

**Table 9.1**  
**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing**  
**for Medicare Physician and Supplier Services, by Total, Aged, and Disabled Enrollees:**  
**Selected Calendar Years 1995-2007**

Year	Persons Served <sup>1</sup>	Services	Submitted	Allowed	Program	Balanced
		Number in Thousands	Charges	Charges	Payments	Billing
Amounts in Thousands						
<b>Total</b>						
1995	30,935,680	1,141,270	\$96,407,229	\$55,175,723	\$42,276,746	\$235,301
1996	30,675,540	1,130,934	100,648,030	55,500,815	42,514,806	121,195
1997	30,218,980	1,106,604	104,830,651	56,896,798	43,620,311	101,513
1998	29,539,140	1,162,469	108,718,353	57,656,483	44,171,579	82,958
1999	29,331,640	1,200,603	116,249,395	60,563,267	46,487,527	76,730
2000	29,644,740	1,252,280	127,853,210	66,911,902	51,456,747	72,884
2001	30,688,840	1,340,531	147,219,411	76,672,497	59,113,949	70,241
2002	31,754,480	1,481,154	169,663,267	83,181,299	64,253,710	64,359
2003	32,547,900	1,573,445	191,593,731	92,638,665	71,733,844	64,560
2004	32,961,620	1,662,332	215,840,889	102,067,747	79,178,272	63,625
2005	33,434,580	1,766,256	236,285,951	108,052,939	83,747,781	61,459
2006	32,981,880	1,766,733	248,447,505	110,135,017	85,218,098	56,350
2007	32,224,600	1,766,037	259,930,435	110,633,862	85,628,319	51,039
<b>Aged</b>						
1995	27,649,460	1,012,890	84,940,078	48,786,706	37,475,087	222,718
1996	27,251,260	998,001	88,225,320	48,760,710	37,448,311	115,555
1997	26,739,000	973,626	91,714,021	49,843,717	38,311,260	96,496
1998	25,965,040	1,019,731	94,762,267	50,281,005	38,634,165	78,838
1999	25,668,380	1,049,891	100,988,074	52,642,997	40,532,735	72,794
2000	25,841,920	1,091,142	110,782,785	58,004,541	44,757,179	69,143
2001	26,660,980	1,164,112	127,081,467	66,214,834	51,234,552	66,700
2002	27,464,140	1,279,875	145,779,008	71,524,366	55,443,808	61,169
2003	27,998,940	1,350,638	163,233,484	78,920,043	61,323,439	61,133
2004	28,164,840	1,418,663	182,463,880	86,306,236	67,186,296	60,135
2005	28,388,260	1,499,983	198,503,311	90,666,561	70,517,544	58,043
2006	27,908,820	1,497,394	208,561,737	92,463,220	71,776,670	53,352
2007	27,150,120	1,490,841	217,273,807	92,577,589	71,864,127	48,470
<b>Disabled</b>						
1995	3,286,220	128,380	11,467,151	6,389,017	4,801,659	12,583
1996	3,424,280	132,933	12,422,710	6,740,105	5,066,495	5,640
1997	3,479,980	132,978	13,116,630	7,053,081	5,309,051	5,017
1998	3,574,100	142,738	13,956,086	7,375,478	5,537,414	4,120
1999	3,663,260	150,712	15,261,321	7,920,270	5,954,792	3,936
2000	3,802,820	161,138	17,070,425	8,907,361	6,699,568	3,741
2001	4,027,860	176,419	20,137,944	10,457,663	7,879,397	3,541
2002	4,290,340	201,279	23,884,259	11,656,933	8,809,902	3,190
2003	4,548,960	222,807	28,360,247	13,718,622	10,410,405	3,427
2004	4,796,780	243,669	33,377,009	15,761,511	11,991,976	3,490
2005	5,046,320	266,273	37,782,640	17,386,378	13,230,237	3,416
2006	5,073,060	269,339	39,885,768	17,671,797	13,441,428	2,998
2007	5,074,480	275,197	42,656,629	18,056,273	13,764,192	2,569

NOTES: Medicare charges and program payments represent fee-for-service utilization only.

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.

**Table 9.2**  
**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing for Medicare**  
**Physician and Supplier Services, by Demographic Characteristics: Calendar Year 2007**

Demographic Characteristic	Persons Served <sup>1</sup>	Services		Submitted Charges	
		Number in Thousands	Per Person Served <sup>1</sup>	Amount in Thousands	Served <sup>1</sup>
Total	32,224,600	1,766,037	54.8	\$259,930,435	\$8,066
<b>Sex</b>					
Male	13,646,300	738,936	54.1	115,085,929	8,433
Female	18,578,300	1,027,101	55.3	144,844,506	7,796
<b>Age</b>					
Under 65 Years	5,074,480	275,197	54.2	42,656,629	8,406
65-74 Years	12,786,420	624,290	48.8	95,576,332	7,475
75-84 Years	9,843,140	598,769	60.8	87,433,603	8,883
85 Years or Over	4,520,560	267,782	59.2	34,263,872	7,580
<b>Race<sup>3</sup></b>					
White	27,199,960	1,480,802	54.4	217,644,343	8,002
Other	4,901,620	279,576	57.0	41,462,815	8,459
<b>Type of Entitlement<sup>4</sup></b>					
Aged	26,864,660	1,446,953	53.9	209,950,909	7,815
Disabled	4,987,800	248,115	49.7	37,246,714	7,468
ESRD	372,140	70,969	190.7	12,732,812	34,215

See footnotes at end of table.

**Table 9.2--Continued**  
**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing for Medicare Physician and Supplier Services, by Demographic Characteristics: Calendar Year 2007**

Demographic Characteristic	Allowed Charges				Program Payments		Balance Billing	
	Amount in Thousands	Per Person Served <sup>1</sup>	Assigned in Thousands	Percent of Charges Assigned	Amount in Thousands	Per Person Served <sup>2</sup>	Amount in Thousands	Per Person with Liability
<b>Total</b>	\$110,633,862	\$3,433	\$109,969,406	99.4	\$85,628,319	\$2,722	\$51,039	\$29
<b>Sex</b>								
Male	48,530,308	3,556	48,251,121	99.4	37,570,850	2,839	21,884	31
Female	62,103,555	3,343	61,718,285	99.4	48,057,469	2,638	29,155	28
<b>Age</b>								
Under 65 Years	18,056,273	3,558	18,022,489	99.8	13,764,192	2,829	2,569	31
65-74 Years	39,296,825	3,073	39,026,513	99.3	30,323,256	2,439	20,715	28
75-84 Years	37,454,522	3,805	37,189,870	99.3	29,225,137	3,012	20,420	30
85 Years or Over	15,826,242	3,501	15,730,534	99.4	12,315,734	2,764	7,335	28
<b>Race<sup>3</sup></b>								
White	92,425,553	3,398	91,792,513	99.3	71,463,148	2,688	48,670	29
Other	17,861,052	3,644	17,831,295	99.8	13,899,290	2,927	2,237	27
<b>Type of Entitlement<sup>4</sup></b>								
Aged	89,618,246	3,336	88,992,219	99.3	69,499,636	2,641	48,103	29
Disabled	15,960,491	3,200	15,926,126	99.8	12,080,135	2,530	2,615	31
ESRD	5,055,125	13,584	5,051,061	99.9	4,048,547	10,960	321	37

<sup>1</sup>Includes beneficiaries who received covered services, but for whom no program payments were reported during the year.

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

<sup>3</sup>Excludes unknown race.

<sup>4</sup>Aged = Aged without ESRD (MSC 10); Disabled = Disabled without ESRD (MSC 20); ESRD = Aged with ESRD (MSC 11), Disabled with ESRD (MSC 21), and ESRD only (MSC 31).

NOTES: Medicare charges and program payments represent fee-for-service utilization only. ESRD is end stage renal disease. MSC is Medicare status code.

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.

**Table 9.3****Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing  
for Medicare Physician and Supplier Services, by Type of Service: Calendar Year 2007**

Type of Service	Persons Served <sup>1</sup>	Services		Submitted Charges	
		Number in Thousands	Per Person Served <sup>1</sup>	Amount in Thousands	Per Person Served <sup>1</sup>
Total	32,224,600	1,766,037	54.8	\$259,930,435	\$8,066
Medical Care	31,166,320	653,183	21.0	76,467,708	2,454
Surgery	19,492,640	105,446	5.4	50,698,944	2,601
Consultation	12,925,520	29,697	2.3	7,256,963	561
Diagnostic X-Ray	21,924,720	146,031	6.7	26,907,769	1,227
Diagnostic Laboratory	26,853,980	519,477	19.3	32,563,676	1,213
Radiation Therapy	1,226,920	12,756	10.4	6,170,947	5,030
Anesthesia	6,533,640	12,820	2.0	9,873,503	1,511
Assistance at Surgery	881,360	1,583	1.8	2,101,061	2,384
Other Medical Services	1,272,820	8,820	6.9	1,817,700	1,428
Ambulatory Surgical Center	3,172,500	5,650	1.8	10,638,941	3,353
Renal Supplies in the Home	2,300	66	28.6	81,153	35,284
ESRD Capitation Payment	327,540	2,856	8.7	1,506,157	4,598
Psychological Therapy	2,834,580	20,088	7.1	2,178,115	768
Occupational Therapy	12,100	87	7.2	2,831	234
Pneumococcal Vaccine	13,101,280	27,683	2.1	589,159	45
Physical Therapy	140	(6)	1.0	12	85
Durable Medical Equipment <sup>4</sup>	10,082,060	135,405	13.4	17,503,631	1,736
Other <sup>5</sup>	NA	84,389	NA	13,572,165	NA

<sup>1</sup>Includes 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.

<sup>2</sup>Ratio of assigned allowed charges to total allowed charges.

<sup>3</sup>The average program payment per person served does not reflect beneficiaries who received covered services, but for whom no program payments were reported.

<sup>4</sup>Durable medical equipment (DME) was identified based on selected Berenson-Eggers Type of Service system codes and Healthcare Common Procedure Coding System (HCPCS) codes.

<sup>5</sup>Includes blood, ambulance, enteral/parenteral supplies, immunosuppressive drugs, hearing items and services, kidney donor, lump sum purchase of DME, vision items or services, rental of DME, and medical supplies.

<sup>6</sup>Less than 500.

NOTES: Medicare charges and program payments represent fee-for-service utilization only. Numbers may not add to total because of rounding. BETOS is Berenson-Eggers Type of Service System for classifying HCPCS. ESRD is end stage renal disease. NA is not applicable.

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.

