

Table 9.9
Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Leading HCPCS Codes: Calendar Year 2011

Description	Code	Persons Served ¹	Services		Allowed Charges		Program Payments	
			Number in Thousands	Per-Cent	Amount in Thousands	Per Persons Served ¹	Amount in Thousands	Per Persons Served ²
Total All HCPCS	---	32,503,040	#####	100.0	\$126,314,400	\$3,886	#####	\$3,078
Total Leading 50 HCPCS ³	---	31,485,700	692,372	37.5	61,944,881	1,967	46,756,376	1,541
Office/outpatient visit est	99214	21,974,100	81,399	4.4	8,185,284	372	5,714,562	278
Office/outpatient visit est	99213	23,743,480	100,562	5.4	6,810,002	287	4,723,492	215
Subsequent hospital care	99232	5,180,520	50,819	2.8	3,563,032	688	2,828,484	549
Initial hospital care	99223	4,853,280	11,728	0.6	2,300,715	474	1,807,442	373
Cataract surg w/iol 1 stage	66984	1,118,360	3,106	0.2	2,262,322	2,023	1,784,688	1,597
Subsequent hospital care	99233	3,549,440	22,106	1.2	2,235,523	630	1,775,558	502
ALS1-emergency	A0427	3,129,980	4,892	0.3	2,013,294	643	1,588,992	508
Oxygen concentrator	E1390	1,454,440	10,629	0.6	1,794,432	1,234	1,373,489	947
Emergency dept visit	99285	6,007,640	9,862	0.5	1,671,409	278	1,294,758	216
bls	A0428	1,644,360	6,664	0.4	1,471,666	895	1,169,639	711
Tissue exam by pathologist	88305	6,836,140	19,874	1.1	1,379,233	202	1,070,820	159
Ranibizumab injection	J2778	126,380	3,332	0.2	1,347,843	10,665	1,073,054	8,505
Office/outpatient visit new	99204	6,752,140	8,581	0.5	1,340,825	199	963,522	150
Office/outpatient visit est	99215	5,721,900	9,687	0.5	1,316,099	230	934,888	176
Eye exam & treatment	92014	9,031,760	11,304	0.6	1,298,263	144	880,021	109
Therapeutic exercises	97110	1,933,040	43,914	2.4	1,248,689	646	977,428	512
Critical care first hour	99291	1,639,440	5,052	0.3	1,116,759	681	884,327	540
Blood glucose/reagent strips	A4253	3,781,300	30,904	1.7	1,082,383	286	804,013	219
Ground mileage	A0425	4,801,100	46,456	2.5	1,045,078	218	834,229	174
Tte w/doppler complete	93306	6,026,820	7,524	0.4	1,040,734	173	800,013	135

NOTES: HCPCS is Healthcare Common Procedure Coding System. The Current Procedural Terminology (CPT) codes, descriptions, and other data only are Copyright 2010 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
Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Leading
HCPSC Codes: Calendar Year 2011

Description	Code	Persons Served ¹	Services		Allowed Charges		Program Payments	
			Number in Thousands	Per-Cent	Amount in Thousands	Per Persons Served ¹	Amount in Thousands	Per Persons Served ²
Initial hospital care	99222	3,804,700	7,527	0.4	\$1,004,685	\$264	\$786,618	\$209
BLS-emergency	A0429	1,791,200	2,701	0.1	956,131	534	753,372	421
Office/outpatient visit new	99203	7,625,060	9,481	0.5	956,003	125	663,561	95
Rituximab injection	J9310	43,260	1,432	0.1	880,924	20,363	696,958	16,186
Ht muscle image spect mult	78452	2,407,220	2,609	0.1	795,432	330	623,169	262
Radiation tx delivery imrt	77418	50,260	1,461	0.1	775,687	15,433	614,971	12,260
Office/outpatient visit est	99212	9,142,040	18,546	1.0	746,870	82	531,451	64
Bevacizumab injection	J9035	163,340	785	(4)	683,077	4,182	541,924	3,337
Infliximab injection	J1745	41,880	264	(4)	658,583	15,725	515,450	12,373
Emergency dept visit	99284	4,006,780	5,737	0.3	653,949	163	493,809	127
Injection, pegfilgrastim 6mg	J2505	65,140	240	(4)	629,895	9,670	499,293	7,686
Esrd srv 4 visits p mo 20+	90960	291,540	2,168	0.1	622,222	2,134	488,981	1,681
Office/outpatient visit new	99205	2,712,140	3,174	0.2	618,212	228	459,413	170
Nursing fac care subseq	99308	1,655,480	9,575	0.5	611,598	369	455,526	282
Nursing fac care subseq	99309	1,404,640	7,135	0.4	594,595	423	446,916	325
Eye exam established pat	92012	3,764,940	6,824	0.4	551,487	146	388,710	112
Psytch off 45-50 min	90806	628,760	6,653	0.4	527,461	839	274,382	452
Manual therapy	97140	1,336,540	18,649	1.0	492,254	368	385,718	292
Subsequent hospital care	99231	2,648,920	12,535	0.7	481,657	182	381,293	145
Chiropractic manipulation	98941	1,421,000	13,882	0.8	474,439	334	344,390	258
Total knee arthroplasty	27447	245,820	407	(4)	431,102	1,754	340,396	1,387
Drain/inject joint/bursa	20610	2,612,480	5,806	0.3	424,336	162	319,055	126
Screeningmammographydigital	G0202	5,235,300	5,483	0.3	390,776	75	389,633	74
Hospital discharge day	99239	2,587,360	3,693	0.2	375,713	145	298,091	116

NOTES: CPT only copyright 2010 American Medical Association. All Rights Reserved.

See footnotes at end of table.

Table 9.9--Continued
Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Leading
HCPCS Codes: Calendar Year 2011

Description	Code	Persons Served ¹	Services		Allowed Charges		Program Payments	
			Number in Thousands	Per-Cent	Amount in Thousands	Per Persons Served ¹	Amount in Thousands	Per Persons Served ²
Upper gi endoscopy biopsy	43239	1,375,980	1,995	0.1	\$364,037	\$265	\$284,371	\$207
Assay thyroid stim hormone	84443	9,924,500	15,099	0.8	355,985	36	355,437	36
Extracranial study	93880	2,684,100	3,126	0.2	348,156	130	265,789	101
Complete cbc w/auto diff wbc	85025	13,270,680	31,553	1.7	341,240	26	340,060	26
Pet image w/ct skull-thigh	78815	396,920	611	(4)	340,934	859	269,938	685
Hospital discharge day	99238	3,316,040	4,826	0.3	333,856	101	264,283	80

¹Includes 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.

²The average program payment per person served excludes beneficiaries who received covered services, but for whom no program payments were reported.

³The leading 50 HCPCS codes were selected based on the amount of allowed charges.

⁴Less than 0.05 percent.

NOTES: CPT only copyright 2010 American Medical Association. All Rights Reserved.

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