

Table 10.1
Supplementary Medical Insurance (SMI) Medicare Enrollees, Hospital Outpatient Charges
and Program Payments, by Type of Entitlement: Selected Calendar Years 1974-2007

Type of Entitlement and Year	Number of SMI Enrollees	Covered Charges in Thousands	Program Payments		
			Amount in Thousands	Per Enrollee ²	As Percent of Charges
Total SMI					
1974 ¹	23,166,564	\$535,296	\$323,383	\$14	60.4
1976	24,614,378	974,708	630,323	26	64.7
1978	26,074,085	1,384,067	923,658	35	66.7
1980	27,399,658	2,076,396	1,441,986	52	69.4
1982	28,412,282	3,164,530	2,203,260	78	69.6
1984	29,415,397	5,129,210	3,387,146	115	66.0
1986	30,589,728	8,115,976	4,881,605	160	60.1
1987	31,169,960	9,794,832	5,690,786	183	58.1
1988	31,617,082	11,833,919	6,371,704	202	53.8
1989	32,098,770	14,195,252	7,160,586	223	50.4
1990	32,635,800	18,346,471	8,171,088	250	44.5
1991	33,239,840	22,016,673	8,612,320	259	39.1
1992	33,956,460	26,799,501	9,941,391	293	37.1
1993	34,642,500	32,026,576	10,938,545	316	34.2
1994	35,178,600	36,232,649	11,813,522	366	32.6
1995	35,711,060	40,576,180	12,933,358	402	31.9
1996	36,164,700	44,564,665	13,896,048	437	31.2
1997	36,478,460	47,888,129	14,382,561	464	30.0
1998	36,793,540	50,607,564	14,212,983	469	28.1
1999	37,054,200	54,744,210	14,617,464	486	26.7
2000	37,369,220	60,728,234	14,969,335	491	24.6
2001	37,697,860	71,066,998	17,739,919	563	25.0
2002	38,088,000	92,787,173	20,211,036	621	21.8
2003	38,629,380	113,298,000	22,763,222	683	20.1
2004	39,100,863	138,009,804	25,963,191	770	18.8
2005	39,730,362	165,827,447	28,584,759	843	17.2
2006	40,398,230	183,400,542	29,991,921	911	16.4
2007	41,109,320	200,680,151	31,612,975	978	15.8

See footnotes at end of table.

Table 10.1--Continued
Supplementary Medical Insurance (SMI) Medicare Enrollees, Hospital Outpatient Charges
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Type of Entitlement and Year	Number of SMI Enrollees	Covered Charges in Thousands	Program Payments		
			Amount in Thousands	Per Enrollee ²	As Percent of Charges
Aged					
1974	21,421,545	394,680	220,742	10	55.9
1976	22,445,911	704,569	432,971	19	61.5
1978	23,530,893	1,005,467	648,249	28	64.5
1980	24,680,432	1,517,183	1,030,896	42	69.9
1982	25,706,792	2,402,462	1,645,064	64	68.5
1984	26,764,150	4,122,859	2,679,571	100	65.0
1986	27,862,737	6,529,273	3,809,992	137	58.4
1987	28,382,203	8,021,167	4,522,841	159	56.4
1988	28,780,154	9,790,273	5,098,546	177	52.1
1989	29,216,027	11,855,127	5,767,689	197	48.7
1990	29,691,180	15,384,510	6,563,454	221	42.7
1991	30,183,480	18,460,835	6,842,329	227	37.1
1992	30,722,080	22,253,657	7,741,774	252	34.8
1993	31,162,480	26,556,415	8,522,089	273	32.1
1994	31,443,800	29,768,892	9,116,610	318	30.6
1995	31,754,680	33,110,441	9,900,441	348	29.9
1996	31,997,360	36,099,678	10,542,937	379	29.2
1997	32,171,220	38,728,484	10,861,323	402	28.0
1998	32,308,000	41,045,972	10,681,369	407	26.0
1999	32,411,940	44,272,508	10,903,014	421	24.6
2000	32,601,700	48,940,902	11,029,355	421	22.5
2001	32,763,980	57,262,254	13,142,167	487	23.0
2002	32,955,100	73,194,461	14,893,603	536	20.3
2003	33,248,740	87,468,150	16,760,691	593	19.2
2004	33,435,566	103,366,187	19,086,017	672	18.5
2005	33,779,665	120,679,674	20,972,035	738	17.4
2006	34,183,478	131,315,177	21,811,661	793	16.6
2007	34,656,299	142,810,809	22,928,871	854	16.1

See footnotes at end of table.

