

Table 9.1
Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing
for Medicare Physician and Supplier Services, by Total, Aged, and Disabled Enrollees:
Selected Calendar Years 1995-2011

Year	Persons Served ¹	Services	Submitted	Allowed	Program	Balanced
		Number in Thousands	Charges	Charges	Payments	Billing
Amounts in Thousands						
Total						
1995	30,935,680	1,141,270	\$96,407,229	\$55,175,723	\$42,276,746	\$235,301
1996	30,675,540	1,130,934	100,648,030	55,500,815	42,514,806	121,195
1997	30,218,980	1,106,604	104,830,651	56,896,798	43,620,311	101,513
1998	29,539,140	1,162,469	108,718,353	57,656,483	44,171,579	82,958
1999	29,331,640	1,200,603	116,249,395	60,563,267	46,487,527	76,730
2000	29,644,740	1,252,280	127,853,210	66,911,902	51,456,747	72,884
2001	30,688,840	1,340,531	147,219,411	76,672,497	59,113,949	70,241
2002	31,754,480	1,481,154	169,663,267	83,181,299	64,253,710	64,359
2003	32,547,900	1,573,445	191,593,731	92,638,665	71,733,844	64,560
2004	32,961,620	1,662,332	215,840,889	102,067,747	79,178,272	63,625
2005	33,434,580	1,766,256	236,285,951	108,052,939	83,747,781	61,459
2006	32,981,880	1,766,733	248,447,505	110,135,017	85,218,098	56,350
2007	32,224,600	1,766,037	259,930,435	110,633,862	85,628,319	51,039
2008	31,826,820	1,798,520	274,355,179	113,804,294	88,112,583	46,980
2009	31,646,640	1,826,304	287,934,772	117,586,191	91,115,719	46,083
2010	32,091,660	1,857,482	302,709,508	122,904,370	95,036,813	41,083
2011	32,503,040	1,845,666	315,349,685	126,314,400	97,795,615	38,654
Aged						
1995	27,649,460	1,012,890	84,940,078	48,786,706	37,475,087	222,718
1996	27,251,260	998,001	88,225,320	48,760,710	37,448,311	115,555
1997	26,739,000	973,626	91,714,021	49,843,717	38,311,260	96,496
1998	25,965,040	1,019,731	94,762,267	50,281,005	38,634,165	78,838
1999	25,668,380	1,049,891	100,988,074	52,642,997	40,532,735	72,794
2000	25,841,920	1,091,142	110,782,785	58,004,541	44,757,179	69,143
2001	26,660,980	1,164,112	127,081,467	66,214,834	51,234,552	66,700
2002	27,464,140	1,279,875	145,779,008	71,524,366	55,443,808	61,169
2003	27,998,940	1,350,638	163,233,484	78,920,043	61,323,439	61,133
2004	28,164,840	1,418,663	182,463,880	86,306,236	67,186,296	60,135
2005	28,388,260	1,499,983	198,503,311	90,666,561	70,517,544	58,043
2006	27,908,820	1,497,394	208,561,737	92,463,220	71,776,670	53,352
2007	27,150,120	1,490,841	217,273,807	92,577,589	71,864,127	48,470
2008	26,685,820	1,510,700	228,017,745	94,678,189	73,511,787	44,672
2009	26,391,240	1,520,310	236,990,481	96,881,250	75,294,810	43,848
2010	26,625,080	1,536,278	247,177,162	100,755,671	78,096,245	39,116
2011	26,881,040	1,529,276	257,684,332	103,542,175	80,395,035	36,809
Disabled						
1995	3,286,220	128,380	11,467,151	6,389,017	4,801,659	12,583
1996	3,424,280	132,933	12,422,710	6,740,105	5,066,495	5,640
1997	3,479,980	132,978	13,116,630	7,053,081	5,309,051	5,017
1998	3,574,100	142,738	13,956,086	7,375,478	5,537,414	4,120
1999	3,663,260	150,712	15,261,321	7,920,270	5,954,792	3,936
2000	3,802,820	161,138	17,070,425	8,907,361	6,699,568	3,741
2001	4,027,860	176,419	20,137,944	10,457,663	7,879,397	3,541
2002	4,290,340	201,279	23,884,259	11,656,933	8,809,902	3,190
2003	4,548,960	222,807	28,360,247	13,718,622	10,410,405	3,427
2004	4,796,780	243,669	33,377,009	15,761,511	11,991,976	3,490
2005	5,046,320	266,273	37,782,640	17,386,378	13,230,237	3,416
2006	5,073,060	269,339	39,885,768	17,671,797	13,441,428	2,998
2007	5,074,480	275,197	42,656,629	18,056,273	13,764,192	2,569
2008	5,141,000	287,819	46,337,433	19,126,104	14,600,796	2,308
2009	5,255,400	305,995	50,944,291	20,704,940	15,820,910	2,234
2010	5,466,580	321,204	55,532,346	22,148,699	16,940,568	1,968
2011	5,622,000	316,390	57,665,353	22,772,224	17,400,579	1,845

¹Includes beneficiaries who received covered services, but for whom no program payments were reported during the year.

NOTES: Medicare charges and program payments represent fee-for-service utilization only.

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 9.2
Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing for Medicare Physician and Supplier Services, by Demographic Characteristics: Calendar Year 2011

Demographic Characteristic	Persons Served ¹	Services		Submitted Charges	
		Number in Thousands	Per Person Served ¹	Amount in Thousands	Per Person Served ¹
Total	32,503,040	1,845,666	56.8	\$315,349,685	\$9,702
Sex					
Male	13,972,360	774,657	55.4	139,748,685	10,002
Female	18,530,680	1,071,008	57.8	175,601,001	9,476
Age					
Under 65 Years	5,622,000	316,390	56.3	57,665,353	10,257
65-74 Years	13,144,820	668,657	50.9	118,237,280	8,995
75-84 Years	9,035,460	569,536	63.0	96,049,476	10,630
85 Years or Over	4,700,760	291,083	61.9	43,397,576	9,232
Race³					
White	27,173,080	1,533,898	56.4	261,798,069	9,634
Other	5,167,660	304,732	59.0	52,335,602	10,128
Type of Entitlement⁴					
Aged	26,566,260	1,487,967	56.0	248,898,947	9,369
Disabled	5,527,260	293,990	53.2	51,442,574	9,307
ESRD	409,520	63,708	155.6	15,008,165	36,648

See footnotes at end of table.

