

MDCR PHYSSUPP 7

Medicare Physicians/Suppliers: Utilization and Program Payments for Original Medicare Beneficiaries, by Berenson-Eggers Type of Service (BETOS) Classification, Calendar Year 2018

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		33,601,369	1,289,225,320	38.37	38,639	\$143,458,991,004	\$4,269	\$4,300	\$109,928,099,259	\$3,272	\$3,295
Evaluation and Management											
Office Visits - New	M1A	16,389,221	28,826,688	1.76	864	\$3,716,348,123	\$227	\$111	\$2,603,935,488	\$159	\$78
Office Visits - Established	M1B	29,108,397	227,895,388	7.83	6,830	19,345,550,617	665	580	13,230,866,589	455	397
Hospital Visits - Initial	M2A	6,296,795	21,341,890	3.39	640	3,651,520,544	580	109	2,802,719,978	445	84
Hospital Visits - Subsequent	M2B	6,551,974	85,700,755	13.08	2,568	7,170,566,728	1,094	215	5,563,980,113	849	167
Hospital Visits - Critical Care	M2C	1,885,131	5,845,652	3.10	175	1,366,936,014	725	41	1,061,358,025	563	32
Emergency Room Visit	M3	10,072,476	20,603,512	2.05	617	2,852,058,551	283	85	2,159,448,141	214	65
Home Visit	M4A	669,616	3,497,144	5.22	105	312,590,436	467	9	227,461,775	340	7
Nursing Home Visit	M4B	2,696,335	32,059,173	11.89	961	2,782,048,296	1,032	83	2,086,357,869	774	63
Specialist - Pathology (HCPCS Moved to T1G in 2003)	M5A	1,620	1,644	1.01	0	58,901	36	0	45,785	28	0
Specialist - Psychiatry	M5B	2,089,575	17,810,364	8.52	534	1,587,351,788	760	48	1,190,126,250	570	36
Specialist - Ophthalmology	M5C	13,540,458	24,866,036	1.84	745	3,084,489,698	228	92	2,099,010,419	155	63
Specialist - Other	M5D	11,747,581	18,007,900	1.53	540	2,065,439,388	176	62	1,841,674,819	157	55
Consultations	M6	106,547	178,757	1.68	5	17,261,239	162	1	13,295,323	125	0
Procedures											
Anesthesia	P0	8,949,632	18,395,442	2.06	551	\$2,748,083,318	\$307	\$82	\$2,141,708,435	\$239	\$64
Major Procedure - Breast	P1A	205,835	367,857	1.79	11	207,571,663	1,008	6	160,343,074	779	5
Major Procedure - Colectomy	P1B	48,260	62,476	1.29	2	79,096,087	1,639	2	61,594,678	1,276	2
Major Procedure - Cholecystectomy	P1C	11,030	13,613	1.23	0	10,922,928	990	0	8,508,278	771	0
Major Procedure - Transurethral Resection of the Prostate (TURP)	P1D	71,277	78,418	1.10	2	61,951,469	869	2	47,954,609	673	1
Major Procedure - Hysterectomy	P1E	43,668	56,797	1.30	2	44,585,664	1,021	1	34,505,283	790	1
Major Procedure - Explor/Decompr/Excis Disc	P1F	163,183	275,180	1.69	8	239,944,445	1,470	7	186,050,161	1,140	6
Major Procedure - Other	P1G	1,952,430	3,585,137	1.84	107	3,065,393,684	1,570	92	2,372,892,522	1,215	71
Major Procedure - Cardiovascular-CABG	P2A	76,312	123,491	1.62	4	172,802,382	2,264	5	134,233,902	1,759	4
Major Procedure - Cardiovascular-Aneurysm Repair	P2B	79,954	96,440	1.21	3	76,400,837	956	2	59,521,249	744	2
Major Procedure - Cardiovascular-Thromboendarterectomy	P2C	43,086	57,581	1.34	2	49,145,408	1,141	1	38,165,917	886	1
Major Procedure - Cardiovascular-Coronary Angioplasty (PTCA)	P2D	227,203	252,911	1.11	8	164,267,398	723	5	127,568,306	561	4
Major Procedure - Cardiovascular-Pacemaker Insertion	P2E	212,242	232,945	1.10	7	178,835,173	843	5	139,298,152	656	4
Major Procedure - Cardiovascular-Other	P2F	1,679,132	2,509,989	1.49	75	1,847,571,907	1,100	55	1,436,226,101	855	43
Major Procedure - Orthopedic - Hip Fracture Repair	P3A	160,566	210,927	1.31	6	205,261,573	1,278	6	160,068,034	997	5
Major Procedure - Orthopedic - Hip Replacement	P3B	185,382	316,271	1.71	9	301,458,538	1,626	9	234,182,098	1,263	7
Major Procedure - Orthopedic - Knee Replacement	P3C	303,620	523,492	1.72	16	497,484,354	1,639	15	385,246,122	1,269	12
Major Procedure - Orthopedic - Other	P3D	761,338	1,235,265	1.62	37	1,354,971,970	1,780	41	1,050,666,223	1,380	31
Eye Procedures - Corneal Transplant	P4A	16,804	31,535	1.88	1	42,585,128	2,534	1	33,054,729	1,967	1
Eye Procedures - Cataract Removal/Lens Insertion	P4B	1,183,722	3,616,828	3.06	108	2,548,381,131	2,153	76	1,973,302,891	1,667	59
Eye Procedures - Retinal Detachment	P4C	567,542	1,092,365	1.92	33	260,021,657	458	8	199,350,693	351	6
Eye Procedures - Treatment Of Retinal Lesions	P4D	77,950	141,279	1.81	4	60,366,063	774	2	46,405,915	595	1
Eye - Other	P4E	1,890,921	5,717,703	3.02	171	1,286,248,506	680	39	981,738,075	519	29
Ambulatory Procedures - Skin	P5A	6,948,706	16,979,156	2.44	509	2,767,307,956	398	83	2,085,636,562	300	63
Ambulatory Procedures - Musculoskeletal	P5B	681,766	1,016,499	1.49	30	640,255,160	939	19	493,762,509	724	15
Ambulatory Procedures - Groin Hernia Repair	P5C	58,866	74,061	1.26	2	43,813,037	744	1	33,712,504	573	1

