

Table 65

**Supplementary Medical Insurance (SMI) Medicare Enrollees, Hospital Outpatient Charges  
and Program Payments, by Type of Entitlement: Selected Calendar Years 1974-2000**

Type of Entitlement and Year	Number of SMI Enrollees	Covered Charges in Thousands	Program Payments		As Percent of Charges
			Amount in Thousands	Per Enrollee	
<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
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 <sup>2</sup>	35,178,600	36,232,649	11,813,522	366	32.6
1995 <sup>2</sup>	35,711,060	40,576,180	12,933,358	402	31.9
1996 <sup>2</sup>	36,164,700	44,564,665	13,896,048	437	31.2
1997 <sup>2</sup>	36,478,460	47,888,129	14,382,561	464	30.0
1998 <sup>2</sup>	36,793,540	50,607,564	14,212,983	469	28.1
1999 <sup>2</sup>	37,054,200	54,744,210	14,617,464	486	26.7
2000 <sup>2</sup>	37,369,220	60,728,234	14,969,335	491	24.6
<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
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 <sup>2</sup>	31,443,800	29,768,892	9,116,610	318	30.6
1995 <sup>2</sup>	31,754,680	33,110,441	9,900,441	348	29.9
1996 <sup>2</sup>	31,997,360	36,099,678	10,542,937	379	29.2
1997 <sup>2</sup>	32,171,220	38,728,484	10,861,323	402	28.0
1998 <sup>2</sup>	32,308,000	41,045,972	10,681,369	407	26.0
1999 <sup>2</sup>	32,411,940	44,272,508	10,903,014	421	24.6
2000 <sup>2</sup>	32,601,700	48,940,902	11,029,355	421	22.5

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 1974-2000**

Type of Entitlement and Year	Number of SMI Enrollees	Covered Charges in Thousands	Program Payments		
			Amount in Thousands	Per Enrollee	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
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 <sup>2</sup>	3,734,800	6,463,757	2,696,912	746	41.7
1995 <sup>2</sup>	3,956,380	7,465,739	3,033,158	801	40.6
1996 <sup>2</sup>	4,167,340	8,464,987	3,353,211	854	39.6
1997 <sup>2</sup>	4,307,240	9,159,645	3,521,238	886	38.4
1998 <sup>2</sup>	4,485,540	9,561,592	3,531,614	870	36.9
1999 <sup>2</sup>	4,642,260	10,471,702	3,714,450	892	35.5
2000 <sup>2</sup>	4,767,520	11,787,331	3,939,980	915	33.4

<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 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 and 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 1974-2000**

Year	Amount of Program Payments and Relative Index			
	Total Medicare Services		Total Medicare Hospital Services <sup>1</sup>	
	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
2000	174,261	1559	96,200	1179

<sup>1</sup>Excludes Medicare program payments for inpatient hospital services for non-short-stay hospitals.

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 and 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 1974-2000

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
14,969	4634	8.6	15.6

**Table 67**  
**Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics,**  
**Type of Entitlement, and Type of Service: Calendar Year 2000**

Demographic Characteristic and Type of Entitlement	Type of Service						
	Total	Clinic	Emergency Room	Laboratory	Radiology	Pharmacy	
Total	\$60,728,233	\$863,042	Covered Charges in Thousands \$2,215,075      \$7,743,499		\$13,027,175	\$3,313,997	
<b>Sex</b>							
Male	27,428,481	363,533	908,757	3,300,557	5,704,761	1,515,568	
Female	33,299,752	499,509	1,306,317	4,442,942	7,322,414	1,798,429	
<b>Race<sup>2</sup></b>							
White	49,274,226	554,444	1,736,353	6,578,768	11,191,712	2,804,426	
Other	11,159,625	303,787	468,097	1,126,586	1,771,903	491,880	
<b>Type of Entitlement</b>							
Aged <sup>3</sup>	48,940,902	627,460	1,649,332	6,384,017	11,387,925	2,700,571	
Disabled <sup>4</sup>	11,787,331	235,582	565,742	1,359,481	1,639,249	613,426	
			Percent Distribution				
Total	100.0	1.4	3.6	12.8	21.5	5.5	
<b>Sex</b>							
Male	100.0	1.3	3.3	12.0	20.8	5.5	
Female	100.0	1.5	3.9	13.3	22.0	5.4	
<b>Race<sup>2</sup></b>							
White	100.0	1.1	3.5	13.4	22.7	5.7	
Other	100.0	2.7	4.2	10.1	15.9	4.4	
<b>Type of Entitlement</b>							
Aged <sup>3</sup>	100.0	1.3	3.4	13.0	23.3	5.5	
Disabled <sup>4</sup>	100.0	2.0	4.8	11.5	13.9	5.2	

See footnotes at end of table.