Table 9.2--Continued
Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing for Medicare Physician and Supplier Services, by Demographic Characteristics: Calendar Year 2011

Demographic Characteristic	Allowed Charges				Program Payments		Balance Billing	
	Amount in Thousands	Per Person Served ¹	Assigned in Thousands	Percent of Charges Assigned	Amount in Thousands	Per Person Served ²	Amount in Thousands	Per Person with Liability
Total	\$126,314,400	\$3,886	\$125,801,378	99.6	\$97,795,615	\$3,078	\$38,654	\$32
Sex								
Male	55,521,673	3,974	55,309,597	99.6	42,917,774	3,161	16,317	33
Female	70,792,727	3,820	70,491,781	99.6	54,877,841	3,015	22,336	31
Age								
Under 65 Years	22,772,224	4,051	22,747,201	99.9	17,400,579	3,213	1,845	32
65-74 Years	45,713,144	3,478	45,495,332	99.5	35,320,316	2,760	16,202	30
75-84 Years	38,858,592	4,301	38,668,461	99.5	30,318,547	3,398	14,471	33
85 Years or Over	18,970,439	4,036	18,890,384	99.6	14,756,172	3,181	6,136	32
Race³								
White	104,674,730	3,852	104,185,584	99.5	80,986,557	3,045	36,886	32
Other	21,154,751	4,094	21,132,583	99.9	16,437,914	3,273	1,642	29
Type of Entitlement⁴								
Aged	100,036,147	3,766	99,551,150	99.5	77,630,659	2,980	36,587	32
Disabled	20,374,413	3,686	20,349,261	99.9	15,496,174	2,913	1,846	32
ESRD	5,903,840	14,416	5,900,967	99.9	4,668,782	11,470	220	35

¹Includes beneficiaries who received covered services, but for whom no program payments were reported during the year.

²The average program payment per person served excludes beneficiaries who received covered services, but for whom no program payments were reported.

³Excludes unknown race.

⁴Aged = Aged without ESRD (MSC 10); Disabled = Disabled without ESRD (MSC 20); ESRD = Aged with ESRD (MSC 11), Disabled with ESRD (MSC 21), and ESRD only (MSC 31).

NOTES: Medicare charges and program payments represent fee-for-service utilization only. ESRD is end stage renal disease. MSC is Medicare status code.

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 9.3**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing for Medicare Physician and Supplier Services, by Type of Service: Calendar Year 2011**

Type of Service	Persons Served ¹	Services		Submitted Charges	
		Number in Thousands	Per Person Served ¹	Amount in Thousands	Per Person Served ¹
Total	32,503,040	1,845,666	56.8	\$315,349,685	\$9,702
Medical Care	31,527,780	742,925	23.6	110,329,165	3,499
Surgery	19,843,600	109,644	5.5	59,642,839	3,006
Consultation	596,440	1,167	2.0	203,866	342
Diagnostic X-Ray	21,902,740	133,319	6.1	25,620,375	1,170
Diagnostic Laboratory	27,152,180	533,706	19.7	37,445,808	1,379
Radiation Therapy	1,525,100	13,261	8.7	7,580,553	4,971
Anesthesia	7,211,180	14,792	2.1	13,078,842	1,814
Assistance at Surgery	944,500	1,800	1.9	2,974,372	3,149
Other Medical Services	1,043,540	6,728	6.4	1,379,690	1,322
Ambulatory Surgical Center	3,364,700	6,802	2.0	16,118,512	4,790
Psychological Therapy	3,375,100	22,389	6.6	2,848,636	844
Pneumococcal Vaccine	14,009,900	29,811	2.1	759,156	54
Physical Therapy	100	(6)	1.0	17	167
Durable Medical Equipment ⁴	10,242,780	146,357	14.3	19,136,008	1,868
Other ⁵	10,586,480	82,964	7.8	18,231,847	1,722

¹Includes beneficiaries who received covered services, but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than one service during the reporting year.

²Ratio of assigned allowed charges to total allowed charges.

³The average program payment per person served excludes beneficiaries who received covered services, but for whom no program payments were reported.

⁴Durable medical equipment (DME) was identified based on selected Berenson-Eggers Type of Service system codes and Healthcare Common Procedure Coding System (HCPCS) codes.

⁵Includes blood, ambulance, enteral/parenteral supplies, immunosuppressive drugs, hearing items and services, kidney donor, lump sum purchase of DME, vision items or services, and rental of DME.

⁶Less than 500.

NOTES: Medicare charges and program payments represent fee-for-service utilization only. Numbers may not add to total because of rounding. BETOS is Berenson-Eggers Type of Service System for classifying HCPCS. ESRD is end stage renal disease.

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 9.3--Continued

**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing
for Medicare Physician and Supplier Services, by Type of Service: Calendar Year 2011**

Allowed Charges				Program Payments		Balance Billing	
Amount in Thousands	Per Person Served ¹	Assigned in Thousands	Percent of Charges Assigned ²	Amount in Thousands	Per Person Served ³	Amount in Thousands	Per Person With Liability
\$126,314,400	\$3,886	\$125,801,378	99.6	\$97,795,615	\$3,078	\$38,654	\$32
58,052,664	1,841	57,757,289	99.5	43,791,470	1,455	22,182	24
18,266,480	921	18,191,301	99.6	14,253,526	733	6,035	34
73,587	123	72,864	99.0	57,858	98	64	16
8,091,106	369	8,064,387	99.7	6,276,651	299	2,179	19
11,802,572	435	11,783,101	99.8	10,220,031	380	1,647	10
2,353,309	1,543	2,343,004	99.6	1,864,151	1,230	922	201
2,337,608	324	2,335,420	99.9	1,843,375	257	193	21
246,509	261	246,193	99.9	195,273	207	28	21
723,858	694	723,854	99.9	570,045	556	0	5
3,407,175	1,013	3,407,175	99.9	2,696,861	802	0	0
1,634,930	484	1,611,306	98.6	829,448	264	1,779	45
575,266	41	574,362	99.8	574,237	41	29	2
6	60	6	99.9	5	48	0	0
9,991,787	975	9,937,972	99.5	7,723,395	770	3,255	15
8,757,542	827	8,753,145	99.9	6,899,288	666	340	8

Table 9.4
Persons Served, Services, Submitted and Allowed Charges, Program Payments for Medicare Physician and Supplier Services,
by Place of Service: Calendar Year 2011

Place of Service	Persons Served ¹	Services		Submitted Charges	
		Number in Thousands	Per Person Served ¹	Amount in Thousands	Per Person Served ¹
Total	32,503,040	1,845,666	56.8	\$315,349,685	\$9,702
Office	30,040,860	889,722	29.6	123,379,047	4,107
Home	10,360,600	164,603	15.9	23,902,197	2,307
Inpatient Hospital	7,807,760	190,181	24.4	56,348,514	7,217
Outpatient Hospital ⁴	17,952,960	111,147	6.2	33,200,601	1,849
Emergency Room Hospital ⁴	10,611,180	47,497	4.5	14,166,606	1,335
Ambulatory Surgical Center	3,669,060	17,805	4.9	25,802,616	7,032
Skilled Nursing Care Facility	2,043,840	24,763	12.1	2,590,139	1,267
Nursing Home	2,071,040	34,606	16.7	2,424,692	1,171
Hospice	7,080	22	3.1	2,780	393
Ambulance ⁵	4,853,980	61,281	12.6	11,466,294	2,362
Independent Laboratory	18,013,400	267,334	14.8	16,212,407	900
All Other ⁶	8,428,160	36,704	4.4	5,853,792	695

See footnotes at end of table.

