

Table 65
Supplementary Medical Insurance (SMI) Medicare Enrollees, Hospital Outpatient Charges
and Program Payments, by Type of Entitlement: Selected Calendar Years 1974-2002

| 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 | 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 |
| 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 | 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 |

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 1974-2002

| 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 | 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 |

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

NOTES: Beginning with 1994, Medicare enrollees in managed care plans are not included in the denominator used to calculate average payments. 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 66

Trends in the Amount and Relative Growth Index of Total Medicare Program Payments, Hospital Payments, and Hospital Outpatient Payments: Selected Calendar Years 1974-2002

| Year | Amount of Program Payments and Relative Index | | | |
|------|---|-------|---|-------|
| | Total Medicare Services | | Total Medicare 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 |
| 2000 | 174,261 | 1559 | 96,200 | 1179 |
| 2001 | 197,505 | 1767 | 106,063 | 1300 |
| 2002 | 215,411 | 1927 | 114,405 | 1402 |

¹Excludes Medicare program payments for specialty hospitals categorically exempt from participating in the Medicare Prospective Payment System.

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 Data Extract System; 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 1974-2002

| 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 |
| 20,211 | 6257 | 9.4 | 17.7 |

Table 67

Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics, Type of Entitlement, and Type of Service: Calendar Year 2002

| Demographic Characteristic and Type of Entitlement | Type of Service | | | | |
|---|-----------------|-------------|-------------------|--------------|--------------|
| | Total | Clinic | Emergency Room | Laboratory | Radiology |
| Covered Charges in Thousands | | | | | |
| Total | \$92,787,172 | \$1,328,921 | \$3,726,102 | \$10,947,305 | \$19,163,647 |
| Sex | | | | | |
| Male | 42,296,537 | 552,566 | 1,538,742 | 4,683,421 | 8,442,902 |
| Female | 50,490,635 | 776,355 | 2,187,360 | 6,263,884 | 10,720,745 |
| Race² | | | | | |
| White | 74,173,761 | 891,079 | 2,885,988 | 9,177,895 | 16,278,659 |
| Other | 18,261,228 | 431,986 | 825,968 | 1,723,627 | 2,801,202 |
| Type of Entitlement | | | | | |
| Aged ³ | 73,194,461 | 1,000,725 | 2,696,979 | 8,899,903 | 16,562,266 |
| Disabled ⁴ | 19,592,711 | 328,196 | 1,029,122 | 2,047,402 | 2,601,381 |
| Percent Distribution | | | | | |
| Total | 100.0 | 1.4 | 4.0 | 11.8 | 20.7 |
| Sex | | | | | |
| Male | 100.0 | 1.3 | 3.6 | 11.1 | 20.0 |
| Female | 100.0 | 1.5 | 4.3 | 12.4 | 21.2 |
| Race² | | | | | |
| White | 100.0 | 1.2 | 3.9 | 12.4 | 21.9 |
| Other | 100.0 | 2.4 | 4.5 | 9.4 | 15.3 |
| Type of Entitlement | | | | | |
| Aged ³ | 100.0 | 1.4 | 3.7 | 12.2 | 22.6 |
| Disabled ⁴ | 100.0 | 1.7 | 5.3 | 10.4 | 13.3 |

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 2002

| Pharmacy | Type of Service | | | | |
|------------------------------|------------------|---------------------------|----------------|-------------------------|--------------------|
| | Physical Therapy | Medical/Surgical Supplies | Operating Room | End Stage Renal Disease | Other ¹ |
| Covered Charges in Thousands | | | | | |
| \$3,494,315 | \$2,308,702 | \$7,332,036 | \$10,230,808 | \$6,802,438 | \$27,452,893 |
| 1,573,201 | 861,628 | 3,601,067 | 4,560,577 | 3,587,735 | 12,894,695 |
| 1,921,113 | 1,447,074 | 3,730,968 | 5,670,231 | 3,214,703 | 14,558,197 |
| 2,939,250 | 1,981,381 | 6,177,233 | 8,617,049 | 3,475,168 | 21,750,054 |
| 541,604 | 317,828 | 1,129,778 | 1,570,995 | 3,315,514 | 5,602,722 |
| 2,815,832 | 1,948,041 | 6,106,492 | 8,584,174 | 3,472,910 | 21,107,135 |
| 678,482 | 360,661 | 1,225,543 | 1,646,633 | 3,329,527 | 6,345,758 |
| Percent Distribution | | | | | |
| 3.8 | 2.5 | 7.9 | 11.0 | 7.3 | 29.6 |
| 3.7 | 2.0 | 8.5 | 10.8 | 8.5 | 30.5 |
| 3.8 | 2.9 | 7.4 | 11.2 | 6.4 | 28.8 |
| 4.0 | 2.7 | 8.3 | 11.6 | 4.7 | 29.3 |
| 3.0 | 1.7 | 6.2 | 8.6 | 18.2 | 30.7 |
| 3.8 | 2.7 | 8.3 | 11.7 | 4.7 | 28.8 |
| 3.5 | 1.8 | 6.3 | 8.4 | 17.0 | 32.4 |