**Table 9.3--Continued**  
**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing**  
**for Medicare Physician and Supplier Services, by Type of Service: Calendar Year 2007**

Allowed Charges				Program Payments		Balance Billing	
Amount in Thousands	Per Person Served <sup>1</sup>	Assigned in Thousands	Percent of Charges Assigned <sup>2</sup>	Amount in Thousands	Per Person Served <sup>3</sup>	Amount in Thousands	Per Person With Liability
\$110,633,862	\$3,433	\$109,969,406	99.4	\$85,628,319	\$2,722	\$51,039	\$29
42,494,270	1,363	42,164,006	99.2	31,905,678	1,077	25,151	20
15,953,278	818	15,859,874	99.4	12,464,239	652	7,787	31
4,344,694	336	4,317,490	99.4	3,331,403	262	2,342	21
8,836,920	403	8,793,647	99.5	6,865,256	325	3,523	20
10,788,441	402	10,754,904	99.7	9,262,611	348	2,837	11
2,009,263	1,638	1,999,123	99.5	1,599,757	1,312	910	175
1,625,783	249	1,622,722	99.8	1,283,871	197	270	16
214,532	243	214,221	99.9	170,048	193	28	18
902,534	709	902,524	99.9	710,721	567	1	2
2,808,093	885	2,808,058	99.9	2,215,149	699	3	40
32,309	14,047	32,309	99.9	25,361	11,027	0	0
750,509	2,291	750,414	99.9	592,050	1,811	9	86
1,341,351	473	1,319,298	98.4	621,397	236	1,747	34
951	79	951	99.9	742	62	0	0
442,499	34	441,268	99.7	441,751	34	40	2
8	57	8	99.9	6	45	0	0
10,387,555	1,030	10,294,214	99.1	8,078,375	816	5,884	15
7,700,872	NA	7,694,375	99.9	6,059,904	NA	507	NA

**Table 9.4**  
**Persons Served, Services, Submitted and Allowed Charges, Program Payments for Medicare Physician and Supplier Services,**  
**by Place of Service: Calendar Year 2007**

Place of Service	Persons Served <sup>1</sup>	Services		Submitted Charges	
		Number in Thousands	Per Person Served <sup>1</sup>	Amount in Thousands	Per Person Served <sup>1</sup>
Total	32,224,600	1,766,037	54.8	\$259,930,435	\$8,066
Office	29,952,660	870,786	29.1	104,709,074	3,496
Home	10,667,520	153,984	14.4	20,651,054	1,936
Inpatient Hospital	8,071,260	207,022	25.6	50,419,825	6,247
Outpatient Hospital <sup>4</sup>	17,402,980	101,843	5.9	27,411,331	1,575
Emergency Room Hospital <sup>4</sup>	10,099,320	41,652	4.1	9,348,672	926
Ambulatory Surgical Center	3,518,140	15,632	4.4	18,237,873	5,184
Skilled Nursing Care Facility	2,078,120	23,473	11.3	2,175,152	1,047
Nursing Home	1,956,520	30,068	15.4	1,789,639	915
Hospice	6,020	20	3.4	2,288	380
Ambulance <sup>5</sup>	4,533,860	57,673	12.7	8,103,236	1,787
Independent Laboratory	17,322,780	238,859	13.8	12,997,495	750
All Other <sup>6</sup>	NA	25,025	NA	4,084,796	NA

See footnotes at end of table.

**Table 9.4--Continued**  
**Persons Served, Services, Submitted and Allowed Charges, Program Payments for Medicare Physician and Supplier Services,**  
**by Place of Service: Calendar Year 2007**

Place of Service	Allowed Charges				Program Payments			
	Amount in Thousands	Percent	Per Person Served <sup>1</sup>	Assigned in Thousands	Percent of Charges Assigned <sup>2</sup>	Amount in Thousands	Percent	Per Person Served <sup>3</sup>
Total	\$110,633,862	100.0	\$3,433	\$109,969,406	99.4	\$85,628,319	100.0	\$2,722
Office	52,714,775	47.6	1,760	52,227,648	99.1	39,738,680	46.4	1,373
Home	12,230,945	11.1	1,147	12,138,018	99.2	9,516,585	11.1	907
Inpatient Hospital	17,816,537	16.1	2,207	17,769,267	99.7	14,103,691	16.5	1,756
Outpatient Hospital <sup>4</sup>	7,136,417	6.5	410	7,115,016	99.7	5,520,665	6.4	326
Emergency Room Hospital <sup>4</sup>	2,886,795	2.6	286	2,884,480	99.9	2,232,469	2.6	225
Ambulatory Surgical Center	4,811,530	4.3	1,368	4,802,720	99.8	3,793,877	4.4	1,080
Skilled Nursing Care Facility	1,412,175	1.3	680	1,411,219	99.9	1,063,888	1.2	521
Nursing Home	1,125,505	1.0	575	1,125,078	99.9	823,329	1.0	428
Hospice	1,320	(7)	219	1,320	99.9	1,022	(7)	176
Ambulance <sup>5</sup>	4,655,672	4.2	1,027	4,655,610	99.9	3,690,454	4.3	814
Independent Laboratory	3,753,179	3.4	217	3,752,550	99.9	3,537,633	4.1	205
All Other <sup>6</sup>	2,089,012	1.9	NA	2,086,480	99.9	1,606,026	1.9	NA

<sup>1</sup>Includes 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.

<sup>2</sup>Ratio of assigned allowed charges to total allowed charges. Includes charges for supplier services.

<sup>3</sup>The average program payment per person served does not reflect beneficiaries who received covered services, but for whom no program payments were reported.

<sup>4</sup>Prior to 1992, emergency room and outpatient hospital data were aggregated.

<sup>5</sup>Excludes air or water services.

<sup>6</sup>Includes custodial care facilities, comprehensive inpatient rehabilitation facilities, State or local public health clinics, end stage renal disease treatment facilities, community mental health centers, inpatient psychiatric facilities, etc.

<sup>7</sup>Less than 0.05 percent.

NOTES: Medicare charges and program payments represent fee-for-service utilization only. NA is not applicable.

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.

**Table 9.5**

**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing  
for Medicare Physician and Supplier Services, by Physician Specialty: Calendar Year 2007**

Physician/Supplier Specialty <sup>1</sup>	Persons Served <sup>2</sup>	Services			Submitted Charges		
		Number in Thousands	Percent	Per Person Served <sup>2</sup>	Amount in Thousands	Percent	Per Person Served <sup>2</sup>
Total All Specialties	32,224,600	1,766,037	100.0	54.8	\$259,930,435	100.0	\$8,066
Total Physicians	31,682,000	1,171,017	66.3	37.0	191,142,942	73.5	6,033
General Practice	2,417,500	16,388	0.9	6.8	1,500,468	0.6	621
General Surgery	4,149,140	14,628	0.8	3.5	6,231,720	2.4	1,502
Allergy and Immunology	414,480	11,937	0.7	28.8	307,139	0.1	741
Otology, Laryngology, Rhinology	2,982,740	14,960	0.8	5.0	2,060,369	0.8	691
Anesthesiology	5,727,720	15,318	0.9	2.7	8,562,988	3.3	1,495
Cardiology	11,783,280	115,094	6.5	9.8	19,978,286	7.7	1,695
Dermatology	5,668,620	39,066	2.2	6.9	3,855,495	1.5	680
Family Practice	13,678,380	123,509	7.0	9.0	9,016,977	3.5	659
Gastroenterology	4,592,240	15,558	0.9	3.4	5,178,732	2.0	1,128
Internal Medicine	17,674,360	203,532	11.5	11.5	19,363,378	7.4	1,096
Manipulative Therapy	135,540	1,004	0.1	7.4	104,793	(5)	773
Neurology	3,339,920	16,999	1.0	5.1	2,942,151	1.1	881
Neurological Surgery	766,880	2,622	0.1	3.4	2,447,427	0.9	3,191
Obstetrics and Gynecology	2,428,660	7,589	0.4	3.1	1,344,935	0.5	554
Ophthalmology	11,212,680	44,910	2.5	4.0	11,900,570	4.6	1,061
Oral Surgery (Dentists Only)	86,640	190	(5)	2.2	47,470	(5)	548
Orthopedic Surgery	5,375,560	35,732	2.0	6.6	10,526,727	4.0	1,958
Pathology	6,055,000	23,815	1.3	3.9	3,016,306	1.2	498
Plastic and Reconstructive Surgery	458,360	1,665	0.1	3.6	830,930	0.3	1,813
Physical Medicine and Rehabilitation	1,457,120	14,333	0.8	9.8	1,768,947	0.7	1,214
Psychiatry	2,202,180	15,646	0.9	7.1	1,808,753	0.7	821
Colorectal Surgery (Proctology)	276,440	835	(5)	3.0	329,584	0.1	1,192
Pulmonary Disease	3,081,240	23,372	1.3	7.6	3,167,005	1.2	1,028
Diagnostic Radiology	20,081,380	105,843	6.0	5.3	17,313,517	6.7	865
Thoracic Surgery	467,780	1,470	0.1	3.1	1,385,005	0.5	2,961
Urology	4,477,220	30,349	1.7	6.8	5,935,345	2.3	1,326
Chiropractic	2,139,260	23,028	1.3	10.8	979,584	0.4	458
Nuclear Medicine	512,820	1,324	0.1	2.6	341,578	0.1	666
Pediatric Medicine	268,200	1,642	0.1	6.1	152,851	0.1	570
Geriatric Medicine	428,320	2,611	0.1	6.1	271,359	0.1	634
Nephrology	1,739,000	19,114	1.1	11.0	4,008,936	1.5	2,305
Optometrist	5,328,560	11,572	0.7	2.2	1,010,215	0.4	190
Infectious Disease	902,300	8,253	0.5	9.1	1,009,737	0.4	1,119
Endocrinology	1,252,860	8,618	0.5	6.9	721,745	0.3	576
Podiatry	6,167,880	35,071	2.0	5.7	2,708,384	1.0	439

See footnotes at end of table.