Table 9.4--Continued
Persons Served, Services, Submitted and Allowed Charges, Program Payments for Medicare Physician and Supplier Services,
by Place of Service: Calendar Year 2011

Place of Service	Allowed Charges			Program Payments				
	Amount in Thousands	Percent	Per Person Served ¹	Assigned in Thousands	Percent of Charges Assigned ²	Amount in Thousands	Percent	Per Person Served ³
Total	\$126,314,400	100.0	\$3,886	\$125,801,378	99.6	\$97,795,615	100.0	\$3,078
Office	60,148,455	47.6	2,002	59,749,634	99.3	45,330,108	46.4	1,561
Home	12,383,519	9.8	1,195	12,329,448	99.6	9,593,230	9.8	945
Inpatient Hospital	19,169,574	15.2	2,455	19,143,157	99.9	15,164,615	15.5	1,954
Outpatient Hospital ⁴	8,677,807	6.9	483	8,658,787	99.8	6,720,699	6.9	386
Emergency Room Hospital ⁴	3,570,696	2.8	337	3,567,805	99.9	2,738,018	2.8	264
Ambulatory Surgical Center	5,931,745	4.7	1,617	5,923,098	99.9	4,689,120	4.8	1,280
Skilled Nursing Care Facility	1,654,464	1.3	809	1,653,667	99.9	1,251,941	1.3	624
Nursing Home	1,536,493	1.2	742	1,536,263	99.9	1,145,820	1.2	562
Hospice	1,531	(7)	216	1,531	99.9	1,153	(7)	170
Ambulance ⁵	5,720,654	4.5	1,179	5,720,639	99.9	4,531,863	4.6	934
Independent Laboratory	4,806,378	3.8	267	4,806,313	99.9	4,513,866	4.6	251
All Other ⁶	2,713,084	2.1	322	2,711,036	99.9	2,115,180	2.2	254

¹Includes beneficiaries who received covered services, but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than one service during the reporting year.

²Ratio of assigned allowed charges to total allowed charges. Includes charges for supplier services.

³The average program payment per person served excludes beneficiaries who received covered services, but for whom no program payments were reported.

⁴Prior to 1992, emergency room and outpatient hospital data were aggregated.

⁵Excludes air or water services.

⁶Includes custodial care facilities, comprehensive inpatient rehabilitation facilities, State or local public health clinics, end stage renal disease treatment facilities, community mental health centers, inpatient psychiatric facilities, etc.

⁷Less than 0.05 percent.

NOTES: Medicare charges and program payments represent fee-for-service utilization only.

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 9.5

Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing for Medicare Physician and Supplier Services, by Physician Specialty: Calendar Year 2011

Physician/Supplier Specialty ¹	Persons Served ²	Services			Submitted Charges		
		Number in Thousands	Percent	Per Person Served ²	Amount in Thousands	Percent	Per Person Served ²
Total All Specialties	32,503,040	1,845,666	100.0	56.8	\$315,349,685	100.0	\$9,702
Total Physicians	31,826,000	1,156,204	62.6	36.3	223,725,112	70.9	7,030
General Practice	1,602,960	10,484	0.6	6.5	1,153,017	0.4	719
General Surgery	3,726,300	13,155	0.7	3.5	6,640,698	2.1	1,782
Allergy and Immunology	444,280	12,514	0.7	28.2	408,687	0.1	920
Otology, Laryngology, Rhinology	3,075,600	14,625	0.8	4.8	2,487,816	0.8	809
Anesthesiology	5,909,340	15,493	0.8	2.6	10,469,329	3.3	1,772
Cardiology	12,345,900	91,352	5.0	7.4	18,952,506	6.0	1,535
Dermatology	6,121,740	42,464	2.3	6.9	5,267,018	1.7	860
Family Practice	14,458,540	125,657	6.8	8.7	11,287,524	3.6	781
Gastroenterology	4,567,120	15,287	0.8	3.3	5,771,006	1.8	1,264
Internal Medicine	17,528,520	194,305	10.5	11.1	22,908,801	7.3	1,307
Manipulative Therapy	108,820	801	(6)	7.4	109,096	(6)	1,003
Neurology	3,570,000	17,777	1.0	5.0	3,750,732	1.2	1,051
Neurological Surgery	827,200	2,689	0.1	3.3	3,150,965	1.0	3,809
Obstetrics and Gynecology	2,458,340	7,921	0.4	3.2	1,517,534	0.5	617
Ophthalmology	10,893,560	50,784	2.8	4.7	14,544,829	4.6	1,335
Oral Surgery (Dentists Only)	84,720	193	(6)	2.3	62,853	(6)	742
Orthopedic Surgery	5,569,940	37,090	2.0	6.7	12,647,752	4.0	2,271
Pathology	6,374,840	27,307	1.5	4.3	3,959,096	1.3	621
Plastic and Reconstructive Surgery	507,260	2,002	0.1	3.9	1,115,087	0.4	2,198
Physical Medicine and Rehabilitation	1,661,180	16,382	0.9	9.9	2,452,013	0.8	1,476
Psychiatry	2,277,380	16,037	0.9	7.0	2,104,327	0.7	924
Colorectal Surgery (Proctology)	298,820	816	(6)	2.7	428,839	0.1	1,435
Pulmonary Disease	3,176,320	22,054	1.2	6.9	3,626,225	1.2	1,142
Diagnostic Radiology	20,355,200	105,493	5.7	5.2	18,166,303	5.8	892
Thoracic Surgery	375,680	1,182	0.1	3.1	1,265,596	0.4	3,369
Urology	4,433,700	29,708	1.6	6.7	6,173,458	2.0	1,392
Chiropractic	2,089,860	22,267	1.2	10.7	1,016,258	0.3	486
Nuclear Medicine	451,560	857	(6)	1.9	308,674	0.1	684
Pediatric Medicine	261,360	1,369	0.1	5.2	175,947	0.1	673
Geriatric Medicine	537,460	3,067	0.2	5.7	405,812	0.1	755
Nephrology	2,033,900	20,203	1.1	9.9	4,818,598	1.5	2,369
Optometrist	5,700,900	12,686	0.7	2.2	1,302,532	0.4	228
Infectious Disease	1,018,820	9,035	0.5	8.9	1,346,634	0.4	1,322
Endocrinology	1,512,040	9,399	0.5	6.2	925,285	0.3	612
Podiatry	6,267,440	36,791	2.0	5.9	3,370,310	1.1	538

See footnotes at end of table.