Table 67—Continued

Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics, Type of Entitlement, and Type of Service: Calendar Year 2002

| Demographic Characteristic and Type of Entitlement | Type of Service | | | | |
|--|--|--------|----------------|------------|-----------|
| | Total | Clinic | Emergency Room | Laboratory | Radiology |
| | Average Charge per Enrollee ⁵ | | | | |
| Total | \$2,850 | \$41 | \$114 | \$336 | \$589 |
| Sex | | | | | |
| Male | 3,028 | 40 | 110 | 335 | 604 |
| Female | 2,716 | 42 | 118 | 337 | 577 |
| Race² | | | | | |
| White | 2,676 | 32 | 104 | 331 | 587 |
| Other | 3,818 | 90 | 173 | 360 | 586 |
| Type of Entitlement | | | | | |
| Aged ³ | 2,634 | 36 | 97 | 320 | 596 |
| Disabled ⁴ | 4,101 | 69 | 215 | 429 | 545 |

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.

⁵Medicare 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 67—Continued

**Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics,
Type of Entitlement, and Type of Service: Calendar Year 2002**

| Pharmacy | Type of Service | | | | | Other ¹ |
|----------|---------------------|--|-------------------|-------------------------------|-------|--------------------|
| | Physical Therapy | Medical/ Surgical Supplies | Operating Room | End Stage Renal Disease | | |
| | | Average Charge per Enrollee ³ | | | | |
| \$107 | \$71 | \$225 | \$314 | \$209 | \$843 | |
| 113 | 62 | 258 | 326 | 257 | 923 | |
| 103 | 78 | 201 | 305 | 173 | 783 | |
| 106 | 71 | 223 | 311 | 125 | 785 | |
| 113 | 66 | 236 | 328 | 693 | 1,171 | |
| 101 | 70 | 220 | 309 | 125 | 760 | |
| 142 | 76 | 257 | 345 | 697 | 1,328 | |

Table 68

Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 2002

| 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 | | | | | | | | | | | |
| All Areas ¹ | 22,263 | 684 | 18,952 | 3,065 | 246 | \$20,211 | \$13,144 | \$2,589 | \$4,478 | \$621 | \$475 | \$561 | \$15,339 |
| United States | 22,067 | 688 | 18,804 | 3,022 | 241 | 20,055 | 13,079 | 2,573 | 4,404 | 625 | 479 | 570 | 15,328 |
| Northeast | 4,445 | 706 | 3,809 | 593 | 42 | 4,168 | 2,817 | 566 | 784 | 662 | 521 | 674 | 15,053 |
| Midwest | 6,031 | 737 | 5,261 | 718 | 52 | 5,098 | 3,634 | 576 | 889 | 623 | 512 | 564 | 14,234 |
| South | 8,354 | 668 | 6,969 | 1,277 | 108 | 7,683 | 4,648 | 1,020 | 2,014 | 615 | 445 | 530 | 15,927 |
| West | 3,238 | 634 | 2,765 | 433 | 40 | 3,107 | 1,979 | 411 | 717 | 609 | 457 | 564 | 15,479 |
| New England | 1,291 | 762 | 1,099 | 183 | 9 | 1,164 | 836 | 178 | 151 | 687 | 580 | 729 | 13,918 |
| Connecticut | 314 | 687 | 275 | 37 | 3 | 283 | 199 | 37 | 48 | 619 | 493 | 708 | 14,676 |
| Maine | 165 | 780 | 138 | 26 | 1 | 130 | 98 | 22 | 10 | 618 | 556 | 661 | 11,157 |
| Massachusetts | 542 | 800 | 453 | 85 | 4 | 520 | 370 | 88 | 62 | 768 | 656 | 809 | 14,264 |
| New Hampshire | 124 | 766 | 109 | 14 | 1 | 109 | 86 | 14 | 10 | 674 | 606 | 672 | 13,641 |
| Rhode Island | 74 | 744 | 62 | 11 | 1 | 65 | 43 | 9 | 13 | 650 | 517 | 565 | 12,821 |
| Vermont | 72 | 826 | 62 | 10 | (6) | 55 | 41 | 8 | 7 | 636 | 550 | 610 | 13,550 |
| Middle Atlantic | 3,154 | 685 | 2,710 | 410 | 33 | 3,004 | 1,982 | 389 | 633 | 653 | 500 | 652 | 15,351 |
| New Jersey | 629 | 603 | 547 | 74 | 8 | 663 | 437 | 72 | 154 | 637 | 477 | 630 | 14,383 |
| New York | 1,359 | 654 | 1,141 | 203 | 16 | 1,348 | 847 | 198 | 302 | 649 | 482 | 663 | 16,049 |
| Pennsylvania | 1,166 | 787 | 1,023 | 133 | 10 | 992 | 697 | 119 | 177 | 670 | 542 | 648 | 15,114 |

