

MDCR PHYSSUPP 7

Medicare Physicians/Suppliers: Utilization and Program Payments for Original Medicare Beneficiaries, by Berenson-Eggers Type of Service (BETOS) Classification, Calendar Year 2017

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		33,608,788	1,288,785,680	38.35	38,400	\$138,198,210,783	\$4,112	\$4,118	\$105,610,054,996	\$3,142	\$3,147
Evaluation and Management											
Office Visits - New	M1A	16,405,322	28,753,583	1.75	857	\$3,675,298,610	\$224	\$110	\$2,563,558,895	\$156	\$76
Office Visits - Established	M1B	29,239,683	230,145,821	7.87	6,857	19,304,631,732	660	575	13,171,269,245	450	392
Hospital Visits - Initial	M2A	6,413,841	21,600,506	3.37	644	3,674,020,950	573	109	2,816,918,106	439	84
Hospital Visits - Subsequent	M2B	6,666,978	86,819,615	13.02	2,587	7,173,088,964	1,076	214	5,558,247,532	834	166
Hospital Visits - Critical Care	M2C	1,859,441	5,763,042	3.10	172	1,350,404,588	726	40	1,053,771,581	567	31
Emergency Room Visit	M3	10,255,627	21,216,448	2.07	632	2,920,199,828	285	87	2,245,443,298	219	67
Home Visit	M4A	561,174	2,558,722	4.56	76	304,760,868	543	9	221,310,014	394	7
Nursing Home Visit	M4B	2,748,926	31,335,897	11.40	934	2,693,529,448	980	80	2,010,914,843	732	60
Specialist - Pathology (HCPCS Moved to T1G in 2003)	M5A	1,428	1,475	1.03	0	62,350	44	0	47,485	33	0
Specialist - Psychiatry	M5B	2,063,427	17,741,314	8.60	529	1,525,600,965	739	45	1,141,856,493	553	34
Specialist - Ophthalmology	M5C	13,574,098	24,831,282	1.83	740	3,030,421,526	223	90	2,043,885,541	151	61
Specialist - Other	M5D	10,903,908	16,597,990	1.52	495	1,862,975,918	171	56	1,662,347,609	152	50
Consultations	M6	46,419	73,489	1.58	2	5,212,205	112	0	4,142,314	89	0
Procedures											
Anesthesia	P0	8,794,570	17,942,436	2.04	535	\$2,735,247,514	\$311	\$81	\$2,123,798,353	\$241	\$63
Major Procedure - Breast	P1A	202,671	358,984	1.77	11	203,091,749	1,002	6	156,546,848	772	5
Major Procedure - Colectomy	P1B	50,470	65,407	1.30	2	82,592,332	1,636	2	64,185,787	1,272	2
Major Procedure - Cholecystectomy	P1C	12,105	14,867	1.23	0	11,963,535	988	0	9,280,928	767	0
Major Procedure - Transurethral Resection of the Prostate (TURP)	P1D	72,770	80,090	1.10	2	68,362,758	939	2	52,966,032	728	2
Major Procedure - Hysterectomy	P1E	44,606	57,911	1.30	2	44,738,287	1,003	1	34,550,877	775	1
Major Procedure - Explor/Decompr/Excis Disc	P1F	165,672	278,407	1.68	8	243,175,145	1,468	7	188,057,397	1,135	6
Major Procedure - Other	P1G	1,906,351	3,458,592	1.81	103	2,821,388,805	1,480	84	2,181,004,600	1,144	65
Major Procedure - Cardiovascular-CABG	P2A	79,284	128,056	1.62	4	178,803,188	2,255	5	139,029,706	1,754	4
Major Procedure - Cardiovascular-Aneurysm Repair	P2B	63,581	73,166	1.15	2	48,701,798	766	1	38,066,842	599	1
Major Procedure - Cardiovascular-Thromboendarterectomy	P2C	45,671	60,866	1.33	2	52,484,521	1,149	2	40,747,975	892	1
Major Procedure - Cardiovascular-Coronary Angioplasty (PTCA)	P2D	230,850	256,716	1.11	8	165,881,642	719	5	128,603,086	557	4
Major Procedure - Cardiovascular-Pacemaker Insertion	P2E	223,683	243,670	1.09	7	170,444,853	762	5	132,709,172	593	4
Major Procedure - Cardiovascular-Other	P2F	1,682,433	2,525,223	1.50	75	1,801,756,114	1,071	54	1,403,810,936	834	42
Major Procedure - Orthopedic - Hip Fracture Repair	P3A	162,184	211,867	1.31	6	206,312,481	1,272	6	160,667,860	991	5
Major Procedure - Orthopedic - Hip Replacement	P3B	180,474	305,241	1.69	9	291,613,191	1,616	9	226,701,383	1,256	7
Major Procedure - Orthopedic - Knee Replacement	P3C	300,319	514,146	1.71	15	487,175,802	1,622	15	377,417,077	1,257	11
Major Procedure - Orthopedic - Other	P3D	744,027	1,201,160	1.61	36	1,268,432,033	1,705	38	981,671,985	1,319	29
Eye Procedures - Corneal Transplant	P4A	16,843	31,516	1.87	1	42,382,573	2,516	1	32,909,567	1,954	1
Eye Procedures - Cataract Removal/Lens Insertion	P4B	1,191,971	3,596,366	3.02	107	2,506,847,169	2,103	75	1,936,471,170	1,625	58
Eye Procedures - Retinal Detachment	P4C	539,779	1,069,338	1.98	32	255,091,360	473	8	195,133,385	362	6
Eye Procedures - Treatment Of Retinal Lesions	P4D	84,151	152,829	1.82	5	64,324,068	764	2	49,102,485	584	1
Eye - Other	P4E	1,884,158	5,553,629	2.95	165	1,256,746,218	667	37	955,088,521	507	28
Ambulatory Procedures - Skin	P5A	6,899,160	16,817,029	2.44	501	2,718,516,081	394	81	2,039,808,384	296	61
Ambulatory Procedures - Musculoskeletal	P5B	675,300	999,772	1.48	30	618,936,712	917	18	476,238,472	705	14
Ambulatory Procedures - Groin Hernia Repair	P5C	64,715	81,166	1.25	2	49,269,953	761	1	37,840,467	585	1

