

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 ¹ Code	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	178,160	\$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.