

Table 10.1
Supplementary Medical Insurance (SMI) Medicare Enrollees, Hospital Outpatient Charges
and Program Payments, by Type of Entitlement: Selected Calendar Years 1974-2011

Type of Entitlement and Year	Number of SMI Enrollees	Covered Charges in Thousands	Program Payments		
			Amount in Thousands	Per Enrollee ²	As Percent of Charges
Total SMI					
1974 ¹	23,166,564	\$535,296	\$323,383	\$14	60.4
1976	24,614,378	974,708	630,323	26	64.7
1978	26,074,085	1,384,067	923,658	35	66.7
1980	27,399,658	2,076,396	1,441,986	52	69.4
1982	28,412,282	3,164,530	2,203,260	78	69.6
1984	29,415,397	5,129,210	3,387,146	115	66.0
1986	30,589,728	8,115,976	4,881,605	160	60.1
1987	31,169,960	9,794,832	5,690,786	183	58.1
1988	31,617,082	11,833,919	6,371,704	202	53.8
1989	32,098,770	14,195,252	7,160,586	223	50.4
1990	32,635,800	18,346,471	8,171,088	250	44.5
1991	33,239,840	22,016,673	8,612,320	259	39.1
1992	33,956,460	26,799,501	9,941,391	293	37.1
1993	34,642,500	32,026,576	10,938,545	316	34.2
1994	35,178,600	36,232,649	11,813,522	366	32.6
1995	35,711,060	40,576,180	12,933,358	402	31.9
1996	36,164,700	44,564,665	13,896,048	437	31.2
1997	36,478,460	47,888,129	14,382,561	464	30.0
1998	36,793,540	50,607,564	14,212,983	469	28.1
1999	37,054,200	54,744,210	14,617,464	486	26.7
2000	37,369,220	60,728,234	14,969,335	491	24.6
2001	37,697,860	71,066,998	17,739,919	563	25.0
2002	38,088,000	92,787,173	20,211,036	621	21.8
2003	38,629,380	113,298,000	22,763,222	683	20.1
2004	39,100,863	138,009,804	25,963,191	770	18.8
2005	39,730,362	165,827,447	28,584,759	843	17.2
2006	40,398,230	183,400,542	29,991,921	911	16.4
2007	41,109,320	200,680,151	31,612,975	978	15.8
2008	42,019,718	221,868,880	33,635,766	1,053	15.2
2009	42,960,464	252,783,206	37,242,592	1,171	14.7
2010	43,953,728	288,373,910	39,656,242	1,232	13.8
2011	44,943,780	328,659,355	42,715,895	1,312	13.0

See footnotes at end of table.

Table 10.1--Continued
Supplementary Medical Insurance (SMI) Medicare Enrollees, Hospital Outpatient Charges
and Program Payments, by Type of Entitlement: Selected Calendar Years 1974-2011

