

Table 10.4
Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare,
by Selected Reasons for the Visit: Calendar Year 2010

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	---	117,543,340	\$288,373,910	\$39,656,242	\$2,453	\$349
Selected Reasons for the Visit ³	---	57,307,080	159,321,675	18,731,601	2,780	336
Encounter for Other and Unspecified						
Procedures and Aftercare	V58	6,407,720	12,395,434	2,139,397	1,934	341
Chronic Renal Failure	585	4,801,720	86,851,091	7,695,841	18,087	1,622
Essential Hypertension	401	4,655,240	2,268,521	348,510	487	77
Diabetes Mellitus	250	4,634,200	2,870,113	481,922	619	107
Cardiac Dysrhythmias	427	4,469,960	4,402,046	840,544	985	191
Special Screening for Malignant Neoplasms	V76	4,246,480	2,342,314	439,447	552	106
Disorders of Lipoid Metabolism	272	3,496,320	1,478,631	225,388	423	66
Symptoms Involving Respiratory						
System and Other Chest Symptoms	786	3,491,660	10,129,893	1,358,655	2,901	407
General Symptoms	780	2,788,580	5,839,950	756,540	2,094	279
Other Disorders of Urethra and Urinary Tract	599	2,394,080	2,207,131	287,754	922	123
Other and Unspecified Anemias	285	2,332,140	2,495,358	409,414	1,070	179
Other and Unspecified Disorders of Back	724	2,080,800	3,617,114	528,014	1,738	265
Other Symptoms Involving Abdomen and Pelvis	789	1,942,640	5,116,302	591,946	2,634	314
Other and Unspecified Disorders of Joint	719	1,872,020	1,918,705	274,248	1,025	154
Other Forms of Chronic Ischemic Heart Disease	414	1,623,800	9,392,867	1,470,584	5,784	933
Special Investigations and Examinations	V72	1,503,740	1,052,927	130,988	700	92
Other Disorders of Soft Tissues	729	1,206,360	1,323,041	174,316	1,097	152
Symptoms Involving Digestive System	787	1,199,500	1,893,152	253,078	1,578	221
Acquired Hypothyroidism	244	1,102,580	410,716	70,225	373	65
Heart Failure	428	1,057,540	1,316,370	254,790	1,245	246
All Other Reasons for the Visit	---	60,236,260	129,052,235	20,924,641	2,142	362

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 Center for Strategic Planning.