

MDCR PHYSSUPP 7

Medicare Physicians/Suppliers: Utilization and Program Payments for Original Medicare Beneficiaries, by Berenson-Eggers Type of Service (BETOS) Classification, Calendar Year 2013

BETOS Classification	BETOS Code	Total Persons With Utilization	Services	Services Per Person With Utilization	Services Per 1,000 Original Medicare Part B Enrollees ¹	Allowed Charges	Allowed Charges Per Person With Utilization	Allowed Charges Per Original Medicare Part B Enrollee ¹	Total Program Payments	Program Payments Per Person With Utilization	Program Payments Per Original Medicare Part B Enrollee ¹
Total All BETOS Groups		33,103,825	1,296,223,190	39.16	39,105	\$128,207,916,073	\$3,873	\$3,868	\$98,331,306,379	\$2,970	\$2,967
Evaluation and Management											
Office Visits - New	M1A	15,755,643	27,172,185	1.72	820	\$3,415,251,756	\$217	\$103	\$2,445,960,056	\$155	\$74
Office Visits - Established	M1B	28,942,305	228,982,132	7.91	6,908	18,524,232,791	640	559	12,830,314,642	443	387
Hospital Visits - Initial	M2A	6,526,504	21,809,018	3.34	658	3,616,023,668	554	109	2,797,397,874	429	84
Hospital Visits - Subsequent	M2B	6,792,661	88,662,278	13.05	2,675	7,026,598,160	1,034	212	5,491,797,867	808	166
Hospital Visits - Critical Care	M2C	1,721,131	5,282,058	3.07	159	1,201,954,121	698	36	938,402,573	545	28
Emergency Room Visit	M3	9,954,810	20,424,949	2.05	616	2,634,914,199	265	79	1,994,981,728	200	60
Home Visit	M4A	571,871	2,676,164	4.68	81	318,189,866	556	10	236,531,693	414	7
Nursing Home Visit	M4B	2,820,801	29,773,865	10.56	898	2,439,344,935	865	74	1,826,741,850	648	55
Specialist - Pathology (HCPCS Moved to T1G in 2003)	M5A	883	910	1.03	0	27,008	31	0	21,063	24	0
Specialist - Psychiatry	M5B	2,013,730	16,624,471	8.26	502	1,243,144,398	617	38	793,871,407	394	24
Specialist - Ophthalmology	M5C	13,436,541	24,607,864	1.83	742	3,071,572,724	229	93	2,145,580,917	160	65
Specialist - Other	M5D	6,724,135	13,079,598	1.95	395	935,739,123	139	28	824,808,413	123	25
Consultations	M6	6,746	15,302	2.27	0	1,475,936	219	0	1,138,656	169	0
Procedures											
Anesthesia	P0	7,413,373	14,729,182	1.99	444	\$2,533,108,251	\$342	\$76	\$1,965,601,493	\$265	\$59
Major Procedure - Breast	P1A	92,776	131,284	1.42	4	135,511,498	1,461	4	105,659,399	1,139	3
Major Procedure - Colectomy	P1B	63,491	83,134	1.31	3	101,561,483	1,600	3	79,557,952	1,253	2
Major Procedure - Cholecystectomy	P1C	17,512	21,594	1.23	1	16,987,616	970	1	13,297,800	759	0
Major Procedure - Transurethral Resection of the Prostate (TURP)	P1D	79,838	87,695	1.10	3	72,389,743	907	2	56,402,689	706	2
Major Procedure - Hysterectomy	P1E	44,208	58,831	1.33	2	48,079,767	1,088	1	37,398,536	846	1
Major Procedure - Explor/Decompr/Excis Disc	P1F	164,505	272,206	1.65	8	226,188,888	1,375	7	176,200,292	1,071	5
Major Procedure - Other	P1G	1,758,203	3,075,601	1.75	93	2,145,509,071	1,220	65	1,668,226,272	949	50
Major Procedure - Cardiovascular-CABG	P2A	87,483	144,702	1.65	4	189,528,354	2,166	6	148,113,606	1,693	4
Major Procedure - Cardiovascular-Aneurysm Repair	P2B	50,804	59,748	1.18	2	35,146,309	692	1	27,523,685	542	1
Major Procedure - Cardiovascular-Thromboendarterectomy	P2C	50,451	69,107	1.37	2	56,876,746	1,127	2	44,414,395	880	1
Major Procedure - Cardiovascular-Coronary Angioplasty (PTCA)	P2D	215,177	240,113	1.12	7	147,035,662	683	4	114,778,117	533	3
Major Procedure - Cardiovascular-Pacemaker Insertion	P2E	252,315	272,216	1.08	8	154,643,251	613	5	120,913,954	479	4
Major Procedure - Cardiovascular-Other	P2F	1,738,101	2,811,728	1.62	85	1,927,030,485	1,109	58	1,502,772,513	865	45
Major Procedure - Orthopedic - Hip Fracture Repair	P3A	169,338	218,793	1.29	7	211,137,773	1,247	6	165,755,511	979	5
Major Procedure - Orthopedic - Hip Replacement	P3B	159,059	262,059	1.65	8	262,652,380	1,651	8	205,082,600	1,289	6
Major Procedure - Orthopedic - Knee Replacement	P3C	271,225	450,265	1.66	14	475,765,380	1,754	14	370,375,923	1,366	11
Major Procedure - Orthopedic - Other	P3D	668,389	1,076,575	1.61	32	1,007,658,371	1,508	30	784,142,106	1,173	24
Eye Procedures - Corneal Transplant	P4A	17,744	32,455	1.83	1	42,841,557	2,414	1	33,415,998	1,883	1
Eye Procedures - Cataract Removal/Lens Insertion	P4B	1,218,307	3,500,616	2.87	106	2,480,683,743	2,036	75	1,930,263,067	1,584	58
Eye Procedures - Retinal Detachment	P4C	88,049	143,218	1.63	4	176,762,244	2,008	5	137,339,869	1,560	4
Eye Procedures - Treatment Of Retinal Lesions	P4D	114,279	190,152	1.66	6	138,400,588	1,211	4	107,060,458	937	3
Eye - Other	P4E	1,672,869	4,619,757	2.76	139	1,102,300,179	659	33	849,878,291	508	26
Ambulatory Procedures - Skin	P5A	6,497,807	15,530,391	2.39	469	2,546,320,644	392	77	1,934,492,761	298	58
Ambulatory Procedures - Musculoskeletal	P5B	682,412	990,914	1.45	30	574,328,657	842	17	445,381,198	653	13
Ambulatory Procedures - Groin Hernia Repair	P5C	80,679	100,412	1.24	3	59,857,060	742	2	46,466,392	576	1

