

Table 9.9
Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Leading HCPCS Codes: Calendar Year 2005

Description	Code	Persons Served ¹	Services		Allowed Charges		Program Payments	
			Number in Thousands	Per-cent	Amount In Thousands	Per Person Served ¹	Amount In Thousands	Per Person Served ¹
Total All HCPCS	---	33,434,580	1,766,256	100.0	\$108,052,939	\$3,232	\$83,747,781	\$2,505
Total Leading 50 HCPCS ²	---	---	578,457	32.8	49,793,703	---	37,651,416	---
Office/outpatient visit for evaluation and management, established patient, level 3	99213	25,247,920	111,450	6.3	5,710,381	226	3,945,951	156
Office/outpatient visit for evaluation and management, established patient, level 4	99214	19,289,940	59,627	3.4	4,823,282	250	3,404,345	176
Subsequent hospital care, per day, evaluation and management, level 2	99232	5,504,680	51,525	2.9	2,886,158	524	2,290,903	416
Extracapsular cataract removal with insertion of IOL	66984	1,312,360	3,290	0.2	2,277,937	1,736	1,802,630	1,374
Oxygen concentrator, for delivery of 85 percent or greater oxygen	E1390	1,354,260	11,028	0.6	2,252,829	1,664	1,763,597	1,302
Ambulance service, ALS, emergency transport, level 1	A0427	2,756,960	4,104	0.2	1,479,680	537	1,169,922	424
Subsequent hospital care, per day, evaluation and management, level 3	99233	3,180,960	18,096	1.0	1,451,840	456	1,152,675	362
Myocardial perfusion imaging; tomographic, multiple studies, at rest of stress	78465	2,899,220	3,309	0.2	1,134,995	391	892,904	308
Emergency department visit for evaluation and management of patient, level 5	99285	4,810,260	7,158	0.4	1,087,711	226	851,397	177
Level IV-Surgical pathology, gross and microscopic examination	88305	6,537,880	16,540	0.9	1,070,007	164	835,471	128
Office consultation new or established patient, level 4	99244	4,873,820	5,889	0.3	1,001,774	206	760,310	156
Ambulance service, BLS, non-emergency transport	A0428	1,354,140	4,894	0.3	962,442	711	764,955	565
See footnotes at end of table.								

Table 9.9—Continued
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Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength endurance, range of motion and flexibility	97110	1,478,100	33,655	1.9	\$958,855	\$649	\$756,649	\$512
Office/outpatient visit for evaluation and management, established patient, level 2	99212	11,514,600	25,180	1.4	932,992	81	659,354	57
Ophthalmological examination and evaluation, comprehensive, established patient	92014	8,368,120	9,832	0.6	918,084	110	622,825	74
Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	A4253	3,243,540	24,981	1.4	912,465	281	687,459	212
Initial hospital care for evaluation and management, level 3	99223	3,930,500	5,806	0.3	910,462	232	713,412	182
Standard-weight frame motorized/power wheelchair with programmable control parameters	K0011	178,120	188	(3)	889,887	4,996	707,866	3,974
Office/outpatient visit for evaluation and management, established patient, level 5	99215	4,966,480	7,296	0.4	865,553	174	615,343	124
Injection, darbepoetin alfa, 5mcg	J0880	207,200	1,631	0.1	863,831	4,169	683,582	3,299
Initial inpatient consultation, new or established patient, level 4	99254	3,157,080	5,834	0.3	838,929	266	659,905	209
Echocardiography, transthoracic	93307	5,721,980	7,319	0.4	830,442	145	646,263	113
Rituximab, 100 mg.	J9310	43,140	1,585	0.1	794,184	18,409	632,588	14,664
Injection, epoetin alpha, (non ESRD use), per 1,000 units	Q0136	204,420	3,751	0.2	767,538	3,755	608,716	2,978