Table 67—Continued

Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics,  
Type of Entitlement, and Type of Service: Calendar Year 2000

Physical Therapy	Medical/ Surgical Supplies	Type of Service			Other <sup>1</sup>
		Operating Room	End Stage Renal Disease		
		Covered Charges in Thousands			
\$1,026,527	\$5,048,594	\$6,937,633	\$3,814,762	\$16,737,925	
385,533	2,347,895	3,083,913	1,994,954	7,823,006	
640,993	2,700,699	3,853,719	1,819,807	8,914,918	
888,564	4,253,620	5,914,935	1,855,822	13,495,577	
132,850	771,869	991,661	1,938,212	3,162,774	
876,394	4,281,262	5,926,468	1,905,405	13,202,062	
150,132	767,331	1,011,164	1,909,356	3,535,863	
		Percent Distribution			
1.7	8.3	11.4	6.3	27.6	
1.4	8.6	11.2	7.3	28.5	
1.9	8.1	11.6	5.5	26.8	
1.8	8.6	12.0	3.8	27.4	
1.2	6.9	8.9	17.4	28.3	
1.8	8.7	12.1	3.9	27.0	
1.3	6.5	8.6	16.2	30.0	

**Table 67—Continued**  
**Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics,**  
**Type of Entitlement, and Type of Service: Calendar Year 2000**

Demographic Characteristic and Type of Entitlement	Type of Service					
	Total	Clinic	Emergency Room	Laboratory	Radiology	Pharmacy
Total	\$1,993	\$28	Average Charge per Enrollee <sup>5</sup> \$73	\$254	\$427	\$109
<b>Sex</b>						
Male	2,121	28	70	255	441	117
Female	1,898	28	74	253	417	103
<b>Race<sup>2</sup></b>						
White	1,889	21	67	252	429	108
Other	2,582	70	108	261	410	114
<b>Type of Entitlement</b>						
Aged <sup>3</sup>	1,870	24	63	244	435	103
Disabled <sup>4</sup>	2,739	55	131	316	381	143

<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 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 Characteristics,  
Type of Entitlement, and Type of Service: Calendar Year 2000

	Type of Service				
	Physical Therapy	Medical/ Surgical Supplies	Operating Room	End Stage Renal Disease	Other <sup>1</sup>
	\$34	\$166	Average Charge per Enrollee <sup>2</sup> \$228	\$125	\$549
	30	182	238	154	605
	37	154	220	104	508
	34	163	227	71	517
	31	179	229	448	732
	33	164	226	73	504
	35	178	235	444	822



Table 68

## Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 2000

Area of Residence	Persons Served in Thousands					Program Payments in Millions				Average Program Payment per Enrollee <sup>6</sup>			
	Total					Total	Aged	Disabled	ESRD	Total	Aged	Disabled	ESRD
	Number	Per 1,000 Enrollees <sup>2</sup>	Aged <sup>3</sup>	Disabled <sup>4</sup>	ESRD <sup>5</sup>								
All Areas <sup>1</sup>	20,657	678	17,782	2,670	205	\$14,969	\$9,930	\$1,767	\$3,273	\$491	\$381	\$425	\$13,144
United States	20,474	682	17,638	2,634	202	14,855	9,885	1,752	3,219	495	384	431	13,132
Northeast	4,164	695	3,602	526	35	3,176	2,202	395	579	530	425	513	12,618
Midwest	5,746	730	5,070	633	43	3,885	2,848	404	633	494	414	432	11,650
South	7,655	662	6,465	1,099	91	5,533	3,388	676	1,469	479	348	394	13,515
West	2,910	632	2,502	375	33	2,260	1,447	276	538	491	369	429	14,853
New England	1,188	749	1,017	164	7	859	632	120	106	541	466	543	11,184
Connecticut	259	671	224	32	2	202	143	25	35	524	424	535	11,259
Maine	158	773	134	23	1	103	80	15	8	505	458	511	11,801
Massachusetts	513	782	434	76	3	381	279	59	43	580	507	578	11,238
New Hampshire	114	736	101	12	1	73	59	8	6	470	428	450	10,444
Rhode Island	73	724	62	11	1	53	36	7	10	521	422	443	10,342
Vermont	71	845	62	9	(6)	47	36	7	4	560	500	620	12,574
Middle Atlantic	2,975	675	2,585	362	28	2,317	1,570	274	473	526	411	501	12,993
New Jersey	572	586	500	66	7	487	326	49	112	498	378	455	13,084
New York	1,312	646	1,115	183	14	1,162	768	160	234	572	442	579	13,457
Pennsylvania	1,091	781	969	114	8	669	477	65	127	478	389	399	12,144

