

Table 10.4
Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare,
by Selected Reasons for the Visit: Calendar Year 2012

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	---	125,433,794	\$375,123,771	\$45,825,229	\$2,991	\$377
Selected Reasons for the Visit ³	---	59,687,483	219,219,630	21,837,937	3,673	375
Encounter for Other and Unspecified						
Procedures and Aftercare	V58	6,550,976	16,364,343	2,787,011	2,498	433
Chronic Kidney Disease	585	5,025,799	127,604,738	8,616,275	25,390	1,741
Diabetes Mellitus	250	4,866,244	3,374,159	547,718	693	115
Essential Hypertension	401	4,726,284	2,643,205	380,700	559	83
Cardiac Dysrhythmias	427	4,621,385	5,606,513	999,225	1,213	219
Special Screening for Malignant Neoplasms	V76	4,441,795	3,182,593	661,728	717	152
Symptoms Involving Respiratory						
System and Other Chest Symptoms	786	3,780,003	13,234,582	1,593,414	3,501	438
Disorders of Lipoid Metabolism	272	3,386,538	1,625,517	243,072	480	73
General Symptoms	780	2,915,481	7,422,509	874,042	2,546	308
Other Disorders of Urethra and Urinary Tract	599	2,508,622	2,768,400	323,896	1,104	132
Other and Unspecified Disorders of Back	724	2,294,186	4,422,731	605,914	1,928	274
Other and Unspecified Anemias	285	2,150,520	2,681,854	425,112	1,247	202
Other and Unspecified Disorders of Joint	719	2,098,538	2,409,150	317,323	1,148	159
Other Symptoms Involving Abdomen and Pelvis	789	2,045,275	5,987,785	610,319	2,928	307
Other Forms of Chronic Ischemic Heart Disease	414	1,759,635	9,985,833	1,507,326	5,675	880
Special Investigations and Examinations	V72	1,635,767	1,383,694	162,463	846	105
Other Disorders of Soft Tissues	729	1,270,073	1,576,517	192,276	1,241	158
Symptoms Involving Digestive System	787	1,260,313	2,409,156	297,286	1,912	247
Acquired Hypothyroidism	244	1,200,949	500,643	79,616	417	67
Malignant Neoplasm of Female Breast	174	1,149,100	4,035,709	613,222	3,512	547
All Other Reasons for the Visit	---	65,746,311	155,904,141	23,987,293	2,371	378

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 Standard Analytical Files; data development by the Office of Information Products & Data Analytics.