Table 9.5--Continued

**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing
for Medicare Physician and Supplier Services, by Physician Specialty: Calendar Year 2011**

Allowed Charges					Program Payments			Balance Billing	
Amount in Thousands	Percent	Per Person Served ²	Assigned in Thousands	Percent of Charges Assigned ³	Amount in Thousands	Percent	Per Person Served ⁴	Amount in Thousands	Per Person With Liability
\$126,314,400	100.0	\$3,886	\$125,801,378	99.6	\$97,795,615	100.0	\$3,078	\$38,654	\$32
91,474,754	72.4	2,874	91,020,061	99.5	70,000,711	71.6	2,240	35,006	34
644,421	0.5	402	631,982	98.1	475,932	0.5	312	920	36
2,256,005	1.8	605	2,252,174	99.8	1,760,182	1.8	485	317	34
250,900	0.2	565	248,235	98.9	188,804	0.2	441	172	27
1,091,865	0.9	355	1,087,348	99.6	819,488	0.8	279	377	20
1,940,756	1.5	328	1,937,959	99.9	1,523,015	1.6	260	246	25
7,401,838	5.9	600	7,386,388	99.8	5,674,877	5.8	472	1,278	29
3,101,313	2.5	507	3,070,291	99.0	2,328,751	2.4	398	2,384	24
6,394,123	5.1	442	6,359,966	99.5	4,657,731	4.8	336	2,576	22
1,955,099	1.5	428	1,946,283	99.5	1,518,744	1.6	339	725	31
12,350,200	9.8	705	12,270,621	99.4	9,397,676	9.6	552	6,528	28
55,363	(6)	509	53,966	97.5	42,268	(6)	402	106	68
1,800,551	1.4	504	1,793,955	99.6	1,368,875	1.4	395	582	30
707,205	0.6	855	704,979	99.7	554,357	0.6	691	192	45
650,577	0.5	265	644,391	99.0	508,435	0.5	213	442	15
7,199,241	5.7	661	7,162,879	99.5	5,434,601	5.6	529	3,025	28
30,342	(6)	358	28,760	94.8	23,350	(6)	287	99	37
3,944,083	3.1	708	3,933,194	99.7	3,028,402	3.1	564	895	44
1,293,460	1.0	203	1,288,973	99.7	1,023,205	1.0	163	401	22
366,762	0.3	723	365,318	99.6	286,499	0.3	581	114	44
1,107,069	0.9	666	1,104,833	99.8	860,014	0.9	527	191	26
1,198,427	0.9	526	1,178,934	98.4	779,646	0.8	357	1,454	42
158,201	0.1	529	157,350	99.5	123,289	0.1	421	75	35
1,863,434	1.5	587	1,859,220	99.8	1,450,254	1.5	466	352	28
5,238,778	4.2	257	5,216,269	99.6	4,133,793	4.2	210	1,825	33
360,148	0.3	959	359,628	99.9	284,500	0.3	771	47	87
2,382,325	1.9	537	2,375,348	99.7	1,821,891	1.9	418	614	34
724,585	0.6	347	651,770	90.0	526,386	0.5	269	4,721	20
91,166	0.1	202	91,057	99.9	71,737	0.1	163	10	10
78,575	0.1	301	78,520	99.9	59,505	0.1	237	2	7
233,257	0.2	434	231,982	99.5	176,365	0.2	337	109	33
2,215,830	1.8	1,089	2,213,853	99.9	1,731,070	1.8	865	171	23
1,011,425	0.8	177	1,005,399	99.4	700,760	0.7	135	143	9
696,788	0.6	684	696,311	99.9	548,548	0.6	546	41	24
513,325	0.4	339	506,149	98.6	393,938	0.4	267	564	22
2,133,835	1.7	340	2,127,231	99.7	1,595,819	1.6	263	391	18

Table 9.5--Continued

Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing for Medicare Physician and Supplier Services, by Physician Specialty: Calendar Year 2011

Physician/Supplier Specialty ¹	Persons Served ²	Services			Submitted Charges		
		Number in Thousands	Percent	Per Person Served ²	Amount in Thousands	Percent	Per Person Served ²
Rheumatology	1,392,640	14,005	0.8	10.1	\$2,740,731	0.9	\$1,968
Vascular Surgery	1,448,520	4,938	0.3	3.4	2,795,453	0.9	1,930
Cardiac Surgery	352,500	1,184	0.1	3.4	1,255,723	0.4	3,562
Hematology/Oncology	2,065,720	63,532	3.4	30.8	14,050,430	4.5	6,802
Medical Oncology	721,540	18,587	1.0	25.8	4,375,282	1.4	6,064
Radiation Oncology	810,000	12,863	0.7	15.9	7,260,421	2.3	8,963
Emergency Medicine	9,528,760	28,100	1.5	2.9	10,721,632	3.4	1,125
All Other Physician ⁵	3,226,640	23,749	1.3	7.4	6,434,283	2.0	1,994
Group Practice	118,400	445	(6)	3.8	69,646	(6)	588
Total Non-Physician	17,814,420	176,088	9.5	9.9	35,181,054	11.2	1,975
Total Suppliers	23,068,060	512,929	27.8	22.2	56,373,874	17.9	2,444

¹Refer to Part B physician or provider specialty code as listed in the data dictionary for the National Claims History, prepared by the Office of Information Services.

²Includes beneficiaries who received covered services, but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than one service during the reporting year.

³Ratio of assigned allowed charges to total allowed charges. Includes charges for supplier services.

⁴The average program payment per person served excludes beneficiaries who received covered services, but for whom no program payments were reported.

⁵Includes critical care, addiction to medicine, hand surgery, peripheral vascular disease, preventive medicine, maxillofacial surgery, neuropsychiatry, surgical oncology, interventional radiology, hematology, gynecologist/oncologist, pain management, and unknown physician's specialty.

⁶Less than 0.05 percent.

NOTES: Medicare charges and program payments represent fee-for-service utilization only. Due to the clarification in the billing policy of Group Practices where the actual specialty code of the performing physician within the practice is now coded, the utilization and expenditures for group practice has dropped dramatically. Numbers may not add to total 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 Information Products and Data Analytics.