**Table 9.5--Continued**

**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing for Medicare Physician and Supplier Services, by Physician Specialty: Calendar Year 2007**

		Allowed Charges			Program Payments			Balance Billing	
Amount in Thousands	Percent	Per Person Served <sup>2</sup>	Assigned in Thousands	Percent of Charges Assigned <sup>3</sup>	Amount in Thousands	Percent	Per Person Served <sup>4</sup>	Amount in Thousands	Per Person With Liability
\$110,633,862	100.0	\$3,433	\$109,969,406	99.4	\$85,628,319	100.0	\$2,722	\$51,039	\$29
80,914,380	73.1	2,554	80,344,171	99.3	61,945,428	72.3	2,017	45,011	32
835,327	0.8	346	825,917	98.9	617,911	0.7	267	589	18
2,174,290	2.0	524	2,167,076	99.7	1,694,441	2.0	419	600	31
191,216	0.2	461	187,997	98.3	143,887	0.2	358	255	27
946,541	0.9	317	940,269	99.3	713,208	0.8	249	521	19
1,580,041	1.4	276	1,575,322	99.7	1,240,397	1.4	218	409	21
8,040,407	7.3	682	8,008,723	99.6	6,226,224	7.3	541	2,633	34
2,391,771	2.2	422	2,356,724	98.5	1,801,548	2.1	333	2,882	21
5,316,291	4.8	389	5,271,641	99.2	3,859,102	4.5	295	3,407	20
1,781,562	1.6	388	1,768,862	99.3	1,372,887	1.6	304	1,089	28
10,926,388	9.9	618	10,827,893	99.1	8,269,330	9.7	482	8,186	25
56,458	0.1	417	54,981	97.4	43,128	0.1	329	107	34
1,510,582	1.4	452	1,500,689	99.3	1,156,790	1.4	356	862	31
575,597	0.5	751	572,506	99.5	450,667	0.5	606	277	46
572,353	0.5	236	564,102	98.6	432,608	0.5	184	614	15
5,633,856	5.1	502	5,595,537	99.3	4,247,381	5.0	403	3,186	22
24,590	(5)	284	23,396	95.1	18,907	(5)	226	75	20
3,436,760	3.1	639	3,422,180	99.6	2,648,411	3.1	511	1,248	43
997,487	0.9	165	991,454	99.4	791,114	0.9	133	514	19
278,450	0.3	607	276,481	99.3	217,436	0.3	489	167	35
872,124	0.8	599	869,243	99.7	679,816	0.8	474	250	22
1,070,195	1.0	486	1,046,805	97.8	674,686	0.8	319	1,847	38
127,495	0.1	461	126,377	99.1	98,399	0.1	363	100	36
1,753,160	1.6	569	1,747,884	99.7	1,366,614	1.6	451	463	26
5,190,930	4.7	258	5,156,701	99.3	4,038,291	4.7	208	2,746	36
403,030	0.4	862	401,575	99.6	318,141	0.4	691	121	65
2,474,978	2.2	553	2,465,797	99.6	1,908,132	2.2	433	795	34
711,343	0.6	333	629,086	88.4	522,607	0.6	258	5,722	19
115,463	0.1	225	113,213	98.1	90,473	0.1	181	199	31
78,174	0.1	291	77,990	99.8	59,077	0.1	229	8	18
163,277	0.1	381	161,851	99.1	123,064	0.1	295	117	28
1,916,068	1.7	1,102	1,913,100	99.8	1,503,050	1.8	877	249	23
764,697	0.7	144	756,944	99.0	530,454	0.6	110	222	7
553,472	0.5	613	551,657	99.7	435,574	0.5	488	149	24
413,629	0.4	330	405,618	98.1	319,118	0.4	261	636	20
1,732,092	1.6	281	1,724,290	99.5	1,295,448	1.5	217	444	14

**Table 9.5--Continued**

**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing for Medicare Physician and Supplier Services, by Physician Specialty: Calendar Year 2007**

Physician/Supplier Specialty <sup>1</sup>	Persons Served <sup>2</sup>	Services			Submitted Charges		
		Number in Thousands	Percent	Per Person Served <sup>2</sup>	Amount in Thousands	Percent	Per Person Served <sup>2</sup>
Rheumatology	1,286,840	13,779	0.8	10.7	\$1,970,030	0.8	\$1,531
Vascular Surgery	1,259,760	4,069	0.2	3.2	1,868,947	0.7	1,484
Cardiac Surgery	364,620	1,279	0.1	3.5	1,268,837	0.5	3,480
Hematology/Oncology	1,821,460	65,226	3.7	35.8	12,334,330	4.7	6,772
Medical Oncology	756,020	24,282	1.4	32.1	4,823,660	1.9	6,380
Radiation Oncology	861,020	11,611	0.7	13.5	5,449,327	2.1	6,329
Emergency Medicine	8,720,820	23,978	1.4	2.7	6,896,119	2.7	791
All Other Physician <sup>6</sup>	NA	19,196	1.1	NA	4,402,286	1.7	NA
Group Practice	250,920	774	(5)	3.1	137,605	0.1	548
Total Non-Physician	13,816,900	124,534	7.1	9.0	22,590,009	8.7	1,635
Total Suppliers	22,619,940	469,712	26.6	20.8	46,059,879	17.7	2,036

<sup>1</sup>Refer to Part B physician or provider specialty code as listed in the data dictionary for the National Claims History, prepared by the Office of Information Services.

<sup>2</sup>Includes 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.

<sup>3</sup>Ratio of assigned allowed charges to total allowed charges. Includes charges for supplier services.

<sup>4</sup>The average program payment per person served does not reflect beneficiaries who received covered services, but for whom no program payments were reported.

<sup>5</sup>Less than 0.05 percent.

<sup>6</sup>Includes critical care, addiction to medicine, hand surgery, peripheral vascular disease, preventive medicine, maxillofacial surgery, neuropsychiatry, surgical oncology, interventional radiology, hematology, gynecologist/oncologist, pain management, and unknown physician's specialty.

NOTES: Medicare charges and program payments represent fee-for-service utilization only. Due to the clarification in the billing policy of Group Practices where the actual specialty code of the performing physician within the practice is now coded, the utilization and expenditures for group practice has dropped dramatically. Numbers may not add to total because of rounding. NA is not applicable.

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.

**Table 9.5--Continued**

**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing for Medicare Physician and Supplier Services, by Physician Specialty: Calendar Year 2007**

		Allowed Charges			Program Payments			Balance Billing	
Amount in Thousands	Percent	Per Person Served <sup>2</sup>	Assigned in Thousands	Percent of Charges Assigned <sup>3</sup>	Amount in Thousands	Percent	Per Person Served <sup>4</sup>	Amount in Thousands	Per Person With Liability
\$1,096,724	1.0	\$852	\$1,085,854	99.0	\$843,646	1.0	\$675	\$855	\$26
591,927	0.5	470	590,807	99.8	462,631	0.5	374	96	54
377,082	0.3	1,034	374,004	99.2	298,012	0.3	830	276	73
5,488,896	5.0	3,013	5,484,976	99.9	4,349,543	5.1	2,423	347	37
2,065,329	1.9	2,732	2,064,468	99.9	1,637,551	1.9	2,199	77	26
1,814,984	1.6	2,108	1,804,967	99.4	1,442,463	1.7	1,734	899	362
2,304,788	2.1	264	2,302,204	99.9	1,782,292	2.1	209	221	15
1,564,556	1.4	NA	1,557,010	99.5	1,220,969	1.4	NA	551	NA
61,881	0.1	247	61,674	99.7	48,010	0.1	198	16	11
7,575,302	6.8	548	7,559,249	99.8	5,720,630	6.7	423	996	13
22,082,299	20.0	976	22,004,313	99.6	17,914,251	20.9	796	5,016	17

Table 9.6

**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance  
Billing for Medicare Physician and Supplier Services, by Area of Residence: Calendar Year 2007**

Area of Residence	Persons Served <sup>1</sup>		Services		Submitted Charges	
	Number	Per 1,000 Enrollees <sup>2</sup>	Number in Thousands	Per Person Served <sup>1</sup>	Amount in Thousands	Per Person Served <sup>1</sup>
All Areas <sup>5</sup>	32,224,600	997	1,766,037	55	\$259,930,435	\$8,066
United States <sup>6</sup>	32,061,620	998	1,755,958	55	259,152,215	8,083
Northeast	5,993,440	992	353,968	59	49,990,523	8,341
Midwest	7,979,920	1,009	396,414	50	58,959,372	7,388
South	12,765,740	1,006	733,032	57	108,783,033	8,521
West	5,322,520	970	272,544	51	41,419,286	7,782
New England	1,748,660	991	86,827	50	12,767,756	7,301
Connecticut	447,160	1,021	25,114	56	3,801,887	8,502
Maine	213,680	957	8,549	40	1,163,306	5,444
Massachusetts	728,080	993	37,721	52	5,541,701	7,611
New Hampshire	171,660	956	6,939	40	1,091,393	6,358
Rhode Island	96,520	1,002	5,382	56	669,991	6,941
Vermont	91,560	983	3,122	34	499,477	5,455
Middle Atlantic	4,244,780	992	267,141	63	37,222,767	8,769
New Jersey	1,039,640	996	70,743	68	10,132,571	9,746
New York	1,888,420	985	126,158	67	16,658,008	8,821
Pennsylvania	1,316,720	999	70,240	53	10,432,189	7,923
East North Central	5,525,840	1,004	284,913	52	43,405,215	7,855
Illinois	1,455,920	985	77,173	53	12,289,261	8,441
Indiana	792,580	1,001	37,991	48	6,092,881	7,687
Michigan	1,225,460	1,000	68,046	56	9,379,513	7,654
Ohio	1,411,520	1,025	73,449	52	10,703,908	7,583
Wisconsin	640,360	1,012	28,253	44	4,939,653	7,714
West North Central	2,454,080	1,020	111,501	45	15,554,157	6,338
Iowa	424,960	1,018	17,670	42	2,380,332	5,601
Kansas	356,040	997	17,919	50	2,511,980	7,055
Minnesota	497,220	1,067	19,766	40	2,875,263	5,783
Missouri	739,520	1,008	36,711	50	5,275,303	7,133
Nebraska	230,220	1,016	10,894	47	1,480,876	6,432
North Dakota	94,480	1,023	3,745	40	506,843	5,365
South Dakota	111,640	980	4,797	43	523,560	4,690
South Atlantic	6,861,520	1,013	400,088	58	59,215,874	8,630
Delaware	125,340	1,012	7,004	56	1,071,409	8,548
District of Columbia	55,360	985	2,768	50	439,769	7,944
Florida	2,216,120	1,005	156,670	71	22,997,308	10,377
Georgia	944,700	1,016	49,583	53	7,745,580	8,199
Maryland	614,500	1,005	33,635	55	5,260,760	8,561
North Carolina	1,123,560	1,016	60,115	54	8,705,062	7,748
South Carolina	599,540	1,008	32,461	54	4,938,224	8,237
Virginia	879,240	1,012	44,128	50	6,108,769	6,948
West Virginia	303,160	1,100	13,723	45	1,948,993	6,429

See footnotes at end of table.

