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Appendix II

Chapter 2.0 Appendices

Data Collection and Analysis for Generating Procedure-Specific Practice Expense Estimates (HCFA Contract No. 500-95-0009)

April 30, 1997

Prepared for
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List of Services by Family and CPEP

November 7, 1995

Data Collection and Analysis for Generating Procedure-Specific Practice Expense Estimates
Abt Associates Inc.

DATA ELEMENTS

Family Medicare Charges

The total 1993 Part B Medicare Allowed Charges for all the procedures in the family.

Percent of CPEP Medicare Charges

The family's 1993 Part B Medicare allowed charges as a percent of the total allowed charges for the CPEP.

Family Private Payments

The total 1991 MEDSTAT private payments for all the procedures in the family.

Percent of CPEP Private Payments

The family's 1991 MEDSTAT private payments as a percent of the total MEDSTAT private payments for the CPEP.

Procedure

The CPT/HCPCS code and description for the procedure.

1993 MC Allowed Charges

The total 1993 Part B Medicare Allowed Charges for the procedure.

1993 MC Units of Service

The total 1993 Part B Medicare volume for the procedure.

Global Period

The 1995 Medicare Fee Schedule Global Period for the procedure, in days. Values of MMM, XXX, YYY and ZZZ indicate that there is no global period, or that the concept of a global period does not apply to the procedure.

SOURCES FOR DATA ELEMENTS

All Medicare volume and charge data is derived from the 1993 BMAD-1 (Part B Medicare Annual Data, Procedure File) public use file released by HCFA. At this time, 1993 is the most recent BMAD-1 file available. Data for 1994 will become available by the end of CY 1995.

CPT/HCPCS codes were selected from the 1995 Medicare Fee Schedule published by HCFA (*Federal Register* Vol. 59, No. 235, electronic version).

Global Period values are taken from the 1995 Medicare Fee Schedule published by HCFA (*Federal Register* Vol. 59, No. 235).

Private Payment data were provided by the American Medical Association, and represent approximately 39 million private in- and out-patient claims processed by MEDSTAT in 1991. The claims are from 100 different insurance companies, BC/BS plans, and third party administrators, covering approximately 3.3 million lives. *These data are not comprehensive, as they do not represent all private payments. These data are for Abi and CPEP use only and are not for quotation without the expressed written permission of the American Medical Association, Center for Health Policy Research.*

Pct. of Family AllidChgs

The procedure's 1993 Part B Medicare allowed charges as a percent of the total allowed charges for the family.

Pct. of Family PrivPmts

The procedure's 1991 MEDSTAT private payments as a percent of the total MEDSTAT private payments for the family.

Pct. of Vol. in OFFICE

The percent of the procedure's 1993 Part B Medicare volume that was performed in an office setting.

Top Medicare Specialties...

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CPEP 1 - INTEGUMENTARY

C 1
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100-Nail Procedures

Family Medicare Charges:\$264,254,761
Family Private Payments: \$3,616,768

Percent of CPEP Medicare Charges: 15%
Percent of CPEP Private Payments: 7%

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Alldchs	Pct. of Family Privpmts	Pct. Vol. in OFFICE	First Specialty	Top Medicare Specialties (% of Procedure Volume)	Second Specialty	Third Specialty
11700-Scraping of 1-5 nails	\$65,924,597	3,102,431	000	25%	3%	59%	48-PODIATRY (99%)	01,08-GP/FP (0%)	01,08-GP/FP (0%)	70-GROUP PRAC (0%)
11701-Scraping of additional nails	\$43,662,844	2,764,570	ZZZ	17%	1%	59%	48-PODIATRY (99%)	01,08-GP/FP (0%)	01,08-GP/FP (0%)	70-GROUP PRAC (0%)
11710-Scraping of 1-5 nails	\$34,463,716	1,643,352	000	13%	2%	66%	48-PODIATRY (99%)	70-GROUP PRAC (0%)	01,08-GP/FP (0%)	01,08-GP/FP (0%)
11711-Scraping of additional nails	\$20,079,431	1,445,873	ZZZ	8%	1%	66%	48-PODIATRY (99%)	70-GROUP PRAC (0%)	01,08-GP/FP (0%)	01,08-GP/FP (0%)
11730-Removal of nail plate	\$54,954,253	1,301,593	000	21%	12%	74%	48-PODIATRY (97%)	01,08-GP/FP (1%)	01,08-GP/FP (1%)	02-GHRL SURGERY (0%)
11731-Removal of second nail plate	\$7,572,447	245,083	ZZZ	3%	1%	69%	48-PODIATRY (99%)	01,08-GP/FP (0%)	01,08-GP/FP (0%)	02-GHRL SURGERY (0%)
11732-Remove additional nail plate	\$4,100,794	21,808	ZZZ	0%	0%	72%	48-PODIATRY (94%)	20-ORTHOPE SURG (2%)	01,08-GP/FP (6%)	07-DERMATOLOGY (1%)
11750-Removal of nail bed	\$33,637,732	274,661	010	13%	7%	90%	48-PODIATRY (85%)	01,08-GP/FP (6%)	02-GHRL SURGERY (3%)	07-DERMATOLOGY (7%)
11752-Remove nail bed/finger tip	\$876,480	5,244	010	0%	1%	63%	48-PODIATRY (65%)	20-ORTHOPE SURG (18%)	02-GHRL SURGERY (3%)	(.)
11755-Biopsy, nail unit			000				(.)	(.)	(.)	(.)
11760-Reconstruction of nail bed	\$520,465	7,200	010	0%	2%	59%	48-PODIATRY (62%)	20-ORTHOPE SURG (10%)	24-PLASTIC SURG (10%)	07-DERMATOLOGY (3%)
11762-Reconstruction of nail bed	\$329,474	2,047	010	0%	1%	74%	48-PODIATRY (76%)	24-PLASTIC SURG (7%)	20-ORTHOPE SURG (6%)	11-INTERNAL MED (1%)
11765-Excision of nail fold, toe	\$1,822,528	46,922	010	1%	1%	74%	48-PODIATRY (91%)	01,08-GP/FP (5%)	01,08-GP/FP (5%)	07-DERMATOLOGY (3%)

104-Simple Debridement, Excision and Destruction

Family Medicare Charges:\$395,012,003
Family Private Payments: \$9,220,826

Percent of CPEP Medicare Charges: 23%
Percent of CPEP Private Payments: 18%

11000-Surgical cleansing of skin	\$21,071,874	558,042	000	5%	3%	82%	48-PODIATRY (84%)	02-GHRL SURGERY (5%)	07-DERMATOLOGY (3%)	11-INTERNAL MED (6%)
11001-Additional cleansing of skin	\$374,626	9,569	ZZZ	0%	0%	75%	48-PODIATRY (60%)	02-GHRL SURGERY (19%)	11-INTERNAL MED (6%)	01,08-GP/FP (3%)
11040-Surgical cleansing, abrasion	\$18,643,913	603,131	000	5%	2%	78%	48-PODIATRY (86%)	02-GHRL SURGERY (4%)	01,08-GP/FP (3%)	01,08-GP/FP (3%)
11041-Surgical cleansing of skin	\$10,534,872	191,151	000	3%	1%	72%	48-PODIATRY (76%)	02-GHRL SURGERY (10%)	01,08-GP/FP (3%)	01,08-GP/FP (3%)
11042-Cleansing of skin/tissue	\$16,807,422	221,654	000	4%	2%	52%	48-PODIATRY (45%)	02-GHRL SURGERY (26%)	02-PLASTIC SURG (7%)	07-DERMATOLOGY (3%)
11050-Trim skin lesion	\$8,610,894	346,872	000	2%	4%	84%	48-PODIATRY (87%)	01,08-GP/FP (5%)	07-DERMATOLOGY (2%)	01,08-GP/FP (4%)
11051-Trim 2 to 4 skin lesions	\$10,388,814	281,470	000	3%	1%	86%	48-PODIATRY (94%)	01,08-GP/FP (2%)	07-DERMATOLOGY (4%)	11-INTERNAL MED (7%)
11052-Trim over 4 skin lesions	\$2,639,623	66,962	000	1%	1%	90%	48-PODIATRY (88%)	01,08-GP/FP (20%)	02-GHRL SURGERY (6%)	01,08-GP/FP (3%)
11200-Removal of skin tags	\$3,795,612	98,632	010	1%	4%	96%	07-DERMATOLOGY (58%)	01,08-GP/FP (15%)	48-PODIATRY (5%)	02-GHRL SURGERY (3%)
11201-Removal of added skin tags	\$219,594	14,943	ZZZ	0%	0%	95%	07-DERMATOLOGY (66%)	01,08-GP/FP (2%)	01,08-GP/FP (2%)	02-GHRL SURGERY (3%)
11900-Injection into skin lesions	\$2,193,918	106,961	000	1%	5%	97%	07-DERMATOLOGY (83%)	01,08-GP/FP (2%)	01,08-GP/FP (2%)	01,08-GP/FP (1%)
11901-Added skin lesion injections	\$1,926,205	53,973	000	0%	4%	99%	07-DERMATOLOGY (96%)	01,08-GP/FP (4%)	01,08-GP/FP (2%)	01,08-GP/FP (1%)
16000-Initial treatment of burn(s)	\$106,461	3,646	000	0%	0%	55%	01,08-GP/FP (46%)	93-EMERGENCY MED (20%)	02-GHRL SURGERY (24%)	11-INTERNAL MED (10%)
16010-Treatment of burn(s)	\$115,200	2,412	000	0%	0%	76%	01,08-GP/FP (39%)	02-GHRL SURGERY (24%)	11-INTERNAL MED (11%)	01,08-GP/FP (9%)
16015-Treatment of burn(s)	\$190,637	1,382	000	0%	0%	14%	02-GHRL SURGERY (42%)	24-PLASTIC SURG (32%)	01,08-GP/FP (9%)	01,08-GP/FP (1%)
16020-Treatment of burn(s)	\$733,136	26,138	000	0%	1%	71%	01,08-GP/FP (39%)	02-GHRL SURGERY (14%)	93-EMERGENCY MED (10%)	24-PLASTIC SURG (11%)
16025-Treatment of burn(s)	\$428,343	8,338	000	0%	0%	55%	01,08-GP/FP (31%)	02-GHRL SURGERY (24%)	01,08-GP/FP (2%)	70-GROUP PRAC (1%)
17000-Destroy benign/premal lesion	\$82,290,114	2,549,872	010	21%	2%	99%	07-DERMATOLOGY (91%)	01,08-GP/FP (4%)	01,08-GP/FP (2%)	01,08-GP/FP (1%)
17001-Destruction of add'l lesions	\$43,857,252	3,048,395	ZZZ	11%	3%	99%	07-DERMATOLOGY (94%)	01,08-GP/FP (2%)	24-PLASTIC SURG (9%)	01,08-GP/FP (6%)
17002-Destruction of add'l lesions	\$34,227,735	3,855,118	ZZZ	9%	3%	99%	07-DERMATOLOGY (95%)	01,08-GP/FP (2%)	01,08-GP/FP (1%)	01,08-GP/FP (1%)
17010-Destruction of skin lesions	\$691,435	13,770	010	0%	0%	97%	07-DERMATOLOGY (77%)	01,08-GP/FP (11%)	01,08-GP/FP (9%)	48-PODIATRY (5%)
17100-Destruction of skin lesion	\$18,347,979	730,197	010	5%	2%	98%	07-DERMATOLOGY (70%)	01,08-GP/FP (9%)	01,08-GP/FP (9%)	02-GHRL SURGERY (3%)
17101-Destruction of 2nd lesion	\$4,759,909	389,861	ZZZ	1%	4%	98%	07-DERMATOLOGY (78%)	01,08-GP/FP (9%)	01,08-GP/FP (6%)	01,08-GP/FP (9%)
17102-Destruction of add'l lesions	\$5,182,241	783,827	ZZZ	1%	3%	99%	07-DERMATOLOGY (80%)	01,08-GP/FP (9%)	01,08-GP/FP (6%)	01,08-GP/FP (9%)
17104-Destruction of skin lesions	\$936,217	42,897	010	0%	0%	97%	07-DERMATOLOGY (82%)	01,08-GP/FP (6%)	48-PODIATRY (12%)	01,08-GP/FP (9%)
17105-Destruction of skin lesions	\$203,350	5,337	010	0%	1%	86%	07-DERMATOLOGY (56%)	24-PLASTIC SURG (11%)	01,08-GP/FP (5%)	70-GROUP PRAC (5%)
17106-Destruction of skin lesions	\$300,764	2,178	090	0%	1%	80%	07-DERMATOLOGY (66%)	24-PLASTIC SURG (11%)	02-GHRL SURGERY (5%)	04-OTOLARYNG (5%)
17107-Destruction of skin lesions	\$156,104	462	090	0%	1%	64%	07-DERMATOLOGY (60%)	24-PLASTIC SURG (24%)	01,08-GP/FP (26%)	48-PODIATRY (14%)
17108-Destruction of skin lesions	\$134,296	243	090	0%	1%	49%	07-DERMATOLOGY (63%)	01,08-GP/FP (26%)	01,08-GP/FP (26%)	48-PODIATRY (14%)
17110-Destruction of skin lesions	\$2,008,691	70,694	010	1%	6%	97%	07-DERMATOLOGY (46%)	01,08-GP/FP (26%)	01,08-GP/FP (26%)	48-PODIATRY (14%)

Procedure

1993 HC Allowed Charges	1993 HC Units of Service	Global Period	Pct. of Family AllDChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
\$1,092,892	37,772	010	0%	2%	98%	07-DERMATOLOGY (57%)	01,08-GP/FP (24%)	02-GNRL SURGERY (7%)
\$90,234	7,109	ZZZ	0%	0%	95%	07-DERMATOLOGY (70%)	01,08-GP/FP (14%)	02-GNRL SURGERY (8%)
\$723,506	22,079	000	0%	0%	85%	48-PODIAITRY (32%)	02-GNRL SURGERY (16%)	07-DERMATOLOGY (13%)
\$925,414	13,122	010	1%	-	97%	07-DERMATOLOGY (87%)	01,08-GP/FP (5%)	70-GROUP PRAC (3%)
\$4,716,526	50,949	010	1%	-	98%	07-DERMATOLOGY (95%)	70-GROUP PRAC (2%)	01,08-GP/FP (1%)
\$8,087,844	64,416	010	2%	-	99%	07-DERMATOLOGY (96%)	70-GROUP PRAC (1%)	01,08-GP/FP (1%)
\$2,388,597	14,647	010	1%	-	98%	07-DERMATOLOGY (96%)	01,08-GP/FP (1%)	70-GROUP PRAC (1%)
\$538,805	2,823	010	0%	-	97%	07-DERMATOLOGY (94%)	01,08-GP/FP (2%)	02-GNRL SURGERY (1%)
\$258,646	1,058	010	0%	-	85%	07-DERMATOLOGY (83%)	02-GNRL SURGERY (7%)	01,08-GP/FP (4%)
\$689,783	7,769	010	0%	-	98%	07-DERMATOLOGY (86%)	01,08-GP/FP (6%)	02-GNRL SURGERY (3%)
\$3,137,466	26,341	010	1%	-	99%	07-DERMATOLOGY (96%)	01,08-GP/FP (2%)	70-GROUP PRAC (1%)
\$4,087,464	26,186	010	1%	-	99%	07-DERMATOLOGY (97%)	01,08-GP/FP (1%)	70-GROUP PRAC (1%)
\$941,939	4,977	010	0%	-	96%	07-DERMATOLOGY (95%)	01,08-GP/FP (1%)	02-GNRL SURGERY (1%)
\$243,656	1,049	010	0%	-	87%	07-DERMATOLOGY (93%)	01,08-GP/FP (2%)	02-GNRL SURGERY (2%)
\$79,918	301	010	0%	-	86%	07-DERMATOLOGY (75%)	02-GNRL SURGERY (8%)	01,08-GP/FP (4%)
\$5,764,501	52,354	010	1%	-	98%	07-DERMATOLOGY (89%)	01,08-GP/FP (4%)	02-GNRL SURGERY (2%)
\$15,583,363	107,909	010	4%	-	98%	07-DERMATOLOGY (96%)	01,08-GP/FP (1%)	70-GROUP PRAC (1%)
\$13,781,359	74,136	010	3%	-	98%	07-DERMATOLOGY (96%)	01,08-GP/FP (1%)	70-GROUP PRAC (1%)
\$2,328,346	10,610	010	1%	-	97%	07-DERMATOLOGY (95%)	01,08-GP/FP (2%)	02-GNRL SURGERY (1%)
\$549,956	2,068	010	0%	-	96%	07-DERMATOLOGY (91%)	01,08-GP/FP (3%)	02-GNRL SURGERY (1%)
\$190,793	586	010	0%	-	88%	07-DERMATOLOGY (72%)	24-PLASTIC SURG (10%)	01,08-GP/FP (8%)
\$36,933,764	1,504,996	XXX	9%	-	54%	48-PODIAITRY (99%)	70-GROUP PRAC (0%)	01,08-GP/FP (0%)

108-Simple Excision and Biopsy
 Family Medicare Charges:\$204,038,028
 Family Private Payments:\$11,883,423

Percent of CPEP Medicare Charges: 12%
 Percent of CPEP Private Payments: 23%

\$41,343,385	992,685	000	20%	15%	97%	07-DERMATOLOGY (87%)	01,08-GP/FP (4%)	24-PLASTIC SURG (2%)
\$7,271,228	313,003	ZZZ	4%	2%	97%	07-DERMATOLOGY (91%)	24-PLASTIC SURG (3%)	01,08-GP/FP (2%)
\$1,592,076	50,252	000	1%	-	95%	07-DERMATOLOGY (73%)	01,08-GP/FP (11%)	24-PLASTIC SURG (6%)
\$4,024,240	88,427	000	2%	-	97%	07-DERMATOLOGY (88%)	24-PLASTIC SURG (4%)	01,08-GP/FP (3%)
\$3,478,759	56,183	000	2%	-	98%	07-DERMATOLOGY (90%)	24-PLASTIC SURG (3%)	01,08-GP/FP (3%)
\$1,285,079	12,761	000	1%	-	98%	07-DERMATOLOGY (87%)	24-PLASTIC SURG (4%)	01,08-GP/FP (3%)
\$1,697,339	44,328	000	1%	-	84%	07-DERMATOLOGY (45%)	48-PODIAITRY (42%)	01,08-GP/FP (3%)
\$2,210,839	44,328	000	1%	-	96%	07-DERMATOLOGY (77%)	48-PODIAITRY (14%)	01,08-GP/FP (3%)
\$1,343,813	20,609	000	1%	-	97%	07-DERMATOLOGY (85%)	48-PODIAITRY (6%)	01,08-GP/FP (3%)
\$501,002	4,953	000	0%	-	93%	07-DERMATOLOGY (72%)	48-PODIAITRY (13%)	24-PLASTIC SURG (6%)
\$3,297,357	73,640	000	2%	-	95%	07-DERMATOLOGY (82%)	24-PLASTIC SURG (6%)	01,08-GP/FP (5%)
\$5,057,936	83,805	000	2%	-	98%	07-DERMATOLOGY (90%)	24-PLASTIC SURG (4%)	01,08-GP/FP (2%)
\$2,800,367	35,576	000	1%	-	97%	07-DERMATOLOGY (91%)	24-PLASTIC SURG (4%)	01,08-GP/FP (2%)
\$667,749	6,002	000	0%	-	93%	07-DERMATOLOGY (82%)	24-PLASTIC SURG (9%)	01,08-GP/FP (3%)
\$3,174,361	85,551	010	2%	7%	90%	07-DERMATOLOGY (35%)	01,08-GP/FP (29%)	02-GNRL SURGERY (17%)
\$6,942,993	135,118	010	3%	10%	88%	07-DERMATOLOGY (42%)	02-GNRL SURGERY (21%)	01,08-GP/FP (20%)
\$9,848,157	143,993	010	5%	10%	83%	07-DERMATOLOGY (36%)	02-GNRL SURGERY (29%)	01,08-GP/FP (18%)
\$2,799,582	68,394	010	1%	4%	87%	48-PODIAITRY (31%)	07-DERMATOLOGY (25%)	01,08-GP/FP (17%)
\$4,386,527	77,546	010	2%	6%	87%	07-DERMATOLOGY (37%)	02-GNRL SURGERY (17%)	01,08-GP/FP (15%)
\$4,982,545	68,403	010	2%	6%	82%	07-DERMATOLOGY (34%)	02-GNRL SURGERY (24%)	01,08-GP/FP (15%)
\$6,204,719	128,750	010	3%	7%	88%	07-DERMATOLOGY (42%)	01,08-GP/FP (16%)	18-OPHTHALMOLOGY (14%)
\$8,940,887	136,839	010	4%	7%	86%	07-DERMATOLOGY (44%)	02-GNRL SURGERY (15%)	01,08-GP/FP (12%)
\$7,866,046	95,444	010	4%	6%	82%	07-DERMATOLOGY (43%)	02-GNRL SURGERY (17%)	24-PLASTIC SURG (13%)
\$928,281	12,651	010	0%	1%	88%	07-DERMATOLOGY (47%)	01,08-GP/FP (22%)	02-GNRL SURGERY (14%)
\$4,005,460	40,783	010	2%	2%	91%	07-DERMATOLOGY (61%)	02-GNRL SURGERY (13%)	01,08-GP/FP (13%)

Top Medicare Specialties (% of Procedure Volume)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Specialty		
							First Specialty	Second Specialty	Third Specialty
11602-Removal of skin lesion	\$8,475,375	69,719	010	4%	3%	87%	07-DERMATOLOGY (59%)	02-GNRL SURGERY (17%)	01-08-GP/FP (11%)
11620-Removal of skin lesion	\$703,594	8,295	010	0%	0%	89%	07-DERMATOLOGY (48%)	01-08-GP/FP (20%)	02-GNRL SURGERY (15%)
11621-Removal of skin lesion	\$3,216,130	26,865	010	2%	1%	90%	07-DERMATOLOGY (60%)	02-GNRL SURGERY (13%)	01-08-GP/FP (12%)
11622-Removal of skin lesion	\$5,690,418	37,651	010	3%	1%	85%	07-DERMATOLOGY (57%)	02-GNRL SURGERY (16%)	01-08-GP/FP (11%)
11640-Removal of skin lesion	\$5,783,489	53,464	010	3%	2%	88%	07-DERMATOLOGY (52%)	01-08-GP/FP (15%)	02-GNRL SURGERY (12%)
11641-Removal of skin lesion	\$17,714,804	120,691	010	9%	4%	88%	07-DERMATOLOGY (60%)	02-GNRL SURGERY (11%)	24-PLASTIC SURG (10%)
11642-Removal of skin lesion	\$23,470,105	134,797	010	12%	4%	80%	07-DERMATOLOGY (55%)	24-PLASTIC SURG (13%)	02-GNRL SURGERY (13%)
11770-Removal of pilonidal lesion	\$119,927	742	010	0%	1%	54%	02-GNRL SURGERY (39%)	48-PODIATRY (28%)	01-08-GP/FP (11%)
15860-Test for blood flow in graft	\$7,864	99	000	0%	0%	9%	30-RADIOLOGY (35%)	02-GNRL SURGERY (30%)	24-PLASTIC SURG (20%)
20200-Muscle biopsy	\$129,932	1,606	000	0%	0%	23%	02-GNRL SURGERY (46%)	14-NEUROSURGERY (11%)	05-ANESTHESIA (6%)
20205-Deep muscle biopsy	\$677,879	4,364	000	0%	0%	13%	02-GNRL SURGERY (52%)	13-NEUROLOGY (13%)	14-NEUROSURGERY (8%)
21550-Biopsy of neck/chest	\$249,040	2,973	010	0%	0%	43%	04-OTOLARYNG (24%)	02-GNRL SURGERY (22%)	07-DERMATOLOGY (17%)
21555-Remove lesion neck/chest	\$540,950	3,169	090	0%	0%	31%	02-GNRL SURGERY (43%)	04-OTOLARYNG (13%)	01-08-GP/FP (9%)
21920-Biopsy soft tissue of back	\$78,813	1,098	010	0%	0%	84%	07-DERMATOLOGY (53%)	01-08-GP/FP (16%)	02-GNRL SURGERY (13%)
23065-Biopsy shoulder tissues	\$46,188	655	010	0%	0%	69%	07-DERMATOLOGY (40%)	02-GNRL SURGERY (12%)	05-ANESTHESIA (9%)
69100-Biopsy of external ear	\$482,793	10,552	000	0%	0%	96%	07-DERMATOLOGY (81%)	04-OTOLARYNG (11%)	24-PLASTIC SURG (3%)

112-Complex Excision and Debridement
 Family Medicare Charges: \$115,934,196
 Family Private Payments: \$4,238,901

Percent of CPEP Medicare Charges: 7%
 Percent of CPEP Private Payments: 8%

11043-Cleansing of tissue/muscle	\$7,883,572	55,986	010	7%	3%	18%	02-GNRL SURGERY (49%)	24-PLASTIC SURG (17%)	48-PODIATRY (9%)
11044-Cleansing tissue/muscle/bone	\$4,736,363	26,172	010	4%	3%	11%	02-GNRL SURGERY (36%)	20-ORTHOPE SURG (26%)	24-PLASTIC SURG (17%)
11403-Removal of skin lesion	\$5,476,667	60,162	010	5%	13%	73%	02-GNRL SURGERY (40%)	07-DERMATOLOGY (25%)	01-08-GP/FP (18%)
11404-Removal of skin lesion	\$2,843,780	24,450	010	2%	7%	61%	02-GNRL SURGERY (47%)	07-DERMATOLOGY (17%)	01-08-GP/FP (16%)
11406-Removal of skin lesion	\$4,367,205	27,002	010	4%	10%	36%	02-GNRL SURGERY (58%)	01-08-GP/FP (12%)	24-PLASTIC SURG (7%)
11423-Removal of skin lesion	\$2,520,503	24,943	010	2%	8%	72%	02-GNRL SURGERY (31%)	07-DERMATOLOGY (26%)	01-08-GP/FP (15%)
11424-Removal of skin lesion	\$1,113,972	8,794	010	1%	3%	58%	02-GNRL SURGERY (35%)	07-DERMATOLOGY (18%)	01-08-GP/FP (14%)
11426-Removal of skin lesion	\$1,213,737	7,115	010	1%	3%	36%	02-GNRL SURGERY (44%)	01-08-GP/FP (11%)	24-PLASTIC SURG (9%)
11443-Removal of skin lesion	\$2,714,516	23,575	010	2%	5%	75%	07-DERMATOLOGY (34%)	02-GNRL SURGERY (19%)	24-PLASTIC SURG (15%)
11444-Removal of skin lesion	\$986,308	6,796	010	1%	2%	63%	07-DERMATOLOGY (24%)	02-GNRL SURGERY (20%)	24-PLASTIC SURG (16%)
11446-Removal of skin lesion	\$825,212	4,266	010	1%	2%	49%	02-GNRL SURGERY (19%)	24-PLASTIC SURG (18%)	49-ASC (12%)
11450-Removal, sweat gland lesion	\$119,355	586	090	0%	1%	35%	02-GNRL SURGERY (52%)	01-08-GP/FP (12%)	24-PLASTIC SURG (9%)
11451-Removal, sweat gland lesion	\$23,536	114	090	0%	0%	23%	02-GNRL SURGERY (58%)	24-PLASTIC SURG (15%)	49-ASC (4%)
11462-Removal, sweat gland lesion	\$50,254	271	090	0%	0%	33%	02-GNRL SURGERY (47%)	24-PLASTIC SURG (14%)	07-DERMATOLOGY (11%)
11463-Removal, sweat gland lesion	\$9,356	66	090	0%	0%	27%	02-GNRL SURGERY (41%)	24-PLASTIC SURG (26%)	07-DERMATOLOGY (17%)
11470-Removal, sweat gland lesion	\$65,932	429	090	0%	0%	32%	02-GNRL SURGERY (33%)	01-08-GP/FP (16%)	05-ANESTHESIA (15%)
11471-Removal, sweat gland lesion	\$27,635	132	090	0%	0%	18%	02-GNRL SURGERY (36%)	24-PLASTIC SURG (27%)	28-COLORECTAL (10%)
11603-Removal of skin lesion	\$4,823,852	32,414	010	4%	3%	78%	07-DERMATOLOGY (48%)	02-GNRL SURGERY (24%)	01-08-GP/FP (11%)
11606-Removal of skin lesion	\$2,562,781	14,188	010	2%	2%	65%	07-DERMATOLOGY (38%)	02-GNRL SURGERY (31%)	24-PLASTIC SURG (10%)
11606-Removal of skin lesion	\$3,501,289	14,791	010	3%	3%	40%	02-GNRL SURGERY (45%)	07-DERMATOLOGY (20%)	24-PLASTIC SURG (11%)
11623-Removal of skin lesion	\$2,775,556	15,752	010	2%	1%	74%	07-DERMATOLOGY (45%)	02-GNRL SURGERY (22%)	24-PLASTIC SURG (16%)
11624-Removal of skin lesion	\$1,347,867	6,211	010	1%	0%	58%	07-DERMATOLOGY (33%)	02-GNRL SURGERY (26%)	24-PLASTIC SURG (15%)
11626-Removal of skin lesion	\$1,270,932	5,061	010	1%	1%	37%	02-GNRL SURGERY (30%)	24-PLASTIC SURG (21%)	07-DERMATOLOGY (20%)
11643-Removal of skin lesion	\$8,406,521	43,745	010	7%	3%	69%	07-DERMATOLOGY (46%)	24-PLASTIC SURG (19%)	02-GNRL SURGERY (15%)
11644-Removal of skin lesion	\$3,703,177	14,790	010	3%	1%	54%	07-DERMATOLOGY (33%)	24-PLASTIC SURG (23%)	02-GNRL SURGERY (16%)
11646-Removal of skin lesion	\$2,952,372	9,961	010	3%	1%	39%	24-PLASTIC SURG (29%)	07-DERMATOLOGY (22%)	02-GNRL SURGERY (16%)
11771-Removal of pilonidal lesion	\$160,102	445	090	0%	4%	16%	02-GNRL SURGERY (72%)	01-08-GP/FP (5%)	28-COLORECTAL (4%)
11772-Removal of pilonidal lesion	\$120,810	296	090	0%	3%	11%	02-GNRL SURGERY (70%)	28-COLORECTAL (9%)	24-PLASTIC SURG (3%)
11971-Remove tissue expander(s)	\$50,637	222	090	0%	1%	16%	24-PLASTIC SURG (84%)	02-GNRL SURGERY (5%)	49-ASC (4%)
15850-Removal of sutures	\$21,323	698	XXX	0%	1%	86%	07-DERMATOLOGY (31%)	11-INTERNAL MED (26%)	70-GROUP PRAC (17%)
15851-Removal of sutures	\$88,816	3,381	000	0%	1%	87%	01-08-GP/FP (32%)	18-OPHTHALMOLOGY (12%)	

