

Table 62

Persons Served, Services, Allowed Charges, and Program Payments for Medicare  
Physician and Supplier Services, by Leading BETOS Classifications: Calendar Year 1999

BETOS Classification	BETOS Codes	Persons Served <sup>1</sup>	Services		Per Person Served <sup>1</sup>
			Number in Thousands	Percent	
Total All BETOS Groups	Total	29,331,640	1,199,617	100.0	41
Office Visits - Established	M1B	25,066,700	171,926	14.3	7
Hospital Visit - Subsequent	M2B	6,161,720	80,408	6.7	13
Consultations	M6	9,616,100	22,995	1.9	2
Ambulance	O1A	3,408,640	23,125	1.9	7
Chemotherapy	O1D	478,940	11,837	1.0	25
Eye Procedure - Cataract Removal/Lens Insertion	P4B	1,240,520	6,790	0.6	5
Lab Tests, Other (Non-MFS)	T1H	16,836,520	159,511	13.3	9
Other Drugs	O1E	4,258,260	39,745	3.3	9
Anesthesia	P0	4,964,100	9,706	0.8	2
Emergency Room Visit	M3	7,991,120	14,433	1.2	2
Major Procedure, Cardiovascular-Other	P2F	1,927,420	4,515	0.4	2
Specialist - Psychiatry	M5B	1,923,120	17,322	1.4	9
Hospital Visit - Initial	M2A	5,383,560	9,007	0.8	2
Specialist - Ophthalmology	M5C	10,577,880	20,436	1.7	2
Nursing Home Visit	M4B	2,550,180	19,827	1.7	8
Minor Procedures - Skin	P6A	6,993,540	18,710	1.6	3
Office Visits - New	M1A	8,841,340	11,977	1.0	1
Minor Procedures - Other (MFS)	P6C	5,036,880	34,616	2.9	7
Echography - Heart	I3C	3,761,660	12,732	1.1	3
Durable Medical Equipment <sup>3</sup>	D1A-D1F	8,752,560	81,235	6.8	9
All Other BETOS Groups	--	NA	428,764	35.7	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.

<sup>3</sup>Durable medical equipment includes medical and surgical supplies, hospital beds, oxygen and supplies, wheelchairs, and other durable medical equipment.

NOTES: Numbers may not add to totals because of rounding. BETOS is the Berenson-Eggers Type of Service system for classifying HCPCS (Healthcare Common Procedure Coding System) codes. MFS is the Medicare Fee Schedule. NA is not applicable. The leading BETOS codes are based on amount of allowed charges for 1999. Medicare program payments represent fee for service only.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

Table 62—Continued

Persons Served, Services, Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Leading BETOS Classifications: Calendar Year 1999

Allowed Charges			Program Payments		
Amount in Thousands	Percent	Per Person Served <sup>1</sup>	Amount in Thousands	Percent	Per Person Served <sup>2</sup>
\$60,555,566	100.0	\$2,065	\$46,481,392	100.0	\$1,637
7,434,012	12.3	297	5,022,585	10.8	219
4,276,573	7.1	694	3,395,443	7.3	553
2,623,749	4.3	273	2,018,585	4.3	213
2,072,107	3.4	608	1,638,219	3.5	481
1,991,702	3.3	4,159	1,580,887	3.4	3,314
1,864,179	3.1	1,503	1,481,074	3.2	1,195
1,523,473	2.5	90	1,519,075	3.3	90
1,440,943	2.4	338	1,139,643	2.5	287
1,400,127	2.3	282	1,107,101	2.4	224
1,224,199	2.0	153	939,849	2.0	121
1,223,204	2.0	635	971,280	2.1	506
1,142,551	1.9	594	620,111	1.3	336
1,132,066	1.9	210	880,785	1.9	164
1,131,954	1.9	107	754,162	1.6	81
960,021	1.6	376	701,400	1.5	283
936,569	1.5	134	684,877	1.5	104
931,816	1.5	105	626,146	1.3	78
921,809	1.5	183	712,951	1.5	149
913,899	1.5	243	717,310	1.5	192
5,325,163	8.8	608	4,160,208	9.0	NA
20,085,450	33.2	NA	15,809,701	34.0	NA