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 2000

Area of Residence	Persons Served in Thousands					Program Payments in Millions				Average Program Payment per Enrollee <sup>2</sup>			
	Total		Per 1,000			Total	Aged	Disabled	ESRD <sup>5</sup>	Total	Aged	Disabled	ESRD
	Number	Enrollees <sup>2</sup>	Aged <sup>3</sup>	Disabled <sup>4</sup>	ESRD <sup>5</sup>								
East North Central	3,992	737	3,515	446	31	\$2,751	\$2,004	\$279	\$468	\$508	\$424	\$426	\$11,800
Illinois	974	721	866	100	8	656	470	63	123	485	396	413	11,730
Indiana	561	724	491	65	4	365	260	40	65	472	387	420	12,187
Michigan	971	771	851	113	7	729	542	75	112	578	499	457	12,255
Ohio	1,009	755	880	120	9	683	486	72	125	511	420	425	11,816
Wisconsin	477	685	427	47	3	318	245	29	44	456	396	395	10,460
West North Central	1,753	716	1,555	187	11	1,135	844	125	165	464	392	448	11,245
Iowa	340	772	307	31	2	228	179	23	26	517	455	517	10,655
Kansas	237	694	212	23	2	145	114	14	18	426	374	389	9,773
Minnesota	391	727	350	39	2	231	179	27	24	429	377	451	9,953
Missouri	497	724	425	68	4	337	228	44	65	491	392	443	12,610
Nebraska	157	672	141	14	1	103	76	10	17	443	364	436	11,592
North Dakota	63	654	58	5	(6)	39	32	3	4	407	367	349	7,943
South Dakota	69	614	62	7	1	51	35	6	10	455	353	476	13,159
South Atlantic	4,089	659	3,485	557	47	2,965	1,854	350	761	478	351	404	13,572
Delaware	67	641	58	8	1	52	35	6	11	500	853	390	11,198
District of Columbia	37	624	31	5	1	50	21	6	23	847	336	415	19,347
Florida	1,238	627	1,102	125	11	716	474	67	174	362	510	271	12,680
Georgia	555	670	453	93	9	434	238	54	142	524	758	352	14,445
Maryland	314	589	274	34	5	433	294	52	87	813	628	904	13,986
North Carolina	693	664	574	112	8	502	307	65	129	481	354	391	13,744
South Carolina	384	700	315	64	5	252	140	32	80	460	311	342	14,199
Virginia	572	703	490	76	6	382	243	44	95	469	349	388	12,821
West Virginia	229	762	187	40	2	145	102	23	19	483	427	392	11,736

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 2000

Area of Residence	Persons Served in Thousands					Program Payments in Millions				Average Program Payment per Enrollee <sup>6</sup>			
	Total					Total	Aged	Disabled	ESRD	Total	Aged	Disabled	ESRD
	Number	Per 1,000 Enrollees <sup>2</sup>	Aged <sup>3</sup>	Disabled <sup>4</sup>	ESRD <sup>5</sup>								
East South Central	1,563	681	1,265	281	17	\$978	\$570	\$142	\$265	\$426	\$309	\$332	\$13,388
Alabama	406	682	336	66	5	236	130	26	80	397	269	246	13,856
Kentucky	379	678	301	75	2	201	137	35	29	361	311	307	10,082
Mississippi	270	680	212	54	4	212	106	32	74	535	341	394	16,088
Tennessee	508	683	416	86	6	328	197	49	82	441	323	385	12,524
West South Central	2,003	654	1,715	261	27	1,591	964	185	443	519	369	437	13,495
Arkansas	250	629	208	41	2	159	106	22	31	400	323	329	11,445
Louisiana	330	714	271	54	5	293	157	44	91	633	420	547	14,466
Oklahoma	282	654	244	36	2	187	131	21	35	434	355	361	12,787
Texas	1,141	644	992	131	18	952	569	97	286	537	370	450	13,560
Mountain	1,003	655	873	120	10	703	482	78	143	459	365	389	12,744
Arizona	227	566	199	26	3	163	102	14	47	405	293	287	12,481
Colorado	207	733	176	29	2	159	103	25	31	563	438	564	15,333
Idaho	99	696	88	11	1	65	50	7	8	453	400	381	16,642
Montana	97	739	85	11	(6)	58	47	6	6	446	410	346	14,012
Nevada	72	486	61	10	1	58	32	6	20	391	249	306	12,868
New Mexico	118	670	100	17	1	87	57	10	21	496	384	367	12,103
Utah	142	751	128	13	1	82	65	8	9	435	389	412	8,261
Wyoming	41	668	37	4	(6)	31	26	3	2	497	479	362	8,465

