

Table 62

**Persons Served, Services, Allowed Charges, and Program Payments for Medicare
Physician and Supplier Services, by Leading BETOS Classifications: Calendar Year 2000**

BETOS Classification	BETOS Codes	Persons Served ¹	Services		Per Person Served ¹
			Number in Thousands	Percent	
Total, All BETOS Groups	Total	29,644,740	1,252,280	100.0	42
Office Visits - Established	M1B	25,445,560	176,027	14.1	7
Hospital Visit - Subsequent	M2B	6,230,400	82,043	6.6	13
Consultations	M6	10,210,020	24,182	1.9	2
Chemotherapy	O1D	497,460	16,335	1.3	33
Ambulance	O1A	3,476,320	23,916	1.9	7
Other Drugs	O1E	4,827,920	44,767	3.6	9
Eye Procedure - Cataract Removal/Lens Insertion	P4B	1,231,180	6,963	0.6	6
Specialist - Ophthalmology	M5C	10,895,140	21,793	1.7	2
Lab Tests, Other (Non-MFS)	T1H	16,869,140	146,910	11.7	9
Anesthesia	P0	5,067,980	9,801	0.8	2
Emergency Room Visit	M3	8,254,060	15,127	1.2	2
Minor Procedures - Other (MFS)	P6C	5,427,680	44,960	3.6	8
Major Procedure, Cardiovascular-Other	P2F	2,010,200	4,699	0.4	2
Specialist - Psychiatry	M5B	1,972,960	17,227	1.4	9
Hospital Visit - Initial	M2A	5,429,300	9,097	0.7	2
Minor Procedures - Skin	P6A	7,166,600	19,138	1.5	3
Office Visits - New	M1A	8,945,720	12,090	1.0	1
Echography - Heart	I3C	4,077,920	14,108	1.1	3
Nursing Home Visit	M4B	2,549,420	19,812	1.6	8
Durable Medical Equipment ³	D1A-D1F	9,376,260	85,582	6.8	9
All Other BETOS Groups	---	---	457,703	36.5	---

¹Includes 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 1 service during the reporting year.

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

³Durable medical equipment includes medical and surgical supplies, hospital beds, oxygen and supplies, wheelchairs, and other durable medical equipment.

NOTES: Numbers may not add to totals because of rounding. BETOS is the Berenson-Eggers Type of Service system for classifying HCPCS (Healthcare Common Procedure Coding System) codes. MFS is the Medicare fee schedule. --- is not applicable. The leading BETOS codes are based on amount of allowed charges for 2000. Medicare program payments represent fee for service only.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

Table 62—Continued

**Persons Served, Services, Allowed Charges, and Program Payments for Medicare
Physician and Supplier Services, by Leading BETOS Classifications: Calendar Year 2000**

Allowed Charges			Program Payments		
Amount in Thousands	Percent	Per Person Served ¹	Amount in Thousands	Percent	Per Person Served ²
\$66,911,901	100.0	\$2,257	\$51,456,747	100.0	\$1,789
8,551,700	12.8	336	5,855,454	11.4	249
4,481,506	6.7	719	3,556,408	6.9	573
2,943,719	4.4	288	2,268,902	4.4	224
2,295,208	3.4	4,614	1,820,422	3.5	3,672
2,216,779	3.3	638	1,754,279	3.4	505
1,973,758	2.9	409	1,562,021	3.0	340
1,886,410	2.8	1,532	1,498,040	2.9	1,218
1,462,999	2.2	134	1,008,048	2.0	103
1,459,908	2.2	87	1,455,488	2.8	86
1,459,611	2.2	288	1,154,053	2.2	228
1,377,910	2.1	167	1,061,703	2.1	132
1,277,649	1.9	235	995,388	1.9	190
1,242,010	1.9	618	985,596	1.9	492
1,204,071	1.8	610	648,532	1.3	341
1,176,865	1.8	217	916,920	1.8	169
1,097,938	1.6	153	812,268	1.6	119
1,068,586	1.6	119	730,456	1.4	89
1,010,326	1.5	248	793,124	1.5	196
984,887	1.5	386	721,901	1.4	290
5,898,683	8.8	629	4,608,847	9.0	---
21,841,378	32.6	---	17,248,897	33.5	---