Procedure

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Family AllChgs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)			
							First Specialty	Second Specialty	Third Specialty	
15852-Dressing change, not for burn	\$209,643	7,093	000	0%	0%	76%	01, 08-GP/FP (28%)	02-GNRL SURGERY (20%)	11-INTERNAL MED (15%)	
15920-Removal of tail bone ulcer	\$78,653	264	090	0%	0%	6%	02-GNRL SURGERY (72%)	24-PLASTIC SURG (13%)	01, 08-GP/FP (5%)	
15931-Remove sacrum pressure sore	\$490,485	1,589	090	0%	0%	4%	02-GNRL SURGERY (66%)	24-PLASTIC SURG (19%)	20-ORTHOPE SURG (3%)	
15933-Remove sacrum pressure sore	\$173,012	289	090	0%	0%	1%	02-GNRL SURGERY (53%)	24-PLASTIC SURG (35%)	04-OTOLARYNG (4%)	
15940-Removal of pressure sore	\$280,014	823	090	0%	0%	7%	02-GNRL SURGERY (47%)	24-PLASTIC SURG (36%)	01, 08-GP/FP (3%)	
15941-Removal of pressure sore	\$167,607	293	090	0%	0%	1%	24-PLASTIC SURG (60%)	02-GNRL SURGERY (28%)	20-ORTHOPE SURG (4%)	
15950-Remove thigh pressure sore	\$254,472	855	090	0%	0%	3%	02-GNRL SURGERY (64%)	24-PLASTIC SURG (18%)	11-INTERNAL MED (7%)	
15951-Remove thigh pressure sore	\$162,095	280	090	0%	0%	1%	02-GNRL SURGERY (60%)	24-PLASTIC SURG (25%)	20-ORTHOPE SURG (6%)	
16030-Treatment of burn(s)	\$290,244	4,315	000	0%	0%	3%	01, 08-GP/FP (26%)	02-GNRL SURGERY (26%)	24-PLASTIC SURG (25%)	
16035-Incision of burn scab	\$114,161	710	090	0%	0%	0%	02-GNRL SURGERY (35%)	70-GROUP PRAC (19%)	24-PLASTIC SURG (18%)	
16040-Burn wound excision	\$14,560	95	000	0%	0%	2%	24-PLASTIC SURG (39%)	02-GNRL SURGERY (38%)	01, 08-GP/FP (6%)	
16041-Burn wound excision	\$43,572	233	000	0%	0%	2%	02-GNRL SURGERY (44%)	24-PLASTIC SURG (36%)	01, 08-GP/FP (9%)	
16042-Burn wound excision	\$18,626	137	000	0%	0%	4%	02-GNRL SURGERY (49%)	24-PLASTIC SURG (33%)	70-GROUP PRAC (8%)	
17304-Chemosurgery of skin lesion	\$29,176,913	80,993	000	25%	9%	8%	07-DERMATOLOGY (91%)	24-PLASTIC SURG (4%)	70-GROUP PRAC (2%)	
17305-2nd stage chemosurgery	\$9,620,768	49,676	000	8%	3%	8%	07-DERMATOLOGY (91%)	24-PLASTIC SURG (6%)	70-GROUP PRAC (2%)	
17306-3rd stage chemosurgery	\$3,279,297	18,090	000	3%	1%	8%	07-DERMATOLOGY (92%)	24-PLASTIC SURG (4%)	70-GROUP PRAC (2%)	
17307-Followup skin lesion therapy	\$1,742,910	9,982	000	2%	0%	8%	07-DERMATOLOGY (92%)	24-PLASTIC SURG (4%)	70-GROUP PRAC (1%)	
17310-Extensive skin chemosurgery	\$1,086,889	30,403	000	1%	0%	8%	07-DERMATOLOGY (83%)	24-PLASTIC SURG (10%)	70-GROUP PRAC (5%)	
21556-Remove lesion neck/chest	\$1,155,120	3,759	090	1%	2%	11%	02-GNRL SURGERY (44%)	04-OTOLARYNG (28%)	24-PLASTIC SURG (6%)	
21930-Remove lesion, back or flank	\$815,217	2,948	090	1%	1%	33%	02-GNRL SURGERY (54%)	07-DERMATOLOGY (11%)	01, 08-GP/FP (9%)	
116-Dermabrasion and Cryotherapy										
Family Medicare Charges:	\$4,164,429		0%							
Family Private Payments:	\$809,955		2%							
Percent of CPEP Medicare Charges:										
Percent of CPEP Private Payments:										
15780-Abrasion treatment of skin	\$17,014	110	090	0%	0%	87%	01, 08-GP/FP (43%)	07-DERMATOLOGY (25%)	24-PLASTIC SURG (15%)	
15781-Abrasion treatment of skin	\$134,707	643	090	3%	5%	81%	07-DERMATOLOGY (51%)	04-OTOLARYNG (16%)	24-PLASTIC SURG (16%)	
15782-Abrasion treatment of skin	\$18,964	204	090	0%	0%	90%	01, 08-GP/FP (45%)	11-INTERNAL MED (17%)	07-DERMATOLOGY (14%)	
15783-Abrasion treatment of skin	\$16,130	107	090	0%	0%	86%	07-DERMATOLOGY (53%)	24-PLASTIC SURG (14%)	04-OTOLARYNG (7%)	
15786-Abrasion treatment of lesion	\$93,066	2,296	010	2%	1%	89%	48-PODIATRY (70%)	01, 08-GP/FP (10%)	07-DERMATOLOGY (7%)	
15787-Abrasion, added skin lesions	\$8,365	443	090	0%	0%	7%	01, 08-GP/FP (33%)	24-PLASTIC SURG (23%)	48-PODIATRY (15%)	
15788-Chemical peel, face, epiderm			090	0%	0%	0%	(.)	(.)	(.)	
15789-Chemical peel, face, dermal			090	0%	0%	0%	(.)	(.)	(.)	
15792-Chemical peel, nonfacial			090	0%	0%	0%	(.)	(.)	(.)	
15793-Chemical peel, nonfacial			090	0%	0%	0%	(.)	(.)	(.)	
15810-Salabrasion	\$762	7	090	0%	0%	86%	01, 08-GP/FP (29%)	16-08-GYNECOLOGY (29%)	24-PLASTIC SURG (29%)	
15811-Salabrasion	\$2,013	15	090	0%	0%	27%	24-PLASTIC SURG (93%)	01, 08-GP/FP (7%)	(.)	
17340-Cryotherapy of skin	\$3,817,100	167,987	010	92%	91%	98%	01, 08-GP/FP (48%)	07-DERMATOLOGY (27%)	11-INTERNAL MED (15%)	
17360-Skin peel therapy	\$56,308	1,789	010	1%	4%	100%	07-DERMATOLOGY (93%)	24-PLASTIC SURG (3%)	04-OTOLARYNG (2%)	
120-Incision and Drainage										
Family Medicare Charges:	\$56,495,638		3%							
Family Private Payments:	\$2,482,374		5%							
Percent of CPEP Medicare Charges:										
Percent of CPEP Private Payments:										
10040-Acne surgery	\$1,339,217	39,471	010	2%	2%	99%	07-DERMATOLOGY (92%)	01, 08-GP/FP (3%)	11-INTERNAL MED (1%)	
10060-Drainage of skin abscess	\$30,912,186	763,950	010	55%	37%	82%	48-PODIATRY (73%)	01, 08-GP/FP (9%)	07-DERMATOLOGY (7%)	
10061-Drainage of skin abscess	\$12,554,843	168,930	010	22%	13%	77%	48-PODIATRY (67%)	07-DERMATOLOGY (12%)	02-GNRL SURGERY (8%)	
10080-Drainage of pilonidal cyst	\$101,337	1,965	010	0%	1%	86%	02-GNRL SURGERY (18%)	02-GNRL SURGERY (15%)	11-INTERNAL MED (11%)	
10081-Drainage of pilonidal cyst	\$66,785	658	010	0%	1%	69%	02-GNRL SURGERY (40%)	01, 08-GP/FP (26%)	11-INTERNAL MED (11%)	
10120-Remove foreign body	\$1,619,088	37,039	010	3%	6%	71%	01, 08-GP/FP (30%)	48-PODIATRY (27%)	02-GNRL SURGERY (13%)	
10121-Remove foreign body	\$841,019	8,748	010	1%	3%	58%	02-GNRL SURGERY (31%)	48-PODIATRY (22%)	01, 08-GP/FP (17%)	
10140-Drainage of hematoma/fluid	\$4,442,010	93,247	010	8%	2%	71%	48-PODIATRY (81%)	02-GNRL SURGERY (9%)	01, 08-GP/FP (4%)	

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Allidchs	Pct. of Family PrivPmts	Pct. of Vol. In OFFICE	Top Medicare Specialties (% of Procedure Volume)			
							First Specialty	Second Specialty	Third Specialty	
10160-Puncture drainage of lesion	\$2,255,373	58,571	010	4%	3%	86%	48-PODIATRY (49%)	02-GHRL SURGERY (21%)	01,08-GP/FP (10%)	
10180-Complex drainage, wound	\$839,422	8,517	010	1%	2%	35%	02-GHRL SURGERY (38%)	20-ORTHOED SURG (15%)	48-PODIATRY (9%)	
11740-Drain blood from under nail	\$459,196	17,549	000	1%	1%	56%	48-PODIATRY (86%)	01,08-GP/FP (6%)	93-EMERGENCY MED (4%)	
19020-Incision of breast lesion	\$156,934	1,100	090	0%	0%	35%	02-GHRL SURGERY (70%)	01,08-GP/FP (7%)	49-ASC (4%)	
20000-Incision of abscess	\$221,128	3,473	010	0%	0%	74%	48-PODIATRY (39%)	01,08-GP/FP (15%)	11-INTERNAL MED (9%)	
20005-Incision of deep abscess	\$343,175	2,433	010	1%	1%	29%	02-GHRL SURGERY (34%)	20-ORTHOED SURG (16%)	48-PODIATRY (9%)	
21501-Drain neck/chest lesion	\$343,925	2,279	090	1%	1%	26%	04-OTOLARYNG (29%)	02-GHRL SURGERY (28%)	33-THORACIC SURG (8%)	
124-Simple Skin Repair										
Family Medicare Charges: \$57,168,761										
Family Private Payments: \$4,841,674										
Percent of CPEP Medicare Charges: 3%										
Percent of CPEP Private Payments: 9%										
11920-Correct skin color defects	\$2,646	10	000	0%	0%	90%	24-PLASTIC SURG (60%)	02-GHRL SURGERY (20%)	70-GROUP PRAC (20%)	
11921-Correct skin color defects	\$2,289	5	000	0%	0%	80%	24-PLASTIC SURG (60%)	39-NEPHROLOGY (20%)	70-GROUP PRAC (20%)	
11922-Correct skin color defects	\$7	1	222	0%	0%	100%	39-NEPHROLOGY (100%)	(.)	(.)	
11950-Therapy for contour defects	\$23	1	000	0%	1%	100%	24-PLASTIC SURG (100%)	(.)	(.)	
11951-Therapy for contour defects	\$92	2	000	0%	0%	100%	04-OTOLARYNG (50%)	07-DERMATOLOGY (50%)	(.)	
11952-Therapy for contour defects	\$498	1	000	0%	0%	100%	24-PLASTIC SURG (100%)	(.)	(.)	
11954-Therapy for contour defects	\$1,056	7	000	0%	0%	71%	24-PLASTIC SURG (71%)	34-UROLOGY (29%)	(.)	
12001-Repair superficial wound(s)	\$6,791,502	128,554	010	12%	17%	26%	01,08-GP/FP (37%)	93-EMERGENCY MED (33%)	70-GROUP PRAC (9%)	
12002-Repair superficial wound(s)	\$7,138,592	106,442	010	12%	11%	24%	01,08-GP/FP (38%)	93-EMERGENCY MED (34%)	11-INTERNAL MED (9%)	
12004-Repair superficial wound(s)	\$1,350,911	14,732	010	2%	1%	22%	01,08-GP/FP (38%)	93-EMERGENCY MED (33%)	11-INTERNAL MED (9%)	
12005-Repair superficial wound(s)	\$409,602	3,548	010	1%	0%	19%	01,08-GP/FP (35%)	93-EMERGENCY MED (32%)	02-GHRL SURGERY (9%)	
12011-Repair superficial wound(s)	\$3,773,540	60,235	010	7%	12%	15%	93-EMERGENCY MED (39%)	01,08-GP/FP (32%)	70-GROUP PRAC (10%)	
12013-Repair superficial wound(s)	\$3,065,210	37,280	010	4%	4%	14%	93-EMERGENCY MED (40%)	01,08-GP/FP (34%)	70-GROUP PRAC (9%)	
12014-Repair superficial wound(s)	\$558,985	5,906	010	1%	0%	19%	01,08-GP/FP (38%)	93-EMERGENCY MED (34%)	70-GROUP PRAC (8%)	
12015-Repair superficial wound(s)	\$276,234	2,113	010	0%	0%	15%	93-EMERGENCY MED (36%)	01,08-GP/FP (33%)	70-GROUP PRAC (8%)	
12016-Repair superficial wound(s)	\$58,746	338	010	0%	0%	19%	01,08-GP/FP (32%)	93-EMERGENCY MED (25%)	11-INTERNAL MED (10%)	
12020-Closure of split wound	\$286,424	2,722	010	1%	0%	42%	02-GHRL SURGERY (32%)	20-ORTHOED SURG (14%)	01,08-GP/FP (10%)	
12031-Closure of split wound	\$131,044	1,772	010	0%	0%	60%	02-GHRL SURGERY (25%)	20-ORTHOED SURG (16%)	48-PODIATRY (13%)	
12032-Layer closure of wound(s)	\$1,052,644	18,744	010	2%	2%	66%	07-DERMATOLOGY (44%)	01,08-GP/FP (15%)	24-PLASTIC SURG (11%)	
12034-Layer closure of wound(s)	\$2,664,014	35,613	010	5%	3%	60%	07-DERMATOLOGY (46%)	01,08-GP/FP (16%)	93-EMERGENCY MED (13%)	
12034-Layer closure of wound(s)	\$816,481	7,271	010	1%	1%	34%	01,08-GP/FP (25%)	93-EMERGENCY MED (20%)	07-DERMATOLOGY (16%)	
12035-Layer closure of wound(s)	\$356,200	2,444	010	1%	0%	18%	02-GHRL SURGERY (22%)	01,08-GP/FP (22%)	93-EMERGENCY MED (19%)	
12041-Layer closure of wound(s)	\$631,176	9,738	010	1%	1%	55%	07-DERMATOLOGY (27%)	01,08-GP/FP (23%)	93-EMERGENCY MED (15%)	
12042-Layer closure of wound(s)	\$1,137,810	13,713	010	2%	1%	57%	07-DERMATOLOGY (35%)	01,08-GP/FP (23%)	93-EMERGENCY MED (13%)	
12044-Layer closure of wound(s)	\$213,248	1,776	010	0%	0%	34%	01,08-GP/FP (29%)	93-EMERGENCY MED (19%)	02-GHRL SURGERY (10%)	
12045-Layer closure of wound(s)	\$68,624	451	010	0%	0%	28%	01,08-GP/FP (26%)	93-EMERGENCY MED (16%)	02-GHRL SURGERY (13%)	
12051-Layer closure of wound(s)	\$2,258,461	30,973	010	4%	5%	62%	07-DERMATOLOGY (47%)	24-PLASTIC SURG (16%)	93-EMERGENCY MED (11%)	
12052-Layer closure of wound(s)	\$3,079,466	30,488	010	5%	3%	53%	07-DERMATOLOGY (45%)	93-EMERGENCY MED (19%)	01,08-GP/FP (13%)	
12053-Layer closure of wound(s)	\$620,440	4,925	010	1%	1%	36%	07-DERMATOLOGY (28%)	93-EMERGENCY MED (25%)	01,08-GP/FP (18%)	
12054-Layer closure of wound(s)	\$336,232	1,858	010	1%	0%	20%	93-EMERGENCY MED (30%)	01,08-GP/FP (21%)	24-PLASTIC SURG (11%)	
12055-Layer closure of wound(s)	\$79,145	358	010	0%	0%	14%	93-EMERGENCY MED (23%)	24-PLASTIC SURG (19%)	01,08-GP/FP (16%)	
13100-Repair of wound or lesion	\$230,795	2,339	010	2%	1%	68%	07-DERMATOLOGY (40%)	24-PLASTIC SURG (20%)	02-GHRL SURGERY (9%)	
13101-Repair of wound or lesion	\$1,275,552	7,522	010	2%	2%	70%	07-DERMATOLOGY (57%)	24-PLASTIC SURG (19%)	02-GHRL SURGERY (10%)	
13120-Repair of wound or lesion	\$418,948	3,433	010	1%	1%	60%	07-DERMATOLOGY (34%)	24-PLASTIC SURG (24%)	01,08-GP/FP (12%)	
13121-Repair of wound or lesion	\$2,564,310	12,201	010	4%	3%	59%	07-DERMATOLOGY (44%)	24-PLASTIC SURG (18%)	01,08-GP/FP (9%)	
13131-Repair of wound or lesion	\$2,391,840	15,454	010	4%	7%	60%	07-DERMATOLOGY (38%)	24-PLASTIC SURG (31%)	01,08-GP/FP (7%)	
13132-Repair of wound or lesion	\$9,701,513	33,730	010	17%	11%	64%	07-DERMATOLOGY (54%)	24-PLASTIC SURG (21%)	01,08-GP/FP (5%)	
13300-Repair of wound or lesion	\$3,424,129	8,678	010	6%	7%	24%	24-PLASTIC SURG (39%)	07-DERMATOLOGY (15%)	02-GHRL SURGERY (14%)	
15775-Hair transplant punch grafts	\$11	1	000	0%	0%	0%	34-UROLOGY (100%)	(.)	(.)	
15776-Hair transplant punch grafts	\$321	3	000	0%	0%	0%	24-PLASTIC SURG (100%)	(.)	(.)	

128-Complex Skin Repairs Including Integument Grafts, Transfer and Rearrangement
 Family Medicare Charges: \$167,870,494
 Family Private Payments: \$5,168,069
 Percent of CPEP Medicare Charges: 10%
 Percent of CPEP Private Payments: 10%

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Global Payment	Pct. of Family Allchgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
11960-Insert tissue expander(s)	\$137,193	323	090	0%	4%	15%	24-PLASTIC SURG (64%)	04-OTOLARYNG (8%)	02-GNRL SURGERY (7%)	
11970-Replace tissue expander	\$203,856	410	090	0%	2%	4%	24-PLASTIC SURG (88%)	49-ASC (5%)	01,08-GP/FP (1%)	
12006-Repair superficial wound(s)	\$106,653	791	010	0%	.	23%	01,08-GP/FP (38%)	93-EMERGENCY MED (21%)	02-GNRL SURGERY (14%)	
12007-Repair superficial wound(s)	\$48,739	307	010	0%	.	22%	01,08-GP/FP (27%)	02-GNRL SURGERY (21%)	93-EMERGENCY MED (19%)	
12017-Repair superficial wound(s)	\$20,341	101	010	0%	.	3%	01,08-GP/FP (41%)	93-EMERGENCY MED (15%)	02-GNRL SURGERY (14%)	
12018-Repair superficial wound(s)	\$21,835	104	010	0%	.	37%	01,08-GP/FP (72%)	49-ASC (7%)	93-EMERGENCY MED (6%)	
12036-Layer closure of wound(s)	\$116,032	628	010	0%	0%	14%	02-GNRL SURGERY (23%)	01,08-GP/FP (17%)	20-ORTHOPE SURG (16%)	
12037-Layer closure of wound(s)	\$72,977	376	010	0%	1%	11%	02-GNRL SURGERY (32%)	24-PLASTIC SURG (19%)	20-ORTHOPE SURG (18%)	
12046-Layer closure of wound(s)	\$23,356	109	010	0%	.	22%	20-ORTHOPE SURG (22%)	01,08-GP/FP (19%)	24-PLASTIC SURG (16%)	
12047-Layer closure of wound(s)	\$12,512	58	010	0%	.	28%	01,08-GP/FP (19%)	02-GNRL SURGERY (16%)	20-ORTHOPE SURG (16%)	
12056-Layer closure of wound(s)	\$23,628	78	010	0%	.	21%	24-PLASTIC SURG (21%)	01,08-GP/FP (18%)	02-GNRL SURGERY (15%)	
12057-Layer closure of wound(s)	\$14,265	70	010	0%	.	18%	24-PLASTIC SURG (26%)	01,08-GP/FP (22%)	02-GNRL SURGERY (12%)	
13150-Repair of wound or lesion	\$479,105	3,022	010	0%	2%	56%	24-PLASTIC SURG (61%)	07-DERMATOLOGY (22%)	04-OTOLARYNG (10%)	
13151-Repair of wound or lesion	\$2,254,499	10,739	010	1%	5%	60%	07-DERMATOLOGY (39%)	24-PLASTIC SURG (34%)	04-OTOLARYNG (7%)	
13152-Repair of wound or lesion	\$4,465,136	11,612	010	3%	6%	53%	07-DERMATOLOGY (41%)	24-PLASTIC SURG (30%)	04-OTOLARYNG (8%)	
13160-Late closure of wound	\$2,519,000	8,294	090	2%	1%	9%	02-GNRL SURGERY (32%)	20-ORTHOPE SURG (22%)	24-PLASTIC SURG (9%)	
14000-Skin tissue rearrangement	\$1,497,949	5,331	090	1%	3%	53%	07-DERMATOLOGY (34%)	24-PLASTIC SURG (34%)	02-GNRL SURGERY (17%)	
14001-Skin tissue rearrangement	\$1,305,007	3,390	090	1%	2%	41%	24-PLASTIC SURG (39%)	07-DERMATOLOGY (32%)	02-GNRL SURGERY (18%)	
14020-Skin tissue rearrangement	\$3,237,981	9,383	090	2%	3%	51%	24-PLASTIC SURG (39%)	07-DERMATOLOGY (35%)	02-GNRL SURGERY (11%)	
14021-Skin tissue rearrangement	\$2,011,683	4,235	090	1%	2%	45%	24-PLASTIC SURG (39%)	07-DERMATOLOGY (37%)	02-GNRL SURGERY (9%)	
14060-Skin tissue rearrangement	\$21,877,475	48,904	090	13%	13%	56%	07-DERMATOLOGY (44%)	24-PLASTIC SURG (32%)	04-OTOLARYNG (7%)	
14041-Skin tissue rearrangement	\$5,479,060	9,376	090	3%	3%	54%	07-DERMATOLOGY (49%)	24-PLASTIC SURG (29%)	04-OTOLARYNG (9%)	
14060-Skin tissue rearrangement	\$29,928,738	53,845	090	18%	14%	47%	24-PLASTIC SURG (38%)	07-DERMATOLOGY (34%)	04-OTOLARYNG (10%)	
14061-Skin tissue rearrangement	\$3,655,356	4,910	090	2%	1%	49%	07-DERMATOLOGY (42%)	24-PLASTIC SURG (30%)	04-OTOLARYNG (13%)	
14300-Skin tissue rearrangement	\$4,161,600	5,253	090	2%	3%	31%	24-PLASTIC SURG (48%)	07-DERMATOLOGY (26%)	02-GNRL SURGERY (8%)	
14350-Skin tissue rearrangement	\$119,608	273	090	0%	.	12%	24-PLASTIC SURG (59%)	20-ORTHOPE SURG (12%)	48-PODIATRY (9%)	
15000-Skin graft procedure	\$6,782,521	27,796	222	4%	2%	22%	24-PLASTIC SURG (54%)	07-DERMATOLOGY (17%)	02-GNRL SURGERY (14%)	
15050-Skin pinch graft procedure	\$222,187	1,660	090	0%	0%	43%	02-GNRL SURGERY (25%)	24-PLASTIC SURG (21%)	48-PODIATRY (16%)	
15100-Skin split graft procedure	\$12,650,704	33,280	090	8%	7%	4%	24-PLASTIC SURG (49%)	02-GNRL SURGERY (32%)	20-ORTHOPE SURG (3%)	
15101-Skin split graft procedure	\$3,119,811	20,360	222	2%	2%	1%	24-PLASTIC SURG (44%)	02-GNRL SURGERY (42%)	05-ANESTHESIA (5%)	
15120-Skin split graft procedure	\$3,656,440	7,633	090	2%	2%	17%	24-PLASTIC SURG (29%)	04-OTOLARYNG (26%)	02-GNRL SURGERY (16%)	
15121-Skin split graft procedure	\$180,113	890	222	0%	.	3%	24-PLASTIC SURG (43%)	02-GNRL SURGERY (36%)	04-OTOLARYNG (10%)	
15200-Skin full graft procedure	\$384,446	1,149	090	0%	0%	18%	02-GNRL SURGERY (33%)	24-PLASTIC SURG (30%)	07-DERMATOLOGY (8%)	
15201-Skin full graft procedure	\$25,408	154	222	0%	.	18%	24-PLASTIC SURG (45%)	02-GNRL SURGERY (24%)	07-DERMATOLOGY (14%)	
15220-Skin full graft procedure	\$1,175,899	3,261	090	1%	1%	22%	24-PLASTIC SURG (39%)	02-GNRL SURGERY (23%)	07-DERMATOLOGY (15%)	
15221-Skin full graft procedure	\$125,619	673	222	0%	.	8%	24-PLASTIC SURG (72%)	02-GNRL SURGERY (11%)	07-DERMATOLOGY (5%)	
15240-Skin full graft procedure	\$4,322,054	9,596	090	3%	3%	25%	24-PLASTIC SURG (44%)	07-DERMATOLOGY (15%)	02-GNRL SURGERY (13%)	
15241-Skin full graft procedure	\$177,672	811	222	0%	.	18%	24-PLASTIC SURG (62%)	07-DERMATOLOGY (16%)	04-OTOLARYNG (6%)	
15260-Skin full graft procedure	\$14,248,934	27,166	090	8%	4%	40%	07-DERMATOLOGY (33%)	24-PLASTIC SURG (31%)	04-OTOLARYNG (10%)	
15261-Skin full graft procedure	\$86,657	429	222	0%	.	22%	24-PLASTIC SURG (35%)	02-GNRL SURGERY (22%)	07-DERMATOLOGY (18%)	
15350-Skin homograft procedure	\$156,903	830	090	0%	.	25%	24-PLASTIC SURG (50%)	02-GNRL SURGERY (26%)	07-DERMATOLOGY (10%)	
15400-Skin heterograft procedure	\$167,076	1,304	090	0%	.	37%	24-PLASTIC SURG (27%)	48-PODIATRY (27%)	02-GNRL SURGERY (24%)	
15570-Form skin pedicle flap	\$402,311	634	090	0%	.	10%	24-PLASTIC SURG (52%)	02-GNRL SURGERY (21%)	49-ASC (12%)	
15572-Form skin pedicle flap	\$484,288	783	090	0%	.	10%	24-PLASTIC SURG (53%)	02-GNRL SURGERY (18%)	49-ASC (15%)	
15574-Form skin pedicle flap	\$2,163,001	3,542	090	1%	.	13%	24-PLASTIC SURG (44%)	49-ASC (18%)	04-OTOLARYNG (11%)	
15576-Form skin pedicle flap	\$3,203,628	5,069	090	2%	.	14%	24-PLASTIC SURG (45%)	49-ASC (17%)	04-OTOLARYNG (13%)	
15580-Attach skin pedicle graft	\$48,349	128	090	0%	.	9%	24-PLASTIC SURG (48%)	20-ORTHOPE SURG (27%)	40-HAND SURGERY (9%)	
15600-Skin graft procedure	\$36,588	172	090	0%	.	5%	24-PLASTIC SURG (62%)	04-OTOLARYNG (15%)	02-GNRL SURGERY (10%)	

Procedure	1993 MC Units of Service	1993 MC Allowed Charges	Global Period	Pct. of Family AllDchs	Pct. of Family Privmfts	Pct. in OFFICE	First Specialty	Second Specialty	Third Specialty
15610-Skin graft procedure	215	\$43,476	090	0%	.	9%	24-PLASTIC SURG (61%)	02-GNRL SURGERY (10%)	20-ORTHOPE SURG (7%)
15620-Skin graft procedure	620	\$195,471	090	0%	.	14%	24-PLASTIC SURG (55%)	04-OTOLARYNG (16%)	49-ASC (10%)
15625-Skin graft procedure	86	\$20,053	090	0%	.	14%	24-PLASTIC SURG (56%)	20-ORTHOPE SURG (22%)	49-ASC (9%)
15630-Skin graft procedure	1,414	\$480,876	090	0%	.	21%	24-PLASTIC SURG (54%)	04-OTOLARYNG (14%)	49-ASC (12%)
15650-Transfer skin pedicle flap	134	\$31,667	090	0%	.	5%	24-PLASTIC SURG (50%)	04-OTOLARYNG (16%)	02-GNRL SURGERY (12%)
15732-Muscle-skin graft, head/neck	3,822	\$3,892,407	090	2%	2%	4%	24-PLASTIC SURG (42%)	04-OTOLARYNG (28%)	18-OPHTHALMOLOGY (16%)
15734-Muscle-skin graft, trunk	8,378	\$9,357,218	090	6%	4%	1%	24-PLASTIC SURG (76%)	02-GNRL SURGERY (9%)	04-OTOLARYNG (4%)
15736-Muscle-skin graft, arm	455	\$425,573	090	0%	0%	2%	24-PLASTIC SURG (69%)	02-GNRL SURGERY (7%)	04-OTOLARYNG (6%)
15738-Muscle-skin graft, leg	4,046	\$3,964,837	090	2%	1%	1%	24-PLASTIC SURG (74%)	02-GNRL SURGERY (9%)	05-ANESTHESIA (4%)
15740-Island pedicle flap graft	1,436	\$1,023,679	090	1%	.	44%	07-DERMATOLOGY (43%)	24-PLASTIC SURG (27%)	04-OTOLARYNG (8%)
15750-Neurovascular pedicle graft	147	\$95,226	090	0%	.	3%	24-PLASTIC SURG (54%)	20-ORTHOPE SURG (11%)	49-ASC (7%)
15755-Microvascular flap graft	1,492	\$2,565,154	090	2%	4%	3%	24-PLASTIC SURG (68%)	04-OTOLARYNG (11%)	02-GNRL SURGERY (6%)
15760-Composite skin graft	804	\$383,875	090	0%	.	17%	24-PLASTIC SURG (45%)	04-OTOLARYNG (23%)	49-ASC (11%)
15770-Derma-fat-fascia graft	1,338	\$413,141	090	0%	1%	4%	04-OTOLARYNG (43%)	14-NEUROSURGERY (17%)	24-PLASTIC SURG (13%)
15819-Plastic surgery, neck	9	\$3,798	090	0%	.	11%	04-OTOLARYNG (44%)	24-PLASTIC SURG (33%)	13-NEUROLOGY (11%)
15831-Excise excessive skin tissue	460	\$289,023	090	0%	3%	4%	02-GNRL SURGERY (45%)	24-PLASTIC SURG (33%)	01,08-GP/FP (3%)
15832-Excise excessive skin tissue	38	\$23,288	090	0%	.	21%	24-PLASTIC SURG (47%)	02-GNRL SURGERY (18%)	33-THORACIC SURG (11%)
15833-Excise excessive skin tissue	8	\$9,592	090	0%	.	21%	24-PLASTIC SURG (63%)	02-GNRL SURGERY (17%)	01,08-GP/FP (8%)
15834-Excise excessive skin tissue	24	\$3,978	090	0%	.	0%	24-PLASTIC SURG (50%)	02-GNRL SURGERY (25%)	11-INTERNAL MED (13%)
15835-Excise excessive skin tissue	6	\$2,625	090	0%	.	17%	02-GNRL SURGERY (83%)	18-OPHTHALMOLOGY (17%)	(.)
15836-Excise excessive skin tissue	34	\$13,123	090	0%	.	12%	24-PLASTIC SURG (47%)	02-GNRL SURGERY (32%)	01,08-GP/FP (12%)
15837-Excise excessive skin tissue	10	\$2,323	090	0%	.	10%	24-PLASTIC SURG (60%)	01,08-GP/FP (20%)	40-HAND SURGERY (20%)
15838-Excise excessive skin tissue	32	\$9,068	090	0%	.	19%	02-OTOLARYNG (47%)	24-PLASTIC SURG (22%)	18-OPHTHALMOLOGY (13%)
15839-Excise excessive skin tissue	156	\$42,106	090	0%	.	26%	02-GNRL SURGERY (39%)	24-PLASTIC SURG (17%)	04-OTOLARYNG (12%)
15840-Graft for face nerve palsy	185	\$163,109	090	0%	.	6%	24-PLASTIC SURG (54%)	04-OTOLARYNG (21%)	18-OPHTHALMOLOGY (12%)
15841-Graft for face nerve palsy	13	\$12,009	090	0%	.	8%	18-OPHTHALMOLOGY (46%)	04-OTOLARYNG (23%)	24-PLASTIC SURG (15%)
15842-Graft for face nerve palsy	11	\$19,143	090	0%	.	0%	24-PLASTIC SURG (64%)	02-GNRL SURGERY (9%)	04-OTOLARYNG (9%)
15845-Skin and muscle repair, face	202	\$211,806	090	0%	.	2%	24-PLASTIC SURG (32%)	18-OPHTHALMOLOGY (26%)	04-OTOLARYNG (18%)
15922-Removal of tail bone ulcer	93	\$33,497	090	0%	.	2%	02-GNRL SURGERY (49%)	24-PLASTIC SURG (42%)	01,08-GP/FP (2%)
15934-Remove sacrum pressure sore	812	\$482,662	090	0%	.	3%	02-GNRL SURGERY (46%)	24-PLASTIC SURG (40%)	20-ORTHOPE SURG (4%)
15935-Remove sacrum pressure sore	403	\$337,707	090	0%	.	1%	24-PLASTIC SURG (58%)	02-GNRL SURGERY (31%)	01,08-GP/FP (2%)
15936-Remove sacrum pressure sore	839	\$461,903	090	0%	.	2%	24-PLASTIC SURG (65%)	02-GNRL SURGERY (26%)	01,08-GP/FP (3%)
15937-Remove sacrum pressure sore	1,396	\$1,029,593	090	1%	.	1%	24-PLASTIC SURG (76%)	02-GNRL SURGERY (17%)	01,08-GP/FP (2%)
15944-Removal of pressure sore	379	\$234,954	090	0%	.	2%	24-PLASTIC SURG (60%)	02-GNRL SURGERY (32%)	49-ASC (2%)
15945-Removal of pressure sore	244	\$176,693	090	0%	.	1%	24-PLASTIC SURG (68%)	02-GNRL SURGERY (25%)	20-ORTHOPE SURG (3%)
15946-Removal of pressure sore	1,828	\$1,981,700	090	1%	.	1%	24-PLASTIC SURG (83%)	02-GNRL SURGERY (10%)	70-GROUP PRAC (1%)
15952-Remove thigh pressure sore	324	\$159,684	090	0%	.	1%	02-GNRL SURGERY (48%)	24-PLASTIC SURG (36%)	77-VASCULAR SURG (6%)
15953-Remove thigh pressure sore	177	\$105,393	090	0%	.	1%	02-GNRL SURGERY (46%)	24-PLASTIC SURG (41%)	01,08-GP/FP (3%)
15956-Remove thigh pressure sore	534	\$516,888	090	0%	.	1%	24-PLASTIC SURG (62%)	02-GNRL SURGERY (25%)	01,08-GP/FP (3%)
15958-Remove thigh pressure sore	876	\$1,047,003	090	1%	.	1%	24-PLASTIC SURG (72%)	02-GNRL SURGERY (21%)	01,08-GP/FP (2%)

