

**MEDICARE PHYSICIAN/SUPPLIER LEADING PROCEDURES DATA RANKED BY ALLOWED CHARGES
CALENDAR YEAR 2006**

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges
All Procedure Codes (Levels I, II, and III)		\$110,388,233,006	100.0
Leading Procedure Codes (Level I only)		\$48,716,360,495	44.1
99213	Office/outpatient visit, est	\$5,496,457,463	5.0
99214	Office/outpatient visit, est	\$5,080,249,491	4.6
99232	Subsequent hospital care	\$2,907,478,264	2.6
66984	Cataract surg w/iol, 1 stage	\$2,235,129,492	2.0
99233	Subsequent hospital care	\$1,530,492,829	1.4
78465	Heart image (3d), multiple	\$1,164,554,830	1.1
88305	Tissue exam by pathologist	\$1,116,941,576	1.0
99285	Emergency dept visit	\$1,116,234,823	1.0
99244	Office consultation	\$1,030,345,644	0.9
92014	Eye exam & treatment	\$936,389,510	0.8
99215	Office/outpatient visit, est	\$915,486,489	0.8
99223	Initial hospital care	\$897,102,093	0.8
99212	Office/outpatient visit, est	\$863,048,516	0.8
93307	Echo exam of heart	\$861,824,539	0.8
99254	Initial inpatient consult	\$841,207,072	0.8
97110	Therapeutic exercises	\$825,402,400	0.7
99291	Critical care, first hour	\$753,275,356	0.7
99243	Office consultation	\$612,911,537	0.6
99231	Subsequent hospital care	\$610,349,516	0.6
77418	Radiation tx delivery, imrt	\$585,740,159	0.5
99255	Initial inpatient consult	\$575,826,535	0.5
99284	Emergency dept visit	\$518,306,946	0.5
70553	Mri brain w/o & w/dye	\$517,349,900	0.5
99245	Office consultation	\$502,416,384	0.5
99203	Office/outpatient visit, new	\$489,145,561	0.4
90806	Psytx, off, 45-50 min	\$480,537,447	0.4
98941	Chiropractic manipulation	\$478,508,428	0.4

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99308	Nursing fac care, subseq	\$474,315,394	0.4
92012	Eye exam established pat	\$444,521,501	0.4
93880	Extracranial study	\$443,177,686	0.4
99204	Office/outpatient visit, new	\$437,811,547	0.4
93325	Doppler color flow add-on	\$435,665,545	0.4
99238	Hospital discharge day	\$423,455,424	0.4
78815	Tumorimage pet/ct skul-thigh	\$421,587,394	0.4
27447	Total knee arthroplasty	\$411,219,776	0.4
93320	Doppler echo exam, heart	\$385,946,854	0.3
99309	Nursing fac care, subseq	\$381,736,857	0.3
96413	Chemo, iv infusion, 1 hr	\$378,782,521	0.3
45378	Diagnostic colonoscopy	\$371,208,903	0.3
99222	Initial hospital care	\$367,111,531	0.3
72148	Mri lumbar spine w/o dye	\$364,529,216	0.3
43239	Upper GI endoscopy, biopsy	\$353,433,907	0.3
99253	Initial inpatient consult	\$331,496,930	0.3
85025	Complete cbc w/auto diff wbc	\$326,629,682	0.3
20610	Drain/inject, joint/bursa	\$326,516,524	0.3
45385	Lesion removal colonoscopy	\$319,832,575	0.3
92980	Insert intracoronary stent	\$317,824,012	0.3
84443	Assay thyroid stim hormone	\$298,862,150	0.3
97140	Manual therapy	\$298,195,098	0.3
93000	Electrocardiogram, complete	\$293,936,837	0.3
80061	Lipid panel	\$288,598,658	0.3
93510	Left heart catheterization	\$288,354,781	0.3
99283	Emergency dept visit	\$283,984,104	0.3
11721	Debride nail, 6 or more	\$279,675,097	0.3
66821	After cataract laser surgery	\$277,311,465	0.3
17000	Destroy benign/premly lesion	\$277,290,529	0.3
71020	Chest x-ray	\$277,088,673	0.3
45380	Colonoscopy and biopsy	\$276,156,559	0.3

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Procedure Code	Description	Allowed Charges	Percent of Allowed Charges
80053	Comprehen metabolic panel	\$273,941,991	0.2
90862	Medication management	\$267,439,297	0.2
76075	Dxa bone density, axial	\$265,800,415	0.2
17304	1 stage mohs, up to 5 spec	\$265,182,956	0.2
76092	Mammogram, screening	\$257,663,416	0.2
92004	Eye exam, new patient	\$253,575,066	0.2
99239	Hospital discharge day	\$251,268,874	0.2
71260	Ct thorax w/dye	\$244,720,224	0.2
72193	Ct pelvis w/dye	\$244,265,198	0.2
93015	Cardiovascular stress test	\$242,422,464	0.2
74160	Ct abdomen w/dye	\$239,223,654	0.2
70450	Ct head/brain w/o dye	\$236,242,425	0.2
77427	Radiation tx management, x5	\$226,943,322	0.2
78478	Heart wall motion add-on	\$222,969,509	0.2
78480	Heart function add-on	\$219,524,985	0.2
99211	Office/outpatient visit, est	\$206,206,169	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 13,617.

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 8,674 Level I codes) account for approximately 44% of all allowed charges.

NOTES: The Current Procedural Terminology (CPT) codes, descriptions and other data only are Copyright 2005 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/ORDI

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