Table V.6a

MEDICARE PART B PHYSICIAN/SUPPLIER UTILIZATION AND EXPENDITURE DATA RANKED BY CPT CODE
CALENDAR YEAR 2007

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges[1]
All Procedure Codes[2]		$110,887,360,860	100.0
Leading Procedure Codes[3]		$49,628,676,384	44.8
99213	Office/outpatient visit, est	$6,047,833,951	5.5
99214	Office/outpatient visit, est	$5,782,803,119	5.2
99232	Subsequent hospital care	$3,268,459,610	2.9
66984	Cataract surg w/iol, 1 stage	$2,163,935,429	2.0
99233	Subsequent hospital care	$1,802,195,665	1.6
99285	Emergency dept visit	$1,261,647,610	1.1
88305	Tissue exam by pathologist	$1,140,033,591	1.0
99244	Office consultation	$1,080,175,045	1.0
78465	Heart image (3d), multiple	$1,000,711,510	0.9
99223	Initial hospital care	$985,665,624	0.9
99215	Office/outpatient visit, est	$974,738,983	0.9
99254	Inpatient consultation	$918,976,626	0.8
97110	Therapeutic exercises	$906,142,949	0.8
92014	Eye exam & treatment	$897,135,386	0.8
93307	Echo exam of heart	$842,732,060	0.8
99291	Critical care, first hour	$806,852,086	0.7
99212	Office/outpatient visit, est	$764,748,051	0.7
77418	Radiation tx delivery, imrt	$680,515,244	0.6
99243	Office consultation	$601,579,210	0.5
99284	Emergency dept visit	$582,282,777	0.5
99231	Subsequent hospital care	$579,134,425	0.5
99255	Inpatient consultation	$575,378,459	0.5
99245	Office consultation	$502,678,482	0.5
99203	Office/outpatient visit, new	$467,752,536	0.4
99308	Nursing fac care, subseq	$447,296,000	0.4
99204	Office/outpatient visit, new	$446,072,558	0.4
98941	Chiropractic manipulation	$445,038,164	0.4

Table V.6b

MEDICARE PART B PHYSICIAN/SUPPLIER UTILIZATION AND EXPENDITURE DATA RANKED BY CPT CODE
CALENDAR YEAR 2007

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges[1]
90806	Psytx, off, 45-50 min	$438,010,504	0.4
92012	Eye exam established pat	$402,285,306	0.4
27447	Total knee arthroplasty	$394,374,535	0.4
99309	Nursing fac care, subseq	$387,864,880	0.3
93320	Doppler echo exam, heart	$378,027,260	0.3
96413	Chemo, iv infusion, 1 hr	$374,129,712	0.3
99238	Hospital discharge day	$367,492,023	0.3
93325	Doppler color flow add-on	$367,235,004	0.3
99222	Initial hospital care	$364,190,842	0.3
43239	Upper GI endoscopy, biopsy	$354,072,139	0.3
99253	Inpatient consultation	$353,880,963	0.3
45378	Diagnostic colonoscopy	$345,588,843	0.3
93880	Extracranial study	$341,035,283	0.3
85025	Complete cbc w/auto diff wbc	$332,690,285	0.3
97140	Manual therapy	$327,471,756	0.3
20610	Drain/inject, joint/bursa	$326,446,815	0.3
45385	Lesion removal colonoscopy	$316,298,736	0.3
84443	Assay thyroid stim hormone	$310,644,484	0.3
70553	Mri brain w/o & w/dye	$299,887,689	0.3
80061	Lipid panel	$291,261,890	0.3
45380	Colonoscopy and biopsy	$290,383,023	0.3
80053	Comprehen metabolic panel	$285,425,242	0.3
72148	Mri lumbar spine w/o dye	$283,128,697	0.3
11721	Debride nail, 6 or more	$280,368,262	0.3
93000	Electrocardiogram, complete	$274,225,689	0.2
99239	Hospital discharge day	$265,391,361	0.2
99283	Emergency dept visit	$259,806,567	0.2
92980	Insert intracoronary stent	$259,255,233	0.2
17311	Mohs, 1 stage, h/n/hf/g	$258,581,724	0.2
78815	Pet image w/ct, skull-thick	$257,511,746	0.2
93510	Left heart catheterization	$255,379,130	0.2

Table V.6c

MEDICARE PART B PHYSICIAN/SUPPLIER UTILIZATION AND EXPENDITURE DATA RANKED BY CPT CODE
CALENDAR YEAR 2007

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges[1]
90862	Medication management	$248,074,602	0.2
71020	Chest x-ray	$247,768,432	0.2
92135	Ophth dx imaging post seg	$245,101,921	0.2
66821	After cataract laser surgery	$243,855,147	0.2
17000	Destruct premalg lesion	$242,753,647	0.2
92004	Eye exam, new patient	$233,425,286	0.2
77427	Radiation tx management, x5	$232,332,299	0.2
72193	Ct pelvis w/dye	$230,542,819	0.2
74160	Ct abdomen w/dye	$230,147,641	0.2
93015	Cardiovascular stress test	$229,240,662	0.2
70450	Ct head/brain w/o dye	$226,768,631	0.2
71260	Ct thorax w/dye	$215,968,831	0.2
52000	Cystoscopy	$201,335,099	0.2
77057	Mammogram, screening	$198,027,780	0.2
36415	Routine venipunture	$196,980,181	0.2
62311	Inject spine l/s (cd)	$191,492,633	0.2

[1] Allowed charges for leading Level I procedure codes are shown as a percent of all physician and supplier allowed charges (Levels I, II, and III) submitted to Part B carriers.

[2] The total number of procedure codes (Levels I, II and III) is approximately 14,086.

[3] Allowed charges were aggregated by procedure code and include both the physician and ASC allowed charges. The above listed 74 procedure codes (out of a total of 8,863 Level I codes) account for approximately 45% of all allowed charges.

SOURCE: CMS/ORDI

December 2008