Table 10.1--Continued
Supplementary Medical Insurance (SMI) Medicare Enrollees, Hospital Outpatient Charges
and Program Payments, by Type of Entitlement: Selected Calendar Years 1974-2007

Type of Entitlement and Year	Number of SMI Enrollees	Covered Charges in Thousands	Program Payments		
			Amount in Thousands	Per Enrollee ²	As Percent of Charges
Disabled					
1974 ¹	1,745,019	\$140,617	\$102,641	\$59	73.0
1976	2,168,467	270,139	197,352	91	73.1
1978	2,543,192	378,600	275,409	108	72.7
1980	2,719,226	559,213	411,090	152	73.5
1982	2,705,490	762,068	558,195	206	73.2
1984	2,651,247	1,006,351	707,575	267	70.3
1986	2,726,991	1,586,703	1,071,613	393	67.5
1987	2,787,757	1,773,664	1,167,945	419	65.8
1988	2,836,928	2,043,646	1,273,158	449	62.3
1989	2,882,743	2,340,124	1,392,897	483	59.5
1990	2,944,620	2,961,961	1,607,634	546	54.3
1991	3,056,360	3,555,838	1,769,991	579	49.8
1992	3,234,380	4,545,843	2,199,617	680	48.4
1993	3,480,020	5,470,161	2,416,456	694	44.2
1994	3,734,800	6,463,757	2,696,912	746	41.7
1995	3,956,380	7,465,739	3,033,158	801	40.6
1996	4,167,340	8,464,987	3,353,211	854	39.6
1997	4,307,240	9,159,645	3,521,238	886	38.4
1998	4,485,540	9,561,592	3,531,614	870	36.9
1999	4,642,260	10,471,702	3,714,450	892	35.5
2000	4,767,520	11,787,331	3,939,980	915	33.4
2001	4,933,880	13,804,744	4,597,752	1,013	33.3
2002	5,132,900	19,592,711	5,317,433	1,113	27.1
2003	5,380,640	25,829,850	6,002,531	1,192	23.2
2004	5,665,297	34,643,617	6,877,174	1,297	19.9
2005	5,950,697	45,147,772	7,612,723	1,381	16.9
2006	6,214,752	52,085,365	8,180,260	1,510	15.7
2007	6,453,021	57,869,342	8,684,104	1,586	15.0

¹1974 was the first full year of coverage for disabled beneficiaries under Medicare.

²Beginning with 1994, Medicare enrollees in managed care plans are not included in the denominator used to calculate average program payments per enrollee.

NOTES: Hospital outpatient services also include the facility component for those procedures performed in a hospital outpatient department operating room which are subject to the ambulatory surgical center (ASC) or blended ASC fee schedule and hospital-based renal dialysis facility services. Medicare program payments represent fee-for-service only and exclude amounts paid for managed care services. Numbers may not add to totals because of rounding.

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.

Table 10.2
Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics,
Type of Entitlement, and Type of Service: Calendar Year 2007