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Ambulatory Procedures - Lithotripsy	P5D	48,953	69,808	1.43	2	50,481,679	1,031	2	39,181,282	800	1
Ambulatory Procedures - Other	P5E	2,493,003	9,838,889	3.95	297	1,062,614,624	426	32	825,594,315	331	25
Minor Procedures - Skin	P6A	7,955,555	18,121,482	2.28	547	1,602,901,766	201	48	1,194,013,294	150	36
Minor Procedures - Musculoskeletal	P6B	5,160,545	12,221,936	2.37	369	1,426,906,218	277	43	1,083,492,005	210	33
Minor Procedures - Other (Medicare Physician Fee Schedule)	P6C	10,697,297	54,702,842	5.11	1,650	4,216,571,117	394	127	3,238,097,385	303	98
Minor Procedures - Other (Non Medicare Physician Fee Schedule)	P6D	271,732	307,337	1.13	9	39,244,485	144	1	31,581,496	116	1
Oncology - Radiation Therapy	P7A	314,729	4,794,744	15.23	145	1,606,498,274	5,104	48	1,254,745,617	3,987	38
Oncology - Other	P7B	581,286	3,637,351	6.26	110	503,056,800	865	15	388,439,700	668	12
Endoscopy - Arthroscopy	P8A	266,497	443,122	1.66	13	379,906,338	1,426	11	293,983,191	1,103	9
Endoscopy - Upper Gastrointestinal	P8B	1,899,951	2,912,012	1.53	88	637,611,213	336	19	492,180,671	259	15
Endoscopy - Sigmoidoscopy	P8C	133,300	171,862	1.29	5	18,798,417	141	1	14,324,591	107	0
Endoscopy - Colonoscopy	P8D	2,373,981	3,443,442	1.45	104	1,082,804,071	456	33	856,707,268	361	26
Endoscopy - Cystoscopy	P8E	1,051,338	1,693,124	1.61	51	435,099,947	414	13	333,225,841	317	10
Endoscopy - Bronchoscopy	P8F	327,536	429,036	1.31	13	106,932,952	326	3	83,318,325	254	3
Endoscopy - Laryngoscopy	P8H	519,312	765,562	1.47	23	104,479,750	201	3	79,095,592	152	2
Endoscopy - Other	P8I	704,426	1,077,077	1.53	32	342,541,673	486	10	263,835,954	375	8
Dialysis Services (Medicare Physician Fee Schedule)	P9A	434,423	5,381,290	12.39	162	1,026,495,074	2,363	31	796,808,934	1,834	24
Dialysis Services (Non Medicare Physician Fee Schedule)	P9B	5,116	6,040	1.18	0	2,545,239	498	0	1,942,818	380	0
Imaging											
Standard Imaging - Chest	I1A	15,014,711	37,504,567	2.50	1,131	\$442,075,409	\$29	\$13	\$336,316,775	\$22	\$10
Standard Imaging - Musculoskeletal	I1B	11,973,913	25,843,272	2.16	780	767,882,581	64	23	580,483,142	48	18
Standard Imaging - Breast	I1C	6,482,171	7,490,754	1.16	226	521,936,240	81	16	481,795,450	74	15
Standard Imaging - Contrast Gastrointestinal	I1D	1,126,814	1,455,814	1.29	44	134,788,899	120	4	123,605,061	110	4
