



JAN 31 2007

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FROM: Stuart Wright *Stuart E. Wright*
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SUBJECT: Memorandum Report—Medicare Part B Services for Nursing Home Residents: 2002 (OEI-05-06-00240)

This memorandum report describes Medicare Part B services and allowed payments for nursing home¹ residents not in a Medicare Part A covered stay during calendar year (CY) 2002. To conduct the analysis described in this memorandum report, we compiled data on Medicare Part B services for nursing home residents, linking information from several Centers for Medicare & Medicaid Services (CMS) databases. This approach allowed us to provide descriptive information by service and by resident on the population of nursing home residents with Part B claims.

Previous studies by the Office of Inspector General (OIG) have determined that Medicare Part B payments for beneficiaries residing in nursing homes are particularly vulnerable to fraud and abuse. To protect the integrity of these Medicare payments, Congress required OIG to monitor potentially excessive or duplicative billing of Medicare Part B services for nursing home residents not in a Part A covered stay. While this analysis does not establish whether CY 2002 payments are excessive or duplicative, it provides baseline data. Building on this work, OIG plans to assess more current data to help identify potential patterns and areas of questionable billing. As appropriate, OIG will review identified areas to establish the extent of excessive or duplicative payment and recommend controls to minimize or alleviate these payments.

¹ In this memorandum report, the term nursing home is used to refer to nursing facilities, as defined at 42 U.S.C. § 1396r(a) for the Medicaid program, or skilled nursing facilities, as defined at 42 U.S.C. § 1395i-3(a) for the Medicare program.

BACKGROUND

Medicare Coverage and Payment of Services for Nursing Home Residents

In general, Medicare Part A covers inpatient hospitalizations and skilled nursing care for eligible beneficiaries, while Medicare Part B covers physician and outpatient services. Services provided under Part A are subject to different payment rules than services provided under Part B.

Medicare Part A. Medicare Part A covers skilled care in a skilled nursing facility for up to 100 days for residents who meet certain conditions, such as a prior hospitalization.² For residents receiving skilled care, Part A covers almost all of the services provided to that resident, as well as room and board. When Medicare Part A is covering a resident's care, the resident is considered to be in a Medicare Part A covered stay.

Most services provided to residents who are in a Medicare Part A covered stay are consolidated into a single bill, a process known as consolidated billing. The Balanced Budget Act of 1997 (BBA) originally required consolidated billing for all nursing home residents receiving Medicare services in a skilled nursing facility.³ The Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA)⁴ limited the consolidated billing requirement to residents in a Part A covered stay. Consolidated billing was intended to enhance oversight by making a single entity responsible for coordinating services and submitting bills.

Medicare Part B. Medicare Part B covers many medical services provided to Medicare beneficiaries, including those residing in nursing homes. These services include, but are not limited to, diagnostic laboratory tests, x rays, hospital outpatient services, ambulance services, rehabilitation services, the purchase and rental of durable medical equipment, orthotic/prosthetic devices, and surgical dressings.

Most Part B services provided to nursing home residents who are not in a Part A covered stay are not subject to consolidated billing requirements.⁵ Rather, each service provider may submit a separate claim to Medicare for each service rendered. Medicare pays for these Part B services using a fee schedule, which varies by locality.

Medicare Part B Payment Vulnerabilities for Nursing Home Residents

In the 1990s, OIG identified problems with Part B payments for services provided to nursing home residents. OIG found that the nursing home environment provides a unique

² 42 U.S.C. § 1395d(a)(2).

³ Pub. L. No. 105-33 § 4432. Exceptions to the consolidated billing requirement include physician services and certain drugs.

⁴ Pub. L. No. 106-554 § 313.

⁵ Pursuant to 42 U.S.C. §§ 1395u(b)(6)(E) and 1395yy(e)(2)(A)(ii), physical, occupational, or speech therapy services are an exception because these services are subject to consolidated billing requirements for all skilled nursing facility residents, including residents not in a Medicare Part A-covered stay.

opportunity for fraudulent or excessive billing due to the high volume of services and supplies nursing home residents receive in conjunction with the fact that multiple providers could submit bills to Medicare. For example, a 1994 OIG study found that Medicare was paying for incontinence supplies for nursing home residents that were never used.⁶ In addition, a 1996 OIG study found questionable physician/supplier billing practices.⁷

The consolidated billing requirement, as modified by BIPA, became effective January 1, 2001. The BIPA limited the consolidated billing requirement to Medicare services for nursing home residents who are not in a Part A covered stay. To guard against excessive or duplicative payments, Congress required OIG to monitor Medicare Part B payments for skilled nursing facility residents not in a Part A covered stay.⁸

METHODOLOGY

Scope

This study describes Medicare Part B services and allowed payments for nursing home residents not in a Medicare Part A covered stay during CY 2002, regardless of whether the nursing home is a skilled nursing facility or a nursing facility. We chose to use CY 2002 data because they represent the first full year of claims data received after consolidated billing requirements became effective. Only fee-for-service Medicare claims were included in the analysis. This study does not include any analysis of Medicaid room and board payments. Further, this study does not determine whether Medicare Part B services and allowed payments were appropriate.

Data Collection

No centralized data source provides information about Part B services received by nursing home residents. To identify all CY 2002 nursing home residents and to extract data for their services allowed under Part B, we matched information from the Long Term Care Minimum Data Set (MDS), the Medicare Enrollment Database (EDB), and National Claims History (NCH) files.

First, we used the MDS⁹ to identify nursing home residents in CY 2002. Using information from the MDS assessment records, we created one “stay” record for each resident identifying the dates he or she resided in the nursing home. Each stay record contains a unique identifier. Second, using the unique identifier for each resident, we matched the stay records from the MDS to the EDB¹⁰ to identify the Health Insurance

⁶ OIG. “Marketing of Incontinence Supplies,” OEI-03-94-00770. December 1994.

⁷ OIG. “Part B Services in Nursing Homes: An Overview,” OEI-06-92-000865. March 1996.

⁸ Pub. L. No. 106-554 § 313 (d).

⁹ The MDS contains assessment records that provide a variety of information about a resident, including demographic information and dates of stay.

¹⁰ Medicare’s EDB contains information on all individuals entitled to Medicare, including enrollment dates and the unique Health Insurance Claim Number assigned to each resident.

Claim Number (HICN) for each resident.¹¹ Third, using all identified HICNs, we extracted claims for Part B services for each stay record from the NCH files.¹² Using the dates on the stay record, only services that occurred while the beneficiary resided in a nursing home were included in the analysis.

Data from the following files containing Part B claims were extracted from the NCH for analysis: (1) the physician/supplier file, which contains claims for services such as office visits, laboratory, and imaging; (2) the Durable Medical Equipment file, which contains claims for services such as enteral nutrition, wheelchairs, and prosthetic devices; and (3) the hospital outpatient file, which contains claims from hospital outpatient departments.

Finally, the Skilled Nursing Facility (SNF) NCH file¹³ was used to identify and exclude from the analysis those nursing home residents who were in a Medicare Part A covered stay. Information from the SNF NCH file was merged with the claims information for nursing home residents to exclude claims for Part B services that occurred during a Medicare Part A covered stay.

In total, we identified more than 124 million line items for Part B services provided to 1.8 million nursing home residents from over 16,000 nursing homes.

