

**Table 65**  
**Supplementary Medical Insurance (SMI) Medicare Enrollees, Hospital Outpatient Charges**  
**and Program Payments, by Type of Entitlement: Selected Calendar Years 1974-2001**

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>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
2001 <sup>2</sup>	37,697,860	71,066,998	17,739,919	563	25.0
<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
2001 <sup>2</sup>	32,763,980	57,262,254	13,142,167	487	23.0

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 1974-2001**

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
2001 <sup>2</sup>	4,933,880	13,804,744	4,597,752	1,013	33.3

<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 payments.

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 1974-2001**

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
2001	197,505	1767	106,063	1300

<sup>1</sup>Excludes Medicare program payments for specialty hospitals categorically exempt from participating in the Medicare PPS.

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 1974-2001

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
17,740	5492	9.0	16.7

Table 67

**Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics, Type of Entitlement, and Type of Service: Calendar Year 2001**

Demographic Characteristic and Type of Entitlement	Type of Service					
	Total	Clinic	Emergency Room	Laboratory	Radiology	Pharmacy
	Covered Charges in Thousands					
Total	\$71,066,998	\$1,041,399	\$2,814,841	\$8,854,132	\$15,365,324	\$2,951,343
<b>Sex</b>						
Male	32,123,272	433,680	1,160,972	3,768,683	6,733,810	1,338,027
Female	38,943,726	607,719	1,653,868	5,085,449	8,631,513	1,613,315
<b>Race<sup>2</sup></b>						
White	57,773,880	703,798	2,208,518	7,499,161	13,175,834	2,497,418
Other	12,992,403	331,882	594,811	1,315,408	2,122,284	440,853
<b>Type of Entitlement</b>						
Aged <sup>3</sup>	57,262,253	786,594	2,073,244	7,275,600	13,379,438	2,415,632
Disabled <sup>4</sup>	13,804,744	254,805	741,597	1,578,531	1,985,886	535,711
	Percent Distribution					
Total	100.0	1.5	4.0	12.5	21.6	4.2
<b>Sex</b>						
Male	100.0	1.4	3.6	11.7	21.0	4.2
Female	100.0	1.6	4.2	13.1	22.2	4.1
<b>Race<sup>2</sup></b>						
White	100.0	1.2	3.8	13.0	22.8	4.3
Other	100.0	2.6	4.6	10.1	16.3	3.4
<b>Type of Entitlement</b>						
Aged <sup>3</sup>	100.0	1.4	3.6	12.7	23.4	4.2
Disabled <sup>4</sup>	100.0	1.8	5.4	11.4	14.4	3.9

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 2001**

Physical Therapy	Type of Service				
	Medical/ Surgical Supplies	Operating Room	End Stage Renal Disease	Other <sup>1</sup>	
		Covered Charges in Thousands			
\$1,642,548	\$5,783,185	\$8,171,629	\$4,114,453	\$20,328,139	
613,307	2,775,265	3,626,965	2,148,174	9,524,383	
1,029,240	3,007,919	4,544,664	1,966,279	10,803,756	
1,410,705	4,864,909	6,929,889	2,044,980	16,438,664	
223,687	891,242	1,205,020	2,059,823	3,807,389	
1,399,001	4,863,609	6,943,178	2,058,376	16,067,577	
243,547	919,575	1,228,450	2,056,076	4,260,562	
		Percent Distribution			
2.3	8.1	11.5	5.8	28.6	
1.9	8.6	11.3	6.7	29.6	
2.6	7.7	11.7	5.0	27.7	
2.4	8.4	12.0	3.5	28.5	
1.7	6.9	9.3	15.9	29.3	
2.4	8.5	12.1	3.6	28.1	
1.8	6.7	8.9	14.9	30.9	

Table 67—Continued

**Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics, Type of Entitlement, and Type of Service: Calendar Year 2001**

Demographic Characteristic and Type of Entitlement	Type of Service					
	Total	Clinic	Emergency Room	Laboratory	Radiology	Pharmacy
			Average Charge per Enrollee <sup>5</sup>			
Total	\$2,255	\$33	\$89	\$281	\$488	\$94
<b>Sex</b>						
Male	2,391	32	86	280	501	100
Female	2,154	34	92	281	478	89
<b>Race<sup>2</sup></b>						
White	2,147	26	82	279	490	93
Other	2,864	73	131	290	468	97
<b>Type of Entitlement</b>						
Aged <sup>3</sup>	2,123	29	77	270	496	90
Disabled <sup>4</sup>	3,041	56	163	348	438	118