Table 9.5--Continued

**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing
for Medicare Physician and Supplier Services, by Physician Specialty: Calendar Year 2011**

Allowed Charges					Program Payments			Balance Billing	
Amount in Thousands	Percent	Per Person Served ²	Assigned in Thousands	Percent of Charges Assigned ³	Amount in Thousands	Percent	Per Person Served ⁴	Amount in Thousands	Per Person With Liability
\$1,514,890	1.2	\$1,088	\$1,508,088	99.6	\$1,170,019	1.2	\$860	\$550	\$29
851,948	0.7	588	851,035	99.9	664,688	0.7	469	80	39
368,607	0.3	1,046	366,859	99.5	290,974	0.3	840	157	164
6,148,503	4.9	2,976	6,145,802	99.9	4,866,016	5.0	2,397	215	41
1,883,894	1.5	2,611	1,883,013	99.9	1,484,566	1.5	2,097	79	25
2,256,304	1.8	2,786	2,245,673	99.5	1,785,521	1.8	2,289	956	434
2,919,292	2.3	306	2,915,946	99.9	2,239,336	2.3	241	295	17
2,090,044	1.7	648	2,082,129	99.6	1,626,884	1.7	504	585	22
32,429	(6)	274	31,119	96.0	25,208	(6)	219	90	24
10,710,861	8.5	601	10,697,536	99.9	8,153,897	8.3	468	884	18
24,096,360	19.1	1,045	24,052,663	99.8	19,615,796	20.1	855	2,673	16

Table 9.6

**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance
Billing for Medicare Physician and Supplier Services, by Area of Residence: Calendar Year 2011**

Area of Residence	Persons Served ¹		Services		Submitted Charges	
	Number	Percent	Number in Thousands	Per Person Served ¹	Amount in Thousands	Per Person Served ¹
All Areas ⁴	32,503,040	100.0	1,845,666	57	\$315,349,685	\$9,702
United States ⁵	32,383,440	99.6	1,839,627	57	314,769,083	9,720
Northeast	5,949,460	18.3	369,312	62	60,817,761	10,222
Midwest	7,793,680	24.0	387,980	50	67,432,633	8,652
South	13,031,540	40.1	779,713	60	132,382,081	10,159
West	5,608,760	17.3	302,622	54	54,136,608	9,652
New England	1,800,580	5.5	90,188	50	15,883,523	8,821
Connecticut	418,640	1.3	24,419	58	4,379,312	10,461
Maine	206,720	0.6	8,137	39	1,287,457	6,228
Massachusetts	791,180	2.4	40,879	52	7,346,619	9,286
New Hampshire	183,040	0.6	7,179	39	1,408,520	7,695
Rhode Island	101,920	0.3	5,928	58	838,007	8,222
Vermont	99,080	0.3	3,645	37	623,607	6,294
Middle Atlantic	4,148,880	12.8	279,123	67	44,934,238	10,830
New Jersey	1,059,760	3.3	77,806	73	13,266,837	12,519
New York	1,814,580	5.6	130,406	72	19,904,173	10,969
Pennsylvania	1,274,540	3.9	70,911	56	11,763,228	9,229
East North Central	5,333,400	16.4	278,106	52	49,452,842	9,272
Illinois	1,546,580	4.8	84,418	55	15,875,694	10,265
Indiana	781,880	2.4	37,976	49	6,936,966	8,872
Michigan	1,206,660	3.7	66,900	55	10,338,200	8,568
Ohio	1,191,840	3.7	61,900	52	10,154,345	8,520
Wisconsin	606,440	1.9	26,912	44	6,147,637	10,137
West North Central	2,460,280	7.6	109,874	45	17,979,791	7,308
Iowa	433,400	1.3	18,690	43	2,946,181	6,798
Kansas	359,180	1.1	17,836	50	2,848,753	7,931
Minnesota	484,480	1.5	16,655	34	2,963,280	6,116
Missouri	735,500	2.3	36,738	50	6,207,746	8,440
Nebraska	234,760	0.7	11,290	48	1,774,141	7,557
North Dakota	96,140	0.3	3,553	37	546,773	5,687
South Dakota	116,820	0.4	5,111	44	692,917	5,931
South Atlantic	6,982,700	21.5	428,662	61	72,963,304	10,449
Delaware	139,940	0.4	8,055	58	1,353,745	9,674
District of Columbia	58,800	0.2	3,024	51	524,278	8,916
Florida	2,183,500	6.7	159,699	73	27,573,191	12,628
Georgia	923,100	2.8	53,560	58	9,606,220	10,406
Maryland	661,040	2.0	38,490	58	6,536,650	9,888
North Carolina	1,192,480	3.7	66,361	56	10,962,634	9,193
South Carolina	632,160	1.9	36,990	59	6,393,540	10,114
Virginia	915,280	2.8	48,610	53	7,785,462	8,506
West Virginia	276,400	0.9	13,873	50	2,227,585	8,059

See footnotes at end of table.

Table 9.6--Continued

Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing for Medicare Physician and Supplier Services, by Area of Residence: Calendar Year 2011

Allowed Charges				Program Payments			Balance Billing	
Amount in Thousands	Percent	Per Person Served ¹	Percent of Charges Assigned ²	Amount in Thousands	Percent	Per Person Served ³	Amount in Thousands	Per Person With Liability
\$126,314,400	100.0	3,886	99.6	\$97,795,615	100.0	\$3,078	\$38,654	\$32
125,946,810	99.7	3,889	99.6	97,512,049	99.7	3,080	38,626	32
25,221,276	20.0	4,239	99.6	19,555,031	20.0	3,356	7,705	32
26,473,935	21.0	3,397	99.6	20,368,302	20.8	2,679	7,169	27
52,312,915	41.4	4,014	99.7	40,572,565	41.5	3,177	13,952	30
21,938,683	17.4	3,912	99.4	17,016,151	17.4	3,114	9,799	39
6,235,342	4.9	3,463	99.8	4,788,008	4.9	2,715	1,001	31
1,774,731	1.4	4,239	99.5	1,374,056	1.4	3,336	642	38
558,871	0.4	2,704	99.9	425,294	0.4	2,118	59	25
2,797,536	2.2	3,536	99.9	2,146,605	2.2	2,763	136	21
519,405	0.4	2,838	99.7	395,739	0.4	2,225	97	25
366,492	0.3	3,596	99.9	281,237	0.3	2,825	16	23
218,307	0.2	2,203	99.7	165,078	0.2	1,706	51	21
18,985,934	15.0	4,576	99.5	14,767,023	15.1	3,634	6,704	33
5,395,659	4.3	5,091	99.3	4,218,414	4.3	4,052	2,913	31
8,614,378	6.8	4,747	99.4	6,709,852	6.9	3,770	3,437	37
4,975,897	3.9	3,904	99.9	3,838,756	3.9	3,089	354	18
19,211,363	15.2	3,602	99.7	14,793,633	15.1	2,844	3,817	25
5,874,783	4.7	3,799	99.6	4,533,121	4.6	2,998	1,775	27
2,623,935	2.1	3,356	99.7	2,016,076	2.1	2,651	538	25
4,764,864	3.8	3,949	99.8	3,679,584	3.8	3,125	605	27
4,241,832	3.4	3,559	99.9	3,259,259	3.3	2,808	272	14
1,705,949	1.4	2,813	99.5	1,305,593	1.3	2,210	627	28
7,262,572	5.7	2,952	99.4	5,574,669	5.7	2,323	3,353	29
1,227,684	1.0	2,833	99.3	938,969	1.0	2,223	653	29
1,180,621	0.9	3,287	99.7	908,678	0.9	2,592	210	18
1,143,413	0.9	2,360	99.7	871,611	0.9	1,845	278	25
2,422,325	1.9	3,293	99.6	1,867,089	1.9	2,597	584	21
735,602	0.6	3,133	99.3	565,097	0.6	2,468	394	26
234,936	0.2	2,444	99.0	179,026	0.2	1,920	205	46
317,992	0.3	2,722	96.2	244,197	0.2	2,150	1,028	45
29,379,940	23.3	4,208	99.6	22,817,159	23.3	3,328	10,021	37
561,080	0.4	4,009	99.8	435,151	0.4	3,175	69	25
229,574	0.2	3,904	99.0	178,229	0.2	3,077	196	33
11,491,861	9.1	5,263	99.4	9,001,227	9.2	4,190	5,359	55
3,602,504	2.9	3,903	99.7	2,787,579	2.9	3,083	935	29
2,799,014	2.2	4,234	99.6	2,168,228	2.2	3,339	981	31
4,177,561	3.3	3,503	99.6	3,224,422	3.3	2,753	1,234	27
2,412,751	1.9	3,817	99.7	1,864,002	1.9	3,005	482	22
3,206,797	2.5	3,504	99.7	2,468,640	2.5	2,747	650	22
898,797	0.7	3,252	99.8	689,682	0.7	2,560	114	26

