

**Table 9.1**  
**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing**  
**for Medicare Physician and Supplier Services, by Total, Aged, and Disabled Enrollees:**  
**Selected Calendar Years 1995-2004**

Year	Persons Served <sup>1</sup>	Services	Submitted	Allowed	Program	Balanced
		Number in Thousands	Charges	Charges	Payments	Billing
Amounts in Thousands						
<b>Total</b>						
1995	30,935,680	1,141,270	\$96,407,229	\$55,175,723	\$42,276,746	\$235,301
1996	30,675,540	1,130,934	100,648,030	55,500,815	42,514,806	121,195
1997	30,218,980	1,106,604	104,830,651	56,896,798	43,620,311	101,513
1998	29,539,140	1,162,469	108,718,353	57,656,483	44,171,579	82,958
1999	29,331,640	1,200,603	116,249,395	60,563,267	46,487,527	76,730
2000	29,644,740	1,252,280	127,853,210	66,911,902	51,456,747	72,884
2001	30,688,840	1,340,531	147,219,411	76,672,497	59,113,949	70,241
2002	31,754,480	1,481,154	169,663,267	83,181,299	64,253,710	64,359
2003	32,547,900	1,573,445	191,593,731	92,638,665	71,733,844	64,560
2004	32,961,620	1,662,332	215,840,889	102,067,747	79,178,272	63,625
<b>Aged</b>						
1995	27,649,460	1,012,890	84,940,078	48,786,706	37,475,087	222,718
1996	27,251,260	998,001	88,225,320	48,760,710	37,448,311	115,555
1997	26,739,000	973,626	91,714,021	49,843,717	38,311,260	96,496
1998	25,965,040	1,019,731	94,762,267	50,281,005	38,634,165	78,838
1999	25,668,380	1,049,891	100,988,074	52,642,997	40,532,735	72,794
2000	25,841,920	1,091,142	110,782,785	58,004,541	44,757,179	69,143
2001	26,660,980	1,164,112	127,081,467	66,214,834	51,234,552	66,700
2002	27,464,140	1,279,875	145,779,008	71,524,366	55,443,808	61,169
2003	27,998,940	1,350,638	163,233,484	78,920,043	61,323,439	61,133
2004	28,164,840	1,418,663	182,463,880	86,306,236	67,186,296	60,135
<b>Disabled</b>						
1995	3,286,220	128,380	11,467,151	6,389,017	4,801,659	12,583
1996	3,424,280	132,933	12,422,710	6,740,105	5,066,495	5,640
1997	3,479,980	132,978	13,116,630	7,053,081	5,309,051	5,017
1998	3,574,100	142,738	13,956,086	7,375,478	5,537,414	4,120
1999	3,663,260	150,712	15,261,321	7,920,270	5,954,792	3,936
2000	3,802,820	161,138	17,070,425	8,907,361	6,699,568	3,741
2001	4,027,860	176,419	20,137,944	10,457,663	7,879,397	3,541
2002	4,290,340	201,279	23,884,259	11,656,933	8,809,902	3,190
2003	4,548,960	222,807	28,360,247	13,718,622	10,410,405	3,427
2004	4,796,780	243,669	33,377,009	15,761,511	11,991,976	3,490

NOTES: Medicare charges and program payments represent fee-for-service utilization only.

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 9.2**  
**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing for Medicare**  
**Physician and Supplier Services, by Demographic Characteristics: Calendar Year 2004**

Demographic Characteristic	Persons Served <sup>1</sup>	Services		Submitted Charges	
		Number in Thousands	Per Person Served <sup>1</sup>	Amount in Thousands	Per Person Served <sup>1</sup>
Total	32,961,620	1,662,332	50.4	\$215,840,889	\$6,548
<b>Sex</b>					
Male	13,808,560	688,188	49.8	95,149,073	6,891
Female	19,153,060	974,144	50.9	120,691,816	6,301
<b>Age</b>					
Under 65 Years	4,796,780	243,669	50.8	33,377,009	6,958
65-74 Years	13,202,460	590,951	44.8	79,505,549	6,022
75-84 Years	10,611,860	591,735	55.8	76,392,351	7,199
85 Years or Over	4,350,520	235,976	54.2	26,565,981	6,106
<b>Race<sup>3</sup></b>					
White	27,871,960	1,387,134	49.8	180,316,509	6,469
Other	4,935,000	268,622	54.4	34,676,742	7,027
<b>Medicare Status<sup>4</sup></b>					
Aged	27,918,060	1,383,554	49.6	177,225,657	6,348
Disabled	4,711,900	222,041	47.1	29,383,085	6,236
ESRD	331,660	56,737	171.1	9,232,147	27,836
See footnotes at end of table.					

**Table 9.2—Continued**  
**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing for Medicare Physician and Supplier Services, by Demographic Characteristics: Calendar Year 2004**

Demographic Characteristic	Allowed Charges				Program Payments		Balance Billing	
	Amount in Thousands	Per Person Served <sup>1</sup>	Assigned in Thousands	Percent of Charges Assigned	Amount in Thousands	Per Person Served <sup>2</sup>	Amount in Thousands	Per Person with Liability
<b>Total</b>	\$102,067,747	\$3,097	\$101,187,982	99.1	\$79,178,272	\$2,454	\$63,625	\$27
<b>Sex</b>								
Male	44,656,844	3,234	44,291,457	99.2	34,653,746	2,580	27,079	29
Female	57,410,903	2,997	56,896,525	99.1	44,524,526	2,365	36,546	25
<b>Age</b>								
Under 65 Years	15,761,511	3,286	15,710,704	99.7	11,991,976	2,599	3,490	28
65-74 Years	36,471,266	2,762	36,113,512	99.0	28,224,064	2,193	25,725	26
75-84 Years	36,335,023	3,424	35,979,517	99.0	28,430,273	2,713	25,994	28
85 Years or Over	13,499,947	3,103	13,384,249	99.1	10,531,957	2,452	8,417	27
<b>Race<sup>3</sup></b>								
White	84,952,402	3,048	84,115,865	99.0	65,831,279	2,411	60,549	27
Other	16,720,132	3,388	16,679,774	99.8	13,042,316	2,716	2,865	24
<b>Medicare Status<sup>4</sup></b>								
Aged	83,977,333	3,008	83,153,048	99.0	65,321,769	2,384	59,792	27
Disabled	14,120,588	2,997	14,070,047	99.6	10,675,529	2,358	3,458	28
ESRD	3,969,825	11,970	3,964,887	99.9	3,180,973	9,663	375	32

<sup>1</sup>Includes beneficiaries who received covered services but for whom no program payments were reported during the year.

<sup>2</sup>The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

<sup>3</sup>Excludes unknown race.

