

Table 65

**Supplementary Medical Insurance (SMI) Medicare Enrollees, Hospital Outpatient Charges
and Program Payments, by Type of Entitlement: Selected Calendar Years 1974-1999**

Type of Entitlement and Year	Number of SMI Enrollees	Covered Charges in Thousands	Program Payments		
			Amount in Thousands	Per Enrollee	As Percent of Charges
Total SMI					
1974 ¹	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
1983	28,974,535	3,813,118	2,661,394	92	69.8
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 ²	35,178,600	36,232,649	11,813,522	366	32.6
1995 ²	35,711,060	40,576,180	12,933,358	402	31.9
1996 ²	36,164,700	44,564,665	13,896,048	437	31.2
1997 ²	36,478,460	47,888,129	14,382,561	464	30.0
1998 ²	36,793,540	50,607,564	14,212,983	469	28.1
1999 ²	37,054,200	54,744,210	14,617,464	486	26.7
Aged					
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
1983	26,292,124	2,995,784	2,066,207	79	69.0
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 ²	31,443,800	29,768,892	9,116,610	318	30.6
1995 ²	31,754,680	33,110,441	9,900,441	348	29.9
1996 ²	31,997,360	36,099,678	10,542,937	379	29.2
1997 ²	32,171,220	38,728,484	10,861,323	402	28.0
1998 ²	32,308,000	41,045,972	10,681,369	407	26.0
1999 ²	32,411,940	44,272,508	10,903,014	421	24.6

See footnotes at end of table

Table 65—Continued

Supplementary Medical Insurance (SMI) Medicare Enrollees, Hospital Outpatient Charges and Program Payments, by Type of Entitlement: Selected Calendar Years 1974-1999

Type of Entitlement and Year	Number of SMI Enrollees	Covered Charges in Thousands	Program Payments		
			Amount in Thousands	Per Enrollee	As Percent of Charges
Disabled					
1974 ¹	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
1983	2,682,411	817,335	595,187	222	72.8
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 ²	3,734,800	6,463,757	2,696,912	746	41.7
1995 ²	3,956,380	7,465,739	3,033,158	801	40.6
1996 ²	4,167,340	8,464,987	3,353,211	854	39.6
1997 ²	4,307,240	9,159,645	3,521,238	886	38.4
1998 ²	4,485,540	9,561,592	3,531,614	870	36.9
1999 ²	4,642,260	10,471,702	3,714,450	892	35.5

¹1974 was the first full year of coverage for disabled beneficiaries under Medicare.

²Beginning with 1994, the program payments per enrollee do not reflect managed care enrollment; that is, Medicare enrollees in managed care plans are not included in the denominator used to calculate the program payments 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. Medicare program payments represent fee-for-service only, that is, program payments exclude amounts paid for managed care services.

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.

Table 66

Trends in the Amount and Relative Growth Index of Total Medicare Program Payments, Hospital Payments, and Hospital Outpatient Payments: Selected Calendar Years 1974-1999

Year	Amount of Program Payments and Relative Index			
	Total		Total Medicare	
	Medicare Services		Hospital Services ¹	
	Amount in Millions	Index	Amount in Millions	Index
1974	\$11,179	100	\$8,160	100
1980	33,613	301	23,541	288
1983	53,446	478	36,999	453
1984	59,146	529	41,887	513
1985	63,694	570	44,282	543
1987	75,816	678	49,759	610
1988	81,403	728	53,251	653
1989	93,844	839	56,252	689
1990	101,419	907	61,879	758
1992	120,710	1080	74,751	916
1993	129,386	1157	78,199	958
1994	146,549	1311	82,438	1010
1995	158,980	1422	87,769	1076
1996	167,063	1494	92,442	1133
1997	175,423	1569	95,108	1166
1998	168,164	1504	92,577	1135
1999	166,687	1491	93,630	1147

¹Excludes Medicare program payments for specialty inpatient hospital services.

NOTES: Index is relative change in level of spending expressed in nominal dollars over 1974 levels of spending. 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, that is, program payments exclude amounts paid for managed care services.

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.