Data Analysis

This population of Medicare Part B claims data for nursing home residents were analyzed to determine the total payments, the total number of nursing home residents receiving services, the types of services they received, and the allowed payments and services per resident per State.

Allowed payment refers to the amount Medicare authorized for reimbursement for the service. The allowed payment (hereafter referred to as payment) includes both the Medicare payment and any contribution from the nursing home resident in the form of copayment or deductible. Part B services that were not allowed were excluded from the analysis.

To describe the types of services provided to nursing home residents, we classified the data into categories of service and calculated the total payment for each category. Our classification of the data was based on the Berenson-Eggers Type of Service (BETOS) system. The BETOS system classifies all Healthcare Common Procedure Coding System

¹¹ For some records, we lacked a common variable on which to match the stay record to the EDB, which may cause a slight underreporting of claims for Part B services.

¹² The NCH files contain billing and utilization information for Medicare beneficiaries. Each line item contains the HICN, procedure codes, dates of services, and the allowed amount. The NCH claims used in this analysis represent final action data in which all adjustments have been resolved.

¹³ The SNF NCH file contains information about demographics, diagnosis, length of stay, and provider.

(HCPCS) codes used by CMS into 1 of 106 categories. Each of the approximately 124 million line items contains a HCPCS code describing the service provided. Using the HCPCS codes, we applied the BETOS coding system to the data. Then, to facilitate analysis of this high volume of claims, we combined like BETOS categories.¹⁴ In total, we created 34 categories of service. We then calculated the total payment for each category of service. See Appendix A for a listing of the 34 categories of service.

As part of the analysis of total Part B payments per resident, we created a map of the United States showing five categories of median payment per resident. The five categories were derived using the Jenks natural breaks classification. The Jenks natural breaks classification uses a statistical technique to determine the best arrangement of values into classes.

The data were also analyzed by nursing home resident, both overall and by category of service. This analysis by resident was done at the State level. For each State,¹⁵ we calculated the total payments for Part B services for each resident. We also disaggregated this overall total into payments by category of service. Finally, we determined the State median payment per resident for each category of service and for all Part B services.

Limitations

While this review identified Part B claims for the majority of nursing home residents, a lack of common variables on which to identify the HICN for each resident may cause underreporting of Part B services provided to nursing home residents.

Due to complications in the way services are billed, this review was not able to determine the quantity of services provided. For some services, it is difficult to match the components of the service to obtain a definitive count of services provided. For example, imaging may be split into two components, a technical component and a professional component, each provided by different providers. While the resident received a single service, each provider may have legitimately billed a different date of service and service code for its component, thus making it difficult to match the components.

¹⁴ For example, the BETOS system has 17 categories of major procedures. We combined these into a single category of major procedures.

¹⁵ Claims for residents in all 50 States, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands were included in this study. Hereafter, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands are referred to as States.

RESULTS

Medicare Allowed \$5.3 Billion for Part B Services Provided to Nursing Home Residents in CY 2002

Medicare allowed \$5.3 billion for Part B services provided to 1.8 million nursing home residents who were not in a Part A covered stay in CY 2002. The \$5.3 billion represents 5 percent of the total amount that Medicare allowed for all Part B services during CY 2002.

Ten categories of service accounted for 79 percent of payments for Part B services for nursing home residents. The top 10 categories of service accounted for \$4.1 billion in Part B payments for nursing home residents during CY 2002. Table 1 shows the top 10 categories of service based on total payments. See Appendix B for a listing of payments for all 34 categories of service.

Table 1. Top 10 Categories of Service: Payments for Nursing Home Residents and Number of Nursing Home Residents Receiving Service				
Category of Service	Payments for Nursing Home Residents	Percentage of Part B Payments for Nursing Home Residents*	Number of Nursing Home Residents Receiving Service	Percentage of Nursing Home Residents with Part B services*
Minor procedure	\$1,001,135,901	19%	1,061,574	60%
Nursing home visit	\$624,697,477	12%	1,441,150	82%
Ambulance	\$516,677,629	10%	697,491	40%
Lab test	\$393,179,098	8%	1,430,645	81%
Specialist	\$351,417,319	7%	922,557	53%
Enteral nutrition	\$333,895,544	6%	80,175	5%
Dialysis	\$267,515,557	5%	40,950	2%
Durable medical equipment	\$210,140,166	4%	381,923	22%
Standard imaging	\$203,744,389	4%	1,098,806	63%
Hospital visit	\$202,318,468	4%	616,830	35%
Total	\$4,104,721,548	79%		

Source: OIG analysis of 2002 Medicare claims data, 2006.

*Population is 1.8 million nursing home residents who received Part B services.

As seen in Table 1, minor procedure, nursing home visit,¹⁶ and ambulance accounted for 41 percent of payments for Part B services. Medicare allowed more than \$2.1 billion for nursing home residents in CY 2002 for these services.

Payments Varied by State for Each of the Top 10 Categories

The median payments per resident varied by State within the top 10 categories of service. Table 2 shows the range of State median payments per resident within each of the categories of service. The national median payment per resident is included as a point of reference.

Table 2. Top 10 Categories of Service: Range of State Median Payments per Nursing Home Resident			
Category of Service	Lowest State Median per Nursing Home Resident	Highest State Median per Nursing Home Resident	National Median per Nursing Home Resident
Minor procedure	\$64	\$588	\$269
Nursing home visit	\$29	\$544	\$329
Ambulance	\$158	\$634	\$429
Lab test	\$39	\$233	\$142
Specialist	\$98	\$199	\$152
Enteral nutrition	\$519	\$5,855	\$3,911
Dialysis	\$604	\$6,212	\$2,910
Durable medical equipment	\$122	\$542	\$205
Standard imaging	\$24	\$191	\$119
Hospital visit	\$115	\$245	\$167

Source: OIG analysis of 2002 Medicare Claims data, 2006.

For example, as seen in Table 2, the median payment per resident for enteral nutrition ranged from \$519 in one State to \$5,855 in another State. See Appendix C for a listing of median payments per resident for each of the 10 categories by State.

In addition to varying by category, overall State median payments per resident varied as well. The State median payments per resident for all Part B services ranged from \$366 to

¹⁶ A nursing home visit is a physician’s visit to a nursing home resident for evaluation and management.

\$2,349 across States. See Appendix D for a map of the United States showing the median payments per resident.

Both overall and within categories, variation was broadly distributed among States. State median payments per resident were not attributed to clustering of States at the high or low end.

DISCUSSION

This analysis found variation in State median payments per resident among the top 10 categories of service. Variation across States may reflect differences in populations or differences in care provided, or may be an indication of inappropriate services. Following is a general framework for understanding variation that may help inform future analysis to determine if potentially excessive or duplicative billing patterns exist for particular services or in particular States or nursing homes.

Variation across States is the result of differences in the allowed amount, type, and quantity of service billed. Within a particular service, some variation across States in allowed reimbursement may be explained by geographic variation in the Medicare fee schedule. For example, in 2002, Medicare allowed \$38 for a nursing home visit in one State compared to \$50 in another.

Variation across States due to differences in the type and quantity of service billed may reflect differences in the residents' needs. For example, the health status of nursing home residents may vary by State, requiring different services at different levels of intensity. In addition, practice patterns of physicians may also vary by State, resulting in different mixes of services provided.

