MDCR PHYSSUPP 7

Medicare Physicians/Suppliers: Utilization and Program Payments for Original Medicare Beneficiaries, by Berenson-Eggers Type of Service (BETOS) Classification, Calendar Year 2014

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		33,263,915	1,280,162,443	38.49	38,571	$129,177,638,902	$3,883	$3,892	$99,089,871,674	$2,979	$2,986
Evaluation and Management											
Office Visits - New	M1A	15,820,985	27,307,007	1.73	823	$3,467,461,453	$219	$104	$2,475,205,237	$156	$75
Office Visits - Established	M1B	28,982,903	226,357,972	7.81	6,820	18,625,213,805	643	561	12,953,835,634	447	390
Hospital Visits - Initial	M2A	6,450,734	21,605,131	3.35	651	3,691,523,559	572	111	2,843,338,114	441	86
Hospital Visits - Subsequent	M2B	6,703,910	87,826,982	13.10	2,646	7,194,217,761	1,073	217	5,592,827,107	834	169
Hospital Visits - Critical Care	M2C	1,747,646	5,365,107	3.07	162	1,254,334,614	718	38	974,238,922	557	29
Emergency Room Visit	M3	10,030,362	20,689,179	2.06	623	2,774,161,821	277	84	2,100,145,869	209	63
Home Visit	M4A	576,759	2,658,873	4.61	80	320,110,483	555	10	236,442,975	410	7
Nursing Home Visit	M4B	2,821,682	30,532,806	10.82	920	2,570,118,008	911	77	1,937,046,858	686	58
Specialist - Pathology (HCPCS Moved to T1G in 2003)	M5A	484	506	1.05	0	16,516	34	0	12,912	27	0
Specialist - Psychiatry	M5B	1,997,726	16,790,892	8.41	506	1,416,382,240	709	43	1,069,364,697	535	32
Specialist - Ophthalmology	M5C	13,366,262	24,435,880	1.83	736	3,078,908,383	230	93	2,141,378,410	160	65
Specialist - Other	M5D	7,627,536	14,240,348	1.87	429	1,089,666,352	143	33	959,571,954	126	29
Consultations	M6	9,936	21,831	2.20	1	2,113,680	213	0	1,615,332	163	0
Procedures											
Anesthesia	P0	7,422,671	14,739,136	1.99	444	$2,623,517,279	$353	$79	$2,028,643,813	$273	$61
Major Procedure - Breast	P1A	202,287	348,149	1.72	10	202,036,636	999	6	156,457,310	773	5
Major Procedure - Colectomy	P1B	59,590	77,747	1.30	2	96,674,449	1,622	3	75,303,199	1,264	2
Major Procedure - Cholecystectomy	P1C	15,801	19,521	1.24	1	15,495,109	981	0	12,051,716	763	0
Major Procedure - Transurethral Resection of the Prostate (TURP)	P1D	77,119	85,136	1.10	3	72,300,012	938	2	56,027,958	727	2
Major Procedure - Hysterectomy	P1E	43,155	57,144	1.32	2	48,693,601	1,128	1	37,681,057	873	1
Major Procedure - Explor/Decompr/Excis Disc	P1F	170,739	282,057	1.65	8	237,045,531	1,388	7	183,952,629	1,077	6
Major Procedure - Other	P1G	1,766,477	3,124,252	1.77	94	2,398,701,209	1,358	72	1,858,122,025	1,052	56
Major Procedure - Cardiovascular-CABG	P2A	84,648	138,460	1.64	4	187,642,155	2,217	6	145,960,652	1,724	4
Major Procedure - Cardiovascular-Aneurysm Repair	P2B	68,818	80,869	1.18	2	54,675,400	794	2	42,601,542	619	1
Major Procedure - Cardiovascular-Thromboendarterectomy	P2C	49,221	67,305	1.37	2	59,898,962	1,217	2	46,510,244	945	1
Major Procedure - Cardiovascular-Coronary Angioplasty (PTCA)	P2D	214,270	237,987	1.11	7	152,851,788	713	5	118,582,579	553	4
