

Table 9.4

**Persons Served, Services, Submitted and Allowed Charges, Program Payments for Medicare Physician and Supplier Services,
by Place of Service: Calendar Year 2005**

Place of Service	Persons Served ¹	Services		Submitted Charges	
		Number in Thousands	Per Person Served ¹	Amount in Thousands	Per Person Served ¹
Total	33,434,580	1,766,256	52.8	\$236,285,951	\$7,067
Office	31,136,700	885,970	28.5	94,478,128	3,034
Home	10,831,060	149,234	13.8	18,826,749	1,738
Inpatient Hospital	8,550,880	216,105	25.3	48,906,109	5,719
Outpatient Hospital ⁴	18,145,800	102,008	5.6	26,253,342	1,447
Emergency Room Hospital ⁴	10,570,100	41,397	3.9	7,994,429	756
Ambulatory Surgical Center	3,321,580	13,123	4.0	14,759,984	4,444
Skilled Nursing Care Facility	2,182,640	23,972	11.0	2,057,100	942
Nursing Home	1,968,320	28,276	14.4	1,618,636	822
Hospice	5,920	17	2.9	1,759	297
Ambulance ⁵	4,530,360	59,143	13.1	7,095,125	1,566
Independent Laboratory	17,323,500	220,807	12.7	10,768,975	622
All Other ⁶	NA	26,204	NA	3,525,615	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 2005

Place of Service	Allowed Charges				Program Payments			
	Amount in Thousands	Percent	Per Person Served ¹	Assigned in Thousands	Percent of Charges Assigned ²	Amount in Thousands	Percent	Per Person Served ³
Total	\$108,052,939	100.0	\$3,232	\$107,224,850	99.2	\$83,747,781	100.0	\$2,561
Office	52,001,116	48.1	1,670	51,412,939	98.9	39,347,804	47.0	1,304
Home	11,455,593	10.6	1,058	11,324,848	98.9	8,950,315	10.7	837
Inpatient Hospital	17,881,062	16.5	2,091	17,817,275	99.6	14,151,681	16.9	1,663
Outpatient Hospital ⁴	7,596,136	7.0	419	7,568,304	99.6	5,892,587	7.0	332
Emergency Room Hospital ⁴	2,672,449	2.5	253	2,670,397	99.9	2,065,930	2.5	199
Ambulatory Surgical Center	4,467,000	4.1	1,345	4,457,272	99.8	3,522,637	4.2	1,062
Skilled Nursing Care Facility	1,426,408	1.3	654	1,424,565	99.9	1,076,591	1.3	502
Nursing Home	1,081,811	1.0	550	1,081,135	99.9	786,840	0.9	406
Hospice	1,155	(7)	195	1,155	99.9	901	(7)	155
Ambulance ⁵	4,247,094	3.9	937	4,246,914	99.9	3,367,255	4.0	744
Independent Laboratory	3,239,497	3.0	187	3,238,863	99.9	3,060,513	3.7	177
All Other ⁶	1,983,618	1.8	NA	1,981,183	99.9	1,524,727	1.8	NA

¹Includes 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.

²Ratio of assigned allowed charges to total allowed charges. Includes charges for supplier services.

³The average program payment per person served does not reflect beneficiaries who received covered services, but for whom no program payments were reported.

⁴Prior to 1992, emergency room and outpatient hospital data were aggregated.

⁵Excludes air or water services.

⁶Includes 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.

⁷Less 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.