In contrast, variation in the type and quantity of services billed across States may be due to inappropriate billing practices. Some providers may bill for more intensive services than were actually rendered. Instead of billing for cleaning a wound, which is reimbursed at a rate of \$26, some providers may inappropriately bill for repairing a wound, which is reimbursed at a rate of \$262. In addition, providers may bill for a higher quantity of service than was actually provided or needed. As previously noted, past OIG studies have identified suppliers' billing for incontinence supplies for nursing home residents that were never used.

As a baseline review, this analysis did not determine whether variation was due to differences in care provided or due to inappropriate billing practices. Making such a determination would require further, more in-depth review.

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If you have any questions about this memorandum report, please do not hesitate to contact me, or one of your staff may contact Claire Barnard, Director, External Affairs, at (202) 619-1665 or through e-mail [Claire.Barnard@oig.hhs.gov]. To facilitate identification, please refer to memorandum report number OEI-05-06-00240 in all correspondence.

Appendix A

Table 3. Listing of Categories of Service	
PROCEDURES	
	Anesthesia
	Major procedure
	Eye
	Ambulatory
	Minor procedure
	Oncology
	Endoscopy
	Dialysis
EVALUATION AND MANAGEMENT	
	Office visit
	Hospital visit
	Emergency room visit
	Home visit
	Nursing home visit
	Specialist
	Consultation
OTHER	
	Ambulance
	Chiropractic
	Enteral and parenteral
	Chemotherapy
	Other drugs
	Hearing and speech
	Immunization/vaccination
	Other code
DURABLE MEDICAL EQUIPMENT	
	Durable medical equipment
	Enteral nutrition
TESTS	
	Lab test
	Other test
IMAGING	
	Standard imaging
	Advanced imaging
	Echnography
	Other imaging
EXCEPTIONS/UNCLASSIFIED	
	Other
	Local and undefined codes
	Blank

Appendix B

Table 4. Payments for Medicare Part B Services for Nursing Home Residents, by Category of Service		
Category of Service	Payment	% of Total Payment
PROCEDURES		
Anesthesia	\$23,369,213	0%
Major procedure	\$129,266,897	2%
Eye	\$61,444,162	1%
Ambulatory	\$85,662,566	2%
Minor procedure	\$1,001,135,901	19%
Oncology	\$21,648,308	0%
Endoscopy	\$42,031,117	1%
Dialysis	\$267,515,557	5%
TOTAL PROCEDURES	\$1,632,073,720	31%
EVALUATION AND MANAGEMENT		
Office visit	\$108,105,067	2%
Hospital visit	\$202,318,468	4%
Emergency room visit	\$157,044,647	3%
Home visit	\$1,446,498	0%
Nursing home visit	\$624,697,477	12%
Specialist	\$351,417,319	7%
Consultation	\$103,678,412	2%
TOTAL EVALUATION AND MANAGEMENT	\$1,548,707,889	29%
OTHER		
Ambulance	\$516,677,629	10%
Chiropractic	\$1,353,210	0%
Enteral and parenteral	\$28,049	0%
Chemotherapy	\$42,194,423	1%
Other drugs	\$84,053,248	2%
Hearing and speech	\$351,104	0%
Immunization/vaccination	\$7,361,207	0%
Other Code	\$1,649,668	0%
TOTAL OTHER	\$653,668,538	12%
DURABLE MEDICAL EQUIPMENT		
Durable medical equipment	\$210,140,166	4%
Enteral nutrition	\$333,895,544	6%
TOTAL DURABLE MEDICAL EQUIPMENT	\$544,035,710	10%
TESTS		
Lab test	\$393,179,098	8%
Other test	\$41,587,130	1%
TOTAL TESTS	\$434,766,228	9%
IMAGING		
Standard imaging	\$203,744,389	4%
Advanced imaging	\$82,380,067	2%
Echnography	\$46,239,292	1%
Other imaging	\$12,064,703	0%
TOTAL IMAGING	\$344,428,451	7%
EXCEPTIONS/UNCLASSIFIED		
Other	\$61,822,543	1%
Local and undefined codes	\$33,243,458	1%
Blank	\$185	0%
TOTAL EXCEPTIONS/UNCLASSIFIED	\$95,066,186	2%
TOTAL ALLOWED PAYMENTS	\$5,252,746,722	100%

Figures are rounded to the nearest whole dollar.

Source: OIG analysis of 2002 Medicare claims data, 2006.

Appendix C

Table 5. Minor Procedure: Total Payments and Median, Minimum, and Maximum Allowed Payment per Resident by State

State	Total Payments	Median	Minimum	Maximum
Alabama	\$14,289,601	\$247	\$3	\$29,605
Alaska	\$210,126	\$230	\$10	\$12,085
Arizona	\$5,212,257	\$220	\$4	\$27,844
Arkansas	\$9,881,728	\$206	\$3	\$21,810
California	\$58,613,762	\$188	\$0	\$46,810
Colorado	\$9,480,498	\$410	\$2	\$24,556
Connecticut	\$18,221,361	\$423	\$2	\$25,969
Delaware	\$2,219,088	\$221	\$7	\$23,553
District of Columbia	\$1,689,655	\$214	\$5	\$20,491
Florida	\$71,794,437	\$443	\$1	\$40,923
Georgia	\$18,031,994	\$200	\$4	\$29,607
Hawaii	\$906,667	\$183	\$4	\$16,372
Idaho	\$4,200,058	\$494	\$3	\$15,955
Illinois	\$43,870,914	\$216	\$1	\$35,949
Indiana	\$45,087,057	\$438	\$3	\$36,657
Iowa	\$12,853,619	\$211	\$1	\$41,171
Kansas	\$13,412,467	\$278	\$3	\$21,062
Kentucky	\$22,160,560	\$343	\$3	\$42,449
Louisiana	\$31,299,523	\$588	\$0	\$32,129
Maine	\$2,272,122	\$144	\$1	\$13,296
Maryland	\$13,851,116	\$238	\$1	\$26,339
Massachusetts	\$22,900,198	\$317	\$4	\$42,301
Michigan	\$32,606,707	\$226	\$3	\$44,130
Minnesota	\$16,148,084	\$315	\$0	\$26,742
Mississippi	\$19,914,321	\$586	\$3	\$38,054
Missouri	\$29,317,415	\$295	\$3	\$30,181
Montana	\$2,503,870	\$206	\$3	\$22,385
Nebraska	\$6,540,657	\$205	\$3	\$18,452
Nevada	\$2,758,392	\$225	\$4	\$57,037
New Hampshire	\$4,102,915	\$289	\$3	\$18,600
New Jersey	\$29,187,995	\$213	\$4	\$29,340
New Mexico	\$4,547,870	\$298	\$7	\$27,060
New York	\$52,825,301	\$154	\$1	\$55,420
North Carolina	\$27,876,713	\$402	\$2	\$42,883
North Dakota	\$1,726,584	\$186	\$3	\$28,225
Ohio	\$80,913,775	\$400	\$2	\$51,058
Oklahoma	\$13,304,256	\$326	\$0	\$41,290
Oregon	\$3,243,274	\$283	\$4	\$19,371
Pennsylvania	\$66,940,750	\$360	\$1	\$32,650
Puerto Rico	\$4,114	\$76	\$3	\$973
Rhode Island	\$2,809,653	\$293	\$3	\$20,960
South Carolina	\$9,566,187	\$174	\$3	\$25,463
South Dakota	\$2,264,793	\$214	\$3	\$19,279
Tennessee	\$24,053,409	\$336	\$3	\$31,785
Texas	\$69,495,527	\$246	\$3	\$38,236
Utah	\$4,017,774	\$197	\$4	\$30,733
Vermont	\$1,630,081	\$281	\$4	\$17,179
Virgin Islands	\$349	\$64	\$44	\$178
Virginia	\$24,695,035	\$446	\$4	\$32,877
Washington	\$11,317,664	\$287	\$2	\$22,008
West Virginia	\$9,594,955	\$277	\$4	\$34,529
Wisconsin	\$23,310,843	\$277	\$4	\$42,895
Wyoming	\$1,457,833	\$291	\$7	\$15,524
National Total	\$1,001,135,901	\$269	\$0	\$57,037