Table 66—Continued

Trends in the Amount and Relative Growth Index of Total Medicare Program Payments, Hospital Payments, and Hospital Outpatient Payments: Selected Calendar Years 1974-1999

Amount of Program Payments		Medicare Hospital Outpatient Payments as a Percent of:	
Total Medicare Hospital Outpatient Services		Total Medicare Payments	Medicare Hospital Payments
Amount in Millions	Index		
\$323	100	2.9	4.0
1,442	446	4.3	6.1
2,661	824	5.0	7.2
3,387	1049	5.7	8.1
4,082	1264	6.4	9.2
5,691	1762	7.5	11.4
6,372	1973	7.8	12.0
7,161	2217	7.6	12.7
8,171	2530	8.1	13.2
9,941	3078	8.2	13.3
10,939	3387	8.5	14.0
11,814	3658	8.1	14.3
12,933	4004	8.1	14.7
13,896	4302	8.3	15.0
14,383	4453	8.2	15.1
14,213	4400	8.5	15.4
14,617	4525	8.8	15.6

Table 67

Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristic, Type of Entitlement, and Type of Service: Calendar Year 1999

Demographic Characteristic and Type of Entitlement	Type of Service					
	Total	Clinic	Emergency Room	Laboratory	Radiology	Pharmacy
	Covered Charges in Thousands					
Total	\$54,744,209	\$805,553	\$1,882,195	\$6,909,223	\$11,564,475	\$3,348,510
Sex						
Male	24,634,006	339,404	779,121	2,927,851	5,062,928	1,510,106
Female	30,110,203	466,148	1,103,073	3,981,371	6,501,547	1,838,404
Race²						
White	44,570,651	509,679	1,475,754	5,875,731	9,969,342	2,866,434
Other	9,921,460	291,310	397,685	1,000,451	1,547,611	465,325
Type of Entitlement						
Aged ³	44,272,507	578,311	1,411,616	5,714,804	10,161,978	2,751,292
Disabled ⁴	10,471,702	227,242	470,579	1,194,418	1,402,497	597,218
	Percent Distribution					
Total	100.0	1.5	3.4	12.6	21.1	6.1
Sex						
Male	100.0	1.4	3.2	11.9	20.6	6.1
Female	100.0	1.5	3.7	13.2	21.6	6.1
Race²						
White	100.0	1.1	3.3	13.2	22.4	6.4
Other	100.0	2.9	4.0	10.1	15.6	4.7
Type of Entitlement						
Aged ³	100.0	1.3	3.2	12.9	23.0	6.2
Disabled ⁴	100.0	2.2	4.5	11.4	13.4	5.7

See footnotes at end of table.

Table 67—Continued

**Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristic,
Type of Entitlement, and Type of Service: Calendar Year 1999**

Physical Therapy	Medical/ Surgical Supplies	Type of Service		
		Operating Room	End Stage Renal Disease	Other ¹
		Covered Charges in Thousands		
\$1,009,857	\$4,857,556	\$6,242,394	\$3,525,896	\$14,598,546
384,128	2,216,934	2,745,802	1,835,377	6,832,349
625,729	2,640,621	3,496,591	1,690,518	7,766,197
879,396	4,094,205	5,350,729	1,743,917	11,805,461
126,915	741,179	863,807	1,757,555	2,729,615
866,457	4,134,324	5,363,478	1,776,132	11,514,111
143,399	723,231	878,915	1,749,763	3,084,434
		Percent Distribution		
1.8	8.9	11.4	6.4	26.7
1.6	9.0	11.1	7.5	27.7
2.1	8.8	11.6	5.6	25.8
2.0	9.2	12.0	3.9	26.5
1.3	7.5	8.7	17.7	27.5
2.0	9.3	12.1	4.0	26.0
1.4	6.9	8.4	16.7	29.5

Table 67—Continued

Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristic, Type of Entitlement, and Type of Service: Calendar Year 1999

Demographic Characteristic and Type of Entitlement	Type of Service					
	Total	Clinic	Emergency Room	Laboratory	Radiology	Pharmacy
Total	\$1,820	\$27	\$63	\$230	\$384	\$111
			Average Charge per Enrollee ⁵			
Sex						
Male	1,938	27	61	230	398	119
Female	1,733	27	64	229	374	106
Race²						
White	1,745	20	58	230	390	112
Other	2,263	66	91	228	353	106
Type of Entitlement						
Aged ³	1,708	22	54	220	392	106
Disabled ⁴	2,515	55	113	287	337	143

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

²Excludes unknown race.

