

Table 58

**Persons Served, Services, Submitted and Allowed Charges, Program Payments for Medicare Physician and Supplier Services,
by Place of Service: Calendar Year 1999**

Place of Service	Persons Served ¹	Services		Submitted Charges	
		Number in Thousands	Per Person Served ¹	Amount in Thousands	Per Person Served ¹
Total	29,331,640	1,200,603	40.9	\$116,249,395	\$3,963
Office	26,939,000	545,814	20.3	36,327,309	1,349
Home	6,475,000	85,304	13.2	8,783,459	1,357
Inpatient Hospital	7,713,280	167,463	21.7	30,522,229	3,957
Outpatient Hospital ⁴	14,882,140	70,652	4.7	14,841,291	997
Emergency Room Hospital ⁴	8,438,080	26,381	3.1	3,338,767	396
Ambulatory Surgical Center	1,707,420	6,265	3.7	5,142,045	3,012
Skilled Nursing Care Facility	2,149,200	25,636	11.9	1,776,847	827
Nursing Home	1,629,160	17,383	10.7	825,394	507
Hospice	7,200	15	2.1	1,241	172
Ambulance ⁵	3,298,940	22,999	7.0	2,890,292	876
Independent Laboratory	13,173,360	148,117	11.2	4,269,795	324
All Other ⁶	---	84,574	NA	7,530,726	NA

See footnotes at end of table.

Table 58—Continued

**Persons Served, Services, Submitted and Allowed Charges, Program Payments for Medicare Physician and Supplier Services,
by Place of Service: Calendar Year 1999**

Place of Service	Allowed Charges					Program Payments		
	Amount in Thousands	Percent	Per Person Served ¹	Assigned in Thousands	Percent of Charges Assigned ²	Amount in Thousands	Percent	Per Person Served ³
Total	\$60,563,267	100.0	\$2,065	\$59,480,788	98.2	\$46,487,527	100.0	\$1,638
Office	22,883,656	37.8	849	22,271,234	97.3	16,764,602	36.1	652
Home	5,911,726	9.8	913	5,751,384	97.3	4,611,280	9.9	726
Inpatient Hospital	13,540,828	22.4	1,756	13,445,629	99.3	10,714,264	23.0	1,398
Outpatient Hospital ⁴	5,219,779	8.6	351	5,180,885	99.3	4,061,208	8.7	281
Emergency Room Hospital ⁴	1,489,371	2.5	177	1,487,218	99.9	1,143,368	2.5	139
Ambulatory Surgical Center	2,078,955	3.4	1,218	2,069,079	99.5	1,646,927	3.5	966
Skilled Nursing Care Facility	1,296,161	2.1	603	1,292,009	99.7	964,868	2.1	459
Nursing Home	583,432	1.0	358	581,881	99.7	418,319	0.9	263
Hospice	753	(7)	105	748	99.3	579	(7)	85
Ambulance ⁵	1,953,403	3.2	592	1,874,270	95.9	1,543,742	3.3	468
Independent Laboratory	1,501,029	2.5	114	1,499,795	99.9	1,436,798	3.1	109
All Other ⁶	4,104,174	6.8	NA	4,026,656	98.1	3,181,572	6.8	NA

¹Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than one service during the reporting year.

²Ratio of assigned allowed charges to total allowed charges. Includes charges for supplier services.

³The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

⁴Prior to 1992, emergency room and outpatient hospital data were aggregated.

⁵Excludes air or water services.

⁶Includes custodial care facilities, comprehensive inpatient rehabilitation facilities, State or local public health clinics, end stage renal disease treatment facilities, community mental health centers, inpatient psychiatric facilities, etc.

⁷Less than 0.05 percent.

NOTES: Medicare charges and program payments represent fee-for-service utilization only. NA is not applicable.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.