

Table 10.1
Supplementary Medical Insurance (SMI) Medicare Enrollees, Hospital Outpatient Charges
and Program Payments, by Type of Entitlement: Selected Calendar Years 1974-2008

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
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
2005	39,730,362	165,827,447	28,584,759	843	17.2
2006	40,398,230	183,400,542	29,991,921	911	16.4
2007	41,109,320	200,680,151	31,612,975	978	15.8
2008	42,019,718	221,868,880	33,635,766	1,053	15.2

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 1974-2008

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
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
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
2005	33,779,665	120,679,674	20,972,035	738	17.4
2006	34,183,478	131,315,177	21,811,661	793	16.6
2007	34,656,299	142,810,809	22,928,871	854	16.1
2008	35,364,399	156,248,053	24,349,712	921	15.6

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 1974-2008

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
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
2005	5,950,697	45,147,772	7,612,723	1,381	16.9
2006	6,214,752	52,085,365	8,180,260	1,510	15.7
2007	6,453,021	57,869,342	8,684,104	1,586	15.0
2008	6,655,319	65,620,826	9,286,054	1,689	14.2

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 2008

Demographic Characteristic and Type of Entitlement	Type of Service				
	Total	Clinic	Emergency Room	Laboratory	Radiology
	Covered Charges in Thousands				
Total	\$221,868,879	\$2,417,017	\$9,348,080	\$21,501,929	\$38,933,868
Sex					
Male	104,292,547	1,045,543	3,831,156	9,214,299	17,080,944
Female	117,576,332	1,371,474	5,516,923	12,287,630	21,852,924
Race³					
White	162,480,109	1,758,437	7,165,787	17,637,013	32,574,159
Other	58,585,934	650,658	2,155,607	3,794,551	6,245,219
Type of Entitlement					
Aged ⁴	156,248,053	1,792,525	6,264,697	16,722,910	32,237,476
Disabled ⁵	65,620,826	624,492	3,083,383	4,779,019	6,696,391
	Percent Distribution				
Total	100.0	1.1	4.2	9.7	17.5
Sex					
Male	100.0	1.0	3.7	8.8	16.4
Female	100.0	1.2	4.7	10.5	18.6
Race³					
White	100.0	1.1	4.4	10.9	20.0
Other	100.0	1.1	3.7	6.5	10.7
Type of Entitlement					
Aged ⁴	100.0	1.1	4.0	10.7	20.6
Disabled ⁵	100.0	1.0	4.7	7.3	10.2
	Average Charge per Enrollee ⁶				
Total	\$6,949	\$76	\$293	\$673	\$1,219
Sex					
Male	7,449	75	274	658	1,220
Female	6,558	76	308	685	1,219
Race³					
White	6,039	65	266	656	1,211
Other	11,748	130	432	761	1,252
Type of Entitlement					
Aged ⁴	5,912	68	237	633	1,220
Disabled ⁵	11,935	114	561	869	1,218

¹Includes charges for physical therapy, occupational therapy, and speech/language pathology.

²Includes charges for blood, blood administration, cardiology, ambulatory surgical care, magnetic resonance imaging, drugs requiring specific identification, etc.

³Excludes unknown race.

⁴Includes aged persons with end stage renal disease (ESRD).