³Includes aged persons with end stage renal disease (ESRD).

⁴Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

⁵The average charge per enrollee does not reflect managed care enrollment; that is, 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 Decision Support Access Facility; data development by the Office of Research, Development, and Information.

Table 67—Continued

**Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristic,
Type of Entitlement, and Type of Service: Calendar Year 1999**

	Type of Service				
	Physical Therapy	Medical/ Surgical Supplies	Operating Room	End Stage Renal Disease	Other ¹
	\$34	\$161	Average Charge per Enrollee ³ \$208	\$117	\$485
	30	174	216	144	537
	36	152	201	97	447
	34	160	210	68	462
	29	169	197	401	623
	33	160	207	69	444
	34	174	211	420	741

Table 68

Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 1999

Area of Residence	Persons Served in Thousands					Program Payments in Millions				Average Program Payment per Enrollee ²				
	Total					Total	Aged	Disabled	ESRD	Total	Aged	Disabled	ESRD	
	Number	Enrollees ²	Aged ^d	Disabled ⁴	ESRD ⁵									
All Areas ¹	20,201	671	17,458	2,542	201	\$14,617	\$9,776	\$1,658	\$3,184	\$486	\$379	\$412	\$13,538	\$15,050
United States	20,024	675	17,318	2,509	197	14,510	9,731	1,646	3,133	489	382	418	13,533	14,857
Northeast	4,088	687	3,554	498	35	3,089	2,137	370	582	519	414	497	13,543	15,396
Midwest	5,677	723	5,030	605	41	3,907	2,903	380	624	498	421	416	12,188	14,524
South	7,431	654	6,298	1,045	88	5,284	3,253	624	1,407	465	339	376	13,960	14,863
West	2,828	630	2,435	360	33	2,230	1,438	272	520	497	375	438	14,227	16,085
New England	1,155	741	995	152	8	836	605	112	119	536	453	525	12,613	14,852
Connecticut	249	650	217	30	2	199	140	24	35	519	417	550	11,620	15,792
Maine	157	773	135	22	1	94	72	13	9	461	415	446	12,465	13,144
Massachusetts	507	779	432	71	3	389	279	56	54	598	508	577	14,120	15,199
New Hampshire	102	728	91	11	1	61	49	6	7	439	398	339	13,824	11,959
Rhode Island	71	709	61	9	1	51	33	7	11	508	394	483	9,628	13,351
Vermont	69	846	60	9	(6)	41	32	6	4	506	451	506	12,465	16,780
Middle Atlantic	2,933	668	2,559	346	27	2,254	1,532	259	463	513	400	486	13,805	15,551
New Jersey	551	582	484	61	6	480	325	45	109	506	388	446	14,479	14,516
New York	1,287	636	1,099	175	13	1,130	752	155	223	559	433	569	14,136	16,825
Pennsylvania	1,095	770	977	109	8	644	455	58	130	453	363	369	12,794	14,390

See footnotes at end of table.

