

Table 10.1
Supplementary Medical Insurance (SMI) Medicare Enrollees, Hospital Outpatient Charges
and Program Payments, by Type of Entitlement: Selected Calendar Years 1974-2009

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
2009	42,960,464	252,783,206	37,242,592	1,171	14.7

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 1974-2009

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
2009	36,060,642	175,639,930	26,928,648	1,027	15.3

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 1974-2009

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
2009	6,899,822	77,143,276	10,313,945	1,849	13.4

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 Standard Analytical Files; 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 2009

Demographic Characteristic and Type of Entitlement	Type of Service				
	Total	Clinic	Emergency Room	Laboratory	Radiology
Covered Charges in Thousands					
Total	\$252,783,206	\$2,743,786	\$11,038,964	\$23,801,475	\$42,809,531
Sex					
Male	119,316,109	1,196,831	4,514,067	10,171,568	18,458,040
Female	133,467,096	1,546,954	6,524,897	13,629,906	24,351,490
Race³					
White	184,330,371	2,009,971	8,418,211	19,460,807	35,803,648
Other	67,556,959	725,632	2,588,472	4,258,656	6,881,810
Type of Entitlement					
Aged ⁴	175,639,930	2,025,467	7,332,737	18,346,352	35,162,758
Disabled ⁵	77,143,276	718,319	3,706,226	5,455,123	7,646,772
Percent Distribution					
Total	100.0	1.1	4.4	9.4	16.9
Sex					
Male	100.0	1.0	3.8	8.5	15.5
Female	100.0	1.2	4.9	10.2	18.2
Race³					
White	100.0	1.1	4.6	10.6	19.4
Other	100.0	1.1	3.8	6.3	10.2
Type of Entitlement					
Aged ⁴	100.0	1.2	4.2	10.4	20.0
Disabled ⁵	100.0	0.9	4.8	7.1	9.9
Average Charge per Enrollee ⁶					
Total	\$7,949	\$86	\$347	\$748	\$1,346
Sex					
Male	8,534	86	323	728	1,320
Female	7,490	87	366	765	1,367
Race³					
White	6,905	75	315	729	1,341
Other	13,349	143	511	841	1,360
Type of Entitlement					
Aged ⁴	6,698	77	280	700	1,341
Disabled ⁵	13,827	129	664	978	1,371

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 Standard Analytical Files; 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 2009

Type of Service					
Pharmacy	Rehabilitation ¹	Medical/ Surgical Supplies	Operating Room	End Stage Renal Disease	Other ²
Covered Charges in Thousands					
\$4,948,740	\$3,822,151	\$16,016,404	\$22,302,704	\$41,094,954	\$84,204,493
2,162,943	1,468,016	8,200,582	10,130,935	22,265,130	40,747,994
2,785,796	2,354,135	7,815,821	12,171,769	18,829,824	43,456,499
4,064,461	3,220,394	13,396,092	18,555,163	20,063,305	59,338,314
868,267	590,918	2,576,446	3,674,615	20,810,949	24,581,191
3,684,616	3,122,558	12,810,594	17,645,124	19,279,596	56,230,123
1,264,123	699,592	3,205,809	4,657,579	21,815,358	27,974,370
Percent Distribution					
2.0	1.5	6.3	8.8	16.3	33.3
1.8	1.2	6.9	8.5	18.7	34.2
2.1	1.8	5.9	9.1	14.1	32.6
2.2	1.7	7.3	10.1	10.9	32.2
1.3	0.9	3.8	5.4	30.8	36.4
2.1	1.8	7.3	10.0	11.0	32.0
1.6	0.9	4.2	6.0	28.3	36.3
Average Charge per Enrollee ⁶					
\$156	\$120	\$504	\$701	\$1,292	\$2,648
155	105	587	725	1,593	2,915
156	132	439	683	1,057	2,439
152	121	502	695	752	2,223
172	117	509	726	4,112	4,857
141	119	489	673	735	2,144
227	125	575	835	3,910	5,014

