

Table 70
Hospital Outpatient Procedures, Covered Charges, and Program Payments for Medicare
Beneficiaries, by the Leading Principal HCPCS Surgical Procedures: Calendar Year 2000

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	---	3,188,720	\$5,267,760	\$2,108,962	\$1,030,986	\$1,652	\$333
Total, Leading Principal HCPCS Surgical Procedures ¹	---	1,998,960	2,977,152	1,248,494	579,715	1,489	298
Remove cataract/insert lens	66984	537,760	1,716,906	730,918	342,271	3,193	644
Diagnostic colonoscopy	45378	307,100	352,668	135,482	62,093	1,148	208
Inject spine l/s (cd)	62311	198,140	121,091	57,503	20,087	611	104
After cataract laser surgery	66821	111,740	74,102	50,764	13,598	663	124
Debride skin/tissue	11042	109,720	68,703	31,722	15,888	626	149
Uppr gi endoscopy, diagnosis	43235	81,640	91,888	33,472	16,275	1,126	204
Diagnostic sigmoidoscopy	45330	59,480	29,155	10,085	5,582	490	98
Debride skin, partial	11040	59,280	27,523	7,590	6,768	464	117
Repair superficial wound(s)	12001	54,600	15,869	600	4,085	291	82
Upper GI endoscopy, biopsy	43239	50,160	71,385	24,671	12,608	1,423	256
Debride skin, full	11041	45,700	23,472	8,793	4,820	514	107
Cystoscopy	52000	39,100	34,417	21,362	7,488	880	194
Repair superficial wound(s)	12002	35,860	11,625	293	3,051	324	92
Inject tendon/ligament/cyst	20550	34,180	14,370	5,759	3,154	420	96
Destroy benign/premal lesion	17000	28,500	3,657	1,126	1,371	128	50
Carpal tunnel surgery	64721	28,200	57,053	34,297	10,203	2,023	372
Lesion removal colonoscopy	45385	26,640	39,461	13,140	6,442	1,481	250
Blood transfusion service	36430	26,500	26,667	2,715	6,937	1,006	266
Debride nail, 6 or more	11721	25,220	2,400	446	869	95	37
Withdrawal of arterial blood	36600	25,060	24,509	841	4,769	978	194
Drain/inject, joint/bursa	20610	24,800	10,281	3,058	2,757	415	114
Repair inguinal hernia	49505	24,420	86,751	48,484	15,780	3,552	664
Colonoscopy	45384	22,160	32,254	11,701	5,256	1,456	242
Colonoscopy and biopsy	45380	21,920	31,496	11,929	5,724	1,437	269
Change gastrostomy tube	43760	21,080	9,449	1,742	1,842	448	92
Total, All Other Procedures	---	1,189,760	2,290,608	860,468	451,271	1,925	393

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 1999 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.