

**Table 10.2**  
**Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics,**  
**Type of Entitlement, and Type of Service: Calendar Year 2005**

Demographic Characteristic and Type of Entitlement	Type of Service				
	Total	Clinic	Emergency Room	Laboratory	Radiology
Covered Charges in Thousands					
Total	\$165,827,447	\$1,999,596	\$6,443,508	\$16,570,981	\$29,792,280
<b>Sex</b>					
Male	77,939,737	843,159	2,691,807	7,129,230	13,019,406
Female	87,887,708	1,156,436	3,751,700	9,441,750	16,772,874
<b>Race<sup>2</sup></b>					
White	123,283,000	1,385,355	4,942,381	13,654,322	24,991,024
Other	41,868,286	605,889	1,474,822	2,847,052	4,678,222
<b>Type of Entitlement</b>					
Aged <sup>3</sup>	120,679,674	1,489,919	4,471,616	13,100,503	25,112,956
Disabled <sup>4</sup>	45,147,772	509,676	1,971,892	3,470,477	4,679,324
Percent Distribution					
Total	100.0	1.2	3.9	10.0	18.0
<b>Sex</b>					
Male	100.0	1.1	3.5	9.1	16.7
Female	100.0	1.3	4.3	10.7	19.1
<b>Race<sup>2</sup></b>					
White	100.0	1.1	4.0	11.1	20.3
Other	100.0	1.4	3.5	6.8	11.2
<b>Type of Entitlement</b>					
Aged <sup>3</sup>	100.0	1.2	3.7	10.9	20.8
Disabled <sup>4</sup>	100.0	1.1	4.4	7.7	10.4

See footnotes at end of table.

**Table 10.2—Continued**  
**Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics,**  
**Type of Entitlement, and Type of Service: Calendar Year 2005**

Pharmacy	Type of Service				
	Physical Therapy	Medical/ Surgical Supplies	Operating Room	End Stage Renal Disease	Other <sup>1</sup>
Covered Charges in Thousands					
\$4,752,282	\$2,937,401	\$10,784,437	\$15,685,179	\$22,153,445	\$54,708,333
2,145,453	1,112,229	5,503,734	7,157,081	11,929,479	26,408,155
2,606,828	1,825,171	5,280,703	8,528,098	10,223,966	28,300,177
3,949,511	2,507,284	8,962,361	13,074,699	10,804,915	39,011,144
781,527	417,898	1,782,250	2,542,130	11,258,976	15,479,516
3,709,369	2,442,416	8,659,570	12,736,743	10,984,169	37,972,407
1,042,912	494,984	2,124,867	2,948,435	11,169,276	16,735,925
Percent Distribution					
2.9	1.8	6.5	9.5	13.4	33.0
2.8	1.4	7.1	9.2	15.3	33.9
3.0	2.1	6.0	9.7	11.6	32.2
3.2	2.0	7.3	10.6	8.8	31.6
1.9	1.0	4.3	6.1	26.9	37.0
3.1	2.0	7.2	10.6	9.1	31.5
2.3	1.1	4.7	6.5	24.7	37.1

Table 10.2—Continued

**Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics,  
Type of Entitlement, and Type of Service: Calendar Year 2005**

Demographic Characteristic and Type of Entitlement	Type of Service				
	Total	Clinic	Emergency Room	Laboratory	Radiology
			Average Charge per Enrollee <sup>5</sup>		
Total	\$4,889	\$59	\$190	\$489	\$878
<b>Sex</b>					
Male	5,294	57	183	484	884
Female	4,579	60	195	492	874
<b>Race<sup>2</sup></b>					
White	4,300	48	172	476	872
Other	8,062	117	284	548	901
<b>Type of Entitlement</b>					
Aged <sup>3</sup>	4,249	52	157	461	884
Disabled <sup>4</sup>	8,188	92	358	629	849

<sup>1</sup>Includes charges for blood, blood administration, cardiology, ambulatory surgical care, magnetic resonance imaging, drugs requiring specific identification, etc.

<sup>2</sup>Excludes unknown race.

<sup>3</sup>Includes aged persons with end stage renal disease (ESRD).

<sup>4</sup>Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

<sup>5</sup>Medicare enrollees in managed care plans are not included in the denominator used to calculate the average charge per enrollee.

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.

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.

**Table 10.2—Continued**  
**Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics,**  
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Type of Service					
Pharmacy	Physical Therapy	Medical/ Surgical Supplies	Operating Room	End Stage Renal Disease	Other <sup>1</sup>
Average Charge per Enrollee <sup>5</sup>					
\$140	\$87	\$318	\$462	\$653	\$1,613
146	76	374	486	810	1,794
136	95	275	444	533	1,474
138	87	313	456	377	1,361
151	80	343	490	2,168	2,981
131	86	305	448	387	1,337
189	90	385	535	2,026	3,035