

Table 10.4
Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare, by Selected Reasons for the Visit:
Calendar Year 2006

| Reason for Visit | ICD-9-CM Code ¹ | Number of Bills | Covered Charges in Thousands | Program Payments in Thousands | Average Covered Charge per Bill | Average Program Payment per Bill ² |
|---|-------------------------------|--------------------|---------------------------------------|--|--|--|
| Total All Reasons for the Visit | --- | 112,970,620 | \$183,400,542 | \$29,991,921 | \$1,623 | \$274 |
| Selected Reasons for the Visit ³ | --- | 56,398,580 | 95,585,006 | 14,438,813 | 1,695 | 263 |
| Encounter for Other and Unspecified | | | | | | |
| Procedures and Aftercare | | 6,177,740 | 6,908,091 | 1,329,493 | 1,118 | 219 |
| Essential Hypertension | V58401 | 4,637,000 | 1,645,853 | 289,896 | 355 | 64 |
| Diabetes Mellitus | 250 | 4,598,160 | 1,952,807 | 372,725 | 425 | 83 |
| Special Screening for Malignant Neoplasms | | 4,587,480 | 1,650,169 | 348,639 | 360 | 78 |
| Chronic Renal Failure | V76585 | 4,213,060 | 49,291,308 | 6,776,639 | 11,700 | 1,624 |
| Cardiac Dysrhythmias | 427 | 4,061,440 | 2,246,761 | 424,649 | 553 | 106 |
| Disorders of Lipoid Metabolism | 272 | 3,768,940 | 1,150,891 | 199,876 | 305 | 54 |
| Symptoms Involving Respiratory | | | | | | |
| System and Other Chest Symptoms | 786 | 3,414,320 | 6,621,260 | 972,471 | 1,939 | 297 |
| General Symptoms | 780 | 2,900,780 | 3,923,200 | 577,976 | 1,352 | 205 |
| Other and Unspecified Anemias | 285 | 2,398,700 | 2,179,829 | 418,770 | 909 | 178 |
| Other Disorders of Urethra and Urinary Tract | 599 | 2,297,660 | 1,455,515 | 211,625 | 633 | 94 |
| Other and Unspecified Disorders of Back | 724 | 2,061,340 | 2,641,607 | 425,008 | 1,282 | 214 |
| Other Symptoms Involving Abdomen and Pelvis | 789 | 1,898,440 | 3,421,593 | 412,462 | 1,802 | 223 |
| Other and Unspecified Disorders of Joint | 719 | 1,692,140 | 1,316,448 | 223,343 | 778 | 139 |
| Other Forms of Chronic Ischemic Heart Disease | 414 | 1,673,900 | 4,915,691 | 758,128 | 2,937 | 465 |
| Special Investigations and Examinations | | 1,387,180 | 752,540 | 106,414 | 543 | 81 |
| Heart Failure | V72428 | 1,299,940 | 1,075,622 | 205,601 | 827 | 161 |

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 2006

| Reason for Visit | ICD-9-CM Code ¹ | Number of Bills | Covered Charges in Thousands | Program Payments in Thousands | Average Covered Charge per Bill | Average Program Payment per Bill ² |
|--|-------------------------------|--------------------|---------------------------------------|--|--|--|
| Other Disorders of Soft Tissues | 729 | 78,160 | \$973,644 | \$147,571 | \$826 | \$131 |
| Symptoms Involving Digestive System | 787 | 1,112,060 | 1,174,910 | 180,504 | 1,057 | 170 |
| Acquired Hypothyroidism | 244 | 1,040,140 | 287,267 | 57,023 | 276 | 56 |
| All Other Reasons for the Visit | | 56,572,040 | 87,815,536 | 15,553,108 | 1,552 | 285 |

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.