

**CHAPTER 14**  
**Economic Impact of Urologic Disease**

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**Table 14-1. Expenditures<sup>a</sup> among Medicare beneficiaries 65 and older for treatment of interstitial cystitis, disease specific, by site of service, reimbursement costs, percent<sup>b</sup>**

	2002		2003		2004	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$16,060,967	100%	\$16,069,494	100%	\$16,471,943	100%
Site of Service						
Inpatient	\$4,967,333	31.0%	\$4,355,199	27.0%	\$4,467,809	27.0%
Hospital Outpatient	\$439,489	2.7%	\$541,055	3.4%	\$635,866	3.9%
Ambulatory Surgery	\$5,775,397	36.0%	\$5,975,576	37.0%	\$6,228,757	38.0%
Physician Office	\$4,833,309	30.0%	\$5,038,130	31.0%	\$5,079,405	31.0%
Emergency Room	\$45,440	0.3%	\$159,533	1.0%	\$60,106	0.4%
	2005		2006		2007	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$16,239,536	100%	\$18,247,984	100%	\$20,551,152	100%
Site of Service						
Inpatient	\$3,807,353	23.0%	\$5,411,263	30.0%	\$7,296,797	36.0%
Hospital Outpatient	\$482,259	3.0%	\$607,086	3.3%	\$745,710	3.6%
Ambulatory Surgery	\$6,346,180	39.0%	\$6,571,730	36.0%	\$5,862,396	29.0%
Physician Office	\$5,526,526	34.0%	\$5,566,795	31.0%	\$6,500,221	32.0%
Emergency Room	\$77,219	0.5%	\$91,111	0.5%	\$146,027	0.7%

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are in 2009 US dollars.

SOURCE: Centers for Medicare and Medicaid Services, 2002-2007.

**Table 14-2. Nationally representative charges<sup>a</sup> for treatment of interstitial cystitis, disease specific, by site of service, charges, percent<sup>b</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$203,579,799	100%	\$115,745,794	100%	\$189,657,094	100%	\$144,017,525	100%	\$194,379,567	100%
Site of Service										
Inpatient	\$12,159,919	6.0%	\$15,941,590	13.8%	\$20,026,178	10.6%	\$20,235,344	14.1%	\$13,987,077	7.2%
Hospital Outpatient	\$29,492,655	14.5%	\$6,918,730	6.0%	\$63,362,560	33.4%	\$17,792,288	12.4%	\$55,420,045	28.5%
Ambulatory Surgery	\$85,767,251	42.1%	\$72,670,944	62.8%	\$73,543,808	38.8%	\$79,179,813	55.0%	\$85,157,969	43.8%
Physician Office	\$75,065,485	36.9%	\$20,214,531	17.5%	\$32,153,712	17.0%	\$26,810,079	18.6%	\$39,814,477	20.5%
Emergency Room	\$1,094,488	0.5%	... ..	...	\$570,835	0.3%	... ..	...	... ..	...

... Data unavailable.

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, I3 Claims Database: 2002-2006.

**Table 14-3. Estimated annual expenditures<sup>a</sup> for privately insured individuals<sup>b</sup> with and without interstitial cystitis, disease specific**

	With Interstitial Cystitis, Disease Specific (N=20,047)			Without Interstitial Cystitis, Disease Specific (N=4,697,669)		
	Medical	Prescription Drugs	Total	Medical	Prescription Drugs	Total
Total	\$15,517	\$1,890	\$17,407	\$8,315	\$1,114	\$9,429
Age						
18-34	\$12,462	\$1,105	\$13,567	\$6,678	\$651	\$7,329
35-44	\$14,728	\$1,796	\$16,524	\$7,892	\$1,059	\$8,951
45-54	\$16,732	\$2,496	\$19,228	\$8,966	\$1,471	\$10,437
55-64	\$20,681	\$3,056	\$23,737	\$11,082	\$1,801	\$12,883
Region						
Midwest	\$14,140	\$1,895	\$16,035	\$7,577	\$1,117	\$8,694
Northeast	\$15,915	\$1,791	\$17,706	\$8,528	\$1,056	\$9,584
South	\$16,339	\$1,915	\$18,254	\$8,755	\$1,128	\$9,883
West	\$15,648	\$1,886	\$17,534	\$8,385	\$1,112	\$9,497

Generalized estimating equations were used to account for the correlation within patients.

<sup>a</sup>Estimated annual expenditures were derived from multivariate models that control for age, gender, insurance type, region, calendar year, and all individual disease conditions in the modified Charlson Comorbidity Index.

<sup>b</sup>Sample consists of beneficiaries between 18-64 years who were continuously enrolled in employer-provided insurance for at least a full calendar year during 2003-2006.

NOTE: Costs are in charges rather than payments; charges are in 2009 dollars.

SOURCE: i3 Claims Database, 2003-2006

**Table 14-4. Expenditures<sup>a</sup> among Medicare beneficiaries 65 and older for treatment of interstitial cystitis, disease non-specific, by site of service, reimbursement costs, percent<sup>b</sup>**

	2002		2003		2004	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$204,605,069	100%	\$220,016,902	100%	\$227,357,288	100%
Site of Service						
Inpatient	\$81,842,683	40.0%	\$84,572,315	38.0%	\$86,471,739	38.0%
Hospital Outpatient	\$12,063,709	5.9%	\$13,148,466	6.0%	\$14,243,331	6.3%
Ambulatory Surgery	\$34,746,706	17.0%	\$37,615,807	17.0%	\$36,649,665	16.0%
Physician Office	\$69,588,074	34.0%	\$77,955,990	35.0%	\$82,118,883	36.0%
Emergency Room	\$6,363,897	3.1%	\$6,724,324	3.1%	\$7,873,670	3.5%
	2005		2006		2007	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$239,123,112	100%	\$228,790,185	100%	\$228,609,081	100%
Site of Service						
Inpatient	\$95,756,616	40.0%	\$86,347,213	38.0%	\$83,723,169	37.0%
Hospital Outpatient	\$14,746,618	6.2%	\$15,405,146	6.7%	\$15,719,122	6.9%
Ambulatory Surgery	\$36,235,993	15.0%	\$35,746,626	16.0%	\$37,388,005	16.0%
Physician Office	\$84,217,761	35.0%	\$83,875,943	37.0%	\$84,083,186	37.0%
Emergency Room	\$8,166,124	3.4%	\$7,415,257	3.2%	\$7,695,598	3.4%

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are in 2009 US dollars.

SOURCE: Centers for Medicare and Medicaid Services, 2002-2007.

**Table 14-5. Nationally representative charges<sup>a</sup> for treatment of interstitial cystitis, disease non-specific, by site of service, charges, percent<sup>b</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$1,007,250,725	100%	\$1,557,497,119	100%	\$1,500,062,167	100%	\$1,431,271,548	100%	\$1,612,111,607	100%
Site of Service										
Inpatient	\$122,634,471	12.2%	\$135,274,631	8.7%	\$132,275,594	8.8%	\$153,409,586	10.7%	\$162,937,288	10.1%
Hospital Outpatient	\$175,162,272	17.4%	\$535,667,544	34.4%	\$279,939,092	18.7%	\$304,893,765	21.3%	\$257,487,231	16.0%
Ambulatory Surgery	\$282,946,383	28.1%	\$353,948,632	22.7%	\$537,759,880	35.8%	\$556,956,312	38.9%	\$584,662,382	36.3%
Physician Office	\$361,046,433	35.8%	\$450,756,445	28.9%	\$456,163,251	30.4%	\$297,633,281	20.8%	\$487,766,165	30.3%
Emergency Room	\$65,461,166	6.5%	\$81,849,866	5.3%	\$93,924,351	6.3%	\$118,378,604	8.3%	\$119,258,541	7.4%

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, i3 Claims Database; 2002-2006.

**Table 14-6. Estimated annual expenditures<sup>a</sup> for privately insured individuals<sup>b</sup> with and without interstitial cystitis, disease non-specific**

	With Interstitial Cystitis, Disease Non-Specific (N=599,034)			Without Interstitial Cystitis, Disease Non-Specific (N=3,846,794)		
	Medical	Prescription Drugs	Total	Medical	Prescription Drugs	Total
Total	\$14,527	\$1,288	\$15,815	\$6,746	\$1,063	\$7,809
Age						
18-34	\$10,935	\$742	\$11,677	\$5,078	\$612	\$5,690
35-44	\$13,178	\$1,217	\$14,395	\$6,120	\$1,005	\$7,125
45-54	\$16,243	\$1,713	\$17,956	\$7,543	\$1,414	\$8,957
55-64	\$21,439	\$2,112	\$23,551	\$9,957	\$1,743	\$11,700
Region						
Midwest	\$13,088	\$1,287	\$14,375	\$6,078	\$1,063	\$7,141
Northeast	\$15,069	\$1,212	\$16,281	\$6,998	\$1,000	\$7,998
South	\$15,375	\$1,307	\$16,682	\$7,140	\$1,079	\$8,219
West	\$14,624	\$1,291	\$15,915	\$6,792	\$1,065	\$7,857

Generalized estimating equations were used to account for the correlation within patients.

<sup>a</sup>Estimated annual expenditures were derived from multivariate models that control for age, gender, insurance type, region, calendar year, and all individual disease conditions in the modified Charlson Comorbidity Index.

<sup>b</sup>Sample consists of beneficiaries between 18-64 years who were continuously enrolled in employer-provided insurance for at least a full calendar year during 2003-2006.

NOTE: Costs are in charges rather than payments; charges are in 2009 dollars.

SOURCE: i3 Claims Database, 2003-2006

**Table 14-7. Expenditures<sup>a</sup> among Medicare beneficiaries 65 and older for treatment of prostatitis, by site of service, reimbursement costs, percent<sup>b</sup>**

	2002		2003		2004	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$71,447,057	100%	\$68,094,765	100%	\$64,829,496	100%
Site of Service						
Inpatient	\$40,730,441	57.0%	\$38,148,316	56.0%	\$34,858,543	54.0%
Hospital Outpatient	\$2,759,346	3.9%	\$2,412,534	3.5%	\$2,311,084	3.6%
Ambulatory Surgery	\$5,663,929	7.9%	\$5,519,278	8.1%	\$5,598,779	8.6%
Physician Office	\$21,025,408	29.0%	\$20,451,080	30.0%	\$20,493,409	32.0%
Emergency Room	\$1,267,934	1.8%	\$1,563,558	2.3%	\$1,567,681	2.4%
	2005		2006		2007	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$64,605,680	100%	\$56,917,081	100%	\$52,437,432	100%
Site of Service						
Inpatient	\$36,522,885	57.0%	\$31,267,228	55.0%	\$27,519,657	52.0%
Hospital Outpatient	\$2,351,427	3.6%	\$2,348,486	4.1%	\$2,264,573	4.3%
Ambulatory Surgery	\$6,008,392	9.3%	\$4,331,503	7.6%	\$4,846,933	9.2%
Physician Office	\$17,960,455	28.0%	\$17,170,458	30.0%	\$15,984,976	30.0%
Emergency Room	\$1,762,521	2.7%	\$1,799,406	3.2%	\$1,821,292	3.5%

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are in 2009 US dollars.

SOURCE: Centers for Medicare and Medicaid Services, 2002-2007.

**Table 14-8. Nationally representative charges<sup>a</sup> for treatment of prostatitis, by site of service, charges, percent<sup>b</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$259,751,524	100%	\$250,669,724	100%	\$277,166,297	100%	\$180,485,868	100%	\$307,065,816	100%
Site of Service										
Inpatient	\$45,834,456	17.6%	\$50,358,760	20.1%	\$47,690,010	17.2%	\$53,159,894	29.5%	\$50,193,370	16.3%
Hospital Outpatient	\$62,031,083	23.9%	\$53,449,925	21.3%	\$45,200,747	16.3%	\$26,687,876	14.8%	\$80,618,780	26.3%
Ambulatory Surgery	\$12,565,708	4.8%	\$14,440,650	5.8%	\$14,060,151	5.1%	\$13,447,160	7.5%	\$11,655,913	3.8%
Physician Office	\$91,515,728	35.2%	\$127,091,102	50.7%	\$152,456,835	55.0%	\$84,131,194	46.6%	\$150,568,045	49.0%
Emergency Room	\$47,804,550	18.4%	\$5,329,287	2.1%	\$17,758,554	6.4%	\$3,059,744	1.7%	\$14,029,708	4.6%

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, I3 Claims Database; 2002-2006.

