

Table 9.7
Persons Served, Services, Allowed Charges, and Program Payments for Medicare Physician and Supplier Services,
by Leading BETOS Classifications: Calendar Year 2008

BETOS Classification	BETOS Codes	Persons Served ¹	Services		Per Person Served ¹	Allowed Charges		Per Person Served ¹	Program Payments		Per Person Served ²
			Number in Thousands	Percent		Amount in Thousands	Percent		Amount in Thousands	Percent	
Total All BETOS Groups	Total	31,826,820	1,798,520	100.0	57	\$113,804,294	100.0	\$3,576	\$88,112,583	100.0	\$2,834
Office Visits - Established	M1B	27,791,920	212,345	11.8	8	14,007,215	12.3	504	9,803,400	11.1	375
Other Drugs	O1E	7,660,040	85,906	4.8	11	7,620,438	6.7	995	5,989,056	6.8	813
Hospital Visit - Subsequent	M2B	6,778,820	96,505	5.4	14	6,415,707	5.6	946	5,091,235	5.8	754
Ambulance	O1A	4,595,880	60,170	3.3	13	5,329,248	4.7	1,160	4,225,400	4.8	920
Consultations	M6	12,676,960	28,503	1.6	2	4,271,148	3.8	337	3,273,125	3.7	262
Minor Procedures - Other (MFS)	P6C	9,793,200	105,881	5.9	11	3,594,534	3.2	367	2,804,926	3.2	296
Other Durable Medical Equipment	D1E	6,896,140	75,375	4.2	11	3,268,299	2.9	474	2,500,707	2.8	371
Lab Tests, Other (Non-MFS)	T1H	19,756,100	207,227	11.5	10	2,989,906	2.6	151	2,981,519	3.4	151
Oxygen and Supplies	D1C	1,579,520	21,800	1.2	14	2,941,875	2.6	1,863	2,283,951	2.6	1,447
Specialist - Ophthalmology	M5C	12,958,520	36,697	2.0	3	2,657,734	2.3	205	1,888,969	2.1	157
Chemotherapy	O1D	450,300	15,323	0.9	34	2,354,578	2.1	5,229	1,865,766	2.1	4,169
Eye Procedure - Cataract Removal/Lens Insertion	P4B	1,239,360	3,434	0.2	3	2,285,477	2.0	1,844	1,807,581	2.1	1,460
Standard Imaging - Nuclear Medicine	I1E	5,151,960	19,516	1.1	4	2,179,720	1.9	423	1,717,089	1.9	336
Emergency Room Visit	M3	9,330,100	18,341	1.0	2	2,158,457	1.9	231	1,665,434	1.9	183
Lab Tests, Other (MFS)	T1G	8,370,860	35,278	2.0	4	2,150,581	1.9	257	1,688,335	1.9	205
Anesthesia	P0	6,498,960	12,859	0.7	2	2,014,236	1.8	310	1,588,496	1.8	245
Orthotic Devices	D1F	3,529,180	25,094	1.4	7	1,999,908	1.8	567	1,569,505	1.8	449
Ambulatory Procedure - Skin	P5A	5,902,500	31,307	1.7	5	1,957,716	1.7	332	1,503,649	1.7	263
Oncology - Radiation Therapy	P7A	321,960	9,641	0.5	30	1,839,565	1.6	5,714	1,461,976	1.7	4,551
Other Tests - Other	T2D	6,774,220	36,613	2.0	5	1,727,251	1.5	255	1,340,103	1.5	202
All Other BETOS Groups	---	NA	660,705	36.7	NA	40,040,701	35.2	NA	31,062,361	35.3	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 Medicare fee schedule. NA is not applicable. The leading BETOS codes are based on the amount of allowed charges for 2008. 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.