132-Photochemotherapy

Family Medicare Charges: \$7,813,490
 Family Private Payments: \$296,214
 Percent of CPEP Medicare Charges: 0%
 Percent of CPEP Private Payments: 1%

96900-Ultraviolet light therapy
 96910-Photochemotherapy with UV-B
 96912-Photochemotherapy with UV-A
 96913-Photochemotherapy, UV-A or B

07-DERMATOLOGY (95%)
 07-DERMATOLOGY (94%)
 07-DERMATOLOGY (94%)
 07-DERMATOLOGY (100%)
 70-GROUP PRAC (1%)
 70-GROUP PRAC (3%)
 70-GROUP PRAC (3%)
 26-PSYCHIATRY (0%)
 48-PODIATRY (1%)
 11-INTERNAL MED (1%)
 11-INTERNAL MED (2%)
 01,08-GP/FP (0%)

136-Occupational Therapy

Family Medicare Charges: \$7,954,660
 Percent of CPEP Medicare Charges: 0%

Procedure	1993 MC Allowed Charges		1993 MC Units of Service		Global Period	Pct. of Family AlldChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
	Family Private Payments:	\$42,871	Percent of CPEP Private Payments:	0%					First_Specialty	Second_Specialty	Third_Specialty
7540-Training for daily living	\$5,686,157	204,692	XXX	71%	XXX	88%	97%	97%	06-CARDIOLOGY (14%)	30-RADIOLOGY (12%)	01,08-GP/FP (9%)
7541-Supplemental training	\$119,435	10,090	XXX	2%	XXX	12%	97%	97%	65-PHYSICAL THER (19%)	01,08-GP/FP (9%)	(.)
7770-Cognitive skills development	\$2,061,393	100,632	XXX	26%	XXX	.	97%	97%	67-OC THERAPIST (94%)	25-PHYSICL-REHAB (2%)	20-ORTHOPED SURG (2%)
H5300-Occupational therapy	\$67,851	1,686	XXX	1%	XXX	.	96%	96%	67-OC THERAPIST (55%)	20-ORTHOPED SURG (14%)	25-PHYSICL-REHAB (13%)
00109-Occupational therapy eval	\$19,824	1,092	XXX	0%	XXX	.	98%	98%	40-HAND SURGERY (42%)	67-OC THERAPIST (31%)	25-PHYSICL-REHAB (10%)
00110-Occupational therap re-eval											
140-Physical Therapy											
Family Medicare Charges:\$46,682,116											
Family Private Payments: \$8,325,850											
Percent of CPEP Medicare Charges:						26%					
Percent of CPEP Private Payments:						16%					
20974-Electrical bone stimulation	\$49,088	432	ZZZ	0%	XXX	.	93%	93%	20-ORTHOPED SURG (50%)	48-PODIATRY (48%)	14-NEUROSURGERY (0%)
97010-Hot or cold packs therapy	\$34,068,557	2,354,859	XXX	8%	XXX	7%	99%	99%	65-PHYSICAL THER (38%)	20-ORTHOPED SURG (18%)	01,08-GP/FP (16%)
97012-Mechanical traction therapy	\$2,863,036	203,022	XXX	1%	XXX	3%	100%	100%	65-PHYSICAL THER (40%)	01,08-GP/FP (18%)	20-ORTHOPED SURG (18%)
97014-Electric stimulation therapy	\$13,147,910	929,410	XXX	3%	XXX	7%	99%	99%	65-PHYSICAL THER (27%)	01,08-GP/FP (21%)	20-ORTHOPED SURG (15%)
97016-Vasopneumatic device therapy	\$911,274	64,623	XXX	0%	XXX	0%	61%	61%	01,08-GP/FP (47%)	48-PODIATRY (19%)	65-PHYSICAL THER (12%)
97018-Paraffin bath therapy	\$2,095,318	123,976	XXX	0%	XXX	0%	100%	100%	48-PODIATRY (17%)	01,08-GP/FP (17%)	20-ORTHOPED SURG (13%)
97020-Microwave therapy	\$122,962	10,523	XXX	0%	XXX	0%	99%	99%	01,08-GP/FP (49%)	48-PODIATRY (15%)	25-PHYSICL-REHAB (10%)
97022-Whirlpool therapy	\$7,966,506	573,659	XXX	2%	XXX	2%	99%	99%	65-PHYSICAL THER (71%)	65-PHYSICAL THER (13%)	20-ORTHOPED SURG (9%)
97024-Diathermy treatment	\$2,378,736	178,775	XXX	1%	XXX	1%	100%	100%	01,08-GP/FP (52%)	11-INTERNAL MED (13%)	25-PHYSICL-REHAB (7%)
97026-Infrared therapy	\$699,758	47,996	XXX	0%	XXX	0%	93%	93%	01,08-GP/FP (50%)	25-PHYSICL-REHAB (14%)	11-INTERNAL MED (10%)
97028-Ultraviolet therapy	\$212,987	16,152	XXX	0%	XXX	0%	100%	100%	48-PODIATRY (65%)	07-DERMATOLOGY (23%)	01,08-GP/FP (5%)
97032-Electrical stimulation											
97033-Electric current therapy											
97034-Contrast bath therapy											
97035-Ultrasound therapy											
97036-Hydrotherapy											
97039-Physical therapy treatment	\$851,601	53,857	XXX	0%	XXX	.	95%	95%	65-PHYSICAL THER (31%)	01,08-GP/FP (22%)	20-ORTHOPED SURG (11%)
97110-Therapeutic exercises	\$30,593,116	1,811,712	XXX	7%	XXX	23%	98%	98%	65-PHYSICAL THER (55%)	20-ORTHOPED SURG (22%)	25-PHYSICL-REHAB (8%)
97112-Neuromuscular reeducation	\$2,837,945	179,747	XXX	1%	XXX	1%	98%	98%	65-PHYSICAL THER (40%)	25-PHYSICL-REHAB (17%)	01,08-GP/FP (16%)
97113-Aquatic therapy/exercises											
97116-Gait training therapy	\$2,318,195	155,099	XXX	1%	XXX	0%	77%	77%	65-PHYSICAL THER (61%)	25-PHYSICL-REHAB (13%)	20-ORTHOPED SURG (8%)
97122-Manual traction therapy	\$1,082,642	78,333	XXX	0%	XXX	1%	99%	99%	65-PHYSICAL THER (44%)	01,08-GP/FP (20%)	20-ORTHOPED SURG (10%)
97124-Massage therapy	\$12,546,887	924,204	XXX	3%	XXX	4%	98%	98%	65-PHYSICAL THER (42%)	01,08-GP/FP (17%)	20-ORTHOPED SURG (10%)
97139-Physical medicine procedure	\$2,173,175	114,711	XXX	0%	XXX	2%	93%	93%	65-PHYSICAL THER (48%)	20-ORTHOPED SURG (12%)	25-PHYSICL-REHAB (9%)
97150-Group therapeutic procedures											
97250-Myofascial release											
97260-Regional manipulation	\$3,060,911	227,328	000	1%	000	33%	98%	98%	01,08-GP/FP (63%)	65-PHYSICAL THER (8%)	25-PHYSICL-REHAB (7%)
97261-Supplemental manipulations	\$1,054,200	121,007	000	0%	000	2%	98%	98%	01,08-GP/FP (72%)	12-MANIP TH-OSTE (14%)	25-PHYSICL-REHAB (5%)
97265-Joint mobilization											
97500-Orthotics training	\$175,961	8,491	XXX	0%	XXX	1%	99%	99%	20-ORTHOPED SURG (33%)	65-PHYSICAL THER (27%)	40-HAND SURGERY (11%)
97501-Supplemental training	\$18,461	1,741	XXX	0%	XXX	0%	98%	98%	20-ORTHOPED SURG (34%)	65-PHYSICAL THER (31%)	40-HAND SURGERY (14%)
97520-Prosthetic training	\$55,963	2,546	XXX	0%	XXX	.	94%	94%	65-PHYSICAL THER (38%)	25-PHYSICL-REHAB (19%)	20-ORTHOPED SURG (11%)
97521-Supplemental training	\$16,184	1,390	XXX	0%	XXX	.	97%	97%	04-OTOLARYNG (36%)	25-PHYSICL-REHAB (20%)	65-PHYSICAL THER (11%)
97530-Therapeutic activities	\$14,767,937	612,702	XXX	3%	XXX	6%	97%	97%	65-PHYSICAL THER (44%)	20-ORTHOPED SURG (20%)	01,08-GP/FP (11%)
97700-Training checkout	\$1,651,596	66,836	XXX	0%	XXX	6%	93%	93%	65-PHYSICAL THER (36%)	20-ORTHOPED SURG (18%)	25-PHYSICL-REHAB (6%)
97701-Supplemental checkout	\$355,920	27,911	XXX	0%	XXX	1%	100%	100%	67-OC THERAPIST (45%)	65-PHYSICAL THER (25%)	25-PHYSICL-REHAB (6%)
97750-Physical performance test											
98925-Osteopathic manipulation											
98926-Osteopathic manipulation											

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Alltdchs	Pct. of Family Privmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
98927-Osteopathic manipulation	.	.	000	.	.	.	(.)	(.)	(.)
98928-Osteopathic manipulation	.	.	000	.	.	.	(.)	(.)	(.)
98929-Osteopathic manipulation	.	.	000	.	.	.	(.)	(.)	(.)
A2000-Chiropractor manip of spine	\$235,761,045	12,055,623	XXX	53%	.	100%	35-CHIROPRACTIC (100%)	70-GROUP PRAC (0%)	46-ENDOCRINOLOGY (0%)
M0005-Off visit 2/more modalities	\$4,000,207	120,247	XXX	1%	.	100%	65-PHYSICAL THER (51%)	48-PODIATRY (19%)	20-ORTHOPED SURG (8%)
M0006-One phys therapy modality	\$828,896	44,963	XXX	0%	.	98%	65-PHYSICAL THER (54%)	48-PODIATRY (15%)	25-PHYSICL-REHAB (11%)
M0007-Combined phys ther mod & tx	\$50,804,569	1,233,398	XXX	11%	.	98%	65-PHYSICAL THER (57%)	48-PODIATRY (18%)	25-PHYSICL-REHAB (7%)
M0008-Combined phys ther mod & tx	\$11,510,729	791,228	XXX	3%	.	94%	65-PHYSICAL THER (69%)	11-INTERNAL MED (13%)	20-ORTHOPED SURG (8%)
Q0103-Physical therapy evaluation	\$5,360,337	129,647	XXX	1%	.	98%	65-PHYSICAL THER (78%)	20-ORTHOPED SURG (11%)	25-PHYSICL-REHAB (2%)
Q0104-Phys therapy re-evaluation	\$339,507	20,430	XXX	0%	.	98%	65-PHYSICAL THER (63%)	48-PODIATRY (10%)	20-ORTHOPED SURG (9%)
144-Muscle Strength and Range of Motion Testing									
Family Medicare Charges:	\$2,385,029								0%
Family Private Payments:	\$189,720								0%
Percent of CPEP Medicare Payments:									
Percent of CPEP Private Payments:									
95831-Limb muscle testing, manual	\$589,496	29,974	XXX	25%	24%	62%	25-PHYSICL-REHAB (24%)	95-PHYSICL LAB (20%)	01-OB-GP/FP (11%)
95832-Hand muscle testing, manual	\$147,670	8,194	XXX	6%	2%	92%	11-INTERNAL MED (50%)	01-OB-GP/FP (12%)	25-PHYSICL-REHAB (9%)
95833-Body muscle testing, manual	\$218,552	6,088	XXX	9%	6%	93%	25-PHYSICL-REHAB (38%)	13-NEUROLOGY (17%)	20-ORTHOPED SURG (10%)
95834-Body muscle testing, manual	\$266,538	6,753	XXX	11%	9%	74%	13-NEUROLOGY (46%)	25-PHYSICL-REHAB (23%)	20-ORTHOPED SURG (10%)
95851-Range of motion measurements	\$1,059,532	60,558	XXX	44%	55%	81%	25-PHYSICL-REHAB (21%)	01-OB-GP/FP (13%)	20-ORTHOPED SURG (13%)
95852-Range of motion measurements	\$103,261	7,766	XXX	4%	4%	90%	13-NEUROLOGY (22%)	20-ORTHOPED SURG (20%)	40-HAND SURGERY (19%)

CPEP 2 - MALE GENITAL AND URINARY

Procedure First Specialty Second Specialty Third Specialty

200-Simple Urethral Procedures
 Family Medicare Charges: \$713,102
 Family Private Payments: \$39,685

Percent of CPEP Medicare Charges: 0%
 Percent of CPEP Private Payments: 0%

53020-Incision of urethra	\$105,654	1,607	000	15%	53%	26%	34-UROLOGY (92%)	49-ASC (2%)	02-GNRL SURGERY (2%)
53025-Incision of urethra	\$316	9	000	0%	.	44%	34-UROLOGY (100%)	(.)	(.)
53040-Drainage of urethra abscess	\$28,033	158	090	4%	.	10%	34-UROLOGY (89%)	02-GNRL SURGERY (4%)	16-OB-GYNECOLOGY (4%)
53060-Drainage of urethra abscess	\$1,987	32	010	0%	.	75%	34-UROLOGY (31%)	01-OB-GP/FP (28%)	16-OB-GYNECOLOGY (25%)
53200-Biopsy of urethra	\$69,971	888	000	10%	.	17%	34-UROLOGY (84%)	16-OB-GYNECOLOGY (9%)	01-OB-GP/FP (2%)
53240-Surgery for urethra pouch	\$13,561	39	090	2%	.	3%	34-UROLOGY (87%)	16-OB-GYNECOLOGY (10%)	11-INTERNAL MED (3%)
53250-Removal of urethra gland	\$2,273	10	000	0%	.	30%	01-OB-GP/FP (30%)	34-UROLOGY (30%)	02-GNRL SURGERY (20%)
53260-Treatment of urethra lesion	\$52,090	558	010	7%	20%	36%	34-UROLOGY (54%)	16-OB-GYNECOLOGY (34%)	01-OB-GP/FP (5%)
53265-Treatment of urethra lesion	\$303,624	2,169	010	43%	16%	20%	34-UROLOGY (79%)	16-OB-GYNECOLOGY (11%)	49-ASC (3%)
53270-Removal of urethra gland	\$10,048	113	010	1%	11%	85%	16-OB-GYNECOLOGY (82%)	34-UROLOGY (14%)	01-OB-GP/FP (1%)
53275-Repair of urethra defect	\$94,757	464	010	13%	.	4%	34-UROLOGY (92%)	16-OB-GYNECOLOGY (2%)	49-ASC (2%)
53460-Revision of urethra	\$30,808	125	090	4%	.	9%	34-UROLOGY (90%)	02-GNRL SURGERY (3%)	16-OB-GYNECOLOGY (2%)

204-Complex Urethral Procedures
 Family Medicare Charges: \$1,374,169
 Family Private Payments: \$11,945

Percent of CPEP Medicare Charges: 0%
 Percent of CPEP Private Payments: 0%

53000-Incision of urethra	\$46,849	427	010	3%	.	18%	34-UROLOGY (83%)	49-ASC (6%)	01-OB-GP/FP (2%)
53010-Incision of urethra	\$57,376	324	090	4%	.	2%	34-UROLOGY (94%)	49-ASC (2%)	01-OB-GP/FP (1%)
53080-Drainage of urinary leakage	\$3,584	15	090	0%	.	27%	34-UROLOGY (67%)	16-OB-GYNECOLOGY (20%)	01-OB-GP/FP (7%)
53085-Drainage of urinary leakage	\$14,345	28	090	1%	.	4%	34-UROLOGY (82%)	02-GNRL SURGERY (7%)	16-OB-GYNECOLOGY (4%)
53210-Removal of urethra	\$39,743	114	090	3%	.	7%	34-UROLOGY (83%)	16-OB-GYNECOLOGY (10%)	02-GNRL SURGERY (3%)
53215-Removal of urethra	\$243,800	523	090	18%	.	2%	34-UROLOGY (91%)	02-GNRL SURGERY (4%)	70-GROUP PRAC (2%)
53220-Treatment of urethra lesion	\$71,405	219	090	5%	.	2%	34-UROLOGY (82%)	16-OB-GYNECOLOGY (9%)	70-GROUP PRAC (3%)
53230-Removal of urethra lesion	\$106,254	212	090	8%	.	2%	34-UROLOGY (88%)	16-OB-GYNECOLOGY (7%)	02-GNRL SURGERY (2%)
53235-Removal of urethra lesion	\$23,731	61	090	2%	.	3%	34-UROLOGY (62%)	02-GNRL SURGERY (20%)	10-GASTROENTER (5%)
53400-Revise urethra, 1st stage	\$91,476	172	090	7%	.	0%	34-UROLOGY (89%)	16-OB-GYNECOLOGY (2%)	11-INTERNAL MED (2%)
53405-Revise urethra, 2nd stage	\$21,591	30	090	2%	.	0%	34-UROLOGY (93%)	02-GNRL SURGERY (3%)	70-GROUP PRAC (2%)
53410-Reconstruction of urethra	\$161,056	245	090	12%	.	4%	34-UROLOGY (91%)	01-OB-GP/FP (2%)	24-PLASTIC SURG (2%)
53415-Reconstruction of urethra	\$88,913	96	090	6%	.	6%	34-UROLOGY (83%)	02-GNRL SURGERY (8%)	01-OB-GP/FP (4%)
53420-Reconstruct urethra, stage 1	\$40,141	214	090	3%	.	76%	11-INTERNAL MED (40%)	01-OB-GP/FP (31%)	34-UROLOGY (21%)
53425-Reconstruct urethra, stage 2	\$15,592	16	090	1%	.	0%	34-UROLOGY (94%)	70-GROUP PRAC (6%)	(.)
53430-Reconstruction of urethra	\$147,624	270	090	11%	.	3%	34-UROLOGY (81%)	16-OB-GYNECOLOGY (9%)	02-GNRL SURGERY (4%)
53442-Remove perineal prosthesis	\$11,388	28	090	1%	.	4%	34-UROLOGY (86%)	16-OB-GYNECOLOGY (7%)	05-ANESTHESIA (4%)
53443-Reconstruction of urethra	\$59,458	247	090	4%	.	0%	34-UROLOGY (61%)	34-UROLOGY (30%)	70-GROUP PRAC (2%)
53450-Revision of urethra	\$69,520	311	090	5%	100%	4%	34-UROLOGY (94%)	49-ASC (2%)	01-OB-GP/FP (4%)
53502-Repair of urethra injury	\$8,310	25	090	1%	.	16%	34-UROLOGY (72%)	16-OB-GYNECOLOGY (8%)	30-RADIOLOGY (6%)
53505-Repair of urethra injury	\$5,346	20	090	0%	.	5%	34-UROLOGY (95%)	02-GNRL SURGERY (5%)	(.)
53510-Repair of urethra injury	\$10,837	33	090	1%	.	21%	34-UROLOGY (67%)	20-ORTHOPOD SURG (18%)	34-UROLOGY (6%)
53515-Repair of urethra injury	\$9,543	16	090	1%	.	6%	34-UROLOGY (88%)	02-GNRL SURGERY (13%)	(.)
53520-Repair of urethra defect	\$26,267	77	090	2%	.	10%	34-UROLOGY (73%)	24-PLASTIC SURG (9%)	11-INTERNAL MED (6%)

208-Urethral Catheterization and Dilatation -Simple

Family Medicare Charges: \$16,007,987
 Family Private Payments: \$359,292

Percent of CPEP Medicare Charges: 2%
 Percent of CPEP Private Payments: 1%

51700-Irrigation of bladder	\$1,473,707	62,376	000	11%	13%	86%	34-UROLOGY (93%)	70-GROUP PRAC (2%)	01-OB-GP/FP (2%)
53600-Dilate urethra stricture	\$1,460,420	41,544	000	10%	6%	85%	34-UROLOGY (96%)	01-OB-GP/FP (1%)	70-GROUP PRAC (1%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs PrivPmts	Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
53601-Dilate urethra stricture	\$1,522,583	47,925	000	11%	5%	34-UROLOGY (98%)	70-GROUP PRAC (1%)	01,08-GP/FP (1%)
53605-Dilate urethra stricture	\$104,424	2,528	000	1%	1%	34-UROLOGY (92%)	49-ASC (2%)	02-GNRL SURGERY (2%)
53660-Dilation of urethra	\$1,901,534	69,969	000	14%	22%	34-UROLOGY (85%)	01,08-GP/FP (8%)	16-OB-GYNECOLOGY (4%)
53661-Dilation of urethra	\$2,426,211	94,136	000	17%	22%	34-UROLOGY (94%)	01,08-GP/FP (2%)	70-GROUP PRAC (1%)
53665-Dilation of urethra	\$50,331	1,910	000	0%	1%	34-UROLOGY (72%)	16-OB-GYNECOLOGY (11%)	01,08-GP/FP (10%)
53670-Insert urinary catheter	\$5,068,777	287,724	000	36%	28%	34-UROLOGY (66%)	01,08-GP/FP (10%)	93-EMERGENCY MED (7%)
60002-Temporary urinary catheter	.	.	000	.	.	(.)	(.)	(.)

212-Urethral Catheterization and Dilation - Complex

Family Medicare Charges: \$13,952,138
Family Private Payments: \$162,543

Percent of CPEP Medicare Charges: 2%
Percent of CPEP Private Payments: 1%

51000-Drainage of bladder	\$462,683	615	000	0%	4%	11-INTERNAL MED (39%)	34-UROLOGY (23%)	88-UNKNOWN SUPPL (16%)
51005-Drainage of bladder	\$66,317	1,611	000	0%	2%	01,08-GP/FP (39%)	34-UROLOGY (20%)	84-PREVENTIV MED (10%)
51010-Drainage of bladder	\$1,167,095	14,595	010	8%	13%	34-UROLOGY (67%)	16-OB-GYNECOLOGY (18%)	01,08-GP/FP (4%)
51720-Treatment of bladder lesion	\$8,486,586	152,563	000	61%	90%	34-UROLOGY (96%)	70-GROUP PRAC (1%)	83-HEMATOL/ONCOL (1%)
53620-Dilate urethra stricture	\$1,077,486	21,358	000	8%	12%	34-UROLOGY (98%)	02-GNRL SURGERY (1%)	70-GROUP PRAC (1%)
53621-Dilate urethra stricture	\$643,951	15,233	000	5%	4%	34-UROLOGY (97%)	01,08-GP/FP (1%)	70-GROUP PRAC (1%)
53640-Relieve bladder retention	\$221,758	3,864	000	2%	48%	34-UROLOGY (94%)	01,08-GP/FP (3%)	70-GROUP PRAC (1%)
53675-Insert urinary catheter	\$2,246,262	47,463	000	16%	44%	34-UROLOGY (77%)	93-EMERGENCY MED (9%)	01,08-GP/FP (5%)

216-Major Transurethral Procedure

Family Medicare Charges: \$156,265,446
Family Private Payments: \$2,552,423

Percent of CPEP Medicare Charges: 21%
Percent of CPEP Private Payments: 10%

52340-Cystoscopy and treatment	\$3,681,456	9,279	090	2%	3%	34-UROLOGY (91%)	49-ASC (5%)	70-GROUP PRAC (2%)
52450-Incision of prostate	\$735,933	2,236	090	0%	1%	34-UROLOGY (90%)	05-ANESTHESIA (5%)	70-GROUP PRAC (3%)
52500-Revision of bladder neck	\$5,168,305	9,939	090	3%	3%	34-UROLOGY (96%)	49-ASC (2%)	70-GROUP PRAC (1%)
52510-Dilation prostatic urethra	\$220,365	468	090	0%	3%	34-UROLOGY (93%)	70-GROUP PRAC (2%)	01,08-GP/FP (2%)
52601-Prostatectomy (TURP)	\$140,306,016	169,877	090	90%	90%	34-UROLOGY (98%)	70-GROUP PRAC (1%)	49-ASC (0%)
52606-Control postop bleeding	\$215,579	761	090	0%	1%	34-UROLOGY (96%)	70-GROUP PRAC (2%)	49-ASC (1%)
52612-Prostatectomy, first stage	\$266,180	485	090	0%	1%	34-UROLOGY (80%)	01,08-GP/FP (13%)	49-ASC (2%)
52614-Prostatectomy, second stage	\$166,969	364	090	0%	2%	34-UROLOGY (96%)	70-GROUP PRAC (1%)	01,08-GP/FP (1%)
52620-Remove residual prostate	\$406,498	1,075	090	0%	2%	34-UROLOGY (96%)	70-GROUP PRAC (2%)	49-ASC (1%)
52630-Remove prostate regrowth	\$3,486,294	4,416	090	2%	1%	34-UROLOGY (96%)	70-GROUP PRAC (1%)	49-ASC (1%)
52640-Relieve bladder contracture	\$1,568,799	3,741	090	1%	1%	34-UROLOGY (95%)	49-ASC (2%)	70-GROUP PRAC (1%)
52647-Laser surgery of prostate	.	.	090	.	.	(.)	(.)	(.)
52648-Laser surgery of prostate	.	.	090	.	.	(.)	(.)	(.)
52700-Drainage of prostate abscess	\$23,052	121	090	0%	27%	34-UROLOGY (75%)	01,08-GP/FP (20%)	02-GNRL SURGERY (1%)

220-Testicular and Epididymal Procedures

Family Medicare Charges: \$64,028,984
Family Private Payments: \$3,660,102

Percent of CPEP Medicare Charges: 9%
Percent of CPEP Private Payments: 15%

51500-Removal of bladder cyst	\$23,642	75	090	0%	7%	34-UROLOGY (36%)	02-GNRL SURGERY (33%)	16-OB-GYNECOLOGY (9%)
54505-Biopsy of testis	\$24,655	193	010	0%	4%	34-UROLOGY (82%)	02-GNRL SURGERY (9%)	49-ASC (6%)
54510-Removal of testis lesion	\$45,836	213	090	0%	6%	34-UROLOGY (73%)	02-GNRL SURGERY (16%)	49-ASC (6%)
54520-Removal of testis	\$13,799,142	34,029	090	22%	2%	34-UROLOGY (90%)	49-ASC (5%)	02-GNRL SURGERY (3%)
54530-Removal of testis	\$1,365,150	2,520	090	2%	3%	34-UROLOGY (79%)	02-GNRL SURGERY (7%)	49-ASC (6%)
54550-Exploration for testis	\$57,356	152	090	0%	6%	34-UROLOGY (78%)	02-GNRL SURGERY (12%)	01,08-GP/FP (2%)
54600-Reduce testis torsion	\$8,477	27	090	0%	4%	34-UROLOGY (85%)	02-GNRL SURGERY (11%)	01,08-GP/FP (4%)
54620-Suspension of testis	\$3,912	16	010	0%	0%	34-UROLOGY (88%)	02-GNRL SURGERY (6%)	93-EMERGENCY MED (6%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Allidchs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)	Third Specialty	Second Specialty	First Specialty
54640-Suspension of testis	\$169,870	318	090	0%	9%	1%	34-UROLOGY (75%)	02-GNRL SURGERY (14%)	02-GNRL SURGERY (14%)	02-GNRL SURGERY (14%)
54660-Revision of testis	\$6,316	33	090	0%	15%	15%	34-UROLOGY (94%)	01-08-GP/FP (3%)	01-08-GP/FP (3%)	49-ASC (7%)
54670-Repair testis injury	\$3,186	12	090	0%	33%	33%	34-UROLOGY (67%)	11-INTERNAL MED (17%)	70-GROUP PRAC (8%)	49-ASC (3%)
54680-Relocation of testis(es)	\$9,867	18	090	0%	0%	0%	34-UROLOGY (50%)	24-PLASTIC SURG (33%)	02-GNRL SURGERY (11%)	02-GNRL SURGERY (11%)
54700-Drainage of scrotum	\$150,596	1,480	010	0%	31%	31%	34-UROLOGY (70%)	02-GNRL SURGERY (19%)	01-08-GP/FP (5%)	01-08-GP/FP (5%)
54820-Exploration of epididymis	\$8,076	45	090	0%	7%	7%	34-UROLOGY (82%)	02-GNRL SURGERY (11%)	49-ASC (4%)	49-ASC (4%)
54830-Remove epididymis lesion	\$47,752	226	090	0%	2%	2%	34-UROLOGY (81%)	02-GNRL SURGERY (12%)	49-ASC (5%)	02-GNRL SURGERY (3%)
54840-Remove epididymis lesion	\$694,575	2,158	090	1%	2%	2%	34-UROLOGY (88%)	49-ASC (8%)	02-GNRL SURGERY (2%)	02-GNRL SURGERY (2%)
54860-Removal of epididymis	\$283,392	769	090	0%	1%	1%	34-UROLOGY (91%)	49-ASC (3%)	(.)	(.)
54861-Removal of epididymis	\$49,847	99	090	0%	0%	0%	34-UROLOGY (95%)	(.)	(.)	(.)
54900-Fusion of spermatic ducts	\$1,407	3	090	0%	0%	0%	34-UROLOGY (100%)	(.)	(.)	(.)
54901-Fusion of spermatic ducts	\$988	1	090	0%	0%	0%	34-UROLOGY (100%)	(.)	(.)	(.)
55040-Removal of hydrocele	\$2,410,451	6,974	090	4%	5%	1%	34-UROLOGY (76%)	02-GNRL SURGERY (15%)	49-ASC (5%)	49-ASC (5%)
55041-Removal of hydroceles	\$390,461	730	090	1%	1%	2%	34-UROLOGY (82%)	02-GNRL SURGERY (10%)	49-ASC (4%)	49-ASC (4%)
55060-Repair of hydrocele	\$177,836	585	090	0%	4%	4%	34-UROLOGY (70%)	02-GNRL SURGERY (19%)	49-ASC (5%)	49-ASC (5%)
55100-Drainage of scrotum abscess	\$58,637	790	010	0%	40%	40%	34-UROLOGY (76%)	02-GNRL SURGERY (11%)	01-08-GP/FP (6%)	01-08-GP/FP (6%)
55110-Explore scrotum	\$167,280	760	090	0%	1%	2%	34-UROLOGY (80%)	02-GNRL SURGERY (10%)	49-ASC (3%)	49-ASC (3%)
55120-Removal of scrotum lesion	\$29,351	165	090	0%	1%	1%	34-UROLOGY (74%)	02-GNRL SURGERY (12%)	01-08-GP/FP (7%)	01-08-GP/FP (7%)
55150-Removal of scrotum	\$156,348	454	090	0%	2%	2%	34-UROLOGY (73%)	02-GNRL SURGERY (17%)	01-08-GP/FP (2%)	01-08-GP/FP (2%)
55175-Revision of scrotum	\$24,793	112	090	0%	9%	9%	34-UROLOGY (66%)	05-ANESTHESIA (21%)	02-GNRL SURGERY (9%)	02-GNRL SURGERY (9%)
55180-Revision of scrotum	\$59,973	124	090	0%	2%	2%	34-UROLOGY (77%)	02-GNRL SURGERY (9%)	24-PLASTIC SURG (7%)	24-PLASTIC SURG (7%)
55200-Incision of sperm duct	\$7,991	57	090	0%	56%	56%	34-UROLOGY (86%)	13-NEUROLOGY (7%)	49-ASC (4%)	49-ASC (4%)
55250-Removal of sperm duct(s)	\$63,611	338	090	0%	46%	46%	34-UROLOGY (86%)	02-GNRL SURGERY (9%)	01-08-GP/FP (8%)	01-08-GP/FP (8%)
55300-Preparation, sperm duct x-ray	\$2,067	14	000	0%	14%	14%	34-UROLOGY (86%)	11-INTERNAL MED (7%)	28-COLORECTAL (7%)	28-COLORECTAL (7%)
55400-Repair of sperm duct	\$13,565	33	090	0%	4%	3%	02-GNRL SURGERY (79%)	02-GNRL SURGERY (6%)	34-UROLOGY (17%)	34-UROLOGY (17%)
55450-Ligation of sperm duct	\$908	6	010	0%	33%	33%	02-GNRL SURGERY (50%)	01-08-GP/FP (33%)	34-UROLOGY (17%)	34-UROLOGY (17%)
55500-Removal of hydrocele	\$152,866	584	090	0%	6%	6%	34-UROLOGY (59%)	02-GNRL SURGERY (20%)	05-ANESTHESIA (10%)	05-ANESTHESIA (10%)
55520-Removal of sperm cord lesion	\$326,548	1,739	090	1%	1%	1%	02-GNRL SURGERY (73%)	34-UROLOGY (12%)	01-08-GP/FP (4%)	01-08-GP/FP (4%)
55530-Revise spermatic cord veins	\$70,204	252	090	0%	5%	1%	34-UROLOGY (58%)	02-GNRL SURGERY (17%)	05-ANESTHESIA (14%)	05-ANESTHESIA (14%)
55535-Revise spermatic cord veins	\$17,393	62	090	0%	2%	2%	34-UROLOGY (81%)	02-GNRL SURGERY (15%)	01-08-GP/FP (2%)	01-08-GP/FP (2%)
55540-Revise hernia & sperm veins	\$60,170	174	090	0%	1%	1%	02-GNRL SURGERY (71%)	34-UROLOGY (14%)	01-08-GP/FP (5%)	01-08-GP/FP (5%)
55600-Incise sperm duct pouch	\$5,293	28	090	0%	7%	7%	34-UROLOGY (93%)	02-GNRL SURGERY (4%)	49-ASC (4%)	49-ASC (4%)
55605-Incise sperm duct pouch	\$2,496	11	090	0%	0%	0%	16-OB-GYNECOLOGY (27%)	02-GNRL SURGERY (9%)	02-GNRL SURGERY (9%)	02-GNRL SURGERY (9%)
55650-Remove sperm duct pouch	\$449,669	1,340	090	1%	1%	1%	34-UROLOGY (55%)	02-GNRL SURGERY (4%)	11-INTERNAL MED (1%)	11-INTERNAL MED (1%)
55680-Remove sperm pouch lesion	\$712	6	090	0%	67%	67%	01-08-GP/FP (33%)	11-INTERNAL MED (33%)	34-UROLOGY (33%)	34-UROLOGY (33%)
55700-Biopsy of prostate	\$42,626,319	346,105	000	67%	14%	69%	34-UROLOGY (92%)	30-RADIOLOGY (3%)	49-ASC (2%)	49-ASC (2%)