**Table 14-9. Estimated annual expenditures<sup>a</sup> for privately insured individuals<sup>b</sup> with and without prostatitis**

	With Prostatitis (N=95,174)			Without Prostatitis (N=1,827,487)		
	Medical	Prescription Drugs	Total	Medical	Prescription Drugs	Total
Total	\$8,000	\$1,184	\$9,184	\$5,775	\$1,005	\$6,780
Age						
18-34	\$4,143	\$508	\$4,651	\$2,991	\$431	\$3,422
35-44	\$6,506	\$1,114	\$7,620	\$4,697	\$946	\$5,643
45-54	\$9,766	\$1,582	\$11,348	\$7,050	\$1,342	\$8,392
55-64	\$14,407	\$1,989	\$16,396	\$10,400	\$1,688	\$12,088
Region						
Midwest	\$7,274	\$1,175	\$8,449	\$5,251	\$997	\$6,248
Northeast	\$8,353	\$1,153	\$9,506	\$6,030	\$979	\$7,009
South	\$8,443	\$1,194	\$9,637	\$6,095	\$1,013	\$7,108
West	\$7,930	\$1,195	\$9,125	\$5,725	\$1,014	\$6,739

Generalized estimating equations were used to account for the correlation within patients.

<sup>a</sup>Estimated annual expenditures were derived from multivariate models that control for age, gender, insurance type, region, calendar year, and all individual disease conditions in the modified Charlson Comorbidity Index.

<sup>b</sup>Sample consists of beneficiaries between 18-64 years who were continuously enrolled in employer-provided insurance for at least a full calendar year during 2003-2006.

NOTE: Costs are in charges rather than payments; charges are in 2009 dollars.

SOURCE: I3 Claims Database, 2003-2006

**Table 14-10. Expenditures<sup>a</sup> among Medicare beneficiaries 65 and older for benign prostatic hyperplasia, by site of service, reimbursement costs, percent<sup>b</sup>**

	2002		2003		2004	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$1,876,813,469	100%	\$1,779,764,113	100%	\$1,433,076,444	100%
Site of Service						
Inpatient	\$1,391,999,017	74.0%	\$1,313,246,772	74.0%	\$1,046,688,595	73.0%
Hospital Outpatient	\$23,032,728	1.2%	\$19,677,855	1.1%	\$13,231,448	0.9%
Ambulatory Surgery	\$112,387,741	6.0%	\$105,204,408	5.9%	\$109,480,690	7.6%
Physician Office	\$323,571,480	17.0%	\$313,561,525	18.0%	\$233,982,546	16.0%
Emergency Room	\$25,822,504	1.4%	\$28,073,553	1.6%	\$29,693,166	2.1%
	2005		2006		2007	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$1,495,299,557	100%	\$1,402,923,038	100%	\$1,410,790,000	100%
Site of Service						
Inpatient	\$1,040,308,668	70.0%	\$938,484,676	67.0%	\$938,407,142	67.0%
Hospital Outpatient	\$14,553,945	1.0%	\$15,595,547	1.1%	\$16,878,711	1.2%
Ambulatory Surgery	\$155,272,773	10.0%	\$151,551,253	11.0%	\$152,482,587	11.0%
Physician Office	\$252,482,006	17.0%	\$266,416,508	19.0%	\$268,758,996	19.0%
Emergency Room	\$32,682,165	2.2%	\$30,875,054	2.2%	\$34,262,565	2.4%

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are in 2009 US dollars.

SOURCE: Centers for Medicare and Medicaid Services, 2002-2007.

**Table 14-11. Nationally representative charges<sup>a</sup> for treatment of benign prostatic hyperplasia, by site of service, charges, percent<sup>b</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$2,416,799,212	100%	\$2,312,072,623	100%	\$1,733,433,348	100%	\$1,880,483,045	100%	\$1,907,125,072	100%
Site of Service										
Inpatient	\$939,715,155	38.9%	\$826,610,949	35.8%	\$590,708,805	34.1%	\$611,640,121	32.5%	\$659,190,234	34.6%
Hospital Outpatient	\$167,199,299	6.9%	\$126,490,672	5.5%	\$265,314,010	15.3%	\$212,575,517	11.3%	\$310,137,629	16.3%
Ambulatory Surgery	\$208,324,693	8.6%	\$240,471,020	10.4%	\$236,439,061	13.6%	\$260,833,785	13.9%	\$259,372,942	13.6%
Physician Office	\$948,752,130	39.3%	\$988,719,820	42.8%	\$490,607,078	28.3%	\$627,767,044	33.4%	\$605,643,839	31.8%
Emergency Room	\$152,807,935	6.3%	\$129,780,161	5.6%	\$150,364,395	8.7%	\$167,666,579	8.9%	\$72,780,428	3.8%

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, i3 Claims Database; 2002-2006.

**Table 14-12. Estimated annual expenditures<sup>a</sup> for privately insured individuals<sup>b</sup> with and without benign prostatic hyperplasia**

	With Benign Prostatic Hyperplasia (N=157,727)			Without Benign Prostatic Hyperplasia (N=1,668,816)		
	Medical	Prescription Drugs	Total	Medical	Prescription Drugs	Total
Total	\$8,758	\$1,177	\$9,935	\$5,310	\$944	\$6,254
Age						
35-44	\$7,446	\$1,145	\$8,591	\$4,515	\$918	\$5,433
45-54	\$10,450	\$1,587	\$12,037	\$6,336	\$1,273	\$7,609
55-64	\$15,171	\$1,960	\$17,131	\$9,199	\$1,572	\$10,771
Region						
Midwest	\$7,894	\$1,152	\$9,046	\$4,786	\$924	\$5,710
Northeast	\$9,057	\$1,114	\$10,171	\$5,492	\$894	\$6,386
South	\$9,326	\$1,205	\$10,531	\$5,654	\$967	\$6,621
West	\$8,638	\$1,190	\$9,828	\$5,237	\$954	\$6,191

Generalized estimating equations were used to account for the correlation within patients.

<sup>a</sup>Estimated annual expenditures were derived from multivariate models that control for age, gender, insurance type, region, calendar year, and all individual disease conditions in the modified Charlson Comorbidity Index.

<sup>b</sup>Sample consists of beneficiaries between 18-64 years who were continuously enrolled in employer-provided insurance for at least a full calendar year during 2003-2006.

NOTE: Costs are in charges rather than payments; charges are in 2009 dollars.

SOURCE: i3 Claims Database, 2003-2006

**Table 14-13. Expenditures<sup>a</sup> among Medicare beneficiaries 65 and older for treatment of bladder stones, by site of service, reimbursement costs, percent<sup>b</sup>**

	2002		2003		2004	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$59,985,114	100%	\$57,004,832	100%	\$69,204,980	100%
Site of Service						
Inpatient	\$40,606,357	68.0%	\$37,351,745	66.0%	\$48,912,556	71.0%
Hospital Outpatient	\$929,844	1.6%	\$925,710	1.6%	\$400,804	0.6%
Ambulatory Surgery	\$16,002,279	27.0%	\$16,116,822	28.0%	\$17,442,890	25.0%
Physician Office	\$2,266,410	3.8%	\$2,365,987	4.2%	\$2,245,045	3.2%
Emergency Room	\$180,223	0.3%	\$244,568	0.4%	\$203,686	0.3%
	2005		2006		2007	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$59,482,978	100%	\$61,244,706	100%	\$53,145,933	100%
Site of Service						
Inpatient	\$37,877,542	64.0%	\$38,601,670	63.0%	\$33,029,045	62.0%
Hospital Outpatient	\$444,070	0.7%	\$837,339	1.4%	\$989,258	1.9%
Ambulatory Surgery	\$17,814,786	30.0%	\$18,206,991	30.0%	\$15,936,746	30.0%
Physician Office	\$3,011,354	5.1%	\$3,081,888	5.0%	\$2,773,120	5.2%
Emergency Room	\$335,225	0.6%	\$516,818	0.8%	\$417,764	0.8%

<sup>a</sup>Does not include medication related costs.<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are in 2009 US dollars.

SOURCE: Centers for Medicare and Medicaid Services, 2002-2007.

**Table 14-14. Nationally representative charges<sup>a</sup> for treatment of bladder stones, by site of service, charges, percent<sup>b</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$124,587,255	100%	\$136,264,673	100%	\$115,728,547	100%	\$119,568,998	100%	\$122,340,712	100%
Site of Service										
Inpatient	\$50,496,274	40.5%	\$54,243,701	39.8%	\$48,889,666	42.2%	\$36,350,236	30.4%	\$44,503,332	36.4%
Hospital Outpatient	\$14,422,770	11.6%	...	...	\$5,797,454	5.0%	\$8,671,354	7.3%	...	...
Ambulatory Surgery	\$59,668,211	47.9%	\$62,613,407	45.9%	\$49,963,439	43.2%	\$68,100,604	57.0%	\$73,744,565	60.3%
Physician Office	...	...	\$13,802,009	10.1%	\$11,077,988	9.6%	\$6,446,804	5.4%	...	...
Emergency Room	...	...	\$5,605,556	4.1%	...	...	...	...	\$4,092,815	3.3%

... Data unavailable.

<sup>a</sup>Does not include medication related costs.<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, i3 Claims Database; 2002-2006.



**Table 14-15. Expenditures<sup>a</sup> among Medicare beneficiaries 65 and older for treatment of prostate cancer, by site of service, reimbursement costs, percent<sup>b</sup>**

	2002		2003		2004	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$3,015,496,712	100%	\$3,087,469,583	100%	\$2,755,639,529	100%
Site of Service						
Inpatient	\$666,219,550	22.0%	\$623,907,197	20.0%	\$588,924,243	21.0%
Hospital Outpatient	\$463,344,277	15.0%	\$530,914,883	17.0%	\$514,275,989	19.0%
Ambulatory Surgery	\$263,813,053	8.7%	\$217,420,394	7.0%	\$247,270,020	9.0%
Physician Office	\$1,616,172,362	54.0%	\$1,709,198,065	55.0%	\$1,397,967,526	51.0%
Emergency Room	\$5,947,470	0.2%	\$6,029,044	0.2%	\$7,201,750	0.3%
	2005		2006		2007	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$2,271,879,678	100%	\$2,205,759,100	100%	\$2,155,505,168	100%
Site of Service						
Inpatient	\$551,150,349	24.0%	\$533,056,146	24.0%	\$535,971,300	25.0%
Hospital Outpatient	\$494,549,070	22.0%	\$501,237,532	23.0%	\$525,221,173	24.0%
Ambulatory Surgery	\$266,986,177	12.0%	\$264,965,923	12.0%	\$263,617,058	12.0%
Physician Office	\$953,310,584	42.0%	\$899,999,564	41.0%	\$822,657,973	38.0%
Emergency Room	\$5,883,499	0.3%	\$6,499,936	0.3%	\$8,037,664	0.4%

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: Reimbursements are in 2009 US dollars.

SOURCE: Centers for Medicare and Medicaid Services, 2002-2007.

**Table 14-16. Nationally representative charges<sup>a</sup> for treatment of prostate cancer, by site of service, charges, percent<sup>b</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$4,582,673,864	100%	\$5,166,109,554	100%	\$6,150,557,170	100%	\$5,752,105,221	100%	\$7,260,460,117	100%
Site of Service										
Inpatient	\$1,984,680,240	43.3%	\$1,900,232,239	36.8%	\$1,906,269,371	31.0%	\$1,943,976,921	33.8%	\$2,570,835,918	35.4%
Hospital Outpatient	\$325,876,104	7.1%	\$227,080,828	4.4%	\$422,984,826	6.9%	\$290,605,393	5.1%	\$871,906,214	12.0%
Ambulatory Surgery	\$283,383,041	6.2%	\$323,821,940	6.3%	\$335,387,801	5.5%	\$429,522,968	7.5%	\$476,196,403	6.6%
Physician Office	\$1,962,980,710	42.8%	\$2,713,455,314	52.5%	\$3,483,087,728	56.6%	\$3,087,062,169	53.7%	\$3,341,482,184	46.0%
Emergency Room	\$25,753,769	0.6%	\$1,519,233	0.03%	\$2,827,444	0.05%	\$937,771	0.02%	\$39,398	0.001%

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, i3 Claims Database; 2002-2006.