Table 10.3

Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 2009

Area of Residence	Persons Served in Thousands					Program Payments in Millions				Average Program Payment per Enrollee ²			
	Total		Aged ³	Disabled ⁴	ESRD ⁵	Total	Aged	Disabled	ESRD	Total	Aged	Disabled	ESRD
	Number	Per 1,000 Enrollees ²											
All Areas ¹	22,076	694	17,920	3,794	361	\$37,243	\$23,070	\$5,724	\$8,448	\$1,171	\$885	\$1,064	\$24,163
United States	22,007	696	17,868	3,783	356	37,094	23,019	5,716	8,359	1,174	888	1,068	24,192
Northeast	4,260	732	3,467	735	59	7,137	4,529	1,177	1,431	1,226	942	1,231	25,411
Midwest	5,765	759	4,743	945	77	9,297	6,085	1,454	1,758	1,224	971	1,161	23,134
South	8,566	678	6,850	1,558	158	14,736	8,773	2,247	3,715	1,166	857	998	24,089
West	3,415	615	2,807	546	62	5,925	3,632	838	1,455	1,068	789	942	24,662
New England	1,408	809	1,137	258	13	2,440	1,638	464	338	1,402	1,160	1,469	27,775
Connecticut	305	737	257	44	4	530	349	71	109	1,279	989	1,243	29,985
Maine	168	786	131	36	1	260	180	59	21	1,215	1,079	1,278	18,139
Massachusetts	639	865	508	126	6	1,140	768	229	143	1,544	1,305	1,577	28,026
New Hampshire	141	780	118	22	1	258	180	53	25	1,426	1,196	1,783	27,606
Rhode Island	75	783	58	17	1	124	69	29	26	1,286	929	1,388	30,592
Vermont	79	828	65	13	1	128	91	23	14	1,335	1,157	1,378	27,118
Middle Atlantic	2,852	699	2,330	477	45	4,697	2,892	713	1,093	1,151	851	1,114	24,758
New Jersey	630	609	527	90	12	1,177	706	155	316	1,138	792	1,180	27,488
New York	1,226	670	971	234	21	2,086	1,223	354	508	1,141	819	1,132	24,468
Pennsylvania	996	818	832	153	11	1,433	962	203	268	1,177	952	1,041	22,619
East North Central	4,088	780	3,358	674	56	6,591	4,286	1,029	1,276	1,258	995	1,174	22,697
Illinois	1,139	763	966	157	16	1,812	1,204	225	383	1,214	950	1,078	23,505
Indiana	594	767	486	101	7	950	636	159	155	1,227	999	1,223	19,884
Michigan	929	826	739	176	13	1,524	948	277	299	1,355	1,068	1,231	24,001
Ohio	1,000	799	814	173	14	1,611	1,024	262	326	1,287	1,002	1,213	23,233
Wisconsin	427	718	354	67	6	694	475	105	113	1,168	965	1,098	20,045
West North Central	1,677	711	1,385	271	21	2,706	1,799	425	481	1,148	918	1,128	24,380
Iowa	286	684	243	40	3	410	291	57	62	983	810	1,032	22,127
Kansas	214	608	179	32	3	353	233	46	74	1,000	778	905	27,270
Minnesota	365	845	301	59	4	574	396	91	87	1,331	1,135	1,160	23,312
Missouri	529	733	418	104	8	921	554	174	193	1,275	961	1,257	26,935
Nebraska	150	665	128	20	2	226	159	32	36	1,004	818	1,083	20,335
North Dakota	64	697	56	7	1	100	74	11	16	1,081	911	968	21,884
South Dakota	69	594	60	8	1	121	93	15	14	1,047	913	1,077	16,354