Demographic Characteristic and Type of Entitlement	Type of Service				
	Total	Clinic	Emergency Room	Laboratory	Radiology
	Covered Charges in Thousands				
Total	\$200,680,151	\$2,252,693	\$8,109,740	\$19,556,754	\$35,820,512
Sex					
Male	94,524,529	978,083	3,350,221	8,421,431	15,806,510
Female	106,155,621	1,274,609	4,759,518	11,135,323	20,014,001
Race³					
White	147,398,466	1,623,348	6,223,119	16,061,647	30,075,279
Other	52,542,882	620,956	1,859,811	3,427,066	5,636,788
Type of Entitlement					
Aged ⁴	142,810,808	1,682,097	5,499,617	15,301,521	29,926,305
Disabled ⁵	57,869,342	570,596	2,610,123	4,255,233	5,894,206
	Percent Distribution				
Total	100.0	1.1	4.0	9.7	17.8
Sex					
Male	100.0	1.0	3.5	8.9	16.7
Female	100.0	1.2	4.5	10.5	18.9
Race³					
White	100.0	1.1	4.2	10.9	20.4
Other	100.0	1.2	3.5	6.5	10.7
Type of Entitlement					
Aged ⁴	100.0	1.2	3.9	10.7	21.0
Disabled ⁵	100.0	1.0	4.5	7.4	10.2
	Average Charge per Enrollee ⁶				
Total	\$6,206	\$70	\$251	\$605	\$1,108
Sex					
Male	6,692	69	237	596	1,119
Female	5,829	70	261	611	1,099
Race³					
White	5,397	59	228	588	1,101
Other	10,536	125	373	687	1,130
Type of Entitlement					
Aged ⁴	5,316	63	205	570	1,114
Disabled ⁵	10,572	104	477	777	1,077

¹Includes charges for physical therapy, occupational therapy, and speech/language pathology.

²Includes charges for blood, blood administration, cardiology, ambulatory surgical care, magnetic resonance imaging, drugs requiring specific identification, etc.

³Excludes unknown race.

⁴Includes aged persons with end stage renal disease (ESRD).

⁵Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

⁶Medicare enrollees in managed care plans are not included in the denominator used to calculate the average charge per enrollee.

NOTES: Numbers may not add to totals because of rounding. Hospital outpatient services also include the facility component for those procedures performed in a hospital outpatient department operating room which are subject to the ambulatory surgical center (ASC) or blended ASC fee schedule and hospital-based renal dialysis facility 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.

Table 10.2--Continued
Covered Charges for Hospital Outpatient Services Under Medicare, by Demographic Characteristics,
Type of Entitlement, and Type of Service: Calendar Year 2007

Type of Service					
Pharmacy	Rehabilitation ¹	Medical/ Surgical Supplies	Operating Room	End Stage Renal Disease	Other ²
Covered Charges in Thousands					
\$4,444,845	\$3,221,474	\$12,378,310	\$18,021,965	\$29,836,189	\$67,037,664
1,998,252	1,234,469	6,238,838	8,213,181	16,065,894	32,217,645
2,446,593	1,987,004	6,139,471	9,808,784	13,770,295	34,820,018
3,679,717	2,746,803	10,294,731	15,027,439	14,373,883	47,292,494
748,465	462,746	2,040,716	2,933,762	15,308,669	19,503,898
3,372,659	2,661,284	9,887,016	14,437,457	14,571,400	45,471,451
1,072,186	560,190	2,491,294	3,584,508	15,264,789	21,566,213
Percent Distribution					
2.2	1.6	6.2	9.0	14.9	33.4
2.1	1.3	6.6	8.7	17.0	34.1
2.3	1.9	5.8	9.2	13.0	32.8
2.5	1.9	7.0	10.2	9.8	32.1
1.4	0.9	3.9	5.6	29.1	37.1
2.4	1.9	6.9	10.1	10.2	31.8
1.9	1.0	4.3	6.2	26.4	37.3
Average Charge per Enrollee ⁶					
\$137	\$100	\$383	\$557	\$923	\$2,073
141	87	442	581	1,137	2,281
134	109	337	539	756	1,912
135	101	377	550	526	1,732
150	93	409	588	3,070	3,911
126	99	368	537	542	1,693
196	102	455	655	2,789	3,940

