

Table 10.4
Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare,
by Selected Reasons for the Visit: Calendar Year 2009

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	---	114,726,680	\$252,783,206	\$37,242,592	\$2,203	\$336
Selected Reasons for the Visit ³	---	56,353,480	135,464,000	17,667,772	2,404	323
Encounter for Other and Unspecified						
Procedures and Aftercare	V58	6,357,640	10,842,244	1,940,235	1,705	311
Chronic Renal Failure	585	4,604,960	71,148,492	7,495,516	15,450	1,644
Essential Hypertension	401	4,586,320	2,093,761	338,592	457	76
Diabetes Mellitus	250	4,553,540	2,591,374	457,090	569	103
Special Screening for Malignant Neoplasms	V76	4,370,540	2,176,115	417,337	498	98
Cardiac Dysrhythmias	427	4,258,140	3,660,109	722,416	860	172
Disorders of Lipoid Metabolism	272	3,515,520	1,366,500	217,420	389	63
Symptoms Involving Respiratory						
System and Other Chest Symptoms	786	3,406,880	9,006,415	1,234,348	2,644	379
General Symptoms	780	2,746,900	5,265,747	713,221	1,917	267
Other and Unspecified Anemias	285	2,385,380	2,359,568	409,839	989	176
Other Disorders of Urethra and Urinary Tract	599	2,354,160	1,997,823	272,196	849	119
Other and Unspecified Disorders of Back	724	2,037,340	3,345,920	517,805	1,642	265
Other Symptoms Involving Abdomen and Pelvis	789	1,879,680	4,579,201	556,667	2,436	306
Other and Unspecified Disorders of Joint	719	1,799,480	1,748,864	258,963	972	152
Other Forms of Chronic Ischemic Heart Disease	414	1,559,900	7,913,101	1,284,064	5,073	848
Special Investigations and Examinations	V72	1,471,640	959,997	125,764	652	90
Other Disorders of Soft Tissues	729	1,176,220	1,196,176	164,411	1,017	147
Symptoms Involving Digestive System	787	1,142,300	1,635,694	229,285	1,432	211
Heart Failure	428	1,079,640	1,195,146	244,635	1,107	232
Acquired Hypothyroidism	244	1,067,300	381,753	67,968	358	65
All Other Reasons for the Visit	---	58,373,200	117,319,206	19,574,820	2,010	349

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 Research, Development, and Information.