

**Medicare Leading Part B Procedure Codes Based on Allowed Charges
Calendar Year 2002**

Procedure Code		Allowed Charges	Percent of Allowed Charges ¹
All Procedure Codes ² (Levels I, II, and III)		\$83,399,058,271	100.0
Leading Procedure Codes ³ (Level I only)		38,508,412,766	46.2
99213	Office/outpatient visit, est	5,135,909,899	6.2
99214	Office/outpatient visit, est	3,374,687,464	4.0
99232	Subsequent hospital care	2,439,627,530	2.9
66984	Cataract surg w/iol, 1 stage	2,020,055,245	2.4
99233	Subsequent hospital care	1,103,828,725	1.3
99212	Office/outpatient visit, est	992,799,175	1.2
88305	Tissue exam by pathologist	823,574,116	1.0
99223	Initial hospital care	773,825,023	0.9
99231	Subsequent hospital care	754,566,852	0.9
92014	Eye exam & treatment	740,852,726	0.9
99285	Emergency dept visit	740,027,676	0.9
99244	Office consultation	732,774,369	0.9
78465	Heart image (3d), multiple	708,643,047	0.8
99215	Office/outpatient visit, est	684,729,538	0.8
99254	Initial inpatient consult	673,635,373	0.8
93307	Echo exam of heart	603,149,408	0.7
90921	ESRD related services, month	540,802,671	0.6
99284	Emergency dept visit	492,134,457	0.6
97110	Therapeutic exercises	486,199,885	0.6
99243	Office consultation	473,541,460	0.6
99255	Initial inpatient consult	471,032,245	0.6
99312	Nursing fac care, subseq	463,148,503	0.6
99291	Critical care, first hour	448,933,130	0.5
99238	Hospital discharge day	417,207,776	0.5
99203	Office/outpatient visit, new	415,505,718	0.5

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Procedure Code	Description	Allowed Charges	Percent of Allowed Charges ¹
92012	Eye exam established pat	390,720,583	0.5
99222	Initial hospital care	378,406,679	0.5
99245	Office consultation	373,237,844	0.4
99204	Office/outpatient visit, new	371,364,372	0.4
90806	Psytx, off, 45-50 min	368,294,082	0.4
45378	Diagnostic colonoscopy	347,733,934	0.4
70553	Mri brain w/o&w dye	333,649,737	0.4
27447	Total knee arthroplasty	300,343,123	0.4
99253	Initial inpatient consult	297,960,606	0.4
98941	Chiropractic manipulation	297,305,864	0.4
99283	Emergency dept visit	295,402,782	0.4
93325	Doppler color flow add-on	276,148,257	0.3
76092	Mammogram, screening	274,257,424	0.3
71020	Chest x-ray	272,646,517	0.3
93000	Electrocardiogram, complete	271,240,550	0.3
45385	Lesion removal colonoscopy	270,247,820	0.3
93320	Doppler echo exam, heart	265,674,391	0.3
66821	After cataract laser surgery	255,897,932	0.3
17000	Destroy benign/premalignant lesion	253,307,625	0.3
43239	Upper GI endoscopy, biopsy	250,263,546	0.3
92980	Insert intracoronary stent	240,294,372	0.3
77427	Radiation tx management, x5	236,172,618	0.3
93510	Left heart catheterization	229,401,226	0.3
80061	Lipid panel	228,619,508	0.3
90862	Medication management	228,461,192	0.3
33533	CABG, arterial, single	228,402,806	0.3
72148	Mri lumbar spine w/o dye	227,710,995	0.3
93880	Extracranial study	226,477,543	0.3
84443	Assay thyroid stim hormone	223,164,591	0.3
99211	Office/outpatient visit, est	221,179,928	0.3
92004	Eye exam, new patient	220,169,479	0.3
11721	Debride nail, 6 or more	218,294,303	0.3
20610	Drain/inject, joint/bursa	213,397,608	0.3

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Procedure Code	Description	Allowed Charges	Percent of Allowed Charges ¹
99311	Nursing fac care, subseq	211,057,433	0.3
17003	Destroy lesions, 2-14	197,261,378	0.2
80053	Comprehen metabolic panel	194,865,256	0.2
76075	Dexa, axial skeleton study	193,387,505	0.2
99313	Nursing fac care, subseq	189,528,593	0.2
98940	Chiropractic manipulation	187,905,863	0.2
93015	Cardiovascular stress test	179,759,402	0.2
74160	Ct abdomen w/dye	177,912,842	0.2
72193	Ct pelvis w/dye	177,079,140	0.2
99205	Office/outpatient visit, new	175,952,987	0.2
99202	Office/outpatient visit, new	174,058,439	0.2
14200	Anesth, lens surgery	172,518,064	0.2
71010	Chest x-ray	172,391,616	0.2
70450	Ct head/brain w/o dye	172,049,065	0.2
52000	Cystoscopy	168,374,042	0.2
45380	Colonoscopy and biopsy	167,269,293	0.2

¹ Allowed charges for leading Level I procedure codes are shown as a percent of all physician and supplier allowed charges (Levels I, II, and III) submitted to Part B carriers.

² The total number of procedure codes (Levels I, II and III) is 11,261.

³ Allowed charges were aggregated by procedure code and include both the physician and ASC allowed charges. The above listed 74 procedure codes (out of a total of 8,031 Level I codes) account for approximately 46% of all allowed charges.

NOTES: The Current Procedural Terminology (CPT) codes, descriptions and other data only are Copyright 2001 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 fuller description of each procedure, see the above publication.

SOURCE: CMS/OIS

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