Table 10.3

Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 2007

Area of Residence	Persons Served in Thousands					Program Payments in Millions				Average Program Payment per Enrollee ²			
	Total		Aged ³	Disabled ⁴	ESRD ⁵	Total	Aged	Disabled	ESRD	Total	Aged	Disabled	ESRD
	Number	Per 1,000 Enrollees ²											
All Areas ¹	22,221	687	18,269	3,607	344	\$31,613	\$19,323	\$4,564	\$7,726	\$978	\$723	\$863	\$23,036
United States	22,144	689	18,210	3,595	339	31,478	19,282	4,557	7,639	980	726	868	23,061
Northeast	4,318	715	3,578	683	56	6,197	3,966	918	1,314	1,026	784	985	23,934
Midwest	5,860	741	4,903	881	76	7,959	5,143	1,124	1,692	1,006	776	927	22,703
South	8,545	674	6,890	1,507	148	12,418	7,231	1,820	3,367	979	702	815	22,939
West	3,420	623	2,839	523	58	4,904	2,942	696	1,266	893	645	796	23,000
New England	1,389	787	1,140	236	12	2,017	1,394	341	282	1,144	961	1,134	24,213
Connecticut	318	726	270	44	4	478	319	67	92	1,091	847	1,155	26,679
Maine	169	757	136	32	1	225	157	43	26	1,009	875	993	21,835
Massachusetts	613	836	495	113	5	923	637	169	116	1,258	1,077	1,238	24,056
New Hampshire	138	769	117	20	1	201	150	28	22	1,117	997	1,013	24,052
Rhode Island	74	771	58	15	1	87	56	19	13	908	742	932	16,965
Vermont	76	817	64	12	1	103	75	15	13	1,107	964	1,009	25,533
Middle Atlantic	2,929	685	2,438	447	44	4,180	2,572	576	1,032	977	714	914	23,859
New Jersey	629	603	532	86	12	1,014	607	121	285	971	673	928	26,061
New York	1,244	649	1,003	221	21	1,862	1,092	294	476	971	690	934	23,277
Pennsylvania	1,056	801	904	140	12	1,304	873	161	270	990	779	872	22,827
East North Central	4,183	760	3,502	625	55	5,730	3,707	796	1,226	1,014	806	939	22,117
Illinois	1,100	744	941	144	15	1,509	989	181	339	1,020	784	897	21,782
Indiana	577	729	479	91	7	780	513	117	150	985	778	939	19,922
Michigan	992	810	813	167	13	1,426	904	223	299	1,163	909	1,021	23,581
Ohio	1,072	779	898	160	14	1,409	898	193	317	1,023	779	926	22,394
Wisconsin	442	698	372	64	6	607	404	81	122	959	756	872	21,977
West North Central	1,677	697	1,401	256	21	2,229	1,436	327	466	926	710	898	24,405
Iowa	289	693	249	37	3	335	231	42	63	804	639	786	22,896
Kansas	219	614	186	31	3	303	208	36	59	849	679	752	22,553
Minnesota	352	755	295	53	4	455	299	66	90	976	773	877	25,239
Missouri	531	724	423	101	8	756	429	138	188	1,030	726	1,019	27,122
Nebraska	152	670	131	19	2	196	136	23	37	867	691	818	21,264
North Dakota	67	722	59	7	1	90	66	9	15	973	813	851	23,040
South Dakota	68	593	59	8	1	93	67	13	14	817	669	954	16,567

See footnotes at end of table.

