

**Table 65**  
**Supplementary Medical Insurance (SMI) Medicare Enrollees, Hospital Outpatient Charges**  
**and Program Payments, by Type of Entitlement: Selected Calendar Years 1974-2003**

Type of Entitlement and Year	Number of SMI Enrollees	Covered Charges in Thousands	Program Payments		
			Amount in Thousands	Per Enrollee <sup>2</sup>	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
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
2003	38,629,380	113,298,000	22,763,222	683	20.1
<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
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
2003	33,248,740	87,468,150	16,760,691	593	19.2

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 1974-2003**

Type of Entitlement and Year	Number of SMI Enrollees	Covered Charges in Thousands	Program Payments		
			Amount in Thousands	Per Enrollee <sup>2</sup>	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
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
2003	5,380,640	25,829,850	6,002,531	1,192	23.2

<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 program payments per enrollee.

NOTES: 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 1974-2003**

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
2002	215,411	1927	114,405	1402
2003	232,821	2083	121,195	1485

<sup>1</sup>Excludes 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 1974-2003**

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
22,763	7047	9.8	18.8

**Table 67**

**Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics, Type of Entitlement, and Type of Service: Calendar Year 2003**

Demographic Characteristic and Type of Entitlement	Type of Service				
	Total	Clinic	Emergency Room	Laboratory	Radiology
Covered Charges in Thousands					
Total	\$113,297,999	\$1,561,153	\$4,592,655	\$12,825,999	\$22,661,758
<b>Sex</b>					
Male	51,922,552	657,558	1,907,257	5,507,904	9,909,610
Female	61,375,447	903,595	2,685,397	7,318,094	12,752,147
<b>Race<sup>2</sup></b>					
White	88,876,107	1,058,646	3,547,424	10,669,189	19,137,180
Other	23,997,975	494,842	1,029,100	2,104,402	3,428,348
<b>Type of Entitlement</b>					
Aged <sup>3</sup>	87,468,149	1,169,232	3,277,941	10,324,218	19,460,167
Disabled <sup>4</sup>	25,829,849	391,921	1,314,713	2,501,781	3,201,591
Percent Distribution					
Total	100.0	1.4	4.1	11.3	20.0
<b>Sex</b>					
Male	100.0	1.3	3.7	10.6	19.1
Female	100.0	1.5	4.4	11.9	20.8
<b>Race<sup>2</sup></b>					
White	100.0	1.2	4.0	12.0	21.5
Other	100.0	2.1	4.3	8.8	14.3
<b>Type of Entitlement</b>					
Aged <sup>3</sup>	100.0	1.3	3.7	11.8	22.2
Disabled <sup>4</sup>	100.0	1.5	5.1	9.7	12.4

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 2003**

Pharmacy	Type of Service				
	Physical Therapy	Medical/Surgical Supplies	Operating Room	End Stage Renal Disease	Other <sup>1</sup>
Covered Charges in Thousands					
\$4,438,449	\$2,560,471	\$8,280,162	\$11,978,756	\$9,981,620	\$34,416,971
2,012,654	948,646	4,126,357	5,349,543	5,286,416	16,216,603
2,425,794	1,611,825	4,153,805	6,629,212	4,695,203	18,200,368
3,706,608	2,191,751	6,952,617	10,070,557	5,075,183	26,466,946
715,981	357,718	1,289,750	1,856,322	4,891,787	7,829,723
3,550,148	2,148,761	6,821,518	9,927,891	5,099,867	25,688,403
888,301	411,710	1,458,644	2,050,864	4,881,752	8,728,568
Percent Distribution					
3.9	2.3	7.3	10.6	8.8	30.4
3.9	1.8	7.9	10.3	10.2	31.2
4.0	2.6	6.8	10.8	7.6	29.7
4.2	2.5	7.8	11.3	5.7	29.8
3.0	1.5	5.4	7.7	20.4	32.6
4.1	2.5	7.8	11.4	5.8	29.4
3.4	1.6	5.6	7.9	18.9	33.8

