

Table 9.7
Persons Served, Services, Allowed Charges, and Program Payments for Medicare
Physician and Supplier Services, by Leading BETOS Classifications: Calendar Year 2005

BETOS Classification	BETOS Codes	Persons Served ¹	Services		Per Served ¹
			Number in Thousands	Percent	
Total All BETOS Groups	Total	33,434,580	1,766,256	100.0	53
Office Visits - Established	M1B	29,142,720	217,394	12.3	7
Other Drugs	O1E	6,795,160	77,699	4.4	11
Hospital Visit - Subsequent	M2B	7,164,180	98,608	5.6	14
Ambulance	O1A	4,545,160	58,475	3.3	13
Consultations	M6	13,266,500	31,886	1.8	2
Minor Procedures - Other (MFS)	P6C	9,348,520	112,435	6.4	12
Other Durable Medical Equipment	D1E	6,604,780	68,112	3.9	10
Oxygen and Supplies	D1C	1,436,300	20,271	1.1	14
Chemotherapy	O1D	558,680	18,673	1.1	33
Specialist - Ophthalmology	M5C	13,424,160	33,934	1.9	3
Eye Procedure - Cataract					
Removal/Lens Insertion	P4B	1,362,420	3,513	0.2	3
Lab Tests, Other (Non-MFS)	T1H	20,079,020	182,642	10.3	9
Standard Imaging - Nuclear					
Medicine	I1E	4,726,420	17,992	1.0	4
Emergency Room Visit	M3	9,894,520	19,004	1.1	2
Advanced Imaging - MRI: Other	I2D	3,062,700	4,710	0.3	2
Anesthesia	P0	6,539,340	12,764	0.7	2
Lab Tests, Other (MFS)	T1G	8,453,040	31,202	1.8	4
Echography - Heart	I3C	5,989,660	22,800	1.3	4
Advanced Imaging - CAT: Other	I2B	5,664,760	14,640	0.8	3
Other Tests - Other	T2D	6,516,140	42,944	2.4	7
All Other BETOS Groups		NA	676,558	38.3	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 the Medicare fee schedule. MRI is Magnetic Resonance Imaging. CAT is Computerized Axial Tomography. NA is not applicable. The leading BETOS codes are based on amount of allowed charges for 2005. 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 2005**

Allowed Charges			Program Payments		
Amount in Thousands	Percent	Per Person Served ¹	Amount in Thousands	Percent	Per Person Served ²
\$108,052,939	100.0	\$3,232	\$83,747,781	100.0	\$2,561
12,628,193	11.7	433	8,840,296	10.6	322
6,477,158	6.0	953	5,107,865	6.1	782
5,772,803	5.3	806	4,579,920	5.5	642
4,484,222	4.2	987	3,555,421	4.2	783
4,282,539	4.0	323	3,295,821	3.9	250
4,224,590	3.9	452	3,320,858	4.0	365
2,951,777	2.7	447	2,280,289	2.7	351
2,673,801	2.5	1,862	2,092,834	2.5	1,458
2,643,791	2.4	4,732	2,094,008	2.5	3,768
2,464,610	2.3	184	1,755,823	2.1	140
2,397,437	2.2	1,760	1,897,486	2.3	1,394
2,359,471	2.2	118	2,352,975	2.8	117
2,259,955	2.1	478	1,781,821	2.1	379
1,968,363	1.8	199	1,519,506	1.8	157
1,861,419	1.7	608	1,466,401	1.8	482
1,841,176	1.7	282	1,452,720	1.7	223
1,779,064	1.6	210	1,397,841	1.7	168
1,654,448	1.5	276	1,298,439	1.6	219
1,634,202	1.5	288	1,282,456	1.5	228
1,615,641	1.5	248	1,258,132	1.5	197
40,078,279	37.1	NA	31,116,869	37.2	NA