

Table 10.2
Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics,
Type of Entitlement, and Type of Service: Calendar Year 2009

Demographic Characteristic and Type of Entitlement	Type of Service				
	Total	Clinic	Emergency Room	Laboratory	Radiology
Covered Charges in Thousands					
Total	\$252,783,206	\$2,743,786	\$11,038,964	\$23,801,475	\$42,809,531
Sex					
Male	119,316,109	1,196,831	4,514,067	10,171,568	18,458,040
Female	133,467,096	1,546,954	6,524,897	13,629,906	24,351,490
Race³					
White	184,330,371	2,009,971	8,418,211	19,460,807	35,803,648
Other	67,556,959	725,632	2,588,472	4,258,656	6,881,810
Type of Entitlement					
Aged ⁴	175,639,930	2,025,467	7,332,737	18,346,352	35,162,758
Disabled ⁵	77,143,276	718,319	3,706,226	5,455,123	7,646,772
Percent Distribution					
Total	100.0	1.1	4.4	9.4	16.9
Sex					
Male	100.0	1.0	3.8	8.5	15.5
Female	100.0	1.2	4.9	10.2	18.2
Race³					
White	100.0	1.1	4.6	10.6	19.4
Other	100.0	1.1	3.8	6.3	10.2
Type of Entitlement					
Aged ⁴	100.0	1.2	4.2	10.4	20.0
Disabled ⁵	100.0	0.9	4.8	7.1	9.9
Average Charge per Enrollee ⁶					
Total	\$7,949	\$86	\$347	\$748	\$1,346
Sex					
Male	8,534	86	323	728	1,320
Female	7,490	87	366	765	1,367
Race³					
White	6,905	75	315	729	1,341
Other	13,349	143	511	841	1,360
Type of Entitlement					
Aged ⁴	6,698	77	280	700	1,341
Disabled ⁵	13,827	129	664	978	1,371

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 Standard Analytical Files; data development by the Office of Research, Development, and Information.

Table 10.2--Continued

**Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics,
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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					
\$4,948,740	\$3,822,151	\$16,016,404	\$22,302,704	\$41,094,954	\$84,204,493
2,162,943	1,468,016	8,200,582	10,130,935	22,265,130	40,747,994
2,785,796	2,354,135	7,815,821	12,171,769	18,829,824	43,456,499
4,064,461	3,220,394	13,396,092	18,555,163	20,063,305	59,338,314
868,267	590,918	2,576,446	3,674,615	20,810,949	24,581,191
3,684,616	3,122,558	12,810,594	17,645,124	19,279,596	56,230,123
1,264,123	699,592	3,205,809	4,657,579	21,815,358	27,974,370
Percent Distribution					
2.0	1.5	6.3	8.8	16.3	33.3
1.8	1.2	6.9	8.5	18.7	34.2
2.1	1.8	5.9	9.1	14.1	32.6
2.2	1.7	7.3	10.1	10.9	32.2
1.3	0.9	3.8	5.4	30.8	36.4
2.1	1.8	7.3	10.0	11.0	32.0
1.6	0.9	4.2	6.0	28.3	36.3
Average Charge per Enrollee ⁶					
\$156	\$120	\$504	\$701	\$1,292	\$2,648
155	105	587	725	1,593	2,915
156	132	439	683	1,057	2,439
152	121	502	695	752	2,223
172	117	509	726	4,112	4,857
141	119	489	673	735	2,144
227	125	575	835	3,910	5,014

