

Table 10.4
Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare,
by Selected Reasons for the Visit: Calendar Year 2011

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	---	121,061,118	\$328,659,355	\$42,715,895	\$2,715	\$365
Selected Reasons for the Visit ³	---	58,347,027	187,705,083	20,372,515	3,217	359
Encounter for Other and Unspecified						
Procedures and Aftercare	V58	6,472,445	14,234,820	2,489,121	2,199	392
Chronic Kidney Disease	585	4,906,971	105,385,090	8,157,384	21,477	1,687
Diabetes Mellitus	250	4,748,570	3,159,289	528,888	665	114
Essential Hypertension	401	4,681,206	2,457,608	365,995	525	81
Cardiac Dysrhythmias	427	4,513,493	4,994,865	914,759	1,107	206
Special Screening for Malignant Neoplasms	V76	4,400,978	2,748,947	620,934	625	144
Symptoms Involving Respiratory						
System and Other Chest Symptoms	786	3,616,370	11,508,131	1,470,173	3,182	425
Disorders of Lipoid Metabolism	272	3,419,276	1,538,183	227,849	450	68
General Symptoms	780	2,812,480	6,503,979	796,960	2,313	292
Other Disorders of Urethra and Urinary Tract	599	2,436,362	2,428,148	281,444	997	118
Other and Unspecified Anemias	285	2,244,105	2,631,667	428,522	1,173	196
Other and Unspecified Disorders of Back	724	2,188,947	4,030,237	570,625	1,841	272
Other and Unspecified Disorders of Joint	719	1,988,119	2,174,608	295,529	1,094	157
Other Symptoms Involving Abdomen and Pelvis	789	1,986,068	5,403,592	494,461	2,721	257
Other Forms of Chronic Ischemic Heart Disease	414	1,703,808	9,723,388	1,510,161	5,707	913
Special Investigations and Examinations	V72	1,560,864	1,217,061	146,550	780	98
Other Disorders of Soft Tissues	729	1,230,727	1,444,653	181,901	1,174	156
Symptoms Involving Digestive System	787	1,211,734	2,081,960	257,718	1,718	223
Acquired Hypothyroidism	244	1,140,173	454,532	74,157	399	66
Malignant Neoplasm of Female Breast	174	1,084,331	3,584,326	559,384	3,306	530
All Other Reasons for the Visit	---	62,714,091	140,954,272	22,343,380	2,248	371

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 Information Products and Data Analytics.