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 2002

| 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 North Central | 4,275 | 752 | 3,730 | 508 | 37 | \$3,712 | \$2,659 | \$410 | \$643 | \$653 | \$539 | \$573 | \$14,300 |
| Illinois | 1,054 | 728 | 931 | 113 | 10 | 879 | 622 | 83 | 174 | 607 | 491 | 497 | 14,155 |
| Indiana | 588 | 740 | 506 | 77 | 5 | 487 | 341 | 62 | 84 | 612 | 500 | 580 | 14,369 |
| Michigan | 1,053 | 795 | 912 | 132 | 8 | 965 | 698 | 111 | 155 | 728 | 616 | 618 | 15,338 |
| Ohio | 1,070 | 768 | 928 | 133 | 10 | 942 | 663 | 111 | 168 | 676 | 552 | 612 | 14,070 |
| Wisconsin | 510 | 700 | 453 | 53 | 4 | 440 | 334 | 43 | 62 | 604 | 520 | 537 | 12,974 |
| West North Central | 1,756 | 705 | 1,531 | 210 | 15 | 1,386 | 976 | 165 | 245 | 557 | 450 | 541 | 14,065 |
| Iowa | 334 | 757 | 297 | 35 | 2 | 261 | 192 | 31 | 38 | 591 | 491 | 653 | 12,732 |
| Kansas | 226 | 650 | 200 | 25 | 2 | 177 | 131 | 19 | 28 | 509 | 426 | 481 | 11,405 |
| Minnesota | 406 | 742 | 360 | 44 | 2 | 306 | 229 | 38 | 39 | 559 | 476 | 592 | 14,771 |
| Missouri | 513 | 725 | 428 | 79 | 6 | 428 | 266 | 56 | 106 | 604 | 450 | 505 | 16,393 |
| Nebraska | 147 | 624 | 131 | 15 | 1 | 108 | 83 | 10 | 15 | 459 | 395 | 429 | 9,528 |
| North Dakota | 61 | 624 | 55 | 5 | 1 | 49 | 38 | 4 | 7 | 501 | 429 | 475 | 11,364 |
| South Dakota | 68 | 612 | 61 | 7 | 1 | 57 | 37 | 8 | 12 | 512 | 377 | 637 | 17,455 |
| South Atlantic | 4,450 | 666 | 3,753 | 643 | 55 | 4,139 | 2,570 | 539 | 1,030 | 619 | 455 | 556 | 15,625 |
| Delaware | 75 | 659 | 65 | 9 | 1 | 78 | 53 | 9 | 17 | 692 | 537 | 649 | 14,296 |
| District of Columbia | 39 | 655 | 33 | 5 | 1 | 61 | 31 | 6 | 24 | 1,019 | 621 | 756 | 16,880 |
| Florida | 1,385 | 624 | 1,219 | 153 | 13 | 1,134 | 774 | 124 | 236 | 511 | 398 | 486 | 14,673 |
| Georgia | 602 | 685 | 486 | 106 | 10 | 574 | 305 | 80 | 190 | 654 | 429 | 511 | 16,658 |
| Maryland | 351 | 589 | 305 | 39 | 6 | 569 | 378 | 68 | 123 | 955 | 723 | 1,038 | 16,579 |
| North Carolina | 737 | 678 | 598 | 129 | 10 | 672 | 389 | 100 | 183 | 619 | 437 | 544 | 15,943 |
| South Carolina | 410 | 721 | 333 | 71 | 6 | 348 | 191 | 55 | 102 | 612 | 414 | 546 | 15,690 |
| Virginia | 617 | 718 | 524 | 86 | 7 | 525 | 328 | 67 | 131 | 610 | 450 | 540 | 15,978 |
| West Virginia | 235 | 769 | 189 | 44 | 2 | 177 | 121 | 30 | 26 | 579 | 504 | 479 | 11,028 |