**Table 14-17. Estimated annual expenditures<sup>a</sup> for privately insured individuals<sup>b</sup> with and without prostate cancer**

	With Prostate Cancer (N=62,611)			Without Prostate Cancer (N=1,243,028)		
	Medical	Prescription Drugs	Total	Medical	Prescription Drugs	Total
Total	\$17,949	\$1,586	\$19,535	\$11,081	\$1,482	\$12,563
Age						
40-44	\$13,118	\$1,230	\$14,348	\$8,098	\$1,150	\$9,248
45-49	\$15,513	\$1,444	\$16,957	\$9,577	\$1,350	\$10,927
50-54	\$19,576	\$1,633	\$21,209	\$12,085	\$1,526	\$13,611
55-59	\$21,187	\$1,810	\$22,997	\$13,080	\$1,691	\$14,771
60-64	\$22,731	\$1,967	\$24,698	\$14,033	\$1,837	\$15,870
Region						
Midwest	\$16,591	\$1,563	\$18,154	\$10,243	\$1,460	\$11,703
Northeast	\$16,523	\$1,505	\$18,028	\$10,200	\$1,407	\$11,607
South	\$18,995	\$1,619	\$20,614	\$11,726	\$1,513	\$13,239
West	\$18,840	\$1,593	\$20,433	\$11,631	\$1,488	\$13,119

Generalized estimating equations were used to account for the correlation within patients.

<sup>a</sup>Estimated annual expenditures were derived from multivariate models that control for age, gender, insurance type, region, calendar year, and all individual disease conditions in the modified Charlson Comorbidity Index.

<sup>b</sup>Sample consists of beneficiaries between 18-64 years who were continuously enrolled in employer-provided insurance for at least a full calendar year during 2003-2006.

NOTE: Costs are in charges rather than payments; charges are in 2009 dollars.

SOURCE: i3 Claims Database, 2003-2006

**Table 14-18. Expenditures<sup>a</sup> among Medicare beneficiaries 65 and older for treatment of female urinary incontinence, by site of service, reimbursement costs, percent<sup>b</sup>**

	2002		2003		2004	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$418,420,965	100%	\$413,888,631	100%	\$427,586,450	100%
Site of Service						
Inpatient	\$254,584,346	61.0%	\$242,302,406	59.0%	\$234,828,019	55.0%
Hospital Outpatient	\$12,562,252	3.0%	\$12,701,297	3.1%	\$13,009,890	3.0%
Ambulatory Surgery	\$77,380,829	18.0%	\$81,443,648	20.0%	\$96,706,624	23.0%
Physician Office	\$73,152,614	17.0%	\$76,408,433	18.0%	\$82,354,904	19.0%
Emergency Room	\$740,924	0.2%	\$1,032,847	0.2%	\$687,012	0.2%
	2005		2006		2007	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$417,432,907	100%	\$415,945,234	100%	\$407,384,983	100%
Site of Service						
Inpatient	\$224,372,004	54.0%	\$208,789,589	50.0%	\$183,412,766	45.0%
Hospital Outpatient	\$11,093,447	2.7%	\$12,058,993	2.9%	\$12,225,661	3.0%
Ambulatory Surgery	\$95,452,281	23.0%	\$109,628,482	26.0%	\$122,389,793	30.0%
Physician Office	\$85,485,668	20.0%	\$84,822,815	20.0%	\$88,401,353	22.0%
Emergency Room	\$1,029,507	0.2%	\$645,355	0.2%	\$955,409	0.2%

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are in 2009 US dollars.

SOURCE: Centers for Medicare and Medicaid Services, 2002-2007.

**Table 14-19. Nationally representative charges<sup>a</sup> for treatment of female urinary incontinence, by site of service, charges, percent<sup>b</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$1,395,029,489	100%	\$1,685,609,902	100%	\$1,879,657,053	100%	\$1,951,899,161	100%	\$2,398,052,485	100%
Site of Service										
Inpatient	\$694,809,290	49.8%	\$639,622,510	37.9%	\$620,216,783	33.0%	\$594,991,636	30.5%	\$527,919,803	22.0%
Hospital Outpatient	\$140,442,131	10.1%	\$388,972,430	23.1%	\$264,784,730	14.1%	\$368,015,887	18.9%	\$681,822,040	28.4%
Ambulatory Surgery	\$294,931,089	21.1%	\$383,402,740	22.7%	\$515,794,323	27.4%	\$566,564,094	29.0%	\$659,463,282	27.5%
Physician Office	\$259,775,757	18.6%	\$273,612,222	16.2%	\$472,145,223	25.1%	\$417,588,912	21.4%	\$528,385,993	22.0%
Emergency Room	\$5,071,222	0.4%	... ..	...	\$6,715,995	0.4%	\$4,738,632	0.2%	\$461,367	0.0%

... Data unavailable.

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, i3 Claims Database; 2002-2006.

**Table 14-20. Estimated annual expenditures<sup>a</sup> for privately insured individuals<sup>b</sup> with and without female urinary incontinence**

	With Female Urinary Incontinence (N=103,104)			Without Female Urinary Incontinence (N=2,567,645)		
	Medical	Prescription Drugs	Total	Medical	Prescription Drugs	Total
Total	\$16,821	\$1,443	\$18,264	\$9,176	\$1,126	\$10,302
Age						
18-34	\$15,011	\$956	\$15,967	\$8,189	\$746	\$8,935
35-44	\$17,058	\$1,415	\$18,473	\$9,306	\$1,105	\$10,411
45-54	\$17,602	\$1,931	\$19,533	\$9,602	\$1,507	\$11,109
55-64	\$19,620	\$2,330	\$21,950	\$10,703	\$1,818	\$12,521
Region						
Midwest	\$15,320	\$1,453	\$16,773	\$8,357	\$1,134	\$9,491
Northeast	\$17,589	\$1,357	\$18,946	\$9,595	\$1,059	\$10,654
South	\$17,628	\$1,470	\$19,098	\$9,616	\$1,147	\$10,763
West	\$16,981	\$1,406	\$18,387	\$9,263	\$1,097	\$10,360

Generalized estimating equations were used to account for the correlation within patients.

<sup>a</sup>Estimated annual expenditures were derived from multivariate models that control for age, gender, insurance type, region, calendar year, and all individual disease conditions in the modified Charlson Comorbidity Index.

<sup>b</sup>Sample consists of beneficiaries between 18-64 years who were continuously enrolled in employer-provided insurance for at least a full calendar year during 2003-2006.

NOTE: Costs are in charges rather than payments; charges are in 2009 dollars.

SOURCE: i3 Claims Database, 2003-2006

**Table 14-21. Expenditures<sup>a</sup> among Medicare beneficiaries 65 and older for treatment of male urinary incontinence, by site of service, reimbursement costs, percent<sup>b</sup>**

	2002		2003		2004	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$77,057,831	100%	\$77,770,207	100%	\$77,289,810	100%
Site of Service						
Inpatient	\$38,618,119	50.0%	\$39,275,122	51.0%	\$33,780,036	44.0%
Hospital Outpatient	\$2,222,329	2.9%	\$2,495,896	3.2%	\$2,785,563	3.6%
Ambulatory Surgery	\$16,148,645	21.0%	\$13,709,874	18.0%	\$17,310,703	22.0%
Physician Office	\$19,120,331	25.0%	\$21,700,095	28.0%	\$22,524,042	29.0%
Emergency Room	\$948,406	1.2%	\$589,220	0.8%	\$889,466	1.2%
	2005		2006		2007	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$72,267,203	100%	\$68,314,840	100%	\$72,395,756	100%
Site of Service						
Inpatient	\$29,786,893	41.0%	\$25,049,689	37.0%	\$29,966,124	41.0%
Hospital Outpatient	\$2,600,987	3.6%	\$2,670,119	3.9%	\$2,462,025	3.4%
Ambulatory Surgery	\$16,048,528	22.0%	\$17,398,211	25.0%	\$16,855,696	23.0%
Physician Office	\$23,057,393	32.0%	\$22,312,882	33.0%	\$22,640,981	31.0%
Emergency Room	\$773,402	1.1%	\$883,939	1.3%	\$470,930	0.7%

<sup>a</sup>Does not include medication related costs.<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are in 2009 US dollars.

SOURCE: Centers for Medicare and Medicaid Services, 2002-2007.

**Table 14-22. Nationally representative charges<sup>a</sup> for treatment of male urinary incontinence, by site of service, charges, percent<sup>b</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$109,297,875	100%	\$124,031,781	100%	\$179,411,682	100%	\$278,499,373	100%	\$128,781,773	100%
Site of Service										
Inpatient	\$4,605,114	4.2%	\$6,127,174	4.9%	\$4,963,964	2.8%	\$4,104,700	1.5%	\$6,026,406	4.7%
Hospital Outpatient	\$19,675,503	18.0%	\$1,947,798	1.6%	\$51,681,568	28.8%	\$54,570,714	19.6%	\$15,385,369	11.9%
Ambulatory Surgery	\$19,412,030	17.8%	\$18,397,759	14.8%	\$28,767,758	16.0%	\$20,047,470	7.2%	\$24,176,608	18.8%
Physician Office	\$63,946,320	58.5%	\$96,750,308	78.0%	\$86,472,267	48.2%	\$190,883,816	68.5%	\$81,742,571	63.5%
Emergency Room	\$1,658,908	1.5%	\$808,742	0.7%	\$7,526,125	4.2%	\$8,892,673	3.2%	\$1,450,820	1.1%

<sup>a</sup>Does not include medication related costs.<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, i3 Claims Database; 2002-2006.

**Table 14-23. Estimated annual expenditures<sup>a</sup> for privately insured individuals<sup>b</sup> with and without male urinary incontinence**

	With Male Urinary Incontinence (N=11,881)			Without Male Urinary Incontinence (N=1,955,671)		
	Medical	Prescription Drugs	Total	Medical	Prescription Drugs	Total
Total	\$14,508	\$1,309	\$15,817	\$5,867	\$1,023	\$6,890
Age						
18-34	\$7,423	\$557	\$7,980	\$3,002	\$435	\$3,437
35-44	\$11,787	\$1,222	\$13,009	\$4,767	\$955	\$5,722
45-54	\$17,714	\$1,747	\$19,461	\$7,164	\$1,366	\$8,530
55-64	\$25,855	\$2,185	\$28,040	\$10,457	\$1,708	\$12,165
Region						
Midwest	\$13,113	\$1,298	\$14,411	\$5,303	\$1,015	\$6,318
Northeast	\$15,221	\$1,266	\$16,487	\$6,156	\$990	\$7,146
South	\$15,374	\$1,323	\$16,697	\$6,217	\$1,034	\$7,251
West	\$14,273	\$1,322	\$15,595	\$5,772	\$1,034	\$6,806

Generalized estimating equations were used to account for the correlation within patients.

<sup>a</sup>Estimated annual expenditures were derived from multivariate models that control for age, gender, insurance type, region, calendar year, and all individual disease conditions in the modified Charlson Comorbidity Index.

<sup>b</sup>Sample consists of beneficiaries between 18-64 years who were continuously enrolled in employer-provided insurance for at least a full calendar year during 2003-2006.

NOTE: Costs are in charges rather than payments; charges are in 2009 dollars.

SOURCE: i3 Claims Database, 2003-2006

**Table 14-24. Nationally representative charges<sup>a</sup> for treatment of pediatric<sup>b</sup> urinary incontinence, by site of service, charges, percent<sup>c</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$64,153,149	100%	\$107,437,820	100%	\$36,575,250	100%	\$79,576,060	100%	\$128,713,272	100%
Site of Service										
Inpatient	\$1,319,516	2.1%	\$695,726	0.6%	\$1,051,510	2.9%	\$1,333,385	1.7%	\$797,833	0.6%
Hospital Outpatient	\$38,041,653	59.3%	\$65,943,231	61.4%	\$17,118,998	46.8%	\$42,164,631	53.0%	\$41,386,231	32.2%
Ambulatory Surgery	\$2,998,433	4.7%	\$3,407,439	3.2%	\$2,771,475	7.6%	\$3,910,022	4.9%	\$2,707,396	2.1%
Physician Office	\$21,793,547	34.0%	\$36,198,004	33.7%	\$14,419,601	39.4%	\$32,168,022	40.4%	\$83,821,812	65.1%
Emergency Room	...	...	\$1,193,420	1.1%	\$1,213,667	3.3%	...	...	...	...

... Data unavailable.

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Individuals under 18.

<sup>c</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, Kids' Inpatient Database, 2003 & 2006; National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, i3 Claims Database; 2002-2006.

