

**Table 10.4**  
**Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare,**  
**by Selected Reasons for the Visit: Calendar Year 2007**

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	---	112,328,460	\$200,680,151	\$31,612,975	\$1,787	\$291
Selected Reasons for the Visit <sup>3</sup>	---	55,854,120	104,485,212	15,138,818	1,871	281
Encounter for Other and Unspecified						
Procedures and Aftercare	V58	6,311,720	8,333,878	1,577,942	1,320	254
Diabetes Mellitus	250	4,600,780	2,159,924	395,196	469	88
Essential Hypertension	401	4,513,920	1,752,673	292,929	388	67
Special Screening for Malignant Neoplasms	V76	4,424,980	1,777,767	359,573	402	84
Chronic Renal Failure	585	4,366,640	53,709,060	6,927,410	12,300	1,602
Cardiac Dysrhythmias	427	4,160,320	2,570,977	488,434	618	119
Disorders of Lipoid Metabolism	272	3,653,280	1,207,377	201,387	330	56
Symptoms Involving Respiratory						
System and Other Chest Symptoms	786	3,341,140	7,138,494	1,022,194	2,137	321
General Symptoms	780	2,762,920	4,226,211	592,386	1,530	220
Other and Unspecified Anemias	285	2,431,300	2,281,372	424,867	938	178
Other Disorders of Urethra and Urinary Tract	599	2,291,160	1,620,458	224,246	707	100
Other and Unspecified Disorders of Back	724	1,986,780	2,821,529	438,396	1,420	230
Other Symptoms Involving Abdomen and Pelvis	789	1,848,760	3,707,781	427,568	2,006	238
Other and Unspecified Disorders of Joint	719	1,698,500	1,422,952	225,848	838	140
Other Forms of Chronic Ischemic Heart Disease	414	1,573,780	5,217,532	812,795	3,315	532
Special Investigations and Examinations	V72	1,404,380	793,641	107,549	565	81
Heart Failure	428	1,176,640	1,097,523	219,202	933	191
Other Disorders of Soft Tissues	729	1,170,660	1,042,550	150,687	891	135
Symptoms Involving Digestive System	787	1,110,800	1,297,528	192,087	1,168	182
Acquired Hypothyroidism	244	1,025,660	305,985	58,122	298	57
All Other Reasons for the Visit	---	56,474,340	96,194,939	16,474,157	1,703	302

<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.