

**Table 69**  
**Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare, by Selected Reasons for the Visit:**  
**Calendar Year 2000**

Reason for Visit	ICD-9-CM Code <sup>1</sup>	Number of Bills	Covered Charges in Thousands	Program Payments in Thousands	Average Charge per Bill	Average Program Payment per Bill <sup>2</sup>
Total, All Reasons for the Visit	---	96,483,540	\$60,728,234	\$14,969,335	\$629	\$160
Selected Reasons for the Visit <sup>3</sup>	---	46,093,980	27,262,592	8,422,643	591	187
Diabetes Mellitus	250	3,973,680	752,010	179,836	189	46
Special Screening for Malignant Neoplasms	V76	3,772,520	372,776	130,681	99	35
Encounter for Other and Unspecified Procedures and Aftercare	V58	3,733,240	1,681,285	352,672	450	95
Essential Hypertension	401	3,628,480	704,252	166,746	194	48
Cardiac Dysrhythmias	427	3,347,000	981,057	199,161	293	60
Chronic Renal Failure	585	3,170,400	6,500,760	4,394,638	2,050	1,393
Symptoms Involving Respiratory System and Other Chest Symptoms	786	3,061,100	2,623,529	451,233	857	155
General Symptoms	780	2,685,040	1,613,589	293,066	601	112
Disorders of Lipoid Metabolism	272	2,613,040	422,451	99,492	162	39
Other Disorders of Urethra and Urinary Tract	599	1,957,380	549,932	101,637	281	53
Other Forms of Chronic Ischemic Heart Disease	414	1,832,700	2,160,396	357,401	1,179	199
Other Symptoms Involving Abdomen and Pelvis	789	1,765,500	1,348,491	201,166	764	118
Other and Unspecified Disorders of Back	724	1,729,960	1,067,963	198,142	617	120
Heart Failure	428	1,560,180	559,876	109,841	359	71
Other and Unspecified Anemias	285	1,559,400	635,017	145,974	407	94
Other and Unspecified Disorders of Joint	719	1,334,320	505,780	109,032	379	87
Special Investigations and Examinations	V72	1,219,860	284,220	55,674	233	47

See footnotes at end of table.

**Table 69—Continued**  
**Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare, by Selected Reasons for the Visit:**  
**Calendar Year 2000**

Reason for Visit	ICD-9-CM Code <sup>1</sup>	Number of Bills	Covered Charges in Thousands	Program Payments in Thousands	Average Charge per Bill	Average Program Payment per Bill <sup>2</sup>
Cataract	366	1,195,860	\$2,885,194	\$556,149	\$2,413	\$475
Malignant Neoplasm of Prostate	185	985,200	1,197,705	240,120	1,216	247
Other Disorders of Soft Tissues	729	969,120	416,309	79,983	430	87
<u>All Other Reasons for the Visit</u>	---	50,389,560	33,465,642	6,546,692	664	135

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM), Volume 1.

<sup>2</sup>Does not reflect bills for beneficiaries who received covered services but for whom no program payments were reported during the year.

<sup>3</sup>Based 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 Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.