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 2009

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	4,564	674	3,722	762	80	\$7,978	\$4,893	\$1,144	\$1,941	\$1,179	\$876	\$1,038	\$24,531
Delaware	92	715	77	14	1	150	99	21	31	1,173	922	1,078	22,039
District of Columbia	40	704	31	7	2	98	43	10	45	1,748	954	1,042	33,562
Florida	1,339	619	1,149	169	21	2,152	1,446	235	471	995	776	840	22,932
Georgia	666	708	527	124	14	1,169	644	175	350	1,243	860	988	24,674
Maryland	377	604	314	56	8	1,058	691	161	206	1,692	1,291	1,961	25,813
North Carolina	762	678	589	159	14	1,353	765	234	354	1,203	859	1,065	25,277
South Carolina	439	733	349	82	8	687	393	103	191	1,147	821	909	25,808
Virginia	642	741	531	100	10	984	609	132	242	1,135	841	1,002	23,712
West Virginia	209	780	154	52	2	329	204	74	51	1,230	1,046	1,057	24,704
East South Central	1,689	722	1,278	385	26	2,607	1,497	512	598	1,115	842	958	23,130
Alabama	451	755	344	100	7	679	392	118	169	1,138	862	873	24,396
Kentucky	426	724	319	102	5	647	395	139	113	1,100	900	964	23,593
Mississippi	290	697	215	70	6	520	272	103	145	1,248	873	1,035	23,560
Tennessee	522	708	401	113	8	761	438	152	171	1,032	763	976	21,419
West South Central	2,313	655	1,850	411	52	4,150	2,383	591	1,176	1,175	831	961	23,883
Arkansas	267	636	206	57	4	412	259	75	78	984	796	830	23,139
Louisiana	351	737	267	76	8	624	331	108	185	1,310	914	1,017	24,550
Oklahoma	332	709	268	60	4	492	315	81	96	1,052	832	955	22,115
Texas	1,364	629	1,110	218	36	2,622	1,477	328	817	1,209	821	980	24,035
Mountain	1,123	631	934	171	18	1,765	1,178	233	354	991	788	866	20,839
Arizona	272	537	231	35	5	464	300	52	112	916	690	794	20,600
Colorado	255	717	211	40	4	371	245	55	72	1,042	823	984	23,369
Idaho	94	644	79	14	1	155	109	21	25	1,059	901	881	22,494
Montana	90	712	77	12	1	134	106	15	13	1,061	989	814	16,859
Nevada	101	493	81	18	2	169	100	22	47	821	583	695	20,868
New Mexico	142	690	111	28	3	215	127	34	54	1,048	777	871	20,928
Utah	123	747	104	18	2	198	144	26	28	1,198	1,038	1,047	18,279
Wyoming	45	647	38	6	(7)	59	46	7	5	855	778	801	16,068

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 2009

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	2,293	608	1,874	375	44	\$4,160	\$2,454	\$606	\$1,101	\$1,104	\$790	\$975	\$26,210
Alaska	35	632	29	6	(7)	75	51	14	10	1,350	1,127	1,468	20,717
California	1,601	600	1,304	262	35	2,990	1,686	425	880	1,121	768	965	27,450
Hawaii	60	589	51	7	2	114	64	10	39	1,126	752	764	20,942
Oregon	200	647	165	32	2	290	193	46	52	940	756	893	21,185
Washington	397	622	325	67	5	691	460	111	121	1,084	875	1,037	23,294
Outlying Areas ⁶	69	352	52	12	5	149	51	8	90	761	317	267	21,728

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)).

⁶Consists of Puerto Rico, Virgin Islands, Guam, residence unknown, and all other outlying areas.

⁷Less than 500 persons served.

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 Standard Analytical Files; 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 2009

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	---	114,726,680	\$252,783,206	\$37,242,592	\$2,203	\$336
Selected Reasons for the Visit ³	---	56,353,480	135,464,000	17,667,772	2,404	323
Encounter for Other and Unspecified						
Procedures and Aftercare	V58	6,357,640	10,842,244	1,940,235	1,705	311
Chronic Renal Failure	585	4,604,960	71,148,492	7,495,516	15,450	1,644
Essential Hypertension	401	4,586,320	2,093,761	338,592	457	76
Diabetes Mellitus	250	4,553,540	2,591,374	457,090	569	103
Special Screening for Malignant Neoplasms	V76	4,370,540	2,176,115	417,337	498	98
Cardiac Dysrhythmias	427	4,258,140	3,660,109	722,416	860	172
Disorders of Lipoid Metabolism	272	3,515,520	1,366,500	217,420	389	63
Symptoms Involving Respiratory						
System and Other Chest Symptoms	786	3,406,880	9,006,415	1,234,348	2,644	379
General Symptoms	780	2,746,900	5,265,747	713,221	1,917	267
Other and Unspecified Anemias	285	2,385,380	2,359,568	409,839	989	176
Other Disorders of Urethra and Urinary Tract	599	2,354,160	1,997,823	272,196	849	119
Other and Unspecified Disorders of Back	724	2,037,340	3,345,920	517,805	1,642	265
Other Symptoms Involving Abdomen and Pelvis	789	1,879,680	4,579,201	556,667	2,436	306
Other and Unspecified Disorders of Joint	719	1,799,480	1,748,864	258,963	972	152
Other Forms of Chronic Ischemic Heart Disease	414	1,559,900	7,913,101	1,284,064	5,073	848
Special Investigations and Examinations	V72	1,471,640	959,997	125,764	652	90
Other Disorders of Soft Tissues	729	1,176,220	1,196,176	164,411	1,017	147
Symptoms Involving Digestive System	787	1,142,300	1,635,694	229,285	1,432	211
Heart Failure	428	1,079,640	1,195,146	244,635	1,107	232
Acquired Hypothyroidism	244	1,067,300	381,753	67,968	358	65
All Other Reasons for the Visit	---	58,373,200	117,319,206	19,574,820	2,010	349

