

Table 10.2
Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics,
Type of Entitlement, and Type of Service: Calendar Year 2007

Demographic Characteristic and Type of Entitlement	Type of Service				
	Total	Clinic	Emergency Room	Laboratory	Radiology
Covered Charges in Thousands					
Total	\$200,680,151	\$2,252,693	\$8,109,740	\$19,556,754	\$35,820,512
Sex					
Male	94,524,529	978,083	3,350,221	8,421,431	15,806,510
Female	106,155,621	1,274,609	4,759,518	11,135,323	20,014,001
Race³					
White	147,398,466	1,623,348	6,223,119	16,061,647	30,075,279
Other	52,542,882	620,956	1,859,811	3,427,066	5,636,788
Type of Entitlement					
Aged ⁴	142,810,808	1,682,097	5,499,617	15,301,521	29,926,305
Disabled ⁵	57,869,342	570,596	2,610,123	4,255,233	5,894,206
Percent Distribution					
Total	100.0	1.1	4.0	9.7	17.8
Sex					
Male	100.0	1.0	3.5	8.9	16.7
Female	100.0	1.2	4.5	10.5	18.9
Race³					
White	100.0	1.1	4.2	10.9	20.4
Other	100.0	1.2	3.5	6.5	10.7
Type of Entitlement					
Aged ⁴	100.0	1.2	3.9	10.7	21.0
Disabled ⁵	100.0	1.0	4.5	7.4	10.2
Average Charge per Enrollee ⁶					
Total	\$6,206	\$70	\$251	\$605	\$1,108
Sex					
Male	6,692	69	237	596	1,119
Female	5,829	70	261	611	1,099
Race³					
White	5,397	59	228	588	1,101
Other	10,536	125	373	687	1,130
Type of Entitlement					
Aged ⁴	5,316	63	205	570	1,114
Disabled ⁵	10,572	104	477	777	1,077

¹Includes charges for physical therapy, occupational therapy, and speech/language pathology.

²Includes charges for blood, blood administration, cardiology, ambulatory surgical care, magnetic resonance imaging, drugs requiring specific identification, etc.

³Excludes unknown race.

⁴Includes aged persons with end stage renal disease (ESRD).

⁵Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

⁶Medicare enrollees in managed care plans are not included in the denominator used to calculate the average charge per enrollee.

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.

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.

Table 10.2--Continued
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Type of Service					
Pharmacy	Rehabilitation ¹	Medical/ Surgical Supplies	Operating Room	End Stage Renal Disease	Other ²
Covered Charges in Thousands					
\$4,444,845	\$3,221,474	\$12,378,310	\$18,021,965	\$29,836,189	\$67,037,664
1,998,252	1,234,469	6,238,838	8,213,181	16,065,894	32,217,645
2,446,593	1,987,004	6,139,471	9,808,784	13,770,295	34,820,018
3,679,717	2,746,803	10,294,731	15,027,439	14,373,883	47,292,494
748,465	462,746	2,040,716	2,933,762	15,308,669	19,503,898
3,372,659	2,661,284	9,887,016	14,437,457	14,571,400	45,471,451
1,072,186	560,190	2,491,294	3,584,508	15,264,789	21,566,213
Percent Distribution					
2.2	1.6	6.2	9.0	14.9	33.4
2.1	1.3	6.6	8.7	17.0	34.1
2.3	1.9	5.8	9.2	13.0	32.8
2.5	1.9	7.0	10.2	9.8	32.1
1.4	0.9	3.9	5.6	29.1	37.1
2.4	1.9	6.9	10.1	10.2	31.8
1.9	1.0	4.3	6.2	26.4	37.3
Average Charge per Enrollee ⁶					
\$137	\$100	\$383	\$557	\$923	\$2,073
141	87	442	581	1,137	2,281
134	109	337	539	756	1,912
135	101	377	550	526	1,732
150	93	409	588	3,070	3,911
126	99	368	537	542	1,693
196	102	455	655	2,789	3,940