

Table 9.3

**Persons Served, Services, Submitted and Allowed Charges, Program Payments, and Balance Billing
for Medicare Physician and Supplier Services, by Type of Service: Calendar Year 2008**

Type of Service	Persons Served ¹	Services		Submitted Charges	
		Number in Thousands	Per Person Served ¹	Amount in Thousands	Per Person Served ¹
Total	31,826,820	1,798,520	56.5	\$274,355,179	\$8,620
Medical Care	30,807,060	662,746	21.5	80,695,472	2,619
Surgery	19,331,520	107,186	5.5	52,697,064	2,726
Consultation	12,784,940	29,611	2.3	7,566,821	592
Diagnostic X-Ray	21,733,840	146,495	6.7	27,536,086	1,267
Diagnostic Laboratory	26,617,200	532,123	20.0	34,917,782	1,312
Radiation Therapy	1,267,400	12,598	9.9	6,391,907	5,043
Anesthesia	6,651,520	13,301	2.0	10,605,690	1,594
Assistance at Surgery	880,200	1,612	1.8	2,241,233	2,546
Other Medical Services	1,128,520	7,556	6.7	1,427,307	1,265
Ambulatory Surgical Center	3,266,640	6,195	1.9	12,229,366	3,744
Renal Supplies in the Home	1,520	41	26.8	49,445	32,529
ESRD Capitation Payment	332,500	2,933	8.8	1,561,049	4,695
Psychological Therapy	2,809,600	20,029	7.1	2,236,357	796
Occupational Therapy	4,320	19	4.4	697	161
Pneumococcal Vaccine	13,069,900	27,546	2.1	620,641	47
Physical Therapy	60	(6)	1.0	12	207
Durable Medical Equipment ⁴	10,173,100	140,655	13.8	18,536,538	1,822
Other ⁵	NA	87,874	NA	15,041,712	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.

⁶Less than 500.

⁷Less than \$500.

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 9.3—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 2008**

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
\$113,804,294	\$3,576	\$113,178,340	99.4	\$88,112,583	\$2,834	\$46,980	\$29
43,525,729	1,413	43,218,354	99.3	32,697,123	1,116	23,082	20
15,920,466	824	15,831,567	99.4	12,430,253	655	7,147	31
4,337,382	339	4,312,246	99.4	3,325,354	264	2,136	21
9,069,593	417	9,026,311	99.5	7,039,253	337	3,450	21
11,266,175	423	11,234,934	99.7	9,694,560	368	2,443	11
2,110,873	1,666	2,099,041	99.4	1,677,029	1,329	993	195
2,024,075	304	2,021,340	99.9	1,598,626	241	235	18
210,278	239	209,960	99.8	166,855	190	28	22
725,233	643	725,228	99.9	572,541	512	(7)	2
3,023,215	925	3,023,196	99.9	2,382,758	730	2	85
17,953	11,811	17,953	99.9	14,109	9,282	0	0
745,031	2,241	744,964	99.9	587,583	1,770	6	60
1,350,841	481	1,330,954	98.5	627,227	240	1,488	34
214	50	214	99.9	162	39	0	0
460,929	35	459,769	99.7	460,024	35	35	2
6	100	6	99.9	5	85	0	0
10,734,668	1,055	10,647,108	99.2	8,334,887	834	5,422	15
8,281,633	NA	8,275,195	99.9	6,504,234	NA	513	NA