

Table 57

Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing for Medicare Physician and Supplier Services, by Type of Service: Calendar Year 2002

Type of Service	Persons Served ¹	Services		Submitted Charges	
		Number in Thousands	Per Person Served ¹	Amount in Thousands	Per Person Served ¹
Total	31,754,480	1,481,154	46.6	\$169,663,267	\$5,343
Medical Care	30,727,800	534,490	17.4	46,515,438	1,514
Surgery	18,301,160	89,108	4.9	37,859,518	2,069
Consultation	11,901,380	29,344	2.5	5,441,957	457
Diagnostic X-Ray	21,092,780	121,438	5.8	16,482,782	781
Diagnostic Laboratory	25,850,160	421,382	16.3	20,725,464	802
Radiation Therapy	1,129,820	11,110	9.8	3,506,494	3,104
Anesthesia	5,746,840	11,033	1.9	6,619,857	1,152
Assistance at Surgery	838,040	1,342	1.6	1,328,165	1,585
Other Medical Services	1,185,220	13,254	11.2	2,079,955	1,755
Ambulatory Surgical Center	2,206,340	3,468	1.6	5,103,978	2,313
Renal Supplies in the Home	20,420	857	42.0	317,494	15,548
ESRD Capitation Payment	268,140	2,275	8.5	921,966	3,438
Psychological Therapy	2,591,380	17,418	6.7	1,619,143	625
Occupational Therapy	25,460	1,033	40.6	37,758	1,483
Pneumococcal Vaccine	12,853,880	27,056	2.1	297,128	23
Physical Therapy	708,000	30,353	42.9	1,048,223	1,481
Durable Medical Equipment ⁴	7,496,820	100,455	13.4	12,046,220	1,607
Other ⁵	NA	65,738	NA	7,711,727	NA

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 one service during the reporting year.

²Ratio of assigned allowed charges to total allowed charges.

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

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

⁵Includes 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.

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 57—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 2002

Allowed Charges		Assigned in Thousands	Percent of Charges Assigned ²	Program Payments		Balance Billing	
Amount in Thousands	Per Person Served ¹			Amount in Thousands	Per Person Served ³	Amount in Thousands	Per Person With Liability
\$83,181,299	\$2,620	\$82,264,252	98.9	\$64,253,710	\$2,073	\$64,359	\$24
30,354,064	988	29,920,317	98.6	22,640,463	775	30,995	17
13,481,251	737	13,360,629	99.1	10,550,529	586	9,763	28
3,503,493	294	3,475,026	99.2	2,700,881	229	2,349	16
6,544,061	310	6,500,840	99.3	5,088,975	250	3,676	14
7,418,913	287	7,384,157	99.5	6,379,384	249	2,880	8
1,138,670	1,008	1,132,906	99.5	904,354	804	514	79
1,514,482	264	1,510,657	99.7	1,197,989	209	330	18
198,145	236	197,184	99.5	157,238	188	83	20
1,214,584	1,025	1,214,485	99.9	964,933	818	3	4
1,892,856	858	1,892,800	99.9	1,498,513	680	5	84
150,484	7,369	150,469	99.9	119,988	5,893	1	5
546,993	2,040	546,802	99.9	430,871	1,611	17	84
1,176,322	454	1,140,450	97.0	548,165	227	2,407	35
27,396	1,076	27,334	99.8	21,606	855	1	11
168,088	13	167,406	99.6	167,811	13	45	0
752,819	1,063	745,768	99.1	594,159	844	408	67
8,151,991	1,087	8,010,641	98.3	6,386,691	863	6,888	14
4,946,687	NA	4,886,381	98.8	3,901,160	NA	3,994	NA