

Table 62

Persons Served, Services, Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Leading BETOS Classifications: Calendar Year 2002

BETOS Classification	BETOS Codes	Persons Served ¹	Services		Per Person Served ¹
			Number in Thousands	Percent	
Total All BETOS Groups	Total	31,754,480	1,481,154	100.0	47
Office Visits - Established	M1B	27,543,520	199,500	13.5	7
Hospital Visit - Subsequent	M2B	6,732,360	92,470	6.2	14
Other Drugs	O1E	5,372,320	53,182	3.6	10
Consultations	M6	11,793,960	28,296	1.9	2
Chemotherapy	O1D	569,320	21,377	1.4	38
Ambulance	O1A	3,965,780	39,731	2.7	10
Oxygen and Supplies	D1C	1,114,540	15,728	1.1	14
Minor Procedures - Other (MFS)	P6C	6,939,440	63,414	4.3	9
Eye Procedure - Cataract Removal/Lens Insertion	P4B	1,319,180	3,119	0.2	2
Specialist - Ophthalmology	M5C	12,433,140	27,111	1.8	2
Other Durable Medical Equipment	D1E	5,044,980	46,193	3.1	9
Lab Tests, Other (Non-MFS)	T1H	18,373,420	151,551	10.2	8
Emergency Room Visit	M3	9,192,400	17,361	1.2	2
Anesthesia	P0	5,749,360	11,116	0.8	2
Standard Imaging - Nuclear Medicine	I1E	3,781,920	12,729	0.9	3
Wheelchairs	D1D	1,247,660	8,276	0.6	7
Lab Tests, Other (MFS)	T1G	7,802,540	27,351	1.8	4
Orthotic Devices	D1F	2,684,400	18,155	1.2	7
Specialist - Psychiatry	M5B	2,207,700	18,743	1.3	8
Ambulatory Procedures - Skin	P5A	5,467,960	27,420	1.9	5
All Other BETOS Groups		NA	598,331	40.4	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.

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

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. NA is not applicable. The leading BETOS codes are based on amount of allowed charges for 2002. 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.

Table 62—Continued

Persons Served, Services, Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Leading BETOS Classifications: Calendar Year 2002

Allowed Charges			Program Payments		
Amount in Thousands	Percent	Per Person Served ¹	Amount in Thousands	Percent	Per Person Served ²
\$83,181,299	100.0	\$2,620	\$64,253,710	100.0	\$2,073
10,485,122	12.6	381	7,288,138	11.3	282
4,924,957	5.9	732	3,909,234	6.1	583
3,598,072	4.3	670	2,842,235	4.4	552
3,443,346	4.1	292	2,653,215	4.1	227
3,210,668	3.9	5,639	2,541,776	4.0	4,480
2,998,097	3.6	756	2,377,173	3.7	600
2,184,210	2.6	1,960	1,715,957	2.7	1,541
2,084,196	2.5	300	1,631,979	2.5	242
2,059,889	2.5	1,561	1,634,398	2.5	1,240
2,015,132	2.4	162	1,421,259	2.2	124
1,817,566	2.2	360	1,405,448	2.2	283
1,763,491	2.1	96	1,758,997	2.7	96
1,564,840	1.9	170	1,208,172	1.9	135
1,520,497	1.8	264	1,201,030	1.9	209
1,419,072	1.7	375	1,119,933	1.7	298
1,414,241	1.7	1,134	1,115,179	1.7	909
1,355,054	1.6	174	1,061,696	1.7	139
1,354,786	1.6	505	1,064,144	1.7	401
1,344,547	1.6	609	723,408	1.1	339
1,318,177	1.6	241	1,004,047	1.6	188
31,305,339	37.6	NA	24,576,292	38.2	NA