

Table 10.1
Supplementary Medical Insurance (SMI) Medicare Enrollees, Hospital Outpatient Charges
and Program Payments, by Type of Entitlement: Selected Calendar Years 1974-2010

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
2010	43,953,728	288,373,910	39,656,242	1,232	13.8

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 1974-2010

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
2010	36,768,443	197,443,518	28,627,222	1,083	14.5

See footnotes at end of table.

Table 10.1--Continued
Supplementary Medical Insurance (SMI) Medicare Enrollees, Hospital Outpatient Charges
and Program Payments, by Type of Entitlement: Selected Calendar Years 1974-2010

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
2010	7,185,285	90,930,392	11,029,020	1,911	12.1

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 Center for Strategic Planning.

Table 10.2
Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics, Type of Entitlement, and Type of Service: Calendar Year 2010

Demographic Characteristic and Type of Entitlement	Type of Service				
	Total	Clinic	Emergency Room	Laboratory	Radiology
	Covered Charges in Thousands				
Total	\$288,373,910	\$3,071,135	\$12,872,451	\$26,142,882	\$45,500,122
Sex					
Male	137,008,982	1,342,378	5,267,563	11,212,556	19,654,992
Female	151,364,928	1,728,757	7,604,888	14,930,326	25,845,130
Race³					
White	207,201,347	2,256,445	9,784,213	21,248,223	37,866,584
Other	80,108,288	803,520	3,051,721	4,797,869	7,492,384
Type of Entitlement					
Aged ⁴	197,443,518	2,262,171	8,456,560	19,962,687	37,026,610
Disabled ⁵	90,930,392	808,965	4,415,892	6,180,195	8,473,511
	Percent Distribution				
Total	100.0	1.1	4.5	9.1	15.8
Sex					
Male	100.0	1.0	3.8	8.2	14.3
Female	100.0	1.1	5.0	9.9	17.1
Race³					
White	100.0	1.1	4.7	10.3	18.3
Other	100.0	1.0	3.8	6.0	9.4
Type of Entitlement					
Aged ⁴	100.0	1.1	4.3	10.1	18.8
Disabled ⁵	100.0	0.9	4.9	6.8	9.3
	Average Charge per Enrollee ⁶				
Total	\$8,956	\$95	\$400	\$812	\$1,413
Sex					
Male	9,648	95	371	790	1,384
Female	8,409	96	423	829	1,436
Race³					
White	7,701	84	364	790	1,407
Other	15,333	154	584	918	1,434
Type of Entitlement					
Aged ⁴	7,471	86	320	755	1,401
Disabled ⁵	15,754	140	765	1,071	1,468

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 Center for Strategic Planning.

Table 10.2--Continued
Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics,
Type of Entitlement, and Type of Service: Calendar Year 2010

Type of Service					
Pharmacy	Rehabilitation ¹	Medical/ Surgical Supplies	Operating Room	End Stage Renal Disease	Other ²
Covered Charges in Thousands					
\$5,294,598	\$4,182,998	\$17,496,614	\$24,847,113	\$52,367,199	\$96,598,797
2,315,457	1,626,288	8,905,510	11,266,953	28,469,439	46,947,845
2,979,141	2,556,710	8,591,104	13,580,160	23,897,760	49,650,952
4,315,570	3,524,021	14,649,100	20,567,350	25,302,642	67,687,201
960,118	644,511	2,786,849	4,193,667	26,815,059	28,562,590
3,934,424	3,397,887	13,930,884	19,468,724	24,642,826	64,360,745
1,360,175	785,111	3,565,730	5,378,389	27,724,373	32,238,052
Percent Distribution					
1.8	1.5	6.1	8.6	18.2	33.5
1.7	1.2	6.5	8.2	20.8	34.3
2.0	1.7	5.7	9.0	15.8	32.8
2.1	1.7	7.1	9.9	12.2	32.7
1.2	0.8	3.5	5.2	33.5	35.7
2.0	1.7	7.1	9.9	12.5	32.6
1.5	0.9	3.9	5.9	30.5	35.5
Average Charge per Enrollee ⁶					
\$164	\$130	\$543	\$772	\$1,626	\$3,000
163	115	627	793	2,005	3,306
166	142	477	754	1,328	2,758
160	131	544	764	940	2,516
184	123	533	803	5,132	5,467
149	129	527	737	932	2,435
236	136	618	932	4,803	5,585