Type of Entitlement and Year	Number of SMI Enrollees	Covered Charges in Thousands	Program Payments		
			Amount in Thousands	Per Enrollee ²	As Percent of Charges
Aged					
1974	21,421,545	394,680	220,742	10	55.9
1976	22,445,911	704,569	432,971	19	61.5
1978	23,530,893	1,005,467	648,249	28	64.5
1980	24,680,432	1,517,183	1,030,896	42	69.9
1982	25,706,792	2,402,462	1,645,064	64	68.5
1984	26,764,150	4,122,859	2,679,571	100	65.0
1986	27,862,737	6,529,273	3,809,992	137	58.4
1987	28,382,203	8,021,167	4,522,841	159	56.4
1988	28,780,154	9,790,273	5,098,546	177	52.1
1989	29,216,027	11,855,127	5,767,689	197	48.7
1990	29,691,180	15,384,510	6,563,454	221	42.7
1991	30,183,480	18,460,835	6,842,329	227	37.1
1992	30,722,080	22,253,657	7,741,774	252	34.8
1993	31,162,480	26,556,415	8,522,089	273	32.1
1994	31,443,800	29,768,892	9,116,610	318	30.6
1995	31,754,680	33,110,441	9,900,441	348	29.9
1996	31,997,360	36,099,678	10,542,937	379	29.2
1997	32,171,220	38,728,484	10,861,323	402	28.0
1998	32,308,000	41,045,972	10,681,369	407	26.0
1999	32,411,940	44,272,508	10,903,014	421	24.6
2000	32,601,700	48,940,902	11,029,355	421	22.5
2001	32,763,980	57,262,254	13,142,167	487	23.0
2002	32,955,100	73,194,461	14,893,603	536	20.3
2003	33,248,740	87,468,150	16,760,691	593	19.2
2004	33,435,566	103,366,187	19,086,017	672	18.5
2005	33,779,665	120,679,674	20,972,035	738	17.4
2006	34,183,478	131,315,177	21,811,661	793	16.6
2007	34,656,299	142,810,809	22,928,871	854	16.1
2008	35,364,399	156,248,053	24,349,712	921	15.6
2009	36,060,642	175,639,930	26,928,648	1,027	15.3
2010	36,768,443	197,443,518	28,627,222	1,083	14.5
2011	37,431,718	221,843,916	30,754,028	1,157	13.9

See footnotes at end of table.

Table 10.1--Continued
Supplementary Medical Insurance (SMI) Medicare Enrollees, Hospital Outpatient Charges
and Program Payments, by Type of Entitlement: Selected Calendar Years 1974-2011

Type of Entitlement and Year	Number of SMI Enrollees	Covered Charges in Thousands	Program Payments		
			Amount in Thousands	Per Enrollee ²	As Percent of Charges
Disabled					
1974 ¹	1,745,019	\$140,617	\$102,641	\$59	73.0
1976	2,168,467	270,139	197,352	91	73.1
1978	2,543,192	378,600	275,409	108	72.7
1980	2,719,226	559,213	411,090	152	73.5
1982	2,705,490	762,068	558,195	206	73.2
1984	2,651,247	1,006,351	707,575	267	70.3
1986	2,726,991	1,586,703	1,071,613	393	67.5
1987	2,787,757	1,773,664	1,167,945	419	65.8
1988	2,836,928	2,043,646	1,273,158	449	62.3
1989	2,882,743	2,340,124	1,392,897	483	59.5
1990	2,944,620	2,961,961	1,607,634	546	54.3
1991	3,056,360	3,555,838	1,769,991	579	49.8
1992	3,234,380	4,545,843	2,199,617	680	48.4
1993	3,480,020	5,470,161	2,416,456	694	44.2
1994	3,734,800	6,463,757	2,696,912	746	41.7
1995	3,956,380	7,465,739	3,033,158	801	40.6
1996	4,167,340	8,464,987	3,353,211	854	39.6
1997	4,307,240	9,159,645	3,521,238	886	38.4
1998	4,485,540	9,561,592	3,531,614	870	36.9
1999	4,642,260	10,471,702	3,714,450	892	35.5
2000	4,767,520	11,787,331	3,939,980	915	33.4
2001	4,933,880	13,804,744	4,597,752	1,013	33.3
2002	5,132,900	19,592,711	5,317,433	1,113	27.1
2003	5,380,640	25,829,850	6,002,531	1,192	23.2
2004	5,665,297	34,643,617	6,877,174	1,297	19.9
2005	5,950,697	45,147,772	7,612,723	1,381	16.9
2006	6,214,752	52,085,365	8,180,260	1,510	15.7
2007	6,453,021	57,869,342	8,684,104	1,586	15.0
2008	6,655,319	65,620,826	9,286,054	1,689	14.2
2009	6,899,822	77,143,276	10,313,945	1,849	13.4
2010	7,185,285	90,930,392	11,029,020	1,911	12.1
2011	7,512,062	106,815,438	11,961,867	2,004	11.2

¹1974 was the first full year of coverage for disabled beneficiaries under Medicare.

