,553,108	1,552	285

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volume 1*.

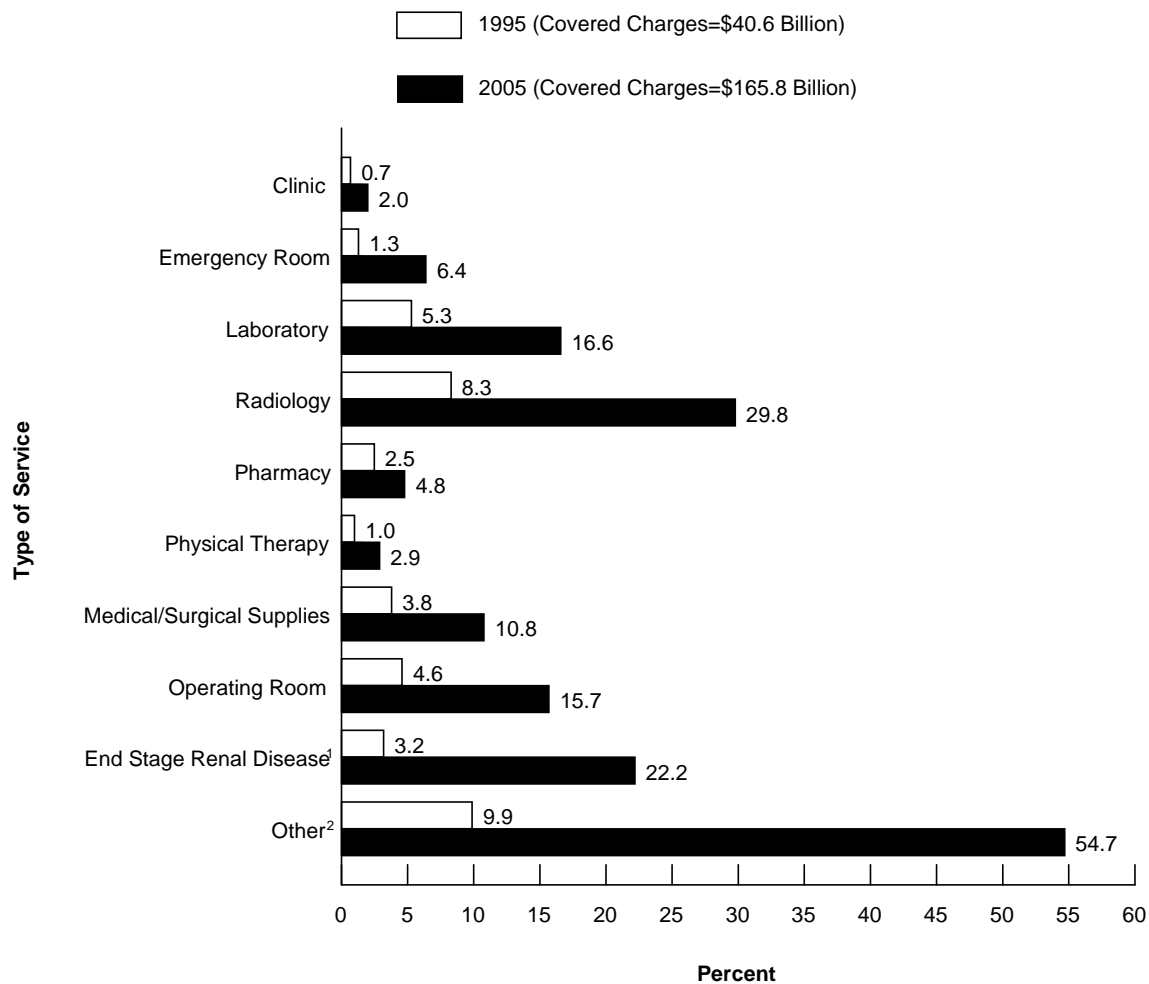
<sup>2</sup>Does not reflect bills for beneficiaries who received covered services, but for whom no program payments were reported during the year.

<sup>3</sup>Based on frequency of occurrence.

NOTES: Numbers may not add to totals because of rounding. Hospital outpatient services also include the facility component for those procedures performed in a hospital outpatient department operating room which are subject to the ambulatory surgical center (ASC) or blended ASC fee schedule and hospital-based renal dialysis facility services. Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

**Figure 10.1**  
**Percent Distribution of Hospital Outpatient Charges**  
**Under Medicare, by Type of Service:**  
**Calendar Years 1995 and 2005**