Table 10.3

Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 2010

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	22,237	691	17,931	3,933	373	\$39,656	\$24,657	\$6,293	\$8,706	\$1,232	\$939	\$1,130	\$24,119
United States	22,174	692	17,883	3,923	368	39,512	24,608	6,284	8,619	1,234	942	1,134	24,140
Northeast	4,231	720	3,411	761	59	7,466	4,773	1,267	1,426	1,271	990	1,272	24,853
Midwest	5,826	757	4,751	995	79	9,901	6,492	1,595	1,815	1,286	1,030	1,211	23,379
South	8,665	678	6,892	1,608	164	15,801	9,446	2,526	3,829	1,236	916	1,093	23,872
West	3,453	609	2,828	559	66	6,343	3,898	895	1,550	1,120	831	978	25,130
New England	1,418	804	1,133	272	13	2,540	1,716	493	332	1,440	1,206	1,495	26,937
Connecticut	302	731	252	45	4	538	362	71	104	1,303	1,032	1,222	28,300
Maine	166	775	127	37	1	274	192	60	21	1,279	1,161	1,277	18,704
Massachusetts	650	861	511	133	6	1,201	801	254	145	1,591	1,342	1,668	27,759
New Hampshire	144	783	119	24	1	260	184	52	23	1,412	1,210	1,690	25,249
Rhode Island	77	769	59	18	1	128	77	31	21	1,273	998	1,329	24,968
Vermont	80	810	65	14	1	140	100	24	17	1,427	1,241	1,354	33,061
Middle Atlantic	2,813	684	2,278	489	46	4,925	3,057	774	1,094	1,198	899	1,162	24,284
New Jersey	626	599	522	92	13	1,247	762	164	321	1,193	849	1,210	27,129
New York	1,179	647	927	231	21	2,125	1,265	362	498	1,166	854	1,129	23,899
Pennsylvania	1,007	811	829	166	12	1,554	1,030	249	275	1,251	1,011	1,181	22,216
East North Central	4,143	774	3,371	715	57	7,004	4,562	1,133	1,310	1,309	1,045	1,223	22,696
Illinois	1,156	759	974	166	16	1,910	1,293	252	365	1,253	1,004	1,150	22,013
Indiana	587	751	474	105	7	972	631	172	169	1,245	991	1,263	21,276
Michigan	1,065	819	858	193	14	1,816	1,174	306	336	1,397	1,127	1,256	24,553
Ohio	914	792	721	180	14	1,594	979	290	324	1,381	1,073	1,276	23,318
Wisconsin	421	712	344	71	6	713	483	113	116	1,207	997	1,132	20,667
West North Central	1,683	717	1,380	281	22	2,897	1,930	462	505	1,233	996	1,182	25,361
Iowa	281	668	238	40	3	430	307	61	63	1,022	850	1,058	22,317
Kansas	215	601	179	33	3	402	268	61	73	1,124	888	1,149	26,451
Minnesota	376	923	307	64	5	632	428	100	104	1,552	1,331	1,223	27,722
Missouri	528	727	413	107	8	962	586	180	196	1,324	1,018	1,255	26,859
Nebraska	147	650	125	20	2	232	162	34	36	1,023	826	1,154	21,100
North Dakota	64	693	56	8	1	110	85	10	14	1,188	1,056	934	19,495
South Dakota	71	605	61	9	1	129	94	15	19	1,102	928	1,086	22,367