Major Procedure - Cardiovascular-Pacemaker Insertion	P2E	243,123	262,207	1.08	8	156,332,494	643	5	121,651,644	500	4
Major Procedure - Cardiovascular-Other	P2F	1,721,450	2,757,673	1.60	83	1,909,567,004	1,109	58	1,483,138,610	862	45
Major Procedure - Orthopedic - Hip Fracture Repair	P3A	168,641	217,748	1.29	7	213,519,293	1,266	6	166,769,947	989	5
Major Procedure - Orthopedic - Hip Replacement	P3B	161,601	268,438	1.66	8	260,231,201	1,610	8	202,211,265	1,251	6
Major Procedure - Orthopedic - Knee Replacement	P3C	268,106	448,670	1.67	14	429,390,632	1,602	13	332,755,278	1,241	10
Major Procedure - Orthopedic - Other	P3D	676,498	1,075,620	1.59	32	1,056,234,980	1,561	32	818,417,206	1,210	25
Eye Procedures - Corneal Transplant	P4A	17,039	31,581	1.85	1	43,229,679	2,537	1	33,550,917	1,969	1
Eye Procedures - Cataract Removal/Lens Insertion	P4B	1,182,013	3,431,859	2.90	103	2,446,326,690	2,070	74	1,894,500,919	1,603	57
Eye Procedures - Retinal Detachment	P4C	87,349	142,700	1.63	4	179,853,401	2,059	5	139,171,735	1,593	4
Eye Procedures - Treatment Of Retinal Lesions	P4D	107,381	177,808	1.66	5	131,758,557	1,227	4	101,416,629	944	3
Eye - Other	P4E	1,709,961	4,789,925	2.80	144	1,150,209,553	673	35	882,177,785	516	27
Ambulatory Procedures - Skin	P5A	6,578,319	15,805,457	2.40	476	2,582,524,622	393	78	1,954,137,362	297	59
Ambulatory Procedures - Musculoskeletal	P5B	672,333	979,159	1.46	30	592,141,257	881	18	456,910,654	680	14
Ambulatory Procedures - Groin Hernia Repair	P5C	76,740	95,691	1.25	3	57,901,901	755	2	44,692,282	582	1

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Ambulatory Procedures - Lithotripsy	P5D	50,385	72,204	1.43	2	54,038,817	1,073	2	41,780,013	829	1
Ambulatory Procedures - Other	P5E	2,359,923	9,823,610	4.16	296	1,008,761,320	427	30	780,653,575	331	24
Minor Procedures - Skin	P6A	8,010,480	18,244,839	2.28	550	1,582,226,732	198	48	1,171,997,514	146	35
Minor Procedures - Musculoskeletal	P6B	5,246,133	12,437,671	2.37	375	1,407,842,533	268	42	1,064,329,396	203	32
Minor Procedures - Other (Medicare Physician Fee Schedule)	P6C	10,618,864	55,569,266	5.23	1,674	4,276,286,071	403	129	3,270,000,933	308	99
Minor Procedures - Other (Non Medicare Physician Fee Schedule)	P6D	270,810	308,400	1.14	9	39,831,091	147	1	31,891,039	118	1
Oncology - Radiation Therapy	P7A	317,737	4,681,290	14.73	141	1,613,584,881	5,078	49	1,255,129,583	3,950	38
Oncology - Other	P7B	586,903	3,538,033	6.03	107	532,967,583	908	16	410,968,323	700	12
Endoscopy - Arthroscopy	P8A	257,181	427,210	1.66	13	357,991,344	1,392	11	275,590,554	1,072	8
Endoscopy - Upper Gastrointestinal	P8B	1,844,453	2,826,071	1.53	85	587,519,646	319	18	450,816,639	244	14
Endoscopy - Sigmoidoscopy	P8C	126,473	164,084	1.30	5	17,819,664	141	1	13,518,395	107	0
Endoscopy - Colonoscopy	P8D	2,297,307	3,339,190	1.45	101	1,080,877,128	470	33	850,859,800	370	26