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 2000

Area of Residence	Persons Served in Thousands					Program Payments in Millions				Average Program Payment per Enrollee <sup>2</sup>			
	Total					Total	Aged	Disabled	ESRD	Total	Aged	Disabled	ESRD
	Number	Per 1,000 Enrollees <sup>2</sup>	Aged <sup>3</sup>	Disabled <sup>4</sup>	ESRD <sup>5</sup>								
Pacific	1,907	621	1,629	255	23	\$1,558	\$965	\$199	\$395	\$507	\$371	\$447	\$15,800
Alaska	26	662	22	4	(6)	30	23	4	4	781	704	637	21,969
California	1,282	603	1,086	179	18	1,065	622	142	302	501	347	447	14,923
Hawaii	55	534	49	5	1	42	25	3	14	413	278	274	13,392
Oregon	219	765	191	26	1	135	99	16	20	471	404	390	15,235
Washington	325	630	281	41	3	285	196	34	55	553	441	492	24,830
Outlying Areas <sup>7</sup>	184	408	144	37	4	114	45	15	54	253	127	159	13,956

<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 the utilization rates and the average program payment per enrollee.

<sup>3</sup>Excludes aged beneficiaries with ESRD; represents Medicare status code 10 only.

<sup>4</sup>Excludes disabled beneficiaries with ESRD; represents Medicare status code 20 only.

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

<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 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 2000**

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>
Total, All Reasons for the Visit	---	96,483,540	\$60,728,234	\$14,969,335	\$629	\$160
Selected Reasons for the Visit <sup>3</sup>	---	46,093,980	27,262,592	8,422,643	591	187
Diabetes Mellitus	250	3,973,680	752,010	179,836	189	46
Special Screening for Malignant Neoplasms Encounter for Other and Unspecified	V76	3,772,520	372,776	130,681	99	35
Procedures and Aftercare	V58	3,733,240	1,681,285	352,672	450	95
Essential Hypertension	401	3,628,480	704,252	166,746	194	48
Cardiac Dysrhythmias	427	3,347,000	981,057	199,161	293	60
Chronic Renal Failure	585	3,170,400	6,500,760	4,394,638	2,050	1,393
Symptoms Involving Respiratory System and Other Chest Symptoms	786	3,061,100	2,623,529	451,233	857	155
General Symptoms	780	2,685,040	1,613,589	293,066	601	112
Disorders of Lipoid Metabolism	272	2,613,040	422,451	99,492	162	39
Other Disorders of Urethra and Urinary Tract	599	1,957,380	549,932	101,637	281	53
Other Forms of Chronic Ischemic Heart Disease	414	1,832,700	2,160,396	357,401	1,179	199
Other Symptoms Involving Abdomen and Pelvis	789	1,765,500	1,348,491	201,166	764	118
Other and Unspecified Disorders of Back	724	1,729,960	1,067,963	198,142	617	120
Heart Failure	428	1,560,180	559,876	109,841	359	71
Other and Unspecified Anemias	285	1,559,400	635,017	145,974	407	94
Other and Unspecified Disorders of Joint	719	1,334,320	505,780	109,032	379	87
Special Investigations and Examinations	V72	1,219,860	284,220	55,674	233	47

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 2000**

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>
Cataract	366	1,195,860	\$2,885,194	\$556,149	\$2,413	\$475
Malignant Neoplasm of Prostate	185	985,200	1,197,705	240,120	1,216	247
Other Disorders of Soft Tissues	729	969,120	416,309	79,983	430	87
<b>All Other Reasons for the Visit</b>	---	50,389,560	33,465,642	6,546,692	664	135

<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 Decision Support Access Facility; data development by the Office of Research, Development, and Information.