224-Simple Penile Procedures
 Family Medicare Charges: \$4,707,280
 Family Private Payments: \$1,728,497
 Percent of CPEP Medicare Charges: 1%
 Percent of CPEP Private Payments: 7%

54000-Slitting of prepuce	\$5,133	100	010	0%	0%	10%	34-UROLOGY (89%)	01-08-GP/FP (5%)	02-GNRL SURGERY (4%)	02-GNRL SURGERY (4%)
54001-Slitting of prepuce	\$145,515	1,997	010	3%	0%	24%	34-UROLOGY (87%)	02-GNRL SURGERY (6%)	01-08-GP/FP (4%)	01-08-GP/FP (4%)
54015-Drain penis lesion	\$14,930	122	010	0%	16%	16%	34-UROLOGY (85%)	02-GNRL SURGERY (6%)	01-08-GP/FP (4%)	01-08-GP/FP (4%)
54050-Destruction, penis lesion(s)	\$55,291	1,143	010	1%	2%	9%	34-UROLOGY (46%)	07-DERMATOLOGY (36%)	01-08-GP/FP (9%)	01-08-GP/FP (9%)
54055-Destruction, penis lesion(s)	\$48,147	672	010	1%	2%	8%	34-UROLOGY (71%)	07-DERMATOLOGY (21%)	02-GNRL SURGERY (3%)	02-GNRL SURGERY (3%)
54056-Cryosurgery, penis lesion(s)	\$51,886	872	010	1%	2%	9%	07-DERMATOLOGY (85%)	01-08-GP/FP (8%)	70-GROUP PRAC (3%)	70-GROUP PRAC (3%)
54057-Laser surg, penis lesion(s)	\$52,805	405	010	1%	4%	20%	34-UROLOGY (78%)	07-DERMATOLOGY (9%)	49-ASC (6%)	49-ASC (6%)
54060-Excision of penis lesion(s)	\$65,503	548	010	1%	1%	40%	34-UROLOGY (75%)	02-GNRL SURGERY (8%)	07-DERMATOLOGY (7%)	07-DERMATOLOGY (7%)
54065-Destruction, penis lesion(s)	\$147,167	942	010	3%	6%	63%	34-UROLOGY (43%)	07-DERMATOLOGY (26%)	70-GROUP PRAC (18%)	70-GROUP PRAC (18%)
54100-Biopsy of penis	\$91,973	1,523	000	2%	1%	47%	34-UROLOGY (65%)	07-DERMATOLOGY (26%)	02-GNRL SURGERY (3%)	02-GNRL SURGERY (3%)
54105-Biopsy of penis	\$31,959	309	010	1%	0%	16%	34-UROLOGY (91%)	49-ASC (4%)	70-GROUP PRAC (1%)	70-GROUP PRAC (1%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)			
							First Specialty	Second Specialty	Third Specialty	
							1993 MC Allowed Charges	1993 MC Units of Service	Global Period	
54150-Circumcision	\$2,202	35	010	0%	58%	20%	16-OB-GYNECOLOGY (46%)	34-UROLOGY (23%)	01-OB-GP/FP (17%)	
54152-Circumcision	\$74,822	583	010	2%	1%	7%	34-UROLOGY (57%)	02-GNRL SURGERY (20%)	01-OB-GP/FP (10%)	
54160-Circumcision	\$5,985	57	010	0%	5%	9%	34-UROLOGY (75%)	02-GNRL SURGERY (19%)	11-INTERNAL MED (4%)	
54161-Circumcision	\$2,569,163	14,777	010	55%	16%	6%	34-UROLOGY (85%)	02-GNRL SURGERY (6%)	49-ASC (5%)	
54200-Treatment of penis lesion	\$18,864	454	010	0%	0%	95%	34-UROLOGY (100%)	(.)	(.)	
54231-Dynamic cavernosometry			000				(.)	(.)	(.)	
54235-Penile injection	\$1,273,712	29,930	000	27%	2%	97%	34-UROLOGY (95%)	01-OB-GP/FP (2%)	70-GROUP PRAC (1%)	
54450-Preputial stretching	\$50,603	910	000	1%	0%	33%	34-UROLOGY (92%)	01-OB-GP/FP (3%)	02-GNRL SURGERY (2%)	
55870-Electroejaculation	\$1,640	27	000	0%	.	11%	34-UROLOGY (89%)	02-GNRL SURGERY (7%)	13-NEUROLOGY (4%)	
228-Complex Penile Procedures										
Family Medicare Charges:	\$949,193			0%						
Family Private Payments:	\$144,315			1%						
Percent of CPEP Medicare Charges:				0%						
Percent of CPEP Private Payments:				1%						
37788-Revascularization, penis	\$5,460	5	090	1%	.	0%	34-UROLOGY (80%)	02-GNRL SURGERY (20%)	(.)	
37790-Penile venous occlusion			090	.	.	.	(.)	(.)	(.)	
54110-Treatment of penis lesion	\$42,884	144	090	5%	.	3%	34-UROLOGY (96%)	02-GNRL SURGERY (1%)	24-PLASTIC SURG (1%)	
54111-Treat penis lesion, graft	\$26,432	59	090	3%	.	0%	34-UROLOGY (95%)	01-OB-GP/FP (3%)	70-GROUP PRAC (2%)	
54112-Treat penis lesion, graft	\$40,148	75	090	4%	.	1%	34-UROLOGY (88%)	70-GROUP PRAC (4%)	24-PLASTIC SURG (3%)	
54115-Treatment of penia lesion	\$22,993	91	090	2%	.	15%	34-UROLOGY (91%)	49-ASC (3%)	01-OB-GP/FP (1%)	
54120-Partial removal of penis	\$246,486	559	090	26%	.	2%	34-UROLOGY (89%)	02-GNRL SURGERY (4%)	70-GROUP PRAC (3%)	
54125-Removal of penis	\$121,643	191	090	13%	.	1%	34-UROLOGY (86%)	02-GNRL SURGERY (7%)	01-OB-GP/FP (2%)	
54130-Remove penis & nodes	\$21,832	25	090	2%	.	0%	34-UROLOGY (88%)	01-OB-GP/FP (4%)	02-GNRL SURGERY (4%)	
54135-Remove penis & nodes	\$5,166	4	090	1%	.	25%	34-UROLOGY (100%)	(.)	(.)	
54205-Treatment of penis lesion	\$5,471	16	090	1%	.	6%	34-UROLOGY (100%)	(.)	(.)	
54220-Treatment of penis lesion	\$105,733	653	000	11%	.	22%	34-UROLOGY (77%)	49-ASC (20%)	02-GNRL SURGERY (1%)	
54300-Revision of penis	\$26,735	83	090	3%	15%	23%	34-UROLOGY (70%)	02-GNRL SURGERY (12%)	10-GASTROENTER (5%)	
54304-Revision of penis	\$16,517	28	090	2%	.	4%	34-UROLOGY (86%)	02-GNRL SURGERY (7%)	01-OB-GP/FP (4%)	
54308-Reconstruction of urethra	\$1,817	3	090	0%	.	67%	34-UROLOGY (50%)	11-INTERNAL MED (33%)	01-OB-GP/FP (17%)	
54312-Reconstruction of urethra	\$2,272	6	090	0%	.	0%	34-UROLOGY (100%)	(.)	(.)	
54316-Reconstruction of urethra	\$5,448	6	090	1%	.	0%	34-UROLOGY (83%)	02-GNRL SURGERY (17%)	(.)	
54318-Reconstruction of urethra	\$1,267	3	090	0%	.	33%	34-UROLOGY (67%)	02-GNRL SURGERY (33%)	(.)	
54322-Reconstruction of urethra	\$16,375	27	090	2%	50%	15%	34-UROLOGY (74%)	70-GROUP PRAC (11%)	01-OB-GP/FP (7%)	
54324-Reconstruction of urethra	\$7,157	9	090	1%	35%	0%	34-UROLOGY (67%)	24-PLASTIC SURG (22%)	02-GNRL SURGERY (11%)	
54326-Reconstruction of urethra	\$646	1	090	0%	.	0%	34-UROLOGY (100%)	(.)	(.)	
54328-Reviae penis, urethra	\$6,406	11	090	1%	.	9%	34-UROLOGY (82%)	70-GROUP PRAC (9%)	87-ALL OTH SUPPL (9%)	
54332-Revise penis, urethra	\$12,021	15	090	1%	.	0%	34-UROLOGY (100%)	(.)	(.)	
54336-Revise penis, urethra	\$4,231	4	090	0%	.	0%	34-UROLOGY (75%)	70-GROUP PRAC (25%)	(.)	
54340-Secondary urethral surgery	\$7,245	17	090	1%	.	0%	34-UROLOGY (82%)	01-OB-GP/FP (6%)	02-GNRL SURGERY (6%)	
54344-Secondary urethral surgery	\$8,119	10	090	1%	.	10%	34-UROLOGY (80%)	16-OB-GYNECOLOGY (10%)	70-GROUP PRAC (10%)	
54368-Secondary urethral surgery	\$2,735	3	090	0%	.	0%	34-UROLOGY (100%)	(.)	(.)	
54352-Reconstruct urethra, penis	\$5,078	5	090	1%	.	0%	34-UROLOGY (100%)	(.)	(.)	
54360-Penile plastic surgery	\$90,032	234	090	9%	.	2%	34-UROLOGY (93%)	01-OB-GP/FP (1%)	24-PLASTIC SURG (1%)	
54380-Repair penis	\$2,670	5	090	0%	.	0%	10-GASTROENTER (60%)	02-GNRL SURGERY (20%)	34-UROLOGY (20%)	
54385-Repair penis	\$4,924	7	090	1%	.	0%	02-GASTROENTER (71%)	10-GASTROENTER (14%)	11-INTERNAL MED (14%)	
54390-Repair penis and bladder	\$240	1	090	0%	.	0%	05-ANESTHESIA (100%)	(.)	(.)	
54420-Revision of penis	\$5,541	13	090	1%	.	8%	34-UROLOGY (92%)	02-GNRL SURGERY (8%)	(.)	
54430-Revision of penis	\$21,902	39	090	2%	.	0%	34-UROLOGY (97%)	11-INTERNAL MED (3%)	(.)	
54435-Revision of penis	\$23,499	76	090	2%	.	3%	34-UROLOGY (93%)	70-GROUP PRAC (5%)	49-ASC (1%)	
54440-Revision of penis	\$32,068	72	090	3%	.	1%	34-UROLOGY (94%)	01-OB-GP/FP (1%)	02-GNRL SURGERY (1%)	
232-Insertion of Penile Prosthesis										

Procedure 1993 MC Allowed Charges 1993 MC Units of Service 1993 MC Global Period AllDchs Family Pct. of Family Vol. in Pct. of Family Privlmts OFFICE First Specialty Second Specialty Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	1993 MC Global Period AllDchs	Family Pct. of Family Vol. in Pct. of Family Privlmts OFFICE	First Specialty	Second Specialty	Third Specialty
Family Medicare Charges: \$16,223,636							
Family Private Payments: \$719,120							
Percent of CPEP Medicare Charges: 2%							
Percent of CPEP Private Payments: 3%							
53440-Correct bladder function	\$107,124	124	090	1%	34-UROLOGY (88%)	70-GROUP PRAC (6%)	97-PHYS ASSISTANT (3%)
53445-Correct urine flow control	\$2,208,327	1,957	090	16%	34-UROLOGY (93%)	02-GHRL SURGERY (2%)	70-GROUP PRAC (1%)
53447-Remove artificial sphincter	\$512,682	823	090	3%	34-UROLOGY (93%)	02-GHRL SURGERY (3%)	70-GROUP PRAC (1%)
53449-Correct artificial sphincter	\$37,474	76	090	0%	34-UROLOGY (93%)	01,08-GP/FP (1%)	
54400-Insert semi-rigid prosthesis	\$1,946,789	2,535	090	12%	34-UROLOGY (90%)	02-GHRL SURGERY (3%)	02-GHRL SURGERY (3%)
54401-Insert self-contd prosthesis	\$1,467,415	1,478	090	9%	34-UROLOGY (91%)	02-GHRL SURGERY (3%)	01,08-GP/FP (2%)
54402-Remove penis prosthesis	\$383,136	930	090	2%	34-UROLOGY (94%)	02-GHRL SURGERY (2%)	70-GROUP PRAC (1%)
54405-Insert multi-comp prosthesis	\$7,937,115	6,783	090	49%	34-UROLOGY (91%)	02-GHRL SURGERY (3%)	01,08-GP/FP (3%)
54407-Remove multi-comp prosthesis	\$1,513,375	2,191	090	9%	34-UROLOGY (93%)	02-GHRL SURGERY (3%)	01,08-GP/FP (1%)
54409-Revise penis prosthesis	\$110,199	169	090	1%	34-UROLOGY (95%)	02-GHRL SURGERY (3%)	01,08-GP/FP (1%)
236-Urinary Tract Biopsy							
Family Medicare Charges: \$4,026,856							
Family Private Payments: \$96,390							
Percent of CPEP Medicare Charges: 1%							
Percent of CPEP Private Payments: 0%							
50200-Biopsy of kidney	\$2,923,490	15,753	000	73%	30-RADIOLOGY (36%)	39-NEPHROLOGY (34%)	11-INTERNAL MED (8%)
50390-Drainage of kidney lesion	\$806,588	7,051	000	20%	30-RADIOLOGY (87%)	70-GROUP PRAC (4%)	94-INTERVEN RAD (4%)
54500-Biopsy of testis	\$4,854	94	000	0%	34-UROLOGY (90%)	01,08-GP/FP (3%)	02-GHRL SURGERY (3%)
54800-Biopsy of epididymis	\$1,328	17	000	0%	34-UROLOGY (71%)	01,08-GP/FP (18%)	02-GHRL SURGERY (6%)
55000-Drainage of hydrocele	\$278,501	6,496	000	7%	34-UROLOGY (59%)	01,08-GP/FP (20%)	02-GHRL SURGERY (17%)
76470-X-ray exam of kidney lesion	\$12,095	361	XXX	0%	30-RADIOLOGY (83%)	34-UROLOGY (4%)	94-INTERVEN RAD (4%)
240-Renal/Urinary Tract Endoscopy							
Family Medicare Charges: \$179,949							
Family Private Payments: .							
Percent of CPEP Medicare Charges: 0%							
Percent of CPEP Private Payments: .							
50570-Kidney endoscopy	\$17,550	84	000	10%	34-UROLOGY (93%)	11-INTERNAL MED (4%)	10-GASTROENTER (2%)
50572-Kidney endoscopy	\$26,068	92	000	14%	34-UROLOGY (48%)	30-RADIOLOGY (20%)	30-RADIOLOGY (20%)
50574-Kidney endoscopy & biopsy	\$6,129	13	000	3%	34-UROLOGY (77%)	88-UNKNOWN SUPPL (22%)	39-NEPHROLOGY (8%)
50575-Kidney endoscopy	.	.	000	.	(.)	(.)	(.)
50576-Kidney endoscopy & treatment	\$16,298	30	000	9%	34-UROLOGY (97%)	70-GROUP PRAC (3%)	(.)
50578-Renal endoscopy; radiotracer	\$544	1	000	0%	34-UROLOGY (100%)	(.)	(.)
50580-Kidney endoscopy & treatment	\$34,297	86	000	19%	34-UROLOGY (88%)	30-RADIOLOGY (6%)	01,08-GP/FP (1%)
50970-Ureter endoscopy	\$21,752	104	000	12%	34-UROLOGY (72%)	01,08-GP/FP (18%)	11-INTERNAL MED (3%)
50972-Ureter endoscopy & catheter	\$16,290	97	000	9%	34-UROLOGY (77%)	11-INTERNAL MED (11%)	16-OB-GYNCOLOGY (6%)
50976-Ureter endoscopy & biopsy	\$8,001	19	000	4%	34-UROLOGY (89%)	30-RADIOLOGY (11%)	(.)
50978-Ureter endoscopy & treatment	\$10,092	27	000	6%	34-UROLOGY (81%)	16-OB-GYNCOLOGY (11%)	49-ASC (7%)
50978-Ureter endoscopy & tracer	\$440	2	000	0%	34-UROLOGY (100%)	(.)	(.)
50980-Ureter endoscopy & treatment	\$22,488	85	000	12%	34-UROLOGY (93%)	30-RADIOLOGY (2%)	70-GROUP PRAC (2%)
244-Simple Cystourethroscopy							
Family Medicare Charges:\$125,526,586							
Family Private Payments: \$3,299,097							
Percent of CPEP Medicare Charges: 17%							
Percent of CPEP Private Payments: 13%							
52000-Cystoscopy	\$95,368,076	807,100	000	76%	34-UROLOGY (95%)	49-ASC (2%)	70-GROUP PRAC (2%)
52265-Cystoscopy & treatment	\$339,080	2,673	000	0%	34-UROLOGY (97%)	16-OB-GYNCOLOGY (2%)	02-GHRL SURGERY (0%)
52281-Cystoscopy and treatment	\$26,732,637	142,610	000	21%	34-UROLOGY (95%)	49-ASC (3%)	70-GROUP PRAC (1%)
52285-Cystoscopy and treatment	\$3,066,793	13,482	000	2%	34-UROLOGY (94%)	49-ASC (2%)	16-OB-GYNCOLOGY (1%)
60025-Collagen skin test kit	.	.	XXX	.	(.)	(.)	(.)

Procedure	1993 MC Allowed Charges		1993 MC Units of Service		Global Period	Pct. of Family AllDchs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)			
	Charges	Private Payments	Charges	Private Payments					First Specialty	Second Specialty	Third Specialty	
248-Moderate Cystourethroscopy												
Family Medicare Charges:	\$43,176,233					6%						
Family Private Payments:	\$1,054,575					7%						
52005-Cystoscopy & ureter catheter	\$12,744,512	85,758	000	30%			36%	10%	34-UROLOGY (94%)	49-ASC (3%)	70-GROUP PRAC (1%)	
52007-Cystoscopy and biopsy	\$288,372	1,534	000	1%			1%	6%	34-UROLOGY (93%)	49-ASC (2%)	70-GROUP PRAC (2%)	
52010-Cystoscopy & duct catheter	\$49,896	297	000	0%				34%	34-UROLOGY (77%)	49-ASC (13%)	01,08-GP/FP (5%)	
52204-Cystoscopy	\$6,652,706	41,062	000	15%				16%	34-UROLOGY (92%)	49-ASC (3%)	70-GROUP PRAC (2%)	
52214-Cystoscopy and treatment	\$2,495,122	10,414	000	6%			3%	14%	34-UROLOGY (92%)	49-ASC (4%)	70-GROUP PRAC (2%)	
52224-Cystoscopy and treatment	\$4,160,097	18,513	000	10%			7%	12%	34-UROLOGY (93%)	49-ASC (4%)	70-GROUP PRAC (2%)	
52260-Cystoscopy & treatment	\$825,579	4,683	000	2%			4%	4%	34-UROLOGY (91%)	49-ASC (5%)	02-GHRL SURGERY (2%)	
52270-Cystoscopy & revise urethra	\$402,289	1,370	000	1%			2%	25%	34-UROLOGY (90%)	49-ASC (4%)	11-INTERNAL MED (2%)	
52275-Cystoscopy & revise urethra	\$1,191,516	4,010	000	3%			2%	22%	34-UROLOGY (91%)	49-ASC (6%)	70-GROUP PRAC (1%)	
52276-Cystoscopy and treatment	\$5,567,888	16,981	000	13%			11%	7%	34-UROLOGY (95%)	49-ASC (3%)	70-GROUP PRAC (1%)	
52283-Cystoscopy and treatment	\$60,749	673	000	0%				7%	34-UROLOGY (93%)	49-ASC (2%)	39-NEPHROLOGY (1%)	
52290-Cystoscopy and treatment	\$93,635	631	000	0%			1%	3%	34-UROLOGY (96%)	49-ASC (3%)	70-GROUP PRAC (1%)	
52300-Cystoscopy and treatment	\$49,764	208	000	0%				6%	34-UROLOGY (95%)	49-ASC (2%)	02-GHRL SURGERY (1%)	
52305-Cystoscopy and treatment	\$89,542	423	000	0%				4%	34-UROLOGY (96%)	49-ASC (2%)	70-GROUP PRAC (1%)	
52310-Cystoscopy and treatment	\$7,703,186	36,460	000	18%			22%	41%	34-UROLOGY (95%)	49-ASC (2%)	70-GROUP PRAC (2%)	
52315-Cystoscopy and treatment	\$801,380	2,466	000	2%			2%	19%	34-UROLOGY (94%)	49-ASC (3%)	70-GROUP PRAC (1%)	
52327-Cystoscopy, inject material			000						(.)	(.)	(.)	
252-Urinary Tract Motility Studies - Simple												
Family Medicare Charges:	\$2,072,854			0%								
Family Private Payments:	\$71,947			0%								
50396-Measure kidney pressure	\$11,499	161	000	1%				2%	30-RADIOLOGY (73%)	34-UROLOGY (11%)	94-INTERVEN RAD (6%)	
50686-Measure ureter pressure	\$2,127	83	000	0%				88%	34-UROLOGY (82%)	01,08-GP/FP (8%)	11-INTERNAL MED (4%)	
51725-Simple cystometrogram	\$1,506,204	27,681	000	73%			79%	49%	34-UROLOGY (88%)	16-08-GYNECOLOGY (5%)	49-ASC (2%)	
51736-Urine flow measurement	\$553,024	20,180	000	27%			21%	82%	34-UROLOGY (94%)	16-08-GYNECOLOGY (2%)	70-GROUP PRAC (1%)	
256-Urinary Tract Motility Studies - Complex												
Family Medicare Charges:	\$26,348,886			4%								
Family Private Payments:	\$640,175			3%								
51726-Complex cystometrogram	\$7,616,089	113,883	000	29%			36%	51%	34-UROLOGY (90%)	16-08-GYNECOLOGY (4%)	70-GROUP PRAC (2%)	
51741-Electro-uroflowmetry, first	\$11,692,783	239,576	000	44%			25%	91%	34-UROLOGY (96%)	16-08-GYNECOLOGY (2%)	70-GROUP PRAC (1%)	
51772-Urethra pressure profile	\$744,370	19,942	000	3%			6%	59%	34-UROLOGY (76%)	16-08-GYNECOLOGY (16%)	70-GROUP PRAC (3%)	
51784-Anal/urinary muscle study			000						(.)	(.)	(.)	
51785-Anal/urinary muscle study	\$2,576,149	53,831	000	10%			10%	51%	34-UROLOGY (78%)	16-08-GYNECOLOGY (5%)	11-INTERNAL MED (4%)	
51792-Urinary reflex study	\$75,370	926	000	0%				68%	34-UROLOGY (60%)	16-08-GYNECOLOGY (18%)	25-PHYSICL-REHAB (12%)	
51795-Urine voiding pressure study	\$1,148,533	21,049	000	4%			5%	67%	34-UROLOGY (88%)	16-08-GYNECOLOGY (7%)	70-GROUP PRAC (2%)	
51797-Intraabdominal pressure test	\$472,400	15,095	000	2%			3%	61%	34-UROLOGY (87%)	16-08-GYNECOLOGY (5%)	25-PHYSICL-REHAB (3%)	
54240-Penis study	\$947,793	13,967	000	4%			8%	87%	34-UROLOGY (67%)	01,08-GP/FP (10%)	11-INTERNAL MED (7%)	
54250-Penis study	\$1,075,399	15,046	000	4%			9%	89%	34-UROLOGY (83%)	01,08-GP/FP (7%)	11-INTERNAL MED (5%)	
260-Major Procedure - Renal												
Family Medicare Charges:	\$30,414,046			4%								
Family Private Payments:	\$855,279			3%								
50010-Exploration of kidney	\$262,182	520	090	1%				1%	34-UROLOGY (72%)	02-GHRL SURGERY (19%)	33-THORACIC SURG (3%)	
50020-Drainage of kidney abscess	\$463,537	817	090	2%				3%	30-RADIOLOGY (59%)	34-UROLOGY (17%)	02-GHRL SURGERY (14%)	

Top Medicare Specialties (% of Procedure Volume)

