

*American Government Statistic  
Analysis Newsletter*

*“USA Hospital OUTPATIENT APC  
Charge Statistic Summary  
Analysis”*

**(AQSAS)**

*June 12, 2014*

***Mission:*** *This newsletter is free and open to share “American Government Public Data Analysis” information with the public and public healthcare researchers who are engaged in the public healthcare projects for industry, community, university and government.*

# 1) USA National Hospital Outpatient AVG Charges and Payments by APC Description: Sorted by AVG Charges CY2012

APC	AVG Charges	AVG Payments	% Pay /Charge	Outpatient Services
0074 - Level IV Endoscopy Upper Airway	\$7,602	\$1,452	19%	11,655
0377 - Level II Cardiac Imaging	\$4,814	\$661	14%	732,131
0203 - Level IV Nerve Injections	\$3,991	\$927	23%	5,678
0209 - Level II Extended EEG, Sleep, and Cardiovascular Studies	\$3,830	\$769	20%	354,781
0020 - Level II Excision/ Biopsy	\$3,553	\$561	16%	36,806
0270 - Level III Echocardiogram Without Contrast	\$3,261	\$577	18%	86,716
0207 - Level III Nerve Injections	\$2,755	\$501	18%	525,937
0336 - Magnetic Resonance Imaging and Magnetic Resonance Angiography without Contrast	\$2,733	\$345	13%	1,227,569
0019 - Level I Excision/ Biopsy	\$2,383	\$293	12%	24,809
0269 - Level II Echocardiogram Without Contrast	\$2,084	\$387	19%	1,555,177
0206 - Level II Nerve Injections	\$1,410	\$257	18%	46,476
0204 - Level I Nerve Injections	\$1,308	\$176	13%	327,985
0267 - Level III Diagnostic and Screening Ultrasound	\$1,117	\$150	13%	1,311,469
0369 - Level III Pulmonary Tests	\$1,062	\$188	18%	11,517
0073 - Level III Endoscopy Upper Airway	\$915	\$308	34%	10,679
0096 - Level II Noninvasive Physiologic Studies	\$786	\$105	13%	196,064
0692 - Level II Electronic Analysis of Devices	\$748	\$110	15%	35,888
0078 - Level III Pulmonary Treatment	\$636	\$97	15%	241,485
0265 - Level I Diagnostic and Screening Ultrasound	\$514	\$62	12%	549,799
0608 - Level 5 Hospital Clinic Visits	\$499	\$180	36%	72,988
0015 - Level III Debridement & Destruction	\$389	\$100	26%	547,488
0607 - Level 4 Hospital Clinic Visits	\$372	\$131	35%	794,310
0368 - Level II Pulmonary Tests	\$338	\$62	18%	270,648
0606 - Level 3 Hospital Clinic Visits	\$289	\$95	33%	3,811,775
0013 - Level II Debridement & Destruction	\$278	\$55	20%	499,555
0698 - Level II Eye Tests & Treatments	\$256	\$77	30%	104,761
0605 - Level 2 Hospital Clinic Visits	\$210	\$72	34%	9,707,187
0690 - Level I Electronic Analysis of Devices	\$200	\$35	18%	696,961
0604 - Level 1 Hospital Clinic Visits	\$171	\$53	31%	4,563,850
0012 - Level I Debridement & Destruction	\$93	\$16	18%	318,261
		Total		28,680,405

