

**Table 9.9**  
**Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Leading HCPCS Codes: Calendar Year 2006**

| Description   | Code  | Persons Served <sup>1</sup> | Services            |          | Allowed Charges     |                                | Program Payments    |                                |
|---|-------|-----------------------------|---------------------|----------|---------------------|--------------------------------|---------------------|--------------------------------|
|   |       |                             | Number in Thousands | Per-cent | Amount In Thousands | Per Person Served <sup>1</sup> | Amount In Thousands | Per Person Served <sup>1</sup> |
| Total All HCPCS   | ---   | 32,981,880                  | #####               | 100.0    | #####               | \$3,339                        | #####               | \$2,584                        |
| Total Leading 50 HCPCS <sup>2</sup>   | ---   | ---                         | 583,763             | 33.0     | 50,887,412          | ---                            | 38,411,362          | ---                            |
| Office/outpatient visit for evaluation and management, established patient, level 3 | 99213 | 24,655,260                  | 107,508             | 6.1      | 5,508,529           | 223                            | 3,791,679           | 154                            |
| Office/outpatient visit for evaluation and management, established patient, level 4 | 99214 | 19,755,240                  | 62,991              | 3.6      | 5,087,333           | 258                            | 3,563,361           | 180                            |
| Subsequent hospital care, per day, evaluation and management, level 2               | 99232 | 5,373,000                   | 51,708              | 2.9      | 2,896,468           | 539                            | 2,298,904           | 428                            |
| Oxygen concentrator, for delivery of 85 percent or greater oxygen                   | E1390 | 1,413,160                   | 11,689              | 0.7      | 2,338,853           | 1,655                          | 1,821,499           | 1,289                          |
| Extracapsular cataract removal with insertion of IOL                                | 66984 | 1,254,200                   | 3,221               | 0.2      | 2,237,782           | 1,784                          | 1,770,714           | 1,412                          |
| Ambulance service, ALS, emergency transport, level 1                                | A0427 | 2,816,020                   | 4,242               | 0.2      | 1,558,813           | 554                            | 1,230,782           | 437                            |
| Subsequent hospital care, per day, evaluation and management, level 3               | 99233 | 3,235,740                   | 18,934              | 1.1      | 1,519,905           | 470                            | 1,207,000           | 373                            |
| Myocardial perfusion imaging; tomographic, multiple studies, at rest of stress      | 78465 | 2,917,080                   | 3,308               | 0.2      | 1,168,344           | 401                            | 919,288             | 315                            |
| Ambulance service, BLS, non-emergency transport                                     | A0428 | 1,529,940                   | 5,956               | 0.3      | 1,164,707           | 761                            | 925,617             | 605                            |
| Injection, darbepoetin alfa, 1mcg (for ESRD on dialysis)                            | J0881 | 254,260                     | 1,889               | 0.1      | 1,126,547           | 4,431                          | 893,713             | 3,515                          |
| Level IV-Surgical pathology, gross and microscopic examination                      | 88305 | 6,550,220                   | 20,486              | 1.2      | 1,123,074           | 171                            | 874,931             | 134                            |
| Emergency department visit for evaluation and management of patient, level 5        | 99285 | 4,874,660                   | 7,378               | 0.4      | 1,115,604           | 229                            | 871,671             | 179                            |

See footnotes at end of table.

**Table 9.9—Continued**  
**Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Leading HCPCS Codes: Calendar Year 2006**