First Specialty

Second Specialty

Third Specialty

Procedure

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDchs	Pct. of Family Privmts	Pct. in OFFICE	First Specialty	Second Specialty	Third Specialty
50040-Drainage of kidney	\$362,785	621	090	1%	.	3%	34-UROLOGY (52%)	30-RADIOLOGY (37%)	02-GHRL SURGERY (5%)
50045-Exploration of kidney	\$29,660	52	090	0%	.	0%	34-UROLOGY (56%)	02-GHRL SURGERY (15%)	70-GROUP PRAC (13%)
50060-Removal of kidney stone	\$143,506	178	090	0%	.	2%	34-UROLOGY (81%)	02-GHRL SURGERY (8%)	01,08-GP/FP (4%)
50065-Incision of kidney	\$14,719	15	090	0%	.	0%	34-UROLOGY (87%)	02-GHRL SURGERY (7%)	70-GROUP PRAC (7%)
50070-Incision of kidney	\$6,362	10	090	0%	.	10%	34-UROLOGY (100%)	(.)	(.)
50075-Removal of kidney stone	\$149,865	158	090	0%	.	1%	34-UROLOGY (82%)	02-GHRL SURGERY (12%)	01,08-GP/FP (3%)
50080-Removal of kidney stone	\$810,833	899	090	3%	7%	1%	34-UROLOGY (78%)	30-RADIOLOGY (13%)	70-GROUP PRAC (3%)
50081-Removal of kidney stone	\$942,935	933	090	3%	6%	1%	34-UROLOGY (86%)	70-GROUP PRAC (11%)	30-RADIOLOGY (2%)
50100-Revise kidney blood vessels	\$13,317	33	090	0%	.	12%	02-GHRL SURGERY (30%)	77-VASCULAR SURG (18%)	33-THORACIC SURG (12%)
50120-Exploration of kidney	\$53,738	94	090	0%	.	9%	34-UROLOGY (72%)	02-GHRL SURGERY (9%)	16-OB-GYNECOLOGY (9%)
50125-Explore and drain kidney	\$10,323	13	090	0%	.	0%	34-UROLOGY (100%)	(.)	(.)
50130-Removal of kidney stone	\$289,033	447	090	1%	.	1%	34-UROLOGY (89%)	02-GHRL SURGERY (5%)	01,08-GP/FP (2%)
50135-Exploration of kidney	\$86,519	103	090	0%	.	0%	34-UROLOGY (83%)	02-GHRL SURGERY (14%)	70-GROUP PRAC (2%)
50205-Biopsy of kidney	\$484,524	1,124	090	2%	3%	0%	34-UROLOGY (50%)	02-GHRL SURGERY (35%)	70-GROUP PRAC (5%)
50220-Removal of kidney	\$3,649,902	5,407	090	12%	16%	1%	34-UROLOGY (70%)	02-GHRL SURGERY (19%)	70-GROUP PRAC (2%)
50225-Removal of kidney	\$603,692	709	090	2%	.	2%	34-UROLOGY (82%)	02-GHRL SURGERY (13%)	33-THORACIC SURG (2%)
50230-Removal of kidney	\$13,079,713	13,706	090	4%	56%	1%	34-UROLOGY (81%)	02-GHRL SURGERY (11%)	05-ANESTHESIA (2%)
50234-Removal of kidney & ureter	\$2,214,403	2,479	090	7%	.	1%	34-UROLOGY (86%)	02-GHRL SURGERY (10%)	70-GROUP PRAC (2%)
50236-Removal of kidney & ureter	\$1,498,121	1,624	090	5%	.	1%	34-UROLOGY (86%)	02-GHRL SURGERY (9%)	01,08-GP/FP (2%)
50240-Partial removal of kidney	\$990,196	1,118	090	3%	.	1%	34-UROLOGY (79%)	02-GHRL SURGERY (11%)	70-GROUP PRAC (2%)
50280-Removal of kidney lesion	\$366,898	614	090	1%	.	1%	34-UROLOGY (77%)	02-GHRL SURGERY (16%)	70-GROUP PRAC (2%)
50290-Removal of kidney lesion	\$21,353	49	090	0%	.	10%	02-GHRL SURGERY (43%)	34-UROLOGY (41%)	01,08-GP/FP (10%)
50320-Removal of donor kidney	\$1,819,605	1,209	090	6%	.	0%	34-UROLOGY (51%)	02-GHRL SURGERY (38%)	70-GROUP PRAC (5%)
50340-Removal of kidney	\$118,393	136	090	0%	.	0%	02-GHRL SURGERY (46%)	34-UROLOGY (28%)	70-GROUP PRAC (9%)
50370-Remove transplanted kidney	\$1,066,381	1,425	090	4%	.	0%	02-GHRL SURGERY (58%)	34-UROLOGY (25%)	70-GROUP PRAC (8%)
50380-Reimplantation of kidney	\$99,367	99	090	0%	.	1%	02-GHRL SURGERY (36%)	70-GROUP PRAC (34%)	34-UROLOGY (16%)
50400-Revision of kidney/ureter	\$522,657	708	090	2%	13%	1%	34-UROLOGY (82%)	02-GHRL SURGERY (8%)	30-RADIOLOGY (3%)
50405-Revision of kidney/ureter	\$214,143	228	090	1%	.	1%	34-UROLOGY (83%)	02-GHRL SURGERY (9%)	01,08-GP/FP (4%)
50500-Repair of kidney wound	\$45,992	65	090	0%	.	6%	02-GHRL SURGERY (46%)	34-UROLOGY (31%)	01,08-GP/FP (6%)
50520-Close kidney-skin fistula	\$8,566	11	090	0%	.	0%	34-UROLOGY (45%)	02-GHRL SURGERY (27%)	04-OTOLARYNG (27%)
50525-Repair renal-abdomen fistula	\$4,476	6	090	0%	.	17%	34-UROLOGY (50%)	02-GHRL SURGERY (17%)	19-ORAL SURGERY (17%)
50540-Revision of horseshoe kidney	\$16,350	32	090	0%	.	22%	34-UROLOGY (53%)	02-GHRL SURGERY (19%)	01,08-GP/FP (13%)
264-Major Procedure -Urinary tract except kidney									
Family Medicare Charges:	\$115,769,746			16%					
Family Private Payments:	\$3,445,803			14%					
50600-Exploration of ureter	\$176,165	326	090	0%	.	5%	34-UROLOGY (75%)	02-GHRL SURGERY (10%)	16-OB-GYNECOLOGY (7%)
50605-Insert ureteral support	\$131,169	441	090	0%	.	4%	34-UROLOGY (62%)	05-ANESTHESIA (19%)	02-GHRL SURGERY (10%)
50610-Removal of ureter stone	\$324,489	541	090	0%	.	12%	34-UROLOGY (77%)	02-GHRL SURGERY (8%)	20-ORTHOPE SURG (5%)
50620-Removal of ureter stone	\$178,256	301	090	0%	.	0%	34-UROLOGY (84%)	02-GHRL SURGERY (9%)	01,08-GP/FP (2%)
50630-Removal of ureter stone	\$407,070	626	090	0%	.	1%	34-UROLOGY (85%)	02-GHRL SURGERY (9%)	01,08-GP/FP (2%)
50650-Removal of ureter	\$364,320	719	090	0%	.	1%	34-UROLOGY (83%)	02-GHRL SURGERY (9%)	01,08-GP/FP (2%)
50660-Removal of ureter	\$57,638	94	090	0%	.	0%	34-UROLOGY (82%)	02-GHRL SURGERY (7%)	16-OB-GYNECOLOGY (3%)
50700-Revision of ureter	\$228,666	339	090	0%	.	9%	34-UROLOGY (54%)	30-RADIOLOGY (15%)	16-OB-GYNECOLOGY (12%)
50715-Release of ureter	\$1,111,951	1,687	090	1%	2%	1%	16-OB-GYNECOLOGY (36%)	02-GHRL SURGERY (35%)	02-GHRL SURGERY (16%)
50722-Release of ureter	\$14,304	34	090	0%	.	3%	16-OB-GYNECOLOGY (53%)	02-GHRL SURGERY (21%)	34-UROLOGY (21%)
50725-Release/revise ureter	\$9,365	18	090	0%	.	11%	34-UROLOGY (50%)	02-GHRL SURGERY (39%)	01,08-GP/FP (11%)
50727-Revise ureter	\$34,425	114	090	0%	.	2%	34-UROLOGY (84%)	02-GHRL SURGERY (10%)	16-OB-GYNECOLOGY (2%)
50728-Revise ureter	\$27,943	67	090	0%	.	0%	34-UROLOGY (73%)	02-GHRL SURGERY (19%)	70-GROUP PRAC (3%)
50740-Fusion of ureter & kidney	\$62,533	83	090	0%	.	1%	34-UROLOGY (55%)	02-GHRL SURGERY (36%)	16-OB-GYNECOLOGY (2%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Alltdchs	Pct. of Family PrivPmts	Pct. of Office	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
50750-Fusion of ureter & kidney	\$3,719	4	090	0%	0%	0%	34-UROLOGY (75%)	30-RADIOLOGY (25%)	(.)
50760-Fusion of ureters	\$445,727	567	090	0%	1%	1%	34-UROLOGY (70%)	02-GNRL SURGERY (18%)	16-OB-GYNECOLOGY (3%)
50770-Splicing of ureters	\$74,259	92	090	0%	2%	2%	34-UROLOGY (74%)	02-GNRL SURGERY (8%)	11-INTERNAL MED (5%)
50780-Reimplant ureter in bladder	\$1,465,685	1,789	090	1%	6%	6%	34-UROLOGY (72%)	02-GNRL SURGERY (18%)	70-GROUP PRAC (3%)
50782-Reimplant ureter in bladder	\$9,011	27	090	0%	5%	5%	34-UROLOGY (41%)	01,08-GP/FP (22%)	11-INTERNAL MED (15%)
50783-Reimplant ureter in bladder	\$14,463	19	090	0%	0%	0%	34-UROLOGY (89%)	01,08-GP/FP (5%)	91-SURG ONCOLOGY (5%)
50785-Reimplant ureter in bladder	\$375,895	421	090	0%	0%	0%	34-UROLOGY (76%)	02-GNRL SURGERY (16%)	16-OB-GYNECOLOGY (3%)
50800-Implant ureter in bowel	\$195,908	299	090	0%	0%	0%	34-UROLOGY (78%)	02-GNRL SURGERY (14%)	01,08-GP/FP (3%)
50810-Fusion of ureter & bowel	\$15,332	17	090	0%	4%	4%	34-UROLOGY (29%)	07-DERMATOLOGY (21%)	02-GNRL SURGERY (15%)
50815-Urine shunt to bowel	\$118,320	114	090	0%	0%	0%	34-UROLOGY (73%)	70-GROUP PRAC (6%)	02-GNRL SURGERY (6%)
50820-Construct bowel bladder	\$1,701,574	1,547	090	1%	1%	1%	34-UROLOGY (68%)	02-GNRL SURGERY (24%)	16-OB-GYNECOLOGY (2%)
50825-Construct bowel bladder	\$328,271	225	090	0%	0%	0%	34-UROLOGY (81%)	16-OB-GYNECOLOGY (8%)	02-GNRL SURGERY (7%)
50830-Revise urine flow	\$108,267	98	090	0%	2%	2%	34-UROLOGY (68%)	02-GNRL SURGERY (17%)	70-GROUP PRAC (5%)
50840-Replace ureter by bowel	\$43,787	48	090	0%	2%	2%	34-UROLOGY (81%)	16-OB-GYNECOLOGY (6%)	02-GNRL SURGERY (4%)
50860-Transplant ureter to skin	\$83,858	120	090	0%	0%	0%	34-UROLOGY (83%)	02-GNRL SURGERY (12%)	01,08-GP/FP (1%)
50900-Repair of ureter	\$67,844	116	090	0%	0%	0%	34-UROLOGY (60%)	02-GNRL SURGERY (28%)	01,08-GP/FP (3%)
50920-Closure ureter/skin fistula	\$5,025	10	090	0%	0%	0%	34-UROLOGY (90%)	91-SURG ONCOLOGY (10%)	(.)
50930-Closure ureter/bowel fistula	\$7,180	14	090	0%	0%	0%	34-UROLOGY (43%)	02-GNRL SURGERY (36%)	30-RADIOLOGY (14%)
50940-Release of ureter	\$10,117	23	090	0%	4%	4%	34-UROLOGY (70%)	02-GNRL SURGERY (13%)	16-OB-GYNECOLOGY (8%)
51020-Incise & treat bladder	\$138,422	360	090	0%	0%	0%	34-UROLOGY (76%)	02-GNRL SURGERY (8%)	16-OB-GYNECOLOGY (13%)
51030-Incise & treat bladder	\$19,758	78	090	0%	4%	4%	34-UROLOGY (46%)	01,08-GP/FP (28%)	11-INTERNAL MED (5%)
51040-Incise & drain bladder	\$3,945,908	9,658	090	3%	2%	2%	34-UROLOGY (79%)	16-OB-GYNECOLOGY (11%)	02-GNRL SURGERY (5%)
51045-Incise bladder, drain ureter	\$329,731	1,084	090	0%	1%	1%	34-UROLOGY (56%)	16-OB-GYNECOLOGY (20%)	02-GNRL SURGERY (6%)
51050-Removal of bladder stone	\$876,599	2,391	090	1%	1%	1%	34-UROLOGY (89%)	02-GNRL SURGERY (4%)	05-ANESTHESIA (3%)
51060-Removal of ureter stone	\$35,264	72	090	0%	4%	4%	34-UROLOGY (83%)	02-GNRL SURGERY (8%)	16-OB-GYNECOLOGY (3%)
51065-Removal of ureter stone	\$89,638	183	090	0%	0%	0%	34-UROLOGY (98%)	05-ANESTHESIA (1%)	30-RADIOLOGY (1%)
51080-Drainage of bladder abscess	\$42,848	151	090	0%	2%	2%	34-UROLOGY (62%)	02-GNRL SURGERY (15%)	16-OB-GYNECOLOGY (10%)
51520-Removal of bladder lesion	\$80,893	180	090	0%	0%	0%	34-UROLOGY (85%)	02-GNRL SURGERY (8%)	16-OB-GYNECOLOGY (4%)
51525-Removal of bladder lesion	\$462,680	818	090	0%	1%	1%	34-UROLOGY (85%)	02-GNRL SURGERY (9%)	01,08-GP/FP (3%)
51530-Removal of bladder lesion	\$145,189	291	090	0%	1%	1%	34-UROLOGY (70%)	02-GNRL SURGERY (17%)	16-OB-GYNECOLOGY (5%)
51535-Repair of ureter lesion	\$35,030	97	090	0%	0%	0%	34-UROLOGY (45%)	16-OB-GYNECOLOGY (30%)	01,08-GP/FP (9%)
51550-Partial removal of bladder	\$1,047,638	2,024	090	1%	1%	1%	34-UROLOGY (65%)	02-GNRL SURGERY (27%)	16-OB-GYNECOLOGY (2%)
51555-Partial removal of bladder	\$696,051	954	090	1%	0%	0%	34-UROLOGY (69%)	02-GNRL SURGERY (21%)	01,08-GP/FP (4%)
51565-Revise bladder & ureter(s)	\$261,641	309	090	0%	1%	1%	34-UROLOGY (83%)	02-GNRL SURGERY (11%)	01,08-GP/FP (2%)
51570-Removal of bladder	\$279,339	336	090	0%	0%	0%	34-UROLOGY (78%)	02-GNRL SURGERY (14%)	01,08-GP/FP (2%)
51575-Removal of bladder & nodes	\$430,051	347	090	0%	0%	0%	34-UROLOGY (85%)	02-GNRL SURGERY (10%)	70-GROUP PRAC (2%)
51580-Remove bladder; revise tract	\$71,632	70	090	0%	0%	0%	34-UROLOGY (74%)	01,08-GP/FP (10%)	11-INTERNAL MED (7%)
51585-Removal of bladder & nodes	\$174,513	137	090	0%	0%	0%	34-UROLOGY (87%)	02-GNRL SURGERY (9%)	11-INTERNAL MED (1%)
51590-Remove bladder; revise tract	\$2,391,826	1,831	090	2%	0%	0%	34-UROLOGY (82%)	02-GNRL SURGERY (11%)	05-ANESTHESIA (3%)
51595-Remove bladder; revise tract	\$6,298,048	3,827	090	5%	4%	4%	34-UROLOGY (85%)	02-GNRL SURGERY (8%)	70-GROUP PRAC (2%)
51596-Remove bladder, create pouch	\$1,413,395	731	090	1%	0%	0%	34-UROLOGY (85%)	02-GNRL SURGERY (7%)	70-GROUP PRAC (5%)
51597-Removal of pelvic structures	\$1,366,067	873	090	1%	1%	1%	34-UROLOGY (67%)	02-GNRL SURGERY (21%)	16-OB-GYNECOLOGY (2%)
51800-Revision of bladder/urethra	\$545,841	737	090	0%	1%	1%	34-UROLOGY (68%)	16-OB-GYNECOLOGY (14%)	02-GNRL SURGERY (10%)
51820-Revision of urinary tract	\$35,732	71	090	0%	1%	1%	16-OB-GYNECOLOGY (49%)	34-UROLOGY (23%)	01,08-GP/FP (11%)
51840-Attach bladder/urethra	\$5,330,661	11,104	090	5%	1%	1%	16-OB-GYNECOLOGY (42%)	34-UROLOGY (41%)	02-GNRL SURGERY (8%)
51841-Attach bladder/urethra	\$1,619,211	2,746	090	1%	4%	4%	34-UROLOGY (49%)	16-OB-GYNECOLOGY (38%)	02-GNRL SURGERY (7%)
51845-Repair bladder neck	\$10,458,700	16,287	090	9%	18%	18%	34-UROLOGY (80%)	16-OB-GYNECOLOGY (12%)	01,08-GP/FP (2%)
51860-Repair of bladder wound	\$346,923	853	090	0%	1%	1%	34-UROLOGY (47%)	02-GNRL SURGERY (34%)	16-OB-GYNECOLOGY (7%)
51865-Repair of bladder wound	\$334,348	503	090	0%	0%	0%	34-UROLOGY (65%)	02-GNRL SURGERY (24%)	16-OB-GYNECOLOGY (5%)
51880-Repair of bladder opening	\$32,915	124	090	0%	0%	0%	34-UROLOGY (62%)	16-OB-GYNECOLOGY (17%)	02-GNRL SURGERY (9%)
51900-Repair bladder/vagina lesion	\$69,462	117	090	0%	0%	0%	34-UROLOGY (56%)	16-OB-GYNECOLOGY (15%)	16-OB-GYNECOLOGY (12%)
51920-Close bladder-ureter fistula	\$2,349	9	090	0%	0%	0%	34-UROLOGY (44%)	01,08-GP/FP (22%)	02-GNRL SURGERY (11%)

Top Medicare Specialties (% of Procedure Volume)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDchs	Pct. of Family Privmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
51940-Correction of bladder defect	\$6,069	13	090	0%	.	54%	34-UROLOGY (31%)	70-GROUP PRAC (31%)	06-CARDIOLOGY (15%)
51960-Revision of bladder & bowel	\$177,796	163	090	0%	.	1%	34-UROLOGY (85%)	02-GNRL SURGERY (7%)	70-GROUP PRAC (4%)
51980-Construct bladder opening	\$29,277	60	090	0%	.	3%	34-UROLOGY (88%)	16-OB-GYNECOLOGY (7%)	02-GNRL SURGERY (3%)
54535-Extensive testis surgery	\$47,809	71	090	0%	.	0%	34-UROLOGY (80%)	02-GNRL SURGERY (14%)	70-GROUP PRAC (4%)
54560-Exploration for testis	\$13,034	29	090	0%	.	0%	34-UROLOGY (69%)	02-GNRL SURGERY (14%)	33-THORACIC SURG (10%)
54650-Orchiopexy (Fowler-Stephens)			090	0%	.	.	(.)	(.)	(.)
55705-Biopsy of prostate	\$314,921	1,213	010	0%	.	2%	34-UROLOGY (78%)	30-RADIOLOGY (12%)	02-GNRL SURGERY (5%)
55720-Drainage of prostate abscess	\$22,181	97	090	0%	.	4%	34-UROLOGY (72%)	11-INTERNAL MED (20%)	01,08-GP/FP (5%)
55725-Drainage of prostate abscess	\$15,690	37	090	0%	.	0%	34-UROLOGY (84%)	02-GNRL SURGERY (8%)	01,08-GP/FP (3%)
55801-Removal of prostate	\$193,460	246	090	0%	.	1%	34-UROLOGY (72%)	30-RADIOLOGY (19%)	02-GNRL SURGERY (6%)
55810-Extensive prostate surgery	\$2,788,623	3,454	090	2%	.	1%	34-UROLOGY (81%)	05-ANESTHESIA (8%)	02-GNRL SURGERY (4%)
55812-Extensive prostate surgery	\$197,461	200	090	0%	.	2%	34-UROLOGY (61%)	91-SURG ONCOLOGY (15%)	02-GNRL SURGERY (11%)
55815-Extensive prostate surgery	\$1,027,354	962	090	1%	.	2%	34-UROLOGY (77%)	05-ANESTHESIA (11%)	02-GNRL SURGERY (5%)
55821-Removal of prostate	\$3,747,167	5,463	090	3%	2%	1%	34-UROLOGY (83%)	02-GNRL SURGERY (8%)	05-ANESTHESIA (4%)
55831-Removal of prostate	\$2,398,412	3,126	090	2%	.	1%	34-UROLOGY (78%)	02-GNRL SURGERY (8%)	01,08-GP/FP (2%)
55840-Extensive prostate surgery	\$2,032,428	2,780	090	2%	2%	1%	34-UROLOGY (73%)	05-ANESTHESIA (14%)	02-GNRL SURGERY (9%)
55842-Extensive prostate surgery	\$2,298,938	2,178	090	2%	1%	1%	34-UROLOGY (83%)	02-GNRL SURGERY (10%)	01,08-GP/FP (2%)
55845-Extensive prostate surgery	\$51,760,055	43,142	090	4%	3%	1%	34-UROLOGY (89%)	02-GNRL SURGERY (6%)	01,08-GP/FP (2%)
55860-Surgical exposure, prostate	\$450,905	588	090	0%	.	3%	34-UROLOGY (96%)	01,08-GP/FP (2%)	02-GNRL SURGERY (1%)
55862-Extensive prostate surgery	\$19,942	27	090	0%	.	0%	34-UROLOGY (85%)	02-GNRL SURGERY (7%)	33-THORACIC SURG (4%)
55865-Extensive prostate surgery	\$617,205	547	090	1%	.	1%	34-UROLOGY (90%)	02-GNRL SURGERY (8%)	01,08-GP/FP (1%)

268-Nephrostomy, Complex Cystourethroscopy, and Litholapaxy
 Family Medicare Charges: \$88,249,605
 Family Private Payments: \$2,987,188
 Percent of CPEP Medicare Charges: 12%
 Percent of CPEP Private Payments: 12%

50392-Insert kidney drain	\$2,392,997	11,638	000	3%	1%	2%	30-RADIOLOGY (85%)	70-GROUP PRAC (4%)	94-INTERVEN RAD (4%)
50393-Insert ureteral tube	\$1,797,679	6,764	000	2%	0%	2%	30-RADIOLOGY (83%)	34-UROLOGY (6%)	70-GROUP PRAC (4%)
50395-Create passage to kidney	\$920,524	3,460	000	1%	.	1%	30-RADIOLOGY (79%)	34-UROLOGY (15%)	94-INTERVEN RAD (3%)
50551-Kidney endoscopy	\$34,043	184	000	0%	.	11%	34-UROLOGY (92%)	01,08-GP/FP (2%)	02-GNRL SURGERY (2%)
50553-Kidney endoscopy & biopsy	\$74,330	368	000	0%	.	5%	34-UROLOGY (76%)	01,08-GP/FP (9%)	16-OB-GYNECOLOGY (4%)
50557-Kidney endoscopy & treatment	\$17,812	61	000	0%	.	2%	34-UROLOGY (69%)	30-RADIOLOGY (15%)	02-GNRL SURGERY (5%)
50559-Renal endoscopy; radiotracer	\$16,329	48	000	0%	.	2%	34-UROLOGY (98%)	02-GNRL SURGERY (2%)	(.)
50561-Kidney endoscopy & treatment	\$1,067	9	000	0%	.	11%	34-UROLOGY (78%)	11-INTERNAL MED (11%)	30-RADIOLOGY (11%)
50951-Endoscopy of ureter	\$71,400	183	000	0%	.	4%	34-UROLOGY (85%)	30-RADIOLOGY (6%)	70-GROUP PRAC (4%)
50953-Endoscopy of ureter	\$36,899	190	000	0%	.	9%	34-UROLOGY (93%)	02-GNRL SURGERY (2%)	11-INTERNAL MED (2%)
50955-Ureter endoscopy & biopsy	\$43,901	236	000	0%	.	27%	34-UROLOGY (86%)	11-INTERNAL MED (3%)	01,08-GP/FP (2%)
50957-Ureter endoscopy & treatment	\$15,258	70	000	0%	.	6%	34-UROLOGY (87%)	30-RADIOLOGY (6%)	70-GROUP PRAC (3%)
50959-Ureter endoscopy & treatment	\$8,316	35	000	0%	.	9%	34-UROLOGY (91%)	16-OB-GYNECOLOGY (3%)	02-GNRL SURGERY (8%)
50961-Ureter endoscopy & tracer	\$3,512	13	000	0%	.	0%	49-ASC (46%)	34-UROLOGY (38%)	02-GNRL SURGERY (3%)
51715-Endoscopic injection/implant	\$38,127	149	000	0%	.	17%	34-UROLOGY (84%)	30-RADIOLOGY (6%)	(.)
52234-Cystoscopy and treatment	\$10,346,168	30,284	000	1%	5%	6%	34-UROLOGY (94%)	49-ASC (3%)	70-GROUP PRAC (2%)
52235-Cystoscopy and treatment	\$17,110,140	29,696	000	1%	7%	1%	34-UROLOGY (96%)	49-ASC (2%)	70-GROUP PRAC (1%)
52240-Cystoscopy and treatment	\$19,761,047	25,313	000	2%	7%	2%	34-UROLOGY (96%)	70-GROUP PRAC (1%)	49-ASC (1%)
52250-Cystoscopy & radiotracer	\$314,861	1,261	000	0%	0%	2%	34-UROLOGY (94%)	49-ASC (4%)	02-GNRL SURGERY (1%)
52277-Cystoscopy and treatment	\$85,245	236	000	0%	.	2%	34-UROLOGY (95%)	70-GROUP PRAC (2%)	49-ASC (1%)
52317-Remove bladder stone	\$2,599,049	6,178	000	3%	1%	5%	34-UROLOGY (97%)	70-GROUP PRAC (1%)	49-ASC (1%)
52318-Remove bladder stone	\$2,578,603	4,659	000	3%	1%	2%	34-UROLOGY (97%)	70-GROUP PRAC (2%)	49-ASC (1%)
52320-Cystoscopy and treatment	\$1,180,739	3,580	000	1%	6%	3%	34-UROLOGY (97%)	49-ASC (1%)	70-GROUP PRAC (1%)
52325-Cystoscopy, stone removal	\$519,178	1,078	000	1%	.	2%	34-UROLOGY (95%)	70-GROUP PRAC (2%)	49-ASC (1%)
52330-Cystoscopy and treatment	\$771,142	3,100	000	1%	4%	3%	34-UROLOGY (95%)	70-GROUP PRAC (2%)	30-RADIOLOGY (1%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Alldchs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
							First Specialty	Second Specialty	Third Specialty
52332-Cystoscopy and treatment	\$9,788,095	48,440	000	11%	20%	2%	34-UROLOGY (95%)	70-GROUP PRAC (2%)	49-ASC (1%)
52334-Create passage to kidney	\$169,296	605	000	0%	.	2%	34-UROLOGY (94%)	49-ASC (2%)	70-GROUP PRAC (2%)
52335-Endoscopy of urinary tract	\$4,178,480	11,215	000	5%	8%	2%	34-UROLOGY (91%)	30-RADIOLOGY (4%)	49-ASC (2%)
52336-Cystoscopy, stone removal	\$7,279,492	10,166	000	8%	29%	1%	34-UROLOGY (97%)	70-GROUP PRAC (1%)	49-ASC (1%)
52337-Cystoscopy, stone removal	\$3,920,734	4,813	000	4%	9%	1%	34-UROLOGY (97%)	49-ASC (1%)	70-GROUP PRAC (1%)
52338-Cystoscopy and treatment	\$1,257,044	2,532	000	1%	1%	3%	34-UROLOGY (93%)	70-GROUP PRAC (2%)	49-ASC (2%)
52339-Cystoscopy and treatment	\$114,668	243	000	0%	.	1%	34-UROLOGY (93%)	70-GROUP PRAC (2%)	02-GHRL SURGERY (2%)
74475-Xray control catheter insert	\$390,708	12,795	XXX	0%	.	2%	30-RADIOLOGY (89%)	94-INTERVEN RAD (6%)	70-GROUP PRAC (3%)
74480-Xray control catheter insert	\$313,042	7,981	XXX	0%	.	3%	30-RADIOLOGY (92%)	70-GROUP PRAC (3%)	94-INTERVEN RAD (3%)
74485-X-ray guide, GU dilation	\$99,680	3,236	XXX	0%	.	1%	30-RADIOLOGY (86%)	34-UROLOGY (6%)	94-INTERVEN RAD (4%)
272-Renal Extracorporeal Shock Wave Lithotripsy									
Family Medicare Charges:	\$20,899,804			100%	100%	4%	34-UROLOGY (96%)	70-GROUP PRAC (3%)	02-GHRL SURGERY (0%)
Family Private Payments:	\$2,612,385			10%					
50590-Fragmenting of kidney stone	\$20,899,804	28,933	090	100%	100%	4%	34-UROLOGY (96%)	70-GROUP PRAC (3%)	02-GHRL SURGERY (0%)

CPEP 3 - ORTHOPAEDICS

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
300-Hip Fracture Repair									
Family Medicare Charges: \$234,864,778				16%					
Family Private Payments: \$684,325				1%					
Percent of CPEP Medicare Charges: 16%									
Percent of CPEP Private Payments: 1%									
27232-Treat fracture of thigh	\$368,125	589	090	0%		2%	20-ORTHOPOD SURG (89%)	01-08-GP/FP (4%)	70-GROUP PRAC (3%)
27235-Repair of thigh fracture	\$13,866,915	14,855	090	6%	13%	1%	20-ORTHOPOD SURG (91%)	01-08-GP/FP (3%)	70-GROUP PRAC (2%)
27236-Repair of thigh fracture	\$98,754,364	108,623	090	4%	39%	1%	20-ORTHOPOD SURG (84%)	01-08-GP/FP (5%)	02-GNRL SURGERY (5%)
27240-Treatment of thigh fracture	\$507,142	783	090	0%		3%	20-ORTHOPOD SURG (90%)	70-GROUP PRAC (3%)	01-08-GP/FP (2%)
27244-Repair of thigh fracture	\$116,915,721	126,979	090	0%	48%	1%	20-ORTHOPOD SURG (86%)	01-08-GP/FP (5%)	02-GNRL SURGERY (4%)
27245-Repair of thigh fracture	\$3,687,971	3,800	090	2%		1%	20-ORTHOPOD SURG (91%)	01-08-GP/FP (3%)	97-PHYS ASSISTANT (2%)
27248-Repair of thigh fracture	\$764,540	1,495	090	0%		2%	20-ORTHOPOD SURG (88%)	01-08-GP/FP (4%)	02-GNRL SURGERY (2%)
304-Orthopaedics - Hip Procedures (except hip replacement or hip fracture repair)									
Family Medicare Charges: \$15,841,071				1%					
Family Private Payments: \$166,953				0%					
Percent of CPEP Medicare Charges: 1%									
Percent of CPEP Private Payments: 0%									
27000-Incision of hip tendon	\$60,308	636	090	0%		5%	20-ORTHOPOD SURG (86%)	01-08-GP/FP (4%)	07-DERMATOLOGY (3%)
27001-Incision of hip tendon	\$124,881	869	090	1%		2%	20-ORTHOPOD SURG (86%)	01-08-GP/FP (6%)	02-GNRL SURGERY (3%)
27003-Incision of hip tendon	\$38,748	136	090	0%		0%	20-ORTHOPOD SURG (85%)	01-08-GP/FP (4%)	02-GNRL SURGERY (4%)
27005-Incision of hip tendon	\$46,910	307	090	0%		1%	20-ORTHOPOD SURG (85%)	01-08-GP/FP (5%)	02-GNRL SURGERY (5%)
27006-Incision of hip tendons	\$51,474	210	090	0%		2%	20-ORTHOPOD SURG (90%)	01-08-GP/FP (2%)	70-GROUP PRAC (2%)
27025-Incision of hip/thigh fascia	\$94,794	218	090	1%		4%	20-ORTHOPOD SURG (66%)	02-GNRL SURGERY (21%)	24-PLASTIC SURG (3%)
27030-Drainage of hip joint	\$633,786	1,011	090	4%		2%	20-ORTHOPOD SURG (91%)	02-GNRL SURGERY (2%)	70-GROUP PRAC (2%)
27033-Exploration of hip joint	\$434,045	855	090	3%		2%	20-ORTHOPOD SURG (87%)	02-GNRL SURGERY (4%)	01-08-GP/FP (3%)
27052-Biopsy of hip joint	\$84,127	191	090	1%		1%	20-ORTHOPOD SURG (87%)	02-GNRL SURGERY (3%)	97-PHYS ASSISTANT (3%)
27054-Removal of hip joint lining	\$280,751	603	090	2%		2%	20-ORTHOPOD SURG (92%)	01-08-GP/FP (3%)	02-GNRL SURGERY (3%)
27062-Remove femur lesion/bursa	\$192,259	905	090	1%		3%	20-ORTHOPOD SURG (86%)	02-GNRL SURGERY (4%)	01-08-GP/FP (2%)
27090-Removal of hip prosthesis	\$731,071	1,719	090	5%		1%	20-ORTHOPOD SURG (87%)	01-08-GP/FP (4%)	02-GNRL SURGERY (3%)
27091-Removal of hip prosthesis	\$2,056,660	2,103	090	13%		1%	20-ORTHOPOD SURG (91%)	70-GROUP PRAC (3%)	01-08-GP/FP (2%)
27097-Revision of hip tendon	\$6,277	16	090	0%		0%	20-ORTHOPOD SURG (81%)	24-PLASTIC SURG (6%)	34-UROLOGY (6%)
27098-Transfer tendon to pelvis	\$3,246	10	090	0%		0%	06-CARDIOLOGY (71%)	11-INTERNAL MED (14%)	01-08-GP/FP (7%)
27105-Transfer of spinal muscle	\$1,753	14	090	0%		0%	20-ORTHOPOD SURG (69%)	70-GROUP PRAC (15%)	02-GNRL SURGERY (8%)
27111-Transfer of iliopsoas muscle	\$6,518	13	090	0%		0%	20-ORTHOPOD SURG (88%)	02-GNRL SURGERY (3%)	01-08-GP/FP (2%)
27122-Reconstruction of hip socket	\$1,090,449	1,133	090	7%		1%	20-ORTHOPOD SURG (92%)	01-08-GP/FP (4%)	02-GNRL SURGERY (2%)
27140-Transplant of femur ridge	\$196,054	515	090	1%		1%	20-ORTHOPOD SURG (70%)	34-UROLOGY (18%)	02-GNRL SURGERY (5%)
27161-Incision of neck of femur	\$64,233	109	090	0%		0%	20-ORTHOPOD SURG (90%)	01-08-GP/FP (5%)	02-GNRL SURGERY (3%)
27165-Incision/fixation of femur	\$476,326	572	090	3%	69%	1%	20-ORTHOPOD SURG (91%)	02-GNRL SURGERY (3%)	01-08-GP/FP (2%)
27170-Repair/graft femur head/neck	\$618,598	857	090	4%		0%	20-ORTHOPOD SURG (99%)	01-08-GP/FP (1%)	(.)
27175-Treat slipped epiphysis	\$29,285	167	090	0%		1%	20-ORTHOPOD SURG (71%)	02-GNRL SURGERY (17%)	01-08-GP/FP (8%)
27176-Treat slipped epiphysis	\$25,428	52	090	0%	31%	0%	20-ORTHOPOD SURG (90%)	01-08-GP/FP (5%)	02-GNRL SURGERY (3%)
27177-Repair slipped epiphysis	\$47,410	59	090	0%		2%	20-ORTHOPOD SURG (89%)	11-INTERNAL MED (6%)	(.)
27178-Repair slipped epiphysis	\$10,638	18	090	0%		0%	20-ORTHOPOD SURG (100%)	(.)	(.)
27179-Revise head/neck of femur	\$2,043	4	090	0%		0%	20-ORTHOPOD SURG (100%)	(.)	(.)
27181-Repair slipped epiphysis	\$5,550	7	090	0%		0%	20-ORTHOPOD SURG (100%)	(.)	(.)
27185-Revision of femur epiphysis	\$94	1	090	0%		0%	20-ORTHOPOD SURG (100%)	(.)	(.)
27187-Reinforce hip bones	\$672,304	835	090	4%		0%	20-ORTHOPOD SURG (89%)	02-GNRL SURGERY (3%)	01-08-GP/FP (3%)
27227-Treat hip fracture(s)	\$255,637	341	090	2%		0%	20-ORTHOPOD SURG (74%)	02-GNRL SURGERY (13%)	01-08-GP/FP (8%)
27228-Treat hip fracture(s)	\$182,630	201	090	1%		1%	20-ORTHOPOD SURG (80%)	05-ANESTHESIA (6%)	02-GNRL SURGERY (4%)
27230-Treat fracture of thigh	\$1,097,485	4,021	090	7%		10%	20-ORTHOPOD SURG (55%)	93-EMERGENCY MED (20%)	01-08-GP/FP (18%)
27238-Treatment of thigh fracture	\$891,433	2,395	090	6%		7%	20-ORTHOPOD SURG (66%)	93-EMERGENCY MED (13%)	01-08-GP/FP (12%)
27246-Treatment of thigh fracture	\$574,365	1,799	090	4%		22%	20-ORTHOPOD SURG (92%)	01-08-GP/FP (3%)	70-GROUP PRAC (2%)
27250-Treat hip dislocation	\$409,105	1,604	090	3%		4%	20-ORTHOPOD SURG (53%)	93-EMERGENCY MED (23%)	01-08-GP/FP (14%)