**Table 14-25. Expenditures<sup>a</sup> among Medicare beneficiaries 65 and older for treatment of spinal cord injury-related urinary incontinence, by site of service, reimbursement costs, percent<sup>b</sup>**

	2002		2003		2004	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$111,541	100%	\$1,882,861	100%	\$2,906,722	100%
Site of Service						
Inpatient	\$39,881	36.0%	\$1,851,151	98.0%	\$2,788,826	96.0%
Hospital Outpatient	\$5,599	5.0%	\$3,549	0.2%	\$11,777	0.4%
Ambulatory Surgery	\$16,215	15.0%	...	...	\$15,762	0.5%
Physician Office	\$20,023	18.0%	\$28,161	1.5%	\$90,357	3.1%
Emergency Room	\$29,822	27.0%	...	...	...	...
	2005		2006		2007	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$2,917,290	100%	\$5,700,663	100%	\$3,374,217	100%
Site of Service						
Inpatient	\$2,705,957	93.0%	\$5,619,703	99.0%	\$3,119,525	92.0%
Hospital Outpatient	\$41,884	1.4%	...	...	\$17,046	0.5%
Ambulatory Surgery	\$86,082	3.0%	\$13,171	0.2%	\$171,441	5.1%
Physician Office	\$83,367	2.9%	\$58,907	1.0%	\$66,205	2.0%
Emergency Room	...	...	\$8,882	0.2%	...	...

... Data unavailable.

<sup>a</sup>Does not include medication related costs.<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are in 2009 US dollars.

SOURCE: Centers for Medicare and Medicaid Services, 2002-2007.

**Table 14-26. Expenditures<sup>a</sup> among Medicare beneficiaries 65 and older for treatment of lower tract transitional cell carcinoma, by site of service, reimbursement costs, percent<sup>b</sup>**

	2002		2003		2004	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$1,081,253,837	100%	\$1,059,879,188	100%	\$1,076,519,011	100%
Site of Service						
Inpatient	\$589,117,429	54.0%	\$575,445,864	54.0%	\$596,120,843	55.0%
Hospital Outpatient	\$51,430,835	4.8%	\$58,155,748	5.5%	\$60,776,605	5.6%
Ambulatory Surgery	\$242,578,912	22.0%	\$212,585,199	20.0%	\$221,052,273	21.0%
Physician Office	\$196,310,649	18.0%	\$211,879,392	20.0%	\$197,141,188	18.0%
Emergency Room	\$1,816,012	0.2%	\$1,812,984	0.2%	\$1,428,102	0.1%
	2005		2006		2007	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$1,090,088,061	100%	\$1,028,246,240	100%	\$1,041,568,297	100%
Site of Service						
Inpatient	\$621,683,613	57.0%	\$565,146,066	55.0%	\$595,413,936	57.0%
Hospital Outpatient	\$62,765,083	5.8%	\$63,183,182	6.1%	\$60,855,797	5.8%
Ambulatory Surgery	\$224,313,117	21.0%	\$212,747,756	21.0%	\$209,833,165	20.0%
Physician Office	\$179,182,153	16.0%	\$185,058,425	18.0%	\$173,583,436	17.0%
Emergency Room	\$2,144,095	0.2%	\$2,110,810	0.2%	\$1,881,963	0.2%

<sup>a</sup>Does not include medication related costs.<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are in 2009 US dollars.

SOURCE: Centers for Medicare and Medicaid Services, 2002-2007.

**Table 14-27. Nationally representative charges<sup>a</sup> for treatment of lower tract transitional cell carcinoma, by site of service, charge, percent<sup>b</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$2,024,801,579	100%	\$2,178,132,570	100%	\$2,326,840,124	100%	\$2,504,067,942	100%	\$3,104,358,139	100%
Site of Service										
Inpatient	\$1,186,778,606	58.6%	\$1,329,124,355	61.0%	\$1,360,279,536	58.5%	\$1,500,239,773	59.9%	\$1,482,445,470	47.8%
Hospital Outpatient	\$169,008,057	8.3%	\$102,485,473	4.7%	\$112,279,791	4.8%	\$109,819,936	4.4%	\$368,854,256	11.9%
Ambulatory Surgery	\$390,875,673	19.3%	\$400,167,503	18.4%	\$423,526,577	18.2%	\$423,912,067	16.9%	\$485,822,130	15.6%
Physician Office	\$278,139,242	13.7%	\$340,603,888	15.6%	\$430,754,219	18.5%	\$469,721,830	18.8%	\$764,219,505	24.6%
Emergency Room	... ..		\$5,751,351	0.3%	... ..		\$374,336	0.0%	\$3,016,778	0.1%

... Data unavailable.

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, i3 Claims Database; 2002-2006.

**Table 14-28. Estimated annual expenditures<sup>a</sup> for privately insured individuals<sup>b</sup> with and without lower tract transitional cell carcinoma**

	With Lower Tract Transitional Cell Carcinoma (N=15,967)			Without Lower Tract Transitional Cell Carcinoma (N=4,707,309)		
	Medical	Prescription Drugs	Total	Medical	Prescription Drugs	Total
Total	\$23,304	\$1,414	\$24,718	\$8,300	\$1,116	\$9,416
Age						
35-44	\$22,225	\$1,343	\$23,568	\$7,916	\$1,060	\$8,976
45-54	\$25,042	\$1,869	\$26,911	\$8,919	\$1,475	\$10,394
55-64	\$30,664	\$2,283	\$32,947	\$10,922	\$1,801	\$12,723
Region						
Midwest	\$21,222	\$1,416	\$22,638	\$7,559	\$1,118	\$8,677
Northeast	\$23,850	\$1,338	\$25,188	\$8,495	\$1,056	\$9,551
South	\$24,553	\$1,432	\$25,985	\$8,745	\$1,130	\$9,875
West	\$23,526	\$1,414	\$24,940	\$8,379	\$1,116	\$9,495

Generalized estimating equations were used to account for the correlation within patients.

<sup>a</sup>Estimated annual expenditures were derived from multivariate models that control for age, gender, insurance type, region, calendar year, and all individual disease conditions in the modified Charlson Comorbidity Index.

<sup>b</sup>Sample consists of beneficiaries between 18-64 years who were continuously enrolled in employer-provided insurance for at least a full calendar year during 2003-2006.

NOTE: Costs are in charges rather than payments; charges are in 2009 dollars.

SOURCE: i3 Claims Database, 2003-2006

**Table 14-29. Expenditures<sup>a</sup> among Medicare beneficiaries 65 and older for treatment of upper tract transitional cell carcinoma, by site of service, reimbursement costs, percent<sup>b</sup>**

	2002		2003		2004	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$85,774,292	100%	\$68,544,633	100%	\$73,991,336	100%
Site of Service						
Inpatient	\$70,489,262	82.0%	\$54,057,713	79.0%	\$56,111,949	76.0%
Hospital Outpatient	\$1,344,792	1.6%	\$2,381,660	3.5%	\$2,581,874	3.5%
Ambulatory Surgery	\$5,119,000	6.0%	\$4,216,750	6.2%	\$5,497,615	7.4%
Physician Office	\$8,802,360	10.0%	\$7,711,492	11.0%	\$9,698,463	13.0%
Emergency Room	\$18,877	0.0%	\$177,018	0.3%	\$101,435	0.1%
	2005		2006		2007	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$73,657,744	100%	\$75,172,459	100%	\$65,089,472	100%
Site of Service						
Inpatient	\$55,046,337	75.0%	\$56,806,974	76.0%	\$49,376,054	76.0%
Hospital Outpatient	\$3,333,005	4.5%	\$3,596,005	4.8%	\$2,866,276	4.4%
Ambulatory Surgery	\$5,411,135	7.3%	\$6,335,068	8.4%	\$4,974,585	7.6%
Physician Office	\$9,828,466	13.0%	\$8,393,491	11.0%	\$7,859,760	12.0%
Emergency Room	\$38,801	0.1%	\$40,921	0.1%	\$12,796	0.0%

<sup>a</sup>Does not include medication related costs.<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are in 2009 US dollars.

SOURCE: Centers for Medicare and Medicaid Services, 2002-2007.

**Table 14-30. Nationally representative charges<sup>a</sup> for treatment of upper tract transitional cell carcinoma, by site of service, charge, percent<sup>b</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$89,400,228	100%	\$75,049,631	100%	\$116,221,184	100%	\$132,784,849	100%	\$147,385,701	100%
Site of Service										
Inpatient	\$62,514,578	69.9%	\$70,382,487	93.8%	\$78,233,734	67.3%	\$77,794,803	58.6%	\$97,560,494	66.2%
Hospital Outpatient	\$9,850,315	11.0%	...	...	\$1,140,536	1.0%	...	...	\$47,858,586	32.5%
Ambulatory Surgery	\$1,390,529	1.6%	\$4,667,144	6.2%	\$2,317,059	2.0%	\$1,897,219	1.4%	\$1,966,620	1.3%
Physician Office	\$15,644,806	17.5%	...	...	\$34,529,855	29.7%	\$53,092,827	40.0%	...	...
Emergency Room	...	...	...	...	...	...	...	...	...	...

... Data unavailable.

<sup>a</sup>Does not include medication related costs.<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, i3 Claims Database; 2002-2006.



**Table 14-31. Expenditures<sup>a</sup> among Medicare beneficiaries 65 and older for treatment of male urethral stricture, by site of service, reimbursement costs, percent<sup>b</sup>**

	2002		2003		2004	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$101,153,692	100%	\$110,498,122	100%	\$102,807,283	100%
Site of Service						
Inpatient	\$56,254,742	56.0%	\$62,857,656	57.0%	\$53,858,118	52.0%
Hospital Outpatient	\$1,573,119	1.6%	\$2,266,675	2.1%	\$2,572,183	2.5%
Ambulatory Surgery	\$33,281,159	33.0%	\$35,018,143	32.0%	\$36,521,490	36.0%
Physician Office	\$9,558,313	9.4%	\$9,943,960	9.0%	\$9,456,716	9.2%
Emergency Room	\$486,359	0.5%	\$411,688	0.4%	\$398,776	0.4%
	2005		2006		2007	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$103,063,810	100%	\$90,307,166	100%	\$93,426,384	100%
Site of Service						
Inpatient	\$53,357,779	52.0%	\$41,454,008	46.0%	\$42,645,082	46.0%
Hospital Outpatient	\$2,035,859	2.0%	\$1,950,560	2.2%	\$2,072,391	2.2%
Ambulatory Surgery	\$37,508,074	36.0%	\$37,636,230	42.0%	\$38,807,398	42.0%
Physician Office	\$9,699,609	9.4%	\$8,856,449	9.8%	\$9,430,039	10.0%
Emergency Room	\$462,489	0.4%	\$409,920	0.5%	\$471,474	0.5%

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: Reimbursements are in 2009 US dollars.

SOURCE: Centers for Medicare and Medicaid Services, 2002-2007.

**Table 14-32. Nationally representative charges<sup>a</sup> for treatment of male urethral stricture, by site of service, charges, percent<sup>b</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$227,602,623	100%	\$203,386,422	100%	\$290,597,740	100%	\$334,962,930	100%	\$309,716,491	100%
Site of Service										
Inpatient	\$24,093,695	10.6%	\$35,848,693	17.6%	\$31,284,623	10.8%	\$35,005,270	10.5%	\$36,374,736	11.7%
Hospital Outpatient	\$12,641,944	5.6%	\$1,806,253	0.9%	\$89,450,497	30.8%	\$66,289,373	19.8%	\$57,259,650	18.5%
Ambulatory Surgery	\$111,577,886	49.0%	\$107,543,646	52.9%	\$109,437,768	37.7%	\$117,346,768	35.0%	\$122,221,714	39.5%
Physician Office	\$68,646,948	30.2%	\$58,187,829	28.6%	\$60,424,851	20.8%	\$116,321,519	34.7%	\$93,860,392	30.3%
Emergency Room	\$10,642,149	4.7%	...	...	...	...	...	...	...	...

... Data unavailable.

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, I3 Claims Database; 2002-2006.

**Table 14-33. Estimated annual expenditures<sup>a</sup> for privately insured individuals<sup>b</sup> with and without male urethral stricture**

	With Male Urethral Stricture (N=13,609)			Without Male Urethral Stricture (N=1,963,622)		
	Medical	Prescription Drugs	Total	Medical	Prescription Drugs	Total
Total	\$18,102	\$1,248	\$19,350	\$5,890	\$1,030	\$6,920
Age						
18-34	\$9,273	\$533	\$9,806	\$3,017	\$440	\$3,457
35-44	\$14,679	\$1,164	\$15,843	\$4,776	\$960	\$5,736
45-54	\$22,024	\$1,662	\$23,686	\$7,166	\$1,371	\$8,537
55-64	\$32,264	\$2,075	\$34,339	\$10,498	\$1,711	\$12,209
Region						
Midwest	\$16,365	\$1,233	\$17,598	\$5,325	\$1,017	\$6,342
Northeast	\$18,979	\$1,210	\$20,189	\$6,175	\$998	\$7,173
South	\$19,156	\$1,263	\$20,419	\$6,233	\$1,042	\$7,275
West	\$17,896	\$1,264	\$19,160	\$5,823	\$1,043	\$6,866

Generalized estimating equations were used to account for the correlation within patients.

