

Table 10.1
Supplementary Medical Insurance (SMI) Medicare Enrollees, Hospital Outpatient Charges
and Program Payments, by Type of Entitlement: Selected Calendar Years 1974-2012

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
2011	44,943,780	328,659,355	42,715,895	1,312	13.0
2012	46,588,239	375,123,771	45,825,229	1,390	12.2

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 1974-2012

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
2011	37,431,718	221,843,916	30,754,028	1,157	13.9
2012	38,831,982	250,717,743	32,963,983	1,222	13.1

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 1974-2012

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
2011	7,512,062	106,815,438	11,961,867	2,004	11.2
2012	7,756,257	124,406,027	12,861,247	2,141	10.3

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 Office of Information Products & Data Analytics.

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

Table 10.3

Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 2012

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	23,058	699	18,500	4,170	388	\$45,825	\$28,511	\$7,507	\$9,807	\$1,390	\$1,064	\$1,295	\$26,478
United States	23,003	701	18,456	4,163	384	45,701	28,468	7,500	9,733	1,393	1,067	1,299	26,528
Northeast	4,387	731	3,522	805	60	8,679	5,615	1,490	1,574	1,445	1,144	1,435	27,237
Midwest	5,926	772	4,782	1,063	81	11,356	7,402	1,936	2,018	1,480	1,192	1,398	26,082
South	9,037	686	7,161	1,704	172	18,149	10,904	3,008	4,237	1,377	1,028	1,251	25,470
West	3,653	614	2,992	590	71	7,517	4,547	1,066	1,904	1,263	920	1,126	29,122
New England	1,497	812	1,190	294	13	3,038	2,084	599	355	1,648	1,409	1,704	28,775
Connecticut	306	750	255	48	4	625	422	96	107	1,529	1,221	1,606	29,189
Maine	169	780	129	39	1	319	215	74	30	1,472	1,295	1,500	26,577
Massachusetts	697	862	547	145	6	1,481	1,009	312	160	1,831	1,581	1,889	29,959
New Hampshire	162	798	133	28	1	309	229	55	24	1,525	1,375	1,589	27,153
Rhode Island	81	781	61	19	1	151	95	35	22	1,451	1,193	1,455	25,975
Vermont	82	798	66	15	(7)	153	114	27	12	1,496	1,370	1,454	25,377
Middle Atlantic	2,890	694	2,332	511	48	5,641	3,531	890	1,220	1,355	1,029	1,297	26,820
New Jersey	647	611	542	93	12	1,387	889	178	320	1,310	976	1,307	26,625
New York	1,198	656	938	238	22	2,434	1,446	415	573	1,332	976	1,274	27,605
Pennsylvania	1,044	819	852	179	13	1,820	1,195	298	327	1,428	1,152	1,325	25,721
East North Central	4,155	781	3,336	759	60	7,933	5,070	1,357	1,506	1,492	1,183	1,395	26,181
Illinois	1,203	762	1,009	176	18	2,274	1,507	316	450	1,440	1,134	1,363	26,516
Indiana	603	765	483	112	8	1,136	727	201	209	1,441	1,141	1,401	25,764
Michigan	988	817	772	203	14	1,894	1,189	356	350	1,566	1,261	1,399	26,806
Ohio	925	807	718	192	14	1,758	1,067	340	352	1,535	1,193	1,431	25,381
Wisconsin	436	733	353	77	6	871	580	145	146	1,464	1,201	1,370	26,295
West North Central	1,771	752	1,446	304	21	3,423	2,332	579	511	1,453	1,213	1,406	25,795
Iowa	289	673	244	42	3	499	354	74	71	1,162	963	1,248	24,575
Kansas	223	611	184	37	3	439	303	69	68	1,202	991	1,209	23,570
Minnesota	410	1,061	333	72	4	772	530	133	108	1,999	1,811	1,488	30,011
Missouri	545	740	424	113	7	1,114	709	223	183	1,514	1,223	1,492	25,328
Nebraska	148	635	126	20	2	263	182	37	44	1,129	908	1,216	25,870
North Dakota	73	806	63	9	1	161	124	21	15	1,780	1,595	1,794	22,483
South Dakota	83	725	72	10	1	174	129	22	22	1,519	1,308	1,504	26,062