Table 10.3--Continued

Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 2007

Area of Residence	Persons Served in Thousands					Program Payments in Millions				Average Program Payment per Enrollee ²			
	Total		Aged ³	Disabled ⁴	ESRD ⁵	Total	Aged	Disabled	ESRD	Total	Aged	Disabled	ESRD
	Number	Per 1,000 Enrollees ²											
South Atlantic	4,565	674	3,746	743	76	\$6,792	\$4,062	\$943	\$1,787	\$1,003	\$726	\$858	\$23,544
Delaware	86	694	72	12	1	122	81	13	28	986	774	710	21,409
District of Columbia	40	717	33	6	2	92	45	9	39	1,638	975	984	27,778
Florida	1,358	616	1,168	171	19	1,816	1,181	202	433	823	622	703	22,678
Georgia	656	705	522	121	13	979	511	149	319	1,053	689	854	23,632
Maryland	365	597	307	50	8	880	560	128	193	1,439	1,065	1,635	25,355
North Carolina	757	685	591	153	13	1,169	660	192	317	1,057	752	897	23,435
South Carolina	437	735	349	81	8	591	313	82	195	993	662	719	25,934
Virginia	633	729	526	97	9	865	532	112	222	996	734	833	22,290
West Virginia	232	843	178	52	2	278	178	58	42	1,007	877	818	20,800
East South Central	1,687	707	1,285	377	25	2,171	1,221	415	535	909	669	773	21,480
Alabama	471	748	363	101	7	581	323	105	153	923	665	768	21,935
Kentucky	411	693	311	96	5	533	329	106	98	898	736	744	21,657
Mississippi	284	687	210	68	6	420	205	79	136	1,015	662	800	23,582
Tennessee	521	693	402	112	8	638	365	125	147	848	623	788	19,362
West South Central	2,293	651	1,858	387	47	3,455	1,948	462	1,045	980	676	773	22,732
Arkansas	261	620	204	54	3	335	205	60	70	796	624	675	21,583
Louisiana	362	739	281	74	8	544	276	85	183	1,110	728	825	25,437
Oklahoma	322	693	263	55	4	402	255	64	82	864	671	795	20,567
Texas	1,347	627	1,110	205	32	2,174	1,212	252	710	1,012	675	778	22,508
Mountain	1,121	634	943	161	17	1,496	957	204	335	846	642	776	21,079
Arizona	269	543	230	34	5	380	229	49	102	768	541	736	19,948
Colorado	257	740	215	38	3	311	196	46	69	895	673	862	24,412
Idaho	93	616	79	13	1	127	92	17	18	836	723	710	17,573
Montana	91	708	79	11	1	117	90	15	12	905	818	814	15,378
Nevada	95	484	77	16	2	138	84	16	37	700	512	532	18,909
New Mexico	139	689	112	25	3	202	111	30	61	998	681	814	25,078
Utah	133	744	114	18	2	176	122	24	30	982	799	945	21,110
Wyoming	43	638	37	5	(6)	46	33	8	6	690	567	867	17,983

See footnotes at end of table.

Table 10.3--Continued

Persons Served and Program Payments for Hospital Outpatient Services Under Medicare, by Area of Residence: Calendar Year 2007

Area of Residence	Persons Served in Thousands					Program Payments in Millions				Average Program Payment per Enrollee ²			
	Total		Aged ³	Disabled ⁴	ESRD ⁵	Total	Aged	Disabled	ESRD	Total	Aged	Disabled	ESRD
	Number	Per 1,000 Enrollees ²											
Pacific	2,299	618	1,896	362	41	\$3,407	\$1,985	\$492	\$930	\$916	\$647	\$804	\$23,781
Alaska	32	616	26	6	(6)	55	37	9	9	1,065	887	988	21,803
California	1,587	607	1,302	253	32	2,440	1,368	348	724	933	636	803	24,297
Hawaii	61	585	52	7	2	94	52	7	35	896	583	481	19,991
Oregon	219	710	184	32	2	269	181	36	51	873	706	743	22,503
Washington	401	626	333	64	5	550	348	91	111	859	655	866	22,763
Outlying Areas ⁷	77	367	60	13	5	135	40	7	88	641	235	204	21,043

¹Includes the 50 States and outlying areas.

²Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average program payments per enrollee.

³Excludes aged beneficiaries with ESRD; represents Medicare status code 10 (aged without ESRD).

⁴Excludes disabled beneficiaries with ESRD; represents Medicare status code 20 (disabled without ESRD).

⁵Includes ESRD beneficiaries entitled to Medicare because of age, disability, or ESRD (Medicare status codes 11 (aged with ESRD), 21 (disabled with ESRD), and 31 (ESRD only)).

⁶Less than 500 persons served.

⁷Consists of Puerto Rico, Virgin Islands, Guam, residence unknown, and all other outlying areas.

NOTES: ESRD is end stage renal disease. Numbers may not add to totals because of rounding. Hospital outpatient services also include the facility component for those procedures performed in a hospital outpatient department operating room which are subject to the ambulatory surgical center (ASC) or blended ASC fee schedule and hospital-based renal dialysis facility services. 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.

