

Table 9.3

**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing
for Medicare Physician and Supplier Services, by Type of Service: Calendar Year 2007**

Type of Service	Persons Served ¹	Services		Submitted Charges	
		Number in Thousands	Per Person Served ¹	Amount in Thousands	Per Person Served ¹
Total	32,224,600	1,766,037	54.8	\$259,930,435	\$8,066
Medical Care	31,166,320	653,183	21.0	76,467,708	2,454
Surgery	19,492,640	105,446	5.4	50,698,944	2,601
Consultation	12,925,520	29,697	2.3	7,256,963	561
Diagnostic X-Ray	21,924,720	146,031	6.7	26,907,769	1,227
Diagnostic Laboratory	26,853,980	519,477	19.3	32,563,676	1,213
Radiation Therapy	1,226,920	12,756	10.4	6,170,947	5,030
Anesthesia	6,533,640	12,820	2.0	9,873,503	1,511
Assistance at Surgery	881,360	1,583	1.8	2,101,061	2,384
Other Medical Services	1,272,820	8,820	6.9	1,817,700	1,428
Ambulatory Surgical Center	3,172,500	5,650	1.8	10,638,941	3,353
Renal Supplies in the Home	2,300	66	28.6	81,153	35,284
ESRD Capitation Payment	327,540	2,856	8.7	1,506,157	4,598
Psychological Therapy	2,834,580	20,088	7.1	2,178,115	768
Occupational Therapy	12,100	87	7.2	2,831	234
Pneumococcal Vaccine	13,101,280	27,683	2.1	589,159	45
Physical Therapy	140	(6)	1.0	12	85
Durable Medical Equipment ⁴	10,082,060	135,405	13.4	17,503,631	1,736
Other ⁵	NA	84,389	NA	13,572,165	NA

¹Includes beneficiaries who received covered services, but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than one service during the reporting year.

²Ratio of assigned allowed charges to total allowed charges.

³The average program payment per person served does not reflect beneficiaries who received covered services, but for whom no program payments were reported.

⁴Durable medical equipment (DME) was identified based on selected Berenson-Eggers Type of Service system codes and Healthcare Common Procedure Coding System (HCPCS) codes.

⁵Includes blood, ambulance, enteral/parenteral supplies, immunosuppressive drugs, hearing items and services, kidney donor, lump sum purchase of DME, vision items or services, rental of DME, and medical supplies.

⁶Less than 500.

NOTES: Medicare charges and program payments represent fee-for-service utilization only. Numbers may not add to total because of rounding. BETOS is Berenson-Eggers Type of Service System for classifying HCPCS. ESRD is end stage renal disease. NA is not applicable.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

Table 9.3--Continued
Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing
for Medicare Physician and Supplier Services, by Type of Service: Calendar Year 2007

Allowed Charges				Program Payments		Balance Billing	
Amount in Thousands	Per Person Served ¹	Assigned in Thousands	Percent of Charges Assigned ²	Amount in Thousands	Per Person Served ³	Amount in Thousands	Per Person With Liability
\$110,633,862	\$3,433	\$109,969,406	99.4	\$85,628,319	\$2,722	\$51,039	\$29
42,494,270	1,363	42,164,006	99.2	31,905,678	1,077	25,151	20
15,953,278	818	15,859,874	99.4	12,464,239	652	7,787	31
4,344,694	336	4,317,490	99.4	3,331,403	262	2,342	21
8,836,920	403	8,793,647	99.5	6,865,256	325	3,523	20
10,788,441	402	10,754,904	99.7	9,262,611	348	2,837	11
2,009,263	1,638	1,999,123	99.5	1,599,757	1,312	910	175
1,625,783	249	1,622,722	99.8	1,283,871	197	270	16
214,532	243	214,221	99.9	170,048	193	28	18
902,534	709	902,524	99.9	710,721	567	1	2
2,808,093	885	2,808,058	99.9	2,215,149	699	3	40
32,309	14,047	32,309	99.9	25,361	11,027	0	0
750,509	2,291	750,414	99.9	592,050	1,811	9	86
1,341,351	473	1,319,298	98.4	621,397	236	1,747	34
951	79	951	99.9	742	62	0	0
442,499	34	441,268	99.7	441,751	34	40	2
8	57	8	99.9	6	45	0	0
10,387,555	1,030	10,294,214	99.1	8,078,375	816	5,884	15
7,700,872	NA	7,694,375	99.9	6,059,904	NA	507	NA