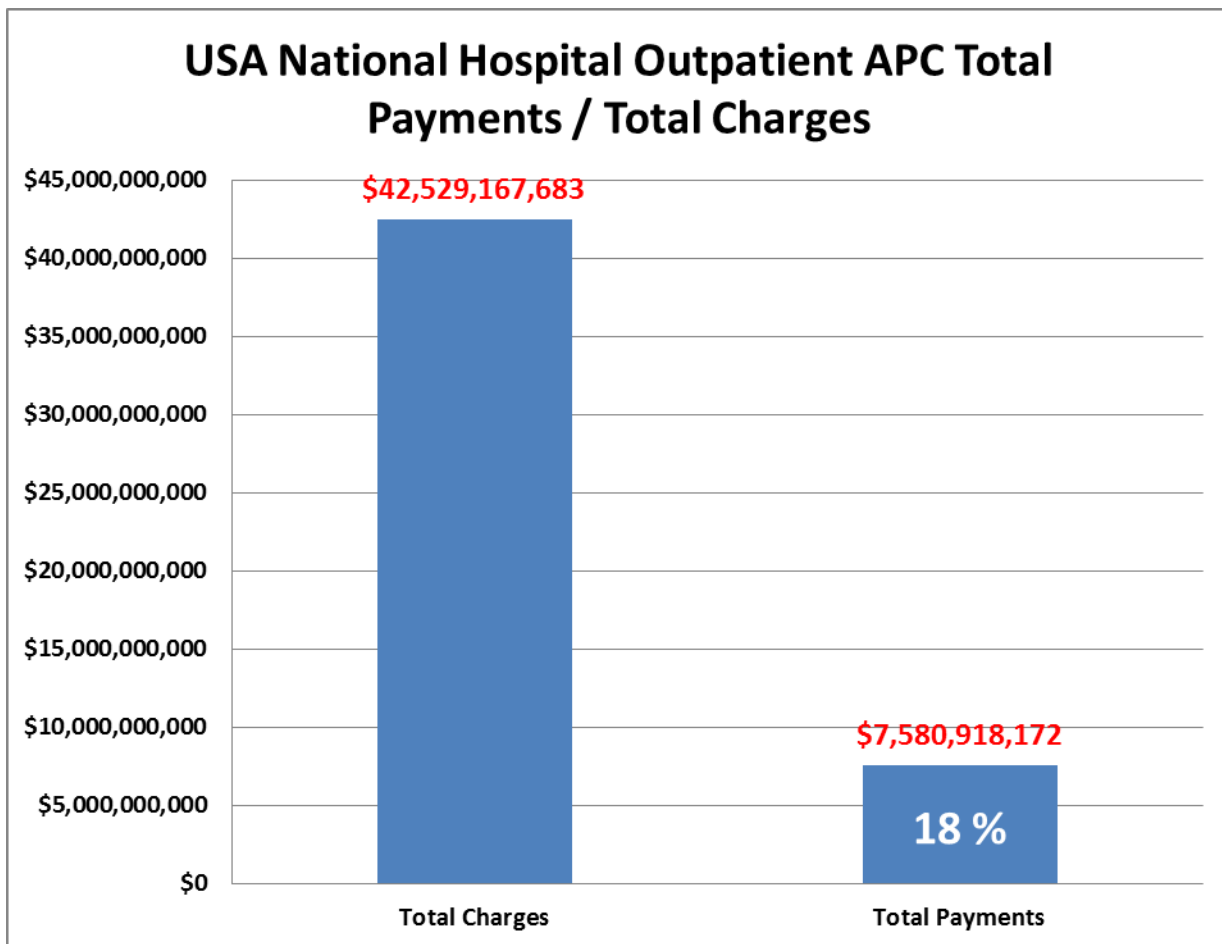
## 2) USA National Hospital Outpatient AVG Charges and Payments by State: Sorted by AVG Charges

