

Table 10.2
Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics,
Type of Entitlement, and Type of Service: Calendar Year 2010

Demographic Characteristic and Type of Entitlement	Type of Service				
	Total	Clinic	Emergency Room	Laboratory	Radiology
Covered Charges in Thousands					
Total	\$288,373,910	\$3,071,135	\$12,872,451	\$26,142,882	\$45,500,122
Sex					
Male	137,008,982	1,342,378	5,267,563	11,212,556	19,654,992
Female	151,364,928	1,728,757	7,604,888	14,930,326	25,845,130
Race³					
White	207,201,347	2,256,445	9,784,213	21,248,223	37,866,584
Other	80,108,288	803,520	3,051,721	4,797,869	7,492,384
Type of Entitlement					
Aged ⁴	197,443,518	2,262,171	8,456,560	19,962,687	37,026,610
Disabled ⁵	90,930,392	808,965	4,415,892	6,180,195	8,473,511
Percent Distribution					
Total	100.0	1.1	4.5	9.1	15.8
Sex					
Male	100.0	1.0	3.8	8.2	14.3
Female	100.0	1.1	5.0	9.9	17.1
Race³					
White	100.0	1.1	4.7	10.3	18.3
Other	100.0	1.0	3.8	6.0	9.4
Type of Entitlement					
Aged ⁴	100.0	1.1	4.3	10.1	18.8
Disabled ⁵	100.0	0.9	4.9	6.8	9.3
Average Charge per Enrollee ⁶					
Total	\$8,956	\$95	\$400	\$812	\$1,413
Sex					
Male	9,648	95	371	790	1,384
Female	8,409	96	423	829	1,436
Race³					
White	7,701	84	364	790	1,407
Other	15,333	154	584	918	1,434
Type of Entitlement					
Aged ⁴	7,471	86	320	755	1,401
Disabled ⁵	15,754	140	765	1,071	1,468

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 Center for Strategic Planning.

Table 10.2--Continued
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Type of Entitlement, and Type of Service: Calendar Year 2010

Type of Service					
Pharmacy	Rehabilitation ¹	Medical/ Surgical Supplies	Operating Room	End Stage Renal Disease	Other ²
Covered Charges in Thousands					
\$5,294,598	\$4,182,998	\$17,496,614	\$24,847,113	\$52,367,199	\$96,598,797
2,315,457	1,626,288	8,905,510	11,266,953	28,469,439	46,947,845
2,979,141	2,556,710	8,591,104	13,580,160	23,897,760	49,650,952
4,315,570	3,524,021	14,649,100	20,567,350	25,302,642	67,687,201
960,118	644,511	2,786,849	4,193,667	26,815,059	28,562,590
3,934,424	3,397,887	13,930,884	19,468,724	24,642,826	64,360,745
1,360,175	785,111	3,565,730	5,378,389	27,724,373	32,238,052
Percent Distribution					
1.8	1.5	6.1	8.6	18.2	33.5
1.7	1.2	6.5	8.2	20.8	34.3
2.0	1.7	5.7	9.0	15.8	32.8
2.1	1.7	7.1	9.9	12.2	32.7
1.2	0.8	3.5	5.2	33.5	35.7
2.0	1.7	7.1	9.9	12.5	32.6
1.5	0.9	3.9	5.9	30.5	35.5
Average Charge per Enrollee ⁶					
\$164	\$130	\$543	\$772	\$1,626	\$3,000
163	115	627	793	2,005	3,306
166	142	477	754	1,328	2,758
160	131	544	764	940	2,516
184	123	533	803	5,132	5,467
149	129	527	737	932	2,435
236	136	618	932	4,803	5,585