⁵Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

⁶Medicare 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 2008

Type of Service					
Pharmacy	Rehabilitation ¹	Medical/ Surgical Supplies	Operating Room	End Stage Renal Disease	Other ²
Covered Charges in Thousands					
\$4,573,851	\$3,484,204	\$13,957,634	\$19,865,653	\$34,322,220	\$73,464,419
2,012,813	1,358,149	7,024,941	9,041,463	18,414,832	35,268,404
2,561,038	2,126,054	6,932,692	10,824,190	15,907,387	38,196,014
3,772,303	2,949,879	11,703,354	16,550,141	16,459,240	51,909,791
786,577	524,775	2,212,162	3,255,408	17,685,287	21,275,685
3,442,068	2,875,554	11,231,881	15,805,649	16,261,298	49,613,990
1,131,782	608,649	2,725,753	4,060,003	18,060,921	23,850,429
Percent Distribution					
2.1	1.6	6.3	9.0	15.5	33.1
1.9	1.3	6.7	8.7	17.7	33.8
2.2	1.8	5.9	9.2	13.5	32.5
2.3	1.8	7.2	10.2	10.1	31.9
1.3	0.9	3.8	5.6	30.2	36.3
2.2	1.8	7.2	10.1	10.4	31.8
1.7	0.9	4.2	6.2	27.5	36.3
Average Charge per Enrollee ⁶					
\$143	\$109	\$437	\$622	\$1,075	\$2,301
144	97	502	646	1,315	2,519
143	119	387	604	887	2,130
140	110	435	615	612	1,930
158	105	444	653	3,546	4,266
130	109	425	598	615	1,877
206	111	496	738	3,285	4,338

Table 10.3

Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 2008

Area of Residence	Persons Served in Thousands													
	Total		Persons Served in Thousands			Program Payments in Millions				Average Program Payment per Enrollee ²				
	Number	Per 1,000 Enrollees ²	Aged ³	Disabled ⁴	ESRD ⁵	Total	Aged	Disabled	ESRD	Total	Aged	Disabled	ESRD	
All Areas ¹	22,055	691	18,013	3,690	352	\$33,636	\$20,706	\$4,993	\$7,936	\$1,053	\$788	\$941	\$23,229	
United States	21,983	693	17,958	3,678	347	33,490	20,662	4,985	7,843	1,056	791	945	23,239	
Northeast	4,294	727	3,528	709	57	6,578	4,214	1,017	1,347	1,114	858	1,083	24,173	
Midwest	5,726	747	4,750	899	76	8,303	5,401	1,227	1,675	1,083	848	1,005	22,387	
South	8,542	676	6,857	1,531	153	13,298	7,821	1,979	3,498	1,052	763	887	23,287	
West	3,422	620	2,822	539	60	5,311	3,225	762	1,323	963	704	864	23,315	
New England	1,395	797	1,135	248	13	2,164	1,458	393	313	1,236	1,019	1,275	26,058	
Connecticut	310	732	262	44	4	493	323	66	105	1,166	891	1,151	29,107	
Maine	172	773	136	35	1	235	160	52	24	1,059	907	1,152	19,022	
Massachusetts	624	849	499	120	5	1,008	681	198	130	1,373	1,155	1,409	26,188	
New Hampshire	139	770	117	21	1	219	157	36	26	1,211	1,044	1,230	27,844	
Rhode Island	73	764	57	16	1	102	62	23	16	1,057	830	1,124	21,593	
Vermont	77	819	64	13	1	106	75	19	12	1,125	967	1,171	23,885	
Middle Atlantic	2,899	698	2,393	461	44	4,414	2,756	624	1,034	1,063	792	989	23,655	
New Jersey	632	605	532	88	12	1,095	675	132	288	1,048	748	1,008	25,627	
New York	1,224	656	978	225	21	1,961	1,158	312	490	1,052	756	1,002	23,589	
Pennsylvania	1,043	838	883	148	11	1,358	923	180	255	1,091	884	954	21,875	
East North Central	4,047	765	3,357	636	55	5,916	3,837	865	1,214	1,118	875	1,016	21,895	
Illinois	1,114	751	951	148	15	1,613	1,065	197	351	1,087	843	971	21,949	
Indiana	584	747	482	95	7	848	564	132	152	1,084	870	1,039	19,728	
Michigan	934	811	755	167	12	1,400	884	231	284	1,215	960	1,061	22,792	
Ohio	993	786	815	163	14	1,424	897	215	312	1,127	862	1,027	22,797	
Wisconsin	422	691	354	62	6	630	427	89	114	1,031	834	948	20,522	
West North Central	1,678	707	1,393	264	21	2,388	1,564	362	461	1,005	787	981	23,793	
Iowa	289	689	247	40	3	354	246	42	65	842	679	784	23,053	
Kansas	218	616	184	31	3	333	225	43	65	939	743	884	24,284	
Minnesota	349	784	290	55	4	487	327	74	87	1,093	895	964	23,804	
Missouri	534	734	423	102	8	809	477	155	177	1,113	818	1,131	25,139	
Nebraska	153	681	131	20	2	205	141	27	37	915	728	952	21,104	
North Dakota	69	747	61	7	1	103	76	10	17	1,116	940	973	24,131	
South Dakota	66	591	57	8	1	97	72	10	15	866	736	776	18,378	