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Ambulatory Procedures - Lithotripsy	P5D	48,120	67,621	1.41	2	53,295,271	1,108	2	41,221,678	857	1
Ambulatory Procedures - Other	P5E	4,282,057	15,565,758	3.64	467	1,218,771,134	285	37	941,790,153	220	28
Minor Procedures - Skin	P6A	8,221,884	18,343,605	2.23	550	1,671,049,774	203	50	1,220,508,216	148	37
Minor Procedures - Musculoskeletal	P6B	6,881,349	16,224,158	2.36	486	1,557,125,597	226	47	1,165,112,827	169	35
Minor Procedures - Other (Medicare Physician Fee Schedule)	P6C	11,252,460	65,361,255	5.81	1,959	5,699,428,807	507	171	4,350,239,690	387	130
Minor Procedures - Other (Non Medicare Physician Fee Schedule)	P6D	269,153	298,770	1.11	9	37,722,458	140	1	30,133,163	112	1
Oncology - Radiation Therapy	P7A	339,878	4,507,010	13.26	135	1,552,446,619	4,568	47	1,207,682,442	3,553	36
Oncology - Other	P7B	579,457	3,349,066	5.78	100	431,939,084	745	13	331,393,701	572	10
Endoscopy - Arthroscopy	P8A	249,285	427,848	1.72	13	367,774,252	1,475	11	283,293,947	1,136	8
Endoscopy - Upper Gastrointestinal	P8B	1,834,701	2,829,668	1.54	85	596,765,410	325	18	456,700,279	249	14
Endoscopy - Sigmoidoscopy	P8C	118,305	155,340	1.31	5	18,375,242	155	1	13,932,252	118	0
Endoscopy - Colonoscopy	P8D	2,334,526	3,427,260	1.47	103	1,086,833,460	466	33	855,952,603	367	26
Endoscopy - Cystoscopy	P8E	1,034,454	1,661,743	1.61	50	427,997,966	414	13	324,716,217	314	10
Endoscopy - Bronchoscopy	P8F	316,033	411,396	1.30	12	105,039,810	332	3	81,337,310	257	2
Endoscopy - Laryngoscopy	P8H	554,926	801,595	1.44	24	106,285,286	192	3	79,314,294	143	2
Endoscopy - Other	P8I	787,227	1,241,577	1.58	37	437,580,334	556	13	335,073,423	426	10
Dialysis Services (Medicare Physician Fee Schedule)	P9A	454,462	5,358,798	11.79	161	1,070,746,566	2,356	32	829,094,906	1,824	25
Dialysis Services (Non Medicare Physician Fee Schedule)	P9B	4,844	6,081	1.26	0	2,530,325	522	0	1,919,383	396	0
Imaging											
Standard Imaging - Chest	I1A	10,378,280	28,226,798	2.72	846	\$353,792,336	\$34	\$11	\$256,769,860	\$25	\$8
Standard Imaging - Musculoskeletal	I1B	11,857,641	24,227,433	2.04	726	641,290,828	54	19	476,861,630	40	14
Standard Imaging - Breast	I1C	6,704,042	7,828,577	1.17	235	723,899,289	108	22	672,577,575	100	20
Standard Imaging - Contrast Gastrointestinal	I1D	1,014,630	1,306,963	1.29	39	121,552,766	120	4	110,912,710	109	3
