

Table 9.7

**Persons Served, Services, Allowed Charges, and Program Payments for Medicare Physician and Supplier Services,  
by Leading BETOS Classifications: Calendar Year 2009**

BETOS Classification	BETOS Codes	Persons Served <sup>1</sup>	Services		Per Person Served <sup>1</sup>	Allowed Charges		Per Person Served <sup>1</sup>	Program Payments		Per Person Served <sup>2</sup>
			Number in Thousands	Percent		Amount in Thousands	Percent		Amount in Thousands	Percent	
Total All BETOS Groups	Total	31,646,640	1,826,304	100.0	58	\$117,586,191	100.0	\$3,716	\$91,115,719	100.0	\$2,944
Office Visits - Established	M1B	27,716,080	215,303	11.8	8	14,673,068	12.5	529	10,296,769	11.3	394
Other Drugs	O1E	7,767,060	87,530	4.8	11	8,172,202	6.9	1,052	6,424,037	7.1	859
Hospital Visit - Subsequent	M2B	6,689,120	94,371	5.2	14	6,652,698	5.7	995	5,279,754	5.8	793
Ambulance	O1A	4,600,880	61,590	3.4	13	5,777,731	4.9	1,256	4,582,174	5.0	996
Consultations	M6	12,580,060	28,371	1.6	2	4,419,614	3.8	351	3,391,186	3.7	274
Minor Procedures - Other (MFS)	P6C	10,123,820	117,447	6.4	12	3,982,142	3.4	393	3,108,431	3.4	317
Lab Tests, Other (Non-MFS)	T1H	19,828,320	221,262	12.1	11	3,466,937	2.9	175	3,455,496	3.8	175
Other Durable Medical Equipment	D1E	6,912,280	78,589	4.3	11	3,278,523	2.8	474	2,506,656	2.8	371
Specialist - Ophthalmology	M5C	13,123,600	38,636	2.1	3	2,775,087	2.4	211	1,977,434	2.2	162
Lab Tests, Other (MFS)	T1G	8,424,860	36,991	2.0	4	2,353,299	2.0	279	1,851,646	2.0	224
Eye Procedure - Cataract Removal/Lens Insertion	P4B	1,238,600	3,499	0.2	3	2,340,277	2.0	1,889	1,850,229	2.0	1,496
Chemotherapy	O1D	412,620	14,587	0.8	35	2,324,788	2.0	5,634	1,838,336	2.0	4,487
Emergency Room Visit	M3	9,287,660	18,512	1.0	2	2,320,213	2.0	250	1,786,521	2.0	197
Orthotic Devices	D1F	3,622,980	25,157	1.4	7	2,192,533	1.9	605	1,718,644	1.9	478
Oxygen and Supplies	D1C	1,565,020	18,316	1.0	12	2,155,687	1.8	1,377	1,672,603	1.8	1,071
Anesthesia	P0	6,623,740	13,197	0.7	2	2,152,707	1.8	325	1,698,876	1.9	257
Ambulatory Procedure - Skin	P5A	5,992,940	31,978	1.8	5	2,056,197	1.7	343	1,580,954	1.7	271
Standard Imaging - Nuclear Medicine	I1E	5,077,580	19,125	1.0	4	1,986,260	1.7	391	1,564,062	1.7	311
Advanced Imaging - CAT: Other	I2B	6,166,600	17,284	0.9	3	1,819,193	1.5	295	1,418,315	1.6	233
Oncology - Radiation Therapy	P7A	314,160	9,647	0.5	31	1,792,500	1.5	5,706	1,422,918	1.6	4,538
All Other BETOS Groups	---	NA	674,912	37.0	NA	40,894,535	34.8	NA	31,690,678	34.8	NA

<sup>1</sup>Includes 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.

<sup>2</sup>The 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 2009. 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 Research, Development, and Information.