**Table 9.6--Continued**

**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing for Medicare Physician and Supplier Services, by Area of Residence: Calendar Year 2007**

Allowed Charges				Program Payments			Balance Billing	
Amount in Thousands	Per- cent	Per Person Served <sup>1</sup>	Percent of Charges Assigned <sup>3</sup>	Amount in Thousands	Per- cent	Per Person Served <sup>4</sup>	Amount in Thousands	Per Person With Liability
\$110,633,862	100.0	\$3,433	99.4	\$85,628,319	100.0	\$2,722	\$51,039	\$29
110,102,491	99.5	3,434	99.4	85,214,505	99.5	2,722	50,991	29
22,327,948	20.2	3,725	99.4	17,299,156	20.2	2,952	9,413	29
24,392,990	22.0	3,057	99.4	18,786,228	21.9	2,414	12,152	28
45,177,518	40.8	3,539	99.5	35,017,059	40.9	2,807	17,351	27
18,204,035	16.5	3,420	99.2	14,112,062	16.5	2,723	12,075	35
5,396,676	4.9	3,086	99.7	4,140,925	4.8	2,427	1,287	25
1,620,344	1.5	3,624	99.4	1,251,232	1.5	2,851	793	32
516,759	0.5	2,418	99.8	393,925	0.5	1,906	72	20
2,323,207	2.1	3,191	99.9	1,781,135	2.1	2,500	187	18
445,265	0.4	2,594	99.6	339,649	0.4	2,042	133	19
298,533	0.3	3,093	99.9	229,616	0.3	2,448	22	16
192,568	0.2	2,103	99.4	145,368	0.2	1,649	80	20
16,931,272	15.3	3,989	99.3	13,158,230	15.4	3,167	8,126	29
4,597,763	4.2	4,422	99.0	3,589,576	4.2	3,510	3,519	28
7,870,626	7.1	4,168	99.2	6,119,535	7.1	3,309	4,107	33
4,462,883	4.0	3,389	99.8	3,449,120	4.0	2,689	500	18
17,791,169	16.1	3,220	99.5	13,713,511	16.0	2,543	6,489	26
4,873,731	4.4	3,348	99.2	3,761,161	4.4	2,643	2,976	29
2,365,295	2.1	2,984	99.5	1,818,354	2.1	2,358	792	20
4,449,634	4.0	3,631	99.7	3,439,132	4.0	2,871	976	30
4,502,074	4.1	3,190	99.8	3,470,584	4.1	2,518	615	15
1,600,434	1.4	2,499	99.1	1,224,280	1.4	1,966	1,131	29
6,601,820	6.0	2,690	98.9	5,072,717	5.9	2,125	5,663	32
1,023,805	0.9	2,409	98.0	782,147	0.9	1,896	1,666	47
1,077,062	1.0	3,025	99.5	830,040	1.0	2,392	371	23
1,179,796	1.1	2,373	99.5	902,977	1.1	1,872	454	22
2,198,358	2.0	2,973	99.4	1,695,363	2.0	2,351	990	21
644,915	0.6	2,801	98.5	495,625	0.6	2,208	819	34
222,185	0.2	2,352	98.2	170,596	0.2	1,864	340	49
255,700	0.2	2,290	95.3	195,970	0.2	1,810	1,023	38
25,184,071	22.8	3,670	99.4	19,539,754	22.8	2,909	11,823	31
451,755	0.4	3,604	99.7	349,484	0.4	2,855	100	22
193,095	0.2	3,488	98.7	150,129	0.2	2,776	184	34
10,279,039	9.3	4,638	99.3	8,039,406	9.4	3,693	6,110	45
3,106,217	2.8	3,288	99.5	2,401,776	2.8	2,605	1,241	25
2,298,130	2.1	3,740	99.4	1,780,312	2.1	2,951	1,109	26
3,482,203	3.1	3,099	99.5	2,684,136	3.1	2,439	1,458	23
1,947,381	1.8	3,248	99.6	1,503,267	1.8	2,564	647	19
2,624,103	2.4	2,985	99.6	2,015,881	2.4	2,346	815	21
802,149	0.7	2,646	99.7	615,363	0.7	2,095	160	22

**Table 9.6--Continued**

**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing for Medicare Physician and Supplier Services, by Area of Residence: Calendar Year 2007**

Area of Residence	Persons Served <sup>1</sup>		Services		Submitted Charges	
	Number	Per 1,000 Enrollees <sup>2</sup>	Number in Thousands	Per Person Served <sup>1</sup>	Amount in Thousands	Per Person Served <sup>1</sup>
East South Central	2,395,680	1,003	130,337	54	\$18,374,752	\$7,670
Alabama	633,420	1,007	34,191	54	4,619,029	7,292
Kentucky	590,620	996	31,862	54	4,299,655	7,280
Mississippi	408,780	988	20,905	51	3,235,180	7,914
Tennessee	762,860	1,015	43,379	57	6,220,888	8,155
West South Central	3,508,540	995	202,608	58	31,192,408	8,890
Arkansas	416,960	990	21,926	53	2,909,068	6,977
Louisiana	490,080	1,000	25,658	52	4,022,661	8,208
Oklahoma	463,380	996	22,877	49	3,220,673	6,950
Texas	2,138,120	995	132,147	62	21,040,005	9,840
Mountain	1,745,080	987	82,725	47	12,764,927	7,315
Arizona	483,080	974	26,995	56	4,021,168	8,324
Colorado	358,520	1,032	16,553	46	2,552,355	7,119
Idaho	151,460	998	5,792	38	759,927	5,017
Montana	126,960	985	4,830	38	654,608	5,156
Nevada	189,680	965	10,607	56	1,911,410	10,077
New Mexico	191,960	948	7,909	41	1,319,136	6,872
Utah	177,320	991	7,455	42	1,145,258	6,459
Wyoming	66,100	989	2,584	39	401,064	6,068
Pacific	3,577,440	962	189,819	53	28,654,359	8,010
Alaska	46,040	895	1,715	37	356,844	7,751
California	2,478,580	948	143,519	58	21,844,645	8,813
Hawaii	111,240	1,061	4,601	41	567,611	5,103
Oregon	319,880	1,039	11,814	37	1,855,768	5,801
Washington	621,700	971	28,170	45	4,029,492	6,481
Outlying Areas <sup>7</sup>	162,980	773	10,079	62	778,220	4,775

<sup>1</sup>Includes beneficiaries who received covered services, but for whom no program payments were reported during the year.

<sup>2</sup>The numerator is a count of enrollees who received a service at any time during the year regardless of how long or when they were actually enrolled. The denominator is the count of SMI enrollees as of July 1. Because the denominator is the mid-point fee-for-service (FFS) enrollment and essentially every FFS person alive and enrolled at some point during the year has used a service, rates over 1,000 may be seen.

<sup>3</sup>Ratio of assigned allowed charges to total allowed charges. Includes charges for supplier services.

<sup>4</sup>The average program payment per person served does not reflect beneficiaries who received covered services, but for whom no program payments were reported.

<sup>5</sup>Consists of United States and outlying areas.

<sup>6</sup>Includes 50 States and District of Columbia.

<sup>7</sup>Includes Puerto Rico, Guam, Virgin Islands, residence unknown, and all other outlying areas.

NOTES: Medicare charges and program payments represent fee-for-service utilization only. Numbers may not add to total because of rounding. SMI is supplemental medical insurance.

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.

Table 9.6--Continued

**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing for Medicare Physician and Supplier Services, by Area of Residence: Calendar Year 2007**

Allowed Charges				Program Payments			Balance Billing	
Amount in Thousands	Per- cent	Per Person Served <sup>1</sup>	Percent of Charges Assigned <sup>3</sup>	Amount in Thousands	Per- cent	Per Person Served <sup>4</sup>	Amount in Thousands	Per Person With Liability
\$7,617,991	6.9	\$3,180	99.7	\$5,875,796	6.9	\$2,512	\$1,729	\$19
2,045,731	1.8	3,230	99.8	1,579,215	1.8	2,554	357	19
1,823,590	1.6	3,088	99.6	1,404,854	1.6	2,436	484	19
1,250,922	1.1	3,060	99.6	966,719	1.1	2,435	345	17
2,497,749	2.3	3,274	99.7	1,925,008	2.2	2,577	544	20
12,375,455	11.2	3,527	99.6	9,601,509	11.2	2,808	3,799	21
1,273,517	1.2	3,054	99.7	982,884	1.1	2,430	240	22
1,607,974	1.5	3,281	99.7	1,243,534	1.5	2,615	334	19
1,399,649	1.3	3,021	99.5	1,079,576	1.3	2,401	536	20
8,094,315	7.3	3,786	99.6	6,295,515	7.4	3,013	2,689	21
5,501,547	5.0	3,153	98.6	4,248,470	5.0	2,509	6,404	43
1,784,087	1.6	3,693	97.7	1,387,721	1.6	2,938	3,543	70
1,093,041	1.0	3,049	98.7	844,761	1.0	2,419	1,186	38
346,941	0.3	2,291	97.6	265,120	0.3	1,814	663	24
307,314	0.3	2,421	98.9	235,133	0.3	1,931	241	25
754,490	0.7	3,978	99.7	584,198	0.7	3,177	169	33
534,962	0.5	2,787	99.3	411,616	0.5	2,228	284	25
507,813	0.5	2,864	99.7	387,447	0.5	2,250	96	18
172,899	0.2	2,616	98.4	132,475	0.2	2,099	222	24
12,702,488	11.5	3,551	99.4	9,863,592	11.5	2,827	5,671	29
118,811	0.1	2,581	99.4	90,953	0.1	2,062	59	23
9,746,583	8.8	3,932	99.5	7,593,605	8.9	3,137	4,115	32
254,698	0.2	2,290	99.2	192,932	0.2	1,782	149	30
785,639	0.7	2,456	99.1	602,482	0.7	1,940	568	22
1,796,757	1.6	2,890	99.4	1,383,620	1.6	2,284	780	26
531,372	0.5	3,260	99.8	413,814	0.5	2,670	48	22

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**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 <sup>1</sup>	Services			Allowed Charges			Program Payments		
			Number in Thousands	Percent	Per Person Served <sup>1</sup>	Amount in Thousands	Percent	Per Person Served <sup>1</sup>	Amount in Thousands	Percent	Per Person Served <sup>2</sup>
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

<sup>1</sup>Includes 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.

<sup>2</sup>The 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.

**Table 9.8**

**Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Principal Diagnosis Within Major Diagnostic Classifications (MDCs): Calendar Year 2007**

Principal ICD-9-CM <sup>1</sup> Diagnosis Within MDC	ICD-9-CM Code	Services in Thousands	Submitted Charges in Thousands	Allowed Charges		Program Payments in Thousands
				Amount in Thousands	Percent of Charges Assigned	
Total All Diagnoses	---	1,766,037	\$259,930,435	\$110,633,862	99.4	\$85,628,319
Leading Diagnoses <sup>2</sup>	---	1,042,633	136,675,507	60,245,742	99.4	46,575,718
Infectious and Parasitic Diseases (MDC 1)	001-139	21,492	1,991,640	1,086,868	99.5	833,074
Dermatophytosis	110	9,617	554,884	382,952	99.6	279,003
Neoplasm (MDC 2)	140-239	142,275	36,047,649	14,167,168	99.5	11,181,692
Malignant Neoplasm of Colon	153	9,290	2,323,400	1,030,743	99.9	820,274
Malignant Neoplasm of Trachea, Bronchus, and Lung	162	16,710	3,717,840	1,354,218	99.9	1,074,143
Other Malignant Neoplasm of Skin	173	8,146	2,564,398	1,378,571	99.3	1,080,593
Malignant Neoplasm of Female Breast	174	17,283	3,784,449	1,525,056	99.2	1,211,047
Malignant Neoplasm of Prostate	185	16,088	4,984,778	1,773,556	99.6	1,402,329
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders (MDC 3)	240-279	209,801	13,018,997	6,286,860	99.2	4,945,857
Thyroiditis	244	13,265	757,156	307,121	99.1	257,312
Diabetes Mellitus	250	119,790	6,805,727	3,786,665	99.2	2,925,115
Disorders of Lipoid Metabolism	272	50,646	2,622,622	1,003,087	99.0	814,847
Disorders of Fluid, Electrolyte, and Acid-Base Balance	276	7,979	766,901	353,883	99.7	281,499
Diseases of the Blood and Blood-Forming Organs (MDC 4)	280-289	53,949	6,663,868	2,691,659	99.9	2,181,710
Other and Unspecified Anemias	285	28,243	3,770,898	1,461,215	99.9	1,186,185
Mental Disorders (MDC 5)	290-319	40,058	4,532,301	2,629,505	99.0	1,631,268
Schizophrenic Disorders	295	6,629	640,522	370,287	99.8	227,213
Affective Psychoses	296	11,869	1,379,016	807,190	98.4	461,628
Diseases of the Nervous System and Sense Organs (MDC 6)	320-389	98,159	24,473,901	10,835,650	99.4	8,230,371
Other Retinal Disorders	362	14,055	3,469,220	1,991,730	99.8	1,537,771
Glaucoma	365	14,621	1,803,315	1,001,550	99.1	720,915
Cataract	366	16,947	10,057,888	3,529,859	99.4	2,703,713
See footnotes at end of table.						

