

Table 10.5
Hospital Outpatient Procedures, Covered Charges, and Program Payments for Medicare Beneficiaries, by the Leading Principal HCPCS
Surgical Procedures: Calendar Year 2012

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	---	3,810,033	\$9,879,533	\$4,550,517	\$1,908,520	\$2,593	\$515
Total Leading Principal HCPCS Surgical Procedures ¹	---	2,375,281	4,346,441	1,644,099	818,242	1,830	353
Capillary blood draw	36416	513,594	281,556	36,001	47,942	548	95
Deb subq tissue 20 sq cm/<	11042	357,932	614,945	233,229	109,694	1,718	318
Drain/inject joint/bursa	20610	140,895	130,541	40,034	37,847	927	271
Cataract surg w/iol 1 stage	66984	135,460	907,458	502,306	161,837	6,699	1,217
Draw blood off venous device	36591	102,008	450,004	5,194	86,094	4,411	861
Apply multilay comprs lwr leg	29581	98,114	82,014	16,768	17,894	836	185
Inj foramen epidural l/s	64483	89,009	257,054	189,527	45,369	2,888	523
Diagnostic colonoscopy	45378	84,235	258,452	125,315	39,851	3,068	488
Destruct premalg lesion	17000	83,541	29,425	5,344	10,488	352	128
Application of paste boot	29580	81,990	59,031	10,758	13,779	720	173
Debride nail 6 or more	11721	77,769	14,725	2,242	4,773	189	69
Inject spine l/s (cd)	62311	68,185	143,970	97,007	29,102	2,111	439
Repair superficial wound(s)	12001	58,742	66,474	915	9,202	1,132	160
Injection eye drug	67028	57,502	187,926	21,544	57,508	3,268	1,007
Inj paravert f jnt l/s 1 lev	64493	54,038	200,406	144,858	36,697	3,709	710
After cataract laser surgery	66821	50,110	89,743	67,196	14,396	1,791	291
Remove impacted ear wax	69210	46,704	13,166	2,343	3,951	282	88
Collect blood from picc	36592	39,715	185,634	5,414	26,944	4,674	692
Repair superficial wound(s)	12002	38,590	46,780	486	6,273	1,212	166
Insert temp bladder cath	51702	38,513	32,820	1,101	4,721	852	126
Uppr gi endoscopy diagnosis	43235	36,740	117,103	54,194	19,156	3,187	533
Diagnostic laryngoscopy	31575	32,904	16,850	4,664	5,435	512	168
Drainage of skin abscess	10060	29,926	31,996	2,596	5,036	1,069	172
Abd paracentesis w/imaging	49083	29,647	62,772	36,891	10,795	2,117	370
Cystoscopy	52000	29,418	65,595	38,170	13,457	2,230	464
Total All Other Procedures	---	1,434,752	5,533,092	2,906,418	1,090,278	3,856	786

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 2011 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association (AMA). Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and 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. 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 Standard Analytical Files; data development by the Office of Information Products & Data Analytics.