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 2002

| Area of Residence | Persons Served in Thousands | | | | | Program Payments in Millions | | | | Average Program Payment per Enrollee ² | | | |
|--------------------|-----------------------------|------------------------|-------------------|-----------------------|-------------------|------------------------------|-------|----------|-------|---|-------|----------|----------|
| | Number | Per 1,000 | | | | Total | Aged | Disabled | ESRD | Total | Aged | Disabled | ESRD |
| | | Enrollees ² | Aged ³ | Disabled ⁴ | ESRD ⁵ | | | | | | | | |
| East South Central | 1,676 | 699 | 1,328 | 328 | 20 | \$1,386 | \$800 | \$230 | \$356 | \$578 | \$421 | \$487 | \$15,706 |
| Alabama | 454 | 722 | 366 | 82 | 6 | 359 | 199 | 52 | 108 | 571 | 396 | 433 | 15,698 |
| Kentucky | 403 | 684 | 317 | 84 | 3 | 299 | 196 | 55 | 49 | 507 | 425 | 432 | 14,448 |
| Mississippi | 281 | 687 | 215 | 61 | 4 | 283 | 139 | 50 | 94 | 691 | 440 | 570 | 17,611 |
| Tennessee | 537 | 698 | 430 | 101 | 6 | 446 | 266 | 74 | 105 | 579 | 428 | 531 | 14,877 |
| West South Central | 2,228 | 652 | 1,888 | 307 | 33 | 2,157 | 1,277 | 251 | 629 | 631 | 440 | 523 | 16,584 |
| Arkansas | 266 | 636 | 218 | 46 | 2 | 212 | 138 | 33 | 42 | 508 | 405 | 441 | 13,949 |
| Louisiana | 365 | 720 | 297 | 62 | 6 | 381 | 210 | 55 | 115 | 751 | 513 | 610 | 16,497 |
| Oklahoma | 298 | 658 | 254 | 40 | 3 | 240 | 156 | 31 | 53 | 532 | 408 | 476 | 14,226 |
| Texas | 1,300 | 637 | 1,119 | 159 | 22 | 1,324 | 773 | 132 | 419 | 648 | 438 | 528 | 17,299 |
| Mountain | 1,094 | 650 | 946 | 137 | 12 | 925 | 616 | 111 | 198 | 550 | 426 | 499 | 14,527 |
| Arizona | 259 | 565 | 225 | 31 | 4 | 241 | 151 | 26 | 64 | 524 | 380 | 446 | 14,541 |
| Colorado | 232 | 728 | 198 | 33 | 2 | 193 | 128 | 30 | 35 | 605 | 477 | 618 | 14,216 |
| Idaho | 100 | 662 | 88 | 11 | 1 | 85 | 59 | 11 | 16 | 566 | 445 | 587 | 15,205 |
| Montana | 96 | 716 | 84 | 12 | 1 | 68 | 52 | 8 | 8 | 508 | 446 | 457 | 13,099 |
| Nevada | 79 | 470 | 66 | 11 | 1 | 79 | 44 | 8 | 27 | 472 | 304 | 372 | 16,211 |
| New Mexico | 131 | 685 | 110 | 19 | 2 | 118 | 70 | 13 | 34 | 614 | 439 | 443 | 15,878 |
| Utah | 152 | 778 | 136 | 15 | 1 | 107 | 86 | 12 | 10 | 548 | 496 | 542 | 10,005 |
| Wyoming | 44 | 687 | 39 | 5 | (6) | 34 | 27 | 4 | 4 | 533 | 476 | 493 | 13,042 |

