

Table 10.2
Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics,
Type of Entitlement, and Type of Service: Calendar Year 2011

Demographic Characteristic and Type of Entitlement	Type of Service				
	Total	Clinic	Emergency Room	Laboratory	Radiology
Covered Charges in Thousands					
Total	\$328,659,355	\$3,515,872	\$14,555,540	\$30,398,441	\$49,371,676
Sex					
Male	157,020,658	1,549,887	5,978,113	13,270,260	21,298,872
Female	171,638,697	1,965,985	8,577,427	17,128,181	28,072,804
Race³					
White	232,510,899	2,604,157	11,021,096	24,017,236	41,055,646
Other	94,643,153	894,921	3,482,991	6,249,260	8,117,611
Type of Entitlement					
Aged ⁴	221,843,916	2,600,506	9,425,875	22,609,656	40,049,436
Disabled ⁵	106,815,438	915,366	5,129,666	7,788,785	9,322,240
Percent Distribution					
Total	100.0	1.1	4.4	9.2	15.0
Sex					
Male	100.0	1.0	3.8	8.5	13.6
Female	100.0	1.1	5.0	10.0	16.4
Race³					
White	100.0	1.1	4.7	10.3	17.7
Other	100.0	0.9	3.7	6.6	8.6
Type of Entitlement					
Aged ⁴	100.0	1.2	4.2	10.2	18.1
Disabled ⁵	100.0	0.9	4.8	7.3	8.7
Average Charge per Enrollee ⁶					
Total	\$10,096	\$108	\$447	\$934	\$1,517
Sex					
Male	10,888	107	415	920	1,477
Female	9,466	108	473	945	1,548
Race³					
White	8,585	96	407	887	1,516
Other	17,666	167	650	1,166	1,515
Type of Entitlement					
Aged ⁴	8,345	98	355	850	1,506
Disabled ⁵	17,898	153	860	1,305	1,562

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 Information Products and Data Analytics.

Table 10.2--Continued
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Type of Service					
Pharmacy	Rehabilitation ¹	Medical/ Surgical Supplies	Operating Room	End Stage Renal Disease	Other ²
Covered Charges in Thousands					
\$5,746,507	\$4,638,309	\$18,362,692	\$27,874,730	\$68,966,788	\$105,228,799
2,520,811	1,791,410	9,353,432	12,735,164	37,543,588	50,979,122
3,225,696	2,846,899	9,009,259	15,139,566	31,423,200	54,249,677
4,686,961	3,913,136	15,237,063	23,047,552	32,523,631	74,404,421
1,034,333	705,444	3,054,286	4,709,084	36,049,417	30,345,806
4,221,177	3,786,508	14,513,444	21,733,425	32,238,623	70,665,265
1,525,331	851,801	3,849,248	6,141,304	36,728,165	34,563,533
Percent Distribution					
1.7	1.4	5.6	8.5	21.0	32.0
1.6	1.1	6.0	8.1	23.9	32.5
1.9	1.7	5.2	8.8	18.3	31.6
2.0	1.7	6.6	9.9	14.0	32.0
1.1	0.7	3.2	5.0	38.1	32.1
1.9	1.7	6.5	9.8	14.5	31.9
1.4	0.8	3.6	5.7	34.4	32.4
Average Charge per Enrollee ⁶					
\$177	\$142	\$564	\$856	\$2,119	\$3,233
175	124	649	883	2,603	3,535
178	157	497	835	1,733	2,992
173	144	563	851	1,201	2,747
193	132	570	879	6,729	5,664
159	142	546	818	1,213	2,658
256	143	645	1,029	6,154	5,791