<sup>4</sup>Aged = Aged without ESRD (MSC 10); Disabled = Disabled without ESRD (MSC 20); ESRD = Aged with ESRD (MSC 11), Disabled with ESRD (MSC 21), and ESRD only (MSC 31).

NOTES: Medicare charges and program payments represent fee-for-service utilization only. ESRD is end stage renal disease. MSC Is Medicare status code.

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 9.3**

**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing for Medicare Physician and Supplier Services, by Type of Service: Calendar Year 2004**

Type of Service	Persons Served <sup>1</sup>	Services		Submitted Charges	
		Number in Thousands	Per Person Served <sup>1</sup>	Amount in Thousands	Per Person Served <sup>1</sup>
Total	32,961,620	1,662,332	50.4	\$215,840,889	\$6,548
Medical Care	31,979,600	627,613	19.6	63,984,822	2,001
Surgery	19,482,540	99,608	5.1	44,782,399	2,299
Consultation	12,991,780	32,307	2.5	6,589,744	507
Diagnostic X-Ray	22,335,120	137,407	6.2	21,917,542	981
Diagnostic Laboratory	27,176,060	476,020	17.5	26,100,407	960
Radiation Therapy	1,111,360	11,304	10.2	4,357,974	3,921
Anesthesia	6,322,340	12,219	1.9	8,292,221	1,312
Assistance at Surgery	922,460	1,569	1.7	1,746,130	1,893
Other Medical Services	312,520	4,566	14.6	2,051,433	6,564
Ambulatory Surgical Center	2,748,360	4,543	1.7	7,401,283	2,693
Renal Supplies in the Home	10,500	199	19.0	278,307	26,505
ESRD Capitation Payment	257,280	995	3.9	491,194	1,909
Psychological Therapy	2,755,680	19,296	7.0	1,897,768	689
Occupational Therapy	14,340	426	29.7	16,251	1,133
Pneumococcal Vaccine	10,399,420	21,514	2.1	293,415	28
Physical Therapy	204,300	9,327	45.7	338,827	1,658
Durable Medical Equipment <sup>4</sup>	9,215,960	129,789	14.1	15,389,736	1,670
Other <sup>5</sup>	NA	73,630	NA	9,911,436	NA

<sup>1</sup>Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than one service during the reporting year.

<sup>2</sup>Ratio of assigned allowed charges to total allowed charges.

<sup>3</sup>The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

<sup>4</sup>Durable medical equipment (DME) was identified based on selected Berenson-Eggers Type of Service system codes and Healthcare Common Procedure Coding System (HCPCS) codes.

<sup>5</sup>Includes blood, ambulance, enteral/parenteral supplies, immunosuppressive drugs, hearing items and services, kidney donor, lump sum purchase of DME, vision items or services, rental of DME, and medical supplies.

<sup>6</sup>Less than \$500.

NOTES: Medicare charges and program payments represent fee-for-service utilization only. Numbers may not add to total because of rounding. BETOS is Berenson-Eggers Type of Service System for classifying HCPCS. ESRD is end stage renal disease. NA is not applicable.

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 9.3—Continued**

**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing  
for Medicare Physician and Supplier Services, by Type of Service: Calendar Year 2004**

Allowed Charges				Program Payments		Balance Billing	
Amount in Thousands	Per Person Served <sup>1</sup>	Assigned in Thousands	Percent of Charges Assigned <sup>2</sup>	Amount in Thousands	Per Person Served <sup>3</sup>	Amount in Thousands	Per Person With Liability
\$102,067,747	\$3,097	\$101,187,982	99.1	\$79,178,272	\$2,454	\$63,625	\$27
39,244,291	1,227	38,826,041	98.9	29,627,716	967	29,242	18
15,270,046	784	15,148,275	99.2	11,962,414	623	9,862	30
4,138,938	319	4,104,467	99.2	3,197,560	248	2,884	19
8,904,201	399	8,844,237	99.3	6,950,706	320	5,110	20
9,372,544	345	9,333,244	99.6	8,034,595	298	3,251	10
1,488,674	1,340	1,476,704	99.2	1,182,313	1,068	1,052	149
1,765,750	279	1,761,560	99.8	1,397,288	222	350	19
220,949	240	220,131	99.6	175,418	191	70	22
1,071,044	3,427	1,070,996	99.9	849,737	2,763	1	4
2,443,028	889	2,442,934	99.9	1,930,956	703	5	31
79,534	7,575	79,534	99.9	62,868	6,045	0	0
278,867	1,084	278,820	99.9	221,107	862	4	53
1,337,378	485	1,304,335	97.5	626,823	242	2,242	36
12,522	873	12,503	99.8	9,890	696	(6)	5
205,479	20	204,659	99.6	205,151	20	40	1
253,176	1,239	250,515	98.9	200,231	984	117	64
9,983,242	1,083	9,838,949	98.6	7,814,306	858	8,797	15
5,998,084	NA	5,990,078	99.9	4,729,193	NA	598	NA

**Table 9.4**

**Persons Served, Services, Submitted and Allowed Charges, Program Payments for Medicare Physician and Supplier Services, by Place of Service: Calendar Year 2004**

Place of Service	Persons Served <sup>1</sup>	Services		Submitted Charges	
		Number in Thousands	Per Person Served <sup>1</sup>	Amount in Thousands	Per Person Served <sup>1</sup>
Total	32,961,620	1,662,332	50.4	\$215,840,889	\$6,548
Office	30,747,380	819,349	26.6	84,169,109	2,737
Home	9,441,540	141,296	15.0	17,614,207	1,866
Inpatient Hospital	8,461,880	214,189	25.3	46,947,580	5,548
Outpatient Hospital <sup>4</sup>	17,871,660	98,746	5.5	24,753,632	1,385
Emergency Room Hospital <sup>4</sup>	10,284,940	39,095	3.8	7,096,188	690
Ambulatory Surgical Center	3,083,240	11,837	3.8	12,961,269	4,204
Skilled Nursing Care Facility	2,166,760	24,115	11.1	1,960,489	905
Nursing Home	1,915,380	28,094	14.7	1,541,856	805
Hospice	6,300	22	3.4	2,067	328
Ambulance <sup>5</sup>	4,332,940	53,828	12.4	6,108,672	1,410
Independent Laboratory	16,858,400	206,904	12.3	9,573,889	568
All Other <sup>6</sup>	NA	24,857	NA	3,111,931	NA

See footnotes at end of table.

