

**Leading Medicare Physician and Supplier BETOS  
Procedures, Based on Allowed Charges  
Calendar Years 1999 and 2000**

Betos Code	Description	Medicare Allowed Charges	
		1999	2000
M1B	Office Visits - Established	\$7,440,581,498	\$8,548,562,453
M2B	Hospital Visit - Subsequent	4,279,031,581	4,502,138,903
P4B	Eye Procedure - Cataract/Removal Lens Insertion	1,876,199,027	1,901,684,180
T1H	Lab Tests - Other (Non-Medicare Fee Schedule)	1,527,525,225	1,452,414,451
M6	Consultations	2,618,535,123	2,944,063,178
P0	Anesthesia	1,396,221,202	1,463,313,530
O1A	Ambulance	2,074,180,935	2,221,895,701
D1C	Oxygen and Supplies	1,632,139,433	1,773,277,946

NOTE: BETOS is the Berenson/Eggers Type of Service classification system, a joint Urban Institute/Centers for Medicare & Medicaid Services effort.

SOURCE: CMS/OIS

### Betos Allowed Charges