**Table 67—Continued**

**Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics, Type of Entitlement, and Type of Service: Calendar Year 2003**

Demographic Characteristic and Type of Entitlement	Type of Service				
	Total	Clinic	Emergency Room	Laboratory	Radiology
<b>Total</b>	\$3,401	\$47	\$138	\$385	\$680
		Average Charge per Enrollee <sup>5</sup>			
<b>Sex</b>					
Male	3,618	46	133	384	691
Female	3,236	48	142	386	672
<b>Race<sup>2</sup></b>					
White	3,141	37	125	377	676
Other	4,830	100	207	424	690
<b>Type of Entitlement</b>					
Aged <sup>3</sup>	3,093	41	116	365	688
Disabled <sup>4</sup>	5,129	78	261	497	636

<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 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 2003**

Pharmacy	Type of Service					Other <sup>1</sup>
	Physical Therapy	Medical/Surgical Supplies	Operating Room	End Stage Renal Disease		
		Average Charge per Enrollee <sup>3</sup>				
\$133	\$77	\$249	\$360	\$300	\$1,033	
140	66	288	373	368	1,130	
128	85	219	350	248	960	
131	77	246	356	179	935	
144	72	260	374	984	1,576	
126	76	241	351	180	908	
176	82	290	407	969	1,733	



**Table 68**

**Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 2003**

Area of Residence	Persons Served in Thousands					Program Payments in Millions				Average Program Payment per Enrollee <sup>2</sup>			
	Total		Aged <sup>6</sup>	Disabled <sup>4</sup>	ESRD <sup>5</sup>	Total	Aged	Disabled	ESRD	Total	Aged	Disabled	ESRD
	Number	Per 1,000 Enrollees <sup>2</sup>											
All Areas <sup>1</sup>	22,738	682	19,242	3,244	252	\$22,763	\$14,469	\$2,957	\$5,338	\$683	\$514	\$608	\$17,320
United States	22,540	687	19,091	3,201	248	22,596	14,397	2,940	5,259	688	518	604	17,335
Northeast	4,504	707	3,839	623	42	4,611	3,052	634	925	724	561	724	17,309
Midwest	6,127	736	5,313	762	53	5,765	3,999	672	1,094	693	557	625	16,458
South	8,558	667	7,094	1,354	111	8,713	5,171	1,178	2,365	679	485	579	17,662
West	3,350	631	2,846	462	42	3,506	2,175	456	875	660	485	590	17,656
New England	1,342	767	1,137	196	9	1,357	959	211	187	776	647	823	16,294
Connecticut	316	684	275	39	3	327	224	43	60	707	554	806	17,205
Maine	170	792	141	28	1	147	105	25	17	687	594	696	16,614
Massachusetts	579	806	484	91	4	620	439	108	73	863	733	939	16,368
New Hampshire	127	763	111	15	1	123	96	14	12	742	674	658	13,904
Rhode Island	75	742	62	12	1	74	48	11	15	733	579	634	14,372
Vermont	75	847	64	10	(6)	66	46	10	10	743	613	751	16,849
Middle Atlantic	3,162	684	2,702	427	33	3,254	2,093	423	738	704	529	683	17,586
New Jersey	638	604	554	76	8	719	456	79	185	680	491	669	18,161
New York	1,364	655	1,139	210	16	1,485	928	213	344	713	528	695	17,796
Pennsylvania	1,160	783	1,009	142	9	1,050	710	131	209	709	557	673	16,791

