

**Medicare Leading Part B Procedure Codes Based on Allowed Charges
Calendar Year 2000**

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges ¹
All Procedure Codes ²		\$67,102,165,000	100.0
Leading Procedure Codes ³		32,847,084,678	49.0
99213	Office/outpatient evaluation and management, established patient, level 3	4,223,341,524	6.3
99214	Evaluation and Management, established patient, level 4	2,536,736,293	3.8
99232	Subsequent hospital care, per day, evaluation and management, level 2	2,127,965,468	3.2
66984	Remove cataract, insert lens	1,880,120,539	2.8
99233	Subsequent hospital care, per day, evaluation and management, level 2	973,451,372	1.5
99212	Office/outpatient visit, est	955,833,657	1.4
99231	Subsequent hospital care, per day, evaluation and management, level 1	847,597,401	1.3
99223	Initial hospital care for evaluation and management, level 3	703,906,975	1.0
88305	Level II - Surgical pathology, gross and microscopic examination	638,755,359	1.0
99215	Office/outpatient evaluation and management, established patient, level 5	592,998,991	0.9
99254	Initial inpatient consultation for a new or established patient, level 4	591,364,609	0.9
99285	Emergency department evaluation and management, level 5	559,847,501	0.8
99244	Office consultation for a new or established patient, level 4	557,853,681	0.8
93307	Echocardiography, real-time with image documentation (2D), complete	539,909,917	0.8
92014	Eye exam & treatment	525,895,555	0.8
78465	Heart image (3D) multiple	494,728,742	0.7
90921	ESRD related services, age 20 and over	465,922,117	0.7
99284	Emergency dept visit	463,404,085	0.7
99255	Initial inpatient consultations	418,747,893	0.6
99312	Subsequent nursing facility care, per day, for evaluation, level 3	396,627,459	0.6
99238	Emergency department evaluation and management, level 3	395,990,062	0.6
99222	Initial hospital care, for evaluation and management, level 2	373,107,876	0.6
99243	Office consultation, established patient, moderate severity, 40 minutes	370,798,765	0.6
99203	Office/outpatient visit, new, evaluation and management, low complexity	353,717,944	0.5
99204	Office/outpatient visit, new, evaluation and management, moderate complexity	327,548,271	0.5

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99291	Critical care, including the diagnostic and therapeutic services	326,447,682	0.5
90806	Psychotherapy, office, 45-50 min	312,174,952	0.5
99283	Emergency department evaluation and management, level 3	301,983,715	0.5
99245	Office consultation for a new or established patient, level 5	301,355,438	0.4
45378	Diagnostic colonoscopy	284,386,584	0.4
92012	Ophthalmological medical exam/evaluation, established patient	281,907,770	0.4
99253	Initial inpatient consultation, new, evaluation and management	278,375,641	0.4
93000	Electrocardiogram, complete with at least 12 leads, interpretation & report	271,434,027	0.4
71020	Radiologic examination, chest, two views, frontal and lateral	271,305,184	0.4
97110	Therapeutic exercises, one or more areas, 15 minutes each	267,144,847	0.4
27447	Arthroplasty, knee, condyle and plateau	265,329,937	0.4
92980	Insert intracoronary stent, single vessel	262,777,483	0.4
70553	Magnetic image, brain	254,434,766	0.4
33533	Coronary artery bypass, using arterial graft(s); single arterial graft	246,824,243	0.4
93320	Doppler echo exam, heart, pulsed wave and/or continuous wave	231,036,365	0.3
99311	Subsequent nursing facility care, per day, for evaluation, level 1	228,783,909	0.3
11721	Debride nail, 6 or more	228,025,814	0.3
45385	Colonoscopy, with removal of tumor, polyp, or lesion	219,251,836	0.3
93510	Left heart catheterization, retrograde, from aortic, axillary or femoral artery	217,481,815	0.3
43239	Upper GI endoscopy, including esophagus biopsy	217,197,853	0.3
93325	Doppler color flow velocity mapping	211,104,364	0.3
98941	Chiropractic manipulation, three to four regions	209,245,994	0.3
90862	Medication management including prescription use and review of medication	205,054,312	0.3
66821	Laser surgery (YAG laser), one or more stages	203,022,222	0.3
77427	Radiation tx management, x5	200,080,311	0.3
93880	Duplex scan of extracranial arteries, complete bilateral study	193,858,820	0.3
20610	Drain/inject, joint/bursa	185,670,279	0.3
76092	Mammogram, screening	183,185,932	0.3
99211	Office/outpatient visit, established patient	180,540,566	0.3
98940	Chiropractic manipulation	177,432,333	0.3
99202	Office/Outpatient visit, new patient	174,300,899	0.3

Medicare Leading Part B Procedure Codes Based on Allowed Charges (continued)
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Procedure Code	Description	Allowed Charges	Percent of Allowed Charges ¹
93010	Electrocardiogram, interpretation and report only	173,187,629	0.3
00142	Anesth., lens surgery	171,580,376	0.3
17000	Destroy benign/premalignant lesion	170,174,435	0.3
99205	Office/outpatient visit, new	169,942,378	0.3
84443	Thyroid stimulating hormone (TSH)	168,248,231	0.3
72148	Magnetic image, lumbar spine	167,102,507	0.2
80061	Lipid panel	164,414,150	0.2
71010	Chest x-ray, single view, frontal	161,501,989	0.2
92004	Eye exam, new patient	161,306,060	0.2
93015	Cardiovascular stress test with physician supervision	155,246,561	0.2
76075	Dual energy x-ray study	149,456,480	0.2
70450	CT scan of head or brain	141,287,536	0.2
74160	CT abdomen w/dye	140,743,009	0.2
17003	Destroy lesions, 2-14	139,897,480	0.2
99313	Subsequent nursing facility care, per day, for evaluation, level 1	136,990,490	0.2
00562	Anesth., open heart surgery	133,595,710	0.2
72193	CT pelvis w/dye	129,024,466	0.2
99242	Office consultation	128,939,186	0.2
45380	Colonoscopy and biopsy	128,841,632	0.2
27130	Total hip replacement	127,275,099	0.2
52000	Cystoscopy	126,001,325	0.2

¹ Allowed charges are shown as a percent of all physician and supplier allowed charges submitted to Part B carriers.

² The total number of procedure codes is approximately 10,000.

³ Allowed charges were aggregated by procedure code. The above listed 77 procedure codes account for approximately 49% of the allowed charges.

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SOURCE: CMS/OIS

September 2002