Figures are rounded to the nearest whole dollar.

Source: OIG analysis of 2002 Medicare claims data, 2006.

Table 6. Nursing Home Visit: Total Payments and Median, Minimum, and Maximum Allowed Payment per Resident by State

State	Total Payments	Median	Minimum	Maximum
Alabama	\$10,061,650	\$350	\$24	\$3,819
Alaska	\$128,651	\$176	\$31	\$4,421
Arizona	\$3,618,410	\$269	\$25	\$8,063
Arkansas	\$5,418,009	\$256	\$11	\$4,800
California	\$49,892,141	\$434	\$13	\$19,252
Colorado	\$4,657,855	\$267	\$25	\$4,006
Connecticut	\$10,716,836	\$347	\$24	\$3,919
Delaware	\$2,436,068	\$398	\$26	\$5,572
District of Columbia	\$1,607,634	\$493	\$27	\$3,578
Florida	\$41,721,313	\$409	\$22	\$10,351
Georgia	\$13,184,038	\$336	\$3	\$7,932
Hawaii	\$843,620	\$267	\$26	\$2,068
Idaho	\$957,066	\$186	\$24	\$1,479
Illinois	\$32,176,741	\$317	\$0	\$7,075
Indiana	\$14,511,187	\$267	\$24	\$7,236
Iowa	\$5,974,316	\$201	\$6	\$2,801
Kansas	\$4,798,000	\$214	\$24	\$5,294
Kentucky	\$9,627,772	\$287	\$24	\$6,136
Louisiana	\$8,814,582	\$288	\$15	\$10,208
Maine	\$2,480,054	\$258	\$24	\$2,920
Maryland	\$13,314,847	\$431	\$16	\$11,581
Massachusetts	\$18,046,711	\$344	\$24	\$6,429
Michigan	\$28,103,183	\$458	\$25	\$7,666
Minnesota	\$7,515,530	\$217	\$21	\$2,085
Mississippi	\$5,726,869	\$313	\$24	\$2,478
Missouri	\$12,971,539	\$302	\$20	\$3,160
Montana	\$1,427,464	\$185	\$24	\$1,752
Nebraska	\$3,149,886	\$202	\$22	\$2,613
Nevada	\$2,422,730	\$436	\$26	\$7,149
New Hampshire	\$3,256,688	\$360	\$25	\$3,014
New Jersey	\$30,287,187	\$544	\$16	\$9,148
New Mexico	\$2,052,929	\$282	\$24	\$2,439
New York	\$72,475,733	\$470	\$9	\$14,307
North Carolina	\$13,337,821	\$279	\$24	\$4,631
North Dakota	\$1,178,256	\$178	\$24	\$2,618
Ohio	\$36,936,806	\$374	\$20	\$9,952
Oklahoma	\$5,527,571	\$221	\$6	\$3,448
Oregon	\$1,482,544	\$182	\$24	\$1,512
Pennsylvania	\$42,593,532	\$407	\$25	\$10,219
Puerto Rico	\$23,035	\$165	\$25	\$2,229
Rhode Island	\$3,010,070	\$320	\$26	\$2,190
South Carolina	\$5,715,132	\$311	\$24	\$5,855
South Dakota	\$1,192,540	\$182	\$23	\$1,761
Tennessee	\$15,829,528	\$335	\$24	\$4,437
Texas	\$39,423,648	\$332	\$18	\$15,398
Utah	\$1,333,023	\$230	\$25	\$1,869
Vermont	\$1,006,009	\$224	\$25	\$2,599
Virgin Islands	\$29	\$29	\$29	\$29
Virginia	\$10,251,557	\$288	\$23	\$4,404
Washington	\$6,000,678	\$233	\$25	\$3,632
West Virginia	\$3,453,774	\$324	\$23	\$2,605
Wisconsin	\$11,476,576	\$243	\$20	\$7,139
Wyoming	\$548,112	\$209	\$24	\$1,841
National Total	\$624,697,477	\$329	\$0	\$19,252

Source: OIG analysis of 2002 Medicare claims data, 2006.

Table 7. Ambulance: Total Payments and Median, Minimum, and Maximum Allowed Payment per Resident by State

State	Total Payments	Median	Minimum	Maximum
Alabama	\$8,696,449	\$360	\$3	\$106,638
Alaska	\$148,652	\$501	\$241	\$22,017
Arizona	\$2,665,308	\$404	\$5	\$32,468
Arkansas	\$7,746,224	\$447	\$3	\$31,988
California	\$43,053,857	\$579	\$8	\$136,156
Colorado	\$2,653,773	\$410	\$5	\$15,585
Connecticut	\$12,518,596	\$559	\$5	\$124,801
Delaware	\$1,572,516	\$348	\$66	\$58,292
District of Columbia	\$585,266	\$331	\$116	\$44,377
Florida	\$18,263,934	\$331	\$2	\$57,037
Georgia	\$11,759,207	\$368	\$3	\$72,524
Hawaii	\$310,015	\$370	\$7	\$5,892
Idaho	\$425,080	\$236	\$3	\$11,312
Illinois	\$27,735,671	\$382	\$3	\$72,404
Indiana	\$13,391,496	\$370	\$3	\$67,966
Iowa	\$5,637,138	\$374	\$3	\$12,032
Kansas	\$3,726,200	\$370	\$4	\$28,056
Kentucky	\$11,314,984	\$409	\$4	\$76,093
Louisiana	\$18,089,430	\$609	\$4	\$97,392
Maine	\$2,621,534	\$409	\$11	\$51,767
Maryland	\$5,080,514	\$336	\$4	\$59,160
Massachusetts	\$27,580,300	\$634	\$8	\$189,198
Michigan	\$13,312,640	\$424	\$4	\$101,834
Minnesota	\$5,501,355	\$447	\$0	\$33,230
Mississippi	\$6,842,754	\$438	\$4	\$79,272
Missouri	\$10,670,715	\$403	\$2	\$76,380
Montana	\$637,843	\$321	\$4	\$10,923
Nebraska	\$1,456,325	\$316	\$4	\$11,180
Nevada	\$915,624	\$448	\$6	\$6,318
New Hampshire	\$2,123,114	\$419	\$14	\$95,479
New Jersey	\$22,426,923	\$441	\$1	\$111,531
New Mexico	\$1,000,684	\$309	\$3	\$8,710
New York	\$37,211,618	\$503	\$5	\$91,001
North Carolina	\$12,193,903	\$282	\$2	\$88,516
North Dakota	\$541,861	\$336	\$4	\$5,526
Ohio	\$34,727,521	\$488	\$3	\$111,018
Oklahoma	\$8,785,235	\$458	\$3	\$79,881
Oregon	\$2,007,356	\$561	\$5	\$28,137
Pennsylvania	\$30,054,618	\$448	\$4	\$83,355
Puerto Rico	\$4,001	\$158	\$19	\$358
Rhode Island	\$3,730,289	\$451	\$5	\$84,137
South Carolina	\$8,225,365	\$354	\$1	\$78,625
South Dakota	\$598,146	\$266	\$8	\$8,628
Tennessee	\$17,549,287	\$392	\$4	\$101,424
Texas	\$41,943,492	\$439	\$1	\$93,535
Utah	\$966,708	\$512	\$104	\$8,667
Vermont	\$1,112,188	\$379	\$6	\$88,677
Virgin Islands	\$3,242	\$260	\$175	\$521
Virginia	\$7,187,234	\$299	\$4	\$77,190
Washington	\$6,767,722	\$511	\$5	\$154,164
West Virginia	\$5,010,659	\$394	\$3	\$61,894
Wisconsin	\$7,213,508	\$390	\$0	\$68,931
Wyoming	\$379,556	\$334	\$5	\$5,419
National Total	\$516,677,629	\$429	\$0	\$189,198