Table 10.4
Hospital Outpatient Bills, Covered Charges, and Program Payments Under Medicare,
by Selected Reasons for the Visit: Calendar Year 2007

Reason for Visit	ICD-9-CM Code ¹	Number of Bills	Covered Charges in Thousands	Program Payments in Thousands	Average Covered Charge per Bill	Average Program Payment per Bill ²
Total All Reasons for the Visit	---	112,328,460	\$200,680,151	\$31,612,975	\$1,787	\$291
Selected Reasons for the Visit ³	---	55,854,120	104,485,212	15,138,818	1,871	281
Encounter for Other and Unspecified						
Procedures and Aftercare	V58	6,311,720	8,333,878	1,577,942	1,320	254
Diabetes Mellitus	250	4,600,780	2,159,924	395,196	469	88
Essential Hypertension	401	4,513,920	1,752,673	292,929	388	67
Special Screening for Malignant Neoplasms	V76	4,424,980	1,777,767	359,573	402	84
Chronic Renal Failure	585	4,366,640	53,709,060	6,927,410	12,300	1,602
Cardiac Dysrhythmias	427	4,160,320	2,570,977	488,434	618	119
Disorders of Lipoid Metabolism	272	3,653,280	1,207,377	201,387	330	56
Symptoms Involving Respiratory						
System and Other Chest Symptoms	786	3,341,140	7,138,494	1,022,194	2,137	321
General Symptoms	780	2,762,920	4,226,211	592,386	1,530	220
Other and Unspecified Anemias	285	2,431,300	2,281,372	424,867	938	178
Other Disorders of Urethra and Urinary Tract	599	2,291,160	1,620,458	224,246	707	100
Other and Unspecified Disorders of Back	724	1,986,780	2,821,529	438,396	1,420	230
Other Symptoms Involving Abdomen and Pelvis	789	1,848,760	3,707,781	427,568	2,006	238
Other and Unspecified Disorders of Joint	719	1,698,500	1,422,952	225,848	838	140
Other Forms of Chronic Ischemic Heart Disease	414	1,573,780	5,217,532	812,795	3,315	532
Special Investigations and Examinations	V72	1,404,380	793,641	107,549	565	81
Heart Failure	428	1,176,640	1,097,523	219,202	933	191
Other Disorders of Soft Tissues	729	1,170,660	1,042,550	150,687	891	135
Symptoms Involving Digestive System	787	1,110,800	1,297,528	192,087	1,168	182
Acquired Hypothyroidism	244	1,025,660	305,985	58,122	298	57
All Other Reasons for the Visit	---	56,474,340	96,194,939	16,474,157	1,703	302

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volume 1*.

