

**Table 9.4**

**Persons Served, Services, Submitted and Allowed Charges, Program Payments for Medicare Physician and Supplier Services,  
by Place of Service: Calendar Year 2004**

Place of Service	Persons Served <sup>1</sup>	Services		Submitted Charges	
		Number in Thousands	Per Person Served <sup>1</sup>	Amount in Thousands	Per Person Served <sup>1</sup>
Total	32,961,620	1,662,332	50.4	\$215,840,889	\$6,548
Office	30,747,380	819,349	26.6	84,169,109	2,737
Home	9,441,540	141,296	15.0	17,614,207	1,866
Inpatient Hospital	8,461,880	214,189	25.3	46,947,580	5,548
Outpatient Hospital <sup>4</sup>	17,871,660	98,746	5.5	24,753,632	1,385
Emergency Room Hospital <sup>4</sup>	10,284,940	39,095	3.8	7,096,188	690
Ambulatory Surgical Center	3,083,240	11,837	3.8	12,961,269	4,204
Skilled Nursing Care Facility	2,166,760	24,115	11.1	1,960,489	905
Nursing Home	1,915,380	28,094	14.7	1,541,856	805
Hospice	6,300	22	3.4	2,067	328
Ambulance <sup>5</sup>	4,332,940	53,828	12.4	6,108,672	1,410
Independent Laboratory	16,858,400	206,904	12.3	9,573,889	568
All Other <sup>6</sup>	NA	24,857	NA	3,111,931	NA

See footnotes at end of table.

**Table 9.4—Continued**  
**Persons Served, Services, Submitted and Allowed Charges, Program Payments for Medicare Physician and Supplier Services,**  
**by Place of Service: Calendar Year 2004**

Place of Service	Allowed Charges				Program Payments		
	Amount in Thousands	Percent	Per Person Served <sup>1</sup>	Assigned in Thousands	Percent of Charges Assigned <sup>2</sup>	Amount in Thousands	Per Person Served <sup>3</sup>
Total	\$102,067,747	100.0	\$3,097	\$101,187,982	99.1	\$79,178,272	\$2,454
Office	48,790,146	47.8	1,587	48,171,628	98.7	36,966,774	1,239
Home	11,305,898	11.1	1,197	11,159,391	98.7	8,841,639	948
Inpatient Hospital	17,347,540	17.0	2,050	17,280,244	99.6	13,734,679	1,631
Outpatient Hospital <sup>4</sup>	7,245,973	7.1	405	7,215,043	99.6	5,632,104	322
Emergency Room Hospital <sup>4</sup>	2,467,851	2.4	240	2,465,263	99.9	1,912,254	189
Ambulatory Surgical Center	4,105,938	4.0	1,332	4,096,890	99.8	3,242,063	1,053
Skilled Nursing Care Facility	1,328,638	1.3	613	1,326,812	99.9	1,000,539	469
Nursing Home	1,096,962	1.1	573	1,096,012	99.9	801,674	424
Hospice	1,442	(7)	229	1,440	99.9	1,119	180
Ambulance <sup>5</sup>	3,666,019	3.6	846	3,665,911	99.9	2,906,992	671
Independent Laboratory	2,958,411	2.9	175	2,957,905	99.9	2,794,949	166
All Other <sup>6</sup>	1,752,929	1.7	NA	1,751,443	99.9	1,343,486	NA

<sup>1</sup>Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than one service during the reporting year.

<sup>2</sup>Ratio of assigned allowed charges to total allowed charges. Includes charges for supplier services.

<sup>3</sup>The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

<sup>4</sup>Prior to 1992, emergency room and outpatient hospital data were aggregated.

<sup>5</sup>Excludes air or water services.

<sup>6</sup>Includes custodial care facilities, comprehensive inpatient rehabilitation facilities, State or local public health clinics, end stage renal disease treatment facilities, community mental health centers, inpatient psychiatric facilities, etc.

<sup>7</sup>Less than 0.05 percent.

NOTES: Medicare charges and program payments represent fee-for-service utilization only. NA is not applicable.

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.