

Table 10.5
Hospital Outpatient Procedures, Covered Charges, and Program Payments for Medicare Beneficiaries, by the Leading Principal HCPCS Surgical Procedures: Calendar Year 2006

Principal HCPCS Procedure	HCPCS Code	Number of Procedures
Total All Procedures	---	3,098,580
Total Leading Principal HCPCS Surgical Procedures ¹	---	1,880,980
Extracapsular Cataract Removal with Insertion of Intraocular Lens Prosthesis (One Stage Procedure), Manual or Mechanical Technique	66984	300,880
Debridement; Skin, and Subcutaneous Tissue	11042	234,280
Colonoscopy, Flexible, Proximal to Splenic Flexure; Diagnostic, with or without Collection of Specimen(s), with or without Colon Decompression	45378	208,000
Injection, Single, of Diagnostic or Therapeutic Substances, Epidural or Subarachnoid; Lumbar Sacral (Caudal)	62311	100,300
Strapping; Unna Boot	29580	90,840
Debridement; Skin, Full Thickness	11041	81,820
Collection of Capillary Blood Specimen (eg, Finger, Heel, Ear Stick)	36416	78,160
Debridement; Skin, Partial Thickness	11040	72,620
Discission of Secondary Membranous Cataract; Laser Surgery (One or More Stages)	66821	69,040
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	64,660
Destruction by any Method, Including, Laser, with or without Surgical Curettement, all Benign or Premalignant Lesions other than Skin Tags	17000	64,360
Upper Gastrointestinal Endoscopy Including Esophagus, Stomach, and Either the Duodenum and/or Jejunum as Appropriate; Diagnostic, with or without Collection of Specimen(s)	43235	63,360
Arthrocentesis, Aspiration and/or Injection; Major Joint or Bursa	20610	63,220
Debridement of Nails by any Method(s); Six or More	11721	43,300
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	41,780
Removal Impacted Cerumen (Separate Procedure), One or Both Ears	69210	39,940

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 2006

Covered Charges in Thousands	Operating Room Charges in Thousands	Program Payments in Thousands	Average Covered Charge per Procedure	Average Program Payment per Procedure ²
\$6,751,213	\$3,103,588	\$1,397,512	\$2,179	\$464
3,363,643	1,455,600	655,453	1,788	358
1,454,412	743,460	278,040	4,834	940
292,525	119,649	55,643	1,249	246
415,588	177,000	67,859	1,998	335
108,957	63,005	28,328	1,086	289
57,673	8,003	15,373	635	174
78,043	31,547	15,267	954	194
37,078	7,955	6,335	474	83
71,037	20,725	14,744	978	210
80,505	60,370	14,111	1,166	206
45,538	1,160	9,389	704	149
18,206	4,764	5,976	283	95
129,227	50,106	24,267	2,040	391
39,947	14,291	12,727	632	204
7,524	1,613	2,319	174	59
32,647	507	6,682	781	164
8,406	872	2,893	210	76

Table 10.5—Continued
Hospital Outpatient Procedures, Covered Charges, and Program Payments for Medicare Beneficiaries, by the Leading Principal HCPCS Surgical Procedures: Calendar Year 2006

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	35,020
Insertion of Temporary Indwelling Bladder Catheter; Simple	51702	34,600
Collection of Blood Specimen from a Completely Implantable Venus Access Device	36540	31,840
Arterial Puncture, Withdrawal of Blood for Diagnoses	36600	30,900
Control Nasal Hemorrhage, Anterior, Simple (Limited Cautery and/or Packing) any Method	30901	28,380
Neuroplasty and/or Transposition; Median Nerve at Carpal Tunnel	64721	28,320
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	25,580
Cystourethroscopy (Separate Procedure)	52000	25,440
Incision and Drainage of Abscess; Simple or Single	10060	24,340
Total All Other Procedures	---	1,217,600

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 2006 American Medical Association All Rights Reserved (or such other date of publication of CPT). CPT is a trademark of the American Medical Association (AMA). 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 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 2006

Covered Charges in Thousands	Operating Room Charges in Thousands	Program Payments in Thousands	Average Covered Charge per Procedure	Average Program Payment per Procedure ²
\$95,898	\$37,120	\$14,046	\$2,738	\$411
19,778	637	3,818	572	114
101,992	2,209	21,515	3,203	703
59,854	1,403	8,899	1,937	297
18,018	427	3,651	635	132
101,478	71,854	24,073	3,583	861
30,710	7,270	6,353	1,201	263
40,967	26,188	9,392	1,610	373
17,635	3,467	3,753	725	158
3,387,569	1,647,988	742,059	2,782	629