

Table 69
Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare, by Selected Reasons for the Visit:
Calendar Year 2003

| 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 | --- | 110,841,200 | \$113,298,000 | \$22,763,222 | \$1,022 | \$213 |
| Selected Reasons for the Visit ³ | --- | 54,303,660 | 54,394,915 | 12,092,225 | 1,002 | 229 |
| Encounter for Other and Unspecified Procedures and Aftercare | V58 | 5,338,380 | 3,946,742 | 840,530 | 739 | 161 |
| Special Screening for Malignant Neoplasms | V76 | 4,659,260 | 975,734 | 230,731 | 209 | 51 |
| Diabetes Mellitus | 250 | 4,537,440 | 1,335,094 | 286,704 | 294 | 65 |
| Essential Hypertension | 401 | 4,505,420 | 1,244,621 | 237,650 | 276 | 55 |
| Cardiac Dysrhythmias | 427 | 3,829,840 | 1,714,867 | 358,529 | 448 | 95 |
| Chronic Renal Failure | 585 | 3,778,420 | 17,851,819 | 5,737,379 | 4,725 | 1,535 |
| Disorders of Lipoid Metabolism | 272 | 3,547,620 | 828,849 | 153,886 | 234 | 44 |
| Symptoms Involving Respiratory System and Other Chest Symptoms | 786 | 3,365,340 | 4,428,105 | 621,842 | 1,316 | 193 |
| General Symptoms | 780 | 3,003,180 | 2,882,123 | 462,297 | 960 | 158 |
| Other Disorders of Urethra and Urinary Tract | 599 | 2,140,940 | 959,149 | 156,034 | 448 | 75 |
| Other and Unspecified Anemias | 285 | 2,097,560 | 1,463,731 | 316,735 | 698 | 154 |
| Other and Unspecified Disorders of Back | 724 | 2,035,620 | 1,916,179 | 330,924 | 941 | 169 |
| Other Symptoms Involving Abdomen and Pelvis | 789 | 1,906,920 | 2,387,548 | 294,163 | 1,252 | 159 |
| Other Forms of Chronic Ischemic Heart Disease | 414 | 1,847,840 | 3,843,567 | 539,631 | 2,080 | 301 |
| Other and Unspecified Disorders of Joint | 719 | 1,609,180 | 943,313 | 165,059 | 586 | 108 |
| Heart Failure | 428 | 1,480,180 | 963,905 | 181,497 | 651 | 126 |
| Special Investigations and Examinations | V72 | 1,276,580 | 507,085 | 72,030 | 397 | 60 |

See footnotes at end of table

Table 69—Continued
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Calendar Year 2003

| 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 |
|---------------------------------|-------------------------------|--------------------|---------------------------------------|--|-------------------------------|--|
| Other Disorders of Soft Tissues | 729 | 1,146,780 | \$717,044 | \$122,287 | \$625 | \$111 |
| Cataract | 366 | 1,117,600 | 3,560,454 | 566,412 | 3,186 | 520 |
| Malignant Neoplasm of Prostate | 185 | 1,079,560 | 1,924,986 | 417,905 | 1,783 | 395 |
| All Other Reasons for the Visit | --- | 56,537,540 | 58,903,085 | 10,670,997 | 1,042 | 197 |

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.