

Table 10.5

Hospital Outpatient Procedures, Covered Charges, and Program Payments for Medicare Beneficiaries, by the Leading Principal HCPCS Surgical Procedures: Calendar Year 2008

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	---	2,929,380	\$7,002,364	\$3,185,374	\$1,454,138	\$2,390	\$513
Total Leading Principal HCPCS Surgical Procedures ¹	---	1,739,760	3,284,098	1,310,533	659,506	1,888	391
Debridement; Skin, and Subcutaneous Tissue	11042	224,740	295,909	120,850	56,459	1,317	262
Extracapsular Cataract Removal with Insertion of Intraocular Lens Prosthesis (One Stage Procedure), Manual or Mechanical Technique	66984	215,920	1,176,219	608,471	229,557	5,447	1,084
Collection of Capillary Blood Specimen (eg, Finger, Heel, Ear Stick)	36416	151,600	79,064	14,578	13,192	522	89
Colonoscopy, Flexible, Proximal to Splenic Flexure; Diagnostic, with or without Collection of Specimen(s), with or without Colon Decompression	45378	147,160	343,457	153,231	54,842	2,334	384
Strapping; Unna Boot	29580	102,860	68,810	8,788	17,860	669	178
Debridement; Skin, Full Thickness	11041	77,960	88,509	34,428	14,904	1,135	200
Arthrocentesis, Aspiration and/or Injection; Major Joint or Bursa	20610	74,720	51,170	15,131	15,574	685	210
Injection, Single, of Diagnostic or Therapeutic Substances, Epidural or Subarachnoid; Lumbar Sacral (Caudal)	62311	69,500	91,121	55,547	25,181	1,311	371
Debridement; Skin, Partial Thickness	11040	63,300	59,585	22,417	11,684	941	192
Destruction by any Method, Including, Laser, with or without Surgical Curettement, all Benign or Premalignant Lesions other than Skin Tags	17000	56,620	17,421	3,738	5,781	308	104
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	55,080	45,801	504	7,729	832	145
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 2008**

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
Collection of Blood Specimen from a Completely Implantable Venous Access Device	36591	54,320	\$238,600	\$2,456	\$58,654	\$4,393	1,099
Debridement of Nails by any Method(s); Six or More	11721	52,460	10,601	1,862	3,104	202	67
Discission of Secondary Membranous Cataract; Laser Surgery (One or More Stages)	66821	51,600	70,622	53,640	12,209	1,369	240
Upper Gastrointestinal Endoscopy Including Esophagus, Stomach, and Either the Duodenum and/or Jejunum as Appropriate; Diagnostic, with or without Collection of Specimen(s)	43235	47,860	113,483	46,738	21,196	2,371	453
Insertion of Temporary Indwelling Bladder Catheter; Simple	51702	37,820	27,686	480	4,688	732	129
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	36,740	34,218	216	5,619	931	159
Removal Impacted Cerumen (Separate Procedure), One or Both Ears	69210	33,900	9,079	1,339	2,683	268	84
Arterial Puncture, Withdrawal of Blood for Diagnoses	36600	30,040	64,399	1,004	9,732	2,144	337
Upper Gastrointestinal Endoscopy Including Esophagus, Stomach, and Either the Duodenum and/or Jejunum as Appropriate; Diagnostic, with Biopsy, Single or Multiple	43239	29,280	93,472	42,376	13,750	3,192	481
Intravitreal Injection of a Pharmacologic Agent (Separate Procedure) See footnotes at end of table.	67028	28,600	103,970	14,830	32,998	3,635	1,167

Table 10.5—Continued

**Hospital Outpatient Procedures, Covered Charges, and Program Payments for Medicare Beneficiaries, by the Leading Principal HCPCS
Surgical Procedures: Calendar Year 2008**

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
Neuroplasty and/or Transposition; Median Nerve at Carpal Tunnel	64721	25,760	\$106,294	\$75,462	\$24,080	\$4,126	\$953
Control Nasal Hemorrhage, Anterior, Simple (Limited Cautery and/or Packing) any Method	30901	25,720	19,100	486	3,362	743	136
Cystourethroscopy (Separate Procedure)	52000	23,200	41,801	25,519	8,542	1,802	373
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	23,000	33,707	6,442	6,125	1,466	288
Total All Other Procedures	---	1,189,620	3,718,266	1,874,841	794,632	3,126	691

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 2007 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.