Standard Imaging - Nuclear Medicine	I1E	4,105,661	5,614,314	1.37	169	1,272,201,756	310	38	986,031,322	240	30
Standard Imaging - Other	I1F	3,301,592	6,480,010	1.96	195	460,351,208	139	14	353,213,819	107	11
Advanced Imaging - CAT/CT/CTA: Brain/Head/Neck	I2A	4,273,475	6,575,897	1.54	198	371,226,694	87	11	279,845,277	65	8
Advanced Imaging - CAT/CT/CTA: Other	I2B	6,620,485	12,567,035	1.90	379	1,333,213,531	201	40	1,013,722,693	153	31
Advanced Imaging - MRI/MRA: Brain/Head/Neck	I2C	1,686,165	2,254,459	1.34	68	448,795,024	266	14	344,609,918	204	10
Advanced Imaging - MRI/MRA: Other	I2D	3,488,907	5,103,040	1.46	154	1,283,436,631	368	39	988,181,566	283	30
Echography/Ultrasonography - Eye	I3A	1,345,561	1,963,422	1.46	59	149,093,786	111	4	113,041,630	84	3
Echography/Ultrasonography - Abdomen/Pelvis	I3B	3,807,861	5,124,954	1.35	155	366,600,294	96	11	274,138,876	72	8
Echography/Ultrasonography - Heart	I3C	6,279,346	8,298,753	1.32	250	904,382,934	144	27	684,256,776	109	21
Echography/Ultrasonography - Carotid Arteries	I3D	2,500,081	2,870,900	1.15	87	309,639,098	124	9	233,611,450	93	7
Echography/Ultrasonography - Prostate, Transrectal	I3E	202,280	238,759	1.18	7	15,738,089	78	0	12,032,431	59	0
Echography/Ultrasonography - Other	I3F	5,576,130	9,489,106	1.70	286	898,522,872	161	27	684,374,060	123	21
Imaging Procedure - Heart Including Cardiac Catheter	I4A	14,131	14,552	1.03	0	251,074	18	0	196,903	14	0
Imaging Procedure - Other	I4B	2,542,265	5,288,544	2.08	160	444,960,989	175	13	345,388,648	136	10
Tests											
Lab Tests - Routine Venipuncture (Non Medicare Physician Fee Schedule)	T1A	18,633,481	61,139,326	3.28	1,844	\$183,513,912	\$10	\$6	\$180,151,060	\$10	\$5
Lab Tests - Automated General Profiles	T1B	16,516,001	39,258,770	2.38	1,184	428,440,531	26	13	420,886,383	25	13
Lab Tests - Urinalysis	T1C	10,694,694	21,270,822	1.99	642	81,097,951	8	2	79,366,102	7	2
Lab Tests - Blood Counts	T1D	14,816,318	36,015,448	2.43	1,087	370,544,794	25	11	363,785,130	25	11
Lab Tests - Glucose	T1E	2,004,653	5,020,984	2.50	151	25,924,308	13	1	24,031,601	12	1
Lab Tests - Bacterial Cultures	T1F	3,873,434	6,953,553	1.80	210	124,511,319	32	4	122,447,571	32	4
Lab Tests - Other (Medicare Physician Fee Schedule)	T1G	8,548,450	16,177,355	1.89	488	2,160,421,795	253	65	1,667,696,705	195	50
Lab Tests - Other (Non-Medicare Physician Fee Schedule)	T1H	20,439,332	94,108,506	4.60	2,839	4,238,461,738	207	128	4,155,887,878	203	125