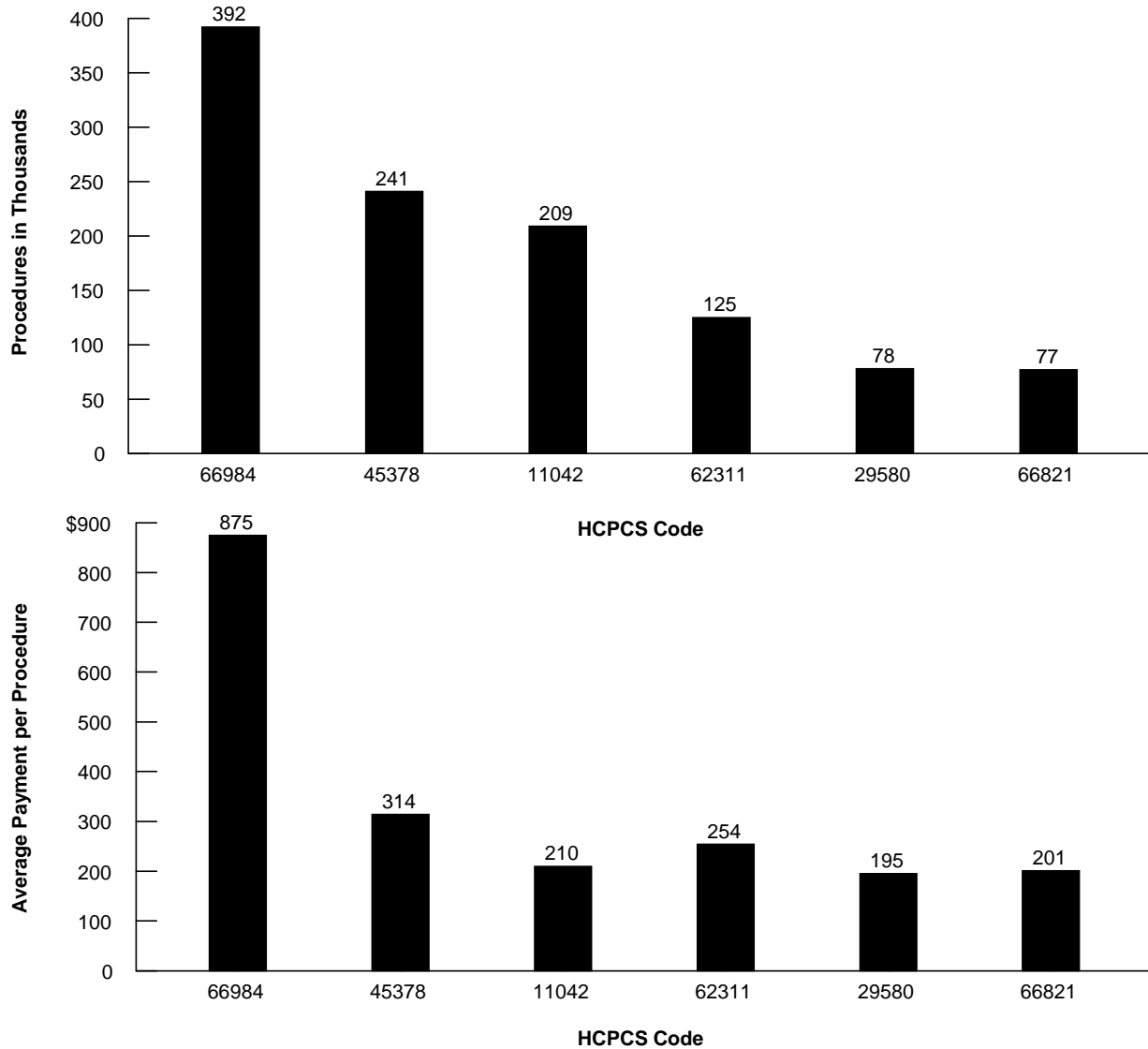
<sup>1</sup> Services to end stage renal disease patients consist primarily of renal dialysis.

<sup>2</sup> Includes charges for blood, blood administration, cardiology, ambulatory surgical care, magnetic resonance imaging, drugs requiring specific identification, etc.

NOTE: Medicare program payments are not available by type of service.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

**Figure 10.2**  
**Leading Medicare Hospital Outpatient Surgical**  
**Procedures, Based on Frequency: Calendar Year 2005**



NOTES: HCPCS is Healthcare Common Procedure Coding System. The Current Procedural Terminology (CPT) codes, descriptions, and other data only are Copyright 2005 American Medical Association All Rights Reserved (or such other date of publication of CPT). CPT is a trademark of the American Medical Association (AMA). For a more detailed description of each procedure, refer to the previously mentioned publication. Leading surgical procedures were selected from among the code range 10000 - 69979 (Surgical Procedures). Codes are extracapsular cataract removal with insertion of intraocular lens prosthesis, 66984; colonoscopy, flexible, proximal to splenic flexure, 45378; debridement; skin and subcutaneous tissue, 11042; injection, single, of diagnostic or therapeutic substances, 62311; strapping unna boot, 29580; discission of secondary membranous cataract; laser surgery, 66821.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.