

Table 62

Persons Served, Services, Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Leading BETOS Classifications: Calendar Year 2003

BETOS Classification	BETOS Codes	Persons Served ¹	Services		Per Person Served ¹
			Number in Thousands	Percent	
Total All BETOS Groups	Total	32,547,900	1,573,445	100.0	48
Office Visits - Established	M1B	28,296,360	208,823	13.3	7
Hospital Visit - Subsequent	M2B	6,931,660	96,135	6.1	14
Other Drugs	O1E	5,902,040	61,032	3.9	10
Chemotherapy	O1D	582,300	22,505	1.4	39
Consultations	M6	12,313,980	29,742	1.9	2
Ambulance	O1A	4,195,120	48,826	3.1	12
Oxygen and Supplies	D1C	1,236,320	17,302	1.1	14
Minor Procedures - Other (MFS)	P6C	7,601,320	68,935	4.4	9
Eye Procedure - Cataract Removal/Lens Insertion	P4B	1,340,740	3,254	0.2	2
Specialist - Ophthalmology	M5C	12,801,900	28,927	1.8	2
Other Durable Medical Equipment	D1E	5,542,440	48,997	3.1	9
Lab Tests, Other (Non-MFS)	T1H	18,910,260	158,200	10.1	8
Wheelchairs	D1D	1,321,020	8,743	0.6	7
Emergency Room Visit	M3	9,509,000	18,080	1.1	2
Standard Imaging - Nuclear Medicine	I1E	4,018,320	14,389	0.9	4
Anesthesia	P0	6,019,780	11,560	0.7	2
Orthotic Devices	D1F	2,915,460	23,883	1.5	8
Lab Tests, Other (MFS)	T1G	7,970,920	28,965	1.8	4
Specialist - Psychiatry	M5B	2,302,500	19,598	1.2	9
Drugs Administered Through Durable Medical Equipment	D1G	1,029,280	15,967	1.0	16
All Other BETOS Groups		NA	639,582	40.6	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: BETOS is the Berenson-Eggers Type of Service system for classifying HCPCS (Healthcare Common Procedure Coding System) codes. Data by BETOS category in this table may differ from other sources because of the update of the HCPCS-BETOS crosswalk used to code the services rendered. MFS is the Medicare fee schedule. NA is not applicable. The leading BETOS codes are based on amount of allowed charges for 2003. Medicare program payments represent fee-for-service only. Numbers may not add to total because of rounding.

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 2003

Allowed Charges			Program Payments		
Amount in Thousands	Percent	Per Person Served ¹	Amount in Thousands	Percent	Per Person Served ²
\$92,638,665	100.0	\$2,846	\$71,733,844	100.0	\$2,254
11,256,832	12.2	398	7,870,455	11.0	296
5,255,315	5.7	758	4,170,812	5.8	604
5,046,640	5.4	855	3,981,206	5.5	700
3,724,897	4.0	6,397	2,951,120	4.1	5,085
3,702,046	4.0	301	2,854,561	4.0	234
3,374,564	3.6	804	2,676,365	3.7	638
2,414,855	2.6	1,953	1,897,414	2.6	1,536
2,367,482	2.6	311	1,855,397	2.6	250
2,182,802	2.4	1,628	1,730,982	2.4	1,292
2,167,732	2.3	169	1,539,024	2.1	129
2,054,644	2.2	371	1,586,814	2.2	291
1,926,654	2.1	102	1,921,528	2.7	102
1,850,283	2.0	1,401	1,462,190	2.0	1,125
1,698,675	1.8	179	1,315,619	1.8	142
1,694,109	1.8	422	1,336,933	1.9	335
1,608,803	1.7	267	1,271,427	1.8	212
1,601,182	1.7	549	1,260,115	1.8	436
1,462,540	1.6	183	1,146,641	1.6	146
1,414,540	1.5	614	761,280	1.1	342
1,364,643	1.5	1,326	1,076,728	1.5	1,049
34,469,427	37.2	NA	27,067,233	37.7	NA