

Table 10.1
Supplementary Medical Insurance (SMI) Medicare Enrollees, Hospital Outpatient Charges
and Program Payments, by Type of Entitlement: Selected Calendar Years 1974-2004

Type of Entitlement and Year	Number of SMI Enrollees	Covered Charges in Thousands	Program Payments		
			Amount in Thousands	Per Enrollee ²	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
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
2004	39,100,863	138,009,804	25,963,191	770	18.8
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
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
2004	33,435,566	103,366,187	19,086,017	672	18.5

See footnotes at end of table.

Table 10.1—Continued
Supplementary Medical Insurance (SMI) Medicare Enrollees, Hospital Outpatient Charges
and Program Payments, by Type of Entitlement: Selected Calendar Years 1974-2004

Type of Entitlement and Year	Number of SMI Enrollees	Covered Charges in Thousands	Program Payments		
			Amount in Thousands	Per Enrollee ²	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
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
2004	5,665,297	34,643,617	6,877,174	1,297	19.9

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

²Beginning 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 10.2

Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics, Type of Entitlement, and Type of Service: Calendar Year 2004

Demographic Characteristic and Type of Entitlement	Type of Service				
	Total	Clinic	Emergency Room	Laboratory	Radiology
Covered Charges in Thousands					
Total	\$138,009,804	\$1,799,623	\$5,437,726	\$14,841,980	\$26,218,394
Sex					
Male	64,048,748	752,232	2,249,340	6,347,422	11,465,015
Female	73,961,055	1,047,391	3,188,385	8,494,558	14,753,378
Race²					
White	105,545,838	1,226,373	4,176,173	12,267,046	22,040,812
Other	31,998,819	566,031	1,242,784	2,515,405	4,070,627
Type of Entitlement					
Aged ³	103,366,186	1,338,652	3,818,504	11,825,640	22,246,655
Disabled ⁴	34,643,617	460,971	1,619,221	3,016,340	3,971,738
Percent Distribution					
Total	100.0	1.3	3.9	10.8	19.0
Sex					
Male	100.0	1.2	3.5	9.9	17.9
Female	100.0	1.4	4.3	11.5	19.9
Race²					
White	100.0	1.2	4.0	11.6	20.9
Other	100.0	1.8	3.9	7.9	12.7
Type of Entitlement					
Aged ³	100.0	1.3	3.7	11.4	21.5
Disabled ⁴	100.0	1.3	4.7	8.7	11.5

See footnotes at end of table.

Table 10.2—Continued

Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics, Type of Entitlement, and Type of Service: Calendar Year 2004

Pharmacy	Type of Service				
	Physical Therapy	Medical/Surgical Supplies	Operating Room	End Stage Renal Disease	Other ¹
Covered Charges in Thousands					
\$4,714,722	\$2,792,898	\$9,352,151	\$13,781,002	\$14,777,216	\$44,294,086
2,138,030	1,059,046	4,700,028	6,190,388	7,925,783	21,221,461
2,576,692	1,733,852	4,652,123	7,590,614	6,851,432	23,072,624
3,922,518	2,382,706	7,873,834	11,516,607	7,345,381	32,794,381
775,426	400,243	1,443,936	2,210,734	7,410,109	11,363,519
3,703,889	2,334,050	7,669,263	11,293,170	7,397,664	31,738,694
1,010,833	458,848	1,682,888	2,487,832	7,379,551	12,555,392
Percent Distribution					
3.4	2.0	6.8	10.0	10.7	32.1
3.3	1.7	7.3	9.7	12.4	33.1
3.5	2.3	6.3	10.3	9.3	31.2
3.7	2.3	7.5	10.9	7.0	31.1
2.4	1.3	4.5	6.9	23.2	35.5
3.6	2.3	7.4	10.9	7.2	30.7
2.9	1.3	4.9	7.2	21.3	36.2

Table 10.2—Continued

Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics, Type of Entitlement, and Type of Service: Calendar Year 2004

Demographic Characteristic and Type of Entitlement	Type of Service				
	Total	Clinic	Emergency Room	Laboratory	Radiology
Total	\$4,093	\$53	Average Charge per Enrollee ⁵ \$161	\$440	\$778
Sex					
Male	4,391	52	154	435	786
Female	3,866	55	167	444	771
Race²					
White	3,693	43	146	429	771
Other	6,297	111	245	495	801
Type of Entitlement					
Aged ³	3,638	47	134	416	783
Disabled ⁴	6,537	87	306	569	749

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 10.2—Continued

Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics, Type of Entitlement, and Type of Service: Calendar Year 2004

Pharmacy	Type of Service					Other ¹
	Physical Therapy	Medical/Surgical Supplies	Operating Room	End Stage Renal Disease		
		Average Charge per Enrollee ⁵				
\$140	\$83	\$277	\$409	\$438	\$1,314	
147	73	322	424	543	1,455	
135	91	243	397	358	1,206	
137	83	276	403	257	1,147	
153	79	284	435	1,458	2,236	
130	82	270	397	260	1,117	
191	87	318	469	1,392	2,369	

