

**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 2010**

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	32,091,660	1,857,482	57.9	\$302,709,508	\$9,433
Medical Care	31,115,160	724,717	23.3	101,152,532	3,251
Surgery	19,631,240	111,541	5.7	57,794,212	2,944
Consultation	588,580	1,172	2.0	197,883	336
Diagnostic X-Ray	21,673,020	139,706	6.4	26,424,316	1,219
Diagnostic Laboratory	26,824,920	546,861	20.4	38,397,143	1,431
Radiation Therapy	1,453,880	12,870	8.9	7,047,703	4,848
Anesthesia	7,009,740	14,340	2.0	12,241,149	1,746
Assistance at Surgery	931,440	1,796	1.9	2,809,817	3,017
Other Medical Services	1,056,160	7,003	6.6	1,492,177	1,413
Ambulatory Surgical Center	3,335,420	6,603	2.0	14,846,653	4,451
Renal Supplies in the Home	1,020	24	23.4	30,977	30,369
Psychological Therapy	3,197,600	21,461	6.7	2,635,792	824
Occupational Therapy	260	(6)	1.5	24	93
Pneumococcal Vaccine	14,292,980	31,023	2.2	725,666	51
Physical Therapy	140	(6)	1.1	20	142
Durable Medical Equipment <sup>4</sup>	10,434,200	144,934	13.9	19,086,867	1,829
Other <sup>5</sup>	11,168,960	93,430	8.4	17,826,577	1,596

<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, and rental of DME.

<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.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Standard Analytical Files; data development by the Center for Strategic Planning.

**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 2010**

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
\$122,904,370	\$3,830	\$122,352,418	99.6	\$95,036,813	\$3,027	\$41,083	\$31
54,556,023	1,753	54,252,192	99.4	40,988,879	1,379	22,542	22
17,605,974	897	17,523,304	99.5	13,720,287	711	6,663	34
72,689	123	71,598	98.5	57,236	98	98	20
8,450,308	390	8,418,671	99.6	6,524,573	311	2,545	20
11,954,221	446	11,931,782	99.8	10,391,883	391	1,887	10
2,199,380	1,513	2,189,459	99.5	1,743,952	1,206	889	174
2,309,339	329	2,306,489	99.9	1,823,407	261	255	21
239,277	257	238,892	99.8	189,527	204	33	24
748,787	709	748,774	99.9	588,487	566	1	6
3,290,271	986	3,290,204	99.9	2,587,808	777	6	151
10,328	10,125	10,328	99.9	8,147	7,988	0	0
1,584,598	496	1,561,612	98.5	808,142	267	1,653	40
9	35	9	99.9	7	28	0	0
543,285	38	542,299	99.8	542,132	38	34	2
9	65	9	99.9	4	35	0	0
10,281,938	985	10,215,208	99.4	7,944,784	777	3,971	15
9,057,935	811	9,051,587	99.9	7,117,558	647	505	10