**Table 9.4—Continued**  
**Persons Served, Services, Submitted and Allowed Charges, Program Payments for Medicare Physician and Supplier Services,**  
**by Place of Service: Calendar Year 2004**

Place of Service	Allowed Charges				Program Payments			
	Amount in Thousands	Percent	Per Person Served <sup>1</sup>	Assigned in Thousands	Percent of Charges Assigned <sup>2</sup>	Amount in Thousands	Percent	Per Person Served <sup>3</sup>
Total	\$102,067,747	100.0	\$3,097	\$101,187,982	99.1	\$79,178,272	100.0	\$2,454
Office	48,790,146	47.8	1,587	48,171,628	98.7	36,966,774	46.7	1,239
Home	11,305,898	11.1	1,197	11,159,391	98.7	8,841,639	11.2	948
Inpatient Hospital	17,347,540	17.0	2,050	17,280,244	99.6	13,734,679	17.3	1,631
Outpatient Hospital <sup>4</sup>	7,245,973	7.1	405	7,215,043	99.6	5,632,104	7.1	322
Emergency Room Hospital <sup>4</sup>	2,467,851	2.4	240	2,465,263	99.9	1,912,254	2.4	189
Ambulatory Surgical Center	4,105,938	4.0	1,332	4,096,890	99.8	3,242,063	4.1	1,053
Skilled Nursing Care Facility	1,328,638	1.3	613	1,326,812	99.9	1,000,539	1.3	469
Nursing Home	1,096,962	1.1	573	1,096,012	99.9	801,674	1.0	424
Hospice	1,442	(7)	229	1,440	99.9	1,119	(7)	180
Ambulance <sup>5</sup>	3,666,019	3.6	846	3,665,911	99.9	2,906,992	3.7	671
Independent Laboratory	2,958,411	2.9	175	2,957,905	99.9	2,794,949	3.5	166
All Other <sup>6</sup>	1,752,929	1.7	NA	1,751,443	99.9	1,343,486	1.7	NA

<sup>1</sup>Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than one service during the reporting year.

<sup>2</sup>Ratio of assigned allowed charges to total allowed charges. Includes charges for supplier services.

<sup>3</sup>The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

<sup>4</sup>Prior to 1992, emergency room and outpatient hospital data were aggregated.

<sup>5</sup>Excludes air or water services.

<sup>6</sup>Includes custodial care facilities, comprehensive inpatient rehabilitation facilities, State or local public health clinics, end stage renal disease treatment facilities, community mental health centers, inpatient psychiatric facilities, etc.

<sup>7</sup>Less than 0.05 percent.

NOTES: Medicare charges and program payments represent fee-for-service utilization only. NA is not applicable.

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 9.5**

**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing for Medicare Physician and Supplier Services, by Physician Specialty: Calendar Year 2004**

Physician/Supplier Specialty <sup>1</sup>	Persons Served <sup>2</sup>	Services			Submitted Charges		
		Number in Thousands	Percent	Per Person Served <sup>2</sup>	Amount in Thousands	Percent	Per Person Served <sup>2</sup>
Total All Specialties	32,961,620	1,662,332	100.0	50.4	\$215,840,889	100.0	\$6,548
Total Physicians	32,508,360	1,139,368	68.5	35.0	163,339,396	75.7	5,025
General Practice	3,207,580	24,789	1.5	7.7	1,960,345	0.9	611
General Surgery	4,477,380	15,871	1.0	3.5	5,956,594	2.8	1,330
Allergy and Immunology	414,780	12,136	0.7	29.3	284,130	0.1	685
Otology, Laryngology, Rhinology	2,989,520	14,342	0.9	4.8	1,796,647	0.8	601
Anesthesiology	5,703,700	14,608	0.9	2.6	7,275,384	3.4	1,276
Cardiology	11,492,620	111,578	6.7	9.7	18,111,318	8.4	1,576
Dermatology	5,316,400	36,479	2.2	6.9	2,964,631	1.4	558
Family Practice	13,696,560	124,601	7.5	9.1	7,987,379	3.7	583
Gastroenterology	4,558,520	16,138	1.0	3.5	4,667,137	2.2	1,024
Internal Medicine	18,199,780	207,888	12.5	11.4	17,712,250	8.2	973
Manipulative Therapy	110,240	954	(5)	8.7	74,227	(5)	673
Neurology	3,299,340	16,521	1.0	5.0	2,477,066	1.1	751
Neurological Surgery	752,300	2,467	0.1	3.3	2,087,170	1.0	2,774
Obstetrics and Gynecology	2,576,180	8,752	0.5	3.4	1,240,839	0.6	482
Ophthalmology	11,719,720	41,671	2.5	3.6	10,379,462	4.8	886
Oral Surgery (Dentists Only)	92,640	196	(5)	2.1	46,727	(5)	504
Orthopedic Surgery	5,290,180	33,810	2.0	6.4	9,021,083	4.2	1,705
Pathology	6,141,600	21,598	1.3	3.5	2,449,108	1.1	399
Plastic and Reconstructive Surgery	498,620	1,750	0.1	3.5	763,416	0.4	1,531
Physical Medicine and Rehabilitation	1,410,340	14,389	0.9	10.2	1,446,676	0.7	1,026
Psychiatry	2,241,120	16,847	1.0	7.5	1,765,364	0.8	788
Colorectal Surgery (Proctology)	270,640	714	(5)	2.6	292,476	0.1	1,081
Pulmonary Disease	2,968,800	23,047	1.4	7.8	2,679,963	1.2	903
Diagnostic Radiology	20,280,640	100,463	6.0	5.0	14,650,361	6.8	722
Thoracic Surgery	531,580	1,641	0.1	3.1	1,480,178	0.7	2,784
Urology	4,429,340	28,742	1.7	6.5	5,427,291	2.5	1,225
Chiropractic	2,112,440	21,241	1.3	10.1	841,667	0.4	398
Nuclear Medicine	539,900	1,400	0.1	2.6	293,446	0.1	544
Pediatric Medicine	320,960	1,922	0.1	6.0	171,942	0.1	536
Geriatric Medicine	381,120	2,293	0.1	6.0	202,919	0.1	532
Nephrology	1,472,200	17,304	1.0	11.8	2,980,414	1.4	2,024
Optometrist	5,161,780	10,624	0.6	2.1	824,658	0.4	160
Infectious Disease	816,200	8,475	0.5	10.4	857,804	0.4	1,051
Endocrinology	1,097,300	7,780	0.5	7.1	564,188	0.3	514
Podiatry	6,040,220	32,214	1.9	5.3	2,276,423	1.1	377

See footnotes at end of table

**Table 9.5—Continued**

**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing for Medicare Physician and Supplier Services, by Physician Specialty: Calendar Year 2004**