Source: OIG analysis of 2002 Medicare claims data, 2006.

Table 8. Lab Test: Total Payments and Median, Minimum, and Maximum Allowed Payment per Resident by State

State	Total Payments	Median	Minimum	Maximum
Alabama	\$8,288,668	\$158	\$3	\$8,608
Alaska	\$234,396	\$233	\$5	\$6,832
Arizona	\$2,084,639	\$112	\$3	\$8,638
Arkansas	\$5,036,405	\$129	\$2	\$71,192
California	\$31,763,032	\$146	\$1	\$18,374
Colorado	\$3,162,253	\$120	\$3	\$5,408
Connecticut	\$5,651,638	\$125	\$2	\$25,252
Delaware	\$1,067,150	\$147	\$3	\$5,555
District of Columbia	\$800,912	\$142	\$3	\$10,093
Florida	\$19,696,006	\$143	\$1	\$8,106
Georgia	\$10,256,592	\$140	\$2	\$9,723
Hawaii	\$580,992	\$112	\$2	\$7,784
Idaho	\$1,367,168	\$117	\$3	\$6,528
Illinois	\$17,997,382	\$136	\$1	\$13,621
Indiana	\$12,786,283	\$152	\$0	\$20,996
Iowa	\$7,166,439	\$119	\$3	\$17,351
Kansas	\$6,015,828	\$143	\$3	\$11,343
Kentucky	\$7,250,219	\$148	\$2	\$12,082
Louisiana	\$9,591,632	\$166	\$2	\$8,636
Maine	\$1,986,180	\$124	\$3	\$5,730
Maryland	\$6,857,644	\$160	\$0	\$24,301
Massachusetts	\$12,426,519	\$172	\$0	\$12,545
Michigan	\$10,368,336	\$141	\$2	\$15,677
Minnesota	\$7,652,744	\$109	\$3	\$16,894
Mississippi	\$4,420,163	\$124	\$1	\$9,492
Missouri	\$9,524,258	\$139	\$3	\$14,092
Montana	\$1,767,588	\$126	\$3	\$16,797
Nebraska	\$4,835,699	\$143	\$3	\$6,800
Nevada	\$850,093	\$112	\$3	\$4,684
New Hampshire	\$1,923,219	\$136	\$3	\$5,717
New Jersey	\$11,420,346	\$147	\$3	\$11,462
New Mexico	\$1,506,715	\$123	\$3	\$5,004
New York	\$25,233,048	\$146	\$0	\$11,186
North Carolina	\$9,992,029	\$123	\$0	\$59,415
North Dakota	\$1,314,370	\$113	\$3	\$10,897
Ohio	\$20,992,042	\$150	\$1	\$12,826
Oklahoma	\$5,414,963	\$128	\$0	\$9,043
Oregon	\$1,540,792	\$98	\$3	\$14,833
Pennsylvania	\$25,249,010	\$166	\$0	\$23,386
Puerto Rico	\$4,308	\$49	\$3	\$597
Rhode Island	\$2,321,505	\$172	\$3	\$8,238
South Carolina	\$3,638,933	\$112	\$2	\$6,897
South Dakota	\$1,783,580	\$119	\$3	\$15,671
Tennessee	\$9,666,120	\$134	\$0	\$10,404
Texas	\$29,678,067	\$174	\$1	\$28,680
Utah	\$1,591,459	\$109	\$0	\$10,578
Vermont	\$670,713	\$98	\$2	\$5,785
Virgin Islands	\$186	\$39	\$24	\$84
Virginia	\$8,240,545	\$137	\$1	\$40,466
Washington	\$5,557,119	\$124	\$3	\$18,173
West Virginia	\$2,861,683	\$145	\$3	\$15,831
Wisconsin	\$10,531,427	\$127	\$3	\$34,809
Wyoming	\$560,060	\$114	\$3	\$4,396
National Total	\$393,179,098	\$142	\$0	\$71,192

Source: OIG analysis of 2002 Medicare claims data, 2006.

Table 9. Specialist: Total Payments and Median, Minimum, and Maximum Allowed Payment per Resident by State