²Beginning with 1994, Medicare enrollees in managed care plans are not included in the denominator used to calculate average program payments per enrollee.

NOTES: 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. Numbers may not add to totals because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Standard Analytical Files; data development by the Office of Information Products and Data Analytics.

Table 10.2
Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics,
Type of Entitlement, and Type of Service: Calendar Year 2011

Demographic Characteristic and Type of Entitlement	Type of Service				
	Total	Clinic	Emergency Room	Laboratory	Radiology
Covered Charges in Thousands					
Total	\$328,659,355	\$3,515,872	\$14,555,540	\$30,398,441	\$49,371,676
Sex					
Male	157,020,658	1,549,887	5,978,113	13,270,260	21,298,872
Female	171,638,697	1,965,985	8,577,427	17,128,181	28,072,804
Race³					
White	232,510,899	2,604,157	11,021,096	24,017,236	41,055,646
Other	94,643,153	894,921	3,482,991	6,249,260	8,117,611
Type of Entitlement					
Aged ⁴	221,843,916	2,600,506	9,425,875	22,609,656	40,049,436
Disabled ⁵	106,815,438	915,366	5,129,666	7,788,785	9,322,240
Percent Distribution					
Total	100.0	1.1	4.4	9.2	15.0
Sex					
Male	100.0	1.0	3.8	8.5	13.6
Female	100.0	1.1	5.0	10.0	16.4
Race³					
White	100.0	1.1	4.7	10.3	17.7
Other	100.0	0.9	3.7	6.6	8.6
Type of Entitlement					
Aged ⁴	100.0	1.2	4.2	10.2	18.1
Disabled ⁵	100.0	0.9	4.8	7.3	8.7
Average Charge per Enrollee ⁶					
Total	\$10,096	\$108	\$447	\$934	\$1,517
Sex					
Male	10,888	107	415	920	1,477
Female	9,466	108	473	945	1,548
Race³					
White	8,585	96	407	887	1,516
Other	17,666	167	650	1,166	1,515
Type of Entitlement					
Aged ⁴	8,345	98	355	850	1,506
Disabled ⁵	17,898	153	860	1,305	1,562

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 Information Products and Data Analytics.

Table 10.2--Continued
Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics,
Type of Entitlement, and Type of Service: Calendar Year 2011

Type of Service					
Pharmacy	Rehabilitation ¹	Medical/ Surgical Supplies	Operating Room	End Stage Renal Disease	Other ²
Covered Charges in Thousands					
\$5,746,507	\$4,638,309	\$18,362,692	\$27,874,730	\$68,966,788	\$105,228,799
2,520,811	1,791,410	9,353,432	12,735,164	37,543,588	50,979,122
3,225,696	2,846,899	9,009,259	15,139,566	31,423,200	54,249,677
4,686,961	3,913,136	15,237,063	23,047,552	32,523,631	74,404,421
1,034,333	705,444	3,054,286	4,709,084	36,049,417	30,345,806
4,221,177	3,786,508	14,513,444	21,733,425	32,238,623	70,665,265
1,525,331	851,801	3,849,248	6,141,304	36,728,165	34,563,533
Percent Distribution					
1.7	1.4	5.6	8.5	21.0	32.0
1.6	1.1	6.0	8.1	23.9	32.5
1.9	1.7	5.2	8.8	18.3	31.6
2.0	1.7	6.6	9.9	14.0	32.0
1.1	0.7	3.2	5.0	38.1	32.1
1.9	1.7	6.5	9.8	14.5	31.9
1.4	0.8	3.6	5.7	34.4	32.4
Average Charge per Enrollee ⁶					
\$177	\$142	\$564	\$856	\$2,119	\$3,233
175	124	649	883	2,603	3,535
178	157	497	835	1,733	2,992
173	144	563	851	1,201	2,747
193	132	570	879	6,729	5,664
159	142	546	818	1,213	2,658
256	143	645	1,029	6,154	5,791