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

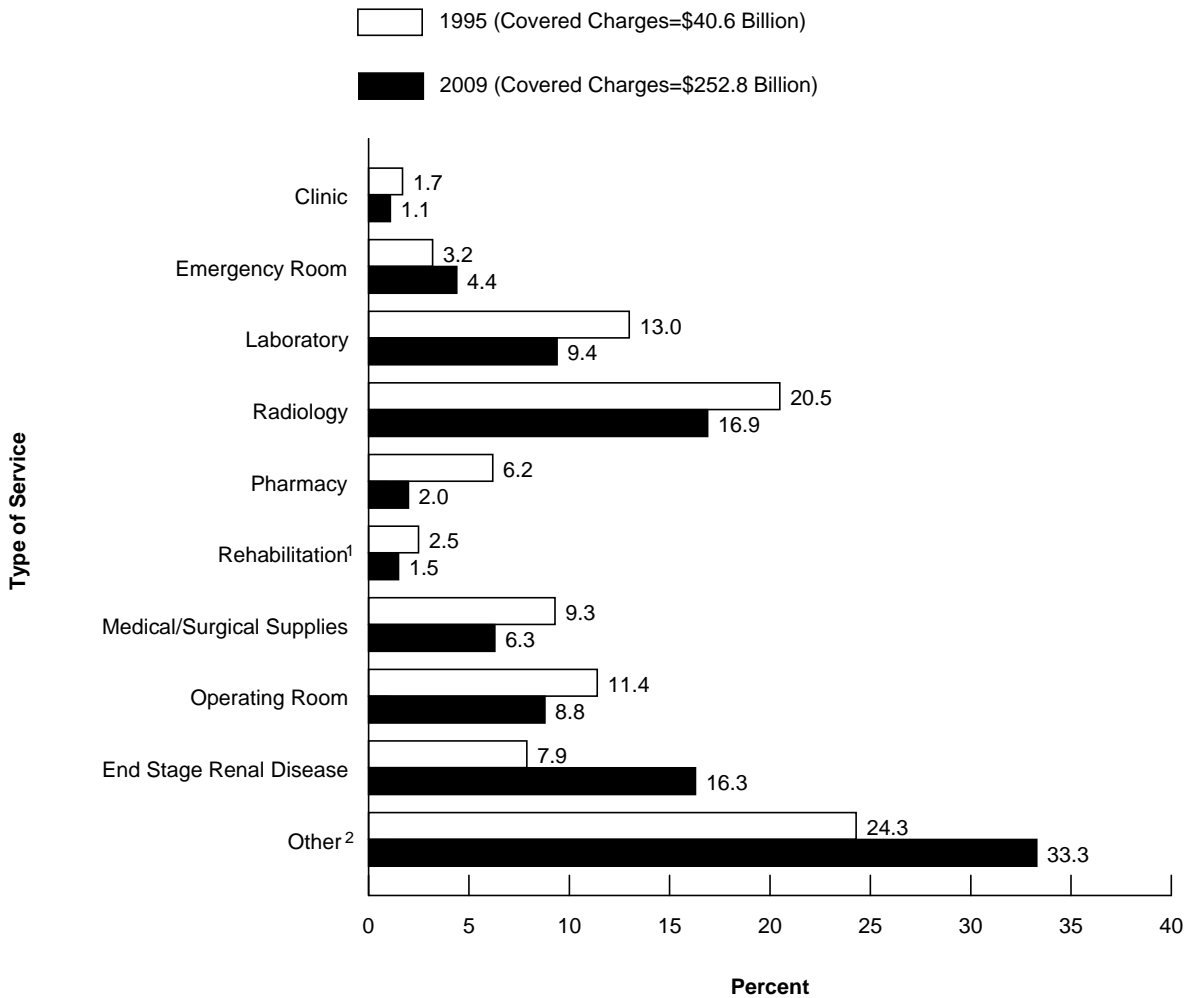
²Does not reflect bills for beneficiaries who received covered services, but for whom no program payments were reported during the year.