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 2010

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	4,601	674	3,724	793	84	\$8,501	\$5,220	\$1,274	\$2,007	\$1,245	\$931	\$1,121	\$24,358
Delaware	96	721	81	14	1	166	116	21	29	1,244	1,041	1,038	20,033
District of Columbia	40	700	31	8	2	105	46	13	47	1,824	989	1,237	33,175
Florida	1,352	621	1,153	178	21	2,295	1,543	272	480	1,054	827	937	22,425
Georgia	642	715	499	128	15	1,200	644	190	366	1,336	912	1,074	24,524
Maryland	383	602	317	58	8	1,127	732	179	216	1,774	1,352	2,083	26,627
North Carolina	784	679	604	166	15	1,462	839	256	368	1,265	918	1,123	25,279
South Carolina	454	742	360	86	8	762	432	117	212	1,245	885	1,017	26,137
Virginia	642	727	528	103	11	1,038	657	142	239	1,176	892	1,045	23,044
West Virginia	208	758	152	53	2	346	211	84	51	1,262	1,062	1,145	24,332
East South Central	1,704	719	1,287	390	27	2,804	1,612	579	613	1,182	894	1,067	22,994
Alabama	460	749	351	101	8	720	412	130	178	1,172	877	945	24,675
Kentucky	429	721	319	104	5	701	423	167	111	1,179	957	1,128	23,006
Mississippi	299	703	219	73	6	574	297	120	157	1,351	939	1,173	24,760
Tennessee	517	700	397	112	8	809	481	162	167	1,097	836	1,050	20,163
West South Central	2,360	658	1,882	424	54	4,496	2,613	673	1,209	1,254	901	1,064	23,547
Arkansas	269	633	207	58	4	430	270	78	82	1,011	823	836	22,087
Louisiana	353	737	266	80	8	698	367	138	193	1,455	1,011	1,268	25,246
Oklahoma	336	710	270	62	4	522	340	88	93	1,103	892	1,015	20,398
Texas	1,401	635	1,139	225	38	2,846	1,636	369	841	1,289	895	1,073	23,739
Mountain	1,138	621	943	176	19	1,933	1,291	263	379	1,055	841	943	21,050
Arizona	281	532	239	36	6	526	355	58	113	995	779	863	19,007
Colorado	256	696	212	40	4	413	270	63	79	1,123	882	1,091	24,479
Idaho	96	642	79	15	1	163	115	22	25	1,092	944	855	21,829
Montana	92	712	78	13	1	148	113	17	18	1,146	1,034	889	23,121
Nevada	105	491	83	20	3	188	108	28	52	876	604	835	21,753
New Mexico	144	688	114	28	3	233	139	37	57	1,111	835	915	21,434
Utah	121	738	102	18	2	200	142	30	29	1,221	1,029	1,189	19,416
Wyoming	43	623	37	6	(7)	63	50	7	6	900	824	795	16,120

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 2010

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	2,315	604	1,886	383	46	\$4,410	\$2,607	\$633	\$1,171	\$1,150	\$827	\$994	\$26,812
Alaska	35	608	29	6	(7)	72	50	12	10	1,235	1,051	1,202	19,803
California	1,615	597	1,312	267	36	3,168	1,798	443	927	1,171	808	987	27,886
Hawaii	58	583	50	7	2	111	63	10	38	1,111	744	770	20,146
Oregon	201	630	164	34	3	315	205	51	59	991	785	942	22,742
Washington	405	622	331	68	6	744	491	117	137	1,143	917	1,055	25,121
Outlying Areas ⁶	63	351	48	10	5	145	49	9	87	811	334	318	22,235

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 Center for Strategic Planning.

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*.

