

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 2003

Type of Service	Persons Served ¹	Services		Submitted Charges	
		Number in Thousands	Per Person Served ¹	Amount in Thousands	Per Person Served ¹
Total	32,547,900	1,573,445	48.3	\$191,593,731	\$5,887
Medical Care	31,487,740	582,370	18.5	54,230,591	1,722
Surgery	18,906,900	93,805	5.0	41,086,481	2,173
Consultation	12,419,320	30,838	2.5	5,985,698	482
Diagnostic X-Ray	21,634,200	128,620	5.9	18,875,243	872
Diagnostic Laboratory	26,539,300	444,240	16.7	23,117,593	871
Radiation Therapy	1,189,980	11,110	9.3	3,868,867	3,251
Anesthesia	6,016,800	11,469	1.9	7,357,955	1,223
Assistance at Surgery	877,500	1,450	1.7	1,529,790	1,743
Other Medical Services	755,900	5,557	7.4	2,163,619	2,862
Ambulatory Surgical Center	2,464,460	3,932	1.6	6,134,294	2,489
Renal Supplies in the Home	17,380	712	40.9	315,294	18,141
ESRD Capitation Payment	276,440	2,300	8.3	984,625	3,562
Psychological Therapy	2,712,560	18,512	6.8	1,757,394	648
Occupational Therapy	21,400	768	35.9	28,615	1,337
Pneumococcal Vaccine	13,762,860	29,108	2.1	373,029	27
Physical Therapy	557,720	20,898	37.5	735,964	1,320
Durable Medical Equipment ⁴	8,633,260	120,356	13.9	14,436,611	1,672
Other ⁵	NA	67,400	NA	8,612,068	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, and medical supplies.

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 2003**

Allowed Charges				Program Payments		Balance Billing	
Amount in Thousands	Per Person Served ¹	Assigned in Thousands	Percent of Charges Assigned ²	Amount in Thousands	Per Person Served ³	Amount in Thousands	Per Person With Liability
\$92,638,665	\$2,846	\$91,733,060	99.0	\$71,733,844	\$2,254	\$64,560	\$25
34,424,272	1,093	33,997,511	98.8	25,839,949	861	30,431	17
14,156,650	749	14,035,319	99.1	11,082,324	595	9,777	29
3,767,435	303	3,734,692	99.1	2,906,358	236	2,733	18
7,594,846	351	7,537,072	99.2	5,917,064	282	4,956	19
8,291,823	312	8,253,219	99.5	7,117,152	270	3,184	9
1,292,209	1,086	1,282,738	99.3	1,024,780	865	822	123
1,602,183	266	1,598,010	99.7	1,268,098	211	311	17
205,397	234	204,508	99.6	163,013	186	77	20
1,270,466	1,681	1,270,310	99.9	1,009,386	1,342	6	5
2,164,792	878	2,164,689	99.9	1,712,455	695	9	43
103,786	5,972	103,785	99.9	81,787	4,739	0	0
551,079	1,993	551,006	99.9	434,500	1,576	7	110
1,254,814	463	1,220,974	97.3	585,780	232	2,338	34
21,125	987	21,105	99.9	16,705	791	1	48
255,939	19	254,833	99.6	255,472	19	51	1
541,319	971	537,088	99.2	424,837	768	167	41
9,769,573	1,132	9,603,376	98.3	7,659,475	899	9,086	14
5,370,957	NA	5,362,825	99.8	4,234,709	NA	604	NA