

Table 70
Hospital Outpatient Procedures, Covered Charges, and Program Payments for Medicare
Beneficiaries, by the Leading Principal HCPCS Surgical Procedures: Calendar Year 2001

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	---	3,251,380	\$5,410,672	\$2,241,512	\$1,097,852	\$1,664	\$342
Total Leading Principal HCPCS Surgical Procedures ¹	---	1,951,220	2,853,346	1,195,485	588,773	1,462	305
Cataract surg w/iol, i stage	66984	480,020	1,632,556	740,533	349,072	3,401	732
Diagnostic colonoscopy	45378	325,120	397,240	148,242	68,803	1,222	214
Inject spine l/s (cd)	62311	215,800	147,573	76,025	24,582	684	115
Debride skin/tissue	11042	120,840	85,404	31,959	22,595	707	189
Uppr gi endoscopy, diagnosis	43235	83,580	104,429	37,061	18,062	1,249	218
Repair superficial wound(s)	12001	67,180	24,667	521	8,535	367	128
Debride skin, partial	11040	58,000	31,285	9,716	9,031	539	157
Upper GI endoscopy, biopsy	43239	49,120	81,003	27,738	11,382	1,649	234
Debride skin, full	11041	47,900	23,505	8,714	5,903	491	124
Repair superficial wound(s)	12002	45,660	18,638	343	6,027	408	133
Diagnostic sigmoidoscopy	45330	39,320	22,807	8,096	4,163	580	106
Destroy benign/premal lesion	17000	38,040	5,873	1,825	2,489	154	68
Cystoscopy	52000	37,660	37,763	23,788	8,078	1,003	216
Inject tendon/ligament/cyst	20550	37,280	17,875	8,180	4,731	479	130
Application of paste boot	29580	37,180	15,281	1,433	4,389	411	119
Drain/inject, joint/bursa	20610	34,080	15,607	4,855	4,755	458	142
Debride nail, 6 or more	11721	32,800	3,303	724	1,252	101	41
Carpal tunnel surgery	64721	28,420	62,005	39,385	11,025	2,182	394
Control of nosebleed	30901	26,640	9,131	296	3,308	343	125
Repair superficial wound(s)	12011	26,120	11,030	316	3,527	422	136
Lesion removal colonoscopy	45385	25,420	41,515	13,983	5,599	1,633	223
Withdrawal of arterial blood	36600	24,960	26,557	768	4,543	1,064	187
Change gastrostomy tube	43760	24,340	11,843	1,954	2,584	487	107
Insert urinary catheter	53670	23,140	9,646	465	1,791	417	79
Inject spine c/t	62310	22,600	16,812	8,564	2,545	744	114
Total All Other Procedures	---	1,300,160	2,557,327	1,046,027	509,079	1,967	397

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 2000 American Medical Association. All Rights Reserved. CPT is a 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 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 Decision Support Access Facility; data development by the Office of Research, Development, and Information.