Endoscopy - Cystoscopy	P8E	1,039,428	1,657,216	1.59	50	419,160,144	403	13	319,329,058	307	10
Endoscopy - Bronchoscopy	P8F	322,458	420,914	1.31	13	108,625,457	337	3	84,230,796	261	3
Endoscopy - Laryngoscopy	P8H	524,059	771,367	1.47	23	104,684,977	200	3	78,965,980	151	2
Endoscopy - Other	P8I	716,098	1,103,941	1.54	33	364,333,932	509	11	279,547,036	390	8
Dialysis Services (Medicare Physician Fee Schedule)	P9A	439,862	5,413,222	12.31	163	1,061,822,139	2,414	32	818,658,761	1,861	25
Dialysis Services (Non Medicare Physician Fee Schedule)	P9B	5,026	6,163	1.23	0	2,514,496	500	0	1,921,833	382	0
Imaging											
Standard Imaging - Chest	I1A	14,727,900	36,177,926	2.46	1,090	$429,657,849	$29	$13	$325,776,776	$22	$10
Standard Imaging - Musculoskeletal	I1B	11,990,187	25,974,574	2.17	783	764,274,777	64	23	574,713,190	48	17
Standard Imaging - Breast	I1C	6,417,626	7,383,748	1.15	222	508,975,717	79	15	467,964,651	73	14
Standard Imaging - Contrast Gastrointestinal	I1D	1,085,078	1,400,131	1.29	42	135,502,155	125	4	123,840,127	114	4
Standard Imaging - Nuclear Medicine	I1E	3,971,264	5,428,034	1.37	164	1,190,675,160	300	36	918,721,108	231	28
Standard Imaging - Other	I1F	3,198,915	6,224,113	1.95	188	440,317,695	138	13	336,855,506	105	10
Advanced Imaging - CAT/CT/CTA: Brain/Head/Neck	I2A	4,322,375	6,702,220	1.55	202	374,382,835	87	11	280,219,143	65	8
Advanced Imaging - CAT/CT/CTA: Other	I2B	6,802,938	13,043,484	1.92	393	1,368,394,053	201	41	1,033,366,906	152	31
Advanced Imaging - MRI/MRA: Brain/Head/Neck	I2C	1,712,443	2,289,281	1.34	69	365,475,806	213	11	278,162,094	162	8
Advanced Imaging - MRI/MRA: Other	I2D	3,535,612	5,155,910	1.46	155	1,167,829,418	330	35	893,135,485	253	27
Echography/Ultrasonography - Eye	I3A	1,311,793	1,918,916	1.46	58	142,785,877	109	4	107,816,067	82	3
Echography/Ultrasonography - Abdomen/Pelvis	I3B	3,779,550	5,077,424	1.34	153	360,911,390	95	11	268,366,386	71	8
Echography/Ultrasonography - Heart	I3C	6,251,150	8,302,032	1.33	250	1,025,310,261	164	31	775,377,832	124	23
Echography/Ultrasonography - Carotid Arteries	I3D	2,417,473	2,764,178	1.14	83	293,677,371	121	9	220,483,819	91	7
Echography/Ultrasonography - Prostate, Transrectal	I3E	184,781	216,826	1.17	7	17,649,704	96	1	13,462,581	73	0
Echography/Ultrasonography - Other	I3F	5,710,313	9,709,893	1.70	293	767,273,274	134	23	579,774,393	102	17
Imaging Procedure - Heart Including Cardiac Catheter	I4A	7,220	7,462	1.03	0	149,356	21	0	116,580	16	0
Imaging Procedure - Other	I4B	2,486,847	5,158,605	2.07	155	443,070,263	178	13	342,236,171	138	10
Tests											
Lab Tests - Routine Venipuncture (Non Medicare Physician Fee Schedule)	T1A	18,256,783	58,168,769	3.19	1,753	$177,536,666	$10	$5	$173,436,777	$9	$5
Lab Tests - Automated General Profiles	T1B	16,387,443	38,571,278	2.35	1,162	417,744,832	25	13	408,319,597	25	12