<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 2001

Physical Therapy	Type of Service				Other <sup>1</sup>
	Medical/ Surgical Supplies	Operating Room	End Stage Renal Disease		
		Average Charge per Enrollee <sup>3</sup>			
\$52	\$184	\$259	\$131	\$645	
46	207	270	160	709	
57	166	251	109	598	
52	181	258	76	611	
49	196	266	454	839	
52	180	257	76	596	
54	203	271	453	939	



Table 68

## Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 2001

Area of Residence	Persons Served in Thousands					Program Payments in Millions				Average Program Payment per Enrollee <sup>2</sup>			
	Total	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
All Areas <sup>1</sup>	21,367	678	18,340	2,820	215	\$17,740	\$11,384	\$2,129	\$4,226	\$563	\$424	\$486	\$15,529
United States	21,188	683	18,195	2,781	211	17,605	11,335	2,114	4,157	567	428	493	15,521
Northeast	4,290	696	3,707	547	37	3,687	2,461	458	768	598	464	568	15,855
Midwest	5,856	733	5,146	664	45	4,509	3,176	484	850	565	457	498	14,504
South	8,004	662	6,734	1,175	95	6,750	4,029	833	1,889	558	397	456	15,998
West	3,038	633	2,607	396	35	2,659	1,669	340	650	554	409	498	15,221
New England	1,234	755	1,056	170	7	1,018	735	145	139	623	527	625	13,457
Connecticut	279	671	243	34	2	239	162	29	48	574	444	590	14,716
Maine	161	771	137	23	1	114	88	17	10	550	501	537	11,885
Massachusetts	528	793	446	80	3	460	333	73	54	690	597	700	13,744
New Hampshire	120	760	106	13	1	91	71	11	9	573	510	577	9,766
Rhode Island	73	729	62	11	1	59	40	8	11	594	483	522	10,945
Vermont	73	844	63	10	(6)	55	41	7	7	640	558	547	18,429
Middle Atlantic	3,056	675	2,650	376	29	2,669	1,726	313	629	590	441	546	16,504
New Jersey	586	589	512	67	7	576	367	57	152	579	419	515	16,392
New York	1,326	643	1,123	188	14	1,191	747	155	288	577	426	536	15,960
Pennsylvania	1,144	779	1,015	121	9	902	612	101	189	614	477	581	17,509

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 2001

Area of Residence	Persons Served in Thousands					Program Payments in Millions				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	Total	Aged	Disabled	ESRD
										\$588	\$476	\$504	\$14,511
East North Central	4,100	743	3,600	468	33	\$3,244	\$2,281	\$342	\$621	\$588	\$476	\$504	\$14,511
Illinois	1,001	722	887	106	8	765	533	71	161	551	438	447	14,175
Indiana	576	735	501	70	4	431	299	51	81	551	442	509	14,344
Michigan	991	783	866	118	8	840	599	90	150	663	551	535	15,321
Ohio	1,044	758	912	124	9	830	569	93	168	602	478	531	14,281
Wisconsin	488	695	434	51	3	378	280	37	61	539	451	487	14,392
West North Central	1,756	712	1,546	196	13	1,265	895	141	229	513	414	484	14,487
Iowa	340	772	305	33	2	247	178	28	40	561	454	625	15,505
Kansas	231	681	206	24	2	158	118	15	24	464	393	412	13,131
Minnesota	402	737	359	41	2	268	205	31	33	491	425	495	13,471
Missouri	503	720	426	72	5	389	252	46	91	557	428	442	15,704
Nebraska	148	632	132	15	1	103	75	11	17	439	357	468	10,177
North Dakota	63	647	57	5	(6)	46	34	4	7	473	389	507	11,961
South Dakota	69	616	62	7	1	55	33	6	16	490	333	491	19,544
South Atlantic	4,274	659	3,631	594	48	3,673	2,256	450	967	567	410	487	15,842
Delaware	72	666	63	8	1	65	46	6	13	601	482	476	13,982
District of Columbia	38	629	32	5	1	54	22	6	26	876	416	820	19,046
Florida	1,298	620	1,149	137	12	967	648	98	221	462	352	413	14,992
Georgia	580	676	474	98	9	518	275	65	178	604	394	434	16,756
Maryland	344	584	300	38	5	534	347	67	120	908	671	1,064	17,137
North Carolina	713	669	587	118	8	594	345	82	168	557	391	466	16,215
South Carolina	397	712	325	67	5	319	177	43	99	571	388	442	16,140
Virginia	598	708	512	80	6	460	289	54	117	545	401	460	14,784
West Virginia	233	769	189	43	2	162	109	28	25	535	454	459	12,765

