

Table 4: Medicare Fee-for-Services Spending on Beneficiaries with Inflammatory Bowel Disease as a proportion of all Medicare Fee-for-Service Spending, 2015

	Medicare Fee-for-Service Expenditures (\$)				Spending as a % of Medicare Expenditures		
	All Beneficiaries	Beneficiaries with IBD	Beneficiaries with Crohn's	Beneficiaries with Ulcerative Colitis	Beneficiaries with IBD	Beneficiaries with Crohn's	Beneficiaries with Ulcerative
Part A	\$ 125,392,874,001	\$ 1,777,904,863	\$ 767,553,308	\$ 1,010,351,555	1.42%	0.61%	0.81%
Part B	\$ 131,082,823,259	\$ 1,467,334,750	\$ 784,570,707	\$ 682,764,043	1.12%	0.60%	0.52%
Part D	\$ 59,363,490,447	\$ 706,465,716	\$ 454,048,723	\$ 252,416,993	1.19%	0.76%	0.43%
Total	\$ 315,839,187,707	\$ 3,951,705,330	\$ 2,006,172,738	\$ 1,945,532,591	1.25%	0.64%	0.62%

Source: Medicare Parts A, B and D Research Identifiable Files, 5 percent sample. Estimates have been adjusted to reflect the 100 percent population.

Notes: Population consists of Medicare fee-for-services beneficiaries with Part A and B coverage for the 12-month period, beneficiaries who are not eligible on the basis of ESRD, and who are residents of the 50 states or District of Columbia.

Beneficiaries are determined to have ulcerative colitis if one or more inpatient or skilled nursing facility claims OR two or more hospital outpatient or carrier claims are identified with the following diagnosis codes: ICD-9 556.0, 556.1, 556.2, 556.3, 556.4, 556.5, 556.6, 556.8, 556.9 OR ICD-10 K51.

Beneficiaries are determined to have Crohn's disease if one or more inpatient or skilled nursing facility claims OR two or more hospital outpatient or carrier claims are identified with the following diagnosis codes: ICD-9 550.0, 555.1, 555.2, 555.9 OR ICD-10 K50.