

Table 70
Hospital Outpatient Procedures, Covered Charges, and Program Payments for Medicare Beneficiaries, by the Leading Principal HCPCS Surgical Procedures: Calendar Year 1999

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	---	3,038,360	\$4,865,938	\$1,900,030	\$1,051,005	\$1,602	\$352
Total, Leading Principal HCPCS Surgical Procedure	---	1,937,900	2,828,283	1,151,345	598,427	1,459	314
Remove cataract, insert lens	66984	556,620	1,694,200	686,603	365,131	3,044	662
Diagnostic colonoscopy	45378	268,160	289,786	112,629	58,342	1,081	221
Injection into spinal canal	62289	163,400	93,305	43,990	17,570	571	110
After cataract laser surgery	66821	123,820	77,673	52,127	15,027	627	123
Debride skin/tissue	11042	83,140	49,465	18,218	9,440	595	118
Upper gi endoscopy,diagnosis	43235	79,240	83,068	32,481	16,851	1,048	217
Inject spinal anesthetic	62278	70,280	40,764	18,758	7,881	580	114
Sigmoidoscopy, diagnostic	45330	67,140	29,281	11,356	6,497	436	99
Debride skin partial	11040	56,620	25,797	6,141	5,765	456	104
Upper GI endoscopy, biopsy	43239	53,140	70,873	23,999	14,852	1,334	284
Repair superficial wound(s)	12001	45,840	11,399	230	2,054	249	47
Cystoscopy	52000	42,000	34,231	20,718	8,279	815	198
Debride skin full	11041	37,500	19,172	5,156	3,983	511	108
Inj tendon/ligament/cyst	20550	33,600	14,800	5,806	2,635	440	81
Carpal tunnel surgery	64721	28,600	53,775	30,182	11,137	1,880	396
Repair superficial wound(s)	12002	28,440	7,947	343	1,377	279	50
Colonoscopy, lesion removal	45385	25,540	35,952	12,151	7,157	1,408	287
Blood transfusion service	36430	23,460	24,492	2,271	6,322	1,044	272
Drain/inject joint/bursa	20610	23,000	9,657	2,865	2,453	420	109
Destroy benign/premal lesion	17000	22,880	2,810	937	959	123	43
Repair inguinal hernia	49505	22,820	74,736	40,994	16,651	3,275	741
Colonoscopy and biopsy	45380	22,520	31,041	11,659	6,887	1,378	312
Withdrawal of arterial blood	36600	21,280	19,202	626	4,260	902	203
Colonoscopy	45384	20,320	27,094	9,535	5,445	1,333	271
Change gastrostomy tube	43760	18,540	7,762	1,571	1,472	419	81
Total, All Other Procedures	---	1,100,460	2,037,655	748,685	452,578	1,852	420

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 1998 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association (AMA). FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factor and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. For a more detailed description of each procedure, refer to the previously mentioned publication.

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.