

Table 10.5
Hospital Outpatient Procedures, Covered Charges, and Program Payments for Medicare Beneficiaries, by the Leading Principal HCPCS Surgical Procedures: Calendar Year 2009

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	---	2,993,600	\$7,367,661	\$3,274,278	\$1,534,118	\$2,461	\$529
Total Leading Principal HCPCS Surgical Procedures ¹	---	1,781,520	3,335,500	1,283,233	676,308	1,872	391
Debride skin/tissue	11042	250,460	356,005	149,659	68,326	1,421	283
Capillary blood draw	36416	215,340	129,146	17,981	22,314	600	106
Cataract surg w/iol, 1 stage	66984	178,480	1,035,998	542,036	201,860	5,805	1,152
Diagnostic colonoscopy	45378	127,760	326,752	147,880	51,574	2,558	419
Application of paste boot	29580	95,800	69,381	8,601	17,294	724	185
Drain/inject, joint/bursa	20610	85,360	66,617	20,060	20,731	780	245
Debride skin, full	11041	81,200	87,350	31,320	15,744	1,076	202
Debride skin, partial	11040	64,800	69,778	22,741	13,489	1,077	215
Draw blood off venous device	36591	59,780	297,523	5,184	74,249	4,977	1,270
Debride nail, 6 or more	11721	58,360	10,627	2,055	3,628	182	70
Destruct premalg lesion	17000	57,280	18,442	3,265	6,687	322	119
Repair superficial wound(s)	12001	54,480	49,844	688	8,365	915	158
Inject spine l/s (cd)	62311	54,460	74,613	42,866	20,449	1,370	384
After cataract laser surgery	66821	51,920	78,020	60,797	13,147	1,503	257
Uppr gi endoscopy, diagnosis	43235	45,240	116,583	46,906	21,504	2,577	488
Insert temp bladder cath	51702	41,560	35,448	948	6,370	853	159
Repair superficial wound(s)	12002	36,780	35,542	376	5,858	966	164
Remove impacted ear wax	69210	35,500	10,444	1,410	2,954	294	88
Injection eye drug	67028	30,480	101,723	15,402	33,222	3,337	1,102
Withdrawal of arterial blood	36600	28,940	73,214	1,677	10,824	2,530	386
Upper GI endoscopy, biopsy	43239	28,280	94,608	43,379	14,308	3,345	520
Control of nosebleed	30901	25,320	22,358	416	3,628	883	147
Carpal tunnel surgery	64721	25,200	115,944	83,670	25,073	4,601	1,016
Cystoscopy	52000	25,060	48,066	30,007	11,149	1,918	448
Diagnostic laryngoscopy	31575	23,680	11,473	3,909	3,561	485	154
Total All Other Procedures	---	1,212,080	4,032,161	1,991,045	857,809	3,327	732

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 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.

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.