<sup>a</sup>Estimated annual expenditures were derived from multivariate models that control for age, gender, insurance type, region, calendar year, and all individual disease conditions in the modified Charlson Comorbidity Index.

<sup>b</sup>Sample consists of beneficiaries between 18-64 years who were continuously enrolled in employer-provided insurance for at least a full calendar year during 2003-2006.

NOTE: Costs are in charges rather than payments; charges are in 2009 dollars.

SOURCE: I3 Claims Database, 2003-2006

**Table 14-34. Expenditures<sup>a</sup> among Medicare beneficiaries 65 and older for female urethral stricture, by site of service, reimbursement costs, percent<sup>b</sup>**

	2002		2003		2004	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$20,611,962	100%	\$22,041,643	100%	\$25,553,428	100%
Site of Service						
Inpatient	\$4,681,639	23.0%	\$4,982,366	23.0%	\$8,149,421	32.0%
Hospital Outpatient	\$335,470	1.6%	\$413,474	1.9%	\$260,341	1.0%
Ambulatory Surgery	\$9,337,330	45.0%	\$10,976,206	50.0%	\$11,958,082	47.0%
Physician Office	\$6,173,263	30.0%	\$5,643,294	26.0%	\$5,172,558	20.0%
Emergency Room	\$84,261	0.4%	\$26,304	0.1%	\$13,026	0.1%
	2005		2006		2007	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$19,608,010	100%	\$20,051,655	100%	\$16,523,534	100%
Site of Service						
Inpatient	\$6,079,835	31.0%	\$5,862,995	29.0%	\$4,059,383	25.0%
Hospital Outpatient	\$225,115	1.1%	\$161,067	0.8%	\$203,290	1.2%
Ambulatory Surgery	\$8,606,244	44.0%	\$9,614,159	48.0%	\$7,816,201	47.0%
Physician Office	\$4,619,531	24.0%	\$4,401,729	22.0%	\$4,361,058	26.0%
Emergency Room	\$77,285	0.4%	\$11,705	0.1%	\$83,602	0.5%

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: Reimbursements are in 2009 US dollars.

SOURCE: Centers for Medicare and Medicaid Services, 2002-2007.

**Table 14-35. Nationally representative charges<sup>a</sup> for treatment of female urethral stricture, by site of service, charges, percent<sup>b</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$89,410,054	100%	\$76,469,825	100%	\$101,914,063	100%	\$83,430,885	100%	\$89,960,909	100%
Site of Service										
Inpatient	\$2,185,932	2.4%	\$2,248,481	2.9%	\$1,359,276	1.3%	\$1,616,649	1.9%	\$1,298,770	1.4%
Hospital Outpatient	\$4,911,464	5.5%	\$7,634,085	10.0%	\$10,761,033	10.6%	...	...	...	...
Ambulatory Surgery	\$40,576,718	45.4%	\$40,473,881	52.9%	\$47,176,861	46.3%	\$45,800,877	54.9%	\$48,355,033	53.8%
Physician Office	\$41,735,940	46.7%	\$26,113,378	34.1%	\$42,616,893	41.8%	\$36,013,360	43.2%	\$40,307,106	44.8%
Emergency Room	...	...	...	...	...	...	...	...	...	...

... Data unavailable.

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, i3 Claims Database; 2002-2006.

**Table 14-36. Expenditures<sup>a</sup> among Medicare beneficiaries 65 and older for treatment of hypospadias, by site of service, reimbursement costs, percent<sup>b</sup>**

	2002		2003		2004	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$1,181,490	100%	\$798,809	100%	\$1,652,418	100%
Site of Service						
Inpatient	\$914,198	77.0%	\$669,143	84.0%	\$1,382,685	84.0%
Hospital Outpatient	...	...	...	...	...	...
Ambulatory Surgery	\$228,978	19.0%	\$44,031	5.5%	\$253,208	15.0%
Physician Office	\$38,313	3.2%	\$85,635	11.0%	\$16,525	1.0%
Emergency Room	...	...	...	...	...	...
	2005		2006		2007	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$419,965	100%	\$1,561,437	100%	\$500,546	100%
Site of Service						
Inpatient	\$305,312	73.0%	\$1,292,166	83.0%	\$223,872	45.0%
Hospital Outpatient	...	...	...	...	...	...
Ambulatory Surgery	\$29,451	7.0%	\$124,715	8.0%	\$242,155	48.0%
Physician Office	\$85,202	20.0%	\$144,555	9.3%	\$34,520	6.9%
Emergency Room	...	...	...	...	...	...

... Data unavailable.

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: Reimbursements are in 2009 US dollars.

SOURCE: Centers for Medicare and Medicaid Services, 2002-2007.

**Table 14-37. Nationally representative charges<sup>a</sup> for treatment of hypospadias, by site of service, charges, percent<sup>b</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$84,018,291	100%	\$122,819,451	100%	\$75,216,595	100%	\$106,993,708	100%	\$246,171,706	100%
Site of Service										
Inpatient	\$108,500	0.1%	\$224,154	0.2%	\$157,490	0.2%	\$294,435	0.3%	\$168,584	0.1%
Hospital Outpatient	\$6,981,781	8.3%	\$50,218,356	40.9%	\$25,922,124	34.5%	\$16,958,078	15.8%	\$164,038,853	66.6%
Ambulatory Surgery	\$49,253,949	58.6%	\$50,993,041	41.5%	\$41,269,069	54.9%	\$78,188,992	73.1%	\$58,861,849	23.9%
Physician Office	\$27,674,060	32.9%	\$17,448,733	14.2%	\$7,867,912	10.5%	\$11,552,203	10.8%	\$23,102,419	9.4%
Emergency Room	...	...	\$3,935,168	3.2%	...	...	...	...	...	...

... Data unavailable.

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, i3 Claims Database; 2002-2006.

**Table 14-38. Nationally representative charges<sup>a</sup> for treatment of vesicoureteral reflux, by site of service, charges, percent<sup>b</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$62,305,535	100%	\$52,903,108	100%	\$101,990,144	100%	\$178,996,050	100%	\$83,869,530	100%
Site of Service										
Inpatient	\$13,051,010	20.9%	\$5,362,259	10.1%	\$9,592,316	9.4%	\$13,225,507	7.4%	\$11,324,015	13.5%
Hospital Outpatient	\$7,061,891	11.3%	\$2,867,622	5.4%	\$59,283,608	58.1%	\$98,490,328	55.0%	\$16,727,610	19.9%
Ambulatory Surgery	\$14,658,440	23.5%	\$20,543,663	38.8%	\$27,342,671	26.8%	\$23,922,662	13.4%	\$23,957,724	28.6%
Physician Office	\$27,534,194	44.2%	\$24,129,564	45.6%	\$5,771,548	5.7%	\$43,357,553	24.2%	\$31,860,182	38.0%
Emergency Room	...	...	...	...	...	...	...	...	...	...

... Data unavailable.

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, Kids' Inpatient Database, 2003 & 2006; National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, i3 Claims Database; 2002-2006.

**Table 14-39. Nationally representative charges<sup>a</sup> for treatment of ureteropelvic junction obstruction, by site of service, charges, percent<sup>b</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$16,735,028	100%	\$24,932,393	100%	\$8,583,810	100%	\$10,046,637	100%	\$5,155,100	100%
Site of Service										
Inpatient	\$3,683,226	22.0%	\$3,941,546	15.8%	\$4,138,091	48.2%	\$3,824,188	38.1%	\$4,764,526	92.4%
Hospital Outpatient	...	...	\$20,691,280	83.0%	\$3,976,027	46.3%	...	...	...	...
Ambulatory Surgery	\$384,916	2.3%	\$299,567	1.2%	\$469,693	5.5%	\$287,700	2.9%	\$390,573	7.6%
Physician Office	\$12,666,887	75.7%	...	...	...	...	\$5,934,748	59.1%	...	...
Emergency Room	...	...	...	...	...	...	...	...	...	...

... Data unavailable.

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, i3 Claims Database; 2002-2006.

**Table 14-40. Nationally representative charges<sup>a</sup> for treatment of posterior urethral valves, by site of service, charges, percent<sup>b</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$127,500	100%	\$6,006,195	100%	\$1,025,876	100%	\$490,418	100%	\$158,767	100%
Site of Service										
Inpatient	\$127,500	100%	\$325,343	5.4%	\$1,025,876	100%	\$490,418	100%	\$158,767	100%
Hospital Outpatient	...	...	...	...	...	...	...	...	...	...
Ambulatory Surgery	...	...	...	...	...	...	...	...	...	...
Physician Office	...	...	\$5,680,852	94.6%	...	...	...	...	...	...
Emergency Room	...	...	...	...	...	...	...	...	...	...

... Data unavailable.

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, Kids' Inpatient Database, 2003 & 2006; National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, I3 Claims Database; 2002-2006.

**Table 14-41. Expenditures<sup>a</sup> among Medicare beneficiaries 65 and older for treatment of ureterocele, by site of service, reimbursement costs, percent<sup>b</sup>**

	2002		2003		2004	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$21,710,394	100%	\$18,177,833	100%	\$16,969,005	100%
Site of Service						
Inpatient	\$16,320,595	75.0%	\$12,168,759	67.0%	\$10,383,588	61.0%
Hospital Outpatient	\$1,616,690	7.4%	\$1,329,605	7.3%	\$1,941,725	11.0%
Ambulatory Surgery	\$2,258,412	10.0%	\$2,729,680	15.0%	\$2,980,543	18.0%
Physician Office	\$866,326	4.0%	\$845,947	4.7%	\$810,651	4.8%
Emergency Room	\$648,371	3.0%	\$1,103,841	6.1%	\$852,498	5.0%
	2005		2006		2007	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$18,640,328	100%	\$14,437,444	100%	\$14,846,322	100%
Site of Service						
Inpatient	\$13,403,501	72.0%	\$8,847,623	61.0%	\$9,989,038	67.0%
Hospital Outpatient	\$1,752,289	9.4%	\$1,607,627	11.0%	\$1,447,259	9.7%
Ambulatory Surgery	\$2,301,599	12.0%	\$2,729,082	19.0%	\$2,473,308	17.0%
Physician Office	\$790,141	4.2%	\$897,665	6.2%	\$619,129	4.2%
Emergency Room	\$392,798	2.1%	\$355,446	2.5%	\$317,588	2.1%

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: Reimbursements are in 2009 US dollars.

SOURCE: Centers for Medicare and Medicaid Services, 2002-2007.

**Table 14-42. Nationally representative charges<sup>a</sup> for treatment of ureterocele, by site of service, charges, percent<sup>b</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$1,255,578	100%	\$1,957,866	100%	\$1,110,536	100%	\$1,445,960	100%	\$1,225,485	100%
Site of Service										
Inpatient	\$1,255,578	100.0%	\$1,227,616	62.7%	\$1,110,536	100.0%	\$1,445,960	100.0%	\$1,225,485	100.0%
Hospital Outpatient	...	...	...	...	...	...	...	...	...	...
Ambulatory Surgery	...	...	...	...	...	...	...	...	...	...
Physician Office	...	...	...	...	...	...	...	...	...	...
Emergency Room	...	...	\$730,250	37.3%	...	...	...	...	...	...

... Data unavailable.

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, Kids' Inpatient Database, 2003 & 2006; National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, I3 Claims Database; 2002-2006.

**Table 14-43. Expenditures<sup>a</sup> among Medicare beneficiaries 65 and older for treatment of kidney cancer, by site of service, reimbursement costs, percent<sup>b</sup>**

	2002		2003		2004	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$345,579,302	100%	\$402,458,178	100%	\$420,946,029	100%
Site of Service						
Inpatient	\$284,200,121	82.0%	\$331,887,345	82.0%	\$340,951,457	81.0%
Hospital Outpatient	\$16,495,513	4.8%	\$20,940,712	5.2%	\$28,869,351	6.9%
Ambulatory Surgery	\$4,034,532	1.2%	\$3,274,867	0.8%	\$4,511,257	1.1%
Physician Office	\$39,670,606	11.0%	\$45,891,497	11.0%	\$45,993,323	11.0%
Emergency Room	\$1,178,530	0.3%	\$463,757	0.1%	\$620,640	0.1%
	2005		2006		2007	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$424,016,082	100%	\$416,388,756	100%	\$378,575,680	100%
Site of Service						
Inpatient	\$335,153,874	79.0%	\$336,236,243	81.0%	\$296,353,849	78.0%
Hospital Outpatient	\$38,195,660	9.0%	\$33,084,640	7.9%	\$35,322,593	9.3%
Ambulatory Surgery	\$4,840,948	1.1%	\$6,338,399	1.5%	\$5,553,348	1.5%
Physician Office	\$45,168,579	11.0%	\$40,162,506	9.6%	\$40,194,594	11.0%
Emergency Room	\$657,021	0.2%	\$566,968	0.1%	\$1,151,295	0.3%

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are in 2009 US dollars.

