

Table 62

Persons Served, Services, Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Leading BETOS Classifications: Calendar Year 2001

BETOS Classification	BETOS Codes	Persons Served ¹	Services		Per Person Served ¹
			Number in Thousands	Percent	
Total, All BETOS Groups	Total	30,688,840	1,345,755	100.0	44
Office Visits - Established	M1B	26,474,140	187,344	13.9	7
Hospital Visit - Subsequent	M2B	6,465,240	87,222	6.5	13
Consultations	M6	11,004,620	26,273	2.0	2
Chemotherapy	O1D	533,500	19,106	1.4	36
Other Drugs	O1E	5,353,140	50,759	3.8	9
Ambulance	O1A	3,713,380	24,945	1.9	7
Eye Procedure - Cataract Removal/Lens Insertion	P4B	1,263,960	7,541	0.6	6
Specialist - Ophthalmology	M5C	11,702,540	24,478	1.8	2
Minor Procedures - Other (MFS)	P6C	5,973,820	50,659	3.8	8
Lab Tests, Other (Non-MFS)	T1H	17,530,500	141,497	10.5	8
Emergency Room Visit	M3	8,763,320	16,344	1.2	2
Anesthesia	P0	5,380,200	10,394	0.8	2
Major Procedure, Cardiovascular-Other	P2F	2,161,360	5,336	0.4	2
Specialist - Psychiatry	M5B	2,086,040	17,992	1.3	9
Minor Procedures - Skin	P6A	7,535,280	20,186	1.5	3
Hospital Visit - Initial	M2A	5,637,520	9,476	0.7	2
Standard Imaging - Nuclear Medicine	I1E	3,436,980	10,566	0.8	3
Echography - Heart	I3C	4,483,580	15,798	1.2	4
Office Visits - New	M1A	9,300,940	12,563	0.9	1
Durable Medical Equipment ³	D1A-D1F	10,403,140	92,242	6.9	9
All Other BETOS Groups	NA	NA	1,345,755	100.0	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.

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

³Durable medical equipment includes medical and surgical supplies, hospital beds, oxygen and supplies, wheelchairs, other durable medical equipment, and orthotic devices.

NOTES: Numbers may not add to totals because of rounding. BETOS is the Berenson-Eggers Type of Service system for classifying HCPCS (Healthcare Common Procedure Coding System) codes. MFS is the Medicare fee schedule. NA is not applicable. The leading BETOS codes are based on amount of allowed charges for 2001. Medicare program payments represent fee for service only. Due to differences in timing and edits, the physician/supplier claims included in this table will cause the number of services and associated charges and payments to differ slightly from other tables on Medicare physician/supplier utilization.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

Table 62—Continued

**Persons Served, Services, Allowed Charges, and Program Payments for Medicare
Physician and Supplier Services, by Leading BETOS Classifications: Calendar Year 2001**

Allowed Charges			Program Payments		
Amount in Thousands	Percent	Per Person Served ¹	Amount in Thousands	Percent	Per Person Served ²
\$76,672,496	100.0	\$2,498	\$59,113,948	100.0	\$1,976
9,727,352	12.7	367	6,729,221	11.4	272
4,903,052	6.4	758	3,892,314	6.6	604
3,319,923	4.3	302	2,562,016	4.3	235
2,721,563	3.5	5,101	2,157,678	3.7	4,059
2,683,106	3.5	501	2,120,973	3.6	413
2,584,860	3.4	696	2,051,392	3.5	553
2,004,528	2.6	1,586	1,591,016	2.7	1,260
1,848,736	2.4	158	1,299,263	2.2	121
1,637,244	2.1	274	1,277,395	2.2	220
1,551,844	2.0	89	1,546,767	2.6	88
1,550,175	2.0	177	1,196,902	2.0	140
1,546,335	2.0	287	1,221,175	2.1	227
1,340,754	1.7	620	1,063,508	1.8	494
1,327,224	1.7	636	716,459	1.2	356
1,304,412	1.7	173	972,313	1.6	134
1,265,442	1.7	224	987,714	1.7	176
1,223,321	1.6	356	965,563	1.6	283
1,145,958	1.5	256	900,051	1.5	203
1,138,174	1.5	122	787,418	1.3	92
6,892,860	9.0	663	5,393,106	9.1	NA
76,672,496	100.0	NA	59,113,948	100.0	NA