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Ambulatory Procedures - Lithotripsy	P5D	48,871	68,606	1.40	2	53,386,567	1,092	2	41,293,359	845	1
Ambulatory Procedures - Other	P5E	3,867,138	14,385,358	3.72	429	1,111,901,039	288	33	855,963,922	221	26
Minor Procedures - Skin	P6A	8,211,166	18,397,060	2.24	548	1,638,472,458	200	49	1,191,668,006	145	36
Minor Procedures - Musculoskeletal	P6B	6,887,944	16,329,983	2.37	487	1,555,466,289	226	46	1,162,065,148	169	35
Minor Procedures - Other (Medicare Physician Fee Schedule)	P6C	11,165,680	63,054,087	5.65	1,879	5,440,686,768	487	162	4,148,220,151	372	124
Minor Procedures - Other (Non Medicare Physician Fee Schedule)	P6D	270,099	299,816	1.11	9	37,930,779	140	1	30,231,329	112	1
Oncology - Radiation Therapy	P7A	335,783	4,575,304	13.63	136	1,532,581,222	4,564	46	1,192,108,033	3,550	36
Oncology - Other	P7B	589,401	3,393,136	5.76	101	418,885,261	711	12	321,211,173	545	10
Endoscopy - Arthroscopy	P8A	254,592	430,788	1.69	13	361,515,724	1,420	11	277,952,660	1,092	8
Endoscopy - Upper Gastrointestinal	P8B	1,843,752	2,829,230	1.53	84	589,884,587	320	18	451,199,316	245	13
Endoscopy - Sigmoidoscopy	P8C	122,902	160,928	1.31	5	18,743,080	153	1	14,176,738	115	0
Endoscopy - Colonoscopy	P8D	2,342,539	3,428,102	1.46	102	1,063,959,524	454	32	836,565,403	357	25
Endoscopy - Cystoscopy	P8E	1,041,083	1,670,042	1.60	50	422,143,951	405	13	320,494,154	308	10
Endoscopy - Bronchoscopy	P8F	319,964	416,325	1.30	12	105,759,921	331	3	81,779,418	256	2
Endoscopy - Laryngoscopy	P8H	547,557	791,274	1.45	24	105,106,221	192	3	78,085,513	143	2
Endoscopy - Other	P8I	764,939	1,198,782	1.57	36	419,485,951	548	12	319,794,975	418	10
Dialysis Services (Medicare Physician Fee Schedule)	P9A	453,448	5,387,960	11.88	161	1,066,459,668	2,352	32	826,197,457	1,822	25
Dialysis Services (Non Medicare Physician Fee Schedule)	P9B	4,451	5,633	1.27	0	2,356,578	529	0	1,798,671	404	0
Imaging											
Standard Imaging - Chest	I1A	10,704,843	29,530,338	2.76	880	\$362,174,989	\$34	\$11	\$262,519,163	\$25	\$8
Standard Imaging - Musculoskeletal	I1B	11,816,768	24,081,791	2.04	718	632,413,697	54	19	468,146,891	40	14
Standard Imaging - Breast	I1C	6,687,130	7,778,099	1.16	232	669,213,732	100	20	618,975,804	93	18
Standard Imaging - Contrast Gastrointestinal	I1D	1,052,723	1,357,580	1.29	40	126,101,195	120	4	114,997,254	109	3