Allowed Charges					Program Payments			Balance Billing	
Amount in Thousands	Percent	Per Person Served <sup>2</sup>	Assigned in Thousands	Percent of Charges Assigned <sup>3</sup>	Amount in Thousands	Percent	Per Person Served <sup>4</sup>	Amount in Thousands	Per Person With Liability
\$102,067,747	100.0	\$3,097	\$101,187,982	99.1	\$79,178,272	100.0	\$2,454	\$63,625	\$27
76,403,626	74.9	2,350	75,667,639	99.0	58,718,311	74.2	1,855	54,758	29
1,250,509	1.2	390	1,235,399	98.8	945,462	1.2	306	922	16
2,267,028	2.2	506	2,255,674	99.5	1,770,829	2.2	404	935	33
189,605	0.2	457	185,645	97.9	144,110	0.2	356	290	25
874,175	0.9	292	866,323	99.1	661,907	0.8	229	629	16
1,669,612	1.6	293	1,663,150	99.6	1,314,178	1.7	232	548	24
7,635,040	7.5	664	7,598,094	99.5	5,937,739	7.5	527	3,008	31
1,988,486	1.9	374	1,948,598	98.0	1,507,285	1.9	294	3,205	20
5,020,127	4.9	367	4,959,874	98.8	3,680,762	4.6	280	4,627	18
1,714,620	1.7	376	1,699,390	99.1	1,327,701	1.7	296	1,245	27
10,454,577	10.2	574	10,323,260	98.7	7,947,833	10.0	448	10,821	23
45,594	(5)	414	44,189	96.9	35,058	(5)	328	82	23
1,384,143	1.4	420	1,372,072	99.1	1,064,962	1.3	330	1,029	28
542,112	0.5	721	536,507	99.0	424,504	0.5	577	482	61
594,615	0.6	231	584,012	98.2	453,164	0.6	181	766	13
5,087,567	5.0	434	5,038,710	99.0	3,840,937	4.9	344	3,939	20
24,386	(5)	263	21,904	89.8	18,880	(5)	210	137	23
3,252,596	3.2	615	3,233,782	99.4	2,518,915	3.2	490	1,568	39
900,841	0.9	147	894,883	99.3	712,735	0.9	118	512	17
282,093	0.3	566	279,307	99.0	220,658	0.3	454	226	34
792,106	0.8	562	788,048	99.5	621,133	0.8	446	334	27
1,128,135	1.1	503	1,093,670	96.9	713,370	0.9	328	2,332	40
116,618	0.1	431	115,403	99.0	90,218	0.1	340	105	35
1,544,671	1.5	520	1,538,544	99.6	1,205,039	1.5	412	528	24
5,331,917	5.2	263	5,284,526	99.1	4,166,576	5.3	211	4,083	38
451,082	0.4	849	449,349	99.6	356,567	0.5	681	143	50
2,903,870	2.8	656	2,890,512	99.5	2,259,954	2.9	517	1,150	30
692,660	0.7	328	592,717	85.6	515,463	0.7	255	4,618	15
128,527	0.1	238	125,777	97.9	101,131	0.1	191	247	38
95,876	0.1	299	95,606	99.7	73,385	0.1	235	14	13
130,279	0.1	342	128,762	98.8	98,294	0.1	265	136	31
1,603,216	1.6	1,089	1,599,552	99.8	1,261,063	1.6	867	321	24
678,706	0.7	131	666,627	98.2	479,024	0.6	102	254	7
483,604	0.5	593	481,539	99.6	380,457	0.5	471	178	24
343,449	0.3	313	334,739	97.5	266,385	0.3	247	727	19
1,554,117	1.5	257	1,543,852	99.3	1,169,686	1.5	199	544	12

**Table 9.5—Continued**

**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing for Medicare Physician and Supplier Services, by Physician Specialty: Calendar Year 2004**

Physician/Supplier Specialty <sup>1</sup>	Persons Served <sup>2</sup>	Services			Submitted Charges		
		Number in Thousands	Percent	Per Person Served <sup>2</sup>	Amount in Thousands	Percent	Per Person Served <sup>2</sup>
Rheumatology	1,276,280	13,422	0.8	10.5	\$1,512,600	0.7	\$1,185
Vascular Surgery	1,155,820	3,503	0.2	3.0	1,409,685	0.7	1,220
Cardiac Surgery	352,720	1,154	0.1	3.3	1,236,277	0.6	3,505
Hematology/Oncology	1,575,920	56,416	3.4	35.8	9,334,260	4.3	5,923
Medical Oncology	678,840	23,223	1.4	34.2	4,085,774	1.9	6,019
Radiation Oncology	890,280	10,397	0.6	11.7	3,774,975	1.7	4,240
Emergency Medicine	8,517,700	21,300	1.3	2.5	5,045,288	2.3	592
All Other Physician <sup>6</sup>	NA	14,708	0.9	NA	2,929,854	1.4	NA
Group Practice	397,200	2,465	0.1	6.2	185,535	0.1	467
Total Non-Physician	12,186,340	97,874	5.9	8.0	15,989,816	7.4	1,312
Total Suppliers	22,287,920	422,625	25.4	19.0	36,326,143	16.8	1,630

<sup>1</sup>Refer to Part B physician or provider specialty code as listed in the data dictionary for the National Claims History, prepared by the Office of Information Services.

<sup>2</sup>Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than one service during the reporting year.

<sup>3</sup>Ratio of assigned allowed charges to total allowed charges. Includes charges for supplier services.

<sup>4</sup>The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

<sup>5</sup>Less than 0.05 percent.

<sup>6</sup>Includes critical care, addiction to medicine, hand surgery, peripheral vascular disease, preventive medicine, maxillofacial surgery, neuropsychiatry, surgical oncology, interventional radiology, hematology, gynecologist/oncologist, pain management, and unknown physician's specialty.

NOTES: Medicare charges and program payments represent fee-for-service utilization only. Due to the clarification in the billing policy of Group Practices where the actual specialty code of the performing physician within the practice is now coded, the utilization and expenditures for group practice has dropped dramatically. Numbers may not add to total because of rounding. NA is not applicable.

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 9.5—Continued**

**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing for Medicare Physician and Supplier Services, by Physician Specialty: Calendar Year 2004**

Allowed Charges					Program Payments			Balance Billing	
Amount in Thousands	Percent	Per Person Served <sup>2</sup>	Assigned in Thousands	Percent of Charges Assigned <sup>3</sup>	Amount in Thousands	Percent	Per Person Served <sup>4</sup>	Amount in Thousands	Per Person With Liability
\$935,390	0.9	\$733	\$921,146	98.5	\$720,103	0.9	\$575	\$1,206	\$24
511,059	0.5	442	509,972	99.8	400,721	0.5	352	93	39
370,188	0.4	1,050	366,656	99.0	292,808	0.4	840	311	64
4,963,176	4.9	3,149	4,958,344	99.9	3,935,761	5.0	2,526	422	38
2,061,172	2.0	3,036	2,060,162	99.9	1,633,134	2.1	2,436	90	24
1,321,385	1.3	1,484	1,310,510	99.2	1,046,459	1.3	1,213	975	186
1,872,296	1.8	220	1,870,271	99.9	1,452,871	1.8	174	166	12
1,212,401	1.2	NA	1,200,582	99.0	951,090	1.2	NA	810	NA
73,488	0.1	185	73,227	99.6	59,674	0.1	153	17	5
6,334,842	6.2	520	6,313,807	99.7	4,771,899	6.0	398	1,189	11
19,255,791	18.9	864	19,133,309	99.4	15,628,387	19.7	704	7,660	17

