

**Table 9.4**

**Persons Served, Services, Submitted and Allowed Charges, Program Payments for Medicare Physician and Supplier Services,  
by Place of Service: Calendar Year 2012**

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	32,900,220	1,873,755	57.0	\$329,086,038	\$10,003
Office	30,319,920	884,905	29.2	127,692,138	4,211
Home	10,430,760	162,665	15.6	24,373,585	2,337
Inpatient Hospital	7,729,780	185,039	23.9	57,262,524	7,408
Outpatient Hospital <sup>4</sup>	18,316,660	116,572	6.4	35,103,204	1,916
Emergency Room Hospital <sup>4</sup>	10,871,520	49,549	4.6	15,665,150	1,441
Ambulatory Surgical Center	3,755,140	18,290	4.9	27,882,766	7,425
Skilled Nursing Care Facility	2,047,500	24,426	11.9	2,715,102	1,326
Nursing Home	2,062,060	35,791	17.4	2,499,303	1,212
Hospice	4,280	14	3.3	2,190	512
Ambulance <sup>5</sup>	4,900,040	60,960	12.4	12,073,979	2,464
Independent Laboratory	18,105,640	285,771	15.8	17,293,363	955
All Other <sup>6</sup>	8,728,600	49,774	5.7	6,522,734	747

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 2012**

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	\$127,751,223	100.0	\$3,883	\$127,276,051	99.6	\$99,597,040	100.0	\$3,086
Office	60,507,824	47.4	1,996	60,141,334	99.4	46,023,474	46.2	1,562
Home	12,641,894	9.9	1,212	12,594,380	99.6	9,830,671	9.9	959
Inpatient Hospital	18,691,209	14.6	2,418	18,664,563	99.9	14,801,720	14.9	1,925
Outpatient Hospital <sup>4</sup>	8,961,111	7.0	489	8,940,881	99.8	6,965,339	7.0	391
Emergency Room Hospital <sup>4</sup>	3,668,735	2.9	337	3,665,541	99.9	2,827,024	2.8	265
Ambulatory Surgical Center	6,220,837	4.9	1,657	6,212,865	99.9	4,926,517	4.9	1,314
Skilled Nursing Care Facility	1,683,425	1.3	822	1,682,847	100.0	1,287,079	1.3	637
Nursing Home	1,533,136	1.2	743	1,532,930	100.0	1,163,298	1.2	571
Hospice	1,038	(7)	243	1,038	100.0	793	(7)	191
Ambulance <sup>5</sup>	5,789,103	4.5	1,181	5,789,056	100.0	4,593,168	4.6	938
Independent Laboratory	5,155,053	4.0	285	5,154,994	100.0	4,892,416	4.9	271
All Other <sup>6</sup>	2,897,856	2.3	332	2,895,622	99.9	2,285,541	2.3	265

<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.

NOTE: Medicare charges and program payments represent fee-for-service utilization only.

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.