SOURCE: Centers for Medicare and Medicaid Services, 2002-2007.

**Table 14-44. Nationally representative charges<sup>a</sup> for treatment of kidney cancer, by site of service, charges, percent<sup>b</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$1,036,418,763	100%	\$989,225,309	100%	\$1,454,327,159	100%	\$1,521,368,430	100%	\$1,655,981,968	100%
Site of Service										
Inpatient	\$827,696,869	79.9%	\$855,666,343	86.5%	\$986,961,624	67.9%	\$1,122,098,059	73.8%	\$1,162,984,071	70.2%
Hospital Outpatient	\$62,095,484	6.0%	\$63,247,866	6.4%	\$183,289,792	12.6%	\$75,152,651	4.9%	\$266,915,468	16.1%
Ambulatory Surgery	\$9,280,759	0.9%	\$10,579,335	1.1%	\$14,412,784	1.0%	\$27,468,685	1.8%	\$26,252,245	1.6%
Physician Office	\$134,656,894	13.0%	\$59,731,765	6.0%	\$269,662,959	18.5%	\$296,649,035	19.5%	\$193,988,930	11.7%
Emergency Room	\$2,688,757	0.3%	...	...	...	...	...	...	\$5,841,254	0.4%

... Data unavailable.

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, i3 Claims Database; 2002-2006.

**Table 14-45. Estimated annual expenditures<sup>a</sup> for privately insured individuals<sup>b</sup> with and without kidney cancer**

	With Kidney Cancer (N=11,236)			Without Kidney Cancer (N=3,356,753)		
	Medical	Prescription Drugs	Total	Medical	Prescription Drugs	Total
Total	\$37,670	\$2,171	\$39,841	\$9,042	\$1,415	\$10,457
Age						
35-44	\$31,195	\$1,659	\$32,854	\$7,488	\$1,081	\$8,569
45-49	\$34,998	\$2,115	\$37,113	\$8,400	\$1,379	\$9,779
50-54	\$39,874	\$2,491	\$42,365	\$9,571	\$1,624	\$11,195
55-59	\$45,630	\$2,776	\$48,406	\$10,952	\$1,809	\$12,761
60-64	\$53,434	\$3,000	\$56,434	\$12,825	\$1,956	\$14,781
Region						
Midwest	\$34,075	\$2,173	\$36,248	\$8,179	\$1,416	\$9,595
Northeast	\$38,452	\$2,039	\$40,491	\$9,229	\$1,329	\$10,558
South	\$39,832	\$2,200	\$42,032	\$9,561	\$1,434	\$10,995
West	\$38,015	\$2,178	\$40,193	\$9,125	\$1,420	\$10,545

Generalized estimating equations were used to account for the correlation within patients.

<sup>a</sup>Estimated annual expenditures were derived from multivariate models that control for age, gender, insurance type, region, calendar year, and all individual disease conditions in the modified Charlson Comorbidity Index.

<sup>b</sup>Sample consists of beneficiaries between 18-64 years who were continuously enrolled in employer-provided insurance for at least a full calendar year during 2003-2006.

NOTE: Costs are in charges rather than payments; charges are in 2009 dollars.

SOURCE: i3 Claims Database, 2003-2006

**Table 14-46. Expenditures<sup>a</sup> among Medicare beneficiaries 65 and older for treatment of upper urinary tract stones, by site of service, reimbursement costs, percent<sup>b</sup>**

	2002		2003		2004	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$967,824,214	100%	\$1,002,295,332	100%	\$1,101,870,912	100%
Site of Service						
Inpatient	\$687,575,729	71.0%	\$709,294,002	71.0%	\$797,897,460	72.0%
Hospital Outpatient	\$48,731,598	5.0%	\$55,794,843	5.6%	\$60,567,653	5.5%
Ambulatory Surgery	\$206,045,547	21.0%	\$207,030,827	21.0%	\$208,502,984	19.0%
Physician Office	\$11,184,536	1.2%	\$12,907,373	1.3%	\$13,690,257	1.2%
Emergency Room	\$14,286,804	1.5%	\$17,268,287	1.7%	\$21,212,558	1.9%
	2005		2006		2007	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$1,084,435,019	100%	\$1,079,810,984	100%	\$1,043,066,863	100%
Site of Service						
Inpatient	\$791,502,893	73.0%	\$802,041,817	74.0%	\$769,071,853	74.0%
Hospital Outpatient	\$60,611,387	5.6%	\$54,630,411	5.1%	\$49,479,899	4.7%
Ambulatory Surgery	\$193,900,951	18.0%	\$186,806,170	17.0%	\$186,404,094	18.0%
Physician Office	\$13,728,134	1.3%	\$12,441,547	1.2%	\$12,928,855	1.2%
Emergency Room	\$24,691,654	2.3%	\$23,891,039	2.2%	\$25,182,161	2.4%

<sup>a</sup>Does not include medication related costs.<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: Reimbursements are in 2009 US dollars.

SOURCE: Centers for Medicare and Medicaid Services, 2002-2007.

**Table 14-47. Nationally representative charges<sup>a</sup> for treatment of upper urinary tract stones, by site of service, charges, percent<sup>b</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$7,475,084,781	100%	\$8,095,566,784	100%	\$9,391,542,719	100%	\$9,560,942,896	100%	\$10,312,491,612	100%
Site of Service										
Inpatient	\$3,512,357,740	47.0%	\$3,866,759,108	47.8%	\$4,716,972,285	50.2%	\$5,126,615,955	53.6%	\$5,529,565,189	53.6%
Hospital Outpatient	\$197,332,733	2.6%	\$243,410,909	3.0%	\$434,304,532	4.6%	\$164,949,881	1.7%	\$386,695,285	3.7%
Ambulatory Surgery	\$3,488,642,437	46.7%	\$3,528,743,343	43.6%	\$3,625,673,640	38.6%	\$3,718,361,442	38.9%	\$4,036,479,078	39.1%
Physician Office	\$93,990,872	1.3%	\$146,695,186	1.8%	\$273,051,811	2.9%	\$194,363,644	2.0%	\$130,193,542	1.3%
Emergency Room	\$182,760,998	2.4%	\$309,958,238	3.8%	\$341,540,451	3.6%	\$356,651,974	3.7%	\$229,558,519	2.2%

<sup>a</sup>Does not include medication related costs.<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, I3 Claims Database: 2002-2006.



**Table 14-48. Expenditures<sup>a</sup> among Medicare beneficiaries 65 and older for treatment of lower urinary tract stones, by site of service, reimbursement costs, percent<sup>b</sup>**

	2002		2003		2004	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$49,102,720	100%	\$44,753,318	100%	\$45,109,035	100%
Site of Service						
Inpatient	\$30,679,657	62.0%	\$25,118,912	56.0%	\$26,258,501	58.0%
Hospital Outpatient	\$889,215	1.8%	\$1,085,925	2.4%	\$558,377	1.2%
Ambulatory Surgery	\$14,257,643	29.0%	\$14,574,105	33.0%	\$14,640,375	32.0%
Physician Office	\$2,843,488	5.8%	\$3,333,776	7.4%	\$3,002,391	6.7%
Emergency Room	\$432,717	0.9%	\$640,600	1.4%	\$649,391	1.4%
	2005		2006		2007	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$46,356,372	100%	\$45,801,610	100%	\$41,700,852	100%
Site of Service						
Inpatient	\$26,422,243	57.0%	\$24,862,736	54.0%	\$22,855,383	55.0%
Hospital Outpatient	\$680,708	1.5%	\$940,213	2.1%	\$1,086,149	2.6%
Ambulatory Surgery	\$14,807,386	32.0%	\$15,509,334	34.0%	\$13,743,044	33.0%
Physician Office	\$3,634,386	7.8%	\$3,363,171	7.3%	\$3,332,298	8.0%
Emergency Room	\$811,650	1.8%	\$1,126,157	2.5%	\$683,978	1.6%

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: Reimbursements are in 2009 US dollars.

SOURCE: Centers for Medicare and Medicaid Services, 2002-2007.

**Table 14-49. Nationally representative charges<sup>a</sup> for treatment of lower urinary tract stones, by site of service, charges, percent<sup>b</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$129,411,061	100%	\$202,117,206	100%	\$177,431,908	100%	\$221,057,515	100%	\$196,429,392	100%
Site of Service										
Inpatient	\$46,107,281	35.6%	\$53,628,892	26.5%	\$49,535,873	27.9%	\$61,239,266	27.7%	\$52,361,111	26.7%
Hospital Outpatient	\$24,524,848	19.0%	\$12,148,967	6.0%	\$7,257,474	4.1%	\$25,346,614	11.5%	...	...
Ambulatory Surgery	\$54,884,037	42.4%	\$78,244,955	38.7%	\$83,356,447	47.0%	\$66,782,505	30.2%	\$86,336,719	44.0%
Physician Office	\$1,085,246	0.8%	\$11,917,511	5.9%	\$15,368,535	8.7%	\$5,549,326	2.5%	\$8,415,461	4.3%
Emergency Room	\$2,809,649	2.2%	\$46,176,881	22.8%	\$21,913,579	12.4%	\$62,139,804	28.1%	\$49,316,101	25.1%

... Data unavailable.

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, i3 Claims Database; 2002-2006.

**Table 14-50. Estimated annual expenditures<sup>a</sup> for privately insured individuals<sup>b</sup> with and without urinary tract stones**

	With Urinary Tract Stones (N=127,165)			Without Urinary Tract Stones (N=4,580,244)		
	Medical	Prescription Drugs	Total	Medical	Prescription Drugs	Total
Total	\$22,498	\$1,241	\$23,739	\$7,878	\$1,111	\$8,989
Age						
18-34	\$18,209	\$726	\$18,935	\$6,376	\$650	\$7,026
35-44	\$21,299	\$1,178	\$22,477	\$7,458	\$1,055	\$8,513
45-54	\$24,097	\$1,640	\$25,737	\$8,438	\$1,468	\$9,906
55-64	\$30,039	\$2,006	\$32,045	\$10,519	\$1,796	\$12,315
Region						
Midwest	\$20,396	\$1,244	\$21,640	\$7,142	\$1,114	\$8,256
Northeast	\$23,373	\$1,174	\$24,547	\$8,185	\$1,051	\$9,236
South	\$23,646	\$1,257	\$24,903	\$8,280	\$1,126	\$9,406
West	\$22,838	\$1,239	\$24,077	\$7,997	\$1,109	\$9,106

Generalized estimating equations were used to account for the correlation within patients.

<sup>a</sup>Estimated annual expenditures were derived from multivariate models that control for age, gender, insurance type, region, calendar year, and all individual disease conditions in the modified Charlson Comorbidity Index.

<sup>b</sup>Sample consists of beneficiaries between 18-64 years who were continuously enrolled in employer-provided insurance for at least a full calendar year during 2003-2006.

NOTE: Costs are in charges rather than payments; charges are in 2009 dollars.

SOURCE: I3 Claims Database, 2003-2006

**Table 14-51. Expenditures<sup>a</sup> among Medicare beneficiaries 65 and older for treatment of testicular cancer, by site of service, reimbursement costs, percent<sup>b</sup>**

	2002		2003		2004	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$5,935,762	100%	\$8,560,166	100%	\$5,063,084	100%
Site of Service						
Inpatient	\$2,112,296	36.0%	\$3,155,205	37.0%	\$1,331,143	26.0%
Hospital Outpatient	\$785,419	13.0%	\$922,795	11.0%	\$637,949	13.0%
Ambulatory Surgery	\$2,193,886	37.0%	\$2,500,111	29.0%	\$2,102,814	42.0%
Physician Office	\$825,495	14.0%	\$1,942,533	23.0%	\$976,604	19.0%
Emergency Room	\$18,665	0.3%	\$39,521	0.5%	\$14,576	0.3%
	2005		2006		2007	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$4,535,345	100%	\$4,422,344	100%	\$5,120,715	100%
Site of Service						
Inpatient	\$825,199	18.0%	\$540,346	12.0%	\$702,811	14.0%
Hospital Outpatient	\$726,504	16.0%	\$1,432,980	32.0%	\$1,446,929	28.0%
Ambulatory Surgery	\$2,360,598	52.0%	\$1,750,877	40.0%	\$2,294,446	45.0%
Physician Office	\$563,362	12.0%	\$663,989	15.0%	\$667,036	13.0%
Emergency Room	\$59,682	1.3%	\$34,153	0.8%	\$9,493	0.2%

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: Reimbursements are in 2009 US dollars.

