

**Table 10.4**  
**Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare,**  
**by Selected Reasons for the Visit: Calendar Year 2008**

Reason for Visit	ICD-9-CM Code <sup>1</sup>	Number of Bills	Covered Charges in Thousands	Program Payments in Thousands	Average Covered Charge per Bill	Average Program Payment per Bill <sup>2</sup>
Total All Reasons for the Visit	---	112,175,480	\$221,868,880	\$33,635,766	\$1,978	\$311
Selected Reasons for the Visit <sup>3</sup>	---	55,459,740	116,524,580	19,656,491	2,101	363
Encounter for Other and Unspecified Procedures and Aftercare	V58	6,287,540	9,436,684	1,684,799	1,501	273
Diabetes Mellitus	250	4,523,320	2,270,298	4,002,128	502	91
Essential Hypertension	401	4,482,400	1,911,873	310,275	427	71
Chronic Renal Failure	585	4,440,480	59,951,210	7,090,481	13,501	1,612
Special Screening for Malignant Neoplasms	V76	4,369,860	1,995,958	401,149	457	94
Cardiac Dysrhythmias	427	4,196,980	2,992,668	575,706	713	139
Disorders of Lipoid Metabolism	272	3,536,260	1,293,681	212,148	366	61
Symptoms Involving Respiratory System and Other Chest Symptoms	786	3,328,200	7,886,843	1,110,188	2,370	350
General Symptoms	780	2,722,600	4,696,096	649,942	1,725	246
Other and Unspecified Anemias	285	2,422,920	2,337,132	412,261	965	174
Other Disorders of Urethra and Urinary Tract	599	2,292,280	1,777,609	236,699	775	106
Other and Unspecified Disorders of Back	724	1,972,300	3,048,892	470,384	1,546	249
Other Symptoms Involving Abdomen and Pelvis	789	1,825,840	4,036,944	455,900	2,211	258
Other and Unspecified Disorders of Joint	719	1,731,840	1,564,454	236,809	903	144
Other Forms of Chronic Ischemic Heart Disease	414	1,546,500	6,467,387	1,044,804	4,182	695
Special Investigations and Examinations	V72	1,404,380	858,130	115,370	611	86
Other Disorders of Soft Tissues	729	1,152,400	1,099,733	154,325	954	141
Symptoms Involving Digestive System	787	1,094,760	1,443,806	202,420	1,319	195
Heart Failure	428	1,083,860	1,112,766	228,528	1,027	216
Acquired Hypothyroidism	244	1,045,020	342,416	62,175	328	60
All Other Reasons for the Visit	---	56,715,740	105,344,300	13,979,275	1,857	261

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volume 1*.

<sup>2</sup>Does not reflect bills for beneficiaries who received covered services, but for whom no program payments were reported during the year.

<sup>3</sup>Based 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.