Standard Imaging - Nuclear Medicine	I1E	3,922,288	5,359,161	1.37	160	1,262,258,336	322	38	974,886,682	249	29
Standard Imaging - Other	I1F	2,965,320	5,588,652	1.88	167	389,377,612	131	12	294,880,612	99	9
Advanced Imaging - CAT/CT/CTA: Brain/Head/Neck	I2A	4,527,863	7,201,762	1.59	215	424,078,375	94	13	315,428,761	70	9
Advanced Imaging - CAT/CT/CTA: Other	I2B	7,676,776	15,409,113	2.01	459	1,581,507,705	206	47	1,188,602,547	155	35
Advanced Imaging - MRI/MRA: Brain/Head/Neck	I2C	1,864,898	2,481,184	1.33	74	377,191,352	202	11	284,095,841	152	8
Advanced Imaging - MRI/MRA: Other	I2D	3,868,953	5,688,819	1.47	169	1,235,296,482	319	37	937,038,824	242	28
Echography/Ultrasonography - Eye	I3A	1,355,454	2,008,918	1.48	60	148,260,730	109	4	109,512,192	81	3
Echography/Ultrasonography - Abdomen/Pelvis	I3B	3,817,896	5,122,436	1.34	153	334,676,729	88	10	244,376,156	64	7
Echography/Ultrasonography - Heart	I3C	6,525,343	9,121,284	1.40	272	1,118,385,426	171	33	838,596,395	129	25
Echography/Ultrasonography - Carotid Arteries	I3D	2,182,778	2,475,770	1.13	74	290,795,927	133	9	216,397,306	99	6
Echography/Ultrasonography - Prostate, Transrectal	I3E	190,935	225,033	1.18	7	18,006,933	94	1	13,705,065	72	0
Echography/Ultrasonography - Other	I3F	5,849,147	9,606,466	1.64	286	757,664,675	130	23	564,354,306	96	17
Imaging Procedure - Heart Including Cardiac Catheter	I4A	3,633	3,724	1.03	0	87,965	24	0	68,337	19	0
Imaging Procedure - Other	I4B	2,045,646	4,243,321	2.07	126	401,131,355	196	12	310,207,825	152	9
Tests											
Lab Tests - Routine Venipuncture (Non Medicare Physician Fee Schedule)	T1A	18,004,137	53,719,609	2.98	1,601	\$168,479,682	\$9	\$5	\$164,588,619	\$9	\$5
Lab Tests - Automated General Profiles	T1B	16,323,132	37,844,186	2.32	1,128	412,541,257	25	12	403,235,527	25	12
Lab Tests - Urinalysis	T1C	10,032,893	19,306,387	1.92	575	73,065,109	7	2	71,206,901	7	2
Lab Tests - Blood Counts	T1D	14,721,267	34,331,716	2.33	1,023	352,968,408	24	11	344,866,644	23	10
Lab Tests - Glucose	T1E	1,659,341	3,677,575	2.22	110	29,433,017	18	1	25,076,276	15	1
Lab Tests - Bacterial Cultures	T1F	3,863,038	6,787,377	1.76	202	125,405,134	32	4	122,728,685	32	4
Lab Tests - Other (Medicare Physician Fee Schedule)	T1G	8,713,224	16,319,044	1.87	486	1,896,262,023	218	56	1,443,579,766	166	43
Lab Tests - Other (Non-Medicare Physician Fee Schedule)	T1H	20,521,719	83,144,507	4.05	2,477	4,625,899,292	225	138	4,476,259,453	218	133

