

**Table V.6a**  
**Medicare Leading Part B Procedure Codes Ranked by Allowed Charges**  
**Calendar Year 2009**

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges <sup>1</sup>
All Procedure Codes <sup>2</sup> (Levels I, II, and III)		\$117,878,799,961	100.0
Leading Procedure Codes <sup>3</sup> (Level I only)		52,804,701,429	44.8
99214	Office/outpatient visit, est	6,570,659,190	5.6
99213	Office/outpatient visit, est	6,078,578,948	5.2
99232	Subsequent hospital care	3,355,134,800	2.8
66984	Cataract surg w/iol, 1 stage	2,143,562,572	1.8
99233	Subsequent hospital care	2,012,523,953	1.7
99285	Emergency dept visit	1,456,792,112	1.2
88305	Tissue exam by pathologist	1,234,764,191	1.0
93306	TTE w/doppler, complete	1,161,741,861	1.0
97110	Therapeutic exercises	1,157,106,667	1.0
99244	Office consultation	1,147,293,890	1.0
99215	Office/oupatient visit, est	1,087,725,561	0.9
92014	Eye exam & treatment	1,076,646,634	0.9
99223	Initial hospital care	1,034,459,030	0.9
78465	Heart image (3D), multiple	983,132,754	0.8
99254	Inpatient consultation	980,247,785	0.8
99291	Critical care, first hour	929,018,209	0.8
99212	Office/outpatient visit, est	701,261,615	0.6
77418	Radiation tx delivery, imrt	668,237,358	0.6
99243	Office consultation	606,185,585	0.5
99284	Emergency dept visit	599,802,349	0.5
99255	Inpatient consultation	584,901,731	0.5
90960	ESRD srv, 44 visits P MO, 20+	569,187,187	0.5
99308	Nursing fac care, subseq	535,966,604	0.5
99231	Subsequent hospital care	509,234,951	0.4
99245	Office consultation	500,172,252	0.4
99203	Office/outpatient visit, new	488,431,576	0.4
90806	Psytx, off, 45-50 min	487,797,565	0.4

**Table V.6b**  
**Medicare Leading Part B Procedure Codes Ranked by Allowed Charges**  
**Calendar Year 2009**

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges <sup>1</sup>
98941	Chiropractic manipulation	\$478,603,043	0.4
99204	Office/outpatient visit, new	475,741,237	0.4
99309	Nursing fac care, subseq	474,263,594	0.4
92012	Eye exam established	464,768,356	0.4
97140	Manual therapy	434,509,393	0.4
27447	Total knee arthroplasty	396,615,526	0.3
99253	Inpatient consultation	376,418,758	0.3
93880	Extracranial study	361,557,676	0.3
43239	Upper GI endoscopy, biopsy	361,263,077	0.3
20610	Drain/inject, joint/bursa	357,569,586	0.3
85025	Complete cbc w/auto diff wbc	357,254,415	0.3
84443	Assay thyroid stim hormone	349,111,058	0.3
99222	Initial hospital care	346,988,973	0.3
99238	Hospital discharge day	340,961,087	0.3
92135	Ophth dx imaging post seg	340,091,134	0.3
96413	Chemo, IV infusion, 1 hr	339,277,346	0.3
78815	Pet image w/CT, skull-thigh	329,228,470	0.3
80053	Comprehen metabolic panel	317,297,403	0.3
80061	Lipid panel	314,694,173	0.3
99239	Hospital discharge day	307,191,238	0.3
11721	Debride nail, 6 or more	301,138,729	0.3
45385	Lesion removal colonoscopy	299,012,112	0.3
45380	Colonoscopy and biopsy	297,561,023	0.3
72148	Mri lumbar spine w/o dye	292,595,444	0.2
45378	Diagnostic colonoscopy	291,635,231	0.2
70553	MRI brain w/o & w/dye	281,753,163	0.2
17000	Destruct premalg lesion	273,198,915	0.2
92980	Insert Intracoronary stent	267,601,529	0.2
90862	Medication management	264,708,156	0.2
70450	CT head/brain w/o dye	257,010,084	0.2
93000	Electrocardiogram, complete	246,874,135	0.2

**Table V.6c**  
**Medicare Leading Part B Procedure Codes Ranked By Allowed Charges**  
**Calendar Year 2009**

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges <sup>1</sup>
74160	Ct abdomen w/dye	\$246,327,192	0.2
92004	Eye exam, new patient	240,060,188	0.2
17311	Mohs, 1 stage, h/n/hf/g	237,824,394	0.2
99283	Emergency dept visit	235,024,889	0.2
71020	Chest x-ray	231,627,902	0.2
77427	Radiation tx management, x5	231,310,837	0.2
67028	Injection eye drug	226,744,505	0.2
72193	Ct pelvis w/dye	225,442,026	0.2
11100	Biopsy, skin lesion	213,583,036	0.2
93510	Left heart catheterization	213,025,646	0.2
00142	Anesth, lens surgery	210,277,960	0.2
97530	Therapeutic activities	210,240,726	0.2
66821	After cataract laser surgery	209,431,402	0.2
88342	Immunohistochemistry	207,623,667	0.2
71260	CT thorax w/dye	206,123,551	0.2
83970	Assay of parathormone	202,972,484	0.2

<sup>1</sup> 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.

<sup>2</sup> The total number of procedure codes (Levels I, II, and III) is approximately 14,644.

<sup>3</sup> 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 9,285 Level I codes) account for approximately 45% of all allowed charges.

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SOURCE: CMS/ORDI

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