

Table 69

**Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare, by Selected Reasons for the Visit:  
Calendar Year 2001**

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	---	100,341,460	\$71,066,998	\$17,739,919	\$708	\$180
Selected Reasons for the Visit <sup>3</sup>	---	48,660,560	31,836,337	9,871,837	654	206
Encounter for Other and Unspecified						
Procedures and Aftercare	V58	4,392,800	2,273,963	526,337	518	120
Diabetes Mellitus	250	4,151,640	899,714	216,282	217	53
Special Screening for Malignant Neoplasms	V76	4,120,100	475,271	157,610	115	39
Essential Hypertension	401	3,879,120	823,849	198,347	212	52
Cardiac Dysrhythmias	427	3,476,740	1,171,561	268,802	337	78
Chronic Renal Failure	585	3,329,240	7,320,193	4,933,096	2,199	1,488
Symptoms Involving Respiratory System and Other Chest Symptoms	786	3,170,840	3,015,602	541,493	951	177
Disorders of Lipoid Metabolism	272	2,968,760	521,320	118,257	176	40
General Symptoms	780	2,782,760	1,902,447	334,562	684	122
Other Disorders of Urethra and Urinary Tract	599	1,973,800	639,775	113,120	324	58
Other and Unspecified Disorders of Back	724	1,834,360	1,284,861	232,603	700	130
Other Forms of Chronic Ischemic Heart Disease	414	1,832,660	2,589,755	440,003	1,413	243
Other Symptoms Involving Abdomen and Pelvis	789	1,816,180	1,605,700	211,919	884	119
Other and Unspecified Anemias	285	1,708,820	809,200	232,077	474	136
Heart Failure	428	1,475,840	612,075	126,323	415	86
Other and Unspecified Disorders of Joint	719	1,427,060	626,421	128,984	439	94
Cataract	366	1,163,240	3,016,987	627,441	2,594	546

See footnotes at end of table.

Table 69—Continued

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Special Investigations and Examinations	V72	1,082,840	\$288,277	\$54,235	\$266	\$51
Malignant Neoplasm of Prostate	185	1,039,060	1,466,932	316,052	1,412	307
Other Disorders of Soft Tissues	729	1,034,700	492,433	94,294	476	94
All Other Reasons for the Visit	---	51,680,900	39,230,661	7,868,082	759	156

<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.