

Table 9.7
Persons Served, Services, Allowed Charges, and Program Payments for Medicare Physician and Supplier Services,
by Leading BETOS Classifications: Calendar Year 2010

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	32,091,660	1,857,482	100.0	58	\$122,904,370	100.0	\$3,830	\$95,036,813	100.0	\$3,027
Office Visits - Established	M1B	28,103,660	221,537	11.9	8	16,546,606	13.5	589	11,581,216	12.2	435
Other Drugs	O1E	7,921,200	88,426	4.8	11	8,899,383	7.2	1,123	6,998,629	7.4	916
Hospital Visits - Subsequent	M2B	6,821,220	95,667	5.2	14	7,104,079	5.8	1,041	5,637,233	5.9	829
Ambulance	O1A	4,773,820	63,264	3.4	13	5,976,986	4.9	1,252	4,732,262	5.0	992
Minor Procedures - Other (MPFS)	P6C	10,413,100	120,307	6.5	12	4,187,966	3.4	402	3,259,248	3.4	323
Lab Tests - Other (Non-MPFS)	T1H	19,988,080	233,403	12.6	12	3,700,758	3.0	185	3,689,334	3.9	185
Hospital Visits - Initial	M2A	6,571,020	22,074	1.2	3	3,546,181	2.9	540	2,785,121	2.9	426
Other Durable Medical Equipment	D1E	7,055,800	82,331	4.4	12	3,419,412	2.8	485	2,605,623	2.7	379
Specialist - Ophthalmology	M5C	13,278,300	40,837	2.2	3	3,108,380	2.5	234	2,206,068	2.3	176
Office Visits - New	M1A	14,970,020	25,555	1.4	2	3,059,219	2.5	204	2,198,399	2.3	154
Lab Tests - Other (MPFS)	T1G	8,551,840	39,136	2.1	5	2,527,693	2.1	296	1,984,772	2.1	235
Emergency Room Visit	M3	9,546,740	19,280	1.0	2	2,503,729	2.0	262	1,919,356	2.0	205
Eye Procedures - Cataract Removal/Lens Insertion	P4B	1,225,140	3,586	0.2	3	2,474,684	2.0	2,020	1,954,009	2.1	1,597
Prosthetic/Orthotic Devices	D1F	3,707,400	25,068	1.3	7	2,334,051	1.9	630	1,830,587	1.9	499
Anesthesia	P0	6,818,800	13,708	0.7	2	2,295,545	1.9	337	1,810,230	1.9	266
Ambulatory Procedures - Skin	P5A	6,130,560	32,852	1.8	5	2,232,476	1.8	364	1,711,941	1.8	286
Oxygen And Supplies	D1C	1,608,540	18,946	1.0	12	2,223,282	1.8	1,382	1,706,835	1.8	1,065
Nursing Home Visit	M4B	2,735,920	26,251	1.4	10	2,019,557	1.6	738	1,516,327	1.6	562
Chemotherapy	O1D	413,440	12,998	0.7	31	2,004,519	1.6	4,848	1,585,810	1.7	3,857
All Other BETOS Groups	---	---	672,256	36.2	---	42,739,864	34.8	---	33,323,815	35.1	---

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. The leading BETOS codes are based on the amount of allowed charges for 2010. 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 Center for Strategic Planning.