

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 2005**

Type of Service	Persons Served ¹	Services		Submitted Charges	
		Number in Thousands	Per Person Served ¹	Amount in Thousands	Per Person Served ¹
Total	33,434,580	1,766,256	52.8	\$236,285,951	\$7,067
Medical Care	32,362,980	677,242	20.9	69,835,987	2,158
Surgery	19,921,840	104,184	5.2	47,725,325	2,396
Consultation	13,366,280	33,032	2.5	7,071,186	529
Diagnostic X-Ray	22,747,600	145,953	6.4	24,429,264	1,074
Diagnostic Laboratory	27,632,860	499,817	18.1	28,717,418	1,039
Radiation Therapy	1,126,820	11,464	10.2	4,900,321	4,349
Anesthesia	6,536,220	12,671	1.9	8,926,015	1,366
Assistance at Surgery	937,520	1,627	1.7	1,917,076	2,045
Other Medical Services	363,340	4,615	12.7	2,148,893	5,914
Ambulatory Surgical Center	2,969,360	5,032	1.7	8,514,909	2,868
Renal Supplies in the Home	10,280	164	15.9	246,521	23,981
ESRD Capitation Payment	316,060	2,742	8.7	1,394,856	4,413
Psychological Therapy	2,868,380	20,107	7.0	2,049,263	714
Occupational Therapy	13,080	174	13.3	6,056	463
Pneumococcal Vaccine	12,974,880	28,127	2.2	519,531	40
Physical Therapy	75,020	2,352	31.4	86,596	1,154
Durable Medical Equipment ⁴	9,730,680	135,621	13.9	16,423,527	1,688
Other ⁵	NA	81,332	NA	11,373,207	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 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 2005**

Allowed Charges		Assigned in Thousands	Percent of Charges Assigned ²	Program Payments		Balance Billing	
Amount in Thousands	Per Person Served ¹			Amount in Thousands	Per Person Served ³	Amount in Thousands	Per Person With Liability
\$108,052,939	\$3,232	\$107,224,850	99.2	\$83,747,781	\$2,561	\$61,459	\$28
40,334,751	1,246	39,937,670	99.0	30,350,996	982	28,537	19
16,191,996	813	16,078,707	99.3	12,672,337	646	9,337	31
4,356,511	326	4,324,754	99.3	3,354,221	253	2,719	20
9,870,682	434	9,809,861	99.4	7,699,146	349	5,182	22
10,344,552	374	10,305,355	99.6	8,845,056	323	3,283	11
1,675,460	1,487	1,665,661	99.4	1,331,349	1,186	877	141
1,833,918	281	1,829,981	99.8	1,449,102	222	347	18
229,249	245	228,581	99.7	181,909	194	59	25
1,060,196	2,918	1,060,082	99.9	839,308	2,321	7	7
2,635,006	887	2,634,830	99.9	2,079,667	701	16	53
75,562	7,350	75,562	99.9	60,102	5,869	0	0
785,378	2,485	785,302	99.9	620,271	1,968	7	114
1,414,317	493	1,382,521	97.8	661,041	245	2,307	38
3,994	305	3,950	98.9	3,107	242	1	13
397,050	31	395,640	99.6	396,317	31	35	2
65,924	879	65,308	99.1	51,013	691	30	38
10,031,193	1,031	9,901,457	98.7	7,835,707	817	8,145	15
6,747,200	NA	6,739,628	99.9	5,317,132	NA	570	NA