SOURCE: Centers for Medicare and Medicaid Services, 2002-2007.

**Table 14-52. Nationally representative charges<sup>a</sup> for treatment of testicular cancer, by site of service, charges, percent<sup>b</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$52,270,777	100%	\$139,314,358	100%	\$357,548,929	100%	\$69,447,494	100%	\$182,909,672	100%
Site of Service										
Inpatient	\$18,641,374	35.7%	\$20,529,224	14.7%	\$18,824,287	5.3%	\$30,841,892	44.4%	\$34,735,518	19.0%
Hospital Outpatient	\$4,965,991	9.5%	...	...	\$11,431,961	3.2%	\$10,875,725	15.7%	\$13,538,592	7.4%
Ambulatory Surgery	\$27,276,506	52.2%	\$25,790,191	18.5%	\$29,314,494	8.2%	\$27,729,877	39.9%	\$32,609,028	17.8%
Physician Office	...	...	\$92,994,943	66.8%	\$297,978,187	83.3%	...	...	\$101,194,711	55.3%
Emergency Room	\$1,386,906	2.7%	...	...	...	...	...	...	\$831,825	0.5%

... Data unavailable.

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, i3 Claims Database; 2002-2006.

**Table 14-53. Estimated annual expenditures<sup>a</sup> for privately insured individuals<sup>b</sup> with and without testicular cancer**

	With Testicular Cancer (N=8,492)			Without Testicular Cancer (N=1,970,770)		
	Medical	Prescription Drugs	Total	Medical	Prescription Drugs	Total
Total	\$32,422	\$1,325	\$33,747	\$5,886	\$1,032	\$6,918
Age						
18-34	\$16,233	\$565	\$16,798	\$2,947	\$440	\$3,387
34-44	\$26,132	\$1,233	\$27,365	\$4,744	\$961	\$5,705
45-54	\$39,809	\$1,763	\$41,572	\$7,227	\$1,373	\$8,600
55-64	\$58,662	\$2,207	\$60,869	\$10,650	\$1,719	\$12,369
Region						
Midwest	\$29,286	\$1,309	\$30,595	\$5,317	\$1,020	\$6,337
Northeast	\$33,958	\$1,285	\$35,243	\$6,165	\$1,001	\$7,166
South	\$34,404	\$1,340	\$35,744	\$6,246	\$1,044	\$7,290
West	\$31,840	\$1,343	\$33,183	\$5,780	\$1,046	\$6,826

Generalized estimating equations were used to account for the correlation within patients.

<sup>a</sup>Estimated annual expenditures were derived from multivariate models that control for age, gender, insurance type, region, calendar year, and all individual disease conditions in the modified Charlson Comorbidity Index.

<sup>b</sup>Sample consists of beneficiaries between 18-64 years who were continuously enrolled in employer-provided insurance for at least a full calendar year during 2003-2006.

NOTE: Costs are in charges rather than payments; charges are in 2009 dollars.

SOURCE: i3 Claims Database, 2003-2006

**Table 14-54. Expenditures<sup>a</sup> among Medicare beneficiaries 65 and older for female urinary tract infection, by site of service, reimbursement costs, percent<sup>b</sup>**

	2002		2003		2004	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$2,523,814,348	100%	\$2,749,691,216	100%	\$2,949,775,928	100%
Site of Service						
Inpatient	\$2,243,865,625	89.0%	\$2,452,061,054	89.0%	\$2,627,046,037	89.0%
Hospital Outpatient	\$34,554,948	1.4%	\$27,482,236	1.0%	\$30,472,645	1.0%
Ambulatory Surgery	\$23,315,809	0.9%	\$24,280,402	0.9%	\$26,348,567	0.9%
Physician Office	\$153,189,771	6.1%	\$165,973,380	6.0%	\$177,416,786	6.0%
Emergency Room	\$68,888,195	2.7%	\$79,894,146	2.9%	\$88,491,893	3.0%
	2005		2006		2007	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$3,180,799,102	100%	\$3,271,738,924	100%	\$3,417,629,889	100%
Site of Service						
Inpatient	\$2,842,937,409	89.0%	\$2,929,882,471	90.0%	\$3,060,509,250	90.0%
Hospital Outpatient	\$33,516,851	1.1%	\$34,044,197	1.0%	\$34,544,275	1.0%
Ambulatory Surgery	\$24,970,482	0.8%	\$23,486,921	0.7%	\$22,452,519	0.7%
Physician Office	\$180,911,161	5.7%	\$182,166,737	5.6%	\$191,072,016	5.6%
Emergency Room	\$98,463,199	3.1%	\$102,158,597	3.1%	\$109,051,829	3.2%

<sup>a</sup>Does not include medication related costs.<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are in 2009 US dollars.

SOURCE: Centers for Medicare and Medicaid Services, 2002-2007.

**Table 14-55. Nationally representative charges<sup>a</sup> for treatment of female urinary tract infection, by site of service, charges, percent<sup>b</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$3,832,659,337	100%	\$4,615,334,798	100%	\$5,028,912,986	100%	\$5,420,856,204	100%	\$5,468,500,725	100%
Site of Service										
Inpatient	\$2,195,970,902	57.3%	\$2,744,276,256	59.5%	\$3,145,148,913	62.5%	\$3,312,198,006	61.1%	\$3,513,686,210	64.3%
Hospital Outpatient	\$287,907,818	7.5%	\$482,464,403	10.5%	\$299,851,582	6.0%	\$504,983,042	9.3%	\$417,364,322	7.6%
Ambulatory Surgery	\$123,433,084	3.2%	\$122,393,996	2.7%	\$131,869,299	2.6%	\$130,049,477	2.4%	\$141,196,485	2.6%
Physician Office	\$731,817,488	19.1%	\$594,419,881	12.9%	\$729,852,623	14.5%	\$696,292,864	12.8%	\$709,880,828	13.0%
Emergency Room	\$493,530,045	12.9%	\$671,780,262	14.6%	\$722,190,569	14.4%	\$777,332,816	14.3%	\$686,372,881	12.6%

<sup>a</sup>Does not include medication related costs.<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, I3 Claims Database; 2002-2006.

**Table 14-56. Estimated annual expenditures<sup>a</sup> for privately insured individuals<sup>b</sup> with and without female urinary tract infection**

	With Female Urinary Tract Infection (N=939,804)			Without Female Urinary Tract Infection (N=1,570,182)		
	Medical	Prescription Drugs	Total	Medical	Prescription Drugs	Total
Total	\$10,814	\$1,317	\$12,131	\$7,784	\$971	\$8,755
Age						
18-34	\$9,212	\$853	\$10,065	\$6,631	\$629	\$7,260
35-44	\$11,151	\$1,295	\$12,446	\$8,027	\$955	\$8,982
45-54	\$11,695	\$1,783	\$13,478	\$8,419	\$1,314	\$9,733
55-64	\$12,762	\$2,131	\$14,893	\$9,187	\$1,571	\$10,758
Region						
Midwest	\$9,955	\$1,340	\$11,295	\$7,166	\$988	\$8,154
Northeast	\$10,976	\$1,224	\$12,200	\$7,901	\$902	\$8,803
South	\$11,377	\$1,337	\$12,714	\$8,189	\$985	\$9,174
West	\$10,839	\$1,283	\$12,122	\$7,802	\$945	\$8,747

Generalized estimating equations were used to account for the correlation within patients.

<sup>a</sup>Estimated annual expenditures were derived from multivariate models that control for age, gender, insurance type, region, calendar year, and all individual disease conditions in the modified Charlson Comorbidity Index.

<sup>b</sup>Sample consists of beneficiaries between 18-64 years who were continuously enrolled in employer-provided insurance for at least a full calendar year during 2003-2006.

NOTE: Costs are in charges rather than payments; charges are in 2009 dollars.

SOURCE: i3 Claims Database, 2003-2006

**Table 14-57. Expenditures<sup>a</sup> among Medicare beneficiaries 65 and older for male urinary tract infection, by site of service, reimbursement costs, percent<sup>b</sup>**

	2002		2003		2004	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$1,362,016,880	100%	\$1,399,260,344	100%	\$1,537,861,679	100%
Site of Service						
Inpatient	\$1,250,141,142	92.0%	\$1,275,155,039	91.0%	\$1,402,211,630	91.0%
Hospital Outpatient	\$7,722,037	0.6%	\$9,127,540	0.7%	\$10,339,340	0.7%
Ambulatory Surgery	\$20,582,636	1.5%	\$22,906,717	1.6%	\$23,023,669	1.5%
Physician Office	\$55,271,410	4.1%	\$59,704,157	4.3%	\$63,842,557	4.2%
Emergency Room	\$28,299,655	2.1%	\$32,366,891	2.3%	\$38,444,483	2.5%
	2005		2006		2007	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$1,691,656,622	100%	\$1,663,723,237	100%	\$1,740,114,936	100%
Site of Service						
Inpatient	\$1,557,915,160	92.0%	\$1,534,986,592	92.0%	\$1,605,902,534	92.0%
Hospital Outpatient	\$9,956,199	0.6%	\$10,453,299	0.6%	\$9,664,855	0.6%
Ambulatory Surgery	\$23,126,010	1.4%	\$20,236,859	1.2%	\$20,749,649	1.2%
Physician Office	\$61,320,447	3.6%	\$58,839,500	3.5%	\$60,950,022	3.5%
Emergency Room	\$39,338,806	2.3%	\$39,206,989	2.4%	\$42,847,875	2.5%

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are in 2009 US dollars.

SOURCE: Centers for Medicare and Medicaid Services, 2002-2007.

**Table 14-58. Nationally representative charges<sup>a</sup> for treatment of male urinary tract infection, by site of service, charges, percent<sup>b</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$1,768,187,203	100%	\$1,965,140,635	100%	\$2,059,836,811	100%	\$2,259,169,424	100%	\$2,159,353,727	100%
Site of Service										
Inpatient	\$1,084,196,722	61.3%	\$1,262,677,640	64.3%	\$1,491,687,123	72.4%	\$1,457,868,160	64.5%	\$1,454,279,332	67.3%
Hospital Outpatient	\$64,722,597	3.7%	\$118,309,414	6.0%	\$106,690,038	5.2%	\$214,378,394	9.5%	\$131,748,908	6.1%
Ambulatory Surgery	\$67,515,562	3.8%	\$65,149,125	3.3%	\$61,906,118	3.0%	\$75,325,858	3.3%	\$79,603,280	3.7%
Physician Office	\$241,678,395	13.7%	\$153,846,288	7.8%	\$154,988,978	7.5%	\$158,602,164	7.0%	\$234,371,654	10.9%
Emergency Room	\$310,073,928	17.5%	\$365,158,169	18.6%	\$244,564,555	11.9%	\$352,994,847	15.6%	\$259,350,552	12.0%

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, i3 Claims Database; 2002-2006.

**Table 14-59. Estimated annual expenditures<sup>a</sup> for privately insured individuals<sup>b</sup> with and without male urinary tract infection**

	With Male Urinary Tract Infection (N=201,895)			Without Male Urinary Tract Infection (N=1,693,689)		
	Medical	Prescription Drugs	Total	Medical	Prescription Drugs	Total
Total	\$11,171	\$1,154	\$12,325	\$4,841	\$971	\$5,812
Age						
18-34	\$5,159	\$478	\$5,637	\$2,236	\$402	\$2,638
35-44	\$8,911	\$1,073	\$9,984	\$3,862	\$903	\$4,765
45-54	\$14,127	\$1,550	\$15,677	\$6,122	\$1,304	\$7,426
55-64	\$21,426	\$1,972	\$23,398	\$9,285	\$1,659	\$10,944
Region						
Midwest	\$10,220	\$1,140	\$11,360	\$4,429	\$959	\$5,388
Northeast	\$11,619	\$1,101	\$12,720	\$5,035	\$926	\$5,961
South	\$11,778	\$1,168	\$12,946	\$5,104	\$983	\$6,087
West	\$11,012	\$1,181	\$12,193	\$4,772	\$993	\$5,765

Generalized estimating equations were used to account for the correlation within patients.

<sup>a</sup>Estimated annual expenditures were derived from multivariate models that control for age, gender, insurance type, region, calendar year, and all individual disease conditions in the modified Charlson Comorbidity Index.

<sup>b</sup>Sample consists of beneficiaries between 18-64 years who were continuously enrolled in employer-provided insurance for at least a full calendar year during 2003-2006.

NOTE: Costs are in charges rather than payments; charges are in 2009 dollars.