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Transportation services, ground mileage, per statute mile	A0425	4,416,280	41,196	2.3	\$734,937	\$166	\$586,204	\$133
Critical care, evaluation and management of critically ill or injured patient; first 30-74 minutes	99291	1,110,360	3,262	0.2	687,552	619	546,080	492
Subsequent hospital care, per day, evaluation and management, level 1	99231	3,361,620	19,286	1.1	654,005	195	518,007	154
Office consultation, new or established patient, level 3	99243	4,423,760	5,125	0.3	613,599	139	455,533	103
Initial inpatient consultation, new or established patient, level 5	99255	1,875,460	2,927	0.2	581,101	310	458,442	244
Ambulance service, BLS, emergency transport	A0429	1,332,200	1,928	0.1	567,840	426	447,846	336
Subsequent nursing facility care, per day, evaluation and management, new or established patient, level 2	99312	1,811,480	10,130	0.6	562,202	310	416,420	230
ESRD related services during the course of treatment, for patients age 20 years and over with 4 or more physician visits per month	G0317	249,580	1,768	0.1	545,295	2,185	431,061	1,727
Emergency department visit for evaluation and management of patient, level 4	99284	4,080,540	5,619	0.3	540,354	132	413,655	101
Injection, infliximab, 10 mg	J1745	46,220	261	(3)	534,936	11,574	416,544	9,012
Injection, pegfilgrastim, 6mg	J2505	72,320	250	(3)	527,699	7,297	416,751	5,763
Office consultation new or established patient, level 5	99245	1,978,580	2,253	0.1	497,837	252	383,251	194

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Magnetic resonance (eg, Proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	70553	1,004,940	1,208	0.1	\$497,326	\$495	\$391,511	\$390
Office/outpatient visit for evaluation and management, new patient, level 3	99203	4,556,720	5,207	0.3	490,773	108	334,976	74
Individual psychotherapy, office or outpatient, 45-50 minutes	90806	506,800	5,494	0.3	478,728	945	230,891	456
Chiropractic manipulative treatment, spinal, three to four regions	98941	1,360,840	13,049	0.7	464,015	341	345,762	254
Radiation treatment delivery, intensity modulated, single or multiple fields	77418	25,960	683	(3)	453,077	17,453	360,762	13897
Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	92012	4,102,720	6,971	0.4	449,611	110	314,560	77
Hospital discharge day management, 30 min. or less	99238	4,286,800	6,392	0.4	449,088	105	355,958	83
Office/outpatient evaluation and management, new patient, level 4	99204	2,903,220	3,285	0.2	442,190	152	312,545	108
Duplex scan of extracranial arteries; complete bilateral study	93880	2,705,080	3,209	0.2	417,790	154	325,681	120
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Arthroplasty, knee, condyle and plateau; medial and lateral compartments with or without patella resurfacing	27447	245,960	396	(3)	\$417,306	\$1,697	\$330,423	\$1,343
Doppler echocardiography color flow velocity mapping	93325	5,744,660	7,462	0.4	413,287	72	327,705	57
Initial hospital care for evaluation and management, level 2	99222	2,593,440	3,483	0.2	389,552	150	302,988	117
Colonoscopy, flexible, proximal to splenic flexure; with or without collection of specimen(s) by brushing or washing	45378	1,149,640	1,465	0.1	385,177	335	300,558	261
Chemotherapy administration, intravenous infusion technique; up to one hour, single or initial substance/drug	G0359	288,200	2,185	0.1	376,168	1,305	298,277	1,035

¹Includes beneficiaries who received covered services, but for whom no program payments were reported during the year. Number of persons do not add to total because beneficiaries may use more than one service during the reporting year.

²The leading 50 HCPCS codes were selected based on the amount of allowed charges.

³Less than 0.05 percent.

NOTES: HCPCS is Healthcare Common Procedure Coding System. The Current Procedural Terminology (CPT) codes, descriptions, and other data only are Copyright 2004 and 2005 American Association All Rights Reserved (or such other data of publication of CPT). CPT is a trademark of the American Medical Association (AMA). For fuller description of each procedure, refer to the previously mentioned publication. IOL is intraocular lens. ESRD is end stage renal disease. ALS is advanced life support. BLS is basic life support.

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.