

Table 9.7
Persons Served, Services, Allowed Charges, and Program Payments for Medicare Physician and Supplier Services,
by Leading BETOS Classifications: Calendar Year 2007

BETOS Classification	BETOS Codes	Persons Served ¹	Services		Per Person Served ¹	Allowed Charges			Program Payments		
			Number in Thousands	Percent		Amount in Thousands	Percent	Per Person Served ¹	Amount in Thousands	Percent	Per Person Served ²
Total All BETOS Groups	Total	32,224,600	1,766,037	100.0	55	\$110,633,862	100.0	\$3,433	\$85,628,319	100.0	\$2,722
Office Visits - Established	M1B	28,096,360	212,779	12.0	8	13,841,291	12.5	493	9,671,490	11.3	367
Other Drugs	O1E	7,607,640	82,413	4.7	11	7,415,588	6.7	975	5,845,583	6.8	799
Hospital Visit - Subsequent	M2B	6,829,220	96,698	5.5	14	6,397,317	5.8	937	5,078,057	5.9	747
Ambulance	O1A	4,549,680	57,791	3.3	13	4,962,890	4.5	1,091	3,935,244	4.6	865
Consultations	M6	12,852,860	28,712	1.6	2	4,278,056	3.9	333	3,278,811	3.8	259
Minor Procedures - Other (MFS)	P6C	9,431,280	99,686	5.6	11	3,321,875	3.0	352	2,592,052	3.0	284
Other Durable Medical Equipment	D1E	6,831,680	70,781	4.0	10	3,062,207	2.8	448	2,351,487	2.7	352
Oxygen and Supplies	D1C	1,528,940	21,252	1.2	14	2,821,897	2.6	1,846	2,195,063	2.6	1,437
Lab Tests, Other (Non-MFS)	T1H	19,821,320	196,818	11.1	10	2,726,903	2.5	138	2,720,188	3.2	137
Specialist - Ophthalmology	M5C	13,054,500	35,615	2.0	3	2,441,702	2.2	187	1,725,186	2.0	144
Chemotherapy	O1D	481,120	15,299	0.9	32	2,322,105	2.1	4,826	1,840,413	2.1	3,847
Eye Procedure - Cataract											
Removal/Lens Insertion	P4B	1,278,780	3,410	0.2	3	2,320,584	2.1	1,815	1,837,155	2.1	1,438
Emergency Room Visit	M3	9,340,520	18,191	1.0	2	2,135,150	1.9	229	1,650,228	1.9	181
Standard Imaging - Nuclear											
Medicine	I1E	4,963,200	18,744	1.1	4	2,125,515	1.9	428	1,676,102	2.0	341
Lab Tests, Other (MFS)	T1G	8,372,340	33,595	1.9	4	1,973,805	1.8	236	1,547,450	1.8	188
Ambulatory Procedure - Skin	P5A	5,839,340	30,720	1.7	5	1,917,438	1.7	328	1,473,132	1.7	260
Orthotic Devices	D1F	3,430,020	25,049	1.4	7	1,895,342	1.7	553	1,487,845	1.7	438
Oncology - Radiation Therapy	P7A	332,260	10,005	0.6	30	1,827,289	1.7	5,500	1,455,498	1.7	4,390
Other Tests - Other	T2D	6,677,420	37,102	2.1	6	1,682,081	1.5	252	1,305,050	1.5	200
Echography - Heart	I3C	6,146,060	23,414	1.3	4	1,634,443	1.5	266	1,280,172	1.5	210
All Other BETOS Groups	---	NA	647,963	36.7	NA	39,530,384	35.7	NA	30,682,113	35.8	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 some beneficiaries may use more than one service during the reporting year.

²The average program payment per person served does not reflect beneficiaries who received covered services, but for whom no program payments were reported.

NOTES: BETOS is the Berenson-Eggers Type of Service system for classifying HCPCS (Healthcare Common Procedure Coding System) codes. Data by BETOS category in this table may differ from other sources because of the update of the HCPCS-BETOS crosswalk used to code the services rendered. MFS is Medicare fee schedule. MRI is Magnetic Resonance Imaging. CAT is Computerized Axial Tomography. NA is not applicable. The leading BETOS codes are based on amount of allowed charges for 2007. Medicare program payments represent fee-for-service only. Numbers may not add to total because of rounding.

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.