| Description   | Code  | Persons Served <sup>1</sup> | Services            |          | Allowed Charges     |                                | Program Payments    |                                |
|---|-------|-----------------------------|---------------------|----------|---------------------|--------------------------------|---------------------|--------------------------------|
|   |       |                             | Number in Thousands | Per-cent | Amount In Thousands | Per Person Served <sup>1</sup> | Amount In Thousands | Per Person Served <sup>1</sup> |
| Office consultation new or established patient, level 4   | 99244 | 4,976,960                   | 6,054               | 0.3      | \$1,030,703         | \$207                          | \$777,042           | \$156                          |
| Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips  | A4253 | 3,485,680                   | 27,511              | 1.6      | 1,006,302           | 289                            | 750,327             | 215                            |
| Ophthalmological examination and evaluation, comprehensive, established patient   | 92014 | 8,418,640                   | 9,990               | 0.6      | 937,193             | 111                            | 630,500             | 75                             |
| Office/outpatient visit for evaluation and management, established patient, level 5   | 99215 | 5,119,720                   | 7,701               | 0.4      | 913,464             | 178                            | 643,237             | 126                            |
| Initial hospital care for evaluation and management, level 3  | 99223 | 3,841,180                   | 5,695               | 0.3      | 892,776             | 232                            | 698,619             | 182                            |
| Office/outpatient visit for evaluation and management, established patient, level 2   | 99212 | 10,887,680                  | 23,422              | 1.3      | 867,934             | 80                             | 611,909             | 56                             |
| Echocardiography, transthoracic   | 93307 | 5,849,040                   | 7,432               | 0.4      | 864,771             | 148                            | 670,915             | 115                            |
| Initial inpatient consultation, new or established patient, level 4   | 99254 | 3,107,720                   | 5,837               | 0.3      | 839,322             | 270                            | 659,321             | 212                            |
| Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength endurance, range of motion and flexibility | 97110 | 1,539,060                   | 29,465              | 1.7      | 831,366             | 540                            | 652,331             | 424                            |
| Transportation services, ground mileage, per statute mile   | A0425 | 4,407,680                   | 43,281              | 2.4      | 813,481             | 185                            | 649,008             | 147                            |
| Standard-weight frame motorized/power wheelchair with programmable control parameters   | K0011 | 159,600                     | 168                 | (3)      | 798,879             | 5,006                          | 635,478             | 3,982                          |
| Critical care, evaluation and management of critically ill or injured patient; first 30-74 minutes  | 99291 | 1,198,880                   | 3,600               | 0.2      | 759,865             | 634                            | 603,377             | 503                            |

See footnotes at end of table.

**Table 9.9—Continued**  
**Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Leading HCPCS Codes: Calendar Year 2006**

| Description  | Code  | Persons Served <sup>1</sup> | Services            |          | Allowed Charges     |                                | Program Payments    |                                |
|--|-------|-----------------------------|---------------------|----------|---------------------|--------------------------------|---------------------|--------------------------------|
|  |       |                             | Number in Thousands | Per-cent | Amount In Thousands | Per Person Served <sup>1</sup> | Amount In Thousands | Per Person Served <sup>1</sup> |
| Rituximab, 100 mg.   | J9310 | 44,100                      | 1,569               | 0.1      | \$742,549           | #####                          | \$589,941           | \$13,377                       |
| Ambulance service, BLS, emergency transport  | A0429 | 1,591,600                   | 2,307               | 0.1      | 729,621             | 458                            | 575,184             | 361                            |
| Injection, epoetin alfa, (for non-ESRD use), 1000 units  | J0885 | 199,300                     | 3,512               | 0.2      | 679,740             | 3,411                          | 538,676             | 2,703                          |
| Office consultation, new or established patient, level 3   | 99243 | 4,405,420                   | 5,122               | 0.3      | 613,219             | 139                            | 451,008             | 102                            |
| Subsequent hospital care, per day, evaluation and management, level 1  | 99231 | 3,220,380                   | 17,962              | 1.0      | 608,505             | 189                            | 481,784             | 150                            |
| Injection, infliximab, 10 mg   | J1745 | 48,900                      | 274                 | (3)      | 585,891             | 11,981                         | 457,278             | 9,351                          |
| Initial inpatient consultation, new or established patient, level 5  | 99255 | 1,840,100                   | 2,895               | 0.2      | 576,580             | 313                            | 454,671             | 247                            |
| ESRD related services during the course of treatment, for patients age 20 years and over with 4 or more physician visits per month                       | G0317 | 256,300                     | 1,809               | 0.1      | 557,944             | 2,177                          | 440,175             | 1,717                          |
| Radiation treatment delivery, intensity modulated, single or multiple fields   | 77418 | 29,860                      | 837                 | (3)      | 555,859             | 18,615                         | 443,461             | 14,851                         |
| Injection, pegfilgrastim, 6mg  | J2505 | 72,140                      | 249                 | (3)      | 530,963             | 7,360                          | 420,613             | 5,831                          |
| Emergency department visit for evaluation and management of patient, level 4   | 99284 | 3,911,860                   | 5,422               | 0.3      | 519,414             | 133                            | 396,370             | 101                            |
| Magnetic resonance (eg, Proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences | 70553 | 1,043,060                   | 1,278               | 0.1      | 519,387             | 498                            | 408,712             | 392                            |

See footnotes at end of table.