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 Standard Analytical Files; 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 2009



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

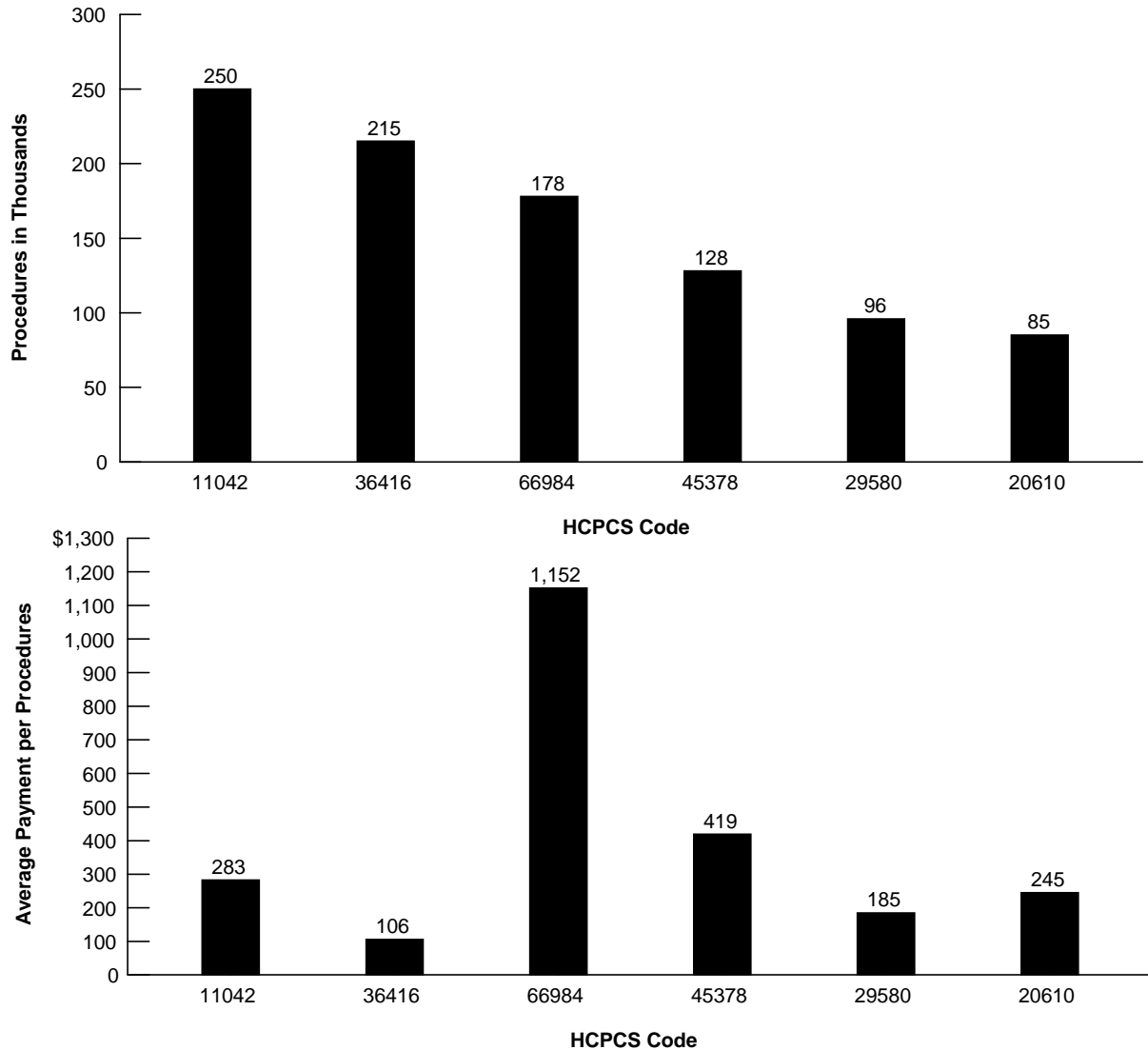
² Includes charges for blood, blood administration, cardiology, ambulatory surgical care, magnetic resonance imaging, drugs requiring specific identification, etc.

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

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

Figure 10.2

Leading Medicare Hospital Outpatient Surgical Procedures, Based on Frequency: Calendar Year 2009



NOTES: HCPCS is Healthcare Common Procedure Coding System. The Current Procedural Terminology (CPT) codes, descriptions, and other data only are Copyright 2008 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 HCPCS codes were selected from among the code range 10000 - 69979 (Surgical Procedures). Codes are debridement, skin, and subcutaneous tissue, 11042; collection of capillary blood specimen, 36416; extracapsular cataract removal with insertion of intraocular lens prosthesis, 66984; colonoscopy, flexible, proximal to splenic flexure, 45378; strapping, unna boot, 29580; arthrocentesis, aspiration and/or injection, major joint or bursa, 20610.

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