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 2003**

Area of Residence	Persons Served in Thousands					Program Payments in Millions				Average Program Payment per Enrollee <sup>2</sup>			
	Number	Total				Total	Aged	Disabled	ESRD	Total	Aged	Disabled	ESRD
		Per 1,000 Enrollees <sup>2</sup>	Aged <sup>6</sup>	Disabled <sup>4</sup>	ESRD <sup>5</sup>								
East North Central	4,348	751	3,771	539	37	\$4,178	\$2,904	\$483	\$791	\$722	\$582	\$644	\$16,394
Illinois	1,078	729	948	120	10	1,019	700	101	218	689	543	578	16,085
Indiana	593	728	507	81	5	561	379	74	108	689	546	648	15,806
Michigan	1,077	798	928	141	8	1,061	752	133	176	787	655	700	18,280
Ohio	1,092	769	941	140	10	1,054	720	125	209	742	592	658	16,075
Wisconsin	508	699	448	57	4	484	354	50	79	665	553	613	15,274
West North Central	1,779	702	1,542	222	15	1,587	1,095	189	303	626	499	583	16,626
Iowa	329	744	290	36	2	287	209	32	46	650	537	646	16,342
Kansas	231	643	203	26	2	209	153	20	36	580	483	492	13,619
Minnesota	407	737	358	46	2	337	247	41	49	612	514	605	16,424
Missouri	526	717	435	85	6	504	305	70	129	689	503	586	18,864
Nebraska	152	639	134	17	1	129	93	12	24	544	443	485	14,559
North Dakota	67	684	60	6	1	54	42	5	7	559	482	574	13,144
South Dakota	69	602	61	7	1	66	45	9	12	574	444	689	15,477
South Atlantic	4,571	666	3,834	680	57	4,693	2,860	610	1,223	684	496	597	17,412
Delaware	76	662	65	10	1	89	55	11	23	773	559	748	19,411
District of Columbia	39	660	33	5	1	67	33	6	28	1,126	668	715	20,601
Florida	1,423	619	1,248	162	13	1,269	849	136	284	552	423	499	16,007
Georgia	619	687	496	112	10	660	336	96	228	732	463	589	17,960
Maryland	360	598	310	42	7	620	407	70	143	1,032	775	1,023	19,796
North Carolina	762	683	614	138	10	797	459	121	217	715	506	620	17,721
South Carolina	422	724	342	75	5	393	217	57	119	675	461	540	17,827
Virginia	635	723	537	91	7	601	371	80	150	685	501	624	16,856
West Virginia	236	768	189	45	2	197	132	33	32	640	553	496	14,102

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 2003**

Area of Residence	Persons Served in Thousands					Program Payments in Millions				Average Program Payment per Enrollee <sup>2</sup>			
	Total		Aged <sup>6</sup>	Disabled <sup>4</sup>	ESRD <sup>5</sup>	Total	Aged	Disabled	ESRD	Total	Aged	Disabled	ESRD
	Number	Per 1,000 Enrollees <sup>2</sup>											
East South Central	1,704	697	1,340	345	20	\$1,562	\$893	\$268	\$400	\$639	\$465	\$537	\$17,491
Alabama	467	725	371	89	6	420	227	63	130	652	446	493	18,349
Kentucky	410	683	320	87	3	341	220	68	54	568	473	514	14,335
Mississippi	287	685	219	63	4	314	154	53	107	750	482	566	20,400
Tennessee	540	693	429	105	6	487	292	85	110	624	467	577	16,090
West South Central	2,284	648	1,920	329	35	2,459	1,418	300	741	697	477	586	18,189
Arkansas	271	640	221	48	2	219	141	33	45	519	412	432	14,413
Louisiana	372	719	301	65	6	411	221	59	131	793	531	622	17,952
Oklahoma	302	656	255	44	4	281	171	38	73	612	441	549	18,991
Texas	1,339	630	1,144	172	23	1,547	885	169	492	728	484	626	18,583
Mountain	1,130	645	972	146	12	1,040	675	129	237	594	450	540	16,624
Arizona	275	565	237	34	4	264	158	31	75	542	379	474	16,318
Colorado	240	722	205	33	2	219	143	31	44	658	512	630	18,467
Idaho	99	638	86	12	1	96	67	12	17	618	502	606	14,477
Montana	97	704	85	12	1	80	59	8	12	578	497	460	15,265
Nevada	86	481	72	13	1	92	53	12	27	515	347	481	16,518
New Mexico	135	693	113	21	2	136	79	16	41	696	489	519	17,801
Utah	155	774	138	16	1	118	89	14	16	589	502	601	15,397
Wyoming	43	652	38	5	(6)	36	26	5	5	557	461	612	14,698

