

Table 10.5
Hospital Outpatient Procedures, Covered Charges, and Program Payments for Medicare
Beneficiaries, by the Leading Principal HCPCS Surgical Procedures: Calendar Year 2005

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
Total All Procedures	---	3,262,260	\$7,331,073	\$3,274,743	\$1,473,126	\$2,247
Total Leading Principal HCPCS Surgical Procedures ¹	---	1,947,620	3,678,618	1,580,297	702,884	1,889
Cataract surg w/iol, 1 stage	66984	392,400	1,804,114	904,234	335,372	4,598
Diagnostic colonoscopy	45378	241,140	445,502	187,986	73,168	1,847
Debride skin/tissue	11042	209,380	235,510	91,458	42,118	1,125
Inject spine l/s (cd)	62311	125,080	125,782	71,277	30,984	1,006
Application of paste boot	29580	78,260	55,183	6,073	14,677	705
After cataract laser surgery	66821	76,960	88,346	61,560	15,264	1,148
Debride skin, full	11041	72,040	67,020	24,139	13,009	930
Debride skin, partial	11040	71,780	55,244	14,651	13,279	770
Uppr gi endoscopy, diagnosis	43235	67,780	126,243	49,606	24,681	1,863
Repair superficial wound(s)	12001	65,420	42,076	1,031	9,416	643
Drain/inject, joint/bursa	20610	60,060	36,213	12,432	11,154	603
Destroy benign/premlg lesion	17000	57,860	14,177	3,839	4,915	245
Repair superficial wound(s)	12002	44,700	29,545	211	6,608	661
Debride nail, 6 or more	11721	44,160	6,877	1,528	1,964	156
Remove impacted ear wax	69210	40,820	8,129	989	2,768	199
Upper GI endoscopy, biopsy	43239	37,480	98,185	37,526	13,927	2,620
Withdrawal of arterial blood	36600	34,620	62,973	1,918	9,027	1,819
Control of nosebleed	30901	32,120	18,198	390	4,257	567
Capillary blood draw	36416	30,420	17,156	4,348	3,117	564
Insert temp bladder cath	51702	30,300	17,692	452	2,865	584
Carpal tunnel surgery	64721	28,200	93,883	64,786	22,556	3,329
Analyze spine infusion pump	62368	27,640	32,411	8,307	5,634	1,173
Cystoscopy	52000	27,140	40,488	24,921	9,291	1,492
Collect blood venous device	36540	26,120	83,869	579	20,854	3,211
Place needle in vein	36000	25,740	73,802	6,054	11,979	2,867
Total All Other Procedures	---	1,314,640	3,652,455	1,694,446	770,242	2,778

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 2004 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association (AMA). FARS/DFARS Restrictions Apply to Government Use. For 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 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 see the previously mentioned publication.

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.

Average Program Payment per Procedure ²
\$467
373
875
314
210
254
195
201
189
191
371
148
188
88
153
50
71
383
268
137
106
104
816
214
351
847
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607

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