**Table 9.8--Continued**

**Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Principal Diagnosis Within Major Diagnostic Classifications (MDCs): Calendar Year 2007**

Principal ICD-9-CM <sup>1</sup> Diagnosis Within MDC	ICD-9-CM Code	Services	Submitted	Allowed Charges		Program
		in Thousands	Charges in Thousands	Amount in Thousands	Percent of Charges Assigned	Payments in Thousands
Diseases of the Circulatory System (MDC 7)	390-459	249,263	\$38,320,359	\$16,093,464	99.4	\$12,400,013
Essential Hypertension	401	67,626	4,824,426	2,612,332	98.8	1,903,458
Acute Myocardial Infarction	410	3,373	803,622	309,949	99.7	244,632
Other Acute and Subacute Forms of Ischemic Heart Disease	411	2,566	778,350	262,068	99.9	206,260
Angina Pectoris	413	4,146	954,134	380,125	99.8	296,362
Other Forms of Chronic Ischemic Heart Disease	414	34,489	7,656,200	2,960,460	99.5	2,285,606
Other Diseases of Endocardium	424	9,826	2,355,707	829,287	99.4	647,025
Cardiac Dysrhythmias	427	40,111	4,215,604	1,814,160	99.4	1,410,148
Heart Failure	428	23,581	3,283,172	1,588,060	99.7	1,250,961
Ill-Defined Descriptions and Complications of Heart Disease	429	3,916	415,424	166,371	99.3	127,841
Acute, But Ill-Defined, Cerebrovascular Disease	436	6,114	848,566	488,005	99.6	381,882
Diseases of the Respiratory System (MDC 8)	460-519	126,404	16,058,567	7,906,578	99.7	6,083,937
Acute Bronchitis and Bronchiolitis	466	4,833	370,764	215,885	98.8	147,326
Allergic Rhinitis	477	18,247	398,279	254,463	98.8	187,827
Pneumonia, Organism Unspecified	486	9,251	1,196,604	599,153	99.7	468,688
Asthma	493	9,585	1,037,317	542,986	99.6	414,242
Other Diseases of Lung	518	13,676	2,520,262	1,125,822	99.8	889,513
Diseases of the Digestive System (MDC 9)	520-579	40,572	11,136,348	3,882,122	99.5	3,018,775
Diseases of the Genitourinary System (MDC 10)	580-629	87,819	13,817,143	5,652,240	99.6	4,464,153
Chronic Renal Failure	585	23,645	4,460,194	1,939,449	99.9	1,545,721
Calculus of Kidney and Ureter	592	2,529	652,834	183,595	99.5	142,855
Other Disorders of Urethra and Urinary Tract	599	21,982	1,906,120	851,370	99.6	677,299
Hyperplasia of Prostate	600	6,265	1,086,543	509,903	99.6	391,929
Diseases of the Skin and Subcutaneous Tissue (MDC 12)	680-709	58,362	5,301,166	2,911,062	99.1	2,189,350
Other Dermatoses	702	24,270	1,386,031	784,588	98.4	574,776
Chronic Ulcer of Skin	707	8,632	1,417,113	703,581	99.8	551,900

See footnotes at end of table.

**Table 9.8--Continued**

**Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Principal Diagnosis Within Major Diagnostic Classifications (MDCs): Calendar Year 2007**

Principal ICD-9-CM <sup>1</sup> Diagnosis Within MDC	ICD-9-CM Code	Services in Thousands	Submitted Charges in Thousands	Allowed Charges		Program Payments in Thousands
				Amount in Thousands	Percent of Charges Assigned	
Diseases of the Musculoskeletal System and Connective Tissue (MDC 13)	710-739	220,861	\$33,451,344	\$12,821,387	98.9	\$9,859,718
Rheumatoid Arthritis and Other Inflammatory Polyarthropathies	714	9,248	1,681,313	907,803	99.5	708,315
Osteoarthritis and Allied Disorders	715	33,564	6,234,788	2,338,485	99.2	1,802,948
Other and Unspecified Arthropathies	716	3,203	410,656	205,971	98.9	157,387
Other and Unspecified Disorders of Joint	719	35,707	3,058,969	1,418,348	99.6	1,086,615
Other and Unspecified Disorders of Back	724	37,870	6,490,836	2,258,763	99.3	1,745,464
Peripheral Enthesopathies and Allied Syndromes	726	12,753	1,375,354	527,949	99.4	400,668
Other Disorders of Soft Tissues	729	13,350	1,420,755	637,183	99.4	484,026
Non-Allopathic Lesions, Not Elsewhere Classified	739	19,218	835,472	599,846	88.9	441,600
Congenital Anomalies (MDC 14)	740-759	2,245	562,402	202,944	99.2	156,488
Symptoms, Signs, and Ill-Defined Conditions (MDC 16)	780-799	219,295	31,159,312	13,647,549	99.6	10,633,865
General Symptoms	780	50,491	6,959,421	3,311,809	99.7	2,593,889
Symptoms Involving Respiratory System and Other Chest Symptoms	786	59,085	8,636,135	3,730,847	99.7	2,895,218
Symptoms Involving Digestive System	787	16,659	2,326,559	985,382	99.7	770,847
Symptoms Involving Urinary System	788	12,008	1,247,181	553,440	99.3	430,455
Sudden Death, Cause Unknown	798	15	4,649	2,626	99.9	1,992
Other Ill-Defined and Unknown Causes of Morbidity and Mortality	799	4,585	916,123	466,070	99.9	364,823
Injury and Poisoning (MDC 17)	800-999	54,978	12,817,745	4,920,475	99.6	3,842,922
Fracture of Neck of Femur	820	4,303	1,500,419	517,539	99.8	409,170
Supplementary Classification of Factors Influencing Health Status and Contact With Health Services	V01-V82	139,230	10,359,798	4,787,377	99.0	3,887,764
Need for Prophylactic Vaccination and Inoculation Against Certain Viral Diseases	V04	24,378	501,696	375,456	99.7	371,327
Special Investigations and Examinations	V72	6,357	504,902	228,930	99.1	181,136

<sup>1</sup>ICD-9-CM is International Classification of Diseases, 9th Revision, Clinical Modification. Only the first listed or principal diagnosis has been used.

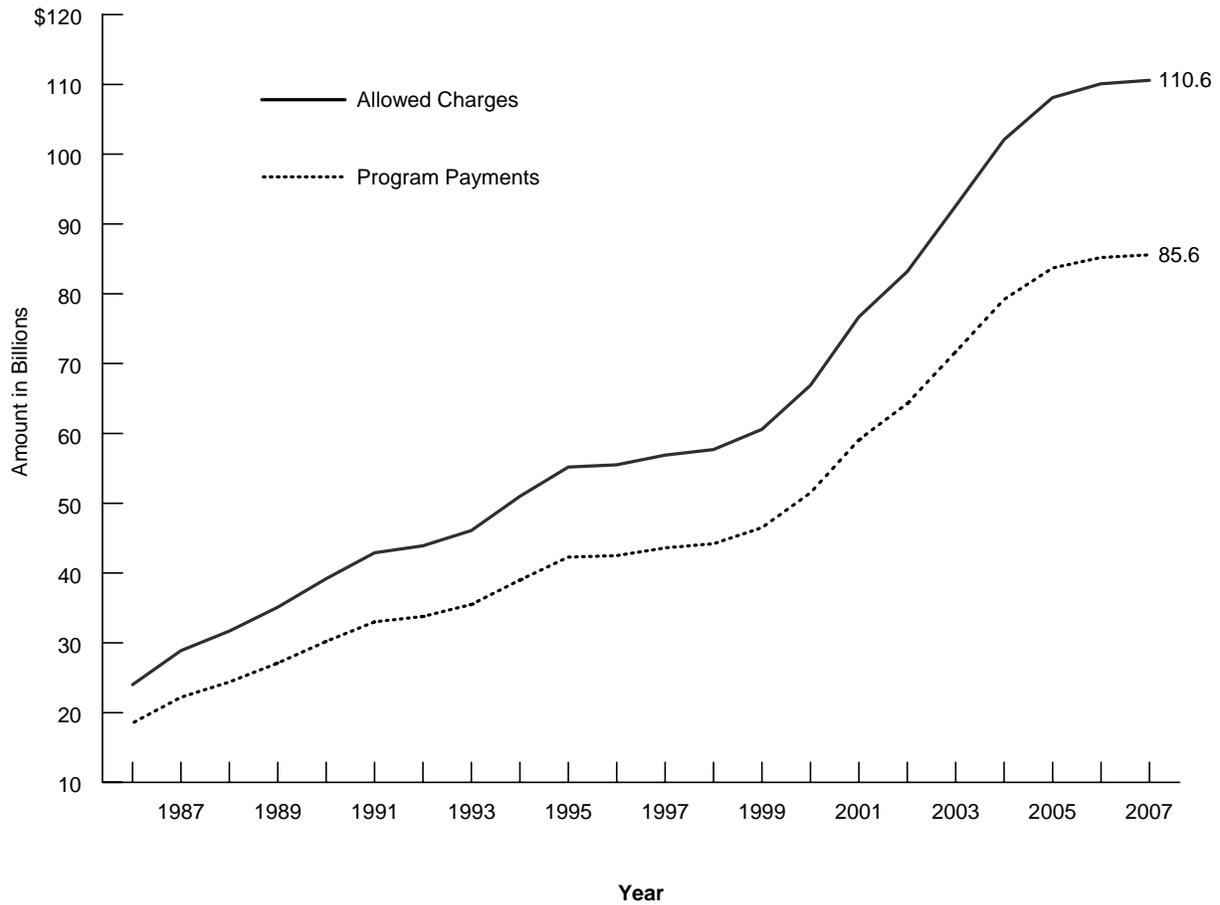
<sup>2</sup>Specific diagnostic categories were selected for presentation based on amount of allowed charges and special interest.