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 2001

Area of Residence	Persons Served in Thousands					Program Payments in Millions				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	Total	Aged	Disabled	ESRD
										\$519	\$374	\$408	\$15,501
East South Central	1,617	688	1,300	300	17	\$1,219	\$701	\$184	\$334	\$519	\$374	\$408	\$15,501
Alabama	425	695	348	72	5	311	169	39	104	509	342	345	15,938
Kentucky	391	684	309	80	2	266	177	47	43	465	394	387	13,001
Mississippi	276	691	215	57	4	247	119	38	90	618	384	453	18,031
Tennessee	524	685	428	91	5	395	237	61	98	516	379	453	14,427
West South Central	2,114	648	1,804	281	29	1,858	1,071	199	588	570	386	440	16,568
Arkansas	249	628	205	42	2	176	112	25	39	443	345	359	14,712
Louisiana	343	705	280	58	5	330	173	44	113	678	439	514	17,129
Oklahoma	288	659	249	37	3	207	139	24	44	473	371	392	14,231
Texas	1,232	635	1,069	144	19	1,145	647	106	392	590	385	449	16,937
Mountain	1,050	656	911	128	11	795	525	92	178	497	381	435	13,667
Arizona	244	575	213	28	3	203	123	21	58	477	336	394	14,194
Colorado	218	730	185	30	2	161	103	25	33	541	413	548	14,251
Idaho	99	673	87	11	1	72	52	10	11	493	402	554	13,017
Montana	96	730	85	11	(6)	63	49	6	8	479	428	379	12,028
Nevada	75	478	63	11	1	65	35	7	23	419	262	328	13,966
New Mexico	130	689	110	19	2	105	65	11	29	557	407	398	14,157
Utah	145	757	130	14	1	94	73	9	12	491	429	422	11,494
Wyoming	43	689	38	4	(6)	31	25	2	3	500	462	353	10,236

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 2001

Area of Residence	Persons Served in Thousands					Program Payments in Millions				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	Total	Aged	Disabled	ESRD
										Total	Aged	Disabled	ESRD
Pacific	1,988	621	1,696	267	24	\$1,863	\$1,144	\$248	\$471	\$582	\$424	\$527	\$15,906
Alaska	27	658	22	4	(6)	35	24	6	4	855	716	931	13,857
California	1,323	601	1,122	183	18	1,301	758	180	364	591	410	540	16,115
Hawaii	55	539	48	5	1	56	35	4	17	547	392	353	13,842
Oregon	230	767	198	30	2	163	113	22	28	544	450	480	14,639
Washington	354	637	307	44	3	309	214	37	58	557	449	490	16,131
Outlying Areas <sup>7</sup>	188	395	145	39	4	135	50	15	70	284	134	153	15,999

<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 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 2001**

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	---	100,341,460	\$71,066,998	\$17,739,919	\$708	\$180
Selected Reasons for the Visit <sup>3</sup>	---	48,660,560	31,836,337	9,871,837	654	206
Encounter for Other and Unspecified Procedures and Aftercare	V58	4,392,800	2,273,963	526,337	518	120
Diabetes Mellitus	250	4,151,640	899,714	216,282	217	53
Special Screening for Malignant Neoplasms	V76	4,120,100	475,271	157,610	115	39
Essential Hypertension	401	3,879,120	823,849	198,347	212	52
Cardiac Dysrhythmias	427	3,476,740	1,171,561	268,802	337	78
Chronic Renal Failure	585	3,329,240	7,320,193	4,933,096	2,199	1,488
Symptoms Involving Respiratory System and Other Chest Symptoms	786	3,170,840	3,015,602	541,493	951	177
Disorders of Lipoid Metabolism	272	2,968,760	521,320	118,257	176	40
General Symptoms	780	2,782,760	1,902,447	334,562	684	122
Other Disorders of Urethra and Urinary Tract	599	1,973,800	639,775	113,120	324	58
Other and Unspecified Disorders of Back	724	1,834,360	1,284,861	232,603	700	130
Other Forms of Chronic Ischemic Heart Disease	414	1,832,660	2,589,755	440,003	1,413	243
Other Symptoms Involving Abdomen and Pelvis	789	1,816,180	1,605,700	211,919	884	119
Other and Unspecified Anemias	285	1,708,820	809,200	232,077	474	136
Heart Failure	428	1,475,840	612,075	126,323	415	86
Other and Unspecified Disorders of Joint	719	1,427,060	626,421	128,984	439	94
Cataract	366	1,163,240	3,016,987	627,441	2,594	546

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 2001**

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>
Special Investigations and Examinations	V72	1,082,840	\$288,277	\$54,235	\$266	\$51
Malignant Neoplasm of Prostate	185	1,039,060	1,466,932	316,052	1,412	307
Other Disorders of Soft Tissues	729	1,034,700	492,433	94,294	476	94
All Other Reasons for the Visit	---	51,680,900	39,230,661	7,868,082	759	156

<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.