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 2008

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											
South Atlantic	4,552	674	3,724	750	78	\$7,271	\$4,417	\$1,026	\$1,828	\$1,076	\$791	\$941	\$23,622
Delaware	89	701	74	13	1	147	97	19	31	1,162	915	998	23,760
District of Columbia	40	728	33	6	2	96	45	10	41	1,730	997	1,144	29,937
Florida	1,352	621	1,162	171	20	1,951	1,287	211	453	895	685	755	22,836
Georgia	657	703	522	122	14	1,046	569	158	319	1,119	762	906	23,257
Maryland	372	603	310	54	8	983	639	144	200	1,595	1,207	1,814	25,914
North Carolina	757	679	590	153	14	1,224	684	205	335	1,098	773	948	24,334
South Carolina	438	739	350	80	8	628	350	92	186	1,061	740	826	24,956
Virginia	636	734	527	99	10	913	564	125	224	1,054	779	940	22,044
West Virginia	210	776	156	52	2	283	181	63	39	1,045	912	890	19,042
East South Central	1,690	716	1,282	383	25	2,329	1,311	451	568	987	728	843	22,404
Alabama	461	756	354	100	7	595	338	99	158	975	723	729	22,773
Kentucky	419	711	314	100	5	586	352	127	107	994	797	887	23,005
Mississippi	290	697	214	69	6	459	229	88	141	1,106	738	897	23,586
Tennessee	521	699	400	114	7	690	391	137	162	925	674	868	20,806
West South Central	2,300	653	1,852	398	50	3,698	2,094	502	1,103	1,051	730	829	23,212
Arkansas	262	624	204	54	4	354	209	68	77	844	641	762	22,728
Louisiana	359	744	276	75	8	581	296	96	188	1,203	800	915	25,434
Oklahoma	326	700	264	58	4	431	275	66	89	924	727	800	21,248
Texas	1,353	629	1,108	211	34	2,333	1,313	272	749	1,084	733	827	23,010
Mountain	1,122	633	936	169	18	1,612	1,053	220	339	909	706	830	20,754
Arizona	272	546	231	36	5	424	270	47	107	852	631	721	20,947
Colorado	254	721	211	39	3	334	221	48	65	950	751	881	22,180
Idaho	93	625	79	13	1	141	99	22	20	942	792	933	18,655
Montana	92	716	78	12	1	121	93	16	13	948	853	869	16,364
Nevada	98	489	78	18	2	145	85	20	40	720	507	646	18,463
New Mexico	142	691	112	27	3	207	115	32	60	1,008	700	842	23,737
Utah	129	752	109	18	2	185	130	25	30	1,077	894	1,002	20,503
Wyoming	43	634	37	6	(6)	55	41	10	5	817	699	1,074	15,233

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 2008

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											
Pacific	2,299	614	1,886	370	43	\$3,699	\$2,173	\$542	\$985	\$988	\$703	\$879	\$24,350
Alaska	35	647	28	6	(6)	61	42	11	9	1,139	954	1,127	19,638
California	1,599	606	1,306	259	33	2,679	1,517	389	772	1,015	699	891	25,025
Hawaii	61	584	52	7	2	104	56	10	39	999	634	665	21,351
Oregon	205	663	171	32	2	254	165	38	51	821	642	753	21,926
Washington	400	626	329	66	5	601	392	95	114	941	744	894	22,811
Outlying Areas ⁷	73	360	56	12	5	146	45	8	93	721	270	239	22,469