**Table 9.9—Continued**  
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| Description   | Code  | Persons Served <sup>1</sup> | Services            |          | Allowed Charges     |                                | Program Payments    |                                |
|---|-------|-----------------------------|---------------------|----------|---------------------|--------------------------------|---------------------|--------------------------------|
|   |       |                             | Number in Thousands | Per-cent | Amount In Thousands | Per Person Served <sup>1</sup> | Amount In Thousands | Per Person Served <sup>1</sup> |
| Office consultation new or established patient, level 5   | 99245 | 1,988,120                   | 2,272               | 0.1      | \$502,534           | \$253                          | \$385,266           | \$194                          |
| Office/outpatient visit for evaluation and management, new patient, level 3   | 99203 | 4,551,600                   | 5,208               | 0.3      | 490,925             | 108                            | 333,007             | 73                             |
| Individual psychotherapy, office or outpatient, 45-50 minutes   | 90806 | 513,600                     | 5,648               | 0.3      | 490,544             | 955                            | 235,848             | 459                            |
| Chiropractic manipulative treatment, spinal, three to four regions  | 98941 | 1,392,960                   | 13,581              | 0.8      | 479,256             | 344                            | 353,700             | 254                            |
| Subsequent nursing facility care, per day, patient evaluation and management, development of minor complication   | 99308 | 1,673,380                   | 8,534               | 0.5      | 473,306             | 283                            | 352,212             | 210                            |
| Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient | 92012 | 4,013,220                   | 6,884               | 0.4      | 445,409             | 111                            | 309,836             | 77                             |
| Duplex scan of extracranial arteries; complete bilateral study  | 93880 | 2,755,280                   | 3,264               | 0.2      | 445,000             | 162                            | 345,294             | 125                            |
| Doppler echocardiography color flow velocity mapping  | 93325 | 5,902,060                   | 7,709               | 0.4      | 437,431             | 74                             | 347,058             | 59                             |
| Office/outpatient evaluation and management, new patient, level 4   | 99204 | 2,901,860                   | 3,245               | 0.2      | 436,148             | 150                            | 302,544             | 104                            |

See footnotes at end of table.

**Table 9.9—Continued**  
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| Description  | Code  | Persons Served <sup>1</sup> | Services            |          | Allowed Charges     |                                | Program Payments    |                                |
|--|-------|-----------------------------|---------------------|----------|---------------------|--------------------------------|---------------------|--------------------------------|
|  |       |                             | Number in Thousands | Per-cent | Amount In Thousands | Per Person Served <sup>1</sup> | Amount In Thousands | Per Person Served <sup>1</sup> |
| Injection, bevacizumab, 10 mg  | J9035 | 64,680                      | 251                 | 0.0      | \$428,231           | \$6,621                        | \$340,256           | \$5,261                        |
| Hospital discharge day management, 30 min. or less   | 99238 | 4,055,240                   | 6,024               | 0.3      | 422,838             | 104                            | 334,859             | 83                             |
| Tumor imaging, PET with concurrently acquired CT; skull base to mid-thigh                                    | 78815 | 239,520                     | 332                 | 0.0      | 416,104             | 1,737                          | 330,959             | 1,382                          |
| Arthroplasty, knee, condyle and plateau; medial and lateral compartments with or without patella resurfacing | 27447 | 240,900                     | 392                 | (3)      | 410,811             | 1,705                          | 325,270             | 1,350                          |
| Doppler echocardiography, pulsed wave and/or continuous wave with special display                            | 93320 | 5,944,160                   | 7,717               | 0.4      | 387,186             | 65                             | 306,159             | 52                             |

<sup>1</sup>Includes 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.

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

<sup>3</sup>Less 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 2005 American Medical 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. PET is position emission tomography. CT is computed tomography.

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.