Table 9.6

**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance  
Billing for Medicare Physician and Supplier Services, by Area of Residence: Calendar Year 2004**

Area of Residence	Persons Served <sup>1</sup>		Services		Submitted Charges	
	Number	Per 1,000 Enrollees <sup>2</sup>	Number in Thousands	Per Person Served <sup>1</sup>	Amount in Thousands	Per Person Served <sup>1</sup>
All Areas <sup>5</sup>	32,961,620	978	1,662,332	50	\$215,840,889	\$6,548
United States <sup>6</sup>	32,539,460	979	1,640,546	50	214,308,826	6,586
Northeast	6,205,960	976	330,397	53	41,503,784	6,688
Midwest	8,314,420	991	377,611	45	49,451,820	5,948
South	12,790,260	981	669,603	52	89,839,165	7,024
West	5,228,820	958	262,934	50	33,514,057	6,409
New England	1,725,220	978	80,742	47	10,479,094	6,074
Connecticut	457,980	996	23,705	52	3,202,726	6,993
Maine	207,680	953	7,869	38	978,076	4,710
Massachusetts	710,460	978	34,277	48	4,404,637	6,200
New Hampshire	162,900	955	6,597	41	865,248	5,312
Rhode Island	98,940	990	5,370	54	596,248	6,026
Vermont	87,260	981	2,923	34	432,159	4,953
Middle Atlantic	4,480,740	975	249,655	56	31,024,690	6,924
New Jersey	1,029,480	980	62,540	61	7,979,591	7,751
New York	2,008,940	972	117,580	59	13,749,040	6,844
Pennsylvania	1,442,320	975	69,535	48	9,296,059	6,445
East North Central	5,765,100	987	270,070	47	36,210,810	6,281
Illinois	1,450,080	974	69,188	48	9,638,946	6,647
Indiana	816,700	989	36,059	44	5,128,314	6,279
Michigan	1,346,420	981	66,545	49	8,095,709	6,013
Ohio	1,429,300	1,002	68,066	48	8,987,645	6,288
Wisconsin	722,600	992	30,213	42	4,360,196	6,034
West North Central	2,549,320	999	107,541	42	13,241,010	5,194
Iowa	446,360	1,004	17,544	39	2,037,262	4,564
Kansas	361,600	988	16,996	47	2,144,491	5,931
Minnesota	562,720	1,021	21,102	38	2,621,388	4,658
Missouri	731,900	990	33,463	46	4,381,501	5,986
Nebraska	237,240	1,006	10,209	43	1,213,435	5,115
North Dakota	96,800	996	3,622	37	412,085	4,257
South Dakota	112,700	963	4,605	41	430,848	3,823
South Atlantic	6,863,040	984	364,052	53	49,170,267	7,165
Delaware	116,900	1,007	6,083	52	867,971	7,425
District of Columbia	56,240	965	2,582	46	375,306	6,673
Florida	2,293,960	988	146,920	64	19,901,709	8,676
Georgia	917,960	982	43,838	48	6,161,048	6,712
Maryland	591,020	980	29,399	50	4,234,876	7,165
North Carolina	1,124,780	989	53,978	48	7,100,425	6,313
South Carolina	586,300	977	28,450	49	3,866,282	6,594
Virginia	874,600	983	39,582	45	4,968,685	5,681
West Virginia	301,280	961	13,220	44	1,693,965	5,623

See footnotes at end of table.

**Table 9.6—Continued**

**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing for Medicare Physician and Supplier Services, by Area of Residence: Calendar Year 2004**

Allowed Charges				Program Payments			Balance Billing	
Amount in Thousands	Per- cent	Per Person Served <sup>1</sup>	Percent of Charges Assigned <sup>3</sup>	Amount in Thousands	Per- cent	Per Person Served <sup>4</sup>	Amount in Thousands	Per Person With Liability
\$102,067,747	100.0	\$3,097	99.1	\$79,178,272	100.0	\$2,454	\$63,625	\$27
100,936,534	98.9	3,102	99.1	78,299,903	98.9	2,458	63,553	27
20,511,899	20.1	3,305	99.1	15,927,199	20.1	2,615	11,852	27
22,489,243	22.0	2,705	99.0	17,370,656	21.9	2,138	16,149	27
41,314,340	40.5	3,230	99.3	32,088,959	40.5	2,562	21,213	24
16,621,052	16.3	3,179	98.9	12,913,090	16.3	2,528	14,338	32
4,898,808	4.8	2,840	99.5	3,774,913	4.8	2,232	1,687	24
1,483,828	1.5	3,240	99.1	1,150,092	1.5	2,547	1,069	31
463,037	0.5	2,230	99.6	354,968	0.4	1,757	117	19
2,084,989	2.0	2,935	99.8	1,603,579	2.0	2,297	200	14
392,584	0.4	2,410	99.3	301,145	0.4	1,894	176	18
290,598	0.3	2,937	99.8	225,559	0.3	2,337	26	17
183,772	0.2	2,106	99.2	139,571	0.2	1,656	98	19
15,613,091	15.3	3,484	99.0	12,152,286	15.3	2,762	10,165	28
4,020,333	3.9	3,905	98.5	3,140,776	4.0	3,096	4,446	28
7,262,252	7.1	3,615	98.9	5,653,683	7.1	2,862	5,107	30
4,330,506	4.2	3,002	99.7	3,357,826	4.2	2,382	611	16
16,357,082	16.0	2,837	99.2	12,646,830	16.0	2,243	8,863	24
4,213,564	4.1	2,906	98.8	3,257,652	4.1	2,296	3,789	27
2,197,307	2.2	2,690	99.1	1,690,655	2.1	2,128	1,294	21
4,178,162	4.1	3,103	99.5	3,239,576	4.1	2,454	1,475	28
4,118,634	4.0	2,882	99.7	3,188,553	4.0	2,279	626	14
1,649,415	1.6	2,283	98.6	1,270,394	1.6	1,800	1,679	27
6,132,161	6.0	2,405	98.4	4,723,825	6.0	1,899	7,286	30
965,330	0.9	2,163	97.4	739,355	0.9	1,699	1,956	41
998,838	1.0	2,762	99.2	772,711	1.0	2,182	486	20
1,187,968	1.2	2,111	99.1	911,741	1.2	1,661	751	23
1,956,976	1.9	2,674	99.0	1,512,866	1.9	2,118	1,216	20
588,087	0.6	2,479	97.0	453,158	0.6	1,958	1,417	34
199,401	0.2	2,060	98.2	152,916	0.2	1,622	290	37
235,561	0.2	2,090	94.0	181,077	0.2	1,653	1,170	37
23,187,136	22.7	3,379	99.2	18,037,702	22.8	2,678	14,340	28
394,475	0.4	3,374	99.5	306,933	0.4	2,676	136	17
174,143	0.2	3,096	98.3	135,676	0.2	2,458	229	38
10,132,661	9.9	4,417	99.1	7,945,985	10.0	3,517	7,038	40
2,698,558	2.6	2,940	99.2	2,090,101	2.6	2,326	1,603	24
1,981,519	1.9	3,353	99.1	1,537,718	1.9	2,645	1,309	25
3,063,516	3.0	2,724	99.1	2,362,647	3.0	2,143	2,093	21
1,691,598	1.7	2,885	99.4	1,306,927	1.7	2,279	759	17
2,293,937	2.2	2,623	99.4	1,767,007	2.2	2,062	987	20
756,729	0.7	2,512	99.6	584,707	0.7	1,997	186	18

