

Table 9.7
Persons Served, Services, Allowed Charges, and Program Payments for Medicare Physician and Supplier Services,
by Leading BETOS Classifications: Calendar Year 2012

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	32,900,220	1,873,755	100.0	57	\$127,751,223	100.0	\$3,883	\$99,597,040	100.0	\$3,086
Office Visits - Established	M1B	28,652,180	222,738	11.9	8	17,506,922	13.7	611	12,426,505	12.5	458
Other Drugs	O1E	8,029,600	86,575	4.6	11	9,892,316	7.7	1,232	7,811,637	7.8	1,006
Hospital Visits - Subsequent	M2B	6,896,260	94,284	5.0	14	7,059,704	5.5	1,024	5,605,211	5.6	816
Ambulance	O1A	4,918,740	61,111	3.3	12	6,224,442	4.9	1,265	4,938,676	5.0	1,005
Minor Procedures - Other (MPFS)	P6C	10,671,420	125,258	6.7	12	4,342,209	3.4	407	3,393,747	3.4	328
Lab Tests - Other (Non-MPFS)	T1H	20,272,160	238,794	12.7	12	4,026,747	3.2	199	4,014,619	4.0	198
Hospital Visits - Initial	M2A	6,654,080	22,345	1.2	3	3,660,667	2.9	550	2,879,420	2.9	435
Other Durable Medical Equipment	D1E	7,072,960	84,206	4.5	12	3,607,303	2.8	510	2,774,791	2.8	401
Office Visits - New	M1A	15,595,080	26,803	1.4	2	3,296,163	2.6	211	2,406,674	2.4	161
Specialist - Ophthalmology	M5C	13,331,800	33,241	1.8	2	3,014,828	2.4	226	2,152,502	2.2	173
Emergency Room Visit	M3	10,021,540	20,604	1.1	2	2,641,084	2.1	264	2,032,690	2.0	207
Eye Procedures - Cataract Removal/Lens Insertion	P4B	1,210,880	3,644	0.2	3	2,605,548	2.0	2,152	2,059,651	2.1	1,702
Lab Tests - Other (MPFS)	T1G	8,748,600	39,969	2.1	5	2,534,104	2.0	290	1,986,213	2.0	231
Prosthetic/Orthotic Devices	D1F	3,352,920	23,075	1.2	7	2,479,196	1.9	739	1,947,692	2.0	586
Ambulatory Procedures - Skin	P5A	6,419,460	34,623	1.8	5	2,478,239	1.9	386	1,913,510	1.9	305
Anesthesia	P0	7,251,600	14,687	0.8	2	2,427,961	1.9	335	1,913,953	1.9	265
Nursing Home Visit	M4B	2,788,840	28,022	1.5	10	2,245,679	1.8	805	1,706,310	1.7	621
Chemotherapy	O1D	373,620	10,510	0.6	28	2,152,057	1.7	5,760	1,706,123	1.7	4,597
Other Tests - Other	T2D	9,711,540	44,737	2.4	5	2,104,124	1.6	217	1,627,705	1.6	172
Major Procedure - Other	P1G	1,816,420	4,256	0.2	2	2,089,266	1.6	1,150	1,648,197	1.7	911
All Other BETOS Groups	---	31,285,880	654,274	35.0	21	41,362,665	32.4	1,322	32,651,215	32.8	1,056

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. CAT is Computerized Axial Tomography. NA is not applicable. The leading BETOS codes are based on the amount of allowed charges for 2012. 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 Standard Analytical Files; data development by the Office of Information Products & Data Analytics.