State	AVG Charges	AVG Payments	% Pay/Charge	Outpatient Services
NV	\$2,397	\$287	12%	77,277
FL	\$2,264	\$261	12%	1,088,879
CA	\$2,173	\$295	14%	1,849,408
NJ	\$2,153	\$298	14%	441,013
TX	\$1,956	\$255	13%	1,848,754
AL	\$1,916	\$257	13%	221,636
AZ	\$1,784	\$268	15%	261,718
PA	\$1,662	\$249	15%	1,286,695
CO	\$1,646	\$266	16%	362,648
VA	\$1,636	\$255	16%	825,825
TN	\$1,633	\$246	15%	441,029
IL	\$1,628	\$258	16%	1,631,085
MS	\$1,613	\$230	14%	218,699
GA	\$1,563	\$257	16%	591,722
SC	\$1,529	\$243	16%	403,087
KY	\$1,520	\$256	17%	432,707
IN	\$1,511	\$253	17%	668,626
OK	\$1,503	\$256	17%	362,705
NE	\$1,500	\$263	18%	121,314
LA	\$1,469	\$237	16%	287,383
CT	\$1,453	\$302	21%	376,160
WY	\$1,441	\$321	22%	15,105
MO	\$1,431	\$251	18%	738,596
DC	\$1,418	\$275	19%	116,387
KS	\$1,407	\$259	18%	222,749
NM	\$1,382	\$252	18%	237,815
OH	\$1,350	\$242	18%	1,617,754
WA	\$1,339	\$261	20%	906,816
AK	\$1,337	\$283	21%	26,050
AR	\$1,322	\$245	19%	425,133
NC	\$1,275	\$252	20%	1,339,688
NH	\$1,254	\$271	22%	497,065
NY	\$1,226	\$276	22%	1,509,454
SD	\$1,218	\$301	25%	204,745
HI	\$1,202	\$293	24%	98,813

IA	\$1,184	\$252	21%	305,552
WI	\$1,182	\$238	20%	903,404
RI	\$1,145	\$261	23%	72,367
MN	\$1,138	\$285	25%	664,235
WV	\$1,108	\$249	23%	198,971
MI	\$1,098	\$265	24%	944,983
MA	\$1,092	\$315	29%	1,672,226
DE	\$1,092	\$310	28%	54,623
UT	\$1,077	\$259	24%	216,719
OR	\$1,022	\$264	26%	348,901
VT	\$1,019	\$278	27%	196,518
ID	\$854	\$243	28%	279,540
ME	\$798	\$252	32%	448,962
MT	\$780	\$261	33%	216,453
ND	\$705	\$276	39%	402,411
				28,680,405

### 3) USA National Hospital Outpatient APC Total Payments / Total Charges Analysis

Total Outpatient Services	Total Charges	Total Payments	% Pay/Charge
28,680,405	\$42,529,167,683	\$7,580,918,172	18%



## 4) Other Hospital Charges/Payments Statistic Analysis

Click the following to view the report;

**USA National Hospital Inpatient Top 100 DRG Charges/Payments Analysis**

<http://www.hanasoul.org/DocumentsGallery/AGSA/AGSA2%20USA%20Hospital%20Top%20100%20DRG%20Summary%20Statistic%20Analysis.pdf>

**State Case Analysis: Nebraska Hospital Inpatient Top 100 DRG Charges/Payments Analysis**

<http://www.hanasoul.org/DocumentsGallery/AGSA/AGSA3%20Nebraska%20Hospital%20Top%20100%20DRG%20Charges%20Analysis%20by%20Providers%2014.pdf>

**State Case Analysis: Nebraska Hospital Outpatient APC Average Charges and Average Payments Analysis”**

<http://www.hanasoul.org/DocumentsGallery/AGSA/AGSA4%20Nebraska%20Hospital%20Outpatient%20APC%20Charges%20Analysis%20by%20Providers.pdf>

## 5) Notes

**Source:** CMS “USA Hospital Outpatient APC Charges/ Payments Data”  
CY2012 Medicare and Medicaid Services

**Contact:** David Yoo, dcyoo@cox.net Welcome Ideas & Suggestions

**Updates:** Plan to update data and publish the report as new data is available.

### **State Hospital Outpatient APC Charges /Payments Analysis**

“State Hospital Outpatient APC Average Charges and Payments Analysis” is available on request. Report format will be same as Nebraska case sample report.

### **Definition/Abbreviation**

**“APC”** = Ambulatory Payment Classification

**“Total Outpatient Services”**

The number of Outpatient Services billed by the provider for outpatient

hospital services.

**“Average Charges”**

The provider's average estimated submitted charge for services covered by Medicare for the APC. These will vary from hospital to hospital because of differences in hospital charge structures.

**“Average Payments”**

The average of total payments to the provider for the APC including the Medicare APC amount and Total Payments which are co-payment and deductible amounts that the patient is responsible for.

**“Total Payments”**

Total Payments = Average Total Payments x Total Outpatient Services