

Table 9.7
Persons Served, Services, Allowed Charges, and Program Payments for Medicare
Physician and Supplier Services, by Leading BETOS Classifications: Calendar Year 2004

BETOS Classification	BETOS Codes	Persons Served ¹	Services		Per Person Served ¹
			Number in Thousands	Percent	
Total All BETOS Groups	Total	32,961,620	1,662,332	100.0	50
Office Visits - Established	M1B	28,789,880	213,707	12.9	7
Other Drugs	O1E	6,315,640	68,048	4.1	11
Hospital Visit - Subsequent	M2B	7,032,240	97,681	5.9	14
Consultations	M6	12,890,020	31,201	1.9	2
Ambulance	O1A	4,344,300	53,139	3.2	12
Chemotherapy	O1D	592,720	20,742	1.2	35
Minor Procedures - Other (MFS)	P6C	8,280,600	87,200	5.2	11
Oxygen and Supplies	D1C	1,328,540	18,872	1.1	14
Other Durable Medical Equipment	D1E	6,086,740	56,009	3.4	9
Eye Procedure - Cataract Removal/Lens Insertion	P4B	1,358,320	3,394	0.2	2
Specialist - Ophthalmology	M5C	13,164,160	31,686	1.9	2
Lab Tests, Other (Non-MFS)	T1H	19,600,540	171,797	10.3	9
Standard Imaging - Nuclear Medicine	I1E	4,347,740	16,429	1.0	4
Emergency Room Visit	M3	9,690,960	18,497	1.1	2
Anesthesia	P0	6,325,060	12,317	0.7	2
Orthotic Devices	D1F	3,100,960	25,367	1.5	8
Lab Tests, Other (MFS)	T1G	8,220,440	30,598	1.8	4
Echography - Heart	I3C	5,727,480	21,098	1.3	4
Specialist - Psychiatry	M5B	2,419,900	20,667	1.2	9
Ambulatory Procedures - Skin	P5A	5,793,240	29,792	1.8	5
All Other BETOS Groups		NA	634,091	38.1	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 2004. 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 9.7—Continued

Persons Served, Services, Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Leading BETOS Classifications: Calendar Year 2004

Allowed Charges			Program Payments		
Amount in Thousands	Percent	Per Person Served ¹	Amount in Thousands	Percent	Per Person Served ²
\$102,067,747	100.0	\$3,097	\$79,178,272	100.0	\$2,454
12,181,456	11.9	423	8,573,713	10.8	315
5,821,798	5.7	922	4,593,730	5.8	753
5,563,265	5.5	791	4,414,638	5.6	630
4,069,703	4.0	316	3,142,734	4.0	246
3,848,015	3.8	886	3,050,905	3.9	703
3,641,452	3.6	6,144	2,886,612	3.6	4,892
3,287,565	3.2	397	2,582,901	3.3	319
2,659,793	2.6	2,002	2,087,854	2.6	1,572
2,347,154	2.3	386	1,811,416	2.3	302
2,328,941	2.3	1,715	1,846,253	2.3	1,360
2,324,159	2.3	177	1,662,840	2.1	135
2,161,297	2.1	110	2,155,164	2.7	110
2,044,943	2.0	470	1,613,447	2.0	373
1,846,449	1.8	191	1,429,412	1.8	151
1,773,106	1.7	280	1,400,949	1.8	222
1,724,980	1.7	556	1,356,804	1.7	441
1,627,287	1.6	198	1,277,533	1.6	158
1,536,721	1.5	268	1,207,946	1.5	213
1,518,773	1.5	628	821,425	1.0	350
1,465,384	1.4	253	1,123,255	1.4	198
38,295,506	37.5	NA	30,138,741	38.1	NA