Table 68—Continued

Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 1999

Area of Residence	Persons Served in Thousands					Program Payments in Millions				Average Program Payment per Enrollee ²			
	Total		Aged ⁶	Disabled ⁴	ESRD ⁵	Total	Aged	Disabled	ESRD	Total	Aged	Disabled	ESRD
	Number	Enrollees ²											
East North Central	3,947	730	3,489	429	30	\$2,791	\$2,059	\$272	\$460	\$516	\$435	\$423	\$12,250
Illinois	964	711	858	98	8	712	525	62	125	525	439	412	12,703
Indiana	553	721	485	64	4	375	269	42	64	489	402	448	13,023
Michigan	956	760	843	106	7	744	561	71	112	592	515	447	12,788
Ohio	1,002	753	879	115	8	643	459	65	119	483	397	394	11,802
Wisconsin	472	678	424	46	3	317	246	31	40	455	396	425	10,110
West North Central	1,730	708	1,541	177	12	1,116	844	108	164	457	391	400	12,016
Iowa	332	754	301	29	2	211	167	17	27	480	422	411	12,552
Kansas	239	697	215	23	1	153	120	14	20	446	389	406	10,968
Minnesota	375	707	336	37	2	222	175	23	24	419	373	400	10,414
Missouri	491	710	424	63	4	328	226	38	63	474	383	400	13,071
Nebraska	161	703	147	14	1	111	84	9	18	486	408	410	13,118
North Dakota	62	642	57	5	(6)	40	35	3	3	417	393	308	7,270
South Dakota	69	609	62	6	1	50	37	4	9	441	365	381	11,738
South Atlantic	3,955	653	3,386	523	46	2,753	1,699	313	741	455	329	377	14,024
Delaware	64	631	56	7	1	47	33	5	10	466	369	401	10,510
District of Columbia	37	623	31	5	1	51	26	6	19	853	516	748	18,462
Florida	1,200	625	1,073	116	11	645	415	57	173	336	244	281	12,901
Georgia	540	663	443	89	9	416	226	53	137	510	338	381	14,563
Maryland	293	576	257	31	5	386	253	45	88	758	563	828	15,407
North Carolina	687	668	573	106	8	465	284	56	124	452	331	349	14,523
South Carolina	370	692	304	61	5	235	131	29	75	439	298	317	14,234
Virginia	536	682	459	71	6	366	229	42	94	465	341	392	13,607
West Virginia	227	760	188	38	1	143	101	22	20	477	422	374	12,973

See footnotes at end of table.

Table 68—Continued

Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 1999

Area of Residence	Persons Served in Thousands					Program Payments in Millions				Average Program Payment per Enrollee ²			
	Total		Aged ³	Disabled ⁴	ESRD ⁵	Total	Aged	Disabled	ESRD	Total	Aged	Disabled	ESRD
	Number	Per 1,000 Enrollees ²											
East South Central	1,530	672	1,247	267	16	\$934	\$552	\$131	\$252	\$410	\$299	\$315	\$13,646
Alabama	400	673	332	63	5	223	127	22	74	374	260	218	13,536
Kentucky	370	668	296	72	2	210	146	37	26	379	333	336	9,648
Mississippi	262	666	208	51	4	200	103	28	69	509	330	360	15,624
Tennessee	499	677	411	82	5	301	176	43	83	409	290	348	14,091
West South Central	1,946	644	1,666	255	26	1,597	1,002	180	415	528	388	436	14,041
Arkansas	247	623	206	38	2	164	111	22	30	413	338	338	13,845
Louisiana	315	700	258	51	5	266	144	37	85	592	394	469	14,900
Oklahoma	282	652	245	35	2	205	147	25	34	474	394	429	11,729
Texas	1,103	632	956	130	17	962	601	96	265	551	396	455	14,157
Mountain	961	653	838	114	9	670	459	76	135	455	362	397	13,113
Arizona	208	559	183	22	3	142	82	12	48	382	252	273	13,674
Colorado	198	723	169	28	2	159	107	24	28	580	467	554	14,747
Idaho	99	699	88	10	1	65	52	6	7	463	421	360	9,734
Montana	94	746	83	11	1	58	45	6	6	455	410	402	12,104
Nevada	70	491	59	10	1	52	29	6	18	362	233	297	13,692
New Mexico	115	678	98	16	1	88	59	11	17	514	413	438	11,781
Utah	137	738	123	14	1	79	63	9	8	424	380	414	11,680
Wyoming	40	664	36	4	(6)	28	23	2	3	469	433	355	13,515

See footnotes at end of table.