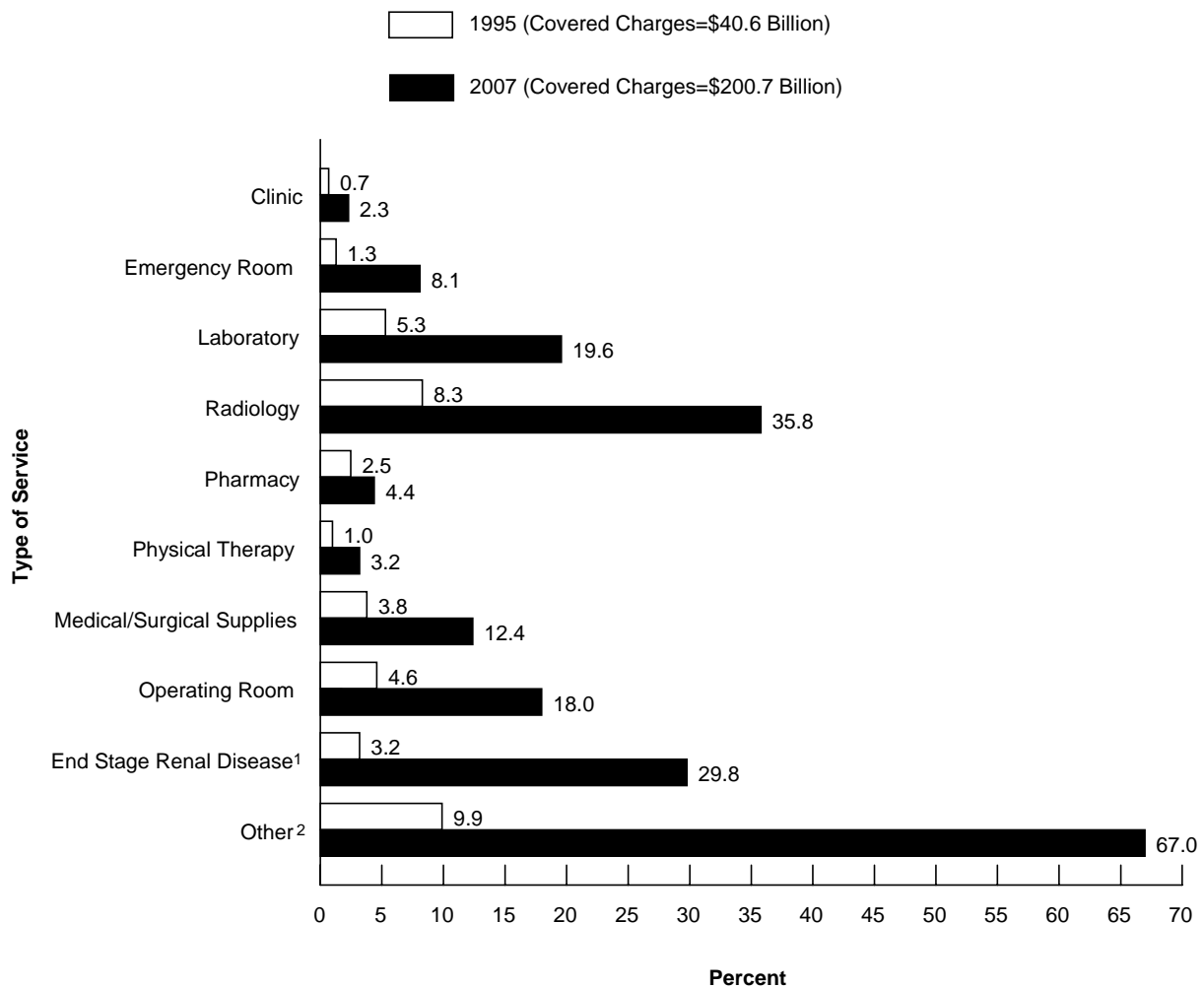
²Does not reflect bills for beneficiaries who received covered services, but for whom no program payments were reported during the year.

³Based on frequency of occurrence.

NOTES: Numbers may not add to totals because of rounding. Hospital outpatient services also include the facility component for those procedures performed in a hospital outpatient department operating room which are subject to the ambulatory surgical center (ASC) or blended ASC fee schedule and hospital-based renal dialysis facility services. 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.

Figure 10.1
Percent Distribution of Hospital Outpatient Charges
Under Medicare, by Type of Service:
Calendar Years 1995 and 2007