SOURCE: i3 Claims Database, 2003-2006

**Table 14-60. Nationally representative charges<sup>a</sup> for treatment of pediatric<sup>b</sup> urinary tract infection, by site of service, charges, percent<sup>c</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$780,771,318	100%	\$851,855,359	100%	\$874,862,211	100%	\$997,635,166	100%	\$1,102,729,754	100%
Site of Service										
Inpatient	\$260,072,745	33.3%	\$275,741,127	32.4%	\$304,848,902	34.8%	\$337,810,598	33.9%	\$324,113,005	29.4%
Hospital Outpatient	\$86,165,072	11.0%	\$129,166,439	15.2%	\$109,505,970	12.5%	\$196,327,664	19.7%	\$164,551,352	14.9%
Ambulatory Surgery	\$7,120,997	0.9%	\$5,706,692	0.7%	\$6,883,785	0.8%	\$8,482,404	0.9%	\$7,132,500	0.6%
Physician Office	\$126,935,766	16.3%	\$161,356,549	18.9%	\$157,949,963	18.1%	\$204,266,749	20.5%	\$167,543,513	15.2%
Emergency Room	\$300,476,737	38.5%	\$279,884,552	32.9%	\$295,673,591	33.8%	\$250,747,750	25.1%	\$439,389,385	39.8%

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Individuals under 18.

<sup>c</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, Kids' Inpatient Database, 2003 & 2006; National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, i3 Claims Database; 2002-2006.

**Table 14-61. Expenditures<sup>a</sup> among Medicare beneficiaries 65 and older for treatment of male infertility, by site of service, reimbursement costs, percent<sup>b</sup>**

	2002		2003		2004	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$1,493,252	100%	\$1,345,895	100%	\$1,412,552	100%
Site of Service						
Inpatient	\$494,523	33.0%	\$361,762	27.0%	\$19,679	1.4%
Hospital Outpatient	\$45,413	3.0%	\$72,848	5.4%	\$115,323	8.2%
Ambulatory Surgery	\$666,561	45.0%	\$605,662	45.0%	\$976,510	69.0%
Physician Office	\$249,973	17.0%	\$272,298	20.0%	\$273,022	19.0%
Emergency Room	\$36,783	2.5%	\$33,325	2.5%	\$28,019	2.0%
	2005		2006		2007	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$1,555,642	100%	\$1,596,719	100%	\$1,400,046	100%
Site of Service						
Inpatient	\$23,882	1.5%	\$510,893	32.0%	\$111,390	8.0%
Hospital Outpatient	\$113,481	7.3%	\$116,811	7.3%	\$112,717	8.1%
Ambulatory Surgery	\$980,790	63.0%	\$597,673	37.0%	\$781,851	56.0%
Physician Office	\$389,822	25.0%	\$253,116	16.0%	\$245,687	18.0%
Emergency Room	\$47,667	3.1%	\$118,226	7.4%	\$148,401	11.0%

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: Reimbursements are in 2009 US dollars.

SOURCE: Centers for Medicare and Medicaid Services, 2002-2007.

**Table 14-62. Estimated annual expenditures<sup>a</sup> for privately insured individuals<sup>b</sup> with and without male infertility**

	With Male Infertility (N=37,974)			Without Male Infertility (N=1,934,337)		
	Medical	Prescription Drugs	Total	Medical	Prescription Drugs	Total
Total	\$10,429	\$1,008	\$11,437	\$5,909	\$1,033	\$6,942
Age						
18-34	\$5,214	\$427	\$5,641	\$2,954	\$438	\$3,392
35-44	\$8,397	\$941	\$9,338	\$4,758	\$965	\$5,723
45-54	\$12,808	\$1,341	\$14,149	\$7,257	\$1,375	\$8,632
55-64	\$18,850	\$1,679	\$20,529	\$10,680	\$1,722	\$12,402
Region						
Midwest	\$9,422	\$996	\$10,418	\$5,338	\$1,021	\$6,359
Northeast	\$10,805	\$979	\$11,784	\$6,122	\$1,004	\$7,126
South	\$11,066	\$1,019	\$12,085	\$6,270	\$1,045	\$7,315
West	\$10,333	\$1,021	\$11,354	\$5,855	\$1,047	\$6,902

Generalized estimating equations were used to account for the correlation within patients.

<sup>a</sup>Estimated annual expenditures were derived from multivariate models that control for age, gender, insurance type, region, calendar year, and all individual disease conditions in the modified Charlson Comorbidity Index.

<sup>b</sup>Sample consists of beneficiaries between 18-64 years who were continuously enrolled in employer-provided insurance for at least a full calendar year during 2003-2006.

NOTE: Costs are in charges rather than payments; charges are in 2009 dollars.

SOURCE: i3 Claims Database, 2003-2006

**Table 14-63. Expenditures<sup>a</sup> among Medicare beneficiaries 65 and older for treatment of erectile dysfunction, by site of service, reimbursement costs, percent<sup>b</sup>**

	2002		2003		2004	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$87,459,183	100%	\$85,677,764	100%	\$83,877,640	100%
Site of Service						
Inpatient	\$38,840,478	44.0%	\$36,512,478	43.0%	\$29,743,599	35.0%
Hospital Outpatient	\$1,948,180	2.2%	\$2,022,644	2.4%	\$1,919,876	2.3%
Ambulatory Surgery	\$23,206,186	27.0%	\$23,199,104	27.0%	\$26,809,664	32.0%
Physician Office	\$22,801,970	26.0%	\$23,079,008	27.0%	\$24,543,268	29.0%
Emergency Room	\$662,369	0.8%	\$864,530	1.0%	\$861,234	1.0%
	2005		2006		2007	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$84,681,105	100%	\$74,383,181	100%	\$82,233,436	100%
Site of Service						
Inpatient	\$36,092,369	43.0%	\$22,105,728	30.0%	\$26,780,414	33.0%
Hospital Outpatient	\$1,957,463	2.3%	\$1,912,765	2.6%	\$2,001,219	2.4%
Ambulatory Surgery	\$26,334,167	31.0%	\$31,134,273	42.0%	\$35,682,778	43.0%
Physician Office	\$19,464,580	23.0%	\$18,277,089	25.0%	\$17,176,446	21.0%
Emergency Room	\$832,524	1.0%	\$953,326	1.3%	\$592,579	0.7%

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: Reimbursements are in 2009 US dollars.

SOURCE: Centers for Medicare and Medicaid Services, 2002-2007.

**Table 14-64. Nationally representative charges<sup>a</sup> for treatment of erectile dysfunction, by site of service, charges, percent<sup>b</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$516,262,082	100%	\$557,178,807	100%	\$540,575,622	100%	\$481,129,899	100%	\$555,785,501	100%
Site of Service										
Inpatient	\$130,289,579	25.2%	\$140,781,128	25.3%	\$144,531,119	26.7%	\$141,289,573	29.4%	\$157,708,954	28.4%
Hospital Outpatient	\$166,119,274	32.2%	\$192,470,575	34.5%	\$210,933,487	39.0%	\$147,885,619	30.7%	\$191,129,054	34.4%
Ambulatory Surgery	...	...	...	...	...	...	...	...	...	...
Physician Office	\$215,360,466	41.7%	\$223,252,810	40.1%	\$185,111,015	34.2%	\$188,000,464	39.1%	\$203,765,153	36.7%
Emergency Room	\$4,492,764	0.9%	\$674,293	0.1%	...	...	\$3,954,243	0.8%	\$3,182,340	0.6%

... Data unavailable.

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, i3 Claims Database; 2002-2006.



**Table 14-65. Estimated annual expenditures<sup>a</sup> for privately insured individuals<sup>b</sup> with and without erectile dysfunction**

	With Erectile Dysfunction (N=110,116)			Without Erectile Dysfunction (N=1,702,460)		
	Medical	Prescription Drugs	Total	Medical	Prescription Drugs	Total
Total	\$7,979	\$1,195	\$9,174	\$6,084	\$946	\$7,030
Age						
18-34	\$4,074	\$528	\$4,602	\$3,106	\$418	\$3,524
34-44	\$6,306	\$1,160	\$7,466	\$4,809	\$918	\$5,727
45-54	\$9,956	\$1,613	\$11,569	\$7,591	\$1,277	\$8,868
55-64	\$15,661	\$2,011	\$17,672	\$11,941	\$1,591	\$13,532
Region						
Midwest	\$7,175	\$1,167	\$8,342	\$5,471	\$924	\$6,395
Northeast	\$8,340	\$1,157	\$9,497	\$6,359	\$915	\$7,274
South	\$8,474	\$1,222	\$9,696	\$6,462	\$967	\$7,429
West	\$7,907	\$1,203	\$9,110	\$6,029	\$952	\$6,981

Generalized estimating equations were used to account for the correlation within patients.

<sup>a</sup>Estimated annual expenditures were derived from multivariate models that control for age, gender, insurance type, region, calendar year, and all individual disease conditions in the modified Charlson Comorbidity Index.

<sup>b</sup>Sample consists of beneficiaries between 18-64 years who were continuously enrolled in employer-provided insurance for at least a full calendar year during 2003-2006.

NOTE: Costs are in charges rather than payments; charges are in 2009 dollars.

SOURCE: i3 Claims Database, 2003-2006

**Table 14-66. Expenditures<sup>a</sup> among Medicare beneficiaries 65 and older for treatment of Peyronie's disease, by site of service, reimbursement costs, percent<sup>b</sup>**

	2002		2003		2004	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$4,835,057	100%	\$4,677,437	100%	\$7,953,952	100%
Site of Service						
Inpatient	\$2,819,942	58.0%	\$2,507,230	54.0%	\$5,820,189	73.0%
Hospital Outpatient	\$42,526	0.9%	\$51,961	1.1%	\$53,122	0.7%
Ambulatory Surgery	\$1,588,799	33.0%	\$1,722,405	37.0%	\$1,741,921	22.0%
Physician Office	\$383,790	7.9%	\$395,841	8.5%	\$338,721	4.3%
Emergency Room	...	...	...	...	...	...
	2005		2006		2007	
	Reimbursements	Percent	Reimbursements	Percent	Reimbursements	Percent
Total	\$4,475,878	100%	\$5,249,678	100%	\$6,445,393	100%
Site of Service						
Inpatient	\$2,638,770	59.0%	\$2,213,523	42.0%	\$3,678,560	57.0%
Hospital Outpatient	\$67,220	1.5%	\$210,690	4.0%	\$63,339	1.0%
Ambulatory Surgery	\$1,519,603	34.0%	\$2,565,517	49.0%	\$2,440,135	38.0%
Physician Office	\$250,284	5.6%	\$259,948	5.0%	\$263,360	4.1%
Emergency Room	...	...	...	...	...	...

... Data unavailable.

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: Reimbursements are in 2009 US dollars.

SOURCE: Centers for Medicare and Medicaid Services, 2002-2007.

**Table 14-67. Nationally representative charges<sup>a</sup> for treatment of Peyronie's disease, by site of service, charges, percent<sup>b</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$11,615,665	100%	\$11,098,205	100%	\$10,462,968	100%	\$16,592,907	100%	\$11,162,684	100%
Site of Service										
Inpatient	\$11,615,665	100%	\$11,098,205	100%	\$10,462,968	100%	\$16,592,907	100%	\$11,162,684	100%
Hospital Outpatient	...	...	...	...	...	...	...	...	...	...
Ambulatory Surgery	...	...	...	...	...	...	...	...	...	...
Physician Office	...	...	...	...	...	...	...	...	...	...
Emergency Room	...	...	...	...	...	...	...	...	...	...

... Data unavailable.

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, i3 Claims Database; 2002-2006.

**Table 14-68. Nationally representative charges<sup>a</sup> for treatment of undescended testes, by site of service, charges, percent<sup>b</sup>**

	2002		2003		2004		2005		2006	
	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent	Charges	Percent
Total	\$1,758,161	100%	\$1,230,695	100%	\$3,485,070	100%	\$2,706,570	100%	\$1,674,371	100%
Site of Service										
Inpatient	\$1,758,161	100%	\$1,230,695	100%	\$3,485,070	100%	\$2,706,570	100%	\$1,674,371	100%
Hospital Outpatient	...	...	...	...	...	...	...	...	...	...
Ambulatory Surgery	...	...	...	...	...	...	...	...	...	...
Physician Office	...	...	...	...	...	...	...	...	...	...
Emergency Room	...	...	...	...	...	...	...	...	...	...

... Data unavailable.

<sup>a</sup>Does not include medication related costs.

<sup>b</sup>Percents may not sum to total due to rounding.

NOTE: All costs are charges and in 2009 US dollars.

SOURCE: Healthcare Cost and Utilization Project, Kids' Inpatient Database, 2003 & 2006; National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey, i3 Claims Database; 2002-2006.