Table 68—Continued

Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 1999

Area of Residence	Persons Served in Thousands						Program Payments in Millions				Average Program Payment per Enrollee ²			
	Total		Aged ³	Disabled ⁴	ESRD ⁵	Total	Aged	Disabled	ESRD	Total	Aged	Disabled	ESRD	
	Number	Enrollees ² Per 1,000												
Pacific	1,867	618	1,597	247	23	\$1,561	\$979	\$196	\$386	\$517	\$382	\$456	\$14,661	
Alaska	25	677	22	3	(6)	29	22	3	4	781	692	628	13,856	
California	1,260	599	1,066	176	18	1,078	637	145	297	513	359	469	14,822	
Hawaii	52	524	46	4	1	41	23	2	15	419	272	223	12,553	
Oregon	218	771	191	25	1	132	100	14	18	466	413	360	11,762	
Washington	313	627	272	38	3	280	197	31	52	562	458	475	15,860	
Outlying Areas ⁷	177	408	140	33	4	107	45	12	50	247	130	136	13,859	

¹Includes the 50 States and outlying areas.

²Beginning with 1994, statistics do not reflect managed care enrollment; that is, Medicare enrollees in managed care plans are not included in the denominator used to calculate the utilization rates and the average rates and the average program payment per enrollee.

³Excludes aged beneficiaries with ESRD; represents Medicare status code 10 only.

⁴Excludes disabled beneficiaries with ESRD; represents Medicare status code 20 only.

⁵Includes ESRD beneficiaries entitled to Medicare because of age, disability, or ESRD (Medicare status codes 11, 21, and 31).

⁶Less than 500 persons served.

⁷Consists 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, that is, program payments exclude amounts paid for managed care services.

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.

Table 69

**Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare, by Selected Reasons for the Visit:
Calendar Year 1999**

Reason for Visit	ICD-9-CM Code ¹	Number of Bills	Covered Charges in Thousands	Program Payments in Thousands	Average Charge per Bill	Average Program Payment per Bill ²
Total, All Reasons for the Visit	---	92,898,620	\$54,744,210	\$14,617,464	\$589	\$160
Selected Reasons for the Visit ³	---	43,549,340	24,314,622	8,024,413	558	186
Diabetes Mellitus	250	3,744,260	643,008	160,087	172	43
Special Screening for Malignant Neoplasm	V76	3,510,460	317,703	116,575	91	34
Essential Hypertension	401	3,332,100	605,185	152,561	182	46
Cardiac Dysrhythmias	427	3,077,980	882,441	188,903	287	62
Encounter for Other and Unspecified Procedures and Aftercare	V58	3,044,720	1,255,807	274,464	412	91
Chronic Renal Failure	585	3,019,020	5,894,466	4,071,097	1,952	1,353
Symptoms Involving Respiratory System and Other Chest Symptoms	786	2,911,220	2,274,035	450,131	781	158
General Symptoms	780	2,547,400	1,401,629	291,549	550	116
Disorders of Lipoid Metabolism	272	2,265,700	335,185	82,151	148	36
Other Disorders of Urethra and Urinary Tract	599	1,922,840	503,407	105,356	262	55
Other Forms of Chronic Ischemic Heart Disease	414	1,813,320	1,866,016	364,382	1,029	203
Other Symptoms Involving Abdomen and Pelvis	789	1,695,540	1,162,758	223,721	686	134
Other and Unspecified Disorders of Back	724	1,692,520	969,885	206,203	573	125
Heart Failure	428	1,568,920	497,440	107,259	317	69
Special Investigations and Examinations	V72	1,481,400	291,988	66,147	197	45
Other and Unspecified Anemias	285	1,433,680	540,876	118,235	377	83
Cataract	366	1,298,600	2,928,992	608,481	2,256	473

See footnotes at end of table.

Table 69—Continued

**Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare, by Selected Reasons for the Visit:
Calendar Year 1999**

Reason for Visit	ICD-9-CM Code ¹	Number of Bills	Covered Charges in Thousands	Program Payments in Thousands	Average Charge per Bill	Average Program Payment per Bill ²
Other and Unspecified Disorders of Joint	719	1,290,000	\$467,142	\$112,368	\$362	\$89
Malignant Neoplasm of Prostate	185	967,320	1,086,405	241,452	1,123	252
Other Disorders of Soft Tissues	729	932,340	390,254	83,291	419	92
All Other Reasons for the Visit	---	49,349,280	30,429,588	6,593,052	617	136

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

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

³Based 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; that is, program payments exclude amounts paid for managed care services.

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.