**Table 9.6—Continued**

**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing for Medicare Physician and Supplier Services, by Area of Residence: Calendar Year 2004**

Area of Residence	Persons Served <sup>1</sup>		Services		Submitted Charges	
	Number	Per 1,000 Enrollees <sup>2</sup>	Number in Thousands	Per Person Served <sup>1</sup>	Amount in Thousands	Per Person Served <sup>1</sup>
East South Central	2,434,180	986	121,463	50	\$15,488,838	\$6,363
Alabama	640,320	992	30,929	48	3,878,292	6,057
Kentucky	600,100	979	29,001	48	3,528,305	5,880
Mississippi	415,200	973	21,140	51	2,776,885	6,688
Tennessee	778,560	992	40,393	52	5,305,357	6,814
West South Central	3,493,040	972	184,088	53	25,180,059	7,209
Arkansas	420,320	959	20,303	48	2,444,165	5,815
Louisiana	510,500	971	25,662	50	3,502,446	6,861
Oklahoma	460,020	991	20,632	45	2,580,859	5,610
Texas	2,102,200	972	117,491	56	16,652,589	7,922
Mountain	1,753,320	971	76,482	44	10,203,153	5,819
Arizona	487,040	946	24,956	51	3,197,044	6,564
Colorado	341,520	1,008	14,678	43	1,975,680	5,785
Idaho	156,540	990	5,616	36	641,026	4,095
Montana	134,320	969	4,936	37	600,443	4,470
Nevada	176,520	956	9,318	53	1,482,659	8,399
New Mexico	188,060	941	7,025	37	1,013,375	5,389
Utah	204,220	995	7,420	36	981,686	4,807
Wyoming	65,100	995	2,533	39	311,241	4,781
Pacific	3,475,500	951	186,452	54	23,310,904	6,707
Alaska	40,760	890	1,404	34	278,152	6,824
California	2,389,180	936	143,220	60	17,678,203	7,399
Hawaii	111,620	1,059	4,473	40	525,150	4,705
Oregon	338,900	1,035	11,992	35	1,597,228	4,713
Washington	595,040	955	25,362	43	3,232,171	5,432
Outlying Areas <sup>7</sup>	422,160	902	21,786	52	1,532,063	3,629

<sup>1</sup>Includes beneficiaries who received covered services but for whom no program payments were reported during the year.

<sup>2</sup>The numerator is a count of enrollees who received a service at any time during the year regardless of how long or when they were actually enrolled.

The denominator is the count of SMI enrollees as of July 1. Because the denominator is the mid-point fee-for-service (FFS) enrollment and essentially every FFS person alive and enrolled at some point during the year has used a service, rates over 1,000 may be seen.

<sup>3</sup>Ratio of assigned allowed charges to total allowed charges. Includes charges for supplier services.

<sup>4</sup>The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

<sup>5</sup>Consists of United States and outlying areas.

<sup>6</sup>Includes 50 States and District of Columbia.

<sup>7</sup>Includes Puerto Rico, Guam, Virgin Islands, residence unknown, and all other outlying areas.

NOTES: Medicare charges and program payments represent fee-for-service utilization only. Numbers may not add to total because of rounding. SMI is supplemental medical insurance.

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 9.6—Continued**

**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing for Medicare Physician and Supplier Services, by Area of Residence: Calendar Year 2004**

Allowed Charges				Program Payments			Balance Billing	
Amount in Thousands	Per- cent	Per Person Served <sup>1</sup>	Percent of Charges Assigned <sup>3</sup>	Amount in Thousands	Per- cent	Per Person Served <sup>4</sup>	Amount in Thousands	Per Person With Liability
\$7,032,255	6.9	\$2,889	99.5	\$5,436,206	6.9	\$2,286	\$2,099	\$17
1,892,466	1.9	2,956	99.7	1,466,319	1.9	2,348	401	16
1,631,017	1.6	2,718	99.5	1,257,652	1.6	2,148	552	16
1,203,776	1.2	2,899	99.6	934,128	1.2	2,306	368	16
2,304,996	2.3	2,961	99.5	1,778,107	2.2	2,331	778	19
11,094,950	10.9	3,176	99.4	8,615,051	10.9	2,525	4,775	19
1,164,777	1.1	2,771	99.7	897,787	1.1	2,203	257	20
1,580,290	1.5	3,096	99.6	1,226,041	1.5	2,469	466	16
1,259,982	1.2	2,739	99.2	973,651	1.2	2,170	729	20
7,089,901	6.9	3,373	99.4	5,517,573	7.0	2,680	3,323	20
4,948,102	4.8	2,822	98.1	3,824,255	4.8	2,240	7,531	37
1,591,304	1.6	3,267	97.1	1,240,595	1.6	2,598	3,947	63
939,613	0.9	2,751	98.5	726,819	0.9	2,182	1,041	26
339,480	0.3	2,169	96.6	259,994	0.3	1,717	938	26
316,137	0.3	2,354	98.5	242,846	0.3	1,872	336	24
653,655	0.6	3,703	99.5	503,505	0.6	2,928	238	34
459,040	0.4	2,441	98.7	353,907	0.4	1,949	440	26
490,768	0.5	2,403	99.5	374,929	0.5	1,879	136	15
158,105	0.2	2,429	96.4	121,660	0.2	1,943	454	27
11,672,950	11.4	3,359	99.2	9,088,836	11.5	2,672	6,807	28
137,686	0.1	3,378	99.0	106,060	0.1	2,668	91	35
8,886,010	8.7	3,719	99.3	6,944,457	8.8	2,967	4,692	31
245,901	0.2	2,203	99.0	185,965	0.2	1,710	175	25
779,697	0.8	2,301	98.5	600,090	0.8	1,819	873	24
1,623,657	1.6	2,729	99.2	1,252,263	1.6	2,153	976	22
1,131,212	1.1	2,680	99.8	878,369	1.1	2,146	72	18