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 2012

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	4,794	680	3,874	832	88	\$9,768	\$6,049	\$1,528	\$2,191	\$1,385	\$1,045	\$1,297	\$25,763
Delaware	105	746	88	16	2	209	141	30	38	1,482	1,194	1,384	25,848
District of Columbia	43	708	32	9	2	115	53	18	45	1,898	1,106	1,497	30,464
Florida	1,370	628	1,159	188	23	2,516	1,663	306	547	1,153	893	1,028	24,291
Georgia	664	710	514	133	16	1,341	710	223	408	1,435	968	1,209	25,729
Maryland	404	603	331	64	9	1,434	950	242	243	2,141	1,672	2,582	29,309
North Carolina	845	698	656	174	15	1,702	1,010	310	383	1,405	1,050	1,320	25,748
South Carolina	478	745	383	87	8	863	509	136	218	1,344	986	1,153	26,624
Virginia	672	722	556	105	11	1,206	776	171	259	1,295	996	1,204	25,233
West Virginia	212	759	155	55	2	381	238	93	50	1,362	1,173	1,246	23,797
East South Central	1,777	726	1,334	414	28	3,268	1,904	672	691	1,335	1,026	1,192	24,884
Alabama	484	749	368	108	8	850	499	161	190	1,314	1,014	1,096	24,590
Kentucky	447	726	326	116	5	822	499	198	125	1,334	1,105	1,240	25,463
Mississippi	312	718	229	77	7	633	331	134	168	1,455	1,019	1,285	26,202
Tennessee	532	710	410	113	9	963	576	179	208	1,284	978	1,172	23,847
West South Central	2,466	670	1,952	458	56	5,113	2,951	808	1,354	1,390	996	1,221	25,309
Arkansas	292	679	226	62	4	516	328	98	90	1,198	986	1,039	24,102
Louisiana	371	752	278	85	8	789	421	168	200	1,599	1,132	1,480	25,374
Oklahoma	355	727	283	67	5	668	442	115	111	1,370	1,132	1,244	24,254
Texas	1,448	639	1,166	244	39	3,140	1,760	427	954	1,385	942	1,181	25,545
Mountain	1,218	626	1,009	190	20	2,338	1,543	332	464	1,202	944	1,135	24,450
Arizona	304	543	260	38	6	650	428	72	149	1,159	879	1,073	24,155
Colorado	282	715	234	45	4	487	322	80	85	1,231	978	1,273	25,515
Idaho	103	654	84	18	1	209	147	33	28	1,324	1,141	1,209	23,620
Montana	98	698	83	14	1	187	141	25	20	1,330	1,189	1,217	24,658
Nevada	115	500	91	21	3	231	133	34	65	1,007	696	924	23,603
New Mexico	144	670	112	29	3	272	157	45	70	1,263	921	1,072	25,651
Utah	127	739	106	18	2	226	157	31	38	1,320	1,086	1,236	23,622
Wyoming	45	596	38	6	(7)	77	58	11	8	1,029	898	1,080	23,052

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 2012

Area of Residence	Persons Served in Thousands					Program Payments in Millions				Average Program Payment per Enrollee ²			
	Number	Total				Total	Aged	Disabled	ESRD	Total	Aged	Disabled	ESRD
		Per 1,000 Enrollees ²	Aged ³	Disabled ⁴	ESRD ⁵								
Pacific	2,435	607	1,983	400	51	\$5,179	\$3,004	\$734	\$1,441	\$1,292	\$908	\$1,122	\$31,031
Alaska	40	628	32	8	1	87	56	17	15	1,366	1,060	1,515	29,106
California	1,685	595	1,369	277	40	3,703	2,057	517	1,129	1,307	880	1,124	31,800
Hawaii	56	570	48	6	2	134	68	9	57	1,359	797	791	28,738
Oregon	218	634	178	38	3	390	252	63	75	1,135	895	1,057	27,398
Washington	435	651	357	72	6	864	572	128	164	1,292	1,038	1,146	28,952
Outlying Areas ⁶	55	336	43	8	4	124	43	7	74	759	317	304	21,164

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 Office of Information Products & Data Analytics.

Table 10.4
Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare,
by Selected Reasons for the Visit: Calendar Year 2012

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	---	125,433,794	\$375,123,771	\$45,825,229	\$2,991	\$377
Selected Reasons for the Visit ³	---	59,687,483	219,219,630	21,837,937	3,673	375
Encounter for Other and Unspecified						
Procedures and Aftercare	V58	6,550,976	16,364,343	2,787,011	2,498	433
Chronic Kidney Disease	585	5,025,799	127,604,738	8,616,275	25,390	1,741
Diabetes Mellitus	250	4,866,244	3,374,159	547,718	693	115
Essential Hypertension	401	4,726,284	2,643,205	380,700	559	83
Cardiac Dysrhythmias	427	4,621,385	5,606,513	999,225	1,213	219
Special Screening for Malignant Neoplasms	V76	4,441,795	3,182,593	661,728	717	152
Symptoms Involving Respiratory						
System and Other Chest Symptoms	786	3,780,003	13,234,582	1,593,414	3,501	438
Disorders of Lipoid Metabolism	272	3,386,538	1,625,517	243,072	480	73
General Symptoms	780	2,915,481	7,422,509	874,042	2,546	308
Other Disorders of Urethra and Urinary Tract	599	2,508,622	2,768,400	323,896	1,104	132
Other and Unspecified Disorders of Back	724	2,294,186	4,422,731	605,914	1,928	274
Other and Unspecified Anemias	285	2,150,520	2,681,854	425,112	1,247	202
Other and Unspecified Disorders of Joint	719	2,098,538	2,409,150	317,323	1,148	159
Other Symptoms Involving Abdomen and Pelvis	789	2,045,275	5,987,785	610,319	2,928	307
Other Forms of Chronic Ischemic Heart Disease	414	1,759,635	9,985,833	1,507,326	5,675	880
Special Investigations and Examinations	V72	1,635,767	1,383,694	162,463	846	105
Other Disorders of Soft Tissues	729	1,270,073	1,576,517	192,276	1,241	158
Symptoms Involving Digestive System	787	1,260,313	2,409,156	297,286	1,912	247
Acquired Hypothyroidism	244	1,200,949	500,643	79,616	417	67
Malignant Neoplasm of Female Breast	174	1,149,100	4,035,709	613,222	3,512	547
All Other Reasons for the Visit	---	65,746,311	155,904,141	23,987,293	2,371	378

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 & Data Analytics.