Table 10.3

Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 2011

Area of Residence	Persons Served in Thousands					Program Payments in Millions				Average Program Payment per Enrollee ²			
	Total		Aged ³	Disabled ⁴	ESRD ⁵	Total	Aged	Disabled	ESRD	Total	Aged	Disabled	ESRD
	Number	Per 1,000 Enrollees ²											
All Areas ¹	22,646	696	18,178	4,088	379	\$42,716	\$26,568	\$6,928	\$9,220	\$1,312	\$1,005	\$1,203	\$25,023
United States	22,588	697	18,133	4,080	375	42,594	26,524	6,920	9,149	1,315	1,009	1,207	25,065
Northeast	4,319	727	3,471	789	60	8,032	5,188	1,364	1,480	1,351	1,069	1,321	25,591
Midwest	5,836	764	4,720	1,035	80	10,597	6,916	1,770	1,911	1,387	1,117	1,294	24,640
South	8,876	682	7,034	1,675	167	16,977	10,190	2,784	4,003	1,305	975	1,164	24,184
West	3,556	614	2,908	581	68	6,988	4,229	1,003	1,755	1,206	883	1,065	27,375
New England	1,463	811	1,166	284	13	2,742	1,882	530	331	1,521	1,300	1,540	26,644
Connecticut	306	745	255	47	4	569	380	87	103	1,385	1,092	1,445	27,605
Maine	166	772	127	38	1	305	207	68	29	1,419	1,255	1,402	26,440
Massachusetts	678	864	533	139	5	1,307	893	270	144	1,665	1,442	1,682	27,045
New Hampshire	153	803	126	26	1	278	207	49	22	1,456	1,317	1,488	24,232
Rhode Island	79	780	60	19	1	139	88	31	20	1,366	1,141	1,308	23,293
Vermont	80	805	65	14	1	144	107	25	12	1,449	1,324	1,369	25,726
Middle Atlantic	2,857	690	2,304	505	47	5,290	3,306	834	1,149	1,277	970	1,212	25,303
New Jersey	639	605	533	94	12	1,319	844	176	299	1,248	933	1,256	24,745
New York	1,194	652	935	237	22	2,293	1,363	386	544	1,253	920	1,177	26,090
Pennsylvania	1,024	816	837	174	13	1,678	1,099	272	307	1,337	1,075	1,236	24,528
East North Central	4,111	777	3,309	742	59	7,441	4,768	1,247	1,427	1,407	1,116	1,296	24,639
Illinois	1,182	760	992	172	17	2,113	1,404	290	419	1,358	1,072	1,264	24,689
Indiana	594	758	478	108	8	1,059	683	182	194	1,352	1,077	1,292	24,024
Michigan	977	817	766	198	14	1,785	1,123	327	335	1,491	1,203	1,303	25,398
Ohio	929	800	725	189	14	1,684	1,027	318	339	1,451	1,129	1,342	24,171
Wisconsin	429	722	348	74	6	800	531	130	139	1,347	1,098	1,250	24,761
West North Central	1,725	735	1,411	293	21	3,155	2,148	523	484	1,344	1,118	1,288	24,644
Iowa	285	669	241	41	3	471	333	69	69	1,107	916	1,161	24,803
Kansas	222	616	183	36	3	412	288	62	62	1,144	954	1,122	22,321
Minnesota	396	1,007	323	68	4	709	489	118	102	1,803	1,612	1,371	27,817
Missouri	534	728	416	110	7	1,021	644	202	175	1,394	1,117	1,361	24,429
Nebraska	147	638	125	20	2	251	176	34	41	1,091	889	1,134	23,871
North Dakota	69	759	60	9	1	140	109	17	15	1,541	1,379	1,478	20,362
South Dakota	73	634	63	9	1	151	110	20	21	1,310	1,103	1,381	25,023

See footnotes at end of table.