**Table 9.7**

**Persons Served, Services, Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Leading BETOS Classifications: Calendar Year 2004**

BETOS Classification	BETOS Codes	Persons Served <sup>1</sup>	Services		Per Person Served <sup>1</sup>
			Number in Thousands	Percent	
Total All BETOS Groups	Total	32,961,620	1,662,332	100.0	50
Office Visits - Established	M1B	28,789,880	213,707	12.9	7
Other Drugs	O1E	6,315,640	68,048	4.1	11
Hospital Visit - Subsequent	M2B	7,032,240	97,681	5.9	14
Consultations	M6	12,890,020	31,201	1.9	2
Ambulance	O1A	4,344,300	53,139	3.2	12
Chemotherapy	O1D	592,720	20,742	1.2	35
Minor Procedures - Other (MFS)	P6C	8,280,600	87,200	5.2	11
Oxygen and Supplies	D1C	1,328,540	18,872	1.1	14
Other Durable Medical Equipment	D1E	6,086,740	56,009	3.4	9
Eye Procedure - Cataract Removal/Lens Insertion	P4B	1,358,320	3,394	0.2	2
Specialist - Ophthalmology	M5C	13,164,160	31,686	1.9	2
Lab Tests, Other (Non-MFS)	T1H	19,600,540	171,797	10.3	9
Standard Imaging - Nuclear Medicine	I1E	4,347,740	16,429	1.0	4
Emergency Room Visit	M3	9,690,960	18,497	1.1	2
Anesthesia	P0	6,325,060	12,317	0.7	2
Orthotic Devices	D1F	3,100,960	25,367	1.5	8
Lab Tests, Other (MFS)	T1G	8,220,440	30,598	1.8	4
Echography - Heart	I3C	5,727,480	21,098	1.3	4
Specialist - Psychiatry	M5B	2,419,900	20,667	1.2	9
Ambulatory Procedures - Skin	P5A	5,793,240	29,792	1.8	5
All Other BETOS Groups		NA	634,091	38.1	NA

<sup>1</sup>Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than one service during the reporting year.

<sup>2</sup>The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

NOTES: BETOS is the Berenson-Eggers Type of Service system for classifying HCPCS (Healthcare Common Procedure Coding System) codes. Data by BETOS category in this table may differ from other sources because of the update of the HCPCS-BETOS crosswalk used to code the services rendered. MFS is the Medicare fee schedule. NA is not applicable. The leading BETOS codes are based on amount of allowed charges for 2004. Medicare program payments represent fee-for-service only. Numbers may not add to total 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 9.7—Continued**

**Persons Served, Services, Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Leading BETOS Classifications: Calendar Year 2004**

Allowed Charges			Program Payments		
Amount in Thousands	Percent	Per Person Served <sup>1</sup>	Amount in Thousands	Percent	Per Person Served <sup>2</sup>
\$102,067,747	100.0	\$3,097	\$79,178,272	100.0	\$2,454
12,181,456	11.9	423	8,573,713	10.8	315
5,821,798	5.7	922	4,593,730	5.8	753
5,563,265	5.5	791	4,414,638	5.6	630
4,069,703	4.0	316	3,142,734	4.0	246
3,848,015	3.8	886	3,050,905	3.9	703
3,641,452	3.6	6,144	2,886,612	3.6	4,892
3,287,565	3.2	397	2,582,901	3.3	319
2,659,793	2.6	2,002	2,087,854	2.6	1,572
2,347,154	2.3	386	1,811,416	2.3	302
2,328,941	2.3	1,715	1,846,253	2.3	1,360
2,324,159	2.3	177	1,662,840	2.1	135
2,161,297	2.1	110	2,155,164	2.7	110
2,044,943	2.0	470	1,613,447	2.0	373
1,846,449	1.8	191	1,429,412	1.8	151
1,773,106	1.7	280	1,400,949	1.8	222
1,724,980	1.7	556	1,356,804	1.7	441
1,627,287	1.6	198	1,277,533	1.6	158
1,536,721	1.5	268	1,207,946	1.5	213
1,518,773	1.5	628	821,425	1.0	350
1,465,384	1.4	253	1,123,255	1.4	198
38,295,506	37.5	NA	30,138,741	38.1	NA

**Table 9.8**

**Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Principal Diagnosis Within Major Diagnostic Classifications (MDCs): Calendar Year 2004**

Principal ICD-9-CM <sup>1</sup> Diagnosis Within MDC	ICD-9-CM Code	Services in Thousands	Submitted Charges in Thousands	Allowed Charges		Program Payments in Thousands
				Amount in Thousands	Percent of Charges Assigned	
Total All Diagnoses	---	1,662,332	\$215,840,889	\$102,067,747	99.1	\$79,178,272
Leading Diagnoses <sup>2</sup>	---	976,730	114,861,175	55,644,631	99.1	43,115,101
Infectious and Parasitic Diseases (MDC 1)	001-139	21,240	1,879,389	1,055,304	99.4	815,162
Dermatophytosis	110	8,878	473,959	339,442	99.4	249,099
Neoplasm (MDC 2)	140-239	135,216	28,959,786	13,359,599	99.4	10,551,613
Malignant Neoplasm of Colon	153	8,891	1,737,817	819,177	99.8	651,653
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	17,030	3,004,584	1,390,483	99.8	1,104,665
Other Malignant Neoplasm of Skin	173	7,389	1,947,516	1,093,324	98.9	856,273
Malignant Neoplasm of Female Breast	174	15,794	2,713,698	1,237,471	98.9	980,643
Malignant Neoplasm of Prostate	185	15,465	4,157,469	2,126,648	99.5	1,681,209
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	184,518	10,248,997	5,331,226	98.5	4,217,329
Thyroiditis	244	12,805	632,962	279,539	98.6	236,140
Diabetes Mellitus	250	99,333	5,135,590	3,188,323	98.2	2,415,414
Disorders of Lipoid Metabolism	272	48,505	2,146,551	863,384	98.6	710,866
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	7,915	644,409	326,372	99.7	260,303
Diseases of the Blood and Blood-Forming Organs (MDC 4)	280-289	48,787	5,690,611	2,889,055	99.8	2,335,022
Other and Unspecified Anemias	285	25,564	3,123,714	1,528,705	99.9	1,237,862
Mental Disorders (MDC 5)	290-319	38,755	3,978,909	2,536,971	98.5	1,567,945
Schizophrenic Disorders	295	6,815	597,565	366,379	99.6	226,875
Affective Psychoses	296	11,614	1,226,777	808,817	97.8	466,338
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	87,420	20,060,604	9,601,951	99.1	7,312,707
Other Retinal Disorders	362	10,084	2,157,284	1,284,073	99.5	984,343
Glaucoma	365	13,867	1,602,899	951,619	98.9	694,463
Cataract	366	17,061	9,208,131	3,615,174	99.2	2,781,120

See footnotes at end of table.

