

Table 10.5

Hospital Outpatient Procedures, Covered Charges, and Program Payments for Medicare Beneficiaries, by the Leading Principal HCPCS Surgical Procedures: Calendar Year 2005

Principal HCPCS Procedure	HCPCS Code	Number of Procedures
Total All Procedures	---	3,262,260
Total Leading Principal HCPCS Surgical Procedures ¹	---	1,947,620
Extracapsular Cataract Removal with Insertion of Intraocular Lens Prosthesis (One Stage Procedure), Manual or Mechanical Technique	66984	392,400
Colonoscopy, Flexible, Proximal to Splenic Flexure; Diagnostic, with or without Collection of Specimen(s), with or without Colon Decompression	45378	241,140
Debridement; Skin, and Subcutaneous Tissue	11042	209,380
Injection, Single, of Diagnostic or Therapeutic Substances, Epidural or Subarachnoid; Lumbar Sacral (Caudal)	62311	125,080
Strapping; Unna Boot	29580	78,260
Discission of Secondary Membranous Cataract; Laser Surgery (One or More Stages)	66821	76,960
Debridement; Skin, Full Thickness	11041	72,040
Debridement; Skin, Partial Thickness	11040	71,780
Upper Gastrointestinal Endoscopy Including Esophagus, Stomach, and Either the Duodenum and/or Jejunum as Appropriate; Diagnostic, with or without Collection of Specimen(s)	43235	67,780
Simple Repair of Superficial Wounds of Scalp, Neck, Axillae, External Genitalia, Trunk and/or Extremities (Including Hands and Feet); 2.5 cm or Less	12001	65,420
Arthrocentesis, Aspiration and/or Injection; Major Joint or Bursa	20610	60,060
Destruction by any Method, Including, Laser, with or without Surgical Curettement, all Benign or Premalignant Lesions other than Skin Tags	17000	57,860
Simple Repair of Superficial Wounds of Scalp, Neck, Axillae, External Genitalia, Trunk and/or Extremities (Including Hands and Feet); 2.6 cm to 7.5 cm	12002	44,700
Debridement of Nails by any Method(s); Six or More	11721	44,160
Removal Impacted Cerumen (Separate Procedure), One or Both Ears	69210	40,820
See footnotes at end of table.		

Table 10.5—Continued
Hospital Outpatient Procedures, Covered Charges, and Program Payments for Medicare Beneficiaries, by the Leading Principal HCPCS Surgical Procedures: Calendar Year 2005

Covered Charges in Thousands	Operating Room Charges in Thousands	Program Payments in Thousands	Average Covered Charge per Procedure	Average Program Payment per Procedure ²
\$7,331,073	\$3,274,743	\$1,473,126	\$2,247	\$467
3,678,618	1,580,297	702,884	1,889	373
1,804,114	904,234	335,372	4,598	875
445,502	187,986	73,168	1,847	314
235,510	91,458	42,118	1,125	210
125,782	71,277	30,984	1,006	254
55,183	6,073	14,677	705	195
88,346	61,560	15,264	1,148	201
67,020	24,139	13,009	930	189
55,244	14,651	13,279	770	191
126,243	49,606	24,681	1,863	371
42,076	1,031	9,416	643	148
36,213	12,432	11,154	603	188
14,177	3,839	4,915	245	88
29,545	211	6,608	661	153
6,877	1,528	1,964	156	50
8,129	989	2,768	199	71

Table 10.5—Continued
Hospital Outpatient Procedures, Covered Charges, and Program Payments for Medicare Beneficiaries, by the Leading Principal HCPCS Surgical Procedures: Calendar Year 2005

Principal HCPCS Procedure	HCPCS Code	Number of Procedures
Upper Gastrointestinal Endoscopy Including Esophagus, Stomach, and Either the Duodenum and/or Jejunum as Appropriate; Diagnostic, with Biopsy, Single or Multiple	43239	37,480
Arterial Puncture, Withdrawal of Blood for Diagnoses	36600	34,620
Control Nasal Hemorrhage, Anterior, Simple (Limited Cautery and/or Packing) any Method	30901	32,120
Collection of Capillary Blood Specimen (eg, Finger, Heel, Ear Stick)	36416	30,420
Insertion of Temporary Indwelling Bladder Catheter; Simple	51702	30,300
Neuroplasty and/or Transposition; Median Nerve at Carpal Tunnel	64721	28,200
Electronic Analysis of Programmable, Implanted Pump for Intrathecal or Epidural Drug Infusion (Includes Evaluation of Reservoir Status, Alarm Status, Drug Prescription Status); with Reprogramming	62368	27,640
Cystourethroscopy (Separate Procedure)	52000	27,140
Collection of Blood Specimen from a Completely Implantable Venus Access Device	36540	26,120
Introduction of Needle or Intracatheter, Vein	36000	25,740
Total All Other Procedures	---	1,314,640

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 2005 American Medical Association All Rights Reserved (or such other data of publication of CPT). CPT is a trademark of the American Medical Association (AMA). For fuller 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 Medicare Data Extract System; data development by the Office of Research, Development, and Information.

Table 10.5—Continued
Hospital Outpatient Procedures, Covered Charges, and Program Payments for Medicare Beneficiaries, by the Leading Principal HCPCS Surgical Procedures: Calendar Year 2005

Covered Charges in Thousands	Operating Room Charges in Thousands	Program Payments in Thousands	Average Covered Charge per Procedure	Average Program Payment per Procedure ²
\$98,185	\$37,526	\$13,927	\$2,620	\$383
62,973	1,918	9,027	1,819	268
18,198	390	4,257	567	137
17,156	4,348	3,117	564	106
17,692	452	2,865	584	104
93,883	64,786	22,556	3,329	816
32,411	8,307	5,634	1,173	214
40,488	24,921	9,291	1,492	351
83,869	579	20,854	3,211	847
73,802	6,054	11,979	2,867	486
3,652,455	1,694,446	770,242	2,778	607