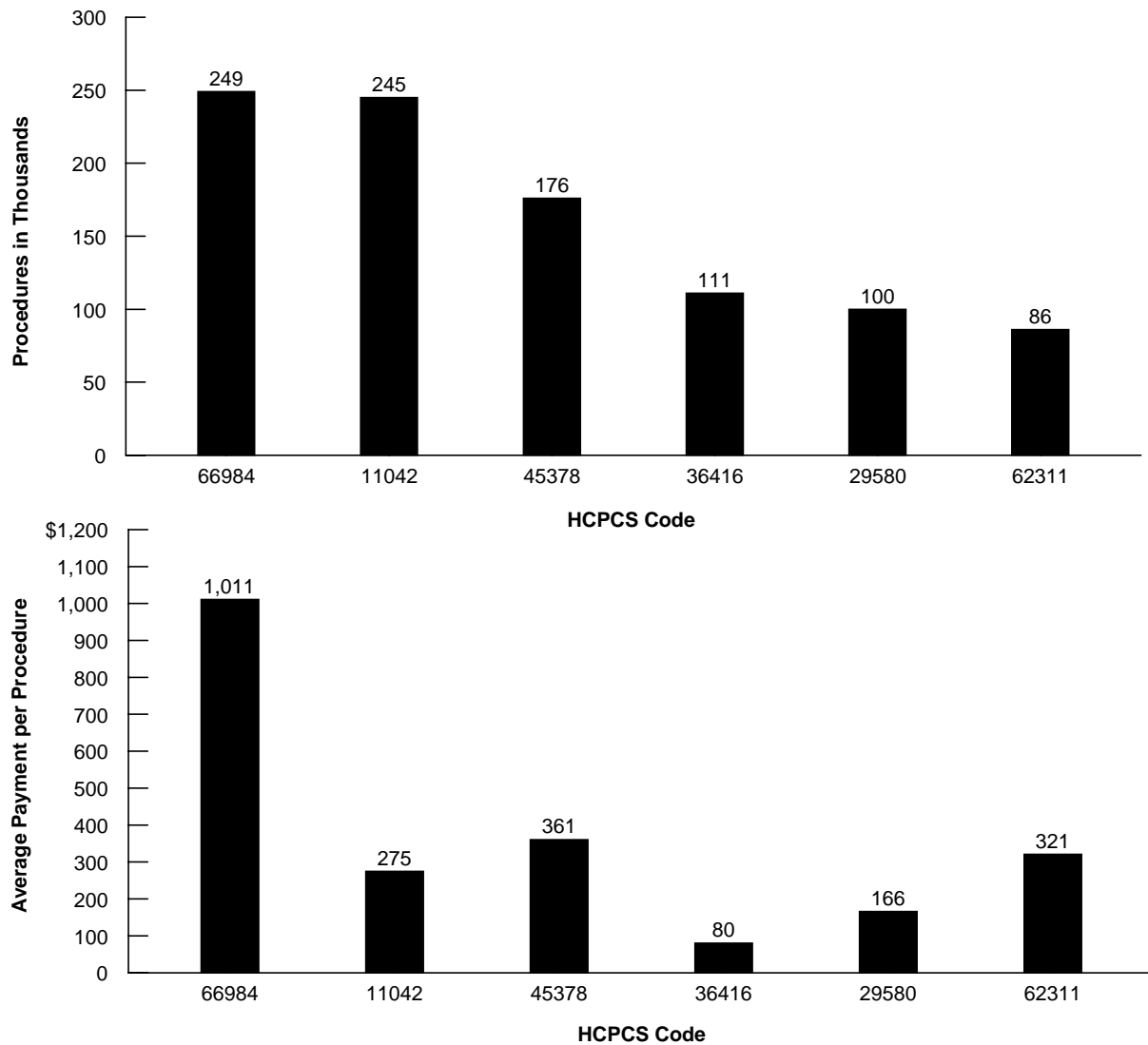
¹ Services to end stage renal disease patients consist primarily of renal dialysis.

² Includes charges for blood, blood administration, cardiology, ambulatory surgical care, magnetic resonance imaging, drugs requiring specific identification, etc.

NOTE: Medicare program payments are not available by type of service.

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.

Figure 10.2
Leading Medicare Hospital Outpatient Surgical
Procedures, Based on Frequency: Calendar Year 2007



NOTES: HCPCS is Healthcare Common Procedure Coding System. The Current Procedural Terminology (CPT) codes, descriptions, and other data only are Copyright 2005 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. Leading surgical procedures were selected from among the code range 10000 - 69979 (Surgical Procedures). Codes are extracapsular cataract removal with insertion of intraocular lens prosthesis, 66984; debridement, skin and subcutaneous tissue, 11042; colonoscopy, flexible, proximal to splenic flexure, 45378; collection of capillary blood specimen, 36416; strapping unna boot, 29580; and injection, single, of diagnostic or therapeutic substances, 62311.

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.