

Table 10.2
Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics,
Type of Entitlement, and Type of Service: Calendar Year 2012

Demographic Characteristic and Type of Entitlement	Type of Service				
	Total	Clinic	Emergency Room	Laboratory	Radiology
Covered Charges in Thousands					
Total	\$375,123,771	\$3,992,031	\$16,799,631	\$33,301,093	\$53,728,465
Sex					
Male	179,454,884	1,754,892	6,888,151	14,561,682	22,890,125
Female	195,668,887	2,237,139	9,911,480	18,739,411	30,838,340
Race³					
White	262,371,303	2,998,549	12,708,067	26,173,614	44,583,124
Other	110,523,946	968,381	4,015,958	6,943,727	8,857,613
Type of Entitlement					
Aged ⁴	250,717,743	2,991,880	10,896,877	24,668,541	43,443,484
Disabled ⁵	124,406,027	1,000,151	5,902,753	8,632,552	10,284,982
Percent Distribution					
Total	100.0	1.1	4.5	8.9	14.3
Sex					
Male	100.0	1.0	3.8	8.1	12.8
Female	100.0	1.1	5.1	9.6	15.8
Race³					
White	100.0	1.1	4.8	10.0	17.0
Other	100.0	0.9	3.6	6.3	8.0
Type of Entitlement					
Aged ⁴	100.0	1.2	4.3	9.8	17.3
Disabled ⁵	100.0	0.8	4.7	6.9	8.3
Average Charge per Enrollee ⁶					
Total	\$11,376	\$121	\$509	\$1,010	\$1,629
Sex					
Male	12,238	120	470	993	1,561
Female	10,686	122	541	1,023	1,684
Race³					
White	9,589	110	464	957	1,629
Other	20,316	178	738	1,276	1,628
Type of Entitlement					
Aged ⁴	9,297	111	404	915	1,611
Disabled ⁵	20,713	167	983	1,437	1,712

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 & Data Analytics.

Table 10.2--Continued
Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics,
Type of Entitlement, and Type of Service: Calendar Year 2012

Type of Service					
Pharmacy	Rehabilitation ¹	Medical/ Surgical Supplies	Operating Room	End Stage Renal Disease	Other ²
Covered Charges in Thousands					
\$6,353,539	\$4,979,888	\$19,221,067	\$30,915,063	\$89,956,541	\$115,876,452
2,764,922	1,917,214	9,708,978	14,097,161	49,014,660	55,857,100
3,588,617	3,062,675	9,512,089	16,817,902	40,941,881	60,019,352
5,174,237	4,190,863	15,871,439	25,580,070	42,251,134	82,840,206
1,143,606	760,138	3,252,379	5,159,174	47,086,004	32,336,967
4,667,380	4,079,196	15,083,735	24,016,980	41,966,004	78,903,667
1,686,160	900,692	4,137,332	6,898,083	47,990,537	36,972,785
Percent Distribution					
1.7	1.3	5.1	8.2	24.0	30.9
1.5	1.1	5.4	7.9	27.3	31.1
1.8	1.6	4.9	8.6	20.9	30.7
2.0	1.6	6.0	9.7	16.1	31.6
1.0	0.7	2.9	4.7	42.6	29.3
1.9	1.6	6.0	9.6	16.7	31.5
1.4	0.7	3.3	5.5	38.6	29.7
Average Charge per Enrollee ⁶					
\$193	\$151	\$583	\$938	\$2,728	\$3,514
189	131	662	961	3,343	3,809
196	167	519	918	2,236	3,278
189	153	580	935	1,544	3,028
210	140	598	948	8,655	5,944
173	151	559	891	1,556	2,926
281	150	689	1,148	7,990	6,156