

Medicare Leading Part B CPT Procedure Codes Based on Allowed Charges
Calendar Year 2004

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges ¹
All Procedures Codes ²		\$102,172,728,247	100%
Leading Procedure Codes ³		\$51,029,997,799	50%
99213	Office/outpatient visit, est	5,687,303,504	5.6%
99214	Office/outpatient visit, est	4,430,952,250	4.3%
99232	Subsequent hospital care	2,774,980,920	2.7%
66984	Cataract surg w/iol, 1 stage	2,237,155,709	2.2%
99233	Subsequent hospital care	1,359,967,409	1.3%
78465	Heart image (3d), multiple	1,050,689,111	1.0%
99285	Emergency dept visit	978,639,458	1.0%
99212	Office/outpatient visit, est	944,710,104	0.9%
88305	Tissue exam by pathologist	940,137,013	0.9%
99244	Office consultation	925,525,880	0.9%
99223	Initial hospital care	883,082,084	0.9%
92014	Eye exam & treatment	852,042,510	0.8%
99215	Office/outpatient visit, est	815,785,091	0.8%
97110	Therapeutic exercises	809,065,171	0.8%
99254	Initial inpatient consult	798,720,378	0.8%
93307	Echo exam of heart	775,410,198	0.8%
99231	Subsequent hospital care	679,307,331	0.7%
99291	Critical care, first hour	609,836,883	0.6%
99243	Office consultation	575,654,883	0.6%
99255	Initial inpatient consult	551,864,608	0.5%
99312	Nursing fac care, subseq	540,328,001	0.5%
99284	Emergency dept visit	523,536,321	0.5%
99203	Office/outpatient visit, new	465,537,562	0.5%
99245	Office consultation	461,915,802	0.5%
70553	Mri brain w/o & w/dye	459,582,517	0.4%
99238	Hospital discharge day	443,816,694	0.4%
92012	Eye exam established pat	432,207,391	0.4%

90806	Psytx, off, 45-50 min	431,482,093	0.4%
99204	Office/outpatient visit, new	424,275,461	0.4%
96410	Chemotherapy,infusion method	412,892,628	0.4%
98941	Chiropractic manipulation	406,065,427	0.4%
99222	Initial hospital care	384,166,158	0.4%
93325	Doppler color flow add-on	378,383,474	0.4%
90780	IV infusion therapy, 1 hour	375,890,335	0.4%
45378	Diagnostic colonoscopy	375,253,052	0.4%
27447	Total knee arthroplasty	373,721,231	0.4%
93320	Doppler echo exam, heart	344,319,620	0.3%
77418	Radiation tx delivery, imrt	338,963,609	0.3%
99253	Initial inpatient consult	331,869,597	0.3%
72148	Mri lumbar spine w/o dye	323,871,789	0.3%
93880	Extracranial study	314,356,894	0.3%
92980	Insert intracoronary stent	313,695,901	0.3%
99283	Emergency dept visit	312,389,534	0.3%
43239	Upper GI endoscopy, biopsy	311,879,475	0.3%
93000	Electrocardiogram, complete	306,479,753	0.3%
85025	Complete cbc w/auto diff wbc	306,305,340	0.3%
45385	Lesion removal colonoscopy	301,913,875	0.3%
93510	Left heart catheterization	293,949,505	0.3%
66821	After cataract laser surgery	288,743,040	0.3%
76092	Mammogram, screening	287,703,033	0.3%
71020	Chest x-ray	284,595,481	0.3%
97140	Manual therapy	282,097,741	0.3%
20610	Drain/inject, joint/bursa	274,669,099	0.3%
84443	Assay thyroid stim hormone	274,427,419	0.3%
80061	Lipid panel	270,723,092	0.3%
17000	Destroy benign/premlg lesion	261,713,550	0.3%
99313	Nursing fac care, subseq	256,315,560	0.3%
90862	Medication management	256,125,616	0.3%
80053	Comprehen metabolic panel	244,854,095	0.2%
11721	Debride nail, 6 or more	244,838,521	0.2%
76075	Dxa bone density, axial	244,335,113	0.2%
92004	Eye exam, new patient	240,045,538	0.2%
93015	Cardiovascular stress test	239,994,993	0.2%
72193	Ct pelvis w/dye	238,768,997	0.2%

77427	Radiation tx management, x5	232,172,840	0.2%
74160	Ct abdomen w/dye	225,995,790	0.2%
45380	Colonoscopy and biopsy	225,787,255	0.2%
71260	Ct thorax w/dye	219,303,999	0.2%
33533	CABG, arterial, single	219,010,356	0.2%
99239	Hospital discharge day	215,983,145	0.2%
99211	Office/outpatient visit, est	213,897,859	0.2%
70450	Ct head/brain w/o dye	211,585,484	0.2%
17304	1 stage mohs, up to 5 spec	205,294,167	0.2%
92235	Eye exam with photos	204,307,849	0.2%
78478	Heart wall motion add-on	197,502,359	0.2%
78480	Heart function add-on	197,023,474	0.2%
99311	Nursing fac care, subseq	195,669,575	0.2%
52000	Cystoscopy	193,808,093	0.2%
142	Anesth, lens surgery	190,795,688	0.2%
71010	Chest x-ray	189,670,420	0.2%
98940	Chiropractic manipulation	187,040,423	0.2%
99205	Office/outpatient visit, new	185,818,007	0.2%
62311	Inject spine l/s (cd)	178,983,582	0.2%
90801	Psy dx interview	176,823,207	0.2%
93010	Electrocardiogram report	172,606,186	0.2%
99202	Office/outpatient visit, new	170,240,625	0.2%
92083	Visual field examination(s)	164,738,569	0.2%
73721	Mri jnt of lwr extre w/o dye	164,693,932	0.2%
97530	Therapeutic activities	162,088,436	0.2%
72158	Mri lumbar spine w/o & w/dye	158,733,493	0.2%
27130	Total hip arthroplasty	155,980,504	0.2%
74170	Ct abdomen w/o & w/dye	155,899,160	0.2%
99242	Office consultation	154,854,379	0.2%
17003	Destroy lesions, 2-14	148,671,139	0.1%
11100	Biopsy, skin lesion	146,802,860	0.1%
70551	Mri brain w/o dye	133,497,232	0.1%
95904	Sense nerve conduction test	132,951,223	0.1%
99303	Nursing facility care	132,640,020	0.1%
92135	Ophthalmic dx imaging	130,774,004	0.1%
92250	Eye exam with photos	130,372,639	0.1%
88180	Cell marker study	129,670,574	0.1%

83036	Glycated hemoglobin test	126,995,667	0.1%
90818	Psytch, hosp, 45-50 min	125,358,888	0.1%
72141	Mri neck spine w/o dye	124,258,528	0.1%
74150	Ct abdomen w/o dye	122,305,964	0.1%
90935	Hemodialysis, one evaluation	120,622,257	0.1%
90807	Psytch, off, 45-50 min w/e&m	120,531,278	0.1%
77334	Radiation treatment aid(s)	118,406,248	0.1%

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 108 procedure codes account for approximately 50% of the allowed charges.

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