NOTES: Numbers may not add to totals because of rounding. MDCs 11 [Complications of Pregnancy, Childbirth, and the Puerperium (630-676)] and 15 [Certain Conditions Originating in the Perinatal Period (760-779)] were not shown separately (but are included in the totals) because these diagnostic conditions are, for the most part, not applicable to Medicare beneficiaries. E Codes [Supplementary Classifications of External Causes of Injury and Poisoning (E800-E999)] are also not broken out separately. Medicare program payments represent fee-for-service only.

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.

# Figure 9.1

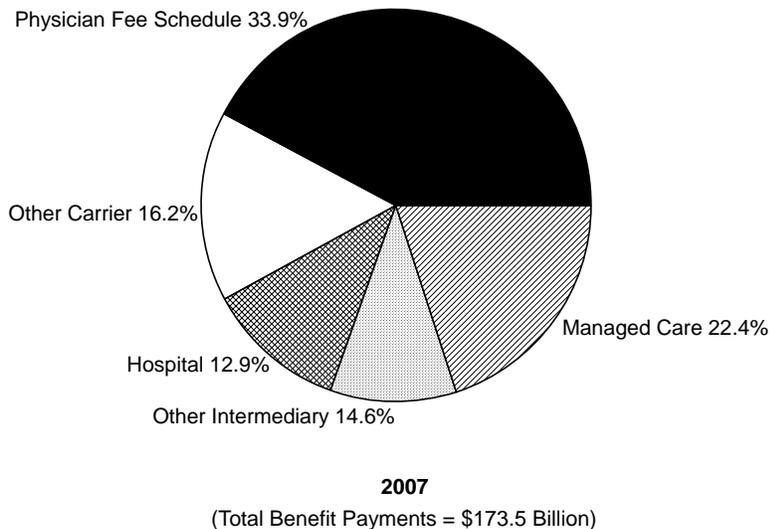
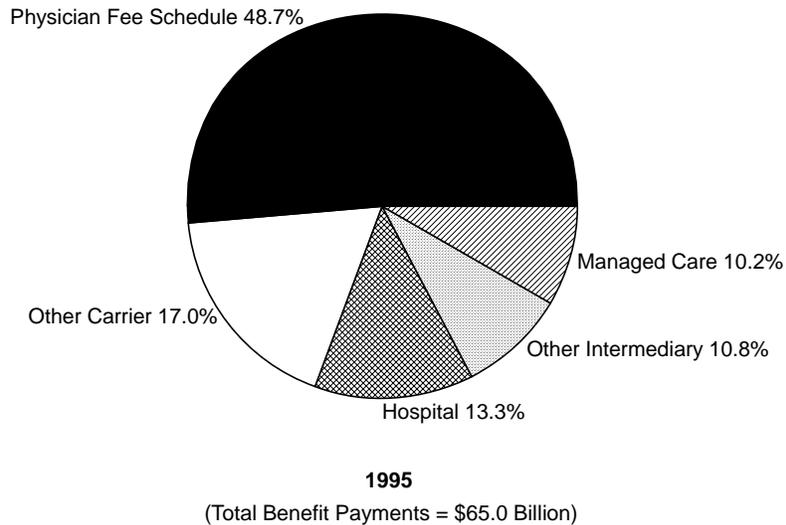
## Trends in Medicare Physician and Supplier Allowed Charges and Program Payments: Calendar Years 1986-2007



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.

## Figure 9.2

### Distribution of Medicare Supplementary Medical Insurance Benefit Payments, by Type of Provider: Calendar Years 1995 and 2007

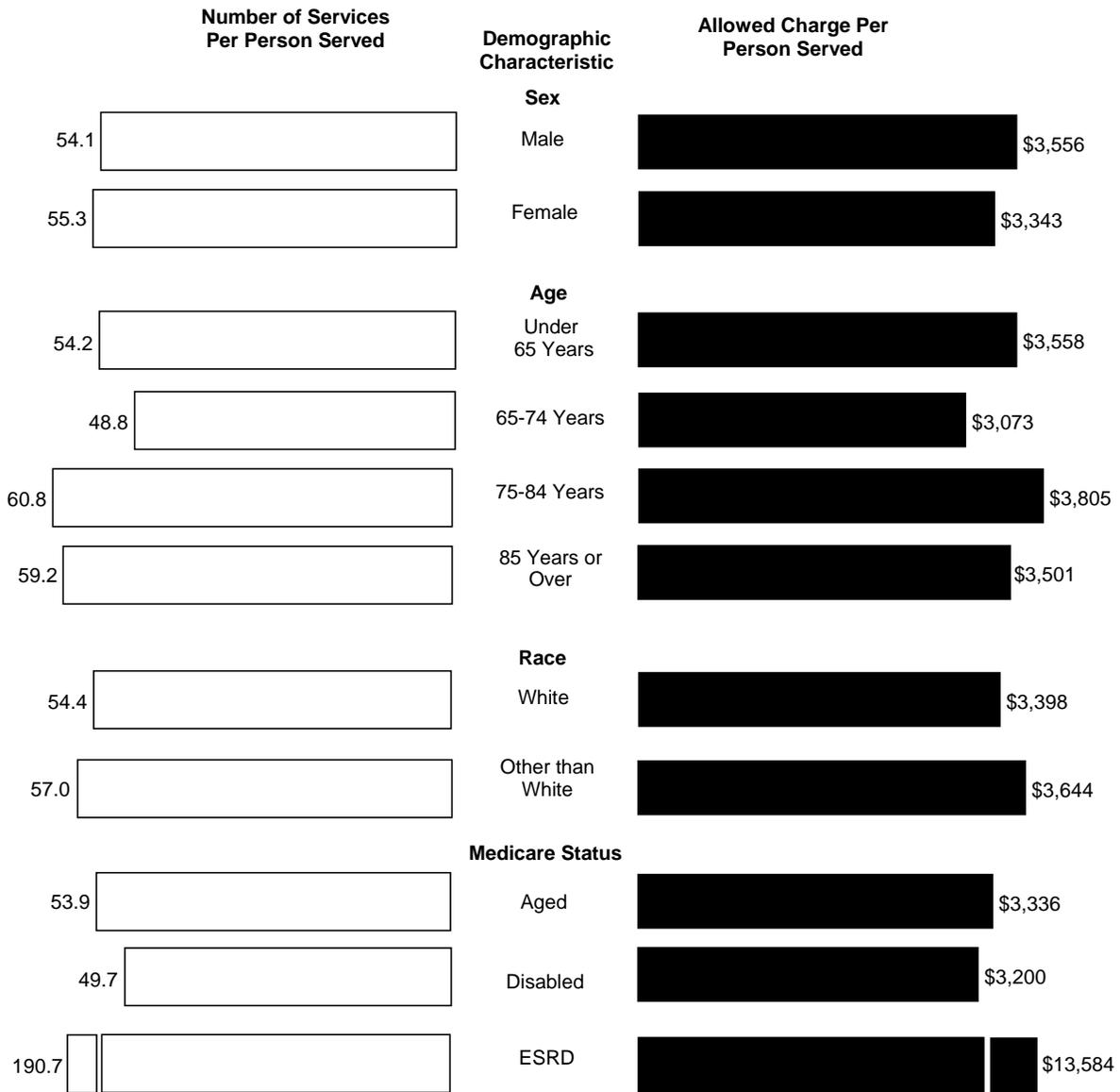


NOTES: Distribution may not add to 100 percent because of rounding. Other carrier includes durable medical equipment, carrier lab, and other carrier processed claims. Other intermediary includes home health Part B, intermediary lab, and other intermediary processed claims.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary; data development by the Office of Research, Development, and Information.

### Figure 9.3

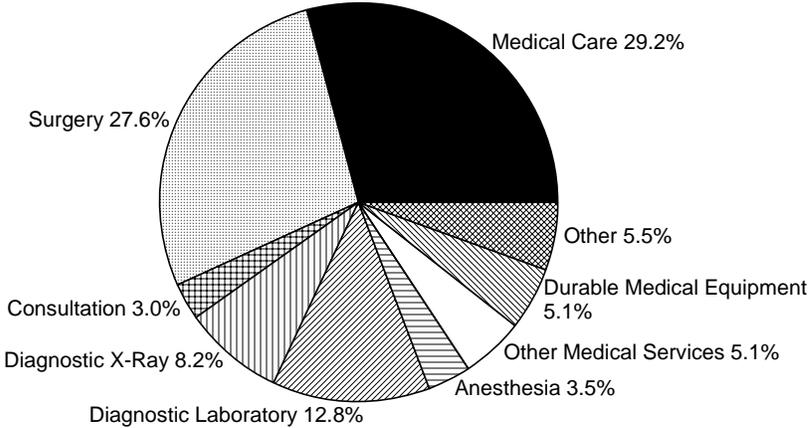
## Number of Medicare Physician and Supplier Services, and Allowed Charges per Person Served, by Selected Demographic Characteristics: Calendar Year 2007



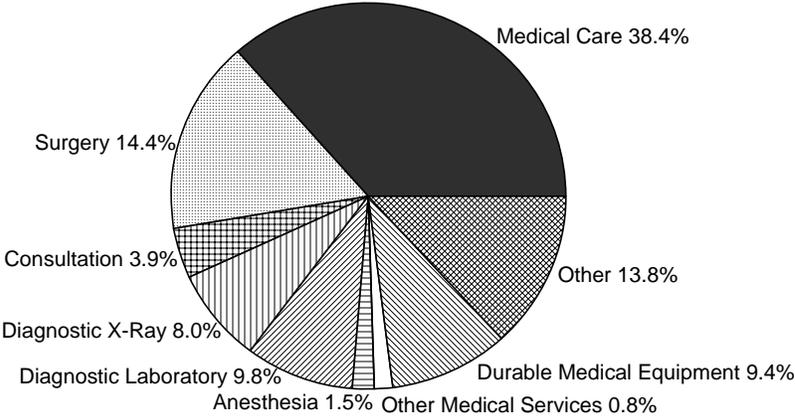
NOTE: ESRD is end stage renal disease.

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.

