

Table 69

**Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare, by Selected Reasons for the Visit:
Calendar Year 1999**

Reason for Visit	ICD-9-CM Code ¹	Number of Bills	Covered Charges in Thousands	Program Payments in Thousands	Average Charge per Bill	Average Program Payment per Bill ²
Total, All Reasons for the Visit	---	92,898,620	\$54,744,210	\$14,617,464	\$589	\$160
Selected Reasons for the Visit ³	---	43,549,340	24,314,622	8,024,413	558	186
Diabetes Mellitus	250	3,744,260	643,008	160,087	172	43
Special Screening for Malignant Neoplasm	V76	3,510,460	317,703	116,575	91	34
Essential Hypertension	401	3,332,100	605,185	152,561	182	46
Cardiac Dysrhythmias	427	3,077,980	882,441	188,903	287	62
Encounter for Other and Unspecified Procedures and Aftercare	V58	3,044,720	1,255,807	274,464	412	91
Chronic Renal Failure	585	3,019,020	5,894,466	4,071,097	1,952	1,353
Symptoms Involving Respiratory System and Other Chest Symptoms	786	2,911,220	2,274,035	450,131	781	158
General Symptoms	780	2,547,400	1,401,629	291,549	550	116
Disorders of Lipoid Metabolism	272	2,265,700	335,185	82,151	148	36
Other Disorders of Urethra and Urinary Tract	599	1,922,840	503,407	105,356	262	55
Other Forms of Chronic Ischemic Heart Disease	414	1,813,320	1,866,016	364,382	1,029	203
Other Symptoms Involving Abdomen and Pelvis	789	1,695,540	1,162,758	223,721	686	134
Other and Unspecified Disorders of Back	724	1,692,520	969,885	206,203	573	125
Heart Failure	428	1,568,920	497,440	107,259	317	69
Special Investigations and Examinations	V72	1,481,400	291,988	66,147	197	45
Other and Unspecified Anemias	285	1,433,680	540,876	118,235	377	83
Cataract	366	1,298,600	2,928,992	608,481	2,256	473

See footnotes at end of table.

Table 69—Continued

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Calendar Year 1999**

Reason for Visit	ICD-9-CM Code ¹	Number of Bills	Covered Charges in Thousands	Program Payments in Thousands	Average Charge per Bill	Average Program Payment per Bill ²
Other and Unspecified Disorders of Joint	719	1,290,000	\$467,142	\$112,368	\$362	\$89
Malignant Neoplasm of Prostate	185	967,320	1,086,405	241,452	1,123	252
Other Disorders of Soft Tissues	729	932,340	390,254	83,291	419	92
All Other Reasons for the Visit	---	49,349,280	30,429,588	6,593,052	617	136

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; that is, program payments exclude amounts paid for managed care services.

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.