Table 9.6--Continued

Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing for Medicare Physician and Supplier Services, by Area of Residence: Calendar Year 2011

Area of Residence	Persons Served ¹		Services		Submitted Charges	
	Number	Percent	Number in Thousands	Per Person Served ¹	Amount in Thousands	Per Person Served ¹
East South Central	2,432,240	7.5	140,142	58	\$21,682,637	\$8,915
Alabama	641,040	2.0	36,896	58	5,437,754	8,483
Kentucky	600,980	1.8	33,648	56	5,018,416	8,350
Mississippi	426,500	1.3	23,032	54	3,918,003	9,186
Tennessee	763,720	2.3	46,565	61	7,308,462	9,570
West South Central	3,616,600	11.1	210,910	58	37,736,140	10,434
Arkansas	418,660	1.3	22,351	53	3,287,397	7,852
Louisiana	483,260	1.5	26,060	54	4,706,414	9,739
Oklahoma	474,340	1.5	23,808	50	3,813,421	8,039
Texas	2,240,340	6.9	138,691	62	25,928,908	11,574
Mountain	1,868,220	5.7	93,327	50	16,846,615	9,017
Arizona	538,560	1.7	32,502	60	5,487,033	10,188
Colorado	390,980	1.2	18,151	46	3,402,661	8,703
Idaho	151,060	0.5	6,037	40	926,025	6,130
Montana	133,220	0.4	4,775	36	762,654	5,725
Nevada	214,920	0.7	13,021	61	2,742,544	12,761
New Mexico	202,140	0.6	8,343	41	1,602,785	7,929
Utah	165,560	0.5	7,617	46	1,352,807	8,171
Wyoming	71,780	0.2	2,880	40	570,106	7,942
Pacific	3,740,540	11.5	209,295	56	37,289,992	9,969
Alaska	55,260	0.2	1,958	35	599,255	10,844
California	2,612,740	8.0	160,092	61	28,588,655	10,942
Hawaii	102,460	0.3	4,492	44	629,404	6,143
Oregon	325,280	1.0	13,455	41	2,500,216	7,686
Washington	644,800	2.0	29,298	45	4,972,462	7,712
Outlying Areas ⁶	119,600	0.4	6,039	50	580,603	4,855

¹Includes beneficiaries who received covered services, but for whom no program payments were reported during the year.

²Ratio of assigned allowed charges to total allowed charges. Includes charges for supplier services.

³The average program payment per person served excludes beneficiaries who received covered services, but for whom no program payments were reported.

⁴Consists of United States and outlying areas.

⁵Includes 50 States and District of Columbia.

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

NOTES: Medicare charges and program payments represent fee-for-service utilization only. Numbers may not add to total because of rounding. SMI is supplementary medical insurance.

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 9.6--Continued

Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing for Medicare Physician and Supplier Services, by Area of Residence: Calendar Year 2011

Allowed Charges				Program Payments			Balance Billing	
Amount in Thousands	Percent	Per Person Served ¹	Percent of Charges Assigned ²	Amount in Thousands	Percent	Per Person Served ³	Amount in Thousands	Per Person With Liability
\$8,828,575	7.0	\$3,630	99.8	\$6,819,823	7.0	\$2,866	\$1,093	\$18
2,419,063	1.9	3,774	99.9	1,869,237	1.9	2,983	246	20
2,077,013	1.6	3,456	99.8	1,607,571	1.6	2,734	266	18
1,469,096	1.2	3,445	99.8	1,133,487	1.2	2,723	232	15
2,863,403	2.3	3,749	99.8	2,209,528	2.3	2,950	349	19
14,104,401	11.2	3,900	99.7	10,935,583	11.2	3,095	2,839	22
1,407,409	1.1	3,362	99.8	1,084,158	1.1	2,658	199	28
1,789,035	1.4	3,702	99.9	1,381,566	1.4	2,937	157	18
1,584,827	1.3	3,341	99.8	1,220,546	1.2	2,640	264	18
9,323,129	7.4	4,161	99.7	7,249,313	7.4	3,307	2,219	23
6,724,030	5.3	3,599	99.1	5,188,698	5.3	2,858	5,153	48
2,269,617	1.8	4,214	98.3	1,764,273	1.8	3,351	3,297	77
1,321,948	1.0	3,381	99.4	1,021,959	1.0	2,686	653	31
399,824	0.3	2,647	98.6	305,492	0.3	2,086	455	28
341,319	0.3	2,562	99.3	260,483	0.3	2,044	164	24
982,088	0.8	4,570	99.8	758,661	0.8	3,620	136	39
628,862	0.5	3,111	99.5	483,393	0.5	2,475	238	28
562,388	0.4	3,397	99.8	428,120	0.4	2,661	54	19
217,985	0.2	3,037	98.8	166,316	0.2	2,426	156	25
15,214,653	12.0	4,068	99.6	11,827,453	12.1	3,241	4,647	32
180,368	0.1	3,264	99.4	138,279	0.1	2,601	81	37
11,740,839	9.3	4,494	99.6	9,160,676	9.4	3,589	3,534	33
283,438	0.2	2,766	99.6	213,710	0.2	2,143	81	24
966,924	0.8	2,973	99.5	742,975	0.8	2,357	341	24
2,043,085	1.6	3,169	99.6	1,571,814	1.6	2,503	609	30
367,590	0.3	3,073	99.8	283,566	0.3	2,502	28	21