Table 10.3

Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 2004

Area of Residence	Persons Served in Thousands					Program Payments in Millions				Average Program Payment per Enrollee ²			
	Total		Aged ⁶	Disabled ⁴	ESRD ⁵	Total	Aged	Disabled	ESRD	Total	Aged	Disabled	ESRD
	Number	Per 1,000 Enrollees ²											
All Areas ¹	23,062	684	19,327	3,429	307	\$25,963	\$15,908	\$3,441	\$6,615	\$770	\$563	\$671	\$20,958
United States	22,871	688	19,184	3,386	302	25,779	15,837	3,425	6,518	775	567	682	20,965
Northeast	4,513	710	3,807	654	52	5,203	3,307	735	1,160	818	613	804	21,532
Midwest	6,201	739	5,328	807	65	6,622	4,463	796	1,363	789	620	705	19,963
South	8,731	670	7,164	1,434	133	9,965	5,695	1,362	2,909	764	530	632	21,232
West	3,427	628	2,884	491	52	3,989	2,372	531	1,087	731	518	643	20,988
New England	1,360	771	1,140	209	11	1,592	1,102	250	239	902	743	928	20,550
Connecticut	316	687	272	40	3	389	261	52	77	846	650	942	21,973
Maine	172	788	141	30	1	182	128	32	22	836	720	823	18,715
Massachusetts	590	813	489	97	4	710	493	122	96	978	820	1,008	19,821
New Hampshire	131	767	113	17	1	141	106	21	15	829	724	881	16,901
Rhode Island	75	751	61	13	1	90	58	15	17	897	717	793	21,159
Vermont	76	850	64	11	1	79	56	10	13	889	751	720	27,972
Middle Atlantic	3,153	686	2,667	445	40	3,611	2,205	485	921	786	564	752	21,803
New Jersey	632	601	544	78	10	821	481	84	256	781	524	683	24,559
New York	1,356	656	1,123	215	18	1,624	967	250	407	786	558	798	20,828
Pennsylvania	1,165	787	1,000	153	12	1,166	757	151	258	788	602	724	21,018

See footnotes at end of table.

Table 10.3—Continued

Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 2004

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								
East North Central	4,401	753	3,783	571	47	\$4,822	\$3,246	\$568	\$1,008	\$825	\$649	\$719	\$20,062
Illinois	1,093	734	953	127	13	1,161	778	120	263	779	603	647	19,399
Indiana	601	729	509	86	7	661	436	85	140	801	622	724	21,225
Michigan	1,103	803	943	151	10	1,233	845	160	228	898	730	787	18,774
Ohio	1,095	768	935	147	13	1,212	799	145	269	850	657	736	21,237
Wisconsin	508	698	443	60	5	555	387	59	109	762	611	664	20,459
West North Central	1,800	705	1,545	236	18	1,799	1,217	228	354	705	555	674	19,687
Iowa	324	729	285	37	3	303	217	34	52	681	554	668	19,984
Kansas	227	621	198	27	2	234	173	22	38	638	542	501	15,701
Minnesota	412	747	359	50	3	383	279	46	58	695	584	655	16,741
Missouri	538	728	441	90	7	585	340	94	152	792	558	756	23,725
Nebraska	161	681	141	18	2	153	105	16	31	649	507	612	18,461
North Dakota	69	712	62	6	1	75	58	8	9	772	665	833	16,399
South Dakota	68	579	60	7	1	67	46	8	13	569	445	608	16,235
South Atlantic	4,659	668	3,876	715	69	5,386	3,146	699	1,542	772	540	645	21,684
Delaware	79	677	67	11	1	113	69	12	32	972	693	774	28,675
District of Columbia	42	712	35	5	1	72	33	6	33	1,234	674	703	23,996
Florida	1,438	620	1,250	171	17	1,452	924	154	375	626	459	525	21,082
Georgia	642	687	514	116	12	769	383	112	274	823	511	654	21,659
Maryland	360	597	308	45	8	689	429	86	174	1,142	816	1,213	24,420
North Carolina	781	686	624	145	12	936	521	140	275	823	568	676	22,128
South Carolina	433	721	347	79	7	457	236	65	157	762	491	568	22,062
Virginia	645	725	541	94	9	667	403	84	181	750	540	625	19,217
West Virginia	241	768	190	49	2	231	148	41	41	735	614	586	19,590

See footnotes at end of table.