Procedure 1993 MC Allowed Charges 1993 MC Units of Service Global Period Allldchgs Pct. of Family Privpmts Pct. of Vol. in OFFICE Pct. of Procedure Volume

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Allldchgs	Pct. of Family Privpmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
27253-Repair of hip dislocation	\$414,363	655	090	3%	1%	1%	20-ORTHOPEID SURG (90%)	01,08-GP/FP (3%)	02-GNRL SURGERY (3%)
27254-Repair of hip dislocation	\$246,702	299	090	2%	2%	2%	20-ORTHOPEID SURG (80%)	01,08-GP/FP (10%)	02-GNRL SURGERY (5%)
27256-Treatment of hip dislocation	\$5,273	31	010	0%	0%	0%	20-ORTHOPEID SURG (77%)	93-EMERGENCY MED (10%)	01,08-GP/FP (6%)
27258-Repair of hip dislocation	\$93,008	140	090	1%	0%	0%	20-ORTHOPEID SURG (83%)	02-GNRL SURGERY (10%)	01,08-GP/FP (4%)
27259-Repair of hip dislocation	\$6,579	7	090	0%	0%	0%	20-ORTHOPEID SURG (86%)	02-GNRL SURGERY (14%)	(.)
27265-Treatment of hip dislocation	\$660,873	2,494	090	4%	3%	3%	20-ORTHOPEID SURG (90%)	93-EMERGENCY MED (5%)	01,08-GP/FP (2%)
27266-Treatment of hip dislocation	\$2,295,820	6,540	090	14%	1%	1%	20-ORTHOPEID SURG (95%)	70-GROUP PRAC (2%)	05-ANESTHESIA (1%)
27284-Fusion of hip joint	\$30,549	36	090	0%	0%	0%	20-ORTHOPEID SURG (75%)	02-GNRL SURGERY (19%)	01,08-GP/FP (3%)
27286-Fusion of hip joint	\$28,874	35	090	0%	6%	6%	20-ORTHOPEID SURG (77%)	02-GNRL SURGERY (14%)	01,08-GP/FP (6%)
27295-Amputation of leg at hip	\$562,355	572	090	4%	0%	0%	20-ORTHOPEID SURG (52%)	02-GNRL SURGERY (25%)	24-PLASTIC SURG (10%)

308-Hip Replacement
 Family Medicare Charges:\$200,899,310
 Family Private Payments: \$3,776,954

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Allldchgs	Pct. of Family Privpmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
27125-Partial hip replacement	\$22,572,771	24,061	090	11%	3%	1%	20-ORTHOPEID SURG (82%)	02-GNRL SURGERY (6%)	01,08-GP/FP (5%)
27130-Total hip replacement	\$134,011,533	105,586	090	67%	78%	1%	20-ORTHOPEID SURG (88%)	01,08-GP/FP (4%)	02-GNRL SURGERY (3%)
27132-Total hip replacement	\$8,600,058	6,376	090	4%	3%	1%	20-ORTHOPEID SURG (90%)	05-ANESTHESIA (4%)	01,08-GP/FP (3%)
27134-Revise hip joint replacement	\$23,308,215	13,951	090	12%	11%	1%	20-ORTHOPEID SURG (87%)	97-PHYS ASSISTANT (3%)	01,08-GP/FP (2%)
27137-Revise hip joint replacement	\$7,440,652	5,584	090	4%	4%	1%	20-ORTHOPEID SURG (91%)	01,08-GP/FP (2%)	97-PHYS ASSISTANT (2%)
27138-Revise hip joint replacement	\$4,966,061	3,742	090	2%	2%	1%	20-ORTHOPEID SURG (92%)	02-GNRL SURGERY (2%)	01,08-GP/FP (2%)

312-Knee Replacement
 Family Medicare Charges:\$272,013,516
 Family Private Payments: \$3,279,693

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Allldchgs	Pct. of Family Privpmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
27440-Revision of knee joint	\$31,951	61	090	0%	7%	7%	20-ORTHOPEID SURG (48%)	02-GNRL SURGERY (11%)	88-UNKNOWN SUPPL (8%)
27441-Revision of knee joint	\$31,273	64	090	0%	3%	3%	20-ORTHOPEID SURG (78%)	01,08-GP/FP (8%)	02-GNRL SURGERY (5%)
27442-Revision of knee joint	\$128,516	168	090	0%	0%	0%	20-ORTHOPEID SURG (77%)	01,08-GP/FP (7%)	49-ASC (7%)
27443-Revision of knee joint	\$148,116	151	090	0%	0%	0%	20-ORTHOPEID SURG (88%)	49-ASC (7%)	01,08-GP/FP (1%)
27445-Revision of knee joint	\$468,476	371	090	0%	1%	1%	20-ORTHOPEID SURG (86%)	88-UNKNOWN SUPPL (6%)	02-GNRL SURGERY (3%)
27446-Revision of knee joint	\$3,090,258	2,734	090	1%	4%	1%	20-ORTHOPEID SURG (83%)	02-GNRL SURGERY (7%)	01,08-GP/FP (6%)
27447-Total knee replacement	\$268,114,926	191,216	090	99%	96%	1%	20-ORTHOPEID SURG (88%)	01,08-GP/FP (4%)	97-PHYS ASSISTANT (3%)

316-Orthopaedics - Knee Joint and Surrounding Structures (except knee replacement)
 Family Medicare Charges:\$129,851,109
 Family Private Payments: \$20,364,319

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Allldchgs	Pct. of Family Privpmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
27310-Exploration of knee joint	\$1,031,270	2,079	090	1%	0%	6%	20-ORTHOPEID SURG (86%)	01,08-GP/FP (4%)	02-GNRL SURGERY (2%)
27330-Biopsy knee joint lining	\$42,128	147	090	0%	7%	7%	20-ORTHOPEID SURG (75%)	01,08-GP/FP (6%)	49-ASC (5%)
27331-Explore/treat knee joint	\$601,768	1,475	090	0%	0%	1%	20-ORTHOPEID SURG (89%)	01,08-GP/FP (2%)	70-GROUP PRAC (2%)
27332-Removal of knee cartilage	\$222,236	527	090	0%	0%	2%	20-ORTHOPEID SURG (71%)	05-ANESTHESIA (18%)	01,08-GP/FP (3%)
27333-Removal of knee cartilage	\$77,768	139	090	0%	0%	0%	20-ORTHOPEID SURG (78%)	01,08-GP/FP (6%)	05-ANESTHESIA (6%)
27334-Remove knee joint lining	\$742,039	1,644	090	1%	1%	1%	20-ORTHOPEID SURG (89%)	01,08-GP/FP (4%)	02-GNRL SURGERY (4%)
27335-Remove knee joint lining	\$635,396	1,656	090	0%	0%	1%	20-ORTHOPEID SURG (89%)	01,08-GP/FP (7%)	02-GNRL SURGERY (1%)
27340-Removal of kneecap bursa	\$242,538	947	090	0%	0%	5%	20-ORTHOPEID SURG (82%)	02-GNRL SURGERY (7%)	49-ASC (6%)
27345-Removal of knee cyst	\$525,987	1,676	090	0%	0%	3%	20-ORTHOPEID SURG (76%)	02-GNRL SURGERY (12%)	49-ASC (4%)
27350-Removal of kneecap	\$578,212	1,198	090	0%	0%	1%	20-ORTHOPEID SURG (89%)	01,08-GP/FP (3%)	02-GNRL SURGERY (2%)
27360-Partial removal leg bone(s)	\$347,202	789	090	0%	0%	2%	20-ORTHOPEID SURG (78%)	02-GNRL SURGERY (8%)	24-PLASTIC SURG (5%)
27365-Extensive leg surgery	\$167,944	247	090	0%	0%	2%	20-ORTHOPEID SURG (81%)	02-GNRL SURGERY (11%)	01,08-GP/FP (2%)
27380-Repair of kneecap tendon	\$292,740	769	090	0%	0%	2%	20-ORTHOPEID SURG (88%)	01,08-GP/FP (3%)	70-GROUP PRAC (3%)
27381-Repair/graft kneecap tendon	\$157,218	314	090	0%	0%	1%	20-ORTHOPEID SURG (90%)	97-PHYS ASSISTANT (3%)	02-GNRL SURGERY (3%)

Procedure

Third Specialty

Second Specialty

First Specialty

Procedure	1993 MC Units of Service	1993 MC Allowed Charges	Pct. of Family AllDChgs	Pct. of Family Vol. in PrivPmts OFFICE	Top Medicare Specialties (% of Procedure Volume)
27385-Repair of thigh muscle	1,778	\$862,328	1%	1%	20-ORTHOPOD SURG (90%)
27386-Repair/graft of thigh muscle	285	\$176,931	0%	2%	20-ORTHOPOD SURG (89%)
27403-Repair of knee cartilage	162	\$45,142	0%	2%	20-ORTHOPOD SURG (90%)
27405-Repair of knee ligament	380	\$161,342	0%	2%	20-ORTHOPOD SURG (88%)
27407-Repair of knee ligaments	57	\$17,244	0%	0%	20-ORTHOPOD SURG (86%)
27409-Repair of knee ligaments	55	\$33,367	0%	0%	20-ORTHOPOD SURG (91%)
27418-Repair degenerated kneecap	147	\$71,391	0%	1%	20-ORTHOPOD SURG (93%)
27420-Revision of unstable kneecap	260	\$125,542	0%	0%	20-ORTHOPOD SURG (90%)
27422-Revision of unstable kneecap	1,078	\$513,668	0%	1%	20-ORTHOPOD SURG (89%)
27424-Revision/removal of kneecap	94	\$49,517	0%	1%	20-ORTHOPOD SURG (83%)
27425-Lateral retinacular release	3,053	\$1,084,823	1%	3%	20-ORTHOPOD SURG (90%)
27427-Reconstruction, knee	207	\$96,170	0%	2%	20-ORTHOPOD SURG (89%)
27428-Reconstruction, knee	108	\$58,471	0%	2%	20-ORTHOPOD SURG (92%)
27429-Reconstruction, knee	55	\$31,532	0%	1%	20-ORTHOPOD SURG (85%)
27430-Revision of thigh muscles	\$301,126	\$301,126	0%	1%	20-ORTHOPOD SURG (90%)
27435-Incision of knee joint	620	\$174,298	0%	3%	20-ORTHOPOD SURG (82%)
27437-Revise kneecap	347	\$139,516	0%	1%	20-ORTHOPOD SURG (91%)
27438-Revise kneecap with implant	681	\$333,555	0%	1%	20-ORTHOPOD SURG (85%)
27455-Realignment of knee	164	\$102,515	0%	2%	20-ORTHOPOD SURG (93%)
27475-Surgery to stop leg growth	4,800	\$412,847	0%	1%	20-ORTHOPOD SURG (88%)
27477-Surgery to stop leg growth	12	\$4,800	0%	0%	20-ORTHOPOD SURG (92%)
27479-Surgery to stop leg growth	153	\$73,924	0%	3%	20-ORTHOPOD SURG (70%)
27485-Surgery to stop leg growth	1	\$563	0%	0%	37-PEDIATRICS (100%)
27486-Revise knee joint	5	\$2,477	0%	0%	20-ORTHOPOD SURG (100%)
27487-Revise knee joint replace	5,416	\$1,120,655	5%	1%	20-ORTHOPOD SURG (90%)
27488-Removal of knee prosthesis	10,941	\$18,378,817	14%	1%	20-ORTHOPOD SURG (89%)
27508-Treatment of thigh fracture	3,159	\$2,478,219	2%	1%	20-ORTHOPOD SURG (91%)
27509-Treatment of thigh fracture	1,629	\$538,327	0%	23%	20-ORTHOPOD SURG (84%)
27510-Treatment of thigh fracture	155	\$45,498	0%	1%	20-ORTHOPOD SURG (94%)
27511-Treatment of thigh fracture	613	\$308,320	0%	8%	20-ORTHOPOD SURG (96%)
27513-Treatment of thigh fracture	2,551	\$2,060,926	2%	1%	20-ORTHOPOD SURG (89%)
27514-Repair of thigh fracture	1,783	\$1,614,979	1%	1%	20-ORTHOPOD SURG (90%)
27519-Repair of thigh fracture	2,605	\$2,227,581	2%	1%	20-ORTHOPOD SURG (86%)
27524-Repair of kneecap fracture	45	\$33,036	0%	2%	20-ORTHOPOD SURG (87%)
27535-Treatment of knee fracture	5,070	\$3,031,920	2%	1%	20-ORTHOPOD SURG (90%)
27536-Repair of knee fracture	1,892	\$1,174,545	1%	1%	20-ORTHOPOD SURG (91%)
27540-Repair of knee fracture	1,860	\$1,271,523	1%	1%	20-ORTHOPOD SURG (91%)
27556-Repair of knee dislocation	122	\$69,727	0%	5%	20-ORTHOPOD SURG (86%)
27557-Repair of knee dislocation	40	\$24,953	0%	4%	20-ORTHOPOD SURG (84%)
27558-Repair of knee dislocation	28	\$21,878	0%	3%	20-ORTHOPOD SURG (90%)
27566-Repair kneecap dislocation	11	\$7,711	0%	1%	20-ORTHOPOD SURG (91%)
27580-Fusion of knee	108	\$65,218	0%	9%	20-ORTHOPOD SURG (89%)
27598-Amputate lower leg at knee	8	\$45,218	0%	1%	20-ORTHOPOD SURG (86%)
29850-Knee arthroscopy/surgery	701	\$506,869	0%	4%	20-ORTHOPOD SURG (84%)
29851-Knee arthroscopy/surgery	1,064	\$664,515	1%	0%	20-ORTHOPOD SURG (84%)
29855-Tibial arthroscopy/surgery	102	\$8,682	0%	86%	02-GNRL SURGERY (25%)
29856-Tibial arthroscopy/surgery	8	\$4,912	0%	13%	20-ORTHOPOD SURG (88%)
29870-Knee arthroscopy, diagnostic	179	\$112,402	0%	1%	20-ORTHOPOD SURG (91%)
29871-Knee arthroscopy/drainage	2,698	\$672,100	1%	5%	20-ORTHOPOD SURG (95%)
29874-Knee arthroscopy/surgery	1,745	\$616,172	0%	10%	20-ORTHOPOD SURG (77%)
29875-Knee arthroscopy/surgery	1,661	\$903,949	1%	2%	20-ORTHOPOD SURG (82%)
	2,425	\$1,289,359	1%	5%	20-ORTHOPOD SURG (78%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AlldChgs	Pct. of Family PrivPmts	OFFICE Vol. in	First Specialty	Second Specialty	Third Specialty
29876-Knee arthroscopy/surgery	\$3,587,882	5,570	090	3%	2%	3%	20-ORTHOPEDE SURG (92%)	49-ASC (5%)	01,08-GP/FP (1%)
29877-Knee arthroscopy/surgery	\$19,881,873	32,048	090	15%	14%	2%	20-ORTHOPEDE SURG (89%)	49-ASC (9%)	70-GROUP PRAC (1%)
29879-Knee arthroscopy/surgery	\$3,701,022	4,884	090	3%	2%	2%	20-ORTHOPEDE SURG (93%)	49-ASC (4%)	70-GROUP PRAC (2%)
29880-Knee arthroscopy/surgery	\$16,016,689	19,588	090	12%	7%	2%	20-ORTHOPEDE SURG (87%)	49-ASC (8%)	01,08-GP/FP (1%)
29881-Knee arthroscopy/surgery	\$28,927,065	47,089	090	22%	35%	2%	20-ORTHOPEDE SURG (87%)	49-ASC (11%)	70-GROUP PRAC (1%)
29882-Knee arthroscopy/surgery	\$597,859	892	090	0%	2%	2%	20-ORTHOPEDE SURG (78%)	49-ASC (20%)	70-GROUP PRAC (1%)
29883-Knee arthroscopy/surgery	\$515,301	507	090	0%	0%	3%	20-ORTHOPEDE SURG (88%)	49-ASC (11%)	70-GROUP PRAC (1%)
29884-Knee arthroscopy/surgery	\$300,374	639	090	0%	0%	1%	20-ORTHOPEDE SURG (91%)	49-ASC (7%)	01,08-GP/FP (1%)
29885-Knee arthroscopy/surgery	\$12,374	27	090	0%	.	0%	20-ORTHOPEDE SURG (93%)	11-INTERNAL MED (4%)	49-ASC (4%)
29886-Knee arthroscopy/surgery	\$41,408	97	090	0%	0%	3%	20-ORTHOPEDE SURG (92%)	49-ASC (7%)	01,08-GP/FP (1%)
29887-Knee arthroscopy/surgery	\$118,464	295	090	0%	0%	3%	20-ORTHOPEDE SURG (88%)	49-ASC (5%)	01,08-GP/FP (2%)
29888-Knee arthroscopy/surgery	\$337,816	370	090	0%	14%	0%	20-ORTHOPEDE SURG (89%)	97-PHYS ASSISTANT (3%)	01,08-GP/FP (2%)
29889-Knee arthroscopy/surgery	\$8,183	19	090	0%	.	0%	20-ORTHOPEDE SURG (84%)	11-INTERNAL MED (5%)	49-ASC (5%)

320-Orthopedics - Foot

Family Medicare Charges:\$108,322,644
Family Private Payments:\$10,361,022

Percent of CPEP Medicare Charges: 7%
Percent of CPEP Private Payments: 15%

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AlldChgs	Pct. of Family PrivPmts	OFFICE Vol. in	First Specialty	Second Specialty	Third Specialty
20838-Replantation, foot, complete	\$3,500	1	090	0%	0%	0%	40-HAND SURGERY (100%)	(.)	(.)
20840-Replantation, foot, partial	\$454,498	6,759	010	0%	0%	74%	48-PODIATRY (90%)	(.)	(.)
28001-Drainage of bursa of foot	\$491,311	2,864	010	0%	27%	4%	48-PODIATRY (44%)	20-ORTHOPEDE SURG (5%)	02-GHRL SURGERY (3%)
28002-Treatment of foot infection	\$338,151	1,649	090	0%	0%	45%	48-PODIATRY (60%)	20-ORTHOPEDE SURG (28%)	02-GHRL SURGERY (17%)
28005-Treat foot bone lesion	\$757,192	2,378	090	1%	0%	12%	20-ORTHOPEDE SURG (43%)	48-PODIATRY (35%)	02-GHRL SURGERY (11%)
28008-Incision of foot fascia	\$322,006	1,621	090	0%	1%	4%	48-PODIATRY (66%)	49-ASC (21%)	20-ORTHOPEDE SURG (7%)
28010-Incision of toe tendon	\$264,738	2,575	090	0%	0%	74%	48-PODIATRY (82%)	20-ORTHOPEDE SURG (16%)	70-GROUP PRAC (1%)
28011-Incision of toe tendons	\$51,239	556	090	0%	0%	51%	48-PODIATRY (63%)	20-ORTHOPEDE SURG (32%)	49-ASC (2%)
28020-Exploration of a foot joint	\$104,772	460	090	0%	0%	27%	48-PODIATRY (38%)	20-ORTHOPEDE SURG (29%)	49-ASC (10%)
28022-Exploration of a foot joint	\$192,158	1,294	090	0%	0%	51%	48-PODIATRY (77%)	20-ORTHOPEDE SURG (19%)	02-GHRL SURGERY (1%)
28024-Exploration of a toe joint	\$63,750	432	090	0%	0%	63%	48-PODIATRY (79%)	20-ORTHOPEDE SURG (15%)	01,08-GP/FP (2%)
28043-Excision of foot lesion	\$361,486	2,423	090	0%	0%	49%	48-PODIATRY (56%)	20-ORTHOPEDE SURG (24%)	49-ASC (8%)
28045-Excision of foot lesion	\$579,840	2,277	090	1%	1%	29%	48-PODIATRY (57%)	20-ORTHOPEDE SURG (23%)	49-ASC (10%)
28046-Resection of tumor, foot	\$115,182	267	090	0%	19%	0%	48-PODIATRY (49%)	24-PLASTIC SURG (15%)	20-ORTHOPEDE SURG (12%)
28050-Biopsy of foot joint lining	\$21,979	104	090	0%	0%	18%	48-PODIATRY (59%)	20-ORTHOPEDE SURG (24%)	49-ASC (12%)
28052-Biopsy of foot joint lining	\$56,311	350	090	0%	0%	61%	48-PODIATRY (79%)	20-ORTHOPEDE SURG (19%)	02-GHRL SURGERY (1%)
28054-Biopsy of toe joint lining	\$8,667	63	090	0%	0%	29%	48-PODIATRY (41%)	20-ORTHOPEDE SURG (32%)	49-ASC (13%)
28060-Partial removal foot fascia	\$554,229	1,996	090	1%	1%	20%	48-PODIATRY (64%)	20-ORTHOPEDE SURG (18%)	49-ASC (12%)
28062-Removal of foot fascia	\$263,052	684	090	0%	0%	11%	48-PODIATRY (68%)	49-ASC (16%)	20-ORTHOPEDE SURG (10%)
28070-Removal of foot joint lining	\$42,563	200	090	0%	0%	47%	48-PODIATRY (71%)	20-ORTHOPEDE SURG (18%)	49-ASC (4%)
28072-Removal of foot joint lining	\$57,242	367	090	0%	0%	11%	20-ORTHOPEDE SURG (52%)	48-PODIATRY (34%)	49-ASC (10%)
28080-Removal of foot lesion	\$3,150,577	13,012	090	3%	5%	27%	48-PODIATRY (65%)	20-ORTHOPEDE SURG (20%)	49-ASC (14%)
28086-Excise foot tendon sheath	\$54,668	280	090	0%	0%	10%	20-ORTHOPEDE SURG (63%)	48-PODIATRY (19%)	49-ASC (8%)
28088-Excise foot tendon sheath	\$28,370	151	090	0%	0%	34%	48-PODIATRY (42%)	20-ORTHOPEDE SURG (30%)	01,08-GP/FP (8%)
28090-Removal of foot lesion	\$902,851	4,292	090	1%	1%	4%	48-PODIATRY (65%)	20-ORTHOPEDE SURG (17%)	49-ASC (8%)
28092-Removal of toe lesions	\$145,217	812	090	0%	0%	50%	48-PODIATRY (51%)	20-ORTHOPEDE SURG (20%)	49-ASC (11%)
28100-Removal of ankle/heel lesion	\$212,982	852	090	0%	1%	29%	48-PODIATRY (44%)	20-ORTHOPEDE SURG (31%)	49-ASC (11%)
28102-Remove/graft foot lesion	\$7,132	17	090	0%	0%	18%	20-ORTHOPEDE SURG (47%)	48-PODIATRY (24%)	49-ASC (18%)
28103-Remove/graft foot lesion	\$4,073	11	090	0%	0%	9%	48-PODIATRY (36%)	20-ORTHOPEDE SURG (27%)	49-ASC (27%)
28104-Removal of foot lesion	\$452,814	1,851	090	0%	0%	29%	48-PODIATRY (61%)	20-ORTHOPEDE SURG (25%)	49-ASC (8%)
28106-Remove/graft foot lesion	\$13,203	50	090	0%	0%	10%	48-PODIATRY (58%)	20-ORTHOPEDE SURG (26%)	02-GHRL SURGERY (6%)
28107-Remove/graft foot lesion	\$5,950	20	090	0%	0%	15%	48-PODIATRY (45%)	49-ASC (35%)	20-ORTHOPEDE SURG (15%)
28108-Removal of toe lesions	\$1,534,039	6,486	090	1%	78%	0%	48-PODIATRY (92%)	20-ORTHOPEDE SURG (7%)	02-GHRL SURGERY (1%)

Top Medicare Specialties (% of Procedure Volume)

Pct. of Family Pct. of Family Vol. in
AllDchs PrivPmts OFFICE

1993 MC Units of Service Global Period

1993 MC Allowed Charges

Procedure

First Specialty Second Specialty Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDchs	Pct. of Family PrivPmts	Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
28110-Part removal of metatarsal	\$552,409	2,983	090	1%	1%	26%	48-PODIATRY (63%)	20-ORTHOPEID SURG (19%)	49-ASC (14%)
28111-Part removal of metatarsal	\$362,679	1,301	090	0%	0%	7%	48-PODIATRY (48%)	20-ORTHOPEID SURG (27%)	02-GNRL SURGERY (9%)
28112-Part removal of metatarsal	\$1,168,040	6,408	090	1%	0%	13%	48-PODIATRY (59%)	20-ORTHOPEID SURG (29%)	49-ASC (7%)
28113-Part removal of metatarsal	\$567,687	2,336	090	1%	0%	18%	48-PODIATRY (63%)	20-ORTHOPEID SURG (23%)	49-ASC (10%)
28114-Removal of metatarsal heads	\$1,293,368	2,319	090	1%	1%	8%	20-ORTHOPEID SURG (46%)	48-PODIATRY (62%)	49-ASC (7%)
28116-Revision of foot	\$42,602	1,223	090	0%	0%	30%	48-PODIATRY (68%)	20-ORTHOPEID SURG (20%)	49-ASC (4%)
28118-Removal of heel bone	\$506,999	1,499	090	1%	1%	15%	48-PODIATRY (60%)	20-ORTHOPEID SURG (22%)	49-ASC (10%)
28119-Removal of heel spur	\$1,766,430	4,968	090	2%	4%	25%	48-PODIATRY (30%)	20-ORTHOPEID SURG (15%)	49-ASC (13%)
28120-Part removal of ankle/heel	\$586,308	1,700	090	1%	1%	10%	48-PODIATRY (37%)	20-ORTHOPEID SURG (36%)	49-ASC (8%)
28122-Partial removal of foot bone	\$1,853,872	6,520	090	2%	2%	17%	48-PODIATRY (55%)	20-ORTHOPEID SURG (28%)	49-ASC (8%)
28124-Partial removal of toe	\$4,247,304	18,529	090	4%	3%	73%	48-PODIATRY (91%)	20-ORTHOPEID SURG (7%)	02-GNRL SURGERY (1%)
28126-Partial removal of toe	\$1,962,448	10,027	090	2%	2%	69%	48-PODIATRY (86%)	20-ORTHOPEID SURG (14%)	70-GROUP PRAC (0%)
28140-Removal of metatarsal	\$265,999	813	090	0%	0%	9%	48-PODIATRY (47%)	20-ORTHOPEID SURG (25%)	02-GNRL SURGERY (11%)
28150-Removal of toe	\$614,590	3,211	090	1%	0%	29%	48-PODIATRY (51%)	20-ORTHOPEID SURG (24%)	49-ASC (11%)
28153-Partial removal of toe	\$2,171,088	12,261	090	2%	3%	58%	48-PODIATRY (95%)	20-ORTHOPEID SURG (4%)	70-GROUP PRAC (0%)
28160-Partial removal of toe	\$1,977,276	10,324	090	2%	1%	58%	48-PODIATRY (81%)	20-ORTHOPEID SURG (17%)	02-GNRL SURGERY (0%)
28171-Extensive foot surgery	\$9,302	20	090	0%	0%	15%	48-PODIATRY (45%)	20-ORTHOPEID SURG (30%)	49-ASC (10%)
28173-Extensive foot surgery	\$65,021	181	090	0%	0%	6%	48-PODIATRY (45%)	49-ASC (31%)	20-ORTHOPEID SURG (13%)
28175-Extensive foot surgery	\$63,650	199	090	0%	0%	18%	48-PODIATRY (65%)	49-ASC (23%)	20-ORTHOPEID SURG (6%)
28190-Removal of foot foreign body	\$193,995	3,560	010	0%	0%	80%	48-PODIATRY (66%)	01,08-GR/FP (15%)	02-GNRL SURGERY (5%)
28192-Removal of foot foreign body	\$242,413	1,461	090	0%	0%	45%	48-PODIATRY (43%)	20-ORTHOPEID SURG (20%)	02-GNRL SURGERY (13%)
28193-Removal of foot foreign body	\$184,733	1,837	090	0%	0%	51%	48-PODIATRY (60%)	02-GNRL SURGERY (12%)	20-ORTHOPEID SURG (11%)
28200-Repair of foot tendon	\$160,437	860	090	0%	0%	32%	48-PODIATRY (51%)	05-ANESTHESIA (18%)	20-ORTHOPEID SURG (17%)
28202-Repair/graft of foot tendon	\$12,497	47	090	0%	0%	9%	20-ORTHOPEID SURG (45%)	48-PODIATRY (60%)	02-GNRL SURGERY (6%)
28208-Repair of foot tendon	\$280,995	1,998	090	0%	0%	32%	48-PODIATRY (77%)	20-ORTHOPEID SURG (10%)	49-ASC (9%)
28210-Repair/graft of foot tendon	\$16,554	65	090	0%	0%	35%	48-PODIATRY (69%)	20-ORTHOPEID SURG (25%)	49-ASC (6%)
28220-Release of foot tendon	\$141,048	697	090	0%	0%	68%	48-PODIATRY (83%)	20-ORTHOPEID SURG (13%)	02-GNRL SURGERY (1%)
28222-Release of foot tendons	\$132,647	448	090	0%	0%	63%	48-PODIATRY (90%)	20-ORTHOPEID SURG (6%)	49-ASC (4%)
28225-Release of foot tendon	\$126,669	1,130	090	0%	0%	48%	48-PODIATRY (75%)	20-ORTHOPEID SURG (13%)	49-ASC (10%)
28226-Release of foot tendons	\$25,250	189	090	0%	0%	36%	48-PODIATRY (74%)	20-ORTHOPEID SURG (20%)	49-ASC (3%)
28230-Incision of foot tendon(s)	\$304,518	2,498	090	0%	0%	64%	48-PODIATRY (79%)	20-ORTHOPEID SURG (19%)	11-INTERNAL MED (0%)
28232-Incision of toe tendon	\$287,333	3,593	090	0%	0%	66%	48-PODIATRY (76%)	20-ORTHOPEID SURG (22%)	02-GNRL SURGERY (0%)
28234-Incision of foot tendon	\$615,230	8,645	090	1%	0%	56%	48-PODIATRY (77%)	20-ORTHOPEID SURG (21%)	70-GROUP PRAC (1%)
28236-Transfer of foot tendon	\$64,503	199	090	0%	0%	7%	20-ORTHOPEID SURG (58%)	48-PODIATRY (29%)	49-ASC (7%)
28238-Revision of foot tendon	\$134,086	355	090	0%	1%	8%	48-PODIATRY (59%)	20-ORTHOPEID SURG (30%)	49-ASC (10%)
28240-Release of big toe	\$122,481	1,024	090	0%	0%	40%	48-PODIATRY (57%)	20-ORTHOPEID SURG (24%)	49-ASC (18%)
28250-Revision of foot fascia	\$232,696	894	090	0%	0%	23%	48-PODIATRY (68%)	20-ORTHOPEID SURG (17%)	49-ASC (13%)
28260-Release of midfoot joint	\$72,981	238	090	0%	0%	30%	48-PODIATRY (70%)	49-ASC (14%)	20-ORTHOPEID SURG (12%)
28261-Revision of foot tendon	\$144,488	353	090	0%	0%	48%	48-PODIATRY (71%)	49-ASC (16%)	20-ORTHOPEID SURG (12%)
28262-Revision of foot and ankle	\$42,051	85	090	0%	1%	31%	48-PODIATRY (47%)	20-ORTHOPEID SURG (41%)	49-ASC (5%)
28264-Release of midfoot joint	\$24,676	115	090	0%	0%	7%	49-ASC (77%)	20-ORTHOPEID SURG (12%)	48-PODIATRY (11%)
28270-Release of foot contracture	\$2,777,471	20,103	090	3%	1%	73%	48-PODIATRY (92%)	20-ORTHOPEID SURG (8%)	70-GROUP PRAC (0%)
28272-Release of toe joint, each	\$437,293	3,807	090	0%	0%	8%	48-PODIATRY (94%)	20-ORTHOPEID SURG (6%)	49-ASC (0%)
28280-Fusion of toes	\$154,365	1,164	090	0%	0%	17%	20-ORTHOPEID SURG (56%)	48-PODIATRY (28%)	49-ASC (11%)
28285-Repair of hammetoe	\$20,253,788	95,036	090	19%	11%	34%	48-PODIATRY (72%)	20-ORTHOPEID SURG (15%)	49-ASC (12%)
28286-Repair of hammetoe	\$301,978	1,045	090	0%	0%	26%	48-PODIATRY (60%)	49-ASC (27%)	20-ORTHOPEID SURG (12%)
28288-Partial removal of foot bone	\$1,324,148	6,144	090	1%	1%	27%	48-PODIATRY (46%)	20-ORTHOPEID SURG (32%)	49-ASC (17%)
28290-Correction of bunion	\$1,664,049	4,999	090	2%	2%	23%	48-PODIATRY (39%)	20-ORTHOPEID SURG (35%)	49-ASC (21%)
28292-Correction of bunion	\$9,504,367	24,781	090	9%	10%	22%	48-PODIATRY (71%)	20-ORTHOPEID SURG (17%)	49-ASC (10%)
28293-Correction of bunion	\$2,848,004	5,779	090	3%	2%	8%	48-PODIATRY (76%)	49-ASC (12%)	20-ORTHOPEID SURG (10%)
28294-Correction of bunion	\$398,983	851	090	0%	0%	18%	48-PODIATRY (77%)	49-ASC (14%)	20-ORTHOPEID SURG (7%)
28296-Correction of bunion	\$8,926,179	17,911	090	8%	21%	15%	48-PODIATRY (67%)	20-ORTHOPEID SURG (18%)	49-ASC (13%)