Table 9.7
Persons Served, Services, Allowed Charges, and Program Payments for Medicare Physician and Supplier Services,
by Leading BETOS Classifications: Calendar Year 2011

BETOS Classification	BETOS Codes	Persons Served ¹	Services			Allowed Charges			Program Payments		
			Number in Thousands	Percent	Per Person Served ¹	Amount in Thousands	Percent	Per Person Served ¹	Amount in Thousands	Percent	Per Person Served ²
Total All BETOS Groups	Total	32,503,040	1,845,666	100.0	57	\$126,314,400	100.0	\$3,886	\$97,795,615	100.0	\$3,078
Office Visits - Established	M1B	28,340,480	221,574	12.0	8	17,274,754	13.7	610	12,059,885	12.3	453
Other Drugs	O1E	7,974,340	88,686	4.8	11	9,641,737	7.6	1,209	7,604,465	7.8	995
Hospital Visits - Subsequent	M2B	6,895,320	95,969	5.2	14	7,165,360	5.7	1,039	5,684,963	5.8	829
Ambulance	O1A	4,869,360	61,415	3.3	13	6,116,657	4.8	1,256	4,846,751	5.0	996
Minor Procedures - Other (MPFS)	P6C	10,769,520	125,911	6.8	12	4,358,926	3.5	405	3,397,215	3.5	328
Hospital Visits - Initial	M2A	6,635,580	22,428	1.2	3	3,649,769	2.9	550	2,861,899	2.9	434
Other Durable Medical Equipment	D1E	7,067,500	84,849	4.6	12	3,515,132	2.8	497	2,692,509	2.8	391
Lab Tests - Other (Non-MPFS)	T1H	20,204,560	220,115	11.9	11	3,502,103	2.8	173	3,491,521	3.6	173
Office Visits - New	M1A	15,253,300	26,111	1.4	2	3,219,581	2.5	211	2,316,175	2.4	161
Specialist - Ophthalmology	M5C	13,247,040	32,840	1.8	2	2,943,665	2.3	222	2,068,513	2.1	169
Lab Tests - Other (MPFS)	T1G	8,685,860	40,451	2.2	5	2,676,967	2.1	308	2,098,627	2.1	246
Emergency Room Visit	M3	9,791,020	20,003	1.1	2	2,574,246	2.0	263	1,970,890	2.0	207
Eye Procedures - Cataract											
Removal/Lens Insertion	P4B	1,206,340	3,611	0.2	3	2,527,092	2.0	2,095	1,994,403	2.0	1,655
Ambulatory Procedures - Skin	P5A	6,268,180	33,557	1.8	5	2,406,239	1.9	384	1,845,543	1.9	304
Prosthetic/Orthotic Devices	D1F	3,361,180	23,666	1.3	7	2,350,190	1.9	699	1,838,770	1.9	553
Anesthesia	P0	7,011,020	14,131	0.8	2	2,321,864	1.8	331	1,828,757	1.9	262
Chemotherapy	O1D	399,420	11,254	0.6	28	2,232,880	1.8	5,590	1,767,284	1.8	4,451
Nursing Home Visit	M4B	2,779,200	27,140	1.5	10	2,148,329	1.7	773	1,613,818	1.7	592
Oxygen And Supplies	D1C	1,570,640	18,377	1.0	12	2,139,138	1.7	1,362	1,638,433	1.7	1,048
Other Tests - Other	T2D	9,516,080	43,450	2.4	5	2,069,393	1.6	217	1,591,642	1.6	173
All Other BETOS Groups	---	30,891,220	630,128	34.2	20	41,480,377	32.8	1,343	32,583,552	33.3	1,069

¹Includes beneficiaries who received covered services, but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than one service during the reporting year.

²The average program payment per person served excludes beneficiaries who received covered services, but for whom no program payments were reported.

NOTES: BETOS is the Berenson-Eggers Type of Service system for classifying HCPCS (Healthcare Common Procedure Coding System) codes. Data by BETOS category in this table may differ from other sources because of the update of the HCPCS-BETOS crosswalk used to code the services rendered. MPFS is Medicare physician fee schedule. CAT is Computerized Axial Tomography. The leading BETOS codes are based on the amount of allowed charges for 2011. Medicare program payments represent fee-for-service only. Numbers may not add to total 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 Information Products and Data Analytics.

Table 9.8

Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Principal Diagnosis Within Major Diagnostic Classifications (MDCs): Calendar Year 2011

Principal ICD-9-CM ¹ Diagnosis Within MDC	ICD-9-CM Code	Services in Thousands	Submitted Charges in Thousands	Allowed Charges		Program Payments in Thousands
				Amount in Thousands	Percent of Charges Assigned	
Total All Diagnoses	---	1,845,666	\$315,349,685	\$126,314,400	99.6	\$97,795,615
Leading Diagnoses ²	---	1,061,336	158,545,939	66,258,726	99.5	51,078,360
Infectious and Parasitic Diseases (MDC 1)	001-139	21,950	2,489,356	1,266,610	99.7	967,539
Dermatophytosis	110	9,934	651,521	444,760	99.7	324,433
Neoplasm (MDC 2)	140-239	143,006	42,699,333	16,244,442	99.7	12,802,935
Malignant Neoplasm of Colon	153	7,995	2,284,015	926,897	99.9	734,788
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	15,221	4,090,950	1,439,891	99.8	1,144,438
Other Malignant Neoplasm of Skin	173	8,733	3,501,852	1,696,035	99.5	1,327,472
Malignant Neoplasm of Female Breast	174	17,426	4,473,241	1,811,117	99.4	1,442,256
Malignant Neoplasm of Prostate	185	14,540	5,524,283	1,916,586	99.8	1,508,618
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	233,090	17,422,518	7,699,960	99.6	6,052,906
Thyroiditis	244	15,495	1,049,446	393,797	99.3	325,669
Diabetes Mellitus	250	130,771	8,443,493	4,361,773	99.6	3,347,998
Disorders of Lipoid Metabolism	272	51,513	3,046,381	1,126,203	99.3	914,266
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	7,349	923,242	383,663	99.9	303,579
Diseases of the Blood and Blood-Forming Organs (MDC 4)	280-289	46,583	5,957,649	2,521,497	99.9	2,033,011
Other and Unspecified Anemias	285	23,873	2,694,827	1,030,648	99.9	842,365
Mental Disorders (MDC 5)	290-319	45,153	5,939,655	3,165,704	99.2	2,029,937
Schizophrenic Disorders	295	6,795	766,155	411,155	99.8	264,053
Affective Psychoses	296	13,067	1,713,775	951,632	98.7	568,902
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	126,087	32,945,295	14,359,611	99.6	10,899,513
Other Retinal Disorders	362	21,089	5,529,720	3,025,134	99.8	2,336,545
Glaucoma	365	13,771	2,098,595	1,167,741	99.3	836,188
Cataract	366	15,616	11,012,429	3,780,984	99.5	2,885,793

See footnotes at end of table.