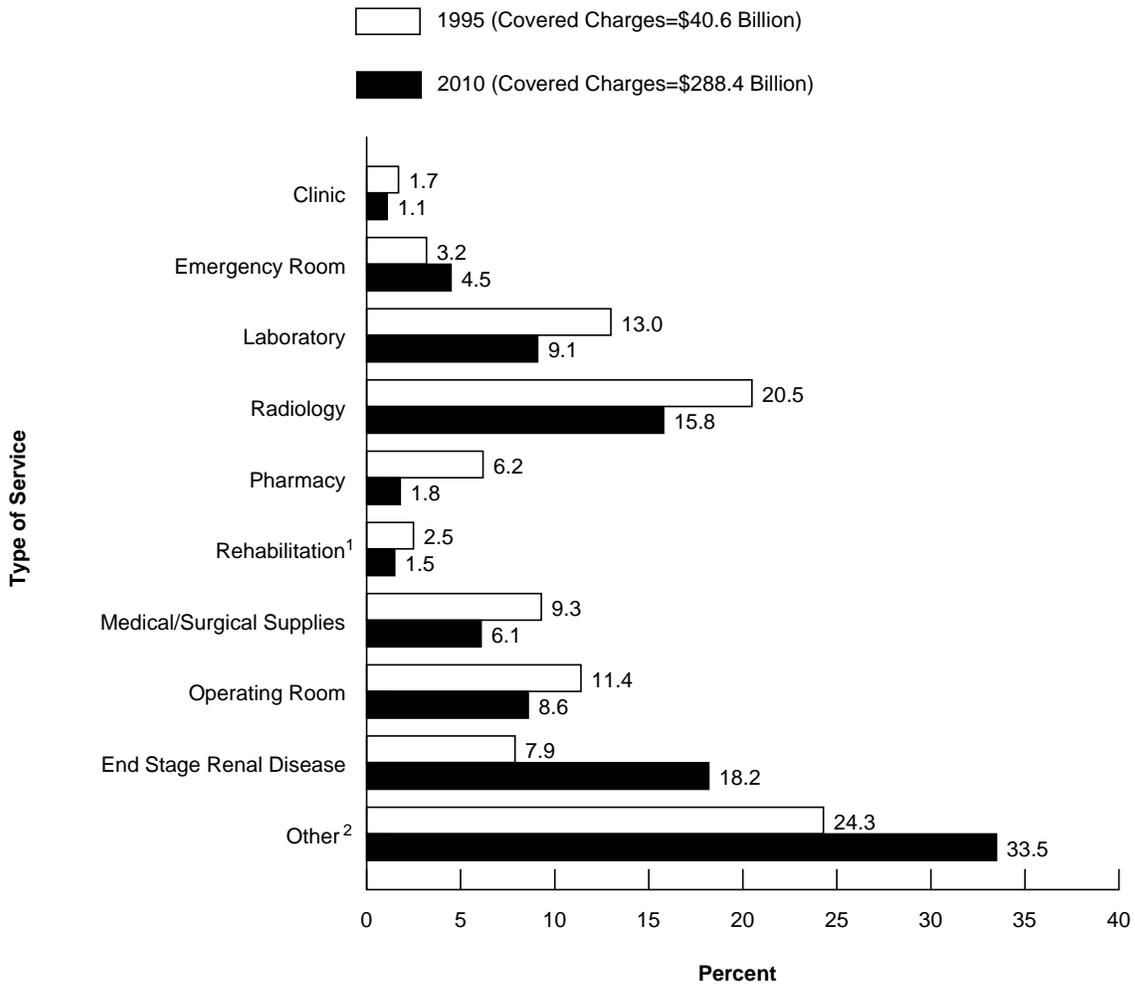
²Does not reflect bills for beneficiaries who received covered services, but for whom no program payments were reported during the year.

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.