**Figure 9.4**  
**Percent Distribution of Medicare-Allowed Charges**  
**for Physician and Supplier Services, by Type of Service:**  
**Calendar Years 1990 and 2007**



**1990**  
 (Total Allowed Charges = \$37.4 Billion)

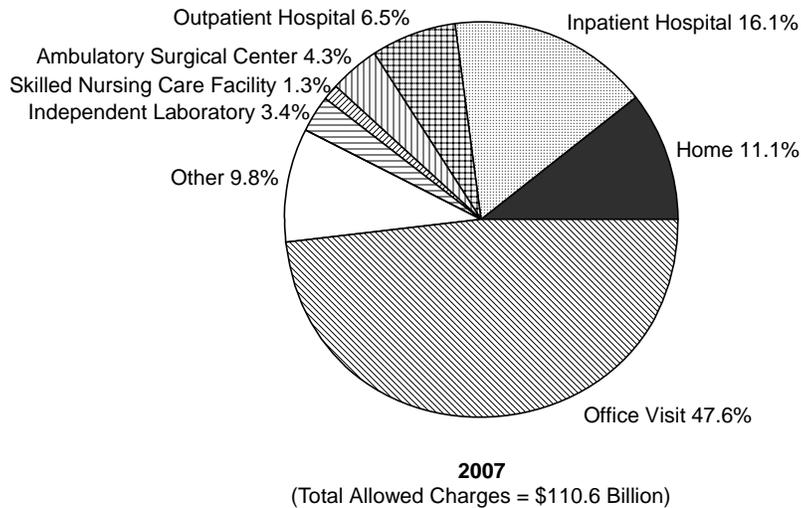
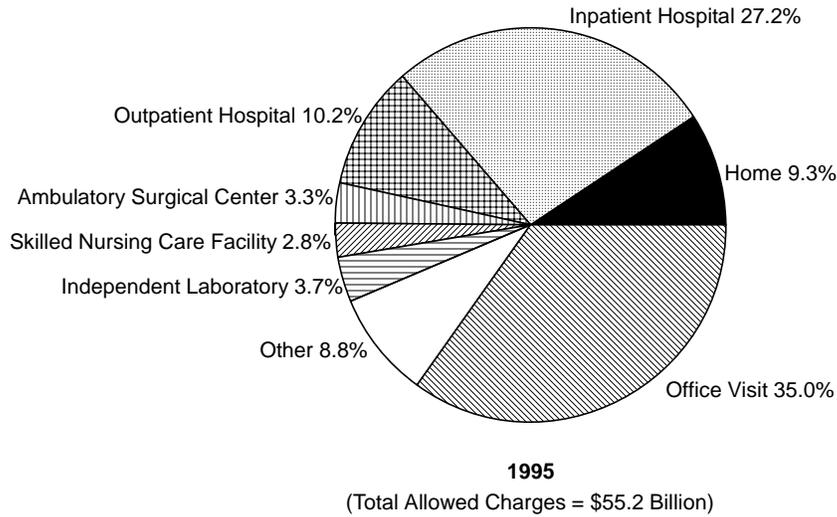


**2007**  
 (Total Allowed Charges = \$110.6 Billion)

NOTE: Other includes ambulatory surgery center services, therapeutic radiology, psychological therapy assistance at surgery, monthly capitation dialysis services, etc.

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.

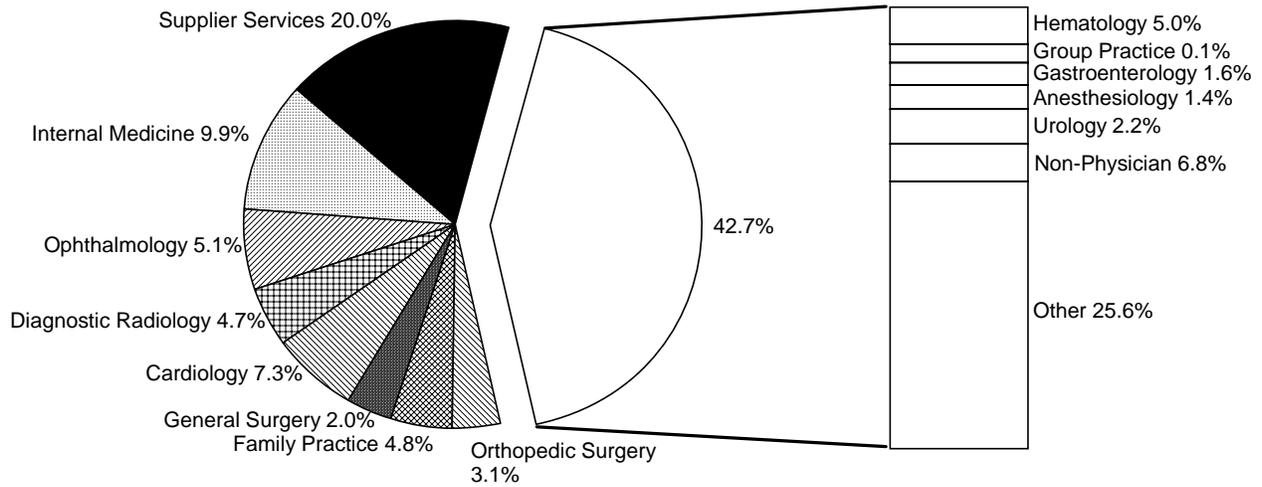
**Figure 9.5**  
**Percent Distribution of Medicare-Allowed Charges for Physician and Supplier Services, by Place of Service:**  
**Calendar Years 1995 and 2007**



NOTES: Other includes custodial care facilities, comprehensive inpatient rehabilitation facilities, end stage renal disease treatment facilities, hospice, ambulance, nursing homes, community mental health centers, other medical services, emergency room services, etc. Distribution may not add to 100 percent 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.

**Figure 9.6**  
**Percent Distribution of Medicare-Allowed Charges for Selected Physician and Related Services, by Type of Physician Specialty: Calendar Year 2007**

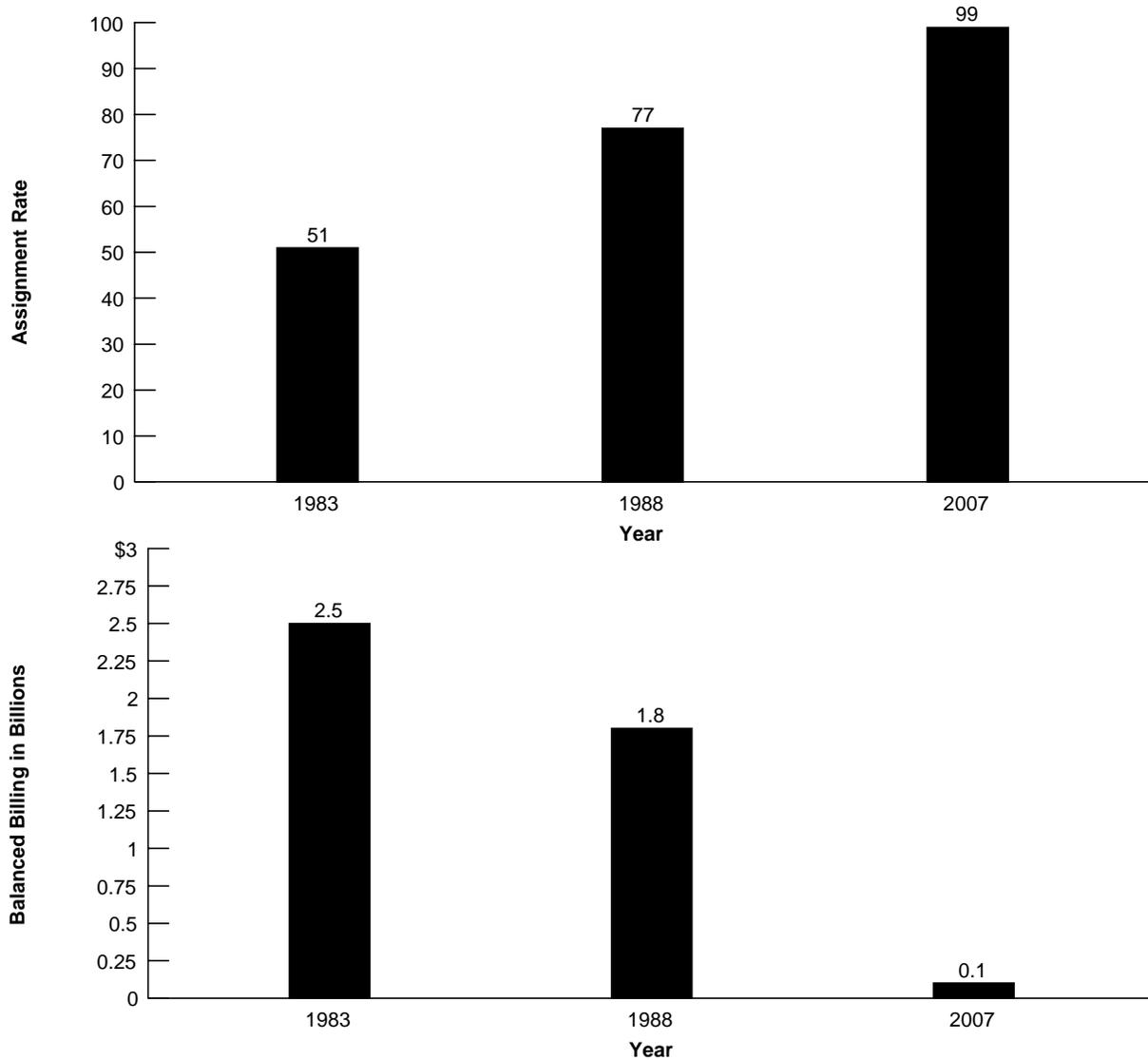


(Total Allowed Charges=\$110.6 Billion)

NOTES: Other includes dermatology, medical oncology, emergency medicine, pulmonary disease, and other physician specialties not listed separately. Numbers may not add to total because of rounding.

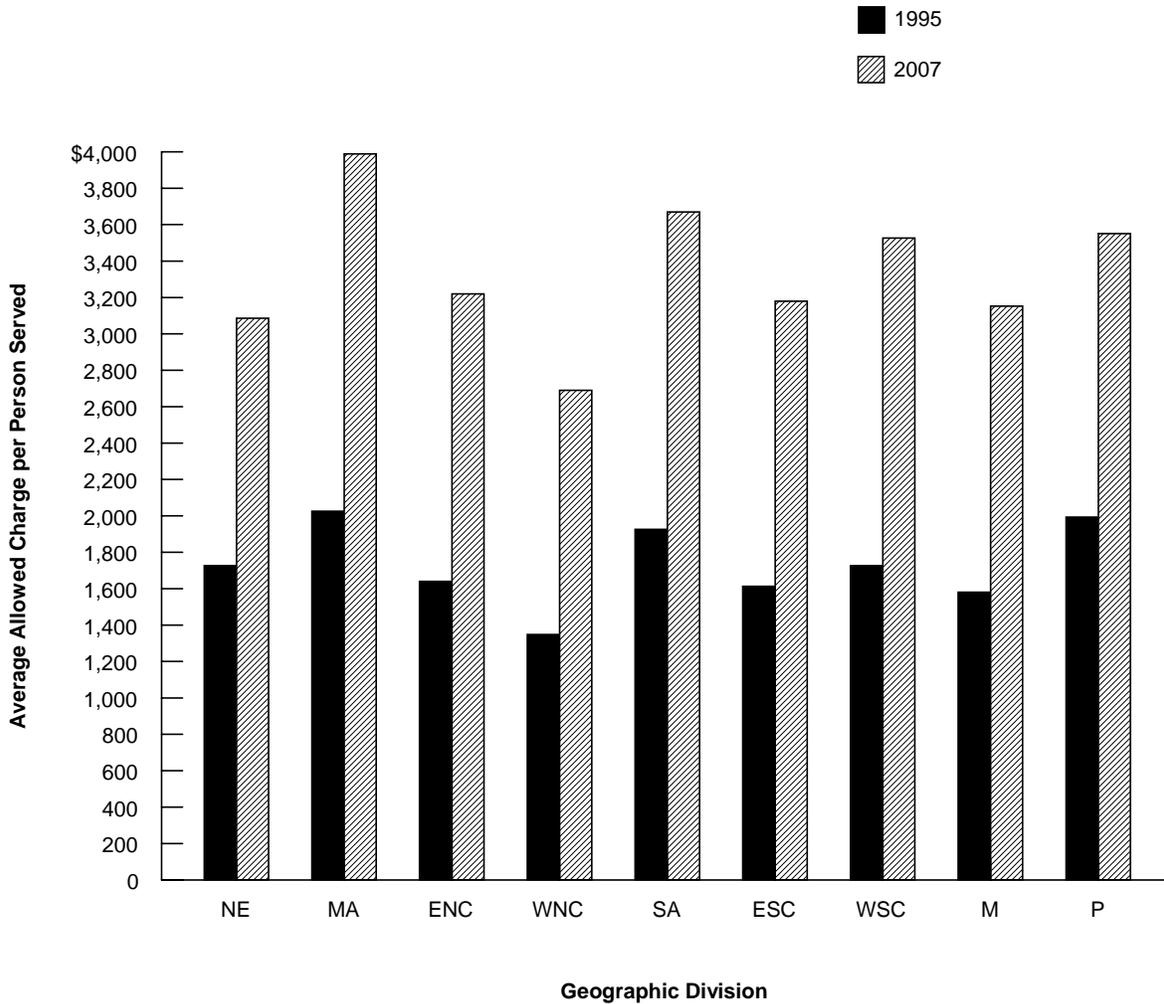
SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.