State	Total Payments	Median	Minimum	Maximum
Alabama	\$3,654,461	\$125	\$3	\$12,947
Alaska	\$48,121	\$122	\$10	\$1,293
Arizona	\$1,048,587	\$124	\$4	\$14,178
Arkansas	\$2,150,973	\$121	\$4	\$10,799
California	\$21,482,021	\$161	\$1	\$45,767
Colorado	\$6,022,634	\$161	\$4	\$11,314
Connecticut	\$6,518,005	\$179	\$5	\$33,528
Delaware	\$701,750	\$143	\$8	\$5,022
District of Columbia	\$573,346	\$157	\$11	\$5,522
Florida	\$21,344,341	\$169	\$5	\$31,341
Georgia	\$3,250,680	\$106	\$4	\$17,370
Hawaii	\$642,091	\$138	\$5	\$10,385
Idaho	\$950,788	\$123	\$5	\$5,546
Illinois	\$25,564,539	\$159	\$0	\$36,393
Indiana	\$12,791,533	\$173	\$4	\$29,356
Iowa	\$4,080,268	\$126	\$4	\$31,219
Kansas	\$4,738,425	\$152	\$4	\$29,682
Kentucky	\$4,310,379	\$132	\$4	\$34,534
Louisiana	\$8,396,204	\$131	\$3	\$38,119
Maine	\$872,593	\$103	\$4	\$9,347
Maryland	\$6,250,199	\$175	\$5	\$25,736
Massachusetts	\$11,981,622	\$199	\$5	\$18,356
Michigan	\$7,534,954	\$145	\$5	\$10,940
Minnesota	\$4,775,551	\$133	\$4	\$15,170
Mississippi	\$4,183,796	\$168	\$4	\$9,492
Missouri	\$5,819,599	\$124	\$3	\$45,204
Montana	\$599,587	\$101	\$4	\$9,597
Nebraska	\$2,058,366	\$120	\$4	\$7,881
Nevada	\$996,173	\$170	\$5	\$11,133
New Hampshire	\$1,860,141	\$170	\$5	\$18,947
New Jersey	\$12,324,609	\$192	\$5	\$24,727
New Mexico	\$2,201,247	\$176	\$7	\$19,097
New York	\$30,586,387	\$181	\$3	\$21,372
North Carolina	\$7,497,952	\$134	\$0	\$14,331
North Dakota	\$922,306	\$129	\$10	\$2,761
Ohio	\$19,936,372	\$175	\$4	\$16,741
Oklahoma	\$2,879,861	\$106	\$4	\$21,552
Oregon	\$760,945	\$116	\$4	\$5,159
Pennsylvania	\$20,504,160	\$172	\$1	\$16,818
Puerto Rico	\$4,437	\$98	\$5	\$558
Rhode Island	\$1,502,059	\$174	\$5	\$4,338
South Carolina	\$1,607,283	\$112	\$4	\$9,804
South Dakota	\$791,941	\$121	\$4	\$4,860
Tennessee	\$12,254,310	\$189	\$4	\$14,894
Texas	\$43,157,718	\$195	\$4	\$53,738
Utah	\$1,322,172	\$130	\$11	\$31,061
Vermont	\$354,580	\$109	\$2	\$6,193
Virginia	\$5,464,997	\$140	\$4	\$14,185
Washington	\$4,251,691	\$123	\$5	\$11,339
West Virginia	\$1,402,659	\$129	\$5	\$13,440
Wisconsin	\$5,988,574	\$133	\$0	\$9,360
Wyoming	\$499,330	\$130	\$4	\$4,908
National Total	\$351,417,319	\$152	\$0	\$53,738

Source: OIG analysis of 2002 Medicare claims data, 2006.

Table 10. Enteral Nutrition: Total Payments and Median, Minimum, and Maximum Allowed Payment per Resident by State

State	Total Payments	Median	Minimum	Maximum
Alabama	\$12,462,442	\$4,627	\$6	\$16,224
Alaska	\$52,138	\$5,855	\$1,087	\$8,536
Arizona	\$886,864	\$2,792	\$11	\$12,137
Arkansas	\$5,017,544	\$4,070	\$24	\$18,789
California	\$35,690,268	\$3,778	\$5	\$15,762
Colorado	\$744,201	\$3,176	\$6	\$13,973
Connecticut	\$3,575,034	\$3,640	\$13	\$12,728
Delaware	\$1,156,020	\$4,369	\$40	\$14,919
District of Columbia	\$1,109,554	\$3,974	\$15	\$12,506
Florida	\$19,248,716	\$3,594	\$13	\$22,124
Georgia	\$10,441,416	\$4,095	\$16	\$18,929
Hawaii	\$1,297,346	\$4,068	\$39	\$9,205
Idaho	\$238,273	\$2,243	\$51	\$8,886
Illinois	\$12,650,897	\$3,138	\$11	\$16,765
Indiana	\$6,676,856	\$3,625	\$12	\$14,383
Iowa	\$1,348,648	\$2,974	\$22	\$9,360
Kansas	\$1,332,905	\$3,392	\$30	\$11,641
Kentucky	\$9,551,478	\$4,419	\$19	\$17,945
Louisiana	\$12,644,840	\$3,798	\$17	\$16,953
Maine	\$450,704	\$3,903	\$69	\$10,133
Maryland	\$5,904,307	\$3,693	\$25	\$12,707
Massachusetts	\$4,248,019	\$3,871	\$24	\$13,275
Michigan	\$6,283,765	\$3,310	\$7	\$15,050
Minnesota	\$1,624,921	\$3,895	\$6	\$11,537
Mississippi	\$8,399,582	\$4,244	\$15	\$14,946
Missouri	\$4,459,523	\$3,131	\$19	\$18,093
Montana	\$284,705	\$3,509	\$11	\$8,717
Nebraska	\$1,254,267	\$4,088	\$16	\$11,543
Nevada	\$815,408	\$3,321	\$20	\$11,682
New Hampshire	\$308,859	\$2,690	\$20	\$12,291
New Jersey	\$11,746,447	\$3,987	\$12	\$16,315
New Mexico	\$591,749	\$4,496	\$109	\$15,326
New York	\$33,906,662	\$4,132	\$1	\$18,311
North Carolina	\$14,536,707	\$4,578	\$8	\$16,142
North Dakota	\$460,898	\$5,360	\$20	\$9,005
Ohio	\$16,906,791	\$3,754	\$4	\$16,771
Oklahoma	\$5,180,740	\$3,303	\$14	\$20,116
Oregon	\$835,120	\$4,590	\$17	\$9,431
Pennsylvania	\$16,509,851	\$4,181	\$7	\$26,033
Puerto Rico	\$2,548	\$519	\$132	\$1,379
Rhode Island	\$998,323	\$4,061	\$50	\$10,271
South Carolina	\$7,263,696	\$4,628	\$2	\$15,538
South Dakota	\$548,365	\$4,847	\$109	\$10,255
Tennessee	\$12,749,541	\$4,494	\$18	\$19,021
Texas	\$26,064,392	\$3,830	\$11	\$17,018
Utah	\$196,636	\$2,712	\$146	\$10,233
Vermont	\$168,984	\$3,928	\$283	\$8,298
Virginia	\$6,923,740	\$3,570	\$16	\$15,626
Washington	\$2,987,803	\$4,271	\$15	\$12,445
West Virginia	\$1,619,915	\$3,153	\$15	\$14,882
Wisconsin	\$3,469,632	\$4,017	\$19	\$13,890
Wyoming	\$67,505	\$4,658	\$1,095	\$8,497
National Total	\$333,895,544	\$3,911	\$1	\$26,033

Source: OIG analysis of 2002 Medicare claims data, 2006.

Table 11. Dialysis: Total Payments and Median, Minimum, and Maximum Allowed Payment per Resident by State

