

**Table 9.4**  
**Persons Served, Services, Submitted and Allowed Charges, Program Payments for Medicare Physician and Supplier Services,**  
**by Place of Service: Calendar Year 2008**

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	31,826,820	1,798,520	56.5	\$274,355,179	\$8,620
Office	29,591,620	882,230	29.8	109,572,266	3,703
Home	10,532,720	157,566	15.0	22,030,459	2,092
Inpatient Hospital	7,933,460	205,735	25.9	51,872,068	6,538
Outpatient Hospital <sup>4</sup>	17,195,300	102,832	6.0	28,255,264	1,643
Emergency Room Hospital <sup>4</sup>	10,090,660	42,626	4.2	10,299,548	1,021
Ambulatory Surgical Center	3,585,780	16,877	4.7	20,393,195	5,687
Skilled Nursing Care Facility	2,055,080	23,847	11.6	2,286,002	1,112
Nursing Home	1,939,460	29,318	15.1	1,892,822	976
Hospice	6,860	23	3.4	2,536	370
Ambulance <sup>5</sup>	4,580,820	60,052	13.1	8,923,553	1,948
Independent Laboratory	17,369,720	251,185	14.5	14,495,669	835
All Other <sup>6</sup>	NA	26,229	NA	4,331,797	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 2008**

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	Percent	Per Person Served <sup>3</sup>
Total	\$113,804,294	100.0	\$3,576	\$113,178,340	99.4	\$88,112,583	100.0	\$2,834
Office	53,894,306	47.4	1,821	53,433,128	99.1	40,649,113	46.1	1,420
Home	12,790,781	11.2	1,214	12,703,806	99.3	9,929,991	11.3	959
Inpatient Hospital	17,809,478	15.6	2,245	17,767,408	99.8	14,094,466	16.0	1,786
Outpatient Hospital <sup>4</sup>	7,203,313	6.3	419	7,183,349	99.7	5,568,406	6.3	333
Emergency Room Hospital <sup>4</sup>	2,958,369	2.6	293	2,955,638	99.9	2,284,090	2.6	231
Ambulatory Surgical Center	5,092,899	4.5	1,420	5,084,504	99.8	4,010,639	4.6	1,120
Skilled Nursing Care Facility	1,537,500	1.4	748	1,536,665	99.9	1,158,579	1.3	573
Nursing Home	1,224,178	1.1	631	1,223,733	99.9	901,478	1.0	472
Hospice	1,500	(7)	219	1,500	99.9	1,132	(7)	172
Ambulance <sup>5</sup>	5,006,963	4.4	1,093	5,006,963	99.9	3,969,155	4.5	867
Independent Laboratory	4,134,764	3.6	238	4,134,250	99.9	3,890,677	4.4	224
All Other <sup>6</sup>	2,150,243	1.9	NA	2,147,396	99.9	1,654,857	1.9	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.