Lab Tests - Urinalysis	T1C	10,580,588	20,979,873	1.98	632	79,105,807	7	2	77,061,393	7	2
Lab Tests - Blood Counts	T1D	14,726,706	35,309,143	2.40	1,064	360,800,227	24	11	352,484,449	24	11
Lab Tests - Glucose	T1E	1,890,839	4,386,951	2.32	132	22,544,506	12	1	20,681,386	11	1
Lab Tests - Bacterial Cultures	T1F	3,852,254	6,858,062	1.78	207	123,385,195	32	4	120,744,452	31	4
Lab Tests - Other (Medicare Physician Fee Schedule)	T1G	8,467,501	16,150,165	1.91	487	1,999,677,259	236	60	1,537,077,960	182	46
Lab Tests - Other (Non-Medicare Physician Fee Schedule)	T1H	20,367,216	91,995,277	4.52	2,772	4,738,199,573	233	143	4,624,624,794	227	139

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Other Tests - Electrocardiograms	T2A	13,397,426	30,040,110	2.24	905	365,952,693	27	11	268,995,932	20	8
Other Tests - Cardiovascular Stress Tests	T2B	2,392,584	2,713,605	1.13	82	137,088,590	57	4	103,866,592	43	3
Other Tests - EKG Monitoring	T2C	1,915,490	3,155,182	1.65	95	294,579,305	154	9	222,213,955	116	7
Other Tests - Other	T2D	10,057,962	21,160,936	2.10	638	1,941,417,011	193	58	1,464,631,638	146	44
Durable Medical Equipment											
Med/Surg Supplies	D1A	423,101	1,018,909	2.41	31	$207,930,150	$491	$6	$160,854,660	$380	$5
Hospital Beds	D1B	303,620	1,428,122	4.70	43	121,488,037	400	4	90,268,631	297	3
Oxygen and Supplies	D1C	1,317,947	11,007,291	8.35	332	1,453,792,263	1,103	44	1,096,968,347	832	33
Wheelchairs	D1D	716,868	3,538,862	4.94	107	627,741,207	876	19	480,456,632	670	14
Other Durable Medical Equipment	D1E	6,484,548	30,831,867	4.75	929	2,655,035,448	409	80	2,018,849,848	311	61
Prosthetic/Orthotic Devices	D1F	3,166,187	6,066,409	1.92	183	2,402,852,707	759	72	1,850,452,597	584	56
Drugs Administered Through Durable Medical Equipment	D1G	1,050,789	4,347,216	4.14	131	841,595,051	801	25	651,947,851	620	20
Other											
Ambulance	O1A	4,962,595	14,915,597	3.01	449	$6,396,276,742	$1,289	$193	$4,968,547,578	$1,001	$150
Chiropractic	O1B	2,034,724	20,786,403	10.22	626	764,926,091	376	23	551,109,858	271	17
Enteral and Parenteral	O1C	111,543	1,238,154	11.10	37	521,232,765	4,673	16	405,687,252	3,637	12
Chemotherapy	O1D	363,417	2,114,737	5.82	64	2,374,525,450	6,534	72	1,843,645,389	5,073	56
Other Drugs	O1E	8,067,797	28,907,203	3.58	871	11,531,530,268	1,429	347	8,930,042,551	1,107	269
Hearing and Speech Services	O1F	1,497	11,336	7.57	0	1,177,367	786	0	900,394	601	0
Immunizations/Vaccinations	O1G	14,874,232	17,014,210	1.14	513	907,124,330	61	27	880,124,981	59	27
Exceptions/Unclassified											
Other - Medicare Fee Schedule	Y1	2,085,555	4,795,678	2.30	144	$346,553,399	$166	$10	$263,955,650	$127	$8
Other - Non-Medicare Fee Schedule	Y2	1,496,414	11,079,936	7.40	334	103,143,832	69	3	100,527,420	67	3
Undefined Codes	Z2	28,727	256,901	8.94	8	2,499,147	87	0	2,394,090	83	0

[1]The Original Medicare Part B enrollee count in 2014 was 33,189,779.

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.