Table 64
Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Leading HCPCS Codes: Calendar Year 1999

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			Servic	es	Allowed Charges_		Program F	Payments
			Number		Amount	Per	Amount	Per
		Persons	in	Per-	In	Person	In	Person
Description	Code	Served <sup>1</sup>	Thousands	cent	Thousands	Served	<sup>1</sup> Thousands	Served <sup>2</sup>
Total All HCPCS		29,331,640	1,200,603	100.0	\$60,563,267	\$2,065	\$46,487,527	\$1,585
Total Leading 50 HCPCS⁴			392,286	32.7	27,832,087		20,761,861	
Office/outpatient evaluation and management,								
established patient, level 3	99213	21,293,580	89,276	7.4	3,610,231	170	2,405,126	113
Office/outpatient evaluation and management,								
established patient, level 4	99214	13,225,240	35,342	2.9	2,213,485	167	1,527,110	115
Subsequent hospital care, per day, evaluation								
and management, level 2	99232	4,574,200	36,391	3.0	1,962,162	429	1,558,613	341
Extracapsular cataract removal with insertion of IOL	66984	1,225,420	6,742	0.6	1,842,852	1,504	1,464,155	1,195
Subsequent hospital care, per day, evaluation								
and management, level 2	99233	2,435,140	12,687	1.1	962,582	395	764,894	314
Office/outpatient evaluation and management,								
established patient, level 2	99212	12,079,220	29,416	2.5	844,064	70	563,164	47
Subsequent hospital care, per day, evaluation								
and management, level 2	99231	3,452,320	23,705	2.0	836,682	242	663,511	192
Initial hospital care for evaluation and management,								
level 3	99223	3,221,900	4,623	0.4	672,585	209	524,778	163
Leuprolide acetate, for depot suspension, 7.5MG	J9217	156,480	1,267	0.1	632,241	4,040	500,744	3,200
Office/outpatient evaluation and management,								
established patient, level 5	99215	4,395,540	5,993	0.5	573,413	130	388,144	88
Initial inpatient consultation, established patient,								
level 4	99254	2,380,200	3,929	0.3	549,586	231	431,254	181
See footnotes at end of table.								

Table 64—Continued

Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Leading

HCPCS Codes: Calendar Year 1999

_			Services		Allowed Charges		Program Payments	
			Number		Amount	Per	Amount	Per
		Persons	in	Per-	In	Person	In	Person
Description	Code	Served <sup>1</sup>	Thousands	cent	Thousands	Served <sup>1</sup>	Thousands	Served <sup>2</sup>
Level IV-Surgical pathology, gross and								
microscopic examination	88305	4,946,440	11,396	0.9	\$545,359	\$110	\$421,856	\$85
Oxygen concentrator 4-5 lite	E1403	344,580	2,396	0.2	526,262	1,527	413,353	1,200
Echocardiography, transthoracic	93307	3,591,560	4,354	0.4	501,199	140	390,241	109
Emergency department visit for evaluation and management;								
a comprenhensive examination; and medical decision of								
high complexity	99285	2,403,080	3,184	0.3	462,144	192	360,764	150
Office consultation new or established								
patient, level 4	99244	2,780,900	3,208	0.3	453,248	163	342,433	123
Ophthalmological examination and evaluation,								
comprehensive, established patient	92014	5,985,640	6,845	0.6	430,293	72	270,350	45
Emergency department evaluation and								
management of patient, level 4	99284	3,439,940	4,657	0.4	427,605	124	328,262	95
Blood glucose test or reagent strips for home								
blood glucose monitor, per 50 strips	A4253	1,513,400	11,703	1.0	407,177	269	309,214	204
Initial inpatient consultation, established patient,								
level 5	99255	1,452,980	2,124	0.2	404,392	278	318,729	219
Diphtheria, tetanus toxoids, and acellar pertussis								
vaccine and hemophilus influenza vaccine	90921	225,040	2,040	0.2	402,561	1,789	317,003	1,409
Myocardial perfusion imaging; tomographic, multiple								
studies, at rest of stress	78465	1,399,420	1,562	0.1	395,679	283	311,763	223
Injection, epoetin alpha, (non ESRD use),per 1,000 units	Q0136	95,340	2,992	0.2	390,962	4,101	311,343	3,266
See footnotes at end of table.								