Standard Imaging - Nuclear Medicine	I1E	3,860,418	5,269,392	1.36	158	1,243,033,294	322	37	961,213,956	249	29
Standard Imaging - Other	I1F	2,869,380	5,337,564	1.86	160	372,810,612	130	11	282,259,303	98	8
Advanced Imaging - CAT/CT/CTA: Brain/Head/Neck	I2A	4,500,757	7,209,557	1.60	216	436,073,412	97	13	324,634,430	72	10
Advanced Imaging - CAT/CT/CTA: Other	I2B	7,862,152	16,034,224	2.04	481	1,653,916,699	210	50	1,244,355,841	158	37
Advanced Imaging - MRI/MRA: Brain/Head/Neck	I2C	1,875,304	2,487,709	1.33	75	377,968,092	202	11	285,086,760	152	9
Advanced Imaging - MRI/MRA: Other	I2D	3,936,784	5,813,895	1.48	174	1,262,916,713	321	38	959,163,272	244	29
Echography/Ultrasonography - Eye	I3A	1,354,367	2,010,544	1.48	60	132,821,208	98	4	98,399,487	73	3
Echography/Ultrasonography - Abdomen/Pelvis	I3B	3,767,247	5,045,686	1.34	151	331,476,416	88	10	243,018,999	65	7
Echography/Ultrasonography - Heart	I3C	6,566,085	9,359,400	1.43	281	1,152,018,865	175	35	864,749,855	132	26
Echography/Ultrasonography - Carotid Arteries	I3D	2,100,952	2,376,333	1.13	71	292,044,870	139	9	218,314,526	104	7
Echography/Ultrasonography - Prostate, Transrectal	I3E	193,669	230,178	1.19	7	18,547,960	96	1	14,116,313	73	0
Echography/Ultrasonography - Other	I3F	5,955,589	9,831,323	1.65	295	783,737,258	132	23	585,139,229	98	18
Imaging Procedure - Heart Including Cardiac Catheter	I4A	2,968	3,040	1.02	0	67,132	23	0	52,219	18	0
Imaging Procedure - Other	I4B	2,045,750	4,188,544	2.05	126	409,591,677	200	12	316,589,415	155	9
Tests											
Lab Tests - Routine Venipuncture (Non Medicare Physician Fee Schedule)	T1A	17,930,683	52,665,706	2.94	1,578	\$165,384,662	\$9	\$5	\$161,638,612	\$9	\$5
Lab Tests - Automated General Profiles	T1B	16,269,884	37,522,397	2.31	1,125	473,155,644	29	14	462,698,085	28	14
Lab Tests - Urinalysis	T1C	9,815,984	18,839,611	1.92	565	65,781,342	7	2	64,126,342	7	2
Lab Tests - Blood Counts	T1D	14,715,437	34,073,041	2.32	1,021	319,783,632	22	10	312,574,156	21	9
Lab Tests - Glucose	T1E	1,620,692	3,521,203	2.17	106	32,769,080	20	1	27,655,437	17	1
Lab Tests - Bacterial Cultures	T1F	3,828,981	6,674,676	1.74	200	113,930,908	30	3	111,519,902	29	3
Lab Tests - Other (Medicare Physician Fee Schedule)	T1G	8,664,247	16,186,306	1.87	485	1,898,384,058	219	57	1,447,636,225	167	43
Lab Tests - Other (Non-Medicare Physician Fee Schedule)	T1H	20,554,483	82,036,451	3.99	2,459	5,149,848,258	251	154	4,985,898,825	243	149