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 2008

Reason for Visit	ICD-9-CM Code ¹	Number of Bills	Covered Charges in Thousands	Program Payments in Thousands	Average Covered Charge per Bill	Average Program Payment per Bill ²
Total All Reasons for the Visit	---	112,175,480	\$221,868,880	\$33,635,766	\$1,978	\$311
Selected Reasons for the Visit ³	---	55,459,740	116,524,580	19,656,491	2,101	363
Encounter for Other and Unspecified Procedures and Aftercare	V58	6,287,540	9,436,684	1,684,799	1,501	273
Diabetes Mellitus	250	4,523,320	2,270,298	4,002,128	502	91
Essential Hypertension	401	4,482,400	1,911,873	310,275	427	71
Chronic Renal Failure	585	4,440,480	59,951,210	7,090,481	13,501	1,612
Special Screening for Malignant Neoplasms	V76	4,369,860	1,995,958	401,149	457	94
Cardiac Dysrhythmias	427	4,196,980	2,992,668	575,706	713	139
Disorders of Lipoid Metabolism	272	3,536,260	1,293,681	212,148	366	61
Symptoms Involving Respiratory System and Other Chest Symptoms	786	3,328,200	7,886,843	1,110,188	2,370	350
General Symptoms	780	2,722,600	4,696,096	649,942	1,725	246
Other and Unspecified Anemias	285	2,422,920	2,337,132	412,261	965	174
Other Disorders of Urethra and Urinary Tract	599	2,292,280	1,777,609	236,699	775	106
Other and Unspecified Disorders of Back	724	1,972,300	3,048,892	470,384	1,546	249
Other Symptoms Involving Abdomen and Pelvis	789	1,825,840	4,036,944	455,900	2,211	258
Other and Unspecified Disorders of Joint	719	1,731,840	1,564,454	236,809	903	144
Other Forms of Chronic Ischemic Heart Disease	414	1,546,500	6,467,387	1,044,804	4,182	695
Special Investigations and Examinations	V72	1,404,380	858,130	115,370	611	86
Other Disorders of Soft Tissues	729	1,152,400	1,099,733	154,325	954	141
Symptoms Involving Digestive System	787	1,094,760	1,443,806	202,420	1,319	195
Heart Failure	428	1,083,860	1,112,766	228,528	1,027	216
Acquired Hypothyroidism	244	1,045,020	342,416	62,175	328	60
All Other Reasons for the Visit	---	56,715,740	105,344,300	13,979,275	1,857	261