Table 10.3--Continued

Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 2011

Area of Residence	Persons Served in Thousands					Program Payments in Millions				Average Program Payment per Enrollee ²			
	Total		Aged ³	Disabled ⁴	ESRD ⁵	Total	Aged	Disabled	ESRD	Total	Aged	Disabled	ESRD
	Number	Per 1,000 Enrollees ²											
South Atlantic	4,704	678	3,798	821	86	\$9,112	\$5,628	\$1,411	\$2,073	\$1,313	\$991	\$1,200	\$24,512
Delaware	102	747	85	16	1	197	133	28	35	1,436	1,163	1,339	24,014
District of Columbia	42	712	32	8	2	109	51	15	43	1,856	1,096	1,410	29,231
Florida	1,369	627	1,159	188	22	2,416	1,612	293	511	1,107	867	972	23,187
Georgia	650	710	503	131	16	1,258	662	208	388	1,375	925	1,135	24,858
Maryland	393	604	322	61	9	1,257	826	206	225	1,935	1,500	2,266	27,139
North Carolina	824	695	637	172	15	1,603	947	292	364	1,352	1,011	1,246	24,325
South Carolina	467	744	371	87	8	800	463	127	210	1,275	925	1,075	25,513
Virginia	649	715	536	103	11	1,121	714	156	251	1,236	944	1,110	24,131
West Virginia	210	759	153	54	2	351	220	85	46	1,267	1,100	1,137	21,811
East South Central	1,748	725	1,313	407	28	3,008	1,750	611	647	1,247	959	1,093	23,431
Alabama	474	748	360	107	8	773	453	144	176	1,220	943	988	23,413
Kentucky	435	724	320	110	5	750	463	173	114	1,249	1,046	1,133	23,229
Mississippi	307	713	225	76	6	599	314	126	159	1,388	981	1,199	24,525
Tennessee	532	713	408	115	9	886	520	169	198	1,187	893	1,081	22,745
West South Central	2,424	663	1,923	447	54	4,858	2,812	762	1,284	1,329	955	1,158	24,054
Arkansas	279	651	214	61	4	463	287	91	86	1,081	870	955	22,674
Louisiana	363	744	272	83	8	754	409	155	190	1,546	1,113	1,377	24,177
Oklahoma	345	718	276	64	5	611	402	103	106	1,273	1,044	1,136	22,998
Texas	1,437	636	1,161	238	38	3,029	1,715	413	902	1,342	921	1,150	24,300
Mountain	1,184	627	979	186	19	2,157	1,421	309	426	1,143	900	1,065	22,975
Arizona	293	540	249	38	6	597	388	70	140	1,099	827	1,012	22,759
Colorado	273	715	226	44	4	451	298	73	80	1,181	940	1,185	24,176
Idaho	99	643	82	17	1	191	133	30	27	1,234	1,056	1,128	22,417
Montana	95	699	81	14	1	165	125	22	18	1,208	1,081	1,085	22,602
Nevada	111	501	88	20	2	214	127	32	55	968	694	895	22,090
New Mexico	144	680	113	29	3	253	146	42	65	1,193	874	997	24,118
Utah	124	742	103	18	2	214	149	30	34	1,282	1,071	1,185	21,727
Wyoming	45	627	38	6	(7)	73	55	10	7	1,015	892	1,068	21,285

See footnotes at end of table.