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BETOS Classification											
Other Tests - Electrocardiograms	T2A	13,614,997	30,589,003	2.25	917	375,580,662	28	11	273,634,035	20	8
Other Tests - Cardiovascular Stress Tests	T2B	2,220,999	2,536,182	1.14	76	121,335,662	55	4	91,889,126	41	3
Other Tests - EKG Monitoring	T2C	2,017,558	3,361,721	1.67	101	437,547,350	217	13	332,943,406	165	10
Other Tests - Other	T2D	11,781,507	28,136,696	2.39	843	2,317,440,845	197	69	1,791,086,074	152	54
Durable Medical Equipment											
Med/Surg Supplies	D1A	460,439	1,082,170	2.35	32	\$322,219,789	\$700	\$10	\$249,739,580	\$542	\$7
Hospital Beds	D1B	237,143	1,178,438	4.97	35	67,851,258	286	2	49,821,142	210	1
Oxygen and Supplies	D1C	1,058,488	9,094,448	8.59	273	750,023,915	709	22	555,676,118	525	17
Wheelchairs	D1D	626,501	3,301,745	5.27	99	658,275,880	1,051	20	505,544,593	807	15
Other Durable Medical Equipment	D1E	5,989,245	29,913,141	4.99	897	2,934,626,853	490	88	2,218,864,544	370	67
Prosthetic/Orthotic Devices	D1F	3,332,470	6,579,930	1.97	197	3,504,372,173	1,052	105	2,696,234,575	809	81
Drugs Administered Through Durable Medical Equipment	D1G	1,100,793	4,086,763	3.71	122	936,215,129	850	28	723,748,784	657	22
Other											
Ambulance	O1A	4,939,009	13,365,930	2.71	401	\$6,232,157,401	\$1,262	\$187	\$4,834,403,644	\$979	\$145
Chiropractic	O1B	1,981,268	20,023,979	10.11	600	736,520,325	372	22	517,801,561	261	16
Enteral and Parenteral	O1C	92,280	932,723	10.11	28	438,132,574	4,748	13	340,238,867	3,687	10
Chemotherapy	O1D	352,451	2,006,158	5.69	60	4,331,213,375	12,289	130	3,364,888,315	9,547	101
Other Drugs	O1E	8,408,076	29,768,304	3.54	892	15,308,443,914	1,821	459	11,865,940,993	1,411	356
Hearing and Speech Services	O1F	2,032	17,699	8.71	1	1,888,071	929	0	1,437,017	707	0
Immunizations/Vaccinations	O1G	15,737,156	18,961,966	1.20	568	1,643,843,684	104	49	1,592,431,570	101	48
Exceptions/Unclassified											
Other - Medicare Fee Schedule	Y1	3,496,678	6,415,268	1.83	192	\$381,669,248	\$109	\$11	\$297,078,251	\$85	\$9
Other - Non-Medicare Fee Schedule	Y2	1,089,093	5,828,624	5.35	175	84,331,994	77	3	81,300,324	75	2
Undefined Codes	ZZ	737	771	1.05	0	48,733	66	0	39,711	54	0

¹The Original Medicare Part B enrollee count in 2018 was 33,366,109.

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.