Table 10.3—Continued

Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 2004

Area of Residence	Persons Served in Thousands					Program Payments in Millions				Average Program Payment per Enrollee ²			
	Total		Aged ⁶	Disabled ⁴	ESRD ⁵	Total	Aged	Disabled	ESRD	Total	Aged	Disabled	ESRD
	Number	Per 1,000 Enrollees ²											
East South Central	1,733	702	1,346	364	22	\$1,767	\$981	\$311	\$475	\$716	\$510	\$595	\$20,428
Alabama	477	739	375	95	7	478	259	73	146	740	511	555	21,723
Kentucky	418	682	323	92	4	403	248	82	74	658	527	588	18,117
Mississippi	295	691	222	67	5	354	167	60	127	830	513	620	24,060
Tennessee	543	693	427	110	7	532	308	96	128	678	495	620	17,843
West South Central	2,339	651	1,942	355	42	2,812	1,568	352	892	783	522	642	20,918
Arkansas	275	627	220	52	3	273	168	48	57	622	480	560	18,416
Louisiana	382	727	305	70	8	477	252	67	158	906	603	665	21,164
Oklahoma	308	662	257	47	4	312	190	42	80	672	487	597	21,074
Texas	1,374	635	1,160	187	27	1,750	959	194	597	809	519	670	21,106
Mountain	1,151	638	980	157	15	1,185	769	142	273	656	502	554	18,241
Arizona	283	550	240	38	5	300	182	34	84	583	416	473	16,557
Colorado	246	727	208	35	3	256	168	32	56	757	590	628	22,261
Idaho	99	626	85	13	1	101	71	11	19	636	526	490	19,840
Montana	99	715	87	12	1	92	69	10	13	663	575	543	17,052
Nevada	86	468	72	13	2	103	57	15	32	560	365	539	18,221
New Mexico	139	695	114	22	2	146	85	18	43	732	519	552	19,165
Utah	158	768	139	18	1	146	110	17	19	711	611	703	14,419
Wyoming	41	628	36	5	(6)	40	28	5	7	609	486	633	20,970

See footnotes at end of table.

Table 10.3—Continued

Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 2004

Area of Residence	Persons Served in Thousands					Program Payments in Millions				Average Program Payment per Enrollee ²			
	Total		Aged ⁶	Disabled ⁴	ESRD ⁵	Total	Aged	Disabled	ESRD	Total	Aged	Disabled	ESRD
	Number	Per 1,000 Enrollees ²											
Pacific	2,276	623	1,904	334	37	\$2,805	\$1,603	\$389	\$813	\$768	\$526	\$682	\$22,106
Alaska	31	671	25	5	(6)	52	34	8	9	1,132	909	1,041	25,385
California	1,555	610	1,296	231	29	1,985	1,060	283	641	778	499	708	22,781
Hawaii	59	560	52	6	1	81	48	6	27	769	534	421	17,334
Oregon	245	747	205	37	2	234	157	34	43	714	581	615	18,994
Washington	386	620	326	55	5	454	303	58	93	728	577	621	20,825
Outlying Areas ⁷	191	408	143	43	5	184	71	16	96	393	197	159	20,478

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 10.4
Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare, by Selected Reasons for the Visit:
Calendar Year 2004

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	---	114,155,740	\$138,009,804	\$25,963,191	\$1,209	\$235
Selected Reasons for the Visit ³	---	56,636,240	68,337,172	13,189,829	1,207	239
Encounter for Other and Unspecified Procedures and Aftercare	V58	5,698,520	4,812,912	1,019,124	845	183
Special Screening for Malignant Neoplasms	V76	4,861,160	1,220,326	279,979	251	60
Essential Hypertension	401	4,724,540	1,433,162	269,722	303	59
Diabetes Mellitus	250	4,632,000	1,624,003	339,248	351	75
Cardiac Dysrhythmias	427	3,994,600	1,940,776	401,399	486	102
Chronic Renal Failure	585	3,889,260	27,534,474	6,143,838	7,080	1,596
Disorders of Lipoid Metabolism	272	3,875,760	989,512	190,040	255	50
Symptoms Involving Respiratory System and Other Chest Symptoms	786	3,504,540	5,365,609	768,717	1,531	229
General Symptoms	780	3,124,180	3,439,337	536,161	1,101	177
Other and Unspecified Anemias	285	2,287,200	1,768,668	377,609	773	169
Other Disorders of Urethra and Urinary Tract	599	2,241,800	1,149,417	177,825	513	81
Other and Unspecified Disorders of Back	724	2,126,020	2,230,253	372,760	1,049	182
Other Symptoms Involving Abdomen and Pelvis	789	1,957,000	2,785,792	340,205	1,424	179
Other Forms of Chronic Ischemic Heart Disease	414	1,843,600	4,456,786	664,872	2,417	371
Other and Unspecified Disorders of Joint	719	1,697,300	1,110,964	190,462	655	118
Heart Failure	428	1,501,160	1,175,842	227,279	783	155
Special Investigations and Examinations	V72	1,323,660	611,840	86,569	462	70

See footnotes at end of table

Table 10.4—Continued

**Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare, by Selected Reasons for the Visit:
Calendar Year 2004**

Reason for Visit	ICD-9-CM Code ¹	Number of Bills	Covered Charges in Thousands	Program Payments in Thousands	Average Charge per Bill	Average Program Payment per Bill ²
Other Disorders of Soft Tissues	729	1,195,400	\$816,484	\$133,029	\$683	\$116
Acquired Hypothyroidism	244	1,085,600	250,206	54,351	230	51
Cataract	366	1,072,940	3,620,809	616,640	3,375	591
All Other Reasons for the Visi	---	57,519,500	69,672,630	12,773,362	1,211	232

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.