Procedure

First Specialty

Second Specialty

Third Specialty

28297-Correction of bunion	314	0%	5%	20-ORTHOPEDE SURG (51%)	48-PODIATRY (40%)	49-ASC (4%)
28298-Correction of bunion	2,528	1%	3%	48-PODIATRY (76%)	20-ORTHOPEDE SURG (12%)	49-ASC (10%)
28299-Correction of bunion	2,143	1%	1%	48-PODIATRY (66%)	49-ASC (21%)	20-ORTHOPEDE SURG (12%)
28300-Incision of heel bone	447	1%	1%	48-PODIATRY (49%)	20-ORTHOPEDE SURG (30%)	49-ASC (12%)
28302-Incision of ankle bone	34	0%	3%	48-PODIATRY (41%)	20-ORTHOPEDE SURG (32%)	49-ASC (15%)
28304-Incision of midfoot bones	366	0%	0%	48-PODIATRY (58%)	20-ORTHOPEDE SURG (23%)	49-ASC (10%)
28305-Incise/graft midfoot bones	119	0%	1%	48-PODIATRY (46%)	20-ORTHOPEDE SURG (16%)	22-PATHOLOGY (13%)
28306-Incision of metatarsal	936,774	1%	2%	20-ORTHOPEDE SURG (63%)	20-ORTHOPEDE SURG (19%)	49-ASC (15%)
28307-Incision of metatarsal	3,537	0%	6%	20-ORTHOPEDE SURG (59%)	48-PODIATRY (36%)	22-PATHOLOGY (4%)
28308-Incision of metatarsal	10,103	0%	2%	48-PODIATRY (76%)	49-ASC (12%)	20-ORTHOPEDE SURG (10%)
28309-Incision of metatarsals	213	0%	5%	05-ANESTHESIA (61%)	48-PODIATRY (15%)	20-ORTHOPEDE SURG (15%)
28310-Revision of big toe	748,258	1%	1%	48-PODIATRY (78%)	49-ASC (12%)	20-ORTHOPEDE SURG (9%)
28312-Revision of toe	6633,615	1%	0%	48-PODIATRY (62%)	49-ASC (23%)	20-ORTHOPEDE SURG (12%)
28313-Repair deformity of toe	1114,712	0%	5%	48-PODIATRY (71%)	20-ORTHOPEDE SURG (23%)	49-ASC (5%)
28315-Removal of sesamoid bone	749,861	1%	2%	48-PODIATRY (75%)	20-ORTHOPEDE SURG (12%)	49-ASC (11%)
28320-Repair of foot bones	33,019	0%	1%	20-ORTHOPEDE SURG (49%)	48-PODIATRY (33%)	49-ASC (6%)
28322-Repair of metatarsals	40,811	0%	1%	20-ORTHOPEDE SURG (48%)	48-PODIATRY (47%)	49-ASC (2%)
28340-Resect enlarged toe tissue	8,759	0%	3%	48-PODIATRY (84%)	02-GNRL SURGERY (9%)	20-ORTHOPEDE SURG (6%)
28341-Resect enlarged toe	14,675	0%	2%	48-PODIATRY (50%)	20-ORTHOPEDE SURG (32%)	02-GNRL SURGERY (12%)
28344-Repair extra toe(s)	1,249	0%	1%	20-ORTHOPEDE SURG (83%)	48-PODIATRY (17%)	(.)
28345-Repair webbed toe(s)	43,861	0%	1%	20-ORTHOPEDE SURG (60%)	48-PODIATRY (38%)	01-08-GP/FP (1%)
28360-Reconstruct cleft foot	2,009	0%	0%	05-ANESTHESIA (50%)	48-PODIATRY (50%)	(.)
28445-Repair of ankle fracture	61,254	1%	8%	20-ORTHOPEDE SURG (75%)	48-PODIATRY (14%)	01-08-GP/FP (3%)
28705-Fusion of foot bones	103,725	1%	2%	20-ORTHOPEDE SURG (87%)	48-PODIATRY (7%)	02-GNRL SURGERY (2%)
28715-Fusion of foot bones	892,863	1%	1%	20-ORTHOPEDE SURG (79%)	48-PODIATRY (12%)	97-PHYS ASSISTANT (2%)
28723-Fusion of foot bones	399,490	0%	2%	20-ORTHOPEDE SURG (74%)	48-PODIATRY (13%)	49-ASC (6%)
28730-Fusion of foot bones	278,108	0%	2%	20-ORTHOPEDE SURG (63%)	48-PODIATRY (25%)	49-ASC (6%)
28735-Fusion of foot bones	668,638	0%	4%	20-ORTHOPEDE SURG (56%)	48-PODIATRY (36%)	97-PHYS ASSISTANT (4%)
28737-Revision of foot bones	556,973	0%	7%	20-ORTHOPEDE SURG (54%)	48-PODIATRY (37%)	49-ASC (6%)
28740-Fusion of foot bones	220,518	0%	6%	20-ORTHOPEDE SURG (53%)	48-PODIATRY (33%)	49-ASC (9%)
28750-Fusion of big toe joint	716,670	1%	4%	20-ORTHOPEDE SURG (75%)	48-PODIATRY (14%)	49-ASC (8%)
28755-Fusion of big toe joint	417,941	0%	10%	48-PODIATRY (51%)	20-ORTHOPEDE SURG (37%)	49-ASC (10%)
28760-Fusion of big toe joint	165,474	0%	1%	02-GNRL SURGERY (52%)	20-ORTHOPEDE SURG (35%)	49-ASC (9%)
28800-Amputation of midfoot	415,340	0%	1%	02-GNRL SURGERY (38%)	20-ORTHOPEDE SURG (30%)	48-PODIATRY (8%)
28805-Amputation thru metatarsal	3,040,837	3%	0%	02-GNRL SURGERY (48%)	20-ORTHOPEDE SURG (19%)	77-VASCULAR SURG (12%)
28810-Amputation toe & metatarsal	4,509,590	4%	1%	02-GNRL SURGERY (51%)	20-ORTHOPEDE SURG (15%)	77-VASCULAR SURG (12%)
28820-Amputation of toe	3,186,934	3%	0%	02-GNRL SURGERY (40%)	20-ORTHOPEDE SURG (26%)	48-PODIATRY (12%)
28825-Partial amputation of toe	1,018,523	1%	0%	02-GNRL SURGERY (33%)	20-ORTHOPEDE SURG (27%)	48-PODIATRY (14%)

324-Orthopaedics - Lower Leg/Ankle
 Family Medicare Charges: \$12,238,204
 Family Private Payments: \$1,492,424
 Percent of CPEP Medicare Charges: 1%
 Percent of CPEP Private Payments: 2%

27610-Explore/treat ankle joint	194,109	2%	6%	20-ORTHOPEDE SURG (74%)	48-PODIATRY (7%)	70-GROUP PRAC (5%)
27612-Exploration of ankle joint	87,707	1%	5%	20-ORTHOPEDE SURG (74%)	48-PODIATRY (15%)	49-ASC (4%)
27620-Explore, treat ankle joint	144,444	1%	2%	20-ORTHOPEDE SURG (76%)	48-PODIATRY (12%)	49-ASC (4%)
27625-Remove ankle joint lining	104,159	1%	1%	20-ORTHOPEDE SURG (56%)	48-PODIATRY (31%)	49-ASC (8%)
27626-Remove ankle joint lining	38,156	0%	5%	20-ORTHOPEDE SURG (72%)	48-PODIATRY (20%)	49-ASC (5%)
27647-Extensive ankle/heel surgery	330,015	0%	4%	20-ORTHOPEDE SURG (61%)	48-PODIATRY (27%)	02-GNRL SURGERY (6%)
27675-Repair lower leg tendons	14,601	0%	1%	20-ORTHOPEDE SURG (52%)	48-PODIATRY (28%)	49-ASC (8%)
27676-Repair lower leg tendons	8,470	0%	1%	20-ORTHOPEDE SURG (68%)	48-PODIATRY (21%)	49-ASC (11%)
27680-Release of lower leg tendon	445,467	0%	4%	20-ORTHOPEDE SURG (77%)	48-PODIATRY (10%)	49-ASC (6%)

Procedure	1993 HC Allowed Charges	1993 HC Units of Service	Global Period	Pct. of Family AllldChgs	Pct. of Family PrivtPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)			
							First_Specialty	Second_Specialty	Third_Specialty	
27681-Release of lower leg tendons	\$17,694	64	090	0%	0%	0%	20-ORTHOPEID SURG (50%)	48-PODIATRY (19%)	24-PLASTIC SURG (11%)	
27690-Revise lower leg tendon	\$409,823	1,177	090	3%	2%	9%	20-ORTHOPEID SURG (50%)	48-PODIATRY (37%)	49-ASC (6%)	
27691-Revise lower leg tendon	\$123,867	258	090	1%	2%	4%	20-ORTHOPEID SURG (73%)	48-PODIATRY (18%)	49-ASC (7%)	
27692-Revise additional leg tendon	\$13,721	122	222	0%	0%	2%	20-ORTHOPEID SURG (65%)	48-PODIATRY (22%)	70-GROUP PRAC (8%)	
27695-Repair of ankle ligament	\$213,149	563	090	2%	5%	2%	20-ORTHOPEID SURG (80%)	48-PODIATRY (10%)	01,08-GP/FP (2%)	
27696-Repair of ankle ligaments	\$13,928	48	090	0%	4%	4%	20-ORTHOPEID SURG (60%)	70-GROUP PRAC (10%)	48-PODIATRY (8%)	
27698-Repair of ankle ligament	\$173,677	289	090	1%	10%	6%	20-ORTHOPEID SURG (58%)	48-PODIATRY (31%)	49-ASC (4%)	
27700-Revision of ankle joint	\$59,892	106	090	0%	0%	5%	48-PODIATRY (64%)	20-ORTHOPEID SURG (25%)	49-ASC (10%)	
27702-Reconstruct ankle joint	\$95,953	79	090	1%	0%	1%	20-ORTHOPEID SURG (96%)	02-GHRL SURGERY (3%)	01,08-GP/FP (1%)	
27703-Reconstruct ankle joint	\$5,239	6	090	0%	0%	0%	20-ORTHOPEID SURG (83%)	01,08-GP/FP (17%)	(.)	
27704-Removal of ankle implant	\$60,280	169	090	0%	0%	4%	20-ORTHOPEID SURG (82%)	49-ASC (7%)	01,08-GP/FP (2%)	
27766-Repair of ankle fracture	\$577,872	1,287	090	5%	10%	2%	20-ORTHOPEID SURG (88%)	02-GHRL SURGERY (3%)	01,08-GP/FP (2%)	
27792-Repair of ankle fracture	\$1,176,281	2,833	090	10%	14%	2%	20-ORTHOPEID SURG (89%)	02-GHRL SURGERY (2%)	97-PHYS ASSISTANT (2%)	
27814-Repair of ankle fracture	\$5,474,233	9,305	090	45%	28%	1%	20-ORTHOPEID SURG (89%)	03-ANESTHESIA (2%)	01,08-GP/FP (17%)	
27840-Treat ankle dislocation	\$122,824	828	090	1%	1%	7%	20-ORTHOPEID SURG (36%)	95-EMERGENCY MED (31%)	01,08-GP/FP (17%)	
27846-Repair ankle dislocation	\$62,251	143	090	1%	0%	2%	20-ORTHOPEID SURG (87%)	02-GHRL SURGERY (6%)	01,08-GP/FP (3%)	
27870-Fusion of ankle joint	\$1,874,503	2,616	090	15%	8%	1%	20-ORTHOPEID SURG (87%)	97-PHYS ASSISTANT (3%)	48-PODIATRY (3%)	
27888-Amputation of foot at ankle	\$306,278	534	090	3%	1%	1%	20-ORTHOPEID SURG (61%)	02-GHRL SURGERY (23%)	77-VASCULAR SURG (5%)	
27889-Amputation of foot at ankle	\$46,838	83	090	0%	0%	2%	02-GHRL SURGERY (48%)	20-ORTHOPEID SURG (34%)	33-THORACIC SURG (5%)	
28130-Removal of ankle bone	\$17,133	66	090	0%	0%	15%	20-ORTHOPEID SURG (71%)	16-OB-GYNECOLOGY (8%)	48-PODIATRY (8%)	
29894-Ankle arthroscopy/surgery	\$100,117	209	090	2%	4%	7%	20-ORTHOPEID SURG (55%)	48-PODIATRY (25%)	49-ASC (12%)	
29895-Ankle arthroscopy/surgery	\$209,561	394	090	1%	4%	16%	20-ORTHOPEID SURG (43%)	48-PODIATRY (39%)	49-ASC (11%)	
29897-Ankle arthroscopy/surgery	\$95,446	176	090	1%	3%	1%	20-ORTHOPEID SURG (74%)	48-PODIATRY (13%)	49-ASC (10%)	
29898-Ankle arthroscopy/surgery	\$320,516	486	090	3%	7%	2%	20-ORTHOPEID SURG (62%)	48-PODIATRY (24%)	49-ASC (9%)	
328-Orthopaedics - Lower Leg										
Family Medicare Charges:	\$24,749,975			2%						
Family Private Payments:	\$887,725			1%						
Percent of CPEP Medicare Charges:							2%			
Percent of CPEP Private Payments:							1%			
20832-Replantation, leg, complete			090	0%	0%	0%	(.)	(.)	(.)	
20834-Replantation, leg, partial			090	0%	0%	0%	(.)	(.)	(.)	
27600-Decompression of lower leg	\$161,742	935	090	1%	0%	1%	02-GHRL SURGERY (36%)	20-ORTHOPEID SURG (19%)	77-VASCULAR SURG (16%)	
27601-Decompression of lower leg	\$28,451	139	090	0%	0%	2%	02-GHRL SURGERY (43%)	20-ORTHOPEID SURG (24%)	77-VASCULAR SURG (14%)	
27602-Decompression of lower leg	\$411,326	1,887	090	2%	3%	1%	02-GHRL SURGERY (54%)	20-ORTHOPEID SURG (18%)	33-THORACIC SURG (14%)	
27603-Drain lower leg lesion	\$519,600	2,806	090	2%	2%	25%	02-GHRL SURGERY (32%)	20-ORTHOPEID SURG (29%)	01,08-GP/FP (9%)	
27604-Drain lower leg bursa	\$28,799	218	090	0%	0%	3%	48-PODIATRY (54%)	20-ORTHOPEID SURG (22%)	02-GHRL SURGERY (6%)	
27605-Incision of achilles tendon	\$8,345	85	010	0%	0%	2%	20-ORTHOPEID SURG (52%)	02-GHRL SURGERY (14%)	48-PODIATRY (13%)	
27606-Incision of achilles tendon	\$31,230	317	010	0%	0%	2%	20-ORTHOPEID SURG (88%)	48-PODIATRY (3%)	02-GHRL SURGERY (3%)	
27607-Treat lower leg bone lesion	\$206,457	523	090	1%	0%	2%	07-DERMATOLOGY (34%)	02-GHRL SURGERY (7%)	24-PLASTIC SURG (4%)	
27613-Biopsy lower leg soft tissue	\$74,735	1,060	010	0%	0%	7%	20-ORTHOPEID SURG (80%)	02-GHRL SURGERY (19%)	01,08-GP/FP (17%)	
27614-Biopsy lower leg soft tissue	\$124,993	629	090	1%	0%	20%	20-ORTHOPEID SURG (39%)	02-GHRL SURGERY (30%)	48-PODIATRY (9%)	
27615-Remove tumor, lower leg	\$255,080	403	090	1%	0%	8%	02-GHRL SURGERY (36%)	24-PLASTIC SURG (30%)	20-ORTHOPEID SURG (17%)	
27618-Remove lower leg lesion	\$146,261	797	090	1%	2%	29%	20-ORTHOPEID SURG (27%)	02-GHRL SURGERY (24%)	48-PODIATRY (12%)	
27619-Remove lower leg lesion	\$315,947	889	090	1%	4%	14%	20-ORTHOPEID SURG (31%)	02-GHRL SURGERY (31%)	48-PODIATRY (19%)	
27630-Removal of tendon lesion	\$197,471	831	090	1%	3%	20%	20-ORTHOPEID SURG (42%)	48-PODIATRY (18%)	02-GHRL SURGERY (15%)	
27635-Remove lower leg bone lesion	\$123,577	273	090	0%	5%	3%	20-ORTHOPEID SURG (71%)	02-GHRL SURGERY (7%)	49-ASC (7%)	
27636-Remove/graft leg bone lesion	\$24,015	71	090	0%	0%	1%	20-ORTHOPEID SURG (85%)	02-GHRL SURGERY (4%)	01,08-GP/FP (3%)	
27638-Remove/graft leg bone lesion	\$13,720	29	090	0%	0%	3%	20-ORTHOPEID SURG (76%)	49-ASC (7%)	02-GHRL SURGERY (3%)	
27640-Partial removal of tibia	\$451,923	770	090	2%	4%	2%	20-ORTHOPEID SURG (72%)	24-PLASTIC SURG (9%)	02-GHRL SURGERY (6%)	
27641-Partial removal of fibula	\$151,211	378	090	1%	0%	1%	20-ORTHOPEID SURG (63%)	02-GHRL SURGERY (12%)	48-PODIATRY (7%)	
27645-Extensive lower leg surgery	\$28,944	43	090	0%	0%	2%	20-ORTHOPEID SURG (84%)	02-GHRL SURGERY (5%)	48-PODIATRY (5%)	
27646-Extensive lower leg surgery	\$13,283	18	090	0%	0%	0%	20-ORTHOPEID SURG (61%)	24-PLASTIC SURG (22%)	02-GHRL SURGERY (6%)	

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Priv. Pmts	Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty	
27650-Repair achilles tendon	\$377,764	724	090	2%	17%	4%	20-ORTHOPE SURG (78%)	48-PODIATRY (12%)	49-ASC (3%)
27652-Repair/graft achilles tendon	\$67,739	117	090	0%		2%	20-ORTHOPE SURG (71%)	48-PODIATRY (20%)	01-08-GP/FP (3%)
27654-Repair of achilles tendon	\$202,951	314	090	1%	4%	3%	20-ORTHOPE SURG (65%)	48-PODIATRY (23%)	49-ASC (4%)
27656-Repair leg fascia defect	\$17,043	81	090	0%		17%	02-GNRL SURGERY (30%)	20-ORTHOPE SURG (27%)	24-PLASTIC SURG (9%)
27658-Repair of leg tendon, each	\$33,272	166	090	0%		6%	20-ORTHOPE SURG (62%)	48-PODIATRY (14%)	02-GNRL SURGERY (8%)
27659-Repair of leg tendon, each	\$28,906	110	090	0%		2%	20-ORTHOPE SURG (59%)	48-PODIATRY (31%)	49-ASC (5%)
27664-Repair of leg tendon, each	\$19,191	101	090	0%		6%	20-ORTHOPE SURG (63%)	48-PODIATRY (15%)	24-PLASTIC SURG (9%)
27665-Repair of leg tendon, each	\$11,921	58	090	0%		0%	20-ORTHOPE SURG (59%)	48-PODIATRY (31%)	49-ASC (3%)
27685-Revision of lower leg tendon	\$329,817	1,586	090	1%	22%	22%	48-PODIATRY (53%)	20-ORTHOPE SURG (41%)	49-ASC (3%)
27686-Revise lower leg tendons	\$51,422	211	090	0%		5%	20-ORTHOPE SURG (82%)	48-PODIATRY (7%)	49-ASC (3%)
27687-Revision of calf tendon	\$18,599	87	090	0%		9%	48-PODIATRY (63%)	20-ORTHOPE SURG (28%)	49-ASC (8%)
27705-Incision of tibia	\$92,327	209	090	0%	5%	1%	20-ORTHOPE SURG (77%)	05-ANESTHESIA (8%)	02-GNRL SURGERY (5%)
27707-Incision of fibula	\$37,068	229	090	0%		0%	20-ORTHOPE SURG (86%)	40-HAND SURGERY (3%)	02-GNRL SURGERY (3%)
27709-Incision of tibia & fibula	\$89,892	140	090	0%		1%	20-ORTHOPE SURG (89%)	02-GNRL SURGERY (4%)	01-08-GP/FP (2%)
27712-Realignment of lower leg	\$11,846	18	090	0%		11%	20-ORTHOPE SURG (100%)	(.)	(.)
27715-Revision of lower leg	\$16,979	29	090	0%		0%	20-ORTHOPE SURG (97%)	30-RADIOLOGY (3%)	(.)
27720-Repair of tibia	\$194,059	275	090	1%		2%	20-ORTHOPE SURG (93%)	01-08-GP/FP (2%)	02-GNRL SURGERY (2%)
27722-Repair/graft of tibia	\$18,937	35	090	0%		6%	20-ORTHOPE SURG (89%)	01-08-GP/FP (6%)	48-PODIATRY (3%)
27724-Repair/graft of tibia	\$563,967	616	090	2%	8%	1%	20-ORTHOPE SURG (93%)	01-08-GP/FP (2%)	70-GROUP PRAC (2%)
27725-Repair of lower leg	\$19,420	33	090	0%		3%	20-ORTHOPE SURG (79%)	70-GROUP PRAC (9%)	01-08-GP/FP (3%)
27727-Repair of lower leg	\$1,476	2	090	0%		0%	20-ORTHOPE SURG (100%)	(.)	(.)
27730-Repair of tibia epiphysis	\$3,239	16	090	0%		25%	20-ORTHOPE SURG (50%)	30-RADIOLOGY (19%)	01-08-GP/FP (13%)
27732-Repair of fibula epiphysis	\$1,070	3	090	0%		33%	01-08-GP/FP (33%)	02-GNRL SURGERY (33%)	30-RADIOLOGY (33%)
27734-Repair lower leg epiphyses							(.)	(.)	(.)
27740-Repair of leg epiphyses	\$1,356	5	090	0%		80%	01-08-GP/FP (80%)	20-ORTHOPE SURG (20%)	(.)
27742-Repair of leg epiphyses	\$3,132	7	090	0%		0%	20-ORTHOPE SURG (71%)	02-GNRL SURGERY (14%)	95-PHYSIOL LAB (14%)
27745-Reinforce tibia	\$35,824	81	090	0%		6%	20-ORTHOPE SURG (91%)	97-PHYS ASSISTANT (4%)	02-GNRL SURGERY (2%)
27756-Repair of tibia fracture	\$315,740	591	090	1%	7%	2%	20-ORTHOPE SURG (90%)	01-08-GP/FP (2%)	05-ANESTHESIA (2%)
27758-Repair of tibia fracture	\$1,202,334	1,617	090	5%	17%	2%	20-ORTHOPE SURG (91%)	01-08-GP/FP (3%)	02-GNRL SURGERY (2%)
27759-Repair of tibia fracture	\$1,111,428	1,502	090	4%		1%	20-ORTHOPE SURG (89%)	01-08-GP/FP (2%)	02-GNRL SURGERY (2%)
27784-Repair of fibula fracture	\$63,490	221	090	0%		9%	20-ORTHOPE SURG (84%)	01-08-GP/FP (14%)	49-ASC (3%)
27832-Repair lower leg dislocation	\$3,122	14	090	0%		7%	20-ORTHOPE SURG (79%)	01-08-GP/FP (13%)	26-PSYCHIATRY (7%)
27871-Fusion of tibiofibular joint	\$31,979	68	090	0%		0%	20-ORTHOPE SURG (87%)	48-PODIATRY (4%)	97-PHYS ASSISTANT (3%)
27880-Amputation of lower leg	\$14,026,628	24,313	090	57%	13%	1%	02-GNRL SURGERY (51%)	20-ORTHOPE SURG (24%)	77-VASCULAR SURG (9%)
27881-Amputation of lower leg	\$661,304	1,278	090	3%		1%	20-ORTHOPE SURG (65%)	02-GNRL SURGERY (21%)	77-VASCULAR SURG (5%)
27882-Amputation of lower leg	\$477,013	899	090	2%		1%	02-GNRL SURGERY (45%)	20-ORTHOPE SURG (24%)	77-VASCULAR SURG (13%)
27884-Amputation follow-up surgery	\$311,052	1,063	090	1%		1%	02-GNRL SURGERY (44%)	20-ORTHOPE SURG (31%)	33-THORACIC SURG (7%)
27886-Amputation follow-up surgery	\$737,160	1,682	090	3%		1%	02-GNRL SURGERY (40%)	20-ORTHOPE SURG (35%)	77-VASCULAR SURG (10%)
27892-Decompression of leg	\$22,031	92	090	0%		1%	02-GNRL SURGERY (40%)	20-ORTHOPE SURG (25%)	24-PLASTIC SURG (10%)
27893-Decompression of leg	\$4,630	20	090	0%		5%	20-ORTHOPE SURG (55%)	02-GNRL SURGERY (25%)	24-PLASTIC SURG (10%)
27894-Decompression of leg	\$15,757	57	090	0%		0%	20-ORTHOPE SURG (35%)	02-GNRL SURGERY (33%)	24-PLASTIC SURG (12%)

332-Orthopedics - Thigh
 Family Medicare Charges: \$38,358,370
 Family Private Payments: \$710,394
 Percent of CPEP Medicare Charges: 3%
 Percent of CPEP Private Payments: 1%

27301-Drain thigh/knee lesion	\$837,552	4,260	090	2%	19%	20-ORTHOPE SURG (42%)	02-GNRL SURGERY (25%)	01-08-GP/FP (7%)
27303-Drainage of bone lesion	\$209,201	559	090	1%		3%	20-ORTHOPE SURG (83%)	02-GNRL SURGERY (4%)
27305-Incise thigh tendon & fascia	\$38,086	213	090	0%		3%	20-ORTHOPE SURG (57%)	33-THORACIC SURG (5%)
27306-Incision of thigh tendon	\$12,818	122	090	0%		1%	20-ORTHOPE SURG (83%)	02-GNRL SURGERY (17%)
27307-Incision of thigh tendons	\$20,953	133	090	0%		1%	20-ORTHOPE SURG (77%)	24-PLASTIC SURG (8%)
27323-Biopsy thigh soft tissues	\$47,943	507	010	0%		62%	07-DERMATOLOGY (36%)	02-GNRL SURGERY (18%)

