

Table 69

**Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare, by Selected Reasons for the Visit:
Calendar Year 2002**

| Reason for Visit | ICD-9-CM Code ¹ | Number of Bills | Covered Charges in Thousands | Program Payments in Thousands | Average Charge per Bill | Average Program Payment per Bill ² |
|---|-------------------------------|--------------------|---------------------------------------|--|-------------------------------|--|
| Total All Reasons for the Visit | --- | 107,178,020 | \$92,787,173 | \$20,211,036 | \$866 | \$195 |
| Selected Reasons for the Visit ³ | --- | 51,996,620 | 42,655,685 | 11,061,642 | 820 | 218 |
| Encounter for Other and Unspecified Procedures and Aftercare | V58 | 4,880,020 | 3,030,834 | 635,042 | 621 | 132 |
| Special Screening for Malignant Neoplasms | V76 | 4,515,920 | 764,964 | 199,784 | 169 | 45 |
| Diabetes Mellitus | 250 | 4,400,860 | 1,113,378 | 243,994 | 253 | 57 |
| Essential Hypertension | 401 | 4,163,580 | 1,022,713 | 212,147 | 246 | 53 |
| Cardiac Dysrhythmias | 427 | 3,679,640 | 1,510,700 | 373,174 | 411 | 103 |
| Chronic Renal Failure | 585 | 3,606,960 | 11,832,713 | 5,435,926 | 3,281 | 1,524 |
| Symptoms Involving Respiratory System and Other Chest Symptoms | 786 | 3,302,220 | 3,772,280 | 606,245 | 1,142 | 192 |
| Disorders of Lipoid Metabolism | 272 | 3,290,580 | 672,830 | 137,754 | 204 | 43 |
| General Symptoms | 780 | 2,932,040 | 2,425,794 | 386,332 | 827 | 135 |
| Other Disorders of Urethra and Urinary Tract | 599 | 2,058,860 | 790,239 | 130,243 | 384 | 64 |
| Other and Unspecified Anemias | 285 | 1,959,720 | 1,181,013 | 289,188 | 603 | 150 |
| Other and Unspecified Disorders of Back | 724 | 1,922,120 | 1,580,890 | 265,055 | 822 | 143 |
| Other Symptoms Involving Abdomen and Pelvis | 789 | 1,870,860 | 1,991,371 | 245,450 | 1,064 | 135 |
| Other Forms of Chronic Ischemic Heart Disease | 414 | 1,850,380 | 3,243,929 | 527,118 | 1,753 | 292 |
| Other and Unspecified Disorders of Joint | 719 | 1,517,380 | 791,609 | 140,960 | 522 | 98 |
| Heart Failure | 428 | 1,469,680 | 758,529 | 153,069 | 516 | 106 |
| Special Investigations and Examinations | V72 | 1,232,460 | 405,597 | 64,199 | 329 | 56 |

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 2002

| Reason for Visit | ICD-9-CM Code ¹ | Number of Bills | Covered Charges in Thousands | Program Payments in Thousands | Average Charge per Bill | Average Program Payment per Bill ² |
|---------------------------------|-------------------------------|--------------------|---------------------------------------|--|-------------------------------|--|
| Cataract | 366 | 1,155,840 | \$3,372,429 | \$530,612 | \$2,918 | \$470 |
| Other Disorders of Soft Tissues | 729 | 1,094,620 | 611,820 | 102,300 | 559 | 98 |
| Malignant Neoplasm of Prostate | 185 | 1,092,880 | 1,782,052 | 383,049 | 1,631 | 357 |
| All Other Reasons for the Visit | --- | 55,181,400 | 50,131,488 | 9,149,394 | 908 | 173 |

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 Medicare Data Extract System; data development by the Office of Research, Development, and Information.