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

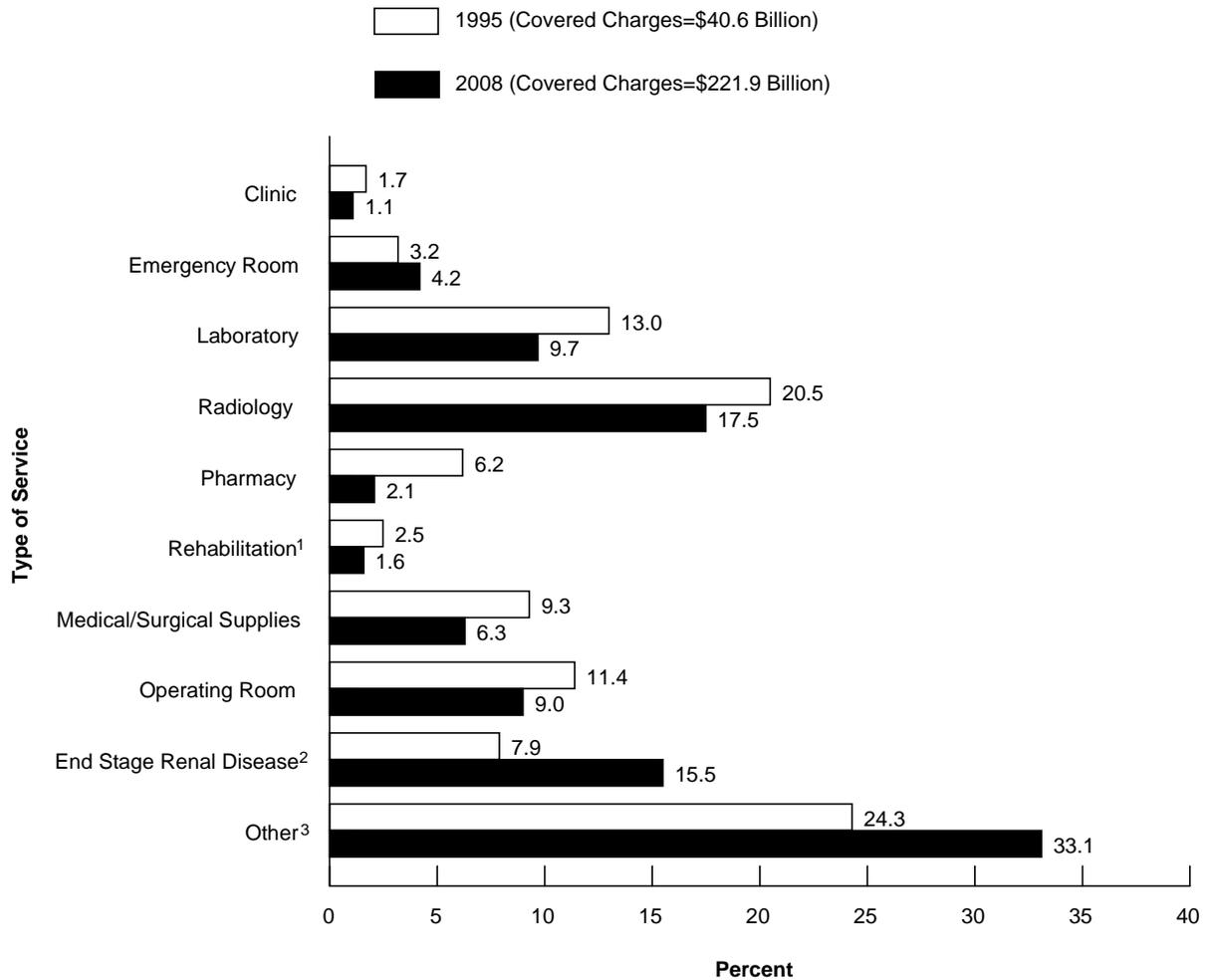
²Does not reflect bills for beneficiaries who received covered services, but for whom no program payments were reported during the year.

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.

Figure 10.1
Percent Distribution of Hospital Outpatient Charges
Under Medicare, by Type of Service:
Calendar Years 1995 and 2008



¹Includes charges for physical therapy, occupational therapy, and speech/language pathology.