State	Total Payments	Median	Minimum	Maximum
Alabama	\$4,111,514	\$3,115	\$9	\$23,322
Alaska	\$82,124	\$2,283	\$5	\$21,569
Arizona	\$2,253,960	\$1,844	\$1	\$26,054
Arkansas	\$1,917,817	\$2,746	\$69	\$25,134
California	\$23,104,326	\$2,991	\$0	\$32,190
Colorado	\$2,240,159	\$3,703	\$18	\$27,673
Connecticut	\$5,051,398	\$3,126	\$1	\$26,066
Delaware	\$1,202,826	\$3,813	\$76	\$23,949
District of Columbia	\$1,362,202	\$4,851	\$10	\$25,312
Florida	\$12,741,999	\$1,791	\$1	\$25,725
Georgia	\$9,598,523	\$4,500	\$1	\$23,075
Hawaii	\$879,542	\$6,212	\$81	\$25,461
Idaho	\$839,790	\$2,481	\$73	\$27,520
Illinois	\$13,506,739	\$2,496	\$2	\$26,330
Indiana	\$7,193,238	\$3,518	\$9	\$29,684
Iowa	\$3,403,061	\$3,536	\$17	\$25,133
Kansas	\$2,131,783	\$3,441	\$2	\$28,540
Kentucky	\$2,856,157	\$2,438	\$0	\$28,150
Louisiana	\$7,759,603	\$5,225	\$0	\$24,956
Maine	\$638,533	\$2,259	\$75	\$25,830
Maryland	\$6,972,120	\$2,285	\$10	\$25,254
Massachusetts	\$5,614,691	\$2,498	\$0	\$24,533
Michigan	\$7,150,127	\$2,306	\$1	\$27,072
Minnesota	\$5,621,446	\$3,114	\$3	\$71,819
Mississippi	\$2,816,828	\$4,317	\$1	\$22,833
Missouri	\$5,285,097	\$2,457	\$1	\$26,302
Montana	\$366,222	\$1,764	\$34	\$22,584
Nebraska	\$1,621,885	\$2,261	\$66	\$24,085
Nevada	\$321,404	\$1,631	\$78	\$24,902
New Hampshire	\$686,728	\$2,431	\$13	\$23,856
New Jersey	\$9,619,092	\$2,051	\$3	\$27,478
New Mexico	\$1,618,920	\$4,348	\$71	\$25,233
New York	\$24,960,984	\$3,850	\$1	\$119,561
North Carolina	\$8,780,749	\$3,585	\$2	\$24,318
North Dakota	\$904,195	\$4,256	\$70	\$25,295
Ohio	\$16,418,988	\$2,684	\$0	\$28,792
Oklahoma	\$3,349,452	\$3,621	\$69	\$25,714
Oregon	\$1,213,559	\$1,772	\$3	\$25,204
Pennsylvania	\$13,946,054	\$2,710	\$1	\$25,454
Puerto Rico	\$15,260	\$604	\$1	\$2,053
Rhode Island	\$1,128,637	\$3,296	\$4	\$23,591
South Carolina	\$3,560,091	\$4,225	\$6	\$25,234
South Dakota	\$997,219	\$3,544	\$69	\$25,273
Tennessee	\$6,053,203	\$3,388	\$9	\$26,069
Texas	\$17,236,207	\$3,807	\$1	\$26,312
Utah	\$789,550	\$1,634	\$2	\$28,981
Vermont	\$422,036	\$3,837	\$77	\$19,273
Virgin Islands	\$3,241	\$3,241	\$3,241	\$3,241
Virginia	\$7,130,583	\$2,727	\$4	\$27,671
Washington	\$2,732,364	\$2,466	\$3	\$24,069
West Virginia	\$1,528,633	\$2,354	\$1	\$25,539
Wisconsin	\$5,567,868	\$3,115	\$9	\$47,346
Wyoming	\$206,830	\$1,671	\$53	\$23,827
National Total	\$267,515,557	\$2,910	\$0	\$119,561

Source: OIG analysis of 2002 Medicare claims data, 2006.

Table 12. Durable Medical Equipment (DME): Total Payments and Median, Minimum, and Maximum Allowed Payment per Resident by State

State	Total Payments	Median	Minimum	Maximum
Alabama	\$3,241,319	\$188	\$0	\$101,589
Alaska	\$70,824	\$260	\$12	\$11,576
Arizona	\$1,651,713	\$185	\$0	\$32,539
Arkansas	\$2,760,844	\$201	\$0	\$42,554
California	\$23,440,732	\$230	\$0	\$44,567
Colorado	\$1,802,973	\$230	\$0	\$20,911
Connecticut	\$2,977,175	\$207	\$0	\$27,943
Delaware	\$423,644	\$188	\$0	\$16,969
District of Columbia	\$372,916	\$261	\$0	\$11,449
Florida	\$12,766,283	\$214	\$0	\$94,183
Georgia	\$3,903,720	\$182	\$0	\$35,815
Hawaii	\$188,174	\$139	\$1	\$12,486
Idaho	\$638,537	\$138	\$0	\$17,236
Illinois	\$9,408,205	\$200	\$0	\$37,984
Indiana	\$6,518,023	\$181	\$0	\$85,784
Iowa	\$2,877,255	\$163	\$0	\$51,115
Kansas	\$2,322,844	\$174	\$0	\$37,614
Kentucky	\$3,178,494	\$157	\$0	\$33,244
Louisiana	\$6,061,930	\$248	\$0	\$28,625
Maine	\$637,921	\$138	\$0	\$9,544
Maryland	\$2,631,071	\$189	\$0	\$26,716
Massachusetts	\$4,755,487	\$224	\$0	\$19,613
Michigan	\$6,384,977	\$243	\$0	\$47,633
Minnesota	\$2,791,318	\$145	\$0	\$94,173
Mississippi	\$2,514,494	\$231	\$0	\$46,453
Missouri	\$4,667,595	\$213	\$0	\$120,501
Montana	\$710,425	\$125	\$0	\$21,781
Nebraska	\$1,577,091	\$152	\$0	\$32,574
Nevada	\$668,718	\$205	\$0	\$65,637
New Hampshire	\$743,724	\$203	\$0	\$11,177
New Jersey	\$6,922,168	\$266	\$0	\$22,413
New Mexico	\$1,063,956	\$242	\$1	\$16,834
New York	\$14,585,356	\$240	\$0	\$58,475
North Carolina	\$6,116,289	\$183	\$0	\$25,387
North Dakota	\$453,632	\$143	\$0	\$9,608
Ohio	\$12,288,510	\$210	\$0	\$47,909
Oklahoma	\$4,995,347	\$269	\$0	\$27,955
Oregon	\$1,109,501	\$179	\$0	\$16,945
Pennsylvania	\$10,322,429	\$198	\$0	\$81,709
Puerto Rico	\$36,430	\$221	\$12	\$6,687
Rhode Island	\$847,012	\$215	\$0	\$14,683
South Carolina	\$2,524,440	\$193	\$0	\$26,634
South Dakota	\$451,927	\$138	\$0	\$12,005
Tennessee	\$4,814,894	\$184	\$0	\$46,417
Texas	\$17,959,431	\$225	\$0	\$90,610
Utah	\$889,810	\$122	\$0	\$15,653
Vermont	\$265,536	\$137	\$0	\$12,342
Virgin Islands	\$9,794	\$542	\$82	\$4,985
Virginia	\$3,880,106	\$206	\$0	\$19,200
Washington	\$2,732,357	\$157	\$0	\$122,009
West Virginia	\$1,251,991	\$230	\$0	\$19,626
Wisconsin	\$3,595,259	\$142	\$0	\$18,481
Wyoming	\$335,566	\$128	\$0	\$18,705
National Total	\$210,140,166	\$205	\$0	\$122,009

Source: OIG analysis of 2002 Medicare claims data, 2006.