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 2003**

Area of Residence	Persons Served in Thousands <sup>1</sup>					Program Payments in Millions				Average Program Payment per Enrollee <sup>2</sup>			
	Number	Total				Total	Aged	Disabled	ESRD	Total	Aged	Disabled	ESRD
		Per 1,000 Enrollees <sup>2</sup>	Aged <sup>6</sup>	Disabled <sup>4</sup>	ESRD <sup>5</sup>								
Pacific	2,221	624	1,874	316	30	\$2,466	\$1,500	\$327	\$639	\$693	\$502	\$612	\$18,072
Alaska	30	693	25	5	(6)	49	34	8	8	1,125	937	1,090	17,072
California	1,508	606	1,267	218	23	1,747	1,007	237	503	702	483	631	18,736
Hawaii	57	538	50	6	1	71	45	4	21	671	499	342	14,383
Oregon	245	764	207	36	2	203	141	28	34	632	530	530	15,510
Washington	380	633	325	52	4	396	272	50	73	659	534	581	16,623
<b>Outlying Areas<sup>7</sup></b>	<b>198</b>	<b>408</b>	<b>151</b>	<b>43</b>	<b>4</b>	<b>167</b>	<b>71</b>	<b>17</b>	<b>79</b>	<b>344</b>	<b>190</b>	<b>160</b>	<b>16,377</b>

<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 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 2003**

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	---	110,841,200	\$113,298,000	\$22,763,222	\$1,022	\$213
Selected Reasons for the Visit <sup>3</sup>	---	54,303,660	54,394,915	12,092,225	1,002	229
Encounter for Other and Unspecified Procedures and Aftercare	V58	5,338,380	3,946,742	840,530	739	161
Special Screening for Malignant Neoplasms	V76	4,659,260	975,734	230,731	209	51
Diabetes Mellitus	250	4,537,440	1,335,094	286,704	294	65
Essential Hypertension	401	4,505,420	1,244,621	237,650	276	55
Cardiac Dysrhythmias	427	3,829,840	1,714,867	358,529	448	95
Chronic Renal Failure	585	3,778,420	17,851,819	5,737,379	4,725	1,535
Disorders of Lipoid Metabolism	272	3,547,620	828,849	153,886	234	44
Symptoms Involving Respiratory System and Other Chest Symptoms	786	3,365,340	4,428,105	621,842	1,316	193
General Symptoms	780	3,003,180	2,882,123	462,297	960	158
Other Disorders of Urethra and Urinary Tract	599	2,140,940	959,149	156,034	448	75
Other and Unspecified Anemias	285	2,097,560	1,463,731	316,735	698	154
Other and Unspecified Disorders of Back	724	2,035,620	1,916,179	330,924	941	169
Other Symptoms Involving Abdomen and Pelvis	789	1,906,920	2,387,548	294,163	1,252	159
Other Forms of Chronic Ischemic Heart Disease	414	1,847,840	3,843,567	539,631	2,080	301
Other and Unspecified Disorders of Joint	719	1,609,180	943,313	165,059	586	108
Heart Failure	428	1,480,180	963,905	181,497	651	126
Special Investigations and Examinations	V72	1,276,580	507,085	72,030	397	60

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 2003**

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>
Other Disorders of Soft Tissues	729	1,146,780	\$717,044	\$122,287	\$625	\$111
Cataract	366	1,117,600	3,560,454	566,412	3,186	520
Malignant Neoplasm of Prostate	185	1,079,560	1,924,986	417,905	1,783	395
All Other Reasons for the Visit	---	56,537,540	58,903,085	10,670,997	1,042	197

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

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

<sup>3</sup>Based on frequency of occurrence.

NOTES: Numbers may not add to totals because of rounding. Hospital outpatient services also include the facility component for those procedures performed in a hospital outpatient department operating room which are subject to the ambulatory surgical center (ASC) or blended ASC fee schedule and hospital-based renal dialysis facility services. Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.