

**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 2009**

Type of Service	Persons Served <sup>1</sup>	Services		Submitted Charges	
		Number in Thousands	Per Person Served <sup>1</sup>	Amount in Thousands	Per Person Served <sup>1</sup>
Total	31,646,640	1,826,304	57.7	\$287,934,772	\$9,098
Medical Care	30,662,140	686,403	22.4	87,798,482	2,863
Surgery	19,382,920	109,601	5.7	55,279,895	2,852
Consultation	12,695,900	29,503	2.3	7,855,997	619
Diagnostic X-Ray	21,583,480	146,652	6.8	27,856,889	1,291
Diagnostic Laboratory	26,516,500	530,344	20.0	35,877,544	1,353
Radiation Therapy	1,335,920	12,937	9.7	6,647,074	4,976
Anesthesia	6,804,420	13,752	2.0	11,321,892	1,664
Assistance at Surgery	901,260	1,706	1.9	2,528,860	2,806
Other Medical Services	1,158,680	7,746	6.7	1,526,163	1,317
Ambulatory Surgical Center	3,305,420	6,410	1.9	13,518,456	4,090
Renal Supplies in the Home	1,060	32	29.8	37,987	35,836
Psychological Therapy	3,059,140	21,438	7.0	2,488,431	813
Occupational Therapy	880	1	1.5	66	75
Pneumococcal Vaccine	12,861,000	27,760	2.2	635,338	49
Physical Therapy	20	(6)	1.0	3	170
Durable Medical Equipment <sup>4</sup>	10,257,080	140,726	13.7	18,055,102	1,760
Other <sup>5</sup>	NA	91,293	NA	16,506,593	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>Ratio of assigned allowed charges to total allowed charges.

<sup>3</sup>The average program payment per person served does not reflect beneficiaries who received covered services, but for whom no program payments were reported.

<sup>4</sup>Durable medical equipment (DME) was identified based on selected Berenson-Eggers Type of Service system codes and Healthcare Common Procedure Coding System (HCPCS) codes.

<sup>5</sup>Includes blood, ambulance, enteral/parenteral supplies, immunosuppressive drugs, hearing items and services, kidney donor, lump sum purchase of DME, vision items or services, and rental of DME.

<sup>6</sup>Less 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 Standard Analytical Files; 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 2009**

Allowed Charges				Program Payments		Balance Billing	
Amount in Thousands	Per Person Served <sup>1</sup>	Assigned in Thousands	Percent of Charges Assigned <sup>2</sup>	Amount in Thousands	Per Person Served <sup>3</sup>	Amount in Thousands	Per Person With Liability
\$117,586,191	\$3,716	\$116,989,449	99.5	\$91,115,719	\$2,944	\$46,083	\$31
46,776,577	1,526	46,477,625	99.4	35,202,896	1,203	23,157	22
16,458,122	849	16,372,491	99.5	12,848,497	675	7,093	33
4,489,071	354	4,464,589	99.5	3,445,998	275	2,110	22
9,061,305	420	9,021,744	99.6	7,028,354	339	3,264	21
11,578,308	437	11,551,677	99.8	10,068,590	383	2,268	11
2,098,940	1,571	2,087,469	99.5	1,665,573	1,253	948	166
2,164,021	318	2,161,130	99.9	1,710,427	252	256	19
220,260	244	219,886	99.8	174,578	194	32	20
766,750	662	766,637	99.9	602,086	527	8	5
3,120,791	944	3,120,780	99.9	2,458,335	745	1	48
14,601	13,775	14,601	99.9	11,445	10,797	0	0
1,522,374	498	1,501,022	98.6	711,487	249	1,603	39
26	30	26	99.9	19	23	0	0
463,541	36	462,420	99.8	462,586	36	41	2
2	100	2	99.9	2	79	0	0
9,970,052	972	9,892,101	99.2	7,733,927	767	4,788	15
8,881,450	NA	8,875,249	99.9	6,990,919	NA	514	NA