Table 13. Standard Imaging: Total Payments and Median, Minimum, and Maximum Allowed Payment per Resident by State

State	Total Payments	Median	Minimum	Maximum
Alabama	\$3,374,007	\$134	\$6	\$2,140
Alaska	\$46,633	\$61	\$9	\$960
Arizona	\$1,592,605	\$145	\$4	\$9,267
Arkansas	\$1,963,056	\$87	\$7	\$1,718
California	\$12,336,465	\$116	\$1	\$5,799
Colorado	\$1,599,183	\$100	\$7	\$3,245
Connecticut	\$4,612,282	\$191	\$7	\$3,382
Delaware	\$874,974	\$174	\$7	\$2,001
District of Columbia	\$460,352	\$140	\$8	\$3,868
Florida	\$12,755,252	\$131	\$7	\$5,012
Georgia	\$3,910,394	\$99	\$7	\$2,785
Hawaii	\$144,122	\$56	\$9	\$1,503
Idaho	\$419,863	\$82	\$7	\$1,678
Illinois	\$9,037,209	\$105	\$7	\$5,191
Indiana	\$5,537,328	\$100	\$1	\$5,209
Iowa	\$2,661,054	\$83	\$7	\$4,067
Kansas	\$2,474,767	\$94	\$6	\$2,386
Kentucky	\$3,275,516	\$99	\$6	\$2,799
Louisiana	\$4,684,486	\$146	\$7	\$3,745
Maine	\$620,961	\$84	\$6	\$1,767
Maryland	\$3,829,170	\$138	\$7	\$10,299
Massachusetts	\$6,725,791	\$151	\$7	\$14,833
Michigan	\$8,156,749	\$171	\$7	\$3,611
Minnesota	\$3,598,176	\$100	\$1	\$8,314
Mississippi	\$1,549,683	\$74	\$7	\$2,508
Missouri	\$4,636,137	\$109	\$1	\$2,449
Montana	\$492,737	\$78	\$8	\$2,794
Nebraska	\$1,306,972	\$76	\$1	\$2,888
Nevada	\$736,436	\$150	\$7	\$2,452
New Hampshire	\$642,773	\$94	\$7	\$1,542
New Jersey	\$8,186,097	\$155	\$4	\$3,808
New Mexico	\$655,072	\$97	\$7	\$2,861
New York	\$18,747,957	\$153	\$5	\$6,842
North Carolina	\$3,946,275	\$88	\$6	\$2,237
North Dakota	\$460,973	\$69	\$6	\$1,512
Ohio	\$13,669,679	\$134	\$1	\$3,036
Oklahoma	\$3,464,897	\$134	\$4	\$4,335
Oregon	\$804,759	\$99	\$7	\$3,157
Pennsylvania	\$13,914,336	\$148	\$0	\$4,301
Puerto Rico	\$3,687	\$24	\$7	\$823
Rhode Island	\$774,084	\$86	\$8	\$2,368
South Carolina	\$1,768,404	\$96	\$6	\$2,074
South Dakota	\$541,608	\$72	\$6	\$4,325
Tennessee	\$4,067,278	\$103	\$6	\$4,165
Texas	\$16,073,096	\$137	\$1	\$5,544
Utah	\$489,524	\$97	\$7	\$1,539
Vermont	\$147,165	\$49	\$8	\$1,024
Virgin Islands	\$1,198	\$128	\$11	\$309
Virginia	\$3,038,102	\$92	\$3	\$3,684
Washington	\$2,765,400	\$144	\$4	\$2,503
West Virginia	\$1,533,764	\$112	\$7	\$3,799
Wisconsin	\$4,436,021	\$106	\$7	\$4,144
Wyoming	\$199,880	\$74	\$7	\$2,372
National Total	\$203,744,389	\$119	\$0	\$14,833

Source: OIG analysis of 2002 Medicare claims data, 2006.

Table 14. Hospital Visit: Total Payments and Median, Minimum, and Maximum Allowed Payment per Resident by State

State	Total Payments	Median	Minimum	Maximum
Alabama	\$2,640,003	\$143	\$11	\$23,688
Alaska	\$57,144	\$179	\$36	\$3,273
Arizona	\$1,344,385	\$150	\$27	\$10,209
Arkansas	\$3,421,399	\$198	\$7	\$11,086
California	\$20,921,446	\$207	\$2	\$45,486
Colorado	\$1,242,998	\$148	\$30	\$17,191
Connecticut	\$2,125,289	\$162	\$3	\$10,300
Delaware	\$557,664	\$177	\$31	\$9,102
District of Columbia	\$557,404	\$245	\$23	\$8,862
Florida	\$13,809,683	\$179	\$13	\$21,509
Georgia	\$4,655,649	\$175	\$1	\$11,640
Hawaii	\$200,064	\$155	\$33	\$6,009
Idaho	\$374,016	\$140	\$26	\$5,896
Illinois	\$13,911,988	\$175	\$2	\$33,098
Indiana	\$4,967,884	\$144	\$11	\$9,106
Iowa	\$2,743,467	\$142	\$5	\$8,260
Kansas	\$2,635,856	\$164	\$19	\$10,152
Kentucky	\$3,438,850	\$163	\$26	\$14,724
Louisiana	\$5,683,839	\$205	\$15	\$14,114
Maine	\$529,576	\$147	\$1	\$2,410
Maryland	\$4,283,904	\$197	\$15	\$34,613
Massachusetts	\$4,863,165	\$172	\$8	\$9,763
Michigan	\$4,933,971	\$163	\$3	\$15,452
Minnesota	\$2,469,156	\$147	\$14	\$7,055
Mississippi	\$2,337,473	\$161	\$4	\$5,916
Missouri	\$5,068,547	\$153	\$5	\$20,138
Montana	\$460,967	\$140	\$11	\$3,481
Nebraska	\$1,582,515	\$148	\$14	\$9,041
Nevada	\$459,283	\$154	\$28	\$15,365
New Hampshire	\$499,017	\$150	\$3	\$5,882
New Jersey	\$11,601,770	\$227	\$16	\$31,628
New Mexico	\$594,810	\$164	\$11	\$5,140
New York	\$14,047,267	\$172	\$6	\$30,538
North Carolina	\$4,230,750	\$155	\$1	\$13,765
North Dakota	\$542,822	\$140	\$26	\$4,697
Ohio	\$9,129,881	\$158	\$6	\$17,808
Oklahoma	\$3,563,789	\$178	\$15	\$6,278
Oregon	\$623,076	\$142	\$12	\$4,469
Pennsylvania	\$9,900,786	\$169	\$2	\$15,477
Puerto Rico	\$19,128	\$115	\$27	\$1,591
Rhode Island	\$726,606	\$155	\$14	\$10,577
South Carolina	\$2,093,072	\$164	\$4	\$10,104
South Dakota	\$483,835	\$137	\$8	\$6,824
Tennessee	\$5,266,894	\$186	\$2	\$13,901
Texas	\$17,383,964	\$205	\$7	\$22,683
Utah	\$359,488	\$145	\$27	\$4,071
Vermont	\$198,735	\$146	\$32	\$1,795
Virgin Islands	\$2,315	\$213	\$141	\$1,235
Virginia	\$3,092,749	\$163	\$3	\$20,282
Washington	\$1,559,819	\$147	\$15	\$8,982
West Virginia	\$1,265,440	\$158	\$26	\$11,156
Wisconsin	\$2,678,898	\$146	\$5	\$15,311
Wyoming	\$175,973	\$143	\$25	\$2,558
National Total	\$202,318,468	\$167	\$1	\$45,486

Source: OIG analysis of 2002 Medicare claims data, 2006.

Appendix D

Below is a map of the United States showing the median payments per resident for Part B services in each State.