Table 9.8--Continued

Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Principal Diagnosis Within Major Diagnostic Classifications (MDCs): Calendar Year 2011

Principal ICD-9-CM ¹ Diagnosis Within MDC	ICD-9-CM Code	Services in Thousands	Submitted Charges in Thousands	Allowed Charges		Program Payments in Thousands
				Amount in Thousands	Percent of Charges Assigned	
Diseases of the Circulatory System (MDC 7)	390-459	223,210	\$41,067,827	\$16,291,300	99.7	\$12,490,673
Essential Hypertension	401	67,898	5,775,475	2,938,632	99.3	2,137,634
Acute Myocardial Infarction	410	2,503	890,333	316,187	99.9	249,419
Other Acute and Subacute Forms of Ischemic Heart Disease	411	1,347	573,788	191,624	99.9	150,259
Angina Pectoris	413	2,559	710,001	283,972	99.9	220,071
Other Forms of Chronic Ischemic Heart Disease	414	25,040	6,400,719	2,425,781	99.7	1,854,984
Other Diseases of Endocardium	424	5,398	2,234,483	682,821	99.6	527,574
Cardiac Dysrhythmias	427	40,407	5,422,199	2,130,746	99.7	1,649,839
Heart Failure	428	18,606	3,295,538	1,423,851	99.8	1,118,447
Ill-Defined Descriptions and Complications of Heart Disease	429	2,374	338,860	123,255	99.6	93,945
Acute, But Ill-Defined, Cerebrovascular Disease	436	4,319	732,419	371,561	99.8	290,227
Diseases of the Respiratory System (MDC 8)	460-519	122,706	17,160,320	7,404,649	99.8	5,643,746
Acute Bronchitis and Bronchiolitis	466	4,944	448,950	242,107	99.2	164,259
Allergic Rhinitis	477	19,298	501,695	291,400	99.1	215,252
Pneumonia, Organism Unspecified	486	9,244	1,492,125	671,632	99.8	524,576
Asthma	493	9,701	1,183,135	524,168	99.7	396,028
Other Diseases of Lung	518	14,358	3,038,590	1,304,025	99.9	1,029,165
Diseases of the Digestive System (MDC 9)	520-579	40,999	13,459,452	4,327,041	99.7	3,362,292
Diseases of the Genitourinary System (MDC 10)	580-629	90,228	16,050,024	6,358,242	99.8	4,979,614
Chronic Renal Failure	585	27,827	5,532,025	2,355,453	99.9	1,862,649
Calculus of Kidney and Ureter	592	3,121	1,042,248	267,216	99.8	207,495
Other Disorders of Urethra and Urinary Tract	599	23,045	2,405,449	988,983	99.8	783,148
Hyperplasia of Prostate	600	6,648	1,110,032	434,292	99.6	331,248
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	63,822	7,000,823	3,694,616	99.4	2,774,632
Other Dermatoses	702	26,789	1,854,322	1,053,456	98.9	770,248
Chronic Ulcer of Skin	707	9,633	1,744,887	839,670	99.9	658,311

See footnotes at end of table.

Table 9.8--Continued

Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Principal Diagnosis Within Major Diagnostic Classifications (MDCs): Calendar Year 2011

Principal ICD-9-CM ¹ Diagnosis Within MDC	ICD-9-CM Code	Services in Thousands	Submitted Charges in Thousands	Allowed Charges		Program Payments in Thousands
				Amount in Thousands	Percent of Charges Assigned	
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	258,306	\$44,822,465	\$16,022,975	99.2	\$12,346,379
Rheumatoid Arthritis and Other Inflammatory Polyarthrophathies	714	9,119	2,121,481	1,145,620	99.8	890,214
Osteoarthritis and Allied Disorders	715	36,264	7,799,055	2,722,593	99.5	2,094,425
Other and Unspecified Arthropathies	716	2,997	456,948	179,090	99.2	135,667
Other and Unspecified Disorders of Joint	719	45,914	4,193,571	1,907,647	99.7	1,456,533
Other and Unspecified Disorders of Back	724	45,323	8,455,380	2,712,044	99.5	2,097,953
Peripheral Enthesopathies and Allied Syndromes	726	13,682	1,932,489	676,573	99.7	513,131
Other Disorders of Soft Tissues	729	14,837	1,832,516	779,761	99.6	592,148
Non-Allopathic Lesions, Not Elsewhere Classified	739	20,717	955,933	674,827	90.2	490,725
Congenital Anomalies (MDC 14)	740-759	2,041	613,658	206,820	99.6	159,210
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	218,713	36,464,820	14,604,794	99.8	11,343,780
General Symptoms	780	46,036	7,745,084	3,210,434	99.8	2,516,354
Symptoms Involving Respiratory System and Other Chest Symptoms	786	55,405	9,658,897	3,869,422	99.8	2,989,954
Symptoms Involving Digestive System	787	16,784	2,910,522	1,099,009	99.8	857,725
Symptoms Involving Urinary System	788	13,102	1,683,138	705,332	99.5	546,345
Sudden Death, Cause Unknown	798	13	6,341	3,149	99.9	2,361
Other Ill-Defined and Unknown Causes of Morbidity and Mortality	799	5,750	1,397,009	594,740	99.9	460,821
Injury and Poisoning (MDC 17)	800-999	58,599	16,904,909	6,006,698	99.8	4,687,124
Fracture of Neck of Femur	820	3,950	1,645,183	526,086	99.9	415,709
Supplementary Classification of Factors Influencing Health Status and Contact With Health Services	V01-V91	149,965	14,119,124	6,045,835	99.4	5,149,180
Need for Prophylactic Vaccination and Inoculation Against Certain Viral Diseases	V04	26,434	628,932	469,746	99.8	466,397
Special Investigations and Examinations	V72	6,762	592,257	253,806	99.4	209,758

¹ICD-9-CM is International Classification of Diseases, 9th Revision, Clinical Modification. Only the first listed or principal diagnosis has been used.

²Specific diagnostic categories were selected for presentation based on amount of allowed charges and special interest.

NOTES: Numbers may not add to totals because of rounding. MDCs 11 [Complications of Pregnancy, Childbirth, and the Puerperium (630-676)] and 15 [Certain Conditions Originating in the Perinatal Period (760-779)] were not shown separately (but are included in the totals) because these diagnostic conditions are, for the most part, not applicable to Medicare beneficiaries.

E Codes [Supplementary Classifications of External Causes of Injury and Poisoning (E800-E999)] are also not broken out separately. Medicare program payments represent fee-for-service only.

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.