Figure 10.1
Percent Distribution of Hospital Outpatient Charges
Under Medicare, by Type of Service:
Calendar Years 1995 and 2010



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

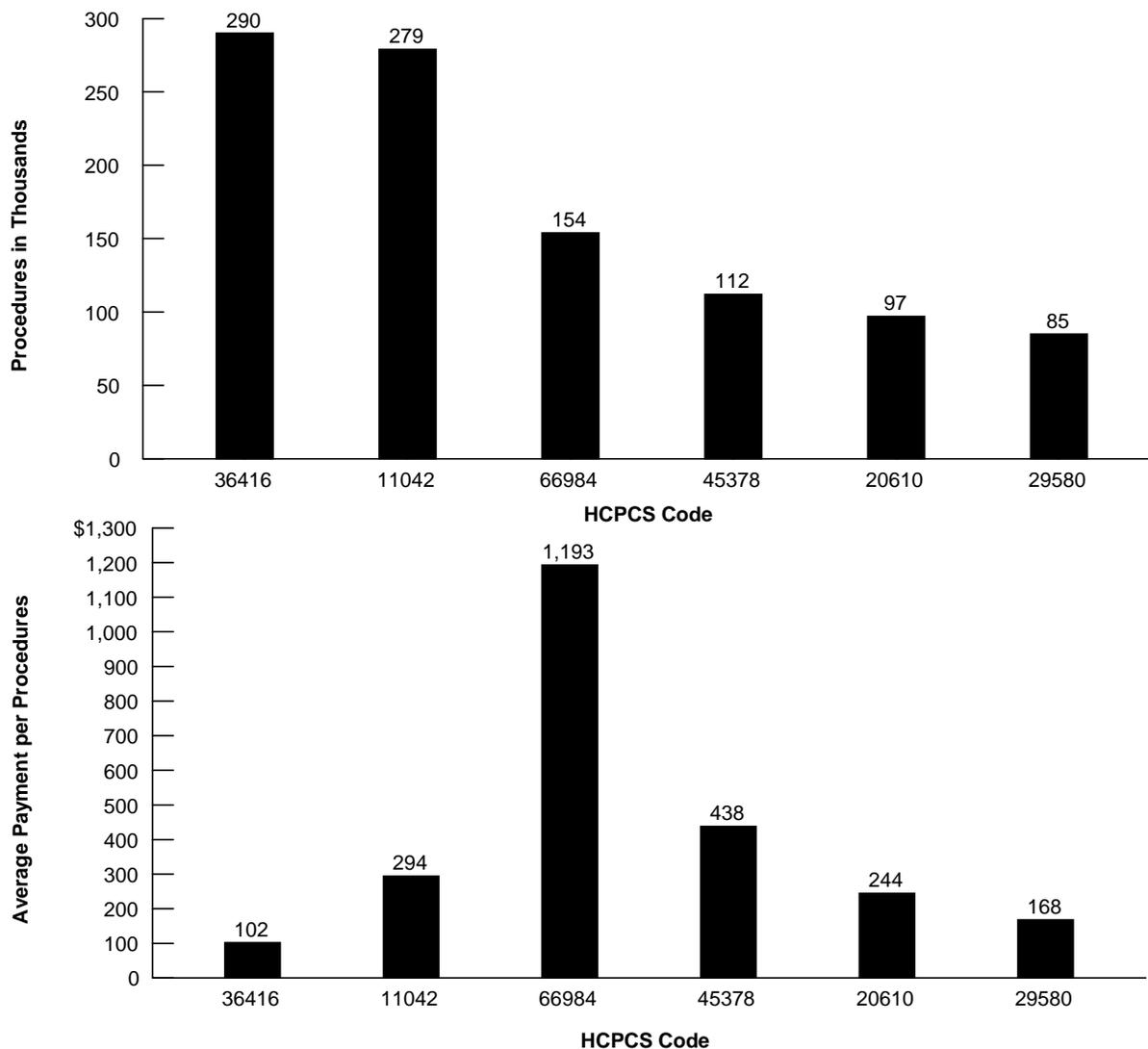
² Includes charges for blood, blood administration, cardiology, ambulatory surgical care, magnetic resonance imaging, drugs requiring specific identification, etc.

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 Center for Strategic Planning. See Table 10.2.

Figure 10.2

Leading Medicare Hospital Outpatient Surgical Procedures, Based on Frequency: Calendar Year 2010



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 Center for Strategic Planning. See Table 10.5.