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Other Tests - Electrocardiograms	T2A	13,719,821	30,831,502	2.25	919	377,192,837	27	11	274,600,210	20	8
Other Tests - Cardiovascular Stress Tests	T2B	2,296,276	2,615,073	1.14	78	130,455,577	57	4	98,493,590	43	3
Other Tests - EKG Monitoring	T2C	1,988,281	3,288,478	1.65	98	385,045,810	194	11	291,475,717	147	9
Other Tests - Other	T2D	11,633,547	27,480,102	2.36	819	2,310,014,991	199	69	1,780,914,773	153	53
Durable Medical Equipment											
Med/Surg Supplies	D1A	463,149	1,088,853	2.35	32	\$341,781,277	\$738	\$10	\$265,338,309	\$573	\$8
Hospital Beds	D1B	251,201	1,242,346	4.95	37	66,786,740	266	2	48,883,252	195	1
Oxygen and Supplies	D1C	1,146,329	9,876,734	8.62	294	741,048,502	646	22	544,877,957	475	16
Wheelchairs	D1D	637,622	3,328,607	5.22	99	596,923,557	936	18	458,156,077	719	14
Other Durable Medical Equipment	D1E	5,979,354	28,731,876	4.81	856	2,494,572,368	417	74	1,883,946,894	315	56
Prosthetic/Orthotic Devices	D1F	3,224,117	6,259,691	1.94	187	2,954,059,019	916	88	2,271,110,526	704	68
Drugs Administered Through Durable Medical Equipment	D1G	1,101,192	4,137,364	3.76	123	898,496,365	816	27	694,418,707	631	21
Other											
Ambulance	O1A	5,018,089	13,728,782	2.74	409	\$6,310,656,268	\$1,258	\$188	\$4,896,021,605	\$976	\$146
Chiropractic	O1B	1,992,344	20,031,232	10.05	597	724,434,772	364	22	505,150,366	254	15
Enteral and Parenteral	O1C	94,295	954,025	10.12	28	434,508,713	4,608	13	337,606,005	3,580	10
Chemotherapy	O1D	352,259	2,012,384	5.71	60	3,576,893,891	10,154	107	2,778,011,842	7,886	83
Other Drugs	O1E	8,490,210	29,954,760	3.53	893	14,096,696,479	1,660	420	10,925,710,130	1,287	326
Hearing and Speech Services	O1F	1,889	16,374	8.67	0	1,724,380	913	0	1,305,416	691	0
Immunizations/Vaccinations	O1G	15,225,491	18,369,073	1.21	547	1,589,351,117	104	47	1,540,020,198	101	46
Exceptions/Unclassified											
Other - Medicare Fee Schedule	Y1	3,116,562	6,040,500	1.94	180	\$400,963,305	\$129	\$12	\$309,213,108	\$99	\$9
Other - Non-Medicare Fee Schedule	Y2	1,083,980	6,030,764	5.56	180	84,012,847	78	3	81,124,576	75	2
Undefined Codes	Z2	733	746	1.02	0	45,819	63	0	37,063	51	0
No BETOS Classification		6,862	12,514	1.82	0	10,655,589	1,553	0	8,379,170	1,221	0

¹The Original Medicare Part B enrollee count in 2017 was 33,562,359.

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.