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 2002

| Area of Residence | Persons Served in Thousands | | | | | Program Payments in Millions | | | | Average Program Payment per Enrollee ² | | | |
|-----------------------------------|-----------------------------|----------------------------------|-------------------|-----------------------|-------------------|------------------------------|-----------|-----------|-----------|---|------------|------------|---------------|
| | Number | Total | | | | Total | Aged | Disabled | ESRD | Total | Aged | Disabled | ESRD |
| | | Per 1,000 Enrollees ² | Aged ⁶ | Disabled ⁴ | ESRD ⁵ | | | | | | | | |
| Pacific | 2,144 | 627 | 1,819 | 297 | 28 | \$2,182 | \$1,363 | \$299 | \$519 | \$638 | \$473 | \$594 | \$15,877 |
| Alaska | 28 | 672 | 23 | 5 | (6) | 43 | 28 | 9 | 6 | 1,019 | 814 | 1,220 | 15,202 |
| California | 1,445 | 607 | 1,220 | 203 | 22 | 1,527 | 907 | 217 | 403 | 642 | 453 | 613 | 16,475 |
| Hawaii | 56 | 543 | 49 | 6 | 1 | 63 | 40 | 4 | 19 | 609 | 445 | 311 | 14,449 |
| Oregon | 240 | 771 | 205 | 33 | 2 | 181 | 126 | 27 | 28 | 581 | 485 | 546 | 12,774 |
| Washington | 374 | 640 | 322 | 49 | 3 | 368 | 262 | 43 | 63 | 629 | 525 | 527 | 14,569 |
| Outlying Areas⁷ | 196 | 406 | 149 | 43 | 4 | 156 | 65 | 16 | 74 | 323 | 175 | 158 | 16,025 |

¹Includes the 50 States and outlying areas.

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

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

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

⁵Includes 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)).

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 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 69

**Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare, by Selected Reasons for the Visit:
Calendar Year 2002**

| 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 | --- | 107,178,020 | \$92,787,173 | \$20,211,036 | \$866 | \$195 |
| Selected Reasons for the Visit ³ | --- | 51,996,620 | 42,655,685 | 11,061,642 | 820 | 218 |
| Encounter for Other and Unspecified Procedures and Aftercare | V58 | 4,880,020 | 3,030,834 | 635,042 | 621 | 132 |
| Special Screening for Malignant Neoplasms | V76 | 4,515,920 | 764,964 | 199,784 | 169 | 45 |
| Diabetes Mellitus | 250 | 4,400,860 | 1,113,378 | 243,994 | 253 | 57 |
| Essential Hypertension | 401 | 4,163,580 | 1,022,713 | 212,147 | 246 | 53 |
| Cardiac Dysrhythmias | 427 | 3,679,640 | 1,510,700 | 373,174 | 411 | 103 |
| Chronic Renal Failure | 585 | 3,606,960 | 11,832,713 | 5,435,926 | 3,281 | 1,524 |
| Symptoms Involving Respiratory System and Other Chest Symptoms | 786 | 3,302,220 | 3,772,280 | 606,245 | 1,142 | 192 |
| Disorders of Lipoid Metabolism | 272 | 3,290,580 | 672,830 | 137,754 | 204 | 43 |
| General Symptoms | 780 | 2,932,040 | 2,425,794 | 386,332 | 827 | 135 |
| Other Disorders of Urethra and Urinary Tract | 599 | 2,058,860 | 790,239 | 130,243 | 384 | 64 |
| Other and Unspecified Anemias | 285 | 1,959,720 | 1,181,013 | 289,188 | 603 | 150 |
| Other and Unspecified Disorders of Back | 724 | 1,922,120 | 1,580,890 | 265,055 | 822 | 143 |
| Other Symptoms Involving Abdomen and Pelvis | 789 | 1,870,860 | 1,991,371 | 245,450 | 1,064 | 135 |
| Other Forms of Chronic Ischemic Heart Disease | 414 | 1,850,380 | 3,243,929 | 527,118 | 1,753 | 292 |
| Other and Unspecified Disorders of Joint | 719 | 1,517,380 | 791,609 | 140,960 | 522 | 98 |
| Heart Failure | 428 | 1,469,680 | 758,529 | 153,069 | 516 | 106 |
| Special Investigations and Examinations | V72 | 1,232,460 | 405,597 | 64,199 | 329 | 56 |

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 2002**

| 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 |
|---------------------------------|----------------------------|-----------------|------------------------------|-------------------------------|-------------------------|---|
| Cataract | 366 | 1,155,840 | \$3,372,429 | \$530,612 | \$2,918 | \$470 |
| Other Disorders of Soft Tissues | 729 | 1,094,620 | 611,820 | 102,300 | 559 | 98 |
| Malignant Neoplasm of Prostate | 185 | 1,092,880 | 1,782,052 | 383,049 | 1,631 | 357 |
| All Other Reasons for the Visit | --- | 55,181,400 | 50,131,488 | 9,149,394 | 908 | 173 |

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 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.