Figure 9.7  
Trends in Medicare Assignment Rates and Amount of  
Balanced Billing: Selected Calendar Years  
1983, 1988, and 2007



SOURCES: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; Office of the Actuary; data development by the Office of Research, Development, and Information.

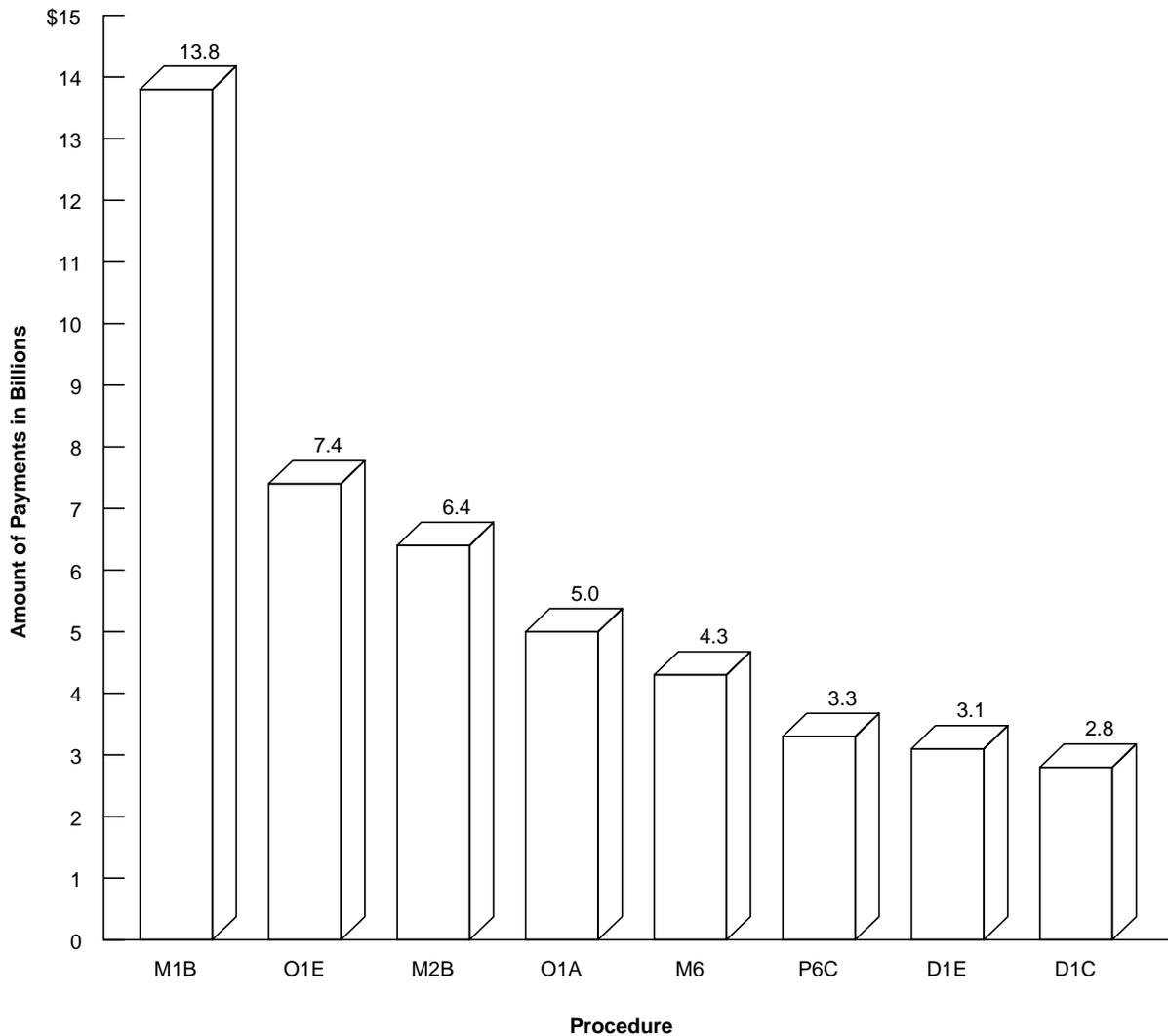
**Figure 9.8**  
**Average Allowed Charge per Person Served for**  
**Medicare Physician and Supplier Services, by**  
**Geographic Division: Calendar Years 1995 and 2007**



NOTES: Average allowed charge per person with at least one covered service during the calendar year. NE is New England, MA is Middle Atlantic, ENC is East North Central, WNC is West North Central, SA is South Atlantic, ESC is East South Central, WSC is West South Central, M is Mountain, and P is Pacific.

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.

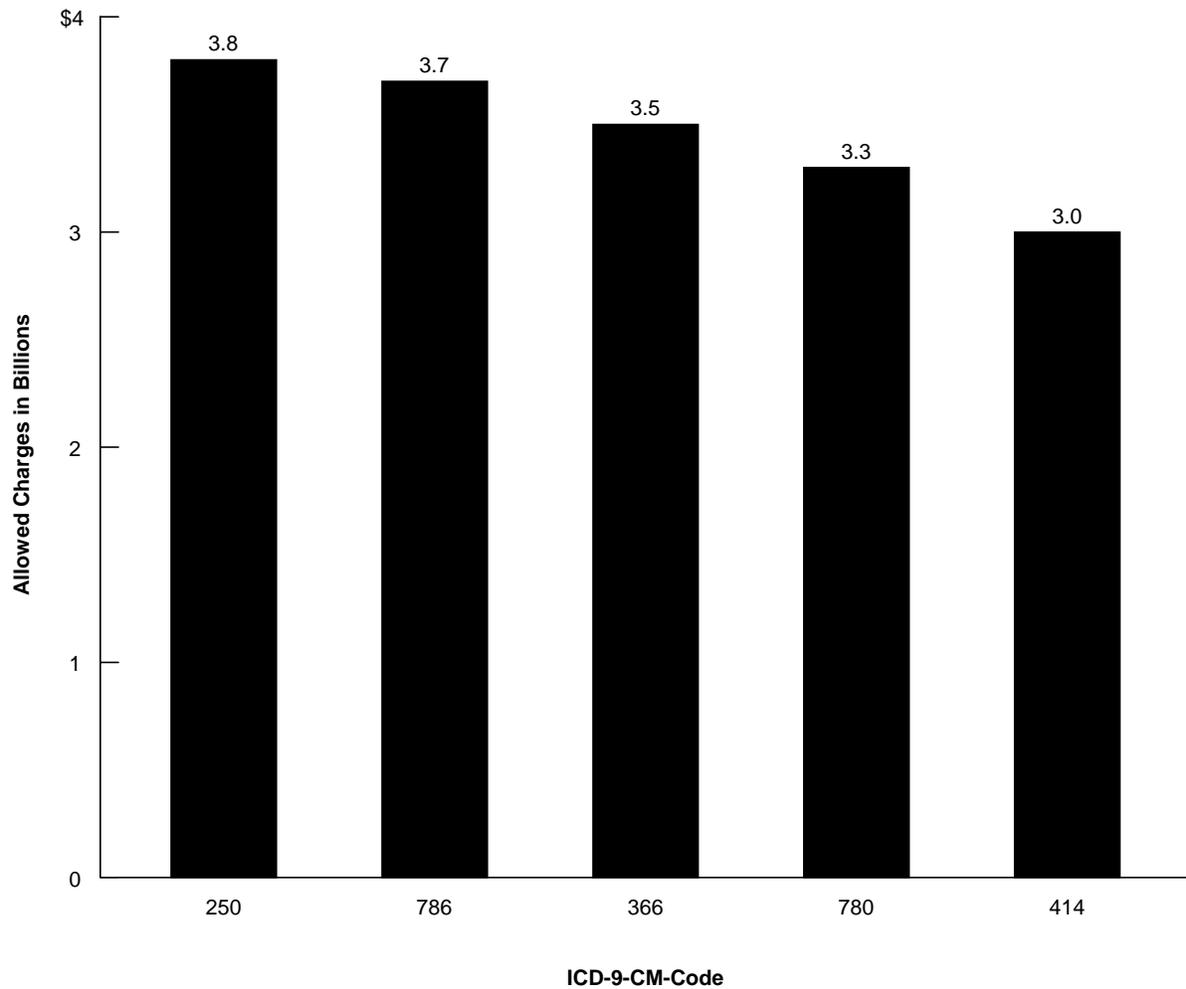
**Figure 9.9**  
**Leading Medicare Physician and Supplier BETOS**  
**Procedures, Based on Allowed Charges:**  
**Calendar Year 2007**



NOTES: BETOS is the Berenson/Eggers Type of Service system for classifying HCPCS (Healthcare Common Procedure Coding System) codes. M1B--Office Visits, Established; O1E--Other Drugs; M2B--Hospital Visit, Subsequent; O1A--Ambulance; M6--Consultations; P6C--Minor Procedures, Other (Medicare Fee Schedule); D1E--Other Durable Medical Equipment; D1C--Oxygen and Supplies.

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.

Figure 9.10  
Leading Medicare Physician and Supplier Principal  
Diagnoses, Based on Allowed Charges:  
Calendar Year 2007



NOTE: Diagnoses have the following codes from the *International Classification of Diseases, 9th Revision, Clinical Modification*: diabetes mellitus, 250; symptoms involving respiratory system and other chest symptoms, 786; cataract, 366; general symptoms, 780; and other forms of chronic ischemic heart disease, 414.

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.