

Table 10.5
Hospital Outpatient Procedures, Covered Charges, and Program Payments for Medicare Beneficiaries, by the Leading Principal HCPCS Surgical Procedures: Calendar Year 2004

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	---	3,398,680	\$7,701,519	\$3,329,288	\$1,504,849	\$2,266	\$458
Total Leading Principal HCPCS Surgical Procedures ¹	---	2,033,080	3,701,134	1,627,806	679,766	1,820	345
Cataract surg w/iol, 1 stage	66984	461,600	2,032,949	984,399	355,476	4,404	787
Diagnostic colonoscopy	45378	267,320	453,602	179,056	72,282	1,697	279
Debride skin/tissue	11042	187,260	181,699	71,667	33,587	970	185
Inject spine l/s (cd)	62311	154,440	149,408	85,158	34,458	967	227
After cataract laser surgery	66821	88,840	91,337	64,692	15,730	1,028	180
Uppr gi endoscopy, diagnosis	43235	77,740	134,647	50,786	25,337	1,732	333
Debride skin, partial	11040	69,200	49,389	13,912	12,064	714	182
Debride skin, full	11041	69,160	61,391	19,046	12,895	888	196
Repair superficial wound(s)	12001	66,340	37,989	650	8,800	573	136
Application of paste boot	29580	63,720	40,728	3,837	10,724	639	174
Destroy benign/premly lesion	17000	53,000	11,326	2,865	4,414	214	85
Drain/inject, joint/bursa	20610	51,660	27,412	8,792	8,665	531	170
Repair superficial wound(s)	12002	46,360	28,047	283	6,081	605	135
Debride nail, 6 or more	11721	44,520	6,086	1,144	1,801	137	46
Remove impacted ear wax	69210	39,760	7,380	962	2,634	186	70
Upper GI endoscopy, biopsy	43239	39,000	92,161	34,811	12,938	2,363	340
Carpal tunnel surgery	64721	32,340	93,915	64,297	23,107	2,904	739
Cystoscopy	52000	31,080	49,691	30,641	10,632	1,599	350
Routine venipuncture	36415	30,080	23,613	2,505	3,190	785	121
Insert temp bladder cath	51702	29,600	15,114	302	2,608	511	92
Withdrawal of arterial blood	36600	29,580	45,229	913	6,712	1,529	235
Control of nosebleed	30901	29,540	15,054	368	3,870	510	134
Drainage of skin abscess	10060	24,100	13,150	1,608	3,385	546	145
Analyze spine infusion pump	62368	23,580	26,183	4,887	5,261	1,110	235
Repair superficial wound(s)	12011	23,260	13,633	224	3,114	586	137
Total All Other Procedures	---	1,365,600	4,000,385	1,701,481	825,084	2,929	627

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 2003 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 schedule 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 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 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.