

Table 10.4
Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare, by Selected Reasons for the Visit:
Calendar Year 2005

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	---	115,427,120	\$165,827,447	\$28,584,759	\$1,437	\$256
Selected Reasons for the Visit ³	---	57,222,460	83,942,854	13,746,158	1,467	247
Encounter for Other and Unspecified Procedures and Aftercare	V58	6,048,900	5,999,039	1,220,798	992	205
Special Screening for Malignant Neoplasms	V76	4,797,040	1,502,955	329,165	313	71
Essential Hypertension	401	4,710,920	1,541,114	279,472	327	61
Diabetes Mellitus	250	4,670,740	1,817,757	355,472	389	78
Cardiac Dysrhythmias	427	4,039,280	2,102,889	426,070	521	107
Chronic Renal Failure	585	3,950,300	40,946,697	6,407,754	10,365	1,637
Disorders of Lipoid Metabolism	272	3,914,480	1,072,555	195,773	274	51
Symptoms Involving Respiratory System and Other Chest Symptoms	786	3,587,320	6,151,417	893,509	1,715	260
General Symptoms	780	3,129,480	3,851,263	587,497	1,231	193
Other and Unspecified Anemias	285	2,343,240	1,970,054	412,705	841	179
Other Disorders of Urethra and Urinary Tract	599	2,298,180	1,312,044	197,188	571	88
Other and Unspecified Disorders of Back	724	2,132,600	2,470,839	408,009	1,159	199
Other Symptoms Involving Abdomen and Pelvis	789	1,935,720	3,130,056	384,933	1,617	205
Other Forms of Chronic Ischemic Heart Disease	414	1,767,940	4,713,846	740,166	2,666	430
Other and Unspecified Disorders of Joint	719	1,733,120	1,232,361	207,438	711	126
Heart Failure	428	1,420,000	1,230,606	236,638	867	170
Special Investigations and Examinations	V72	1,387,300	695,690	96,452	501	74
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 2005

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	1,213,220	\$911,389	\$147,603	\$751	\$127
Symptoms Involving Digestive System	787	1,081,880	1,026,717	163,394	949	158
Acquired Hypothyroidism	244	1,060,800	263,566	56,122	248	54
All Other Reasons for the Visit	---	58,204,660	81,884,592	14,838,601	1,407	266

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.