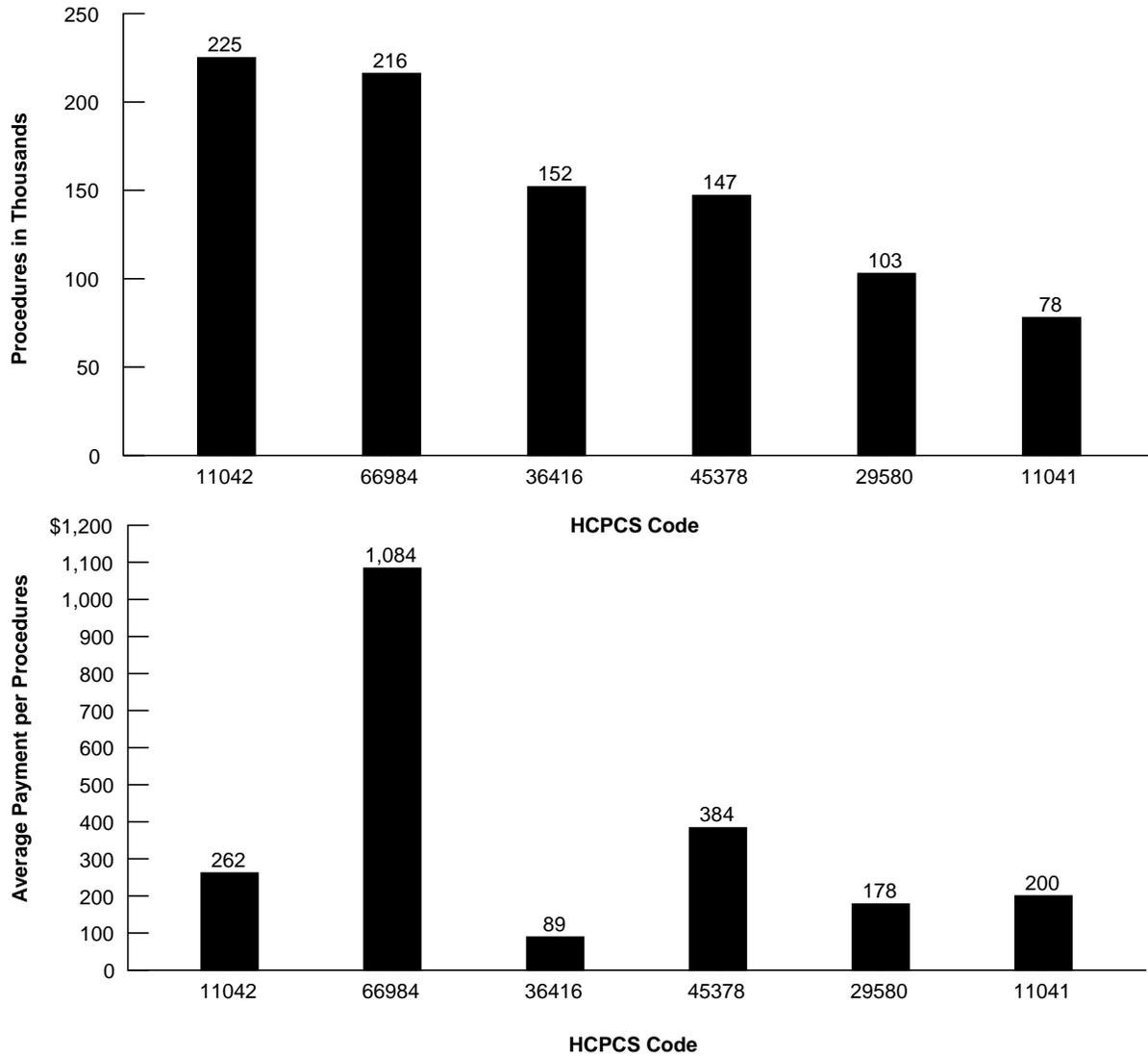
²Services to end stage renal disease patients consist primarily of renal dialysis.

³Includes charges for blood, blood administration, cardiology, ambulatory surgical care, magnetic resonance imaging, drugs requiring specific identification, etc.

NOTE: Medicare program payments are not available by type of service.

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.

Figure 10.2
Leading Medicare Hospital Outpatient Surgical
Procedures, Based on Frequency: Calendar Year 2008



NOTES: HCPCS is Healthcare Common Procedure Coding System. The Current Procedural Terminology (CPT) codes, descriptions, and other data only are Copyright 2007 American Medical Association All Rights Reserved (or such other date of publication of CPT). CPT is a trademark of the American Medical Association (AMA). For a more detailed description of each procedure, refer to the previously mentioned publication. Leading surgical procedures were selected from among the code range 10000 - 69979 (Surgical Procedures). Codes are debridement, skin and subcutaneous tissue, 11042; extracapsular cataract removal with insertion of intraocular lens prosthesis, 66984; collection of capillary blood specimen, 36416; colonoscopy, flexible, proximal to splenic flexure, 45378; strapping unna boot, 29580; debridement, skin, full thickness, 11041.

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.