

Table 10.5
Hospital Outpatient Procedures, Covered Charges, and Program Payments for Medicare Beneficiaries, by the Leading Principal HCPCS
Surgical Procedures: Calendar Year 2007

Principal HCPCS Procedure	HCPCS Code	Number of Procedures	Covered Charges in Thousands	Operating Room Charges in Thousands	Program Payments in Thousands	Average Covered Charge per Procedure	Average Program Payment per Procedure ²
Total All Procedures	---	3,017,220	\$6,865,303	\$3,097,096	\$1,418,802	\$2,275	\$485
Total Leading Principal HCPCS Surgical Procedures ¹	---	1,823,000	3,434,982	1,387,699	689,037	1,884	390
Extracapsular Cataract Removal with Insertion of Intraocular Lens Prosthesis (One Stage Procedure), Manual or Mechanical Technique	66984	249,240	1,273,470	657,824	248,068	5,109	1,011
Debridement; Skin, and Subcutaneous Tissue	11042	245,180	331,141	139,220	64,775	1,351	275
Colonoscopy, Flexible, Proximal to Splenic Flexure; Diagnostic, with or without Collection of Specimen(s), with or without Colon Decompression	45378	175,620	378,942	159,559	61,184	2,158	361
Collection of Capillary Blood Specimen (eg, Finger, Heel, Ear Stick)	36416	110,560	52,112	12,970	8,601	471	80
Strapping; Unna Boot	29580	99,760	67,366	8,917	16,047	675	166
Injection, Single, of Diagnostic or Therapeutic Substances, Epidural or Subarachnoid; Lumbar Sacral (Caudal)	62311	86,100	107,203	61,681	27,065	1,245	321
Debridement; Skin, Full Thickness	11041	85,680	91,813	36,354	17,543	1,072	213
Arthrocentesis, Aspiration and/or Injection; Major Joint or Bursa	20610	70,820	49,583	16,715	14,801	700	212
Debridement; Skin, Partial Thickness	11040	69,240	67,355	22,752	14,429	973	217
Simple Repair of Superficial Wounds of Scalp, Neck, Axillae, External Genitalia, Trunk and/or Extremities (Including Hands and Feet); 2.5 cm or Less	12001	58,340	44,516	893	8,325	763	147
Discission of Secondary Membranous Cataract; Laser Surgery (One or More Stages)	66821	57,940	73,796	54,198	12,762	1,274	222
See footnotes at end of table.							

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Destruction by any Method, Including, Laser, with or without Surgical Curettement, all Benign or Premalignant Lesions other than Skin Tags	17000	55,360	\$17,880	\$5,031	\$4,947	\$323	\$92
Collection of Blood Specimen from a Completely Implantable Venus Access Device	36540	52,600	240,789	2,544	54,329	4,578	1,059
Upper Gastrointestinal Endoscopy Including Esophagus, Stomach, and Either the Duodenum and/or Jejunum as Appropriate; Diagnostic, with or without Collection of Specimen(s)	43235	51,720	116,136	46,814	21,409	2,245	423
Debridement of Nails by any Method(s); Six or More	11721	47,080	7,306	1,535	2,503	155	60
Simple Repair of Superficial Wounds of Scalp, Neck, Axillae, External Genitalia, Trunk and/or Extremities (Including Hands and Feet); 2.6 cm to 7.5 cm	12002	40,500	32,438	366	6,031	801	154
Removal Impacted Cerumen (Separate Procedure), One or Both Ears	69210	37,240	8,513	1,253	2,633	229	75
Insertion of Temporary Indwelling Bladder Catheter; Simple	51702	37,180	23,139	397	4,210	622	117
Upper Gastrointestinal Endoscopy Including Esophagus, Stomach, and Either the Duodenum and/or Jejunum as Appropriate; Diagnostic, with Biopsy, Single or Multiple	43239	32,920	97,009	42,325	14,496	2,947	450
Arterial Puncture, Withdrawal of Blood for Diagnoses	36600	30,800	68,952	1,966	9,156	2,239	308
Control Nasal Hemorrhage, Anterior, Simple (Limited Cautery and/or Packing) any Method See footnotes at end of table.	30901	28,480	20,160	372	3,660	708	133

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Intravitreal Injection of a Pharmacologic Agent (Separate Procedure)	67028	26,540	\$92,143	\$9,617	\$32,967	\$3,472	\$1,255
Neuroplasty and/or Transposition; Median Nerve at Carpal Tunnel	64721	26,380	99,211	71,171	23,381	3,761	905
Electronic Analysis of Programmable, Implanted Pump for Intrathecal or Epidural Drug Infusion (Includes Evaluation of Reservoir Status, Alarm Status, Drug Prescription Status); with Reprogramming	62368	24,020	29,584	6,043	6,777	1,232	301
Cystourethroscopy (Separate Procedure)	52000	23,700	44,427	27,183	8,939	1,875	382
Total All Other Procedures	---	1,194,220	3,430,322	1,709,397	729,765	2,872	632

¹Leading surgical HCPCS codes were selected from among the code range 10000-69979 (Surgery Procedures) and based on frequency of occurrence.

²Does not reflect procedures for beneficiaries who received covered services, but for whom no program payments were reported during the year.

NOTES: HCPCS is Healthcare Common Procedure Coding System. The Current Procedural Terminology (CPT) codes, descriptions, and other data only are Copyright 2006 American Medical Association All Rights Reserved (or such other date of publication of CPT). CPT is a trademark of the American Medical Association (AMA). For a more detailed description of each procedure, refer to the previously mentioned publication. Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information