

Table 10.4
Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare, by Selected Reasons for the Visit:
Calendar Year 2004

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	---	114,155,740	\$138,009,804	\$25,963,191	\$1,209	\$235
Selected Reasons for the Visit ³	---	56,636,240	68,337,172	13,189,829	1,207	239
Encounter for Other and Unspecified Procedures and Aftercare	V58	5,698,520	4,812,912	1,019,124	845	183
Special Screening for Malignant Neoplasms	V76	4,861,160	1,220,326	279,979	251	60
Essential Hypertension	401	4,724,540	1,433,162	269,722	303	59
Diabetes Mellitus	250	4,632,000	1,624,003	339,248	351	75
Cardiac Dysrhythmias	427	3,994,600	1,940,776	401,399	486	102
Chronic Renal Failure	585	3,889,260	27,534,474	6,143,838	7,080	1,596
Disorders of Lipoid Metabolism	272	3,875,760	989,512	190,040	255	50
Symptoms Involving Respiratory System and Other Chest Symptoms	786	3,504,540	5,365,609	768,717	1,531	229
General Symptoms	780	3,124,180	3,439,337	536,161	1,101	177
Other and Unspecified Anemias	285	2,287,200	1,768,668	377,609	773	169
Other Disorders of Urethra and Urinary Tract	599	2,241,800	1,149,417	177,825	513	81
Other and Unspecified Disorders of Back	724	2,126,020	2,230,253	372,760	1,049	182
Other Symptoms Involving Abdomen and Pelvis	789	1,957,000	2,785,792	340,205	1,424	179
Other Forms of Chronic Ischemic Heart Disease	414	1,843,600	4,456,786	664,872	2,417	371
Other and Unspecified Disorders of Joint	719	1,697,300	1,110,964	190,462	655	118
Heart Failure	428	1,501,160	1,175,842	227,279	783	155
Special Investigations and Examinations	V72	1,323,660	611,840	86,569	462	70

See footnotes at end of table

Table 10.4—Continued
Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare, by Selected Reasons for the Visit:
Calendar Year 2004

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	1,195,400	\$816,484	\$133,029	\$683	\$116
Acquired Hypothyroidism	244	1,085,600	250,206	54,351	230	51
Cataract	366	1,072,940	3,620,809	616,640	3,375	591
All Other Reasons for the Visi	---	57,519,500	69,672,630	12,773,362	1,211	232

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.