

Table 9.9
Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Leading
HCPCS Codes: Calendar Year 2004

Description	Code	Persons Served ¹	Services		Allowed Charges		Program Payments	
			Number in Thousands	Per-cent	Amount In Thousands	Per Person Served ¹	Amount In Thousands	Per Person Served ¹
Total All HCPCS	---	32,961,620	1,662,332	100.0	#####	\$3,097	\$79,178,272	\$2,402
Total Leading 50 HCPCS ²	---	---	556,836	33.5	47,480,279	---	35,991,770	---
Office/outpatient visit, est	99213	25,047,120	111,424	6.7	5,694,906	227	3,961,871	158
Office/outpatient visit, est	99214	18,366,560	55,199	3.3	4,431,442	241	3,143,423	171
Subsequent hospital care	99232	5,400,940	50,277	3.0	2,772,727	513	2,201,125	408
Cataract surg w/iol, 1 stage	66984	1,318,500	3,237	0.2	2,237,662	1,697	1,773,844	1,345
Oxygen concentrator	E1390	1,249,220	10,087	0.6	2,229,181	1,784	1,750,278	1,401
Subsequent hospital care	99233	3,056,220	17,290	1.0	1,363,242	446	1,082,782	354
ALS1-emergency	A0427	2,582,780	3,813	0.2	1,286,967	498	1,018,226	394
Heart image (3d), multiple	78465	2,807,880	3,131	0.2	1,055,373	376	831,174	296
Non esrd epoetin alpha inj	Q0136	208,640	4,179	0.3	986,185	4,727	782,841	3,752
Emergency dept visit	99285	4,452,000	6,520	0.4	976,358	219	765,836	172
Office/outpatient visit, est	99212	11,784,440	26,187	1.6	946,017	80	669,811	57
Tissue exam by pathologist	88305	6,316,220	15,606	0.9	939,778	149	733,129	116
Office consultation	99244	4,592,320	5,516	0.3	925,674	202	705,989	154
Initial hospital care	99223	3,866,980	5,714	0.3	881,869	228	692,152	179
Eye exam & treatment	92014	8,086,540	9,452	0.6	853,646	106	580,593	72
Darbepoetin alfa injection	J0880	169,920	1,407	0.1	853,464	5,023	676,417	3,981
Blood glucose/reagent strips	A4253	3,007,720	22,680	1.4	849,353	282	641,385	213
Stnd wt pwr whlchr w control	K0011	161,800	172	(3)	822,063	5,081	653,471	4,039
Therapeutic exercises	97110	1,278,840	28,178	1.7	817,541	639	646,573	506
Office/outpatient visit, est	99215	4,803,500	6,955	0.4	815,984	170	584,265	122
bls	A0428	1,284,580	4,293	0.3	801,176	624	636,562	496

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 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
HCPCS Codes: Calendar Year 2004

			Services	Allowed Charges	Program Payments
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Description	Code	Persons Served ¹	Number in Thousands	Per-cent	Amount In Thousands	Per Person Served ¹	Amount In Thousands	Per Person Served ¹
Initial inpatient consult	99254	3,091,160	5,628	0.3	\$798,545	\$258	\$628,832	\$203
Echo exam of heart	93307	5,466,560	6,796	0.4	776,050	142	605,295	111
Subsequent hospital care	99231	3,441,920	20,663	1.2	683,351	199	541,693	157
Critical care, first hour	99291	997,000	2,965	0.2	609,961	612	484,552	486
Ground mileage	A0425	4,201,240	37,107	2.2	603,990	144	481,631	115
Ipratropium brom inh sol u d	J7644	679,920	3,568	0.2	594,467	874	471,401	693
Rituximab cancer treatment	J9310	37,280	1,350	0.1	590,757	15,846	469,657	12,598
Office consultation	99243	4,242,100	4,918	0.3	577,986	136	432,228	102
Leuprolide acetate suspnsion	J9217	173,800	1,393	0.1	573,248	3,298	454,219	2,613
Infliximab injection	J1745	45,160	256	(3)	555,252	12,295	431,035	9,545
Initial inpatient consult	99255	1,820,540	2,801	0.2	548,680	301	433,266	238
Nursing fac care, subseq	99312	1,773,880	9,878	0.6	545,536	308	405,438	229
Emergency dept visit	99284	4,024,260	5,533	0.3	524,812	130	403,600	100
ESRD related svcs 4+mo 20+yrs	G0317	238,140	1,654	0.1	500,468	2,102	396,779	1,666
Injection, pegfilgrastim 6mg	J2505	62,760	213	(3)	499,351	7,957	396,101	6,311
BLS-emergency	A0429	1,270,360	1,841	0.1	471,988	372	372,394	293
Office/outpatient visit, new	99203	4,395,440	5,013	0.3	465,925	106	320,610	73
Office consultation	99245	1,874,240	2,129	0.1	463,358	247	357,811	191
Mri brain w/o & w/ dye	70553	941,020	1,118	0.1	461,915	491	363,838	387
Hospital discharge day	99238	4,280,720	6,416	0.4	443,765	104	351,505	82
Psytx, off, 45-50 min	90806	474,520	5,099	0.3	435,486	918	210,613	444
Eye exam established pat	92012	4,100,540	6,924	0.4	433,677	106	304,540	74
Office/outpatient visit, new	99204	2,832,640	3,207	0.2	425,166	150	304,525	108
Albuterol inh sol u d	J7619	961,240	4,769	0.3	407,261	424	316,915	330

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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 2004

Description	Code	Persons Served ¹	Services		Allowed Charges		Program Payments	
			Number in Thousands	Per-cent	Amount In Thousands	Per Person Served ¹	Amount In Thousands	Per Person Served ¹
Chemotherapy,infusion method	96410	233,880	1,943	0.1	\$404,809	\$1,731	\$321,210	\$1,373

Chiropractic manipulation	98941	1,256,300	11,615	0.7	404,221	322	301,839	240
Initial hospital care	99222	2,579,740	3,486	0.2	383,991	149	299,507	116
Doppler color flow add-on	93325	5,450,000	6,876	0.4	379,213	70	300,879	55
Total knee arthroplasty	27447	226,400	360	(3)	376,442	1,663	298,110	1,317

¹Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than one service during the reporting year.

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

³Less than 0.05 percent.

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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.