Table 64—Continued

Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Leading

HCPCS Codes: Calendar Year 1999

			Services		Allowed Charges		Program Payments	
			Number		Amount	Per	Amount	Per
		Persons	in	Per-	In	Person	In	Person
Description	Code	Served <sup>1</sup>	Thousands	cent	Thousands	Served <sup>1</sup>	Thousands	Served <sup>2</sup>
Hospital discharge day management, 30 min. or less	99238	4,002,200	6,027	0.5	\$381,407	\$95	\$302,596	\$76
Subsequent nursing facility care, per day, evaluation								
and management, new/established patient, level 2	99312	1,554,160	7,592	0.6	378,814	244	276,958	178
Ambulance service, ALS, emergency transport,								
specialized ALS, supplies, mileage separately billed	A0330	922,960	1,276	0.1	359,279	389	283,131	307
Initial hospital care for evaluation and management,								
level 2	99222	2,383,720	3,210	0.3	355,441	149	275,583	116
Critical care, evaluation, management unstable								
critically ill, requiring constant attendance; first hour	99291	598,300	1,725	0.1	332,756	556	264,148	441
Goserelin acetate implant, per 3.6 mg	J9202	100,720	744	(3)	324,453	3,221	256,531	2,547
Office/outpatient evaluation and management,								
new patient, level 3	99203	3,650,700	4,128	0.3	300,704	82	197,901	54
Oxygen concentrator under 2 lite	E1400	181,300	1,344	0.1	295,737	1,631	231,996	1,280
Ambulance service, ALS, emergency transport,								
milleage and disposable supplies separately billed	A0370	732,840	1,013	0.1	291,874	398	230,587	315
Office consultation, new/established patient, level 3	99243	2,586,580	2,902	0.2	291,026	113	213,577	83
Office/outpatient evaluation and management,								
new patient, level 4	99204	2,431,400	2,689	0.2	287,532	118	196,478	81
Oxygen concentrator 2-3 lite	E1401	176,680	1,303	0.1	285,291	1,615	223,926	1,267
Psytx, office (45-50)	90806	351,700	3,674	0.3	279,679	795	134,578	383
See footnotes at end of table.								

Table 64—Continued

Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Leading

HCPCS Codes: Calendar Year 1999

			Services		Allowed Charges		Program Payments	
			Number		Amount	Per	Amount	Per
		Persons	in	Per-	In	Person	In	Person
Description	Code	Served <sup>1</sup>	Thousands	cent	Thousands	Served <sup>1</sup>	Thousands	Served <sup>2</sup>
Emergency department visit for evaluation and management;								
an expanded problem focused history, examination, and								
medical decision making, counseling or coordination of care	99283	3,412,260	4,697	0.4	\$278,884	\$82	\$210,136	\$62
Hospital bed, semi-electric, with any type side rails,								
with mattress	E0260	486,040	2,029	0.2	277,104	570	214,249	441
Radiologic examination, chest, two views, frontal								
and lateral	71020	8,736,820	15,767	1.3	270,271	31	196,916	23
Office consultation new or established								
patient, level 5	99245	1,271,720	1,425	0.1	268,832	211	206,690	163
Electrocardiogram, routine ECG with at least 12 leads								
with interpretation and report	93000	6,262,780	9,167	0.8	260,775	42	188,158	30
Arthroplasty, knee, condyle and plateau; medial and								
lateral compartments, patella resurfacing	27447	138,580	211	(3)	257,483	1,858	204,598	1,476
Paclitaxel injection	J9265	43,520	1,107	0.1	255,343	5,867	203,216	4,669
Initial inpatient consultation, established patient,								
level 3	99253	1,775,500	2,528	0.2	253,384	143	197,866	111
Standard-weight frame motorized/power wheelchair								
with programmable control parameters	K0011	53,400	62	(3)	253,077	4,739	201,638	3,776
See footnotes at end of table.				. ,				

Table 64—Continued

Services, Submitted and Allowed Charges, and Program Payments for Medicare Physician and Supplier Services, by Leading
HCPCS Codes: Calendar Year 1999

		Services		Allowed Charges		Program Payments		
			Number		Amount	Per	Amount	Per
		Persons	in	Per-	In	Person	In	Person
Description	Code	Served <sup>1</sup>	Thousands	cent	Thousands	Served <sup>1</sup>	Thousands	Served <sup>2</sup>
Colonoscopy, flexible, proximal to splenic flexure;								
diagnostic, specimen, colon decompression	45378	770,480	893	0.1	\$251,471	\$326	\$197,239	\$256
Ipratropium bromide, inhalation solution, unit dose	K0518	248,160	1,256	0.1	251,024	1,012	199,661	805
Coronary artery bypass, using arterial graft; single								
arterial graft	33533	118,860	203	(3)	250,577	2,108	199,219	1,676
Albuterol, inhalation solution administered through								
durable medical equipment, unit dose form, per milligram	K0505	442,800	2,130	0.2	249,977	565	195,337	441
Subsequent nursing facility care, per day, evaluation								
and management, new/established patient	99311	1,460,500	7,352	0.6	243.128	166	172.144	118

Includes beneficiaries who received covered services but for whom no program payments were reported during the year. Numbers do not add to totals because beneficiaries may use more than one service during the reporting year.

NOTES: HCPCS is Healthcare Common Procedure Coding System. IOL is intraocular lens. ALS is advanced life support. BLS is basic life support.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

<sup>&</sup>lt;sup>2</sup>The average program payment per person served does not reflect beneficiaries who received covered services but for whom no program payments were reported.

<sup>&</sup>lt;sup>3</sup>Less than 0.05 percent.

<sup>&</sup>lt;sup>4</sup>The leading 50 HCPCS codes were selected based on the amount of allowed charges.