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Other Tests - Electrocardiograms	T2A	13,540,842	30,825,570	2.28	930	385,959,328	29	12	284,624,222	21	9
Other Tests - Cardiovascular Stress Tests	T2B	2,497,400	2,820,873	1.13	85	146,743,667	59	4	111,682,519	45	3
Other Tests - EKG Monitoring	T2C	1,916,761	3,116,503	1.63	94	274,750,617	143	8	207,583,539	108	6
Other Tests - Other	T2D	9,960,509	20,839,814	2.09	629	1,936,609,893	194	58	1,468,432,376	147	44
Durable Medical Equipment											
Med/Surg Supplies	D1A	413,999	1,005,087	2.43	30	\$196,950,113	\$476	\$6	\$152,805,683	\$369	\$5
Hospital Beds	D1B	382,519	1,839,612	4.81	55	184,680,235	483	6	138,786,943	363	4
Oxygen and Supplies	D1C	1,387,012	11,731,494	8.46	354	1,687,117,012	1,216	51	1,280,094,088	923	39
Wheelchairs	D1D	902,976	4,491,446	4.97	136	812,234,314	900	25	621,642,413	688	19
Other Durable Medical Equipment	D1E	7,012,038	34,013,453	4.85	1,026	3,483,084,683	497	105	2,647,307,507	378	80
Prosthetic/Orthotic Devices	D1F	3,271,466	6,213,129	1.90	187	2,464,728,795	753	74	1,905,355,477	582	57
Drugs Administered Through Durable Medical Equipment	D1G	1,114,028	4,753,189	4.27	143	777,127,363	698	23	604,755,982	543	18
Other											
Ambulance	O1A	4,940,136	14,736,258	2.98	445	\$6,322,532,528	\$1,280	\$191	\$4,935,184,397	\$999	\$149
Chiropractic	O1B	2,067,943	21,319,136	10.31	643	696,807,462	337	21	500,651,405	242	15
Enteral and Parenteral	O1C	122,971	1,339,515	10.89	40	603,583,084	4,908	18	472,594,084	3,843	14
Chemotherapy	O1D	379,106	2,213,609	5.84	67	2,355,733,495	6,214	71	1,836,734,013	4,845	55
Other Drugs	O1E	8,108,723	29,500,381	3.64	890	11,014,008,409	1,358	332	8,560,938,357	1,056	258
Hearing and Speech Services	O1F	1,638	9,481	5.79	0	867,287	529	0	663,263	405	0
Immunizations/Vaccinations	O1G	14,624,876	16,644,314	1.14	502	753,005,828	51	23	731,311,046	50	22
Exceptions/Unclassified											
Other - Medicare Fee Schedule	Y1	1,977,907	4,610,595	2.33	139	\$326,443,259	\$165	\$10	\$249,866,904	\$126	\$8
Other - Non-Medicare Fee Schedule	Y2	1,520,092	11,486,841	7.56	347	102,450,961	67	3	100,453,961	66	3
Undefined Codes	Z2	32,262	289,476	8.97	9	2,220,265	69	0	2,108,082	65	0

¹The Original Medicare Part B enrollee count in 2013 was 33,147,099.

NOTES: Counts and amounts may not sum to totals because of rounding. The 'persons with utilization' counts do not add to the total because beneficiaries may be counted in more than one BETOS classification during the reported year.

SOURCE: Centers for Medicare & Medicaid Services, Office of Enterprise Data and Analytics, CMS Chronic Conditions Data Warehouse.