

**Table 9.9**  
**Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Leading HCPCS Codes: Calendar Year 2009**

Description	Code	Persons Served <sup>1</sup>	Services		Allowed Charges		Program Payments	
			Number in Thousands	Per-cent	Amount In Thousands	Per Person Served <sup>1</sup>	Amount In Thousands	Per Person Served <sup>1</sup>
Total All HCPCS	---	31,646,640	#####	100.0	\$117,586,191	\$3,716	#####	\$2,879
Total Leading 50 HCPCS <sup>2</sup>	---	---	606,239	33.2	55,621,004	---	41,982,378	---
Office/outpatient visit, est	99214	20,704,300	72,783	4.0	6,574,481	318	4,619,538	223
Office/outpatient visit, est	99213	23,468,000	101,795	5.6	6,090,878	260	4,248,396	181
Subsequent hospital care	99232	5,085,160	49,997	2.7	3,353,285	659	2,662,053	523
Cataract surg w/iol, 1 stage	66984	1,163,160	3,170	0.2	2,130,592	1,832	1,684,035	1,448
Subsequent hospital care	99233	3,330,320	20,856	1.1	2,013,498	605	1,599,979	480
ALS1-emergency	A0427	2,942,720	4,569	0.3	1,876,803	638	1,483,338	504
Oxygen concentrator	E1390	1,446,500	10,173	0.6	1,779,670	1,230	1,379,615	954
Emergency dept visit	99285	5,389,600	8,588	0.5	1,460,832	271	1,138,984	211
bls	A0428	1,576,960	6,615	0.4	1,448,761	919	1,151,966	730
Tissue exam by pathologist	88305	6,627,060	18,412	1.0	1,240,517	187	967,661	146
Tte w/doppler, complete	93306	5,793,860	7,264	0.4	1,163,428	201	905,889	156
Office consultation	99244	5,117,760	6,325	0.3	1,150,281	225	867,670	170
Therapeutic exercises	97110	1,751,020	40,257	2.2	1,150,099	657	903,542	516
Blood glucose/reagent strips	A4253	3,718,420	31,309	1.7	1,108,107	298	822,790	221
Office/outpatient visit, est	99215	5,460,120	8,828	0.5	1,087,990	199	770,261	141
Eye exam & treatment	92014	8,683,400	10,630	0.6	1,078,251	124	735,241	85
Initial hospital care	99223	3,779,560	5,775	0.3	1,039,347	275	815,329	216
Ground mileage	A0425	4,528,540	47,268	2.6	1,006,523	222	803,169	177
Heart image (3d), multiple	78465	2,697,980	2,989	0.2	988,165	366	776,211	288
Inpatient consultation	99254	3,044,620	5,862	0.3	980,864	322	772,040	254

NOTES: HCPCS is Healthcare Common Procedure Coding System. The Current Procedural Terminology (CPT) codes, descriptions, and other data only are Copyright 2008 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.

See footnotes at end of table.

**Table 9.9--Continued**  
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Critical care, first hour	99291	1,414,040	4,297	0.2	\$923,923	\$653	\$732,916	\$518
BLS-emergency	A0429	1,660,100	2,491	0.1	885,199	533	698,870	421
Ranibizumab injection	J2778	93,980	2,120	0.1	859,561	9,146	684,929	7,288
Rituximab injection	J9310	45,680	1,535	0.1	851,245	18,635	674,474	#####
Bevacizumab injection	J9035	153,200	675	(3)	780,392	5,094	618,942	4,040
Office/outpatient visit, est	99212	9,492,740	19,695	1.1	702,741	74	501,933	53
Radiation tx delivery, imrt	77418	44,900	1,272	0.1	645,418	14,375	512,680	#####
Infliximab injection	J1745	43,660	253	(3)	624,825	14,311	485,881	11,129
Office consultation	99243	4,281,160	4,992	0.3	608,501	142	448,237	105
Emergency dept visit	99284	3,772,680	5,322	0.3	600,468	159	456,367	121
Inpatient consultation	99255	1,779,540	2,859	0.2	586,984	330	463,176	260
Esrd srv, 4 visits p mo, 20+	90960	273,480	2,030	0.1	569,014	2,081	449,287	1,643
PWC gp 2 std cap chair	K0823	154,020	161	(3)	556,972	3,616	442,665	2,874
Nursing fac care, subseq	99308	1,608,720	9,001	0.5	533,965	332	397,341	247
Injection, pegfilgrastim 6mg	J2505	65,680	236	(3)	521,463	7,939	411,789	6,270
Subsequent hospital care	99231	2,759,660	13,837	0.8	510,905	185	404,487	147
Office consultation	99245	1,956,120	2,243	0.1	502,003	257	383,786	196
Office/outpatient visit, new	99203	4,776,300	5,494	0.3	491,034	103	334,852	70
Psytch, off, 45-50 min	90806	551,340	5,949	0.3	490,705	890	235,273	427
Office/outpatient visit, new	99204	3,064,160	3,434	0.2	476,930	156	331,514	108
Chiropractic manipulation	98941	1,417,800	14,329	0.8	475,818	336	350,407	247
Nursing fac care, subseq	99309	1,282,540	6,064	0.3	474,846	370	356,312	278

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Eye exam established pat	92012	3,714,480	6,562	0.4	\$464,404	\$125	\$327,900	\$88
Darbepoetin alfa, non-esrd	J0881	126,100	745	(3)	452,028	3,585	358,622	2,844
Manual therapy	97140	1,147,760	16,118	0.9	430,708	375	338,555	295
Total knee arthroplasty	27447	244,160	399	(3)	400,146	1,639	316,649	1,297
Inpatient consultation	99253	2,093,860	3,277	0.2	377,690	180	296,420	142
Epoetin alfa, non-esrd	J0885	130,900	2,181	0.1	373,736	2,855	295,645	2,259
Extracranial study	93880	2,767,820	3,267	0.2	363,682	131	280,120	101
Upper GI endoscopy, biopsy	43239	1,346,160	1,939	0.1	363,324	270	284,641	211

<sup>1</sup>Includes beneficiaries who received covered services, but for whom no program payments were reported during the year. Number of persons do not add to total because beneficiaries may use more than one service during the reporting year.

<sup>2</sup>The leading 50 HCPCS codes were selected based on the amount of allowed charges.

<sup>3</sup>Less than 0.05 percent.

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SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Standard Analytical Files; data development by the Office of Research, Development, and Information.