Table 10.3--Continued

Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 2011

Area of Residence	Persons Served in Thousands					Program Payments in Millions				Average Program Payment per Enrollee ²			
	Total		Aged ³	Disabled ⁴	ESRD ⁵	Total	Aged	Disabled	ESRD	Total	Aged	Disabled	ESRD
	Number	Per 1,000 Enrollees ²											
Pacific	2,372	607	1,929	394	49	\$4,831	\$2,808	\$694	\$1,329	\$1,236	\$875	\$1,066	\$29,165
Alaska	38	626	30	7	1	82	52	15	14	1,344	1,057	1,444	27,040
California	1,641	597	1,331	272	38	3,443	1,914	486	1,043	1,253	848	1,066	29,911
Hawaii	58	579	49	6	2	131	67	10	54	1,312	789	766	27,968
Oregon	211	629	172	36	3	360	235	57	68	1,076	857	986	25,239
Washington	425	639	347	72	6	816	540	125	151	1,226	988	1,102	27,016
Outlying Areas ⁶	58	343	45	9	4	122	45	7	70	724	318	294	20,574

¹Includes the 50 States and outlying areas.

²Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average program payments per enrollee.

³Excludes aged beneficiaries with ESRD; represents Medicare status code 10 (aged without ESRD).

⁴Excludes disabled beneficiaries with ESRD; represents Medicare status code 20 (disabled without ESRD).

⁵Includes ESRD beneficiaries entitled to Medicare because of age, disability, or ESRD (Medicare status codes 11 (aged with ESRD), 21 (disabled with ESRD), and 31 (ESRD only)).

⁶Consists of Puerto Rico, Virgin Islands, Guam, residence unknown, and all other outlying areas.

⁷Less than 500 persons served.

NOTES: ESRD is end stage renal disease. 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 Information Products and Data Analytics.

Table 10.4
Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare,
by Selected Reasons for the Visit: Calendar Year 2011

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	---	121,061,118	\$328,659,355	\$42,715,895	\$2,715	\$365
Selected Reasons for the Visit ³	---	58,347,027	187,705,083	20,372,515	3,217	359
Encounter for Other and Unspecified						
Procedures and Aftercare	V58	6,472,445	14,234,820	2,489,121	2,199	392
Chronic Kidney Disease	585	4,906,971	105,385,090	8,157,384	21,477	1,687
Diabetes Mellitus	250	4,748,570	3,159,289	528,888	665	114
Essential Hypertension	401	4,681,206	2,457,608	365,995	525	81
Cardiac Dysrhythmias	427	4,513,493	4,994,865	914,759	1,107	206
Special Screening for Malignant Neoplasms	V76	4,400,978	2,748,947	620,934	625	144
Symptoms Involving Respiratory						
System and Other Chest Symptoms	786	3,616,370	11,508,131	1,470,173	3,182	425
Disorders of Lipoid Metabolism	272	3,419,276	1,538,183	227,849	450	68
General Symptoms	780	2,812,480	6,503,979	796,960	2,313	292
Other Disorders of Urethra and Urinary Tract	599	2,436,362	2,428,148	281,444	997	118
Other and Unspecified Anemias	285	2,244,105	2,631,667	428,522	1,173	196
Other and Unspecified Disorders of Back	724	2,188,947	4,030,237	570,625	1,841	272
Other and Unspecified Disorders of Joint	719	1,988,119	2,174,608	295,529	1,094	157
Other Symptoms Involving Abdomen and Pelvis	789	1,986,068	5,403,592	494,461	2,721	257
Other Forms of Chronic Ischemic Heart Disease	414	1,703,808	9,723,388	1,510,161	5,707	913
Special Investigations and Examinations	V72	1,560,864	1,217,061	146,550	780	98
Other Disorders of Soft Tissues	729	1,230,727	1,444,653	181,901	1,174	156
Symptoms Involving Digestive System	787	1,211,734	2,081,960	257,718	1,718	223
Acquired Hypothyroidism	244	1,140,173	454,532	74,157	399	66
Malignant Neoplasm of Female Breast	174	1,084,331	3,584,326	559,384	3,306	530
All Other Reasons for the Visit	---	62,714,091	140,954,272	22,343,380	2,248	371

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 Information Products and Data Analytics.