**Table 9.8—Continued**

**Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Principal Diagnosis Within Major Diagnostic Classifications (MDCs): Calendar Year 2004**

Principal ICD-9-CM <sup>1</sup> Diagnosis Within MDC	ICD-9-CM Code	Services in Thousands	Submitted Charges in Thousands	Allowed Charges		Program Payments in Thousands
				Amount in Thousands	Percent of Charges Assigned	
Diseases of the Circulatory System (MDC 7)	390-459	254,700	\$35,345,110	\$15,832,836	99.2	\$12,252,677
Essential Hypertensior	401	65,774	4,123,253	2,391,948	98.2	1,751,384
Acute Myocardial Infarctior	410	4,270	864,445	340,725	99.7	269,024
Other Acute and Subacute Forms of Ischemic Heart Disease	411	3,819	1,061,793	361,936	99.8	284,903
Angina Pectoris	413	5,462	1,118,423	474,260	99.6	370,638
Other Forms of Chronic Ischemic Heart Disease	414	36,381	7,748,101	3,091,099	99.4	2,401,633
Other Diseases of Endocardium	424	9,091	2,047,101	764,528	99.2	598,976
Cardiac Dysrhythmias	427	37,845	3,750,591	1,669,752	99.2	1,302,735
Heart Failure	428	27,359	3,256,741	1,691,452	99.6	1,333,317
Ill-Defined Descriptions and Complications of Heart Disease	429	4,920	468,182	204,311	99.1	157,698
Acute, But Ill-Defined, Cerebrovascular Disease	436	9,186	1,183,171	699,477	99.5	548,910
Diseases of the Respiratory System (MDC 8)	460-519	138,011	14,435,405	7,795,424	99.6	6,030,686
Acute Bronchitis and Bronchiolitis	466	4,859	331,085	211,817	98.4	147,754
Allergic Rhinitis	477	21,773	368,958	255,135	98.4	190,388
Pneumonia, Organism Unspecified	486	9,823	1,042,417	555,358	99.6	433,860
Asthma	493	10,956	926,154	518,191	99.4	396,865
Other Diseases of Lung	518	12,833	1,914,662	950,597	99.7	751,542
Diseases of the Digestive System (MDC 9)	520-579	41,253	9,662,814	3,690,576	99.4	2,879,320
Diseases of the Genitourinary System (MDC 10)	580-629	78,529	11,083,237	5,021,155	99.5	3,963,642
Chronic Renal Failure	585	18,766	3,570,962	1,688,491	99.9	1,348,078
Calculus of Kidney and Ureter	592	2,177	534,638	164,405	99.4	128,604
Other Disorders of Urethra and Urinary Tract	599	19,638	1,411,378	679,708	99.4	541,536
Hyperplasia of Prostate	600	4,742	805,243	445,034	99.2	341,803
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	55,516	4,420,947	2,687,942	98.8	2,039,450
Other Dermatoses	702	22,703	1,113,602	708,987	98.0	528,466
Chronic Ulcer of Skin	707	8,212	1,257,966	707,387	99.7	556,202

See footnotes at end of table.

**Table 9.8—Continued**

**Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Principal Diagnosis Within Major Diagnostic Classifications (MDCs): Calendar Year 2004**

Principal ICD-9-CM <sup>1</sup> Diagnosis Within MDC	ICD-9-CM Code	Services in Thousands	Submitted Charges in Thousands	Allowed Charges <sup>2</sup>		Program Payments in Thousands
				Amount in Thousands	Percent of Charges Assigned	
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	197,501	\$26,003,829	\$11,671,601	98.5	\$9,018,745
Rheumatoid Arthritis and Other Inflammatory Polyarthropathies	714	9,068	1,321,135	796,603	99.3	619,480
Osteoarthritis and Allied Disorders	715	29,957	5,316,509	2,321,599	98.9	1,801,853
Other and Unspecified Arthropathies	716	3,594	378,819	205,781	98.6	157,271
Other and Unspecified Disorders of Joint	719	30,475	2,324,003	1,192,831	99.4	920,371
Other and Unspecified Disorders of Back	724	32,571	4,840,460	1,963,471	99.0	1,523,890
Peripheral Enthesopathies and Allied Syndromes	726	12,079	1,067,389	495,580	99.2	378,379
Other Disorders of Soft Tissues	729	12,952	1,167,308	588,943	99.1	450,945
Non-Allopathic Lesions, Not Elsewhere Classified	739	16,794	682,492	553,263	86.5	413,370
Congenital Anomalies (MDC 14)	740-759	2,452	513,898	211,149	99.1	164,270
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	201,581	25,293,889	12,026,228	99.5	9,401,459
General Symptoms	780	45,991	5,549,134	2,798,412	99.6	2,200,828
Symptoms Involving Respiratory System and Other Chest Symptoms	786	58,522	7,317,827	3,390,097	99.6	2,636,523
Symptoms Involving Digestive System	787	14,178	1,881,946	923,306	99.6	725,197
Symptoms Involving Urinary System	788	11,017	984,287	489,444	99.0	382,792
Sudden Death, Cause Unknown	798	16	4,043	1,985	99.9	1,508
Other Ill-Defined and Unknown Causes of Morbidity and Mortali	799	4,069	630,092	341,906	99.9	269,478
Injury and Poisoning (MDC 17)	800-999	56,376	10,229,994	4,360,648	99.2	3,408,036
Fracture of Neck of Femur	820	4,615	1,410,945	532,450	99.7	421,190
Supplementary Classification of Factors Influencing Health Status and Contact With Health Services	V01-V82	118,508	7,759,294	3,839,449	98.4	3,097,347
Need for Prophylactic Vaccination and Inoculation Against Certain Viral Diseases	V04	18,614	239,841	166,828	99.6	165,669
Special Investigations and Examinations	V72	4,621	335,155	158,603	98.7	124,774

<sup>1</sup>ICD-9-CM is International Classification of Diseases, 9th Revision, Clinical Modification. Only the first listed or principal diagnosis has been used.

<sup>2</sup>Specific diagnostic categories were selected for presentation based on amount of allowed charges and special interest.

NOTES: Numbers may not add to totals because of rounding. MDCs 11 [Complications of Pregnancy, Childbirth, and the Puerperium (630-676)] and 15 [Certain Conditions Originating in the Perinatal Period (760-779)] were not shown separately (but are included in the totals) because these diagnostic conditions are, for the most part, not applicable to Medicare beneficiaries. E Codes [Supplementary Classifications of External Causes of Injury and Poisoning (E800-E999)] are also not broken out separately. Medicare program payments represent fee-for-service only.

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.