Procedure

1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDchs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)	First Specialty	Second Specialty	Third Specialty
27324-Biopsy thigh soft tissues	\$156,351	815	0%	2%	9%	20-ORTHOPE SURG (48%)	20-ORTHOPE SURG (48%)	02-GNRL SURGERY (31%)	01-08-GP/FP (3%)
27327-Removal of thigh lesion	\$192,171	1,034	1%	2%	21%	02-GNRL SURGERY (36%)	02-GNRL SURGERY (36%)	20-ORTHOPE SURG (34%)	49-ASC (6%)
27328-Removal of thigh lesion	\$444,443	1,477	1%	6%	6%	20-ORTHOPE SURG (45%)	02-GNRL SURGERY (35%)	02-GNRL SURGERY (35%)	24-PLASTIC SURG (4%)
27329-Remove tumor, thigh/knee	\$535,736	724	1%		1%	02-GNRL SURGERY (41%)	20-ORTHOPE SURG (37%)	20-ORTHOPE SURG (37%)	24-PLASTIC SURG (6%)
27355-Remove femur lesion	\$98,154	320	0%	6%	2%	20-ORTHOPE SURG (71%)	05-ANESTHESIA (16%)	02-GNRL SURGERY (4%)	01-08-GP/FP (5%)
27356-Remove femur lesion/graft	\$17,883	62	0%		0%	20-ORTHOPE SURG (74%)	30-RADIOLOGY (11%)	02-GNRL SURGERY (9%)	06-CARDIOLOGY (1%)
27357-Remove femur lesion/graft	\$20,286	81	0%		0%	20-ORTHOPE SURG (83%)	01-08-GP/FP (12%)	02-GNRL SURGERY (4%)	16-NEUROSURGERY (6%)
27358-Remove femur lesion/fixation	\$8,691	26	0%		0%	20-ORTHOPE SURG (92%)	02-GNRL SURGERY (4%)	02-GNRL SURGERY (9%)	02-GNRL SURGERY (9%)
27390-Incision of thigh tendon	\$8,276	46	0%		7%	20-ORTHOPE SURG (63%)	01-08-GP/FP (15%)	02-GNRL SURGERY (9%)	24-PLASTIC SURG (5%)
27391-Incision of thigh tendons	\$30,959	144	0%		2%	20-ORTHOPE SURG (85%)	01-08-GP/FP (5%)	24-PLASTIC SURG (7%)	02-GNRL SURGERY (9%)
27392-Incision of thigh tendons	\$50,555	107	0%		2%	20-ORTHOPE SURG (80%)	02-GNRL SURGERY (7%)	24-PLASTIC SURG (7%)	02-GNRL SURGERY (9%)
27393-Lengthening of thigh tendon	\$10,166	46	0%		1%	20-ORTHOPE SURG (91%)	24-PLASTIC SURG (7%)	02-GNRL SURGERY (2%)	01-08-GP/FP (1%)
27394-Lengthening of thigh tendons	\$25,061	81	0%		1%	20-ORTHOPE SURG (94%)	70-GROUP PRAC (2%)	02-GNRL SURGERY (4%)	24-PLASTIC SURG (4%)
27395-Lengthening of thigh tendons	\$42,738	72	0%		0%	20-ORTHOPE SURG (90%)	02-GNRL SURGERY (4%)	24-PLASTIC SURG (4%)	24-PLASTIC SURG (4%)
27396-Transplant of thigh tendon	\$5,896	27	0%		0%	20-ORTHOPE SURG (85%)	02-GNRL SURGERY (11%)	(.)	(.)
27397-Transplants of thigh tendons	\$2,646	6	0%		0%	20-ORTHOPE SURG (100%)	(.)	(.)	(.)
27400-Revise thigh muscles/tendons	\$12,718	44	0%		0%	20-ORTHOPE SURG (77%)	30-RADIOLOGY (9%)	02-GNRL SURGERY (5%)	02-GNRL SURGERY (4%)
27468-Incision of thigh	\$55,630	129	0%		0%	20-ORTHOPE SURG (72%)	01-08-GP/FP (16%)	02-GNRL SURGERY (4%)	01-08-GP/FP (1%)
27450-Incision of thigh	\$147,033	221	0%	7%	0%	20-ORTHOPE SURG (92%)	02-GNRL SURGERY (2%)	02-GNRL SURGERY (2%)	02-GNRL SURGERY (9%)
27454-Realignment of thigh bone	\$38,016	78	0%		3%	20-ORTHOPE SURG (55%)	05-ANESTHESIA (27%)	02-GNRL SURGERY (9%)	01-08-GP/FP (2%)
27465-Shortening of thigh bone	\$18,507	44	0%		3%	20-ORTHOPE SURG (84%)	02-GNRL SURGERY (9%)	06-CARDIOLOGY (3%)	(.)
27466-Lengthening of thigh bone	\$36,869	39	0%		3%	20-ORTHOPE SURG (87%)	01-08-GP/FP (5%)	(.)	(.)
27468-Shorten/lengthen thighs	\$5,951	8	0%		0%	20-ORTHOPE SURG (88%)	24-PLASTIC SURG (13%)	(.)	(.)
27470-Repair of thigh	\$231,692	286	0%	1%	2%	20-ORTHOPE SURG (88%)	01-08-GP/FP (4%)	70-GROUP PRAC (4%)	97-PHYS ASSISTANT (2%)
27472-Repair/graft of thigh	\$775,564	803	0%	2%	1%	20-ORTHOPE SURG (90%)	01-08-GP/FP (3%)	02-GNRL SURGERY (2%)	02-GNRL SURGERY (2%)
27495-Reinforce thigh	\$671,922	802	0%	2%	2%	20-ORTHOPE SURG (89%)	70-GROUP PRAC (3%)	33-THORACIC SURG (9%)	33-THORACIC SURG (6%)
27497-Decompression of thigh/knee	\$4,783	32	0%		0%	20-ORTHOPE SURG (44%)	02-GNRL SURGERY (24%)	24-PLASTIC SURG (5%)	01-08-GP/FP (8%)
27497-Decompression of thigh/knee	\$4,884	17	0%		0%	20-ORTHOPE SURG (44%)	02-GNRL SURGERY (31%)	02-GNRL SURGERY (2%)	02-GNRL SURGERY (2%)
27498-Decompression of thigh/knee	\$8,345	33	0%		0%	20-ORTHOPE SURG (56%)	02-GNRL SURGERY (24%)	24-PLASTIC SURG (12%)	24-PLASTIC SURG (12%)
27499-Decompression of thigh/knee	\$8,676	22	0%		0%	20-ORTHOPE SURG (64%)	02-GNRL SURGERY (23%)	02-GNRL SURGERY (23%)	01-08-GP/FP (8%)
27500-Treatment of thigh fracture	\$576,210	1,694	0%	6%	14%	20-ORTHOPE SURG (73%)	93-EMERGENCY MED (13%)	01-08-GP/FP (1%)	70-GROUP PRAC (1%)
27501-Treatment of thigh fracture	\$372,218	986	0%	1%	4%	20-ORTHOPE SURG (95%)	01-08-GP/FP (1%)	70-GROUP PRAC (1%)	70-GROUP PRAC (1%)
27502-Treatment of thigh fracture	\$772,423	1,351	0%	6%	4%	20-ORTHOPE SURG (96%)	01-08-GP/FP (1%)	70-GROUP PRAC (1%)	70-GROUP PRAC (1%)
27503-Treatment of thigh fracture	\$440,000	776	0%	1%	5%	20-ORTHOPE SURG (96%)	01-08-GP/FP (2%)	02-GNRL SURGERY (3%)	02-GNRL SURGERY (3%)
27506-Repair of thigh fracture	\$8,812,021	10,209	0%	23%	1%	20-ORTHOPE SURG (89%)	01-08-GP/FP (3%)	02-GNRL SURGERY (3%)	02-GNRL SURGERY (3%)
27507-Treatment of thigh fracture	\$2,086,586	2,696	0%	5%	1%	20-ORTHOPE SURG (89%)	02-GNRL SURGERY (3%)	20-ORTHOPE SURG (16%)	77-VASCULAR SURG (9%)
27590-Amputate leg at thigh	\$18,700,548	30,213	0%	49%	0%	02-GNRL SURGERY (57%)	20-ORTHOPE SURG (25%)	02-GNRL SURGERY (25%)	70-GROUP PRAC (7%)
27591-Amputate leg at thigh	\$160,132	251	0%		1%	20-ORTHOPE SURG (61%)	02-GNRL SURGERY (27%)	77-VASCULAR SURG (8%)	77-VASCULAR SURG (8%)
27592-Amputate leg at thigh	\$294,156	522	0%		2%	02-GNRL SURGERY (51%)	20-ORTHOPE SURG (32%)	20-ORTHOPE SURG (29%)	20-ORTHOPE SURG (10%)
27594-Amputation follow-up surgery	\$235,740	825	0%		2%	02-GNRL SURGERY (44%)	20-ORTHOPE SURG (32%)	20-ORTHOPE SURG (36%)	11-INTERNAL MED (7%)
27596-Amputation follow-up surgery	\$1,071,181	2,019	0%	3%	0%	02-GNRL SURGERY (47%)	20-ORTHOPE SURG (29%)	02-GNRL SURGERY (13%)	20-ORTHOPE SURG (13%)

336-Orthopedics - Hand		Percent of CPEP Medicare Charges: 3%		Percent of CPEP Private Payments: 3%	
20808-Replantation, hand, complete	\$5,031	3	0%		
20812-Replantation, hand, partial	\$9,778	5	0%		
20816-Replantation digit, complete	\$16,997	14	0%		
20820-Replantation, digit, partial	\$46,514	40	0%		
20822-Replantation digit, complete	\$11,120	14	0%		
20823-Replantation, digit, partial	\$26,181	23	0%		

Procedure	1993 MC Units of Service	1993 MC Allowed Charges	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
20824-Replantation thumb, complete	8	\$17,028		13%	24-PLASTIC SURG (75%)	04-OTOLARYNG (13%)	97-PHYS ASSISTANT (13%)
20826-Replantation, thumb, partial	9	\$19,119		0%	20-ORTHOPED SURG (67%)	24-PLASTIC SURG (22%)	40-HAND SURGERY (11%)
20827-Replantation, thumb, complete	8	\$8,788		13%	01,08-GP/FP (38%)	20-ORTHOPED SURG (25%)	24-PLASTIC SURG (25%)
20828-Replantation, thumb, partial	16	\$20,173		0%	24-PLASTIC SURG (69%)	20-ORTHOPED SURG (13%)	01,08-GP/FP (6%)
25927-Amputation follow-up surgery	113	\$50,084		0%	20-ORTHOPED SURG (42%)	02-PLASTIC SURG (20%)	02-GNRL SURGERY (19%)
25931-Amputation follow-up surgery	10	\$3,625		2%	20-ORTHOPED SURG (40%)	02-GNRL SURGERY (20%)	33-THORACIC SURG (20%)
26010-Drainage of finger abscess	3,018	\$139,837		0%	01,08-GP/FP (30%)	20-ORTHOPED SURG (20%)	11-INTERNAL MED (12%)
26011-Drainage of finger abscess	1,658	\$202,278		4%	20-ORTHOPED SURG (32%)	02-GNRL SURGERY (20%)	24-PLASTIC SURG (16%)
26020-Drain hand tendon sheath	1,001	\$229,503		1%	20-ORTHOPED SURG (53%)	24-PLASTIC SURG (20%)	40-HAND SURGERY (10%)
26025-Drainage of palm bursa	223	\$57,975		9%	20-ORTHOPED SURG (47%)	24-PLASTIC SURG (19%)	40-HAND SURGERY (13%)
26030-Drainage of palm bursa(s)	211	\$78,697		2%	20-ORTHOPED SURG (51%)	24-PLASTIC SURG (22%)	40-HAND SURGERY (11%)
26034-Treat hand bone lesion	507	\$141,574		14%	20-ORTHOPED SURG (58%)	02-GNRL SURGERY (10%)	24-PLASTIC SURG (10%)
26035-Decompress fingers/hand	444,796	\$44,796		19%	20-ORTHOPED SURG (26%)	24-PLASTIC SURG (21%)	01,08-GP/FP (16%)
26037-Decompress fingers/hand	129	\$90		2%	24-PLASTIC SURG (40%)	20-ORTHOPED SURG (35%)	02-GNRL SURGERY (15%)
26040-Release palm contracture	144	\$51,372		14%	20-ORTHOPED SURG (40%)	49-ASC (37%)	02-GNRL SURGERY (9%)
26045-Release palm contracture	764	\$244,150		8%	20-ORTHOPED SURG (40%)	49-ASC (37%)	05-ANESTHESIA (9%)
26045-Release palm contracture	1,515	\$467,281		3%	20-ORTHOPED SURG (51%)	49-ASC (21%)	02-PLASTIC SURG (10%)
26055-Incise finger tendon sheath	32,876	\$7,038,244		14%	20-ORTHOPED SURG (65%)	49-ASC (11%)	24-PLASTIC SURG (10%)
26060-Incision of finger tendon	224	\$24,267		19%	20-ORTHOPED SURG (37%)	49-ASC (17%)	48-PODIATRY (13%)
26070-Explore/treat hand joint	536	\$81,250		5%	01,08-GP/FP (36%)	20-ORTHOPED SURG (21%)	02-GNRL SURGERY (14%)
26075-Explore/treat finger joint	576	\$102,414		47%	20-ORTHOPED SURG (31%)	01,08-GP/FP (29%)	02-GNRL SURGERY (9%)
26080-Explore/treat finger joint	967	\$203,003		2%	20-ORTHOPED SURG (48%)	40-HAND SURGERY (16%)	24-PLASTIC SURG (10%)
26100-Biopsy hand joint lining	104	\$19,218		21%	20-ORTHOPED SURG (29%)	24-PLASTIC SURG (21%)	49-ASC (17%)
26105-Biopsy finger joint lining	102	\$19,248		1%	20-ORTHOPED SURG (69%)	40-HAND SURGERY (14%)	24-PLASTIC SURG (6%)
26110-Biopsy finger joint lining	431	\$78,344		6%	20-ORTHOPED SURG (44%)	40-HAND SURGERY (21%)	24-PLASTIC SURG (11%)
26115-Removal of hand lesion	4,083	\$672,495		17%	20-ORTHOPED SURG (49%)	24-PLASTIC SURG (12%)	49-ASC (11%)
26116-Removal of hand lesion	3,309	\$907,095		7%	20-ORTHOPED SURG (50%)	40-HAND SURGERY (16%)	24-PLASTIC SURG (15%)
26117-Remove tumor, hand/finger	318	\$119,756		4%	20-ORTHOPED SURG (35%)	24-PLASTIC SURG (27%)	02-GNRL SURGERY (13%)
26121-Release palm contracture	4,007	\$2,642,126		2%	20-ORTHOPED SURG (50%)	24-PLASTIC SURG (23%)	40-HAND SURGERY (13%)
26123-Release palm contracture	7,891	\$5,562,523		3%	20-ORTHOPED SURG (47%)	24-PLASTIC SURG (24%)	40-HAND SURGERY (13%)
26125-Release palm contracture	4,226	\$1,028,105		1%	20-ORTHOPED SURG (46%)	24-PLASTIC SURG (28%)	40-HAND SURGERY (15%)
26130-Remove wrist joint lining	237	\$70,255		4%	20-ORTHOPED SURG (39%)	24-PLASTIC SURG (22%)	40-HAND SURGERY (15%)
26135-Revise finger joint, each	1,359	\$311,077		2%	20-ORTHOPED SURG (54%)	40-HAND SURGERY (21%)	24-PLASTIC SURG (16%)
26140-Revise finger joint, each	755	\$196,028		5%	20-ORTHOPED SURG (45%)	40-HAND SURGERY (25%)	24-PLASTIC SURG (14%)
26145-Tendon excision, palm/finger	4,155	\$1,396,393		3%	20-ORTHOPED SURG (46%)	24-PLASTIC SURG (19%)	40-HAND SURGERY (17%)
26160-Remove tendon sheath lesion	11,452	\$2,034,691		11%	20-ORTHOPED SURG (44%)	24-PLASTIC SURG (16%)	02-GNRL SURGERY (14%)
26170-Removal of palm tendon, each	143	\$20,490		4%	20-ORTHOPED SURG (41%)	24-PLASTIC SURG (23%)	14-NEUROSURGERY (17%)
26180-Removal of finger tendon	136	\$27,567		6%	20-ORTHOPED SURG (46%)	24-PLASTIC SURG (25%)	40-HAND SURGERY (14%)
26200-Remove hand bone lesion	225	\$64,418		5%	20-ORTHOPED SURG (56%)	49-ASC (16%)	24-PLASTIC SURG (14%)
26205-Remove/graft bone lesion	12	\$5,123		0%	20-ORTHOPED SURG (83%)	40-HAND SURGERY (8%)	49-ASC (8%)
26210-Removal of finger lesion	1,220	\$339,626		10%	20-ORTHOPED SURG (46%)	24-PLASTIC SURG (19%)	49-ASC (15%)
26215-Remove/graft finger lesion	58	\$22,820		0%	20-ORTHOPED SURG (55%)	49-ASC (14%)	40-HAND SURGERY (12%)
26230-Partial removal of hand bone	174	\$51,802		4%	20-ORTHOPED SURG (52%)	40-HAND SURGERY (18%)	49-ASC (9%)
26235-Partial removal, finger bone	328	\$90,254		3%	20-ORTHOPED SURG (54%)	24-PLASTIC SURG (17%)	40-HAND SURGERY (17%)
26236-Partial removal, finger bone	526	\$138,319		9%	20-ORTHOPED SURG (47%)	24-PLASTIC SURG (23%)	40-HAND SURGERY (13%)
26250-Extensive hand surgery	26	\$8,314		0%	20-ORTHOPED SURG (31%)	24-PLASTIC SURG (23%)	01,08-GP/FP (12%)
26255-Extensive hand surgery	8	\$3,966		13%	20-ORTHOPED SURG (50%)	01,08-GP/FP (13%)	40-HAND SURGERY (13%)
26260-Extensive finger surgery	17,574	\$17,574		10%	20-ORTHOPED SURG (38%)	24-PLASTIC SURG (32%)	40-HAND SURGERY (18%)
26261-Extensive finger surgery	3	\$1,389		3%	01,08-GP/FP (33%)	20-ORTHOPED SURG (33%)	49-ASC (33%)
26262-Partial removal of finger	48	\$14,244		8%	24-PLASTIC SURG (33%)	20-ORTHOPED SURG (29%)	49-ASC (15%)
26320-Removal of implant from hand	370	\$65,370		18%	20-ORTHOPED SURG (51%)	40-HAND SURGERY (20%)	24-PLASTIC SURG (14%)
26350-Repair finger/hand tendon	1,193	\$393,695		6%	20-ORTHOPED SURG (41%)	24-PLASTIC SURG (33%)	40-HAND SURGERY (10%)
26352-Repair/graft hand tendon	61	\$25,107		0%	20-ORTHOPED SURG (39%)	24-PLASTIC SURG (23%)	40-HAND SURGERY (20%)

1993 MC Allowed Charges 1993 MC Units of Service Global Period Pct. of Family Allldhgs Pct. of Family PrivPmts Pct. of Vol. in OFFICE

Procedure First Specialty Second Specialty Third Specialty

26356-Repair finger/hand tendon	\$386,543	961	090	1%	4%	2%	24-PLASTIC SURG (43%)	20-ORTHOPE SURG (37%)	40-HAND SURGERY (9%)
26357-Repair finger/hand tendon	\$23,963	60	090	0%	.	2%	24-PLASTIC SURG (40%)	20-ORTHOPE SURG (37%)	40-HAND SURGERY (15%)
26358-Repair/graft hand tendon	\$23,565	46	090	0%	.	2%	20-ORTHOPE SURG (41%)	24-PLASTIC SURG (24%)	40-HAND SURGERY (22%)
26370-Repair finger/hand tendon	\$130,287	324	090	0%	2%	7%	20-ORTHOPE SURG (52%)	24-PLASTIC SURG (29%)	40-HAND SURGERY (6%)
26372-Repair/graft hand tendon	\$5,863	15	090	0%	.	7%	24-PLASTIC SURG (47%)	20-ORTHOPE SURG (27%)	02-GNRL SURGERY (7%)
26373-Repair finger/hand tendon	\$7,116	19	090	0%	.	7%	20-ORTHOPE SURG (74%)	24-PLASTIC SURG (11%)	40-HAND SURGERY (11%)
26390-Revise hand/finger tendon	\$22,505	51	090	0%	.	6%	24-PLASTIC SURG (33%)	20-ORTHOPE SURG (29%)	40-HAND SURGERY (18%)
26392-Repair/graft hand tendon	\$18,636	45	090	0%	.	4%	20-ORTHOPE SURG (36%)	24-PLASTIC SURG (29%)	40-HAND SURGERY (13%)
26410-Repair hand tendon	\$288,425	1,520	090	1%	3%	7%	20-ORTHOPE SURG (49%)	24-PLASTIC SURG (25%)	40-HAND SURGERY (6%)
26412-Repair/graft hand tendon	\$26,220	82	090	0%	.	8%	01-08-GP/FP (47%)	11-INTERNAL MED (24%)	20-ORTHOPE SURG (5%)
26415-Excision, hand/finger tendon	\$13,866	376	090	0%	.	5%	24-PLASTIC SURG (23%)	02-GNRL SURGERY (13%)	11-INTERNAL MED (13%)
26416-Graft hand or finger tendon	\$2,303	8	090	0%	.	25%	24-PLASTIC SURG (45%)	24-PLASTIC SURG (31%)	40-HAND SURGERY (7%)
26418-Repair finger tendon	\$689,242	3,217	090	2%	7%	7%	20-ORTHOPE SURG (40%)	24-PLASTIC SURG (34%)	40-HAND SURGERY (12%)
26420-Repair/graft finger tendon	\$22,685	82	090	0%	.	7%	20-ORTHOPE SURG (40%)	24-PLASTIC SURG (34%)	40-HAND SURGERY (12%)
26426-Repair finger/hand tendon	\$148,875	396	090	0%	.	5%	20-ORTHOPE SURG (49%)	24-PLASTIC SURG (21%)	40-HAND SURGERY (20%)
26428-Repair/graft finger tendon	\$4,020	10	090	0%	0%	0%	20-ORTHOPE SURG (60%)	24-PLASTIC SURG (30%)	40-HAND SURGERY (30%)
26432-Repair finger tendon	\$87,315	396	090	0%	1%	48%	20-ORTHOPE SURG (56%)	24-PLASTIC SURG (16%)	40-HAND SURGERY (12%)
26433-Repair finger tendon	\$102,437	417	090	0%	1%	11%	20-ORTHOPE SURG (50%)	24-PLASTIC SURG (27%)	40-HAND SURGERY (8%)
26434-Repair/graft finger tendon	\$3,623	17	090	0%	.	0%	20-ORTHOPE SURG (35%)	24-PLASTIC SURG (18%)	49-ASC (18%)
26437-Realignment of tendons	\$163,493	944	090	0%	.	1%	20-ORTHOPE SURG (51%)	40-HAND SURGERY (28%)	24-PLASTIC SURG (16%)
26440-Release palm/finger tendon	\$310,588	1,402	090	1%	1%	5%	20-ORTHOPE SURG (56%)	24-PLASTIC SURG (15%)	40-HAND SURGERY (13%)
26442-Release palm & finger tendon	\$72,953	342	090	0%	.	6%	20-ORTHOPE SURG (42%)	24-PLASTIC SURG (24%)	40-HAND SURGERY (23%)
26445-Release hand/finger tendon	\$105,712	702	090	0%	1%	3%	20-ORTHOPE SURG (45%)	40-HAND SURGERY (21%)	24-PLASTIC SURG (17%)
26449-Release forearm/hand tendon	\$42,789	153	090	0%	.	2%	40-HAND SURGERY (35%)	20-ORTHOPE SURG (34%)	24-PLASTIC SURG (13%)
26450-Incision of palm tendon	\$18,208	178	090	0%	.	6%	20-ORTHOPE SURG (53%)	24-PLASTIC SURG (21%)	40-HAND SURGERY (12%)
26455-Incision of finger tendon	\$22,124	220	090	0%	.	4%	20-ORTHOPE SURG (32%)	24-PLASTIC SURG (20%)	40-HAND SURGERY (12%)
26460-Incise hand/finger tendon	\$19,282	220	090	0%	.	3%	20-ORTHOPE SURG (52%)	40-HAND SURGERY (22%)	24-PLASTIC SURG (15%)
26471-Fusion of finger tendons	\$40,350	245	090	0%	.	3%	20-ORTHOPE SURG (38%)	40-HAND SURGERY (27%)	24-PLASTIC SURG (13%)
26474-Fusion of finger tendons	\$14,172	68	090	0%	.	3%	20-ORTHOPE SURG (54%)	24-PLASTIC SURG (21%)	40-HAND SURGERY (15%)
26476-Tendon lengthening	\$11,856	86	090	0%	.	12%	20-ORTHOPE SURG (63%)	24-PLASTIC SURG (10%)	40-HAND SURGERY (10%)
26477-Tendon shortening	\$13,975	155	090	0%	.	2%	20-ORTHOPE SURG (55%)	40-HAND SURGERY (24%)	24-PLASTIC SURG (15%)
26478-Lengthening of hand tendon	\$36,664	235	090	0%	.	1%	20-ORTHOPE SURG (66%)	40-HAND SURGERY (15%)	24-PLASTIC SURG (13%)
26479-Shortening of hand tendon	\$2,182	11	090	0%	.	9%	24-PLASTIC SURG (45%)	20-ORTHOPE SURG (18%)	01-08-GP/FP (9%)
26480-Transplant hand tendon	\$381,761	1,172	090	1%	2%	2%	20-ORTHOPE SURG (56%)	40-HAND SURGERY (22%)	24-PLASTIC SURG (14%)
26483-Transplant/graft hand tendon	\$58,823	163	090	0%	.	3%	20-ORTHOPE SURG (61%)	40-HAND SURGERY (16%)	24-PLASTIC SURG (10%)
26485-Transplant palm tendon	\$137,146	426	090	0%	.	2%	20-ORTHOPE SURG (46%)	40-HAND SURGERY (25%)	24-PLASTIC SURG (16%)
26489-Transplant/graft palm tendon	\$27,898	117	090	0%	.	2%	20-ORTHOPE SURG (29%)	02-GNRL SURGERY (28%)	49-ASC (12%)
26490-Revise thumb tendon	\$67,524	140	090	0%	.	5%	20-ORTHOPE SURG (49%)	40-HAND SURGERY (29%)	49-ASC (17%)
26492-Tendon transfer with graft	\$18,565	35	090	0%	.	3%	20-ORTHOPE SURG (46%)	40-HAND SURGERY (26%)	40-HAND SURGERY (20%)
26494-Hand tendon/muscle transfer	\$4,180	10	090	0%	.	10%	20-ORTHOPE SURG (50%)	24-PLASTIC SURG (20%)	40-HAND SURGERY (20%)
26496-Revise thumb tendon	\$75,513	132	090	0%	.	1%	20-ORTHOPE SURG (54%)	40-HAND SURGERY (24%)	24-PLASTIC SURG (11%)
26497-Finger tendon transfer	\$24,972	61	090	0%	.	2%	20-ORTHOPE SURG (59%)	49-ASC (16%)	24-PLASTIC SURG (15%)
26498-Finger tendon transfer	\$41,630	71	090	0%	.	0%	20-ORTHOPE SURG (66%)	11-INTERNAL MED (23%)	02-GNRL SURGERY (6%)
26499-Revision of finger	\$7,231	40	090	0%	.	65%	01-08-GP/FP (35%)	11-INTERNAL MED (23%)	20-ORTHOPE SURG (15%)
26500-Hand tendon reconstruction	\$58,494	277	090	0%	.	10%	24-PLASTIC SURG (30%)	20-ORTHOPE SURG (29%)	40-HAND SURGERY (22%)
26502-Hand tendon reconstruction	\$12,446	47	090	0%	.	6%	20-ORTHOPE SURG (45%)	24-PLASTIC SURG (30%)	40-HAND SURGERY (13%)
26504-Hand tendon reconstruction	\$706	2	090	0%	.	0%	20-ORTHOPE SURG (100%)	(.)	(.)
26508-Release thumb contracture	\$16,183	110	090	0%	.	6%	20-ORTHOPE SURG (62%)	40-HAND SURGERY (15%)	24-PLASTIC SURG (12%)
26510-Thumb tendon transfer	\$38,770	309	090	0%	.	2%	20-ORTHOPE SURG (63%)	24-PLASTIC SURG (20%)	40-HAND SURGERY (9%)
26516-Fusion of knuckle joint	\$42,632	228	090	0%	.	3%	20-ORTHOPE SURG (52%)	40-HAND SURGERY (24%)	24-PLASTIC SURG (17%)
26517-Fusion of knuckle joints	\$5,485	13	090	0%	.	0%	20-ORTHOPE SURG (46%)	24-PLASTIC SURG (31%)	40-HAND SURGERY (15%)
26518-Fusion of knuckle joints	\$7,121	27	090	0%	.	0%	20-ORTHOPE SURG (48%)	40-HAND SURGERY (19%)	02-GNRL SURGERY (11%)

Procedure

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
26520-Release knuckle contracture	\$111,655	609	090	0%	3%	20-ORTHOPEID SURG (45%)	40-HAND SURGERY (24%)	24-PLASTIC SURG (18%)
26525-Release finger contracture	\$187,850	1,144	090	0%	3%	20-ORTHOPEID SURG (63%)	24-PLASTIC SURG (21%)	40-HAND SURGERY (21%)
26530-Release knuckle joint	\$219,614	788	090	1%	1%	20-ORTHOPEID SURG (56%)	40-HAND SURGERY (19%)	49-ASC (12%)
26531-Revise knuckle with implant	\$2,021,956	6,993	090	5%	2%	20-ORTHOPEID SURG (62%)	40-HAND SURGERY (16%)	24-PLASTIC SURG (8%)
26535-Revise finger joint	\$519,039	1,405	090	1%	1%	20-ASC (35%)	48-PODIATRY (33%)	20-ORTHOPEID SURG (19%)
26536-Revise/implant finger joint	\$559,182	1,345	090	1%	7%	20-ORTHOPEID SURG (50%)	40-HAND SURGERY (17%)	49-ASC (11%)
26540-Repair hand joint	\$231,660	675	090	1%	4%	20-ORTHOPEID SURG (40%)	40-HAND SURGERY (28%)	24-PLASTIC SURG (20%)
26541-Repair hand joint with graft	\$84,568	164	090	0%	3%	20-ORTHOPEID SURG (43%)	40-HAND SURGERY (30%)	49-ASC (14%)
26542-Repair hand joint with graft	\$27,077	118	090	0%	2%	20-ORTHOPEID SURG (56%)	24-PLASTIC SURG (17%)	49-ASC (14%)
26545-Reconstruct finger joint	\$84,087	316	090	0%	1%	24-PLASTIC SURG (33%)	20-ORTHOPEID SURG (32%)	40-HAND SURGERY (23%)
26548-Reconstruct finger joint	\$88,169	240	090	0%	3%	20-ORTHOPEID SURG (40%)	24-PLASTIC SURG (32%)	40-HAND SURGERY (12%)
26550-Construct thumb replacement	\$1,342	7	090	0%	4%	01-08-GP/FP (29%)	02-GNRL SURGERY (14%)	05-ANESTHESIA (14%)
26552-Construct thumb replacement	\$12,179	17	090	0%	0%	(.)	(.)	(.)
26555-Positional change of finger	.	.	090	0%	0%	20-ORTHOPEID SURG (47%)	40-HAND SURGERY (24%)	24-PLASTIC SURG (12%)
26557-Construct finger replacement	.	.	090	0%	0%	(.)	(.)	(.)
26558-Added finger surgery	.	.	090	0%	0%	(.)	(.)	(.)
26559-Added finger surgery	.	.	090	0%	0%	(.)	(.)	(.)
26560-Repair of web finger	\$4,438	30	090	0%	3%	49-ASC (40%)	24-PLASTIC SURG (20%)	20-ORTHOPEID SURG (17%)
26561-Repair of web finger	\$14,074	29	090	0%	3%	24-PLASTIC SURG (52%)	20-ORTHOPEID SURG (21%)	40-HAND SURGERY (10%)
26562-Repair of web finger	\$1,917	4	090	0%	25%	24-PLASTIC SURG (50%)	01-08-GP/FP (25%)	20-ORTHOPEID SURG (25%)
26565-Correct metacarpal flap	\$19,523	61	090	0%	0%	20-ORTHOPEID SURG (46%)	40-HAND SURGERY (25%)	24-PLASTIC SURG (21%)
26567-Correct finger deformity	\$44,309	163	090	0%	3%	20-ORTHOPEID SURG (50%)	40-HAND SURGERY (20%)	24-PLASTIC SURG (17%)
26568-Lengthen metacarpal/finger	\$8,732	19	090	0%	11%	20-ORTHOPEID SURG (58%)	40-HAND SURGERY (16%)	49-ASC (16%)
26580-Repair hand deformity	\$344	7	090	0%	7%	20-ORTHOPEID SURG (29%)	48-PODIATRY (16%)	01-08-GP/FP (14%)
26585-Repair finger deformity	\$2,168	6	090	0%	100%	18-OPHTHALMOLOGY (57%)	01-08-GP/FP (43%)	(.)
26587-Reconstruct extra finger	\$1,236	7	090	0%	33%	01-08-GP/FP (33%)	02-GNRL SURGERY (33%)	(.)
26590-Repair finger deformity	\$844	3	090	0%	3%	01-08-GP/FP (33%)	20-ORTHOPEID SURG (33%)	24-PLASTIC SURG (33%)
26591-Repair muscles of hand	\$17,115	137	090	0%	7%	24-PLASTIC SURG (46%)	20-ORTHOPEID SURG (20%)	40-HAND SURGERY (15%)
26593-Release muscles of hand	\$61,684	489	090	0%	1%	20-ORTHOPEID SURG (51%)	40-HAND SURGERY (30%)	24-PLASTIC SURG (14%)
26596-Excision constricting tissue	\$870	8	090	0%	75%	01-08-GP/FP (38%)	70-GROUP PRAC (25%)	11-INTERNAL MED (13%)
26597-Release of scar contracture	\$89,396	215	090	0%	3%	20-ORTHOPEID SURG (41%)	24-PLASTIC SURG (33%)	40-HAND SURGERY (9%)
26820-Thumb fusion with graft	\$42,632	100	090	0%	3%	20-ORTHOPEID SURG (62%)	49-ASC (19%)	24-PLASTIC SURG (9%)
26841-Fusion of thumb	\$219,748	570	090	1%	1%	20-ORTHOPEID SURG (76%)	49-ASC (7%)	40-HAND SURGERY (6%)
26842-Thumb fusion with graft	\$88,440	183	090	0%	1%	20-ORTHOPEID SURG (81%)	24-PLASTIC SURG (5%)	40-HAND SURGERY (5%)
26843-Fusion of hand joint	\$18,451	52	090	0%	6%	20-ORTHOPEID SURG (71%)	49-ASC (17%)	40-HAND SURGERY (6%)
26844-Fusion/graft of hand joint	\$17,072	56	090	0%	2%	20-ORTHOPEID SURG (75%)	40-HAND SURGERY (9%)	49-ASC (9%)
26850-Fusion of knuckle	\$238,391	935	090	1%	2%	20-ORTHOPEID SURG (66%)	40-HAND SURGERY (19%)	49-ASC (7%)
26852-Fusion of knuckle with graft	\$83,025	268	090	0%	1%	20-ORTHOPEID SURG (46%)	40-HAND SURGERY (29%)	24-PLASTIC SURG (12%)
26860-Fusion of finger joint	\$775,855	3,097	090	2%	2%	20-ORTHOPEID SURG (62%)	40-HAND SURGERY (17%)	24-PLASTIC SURG (10%)
26861-Fusion of finger joint, added	\$86,724	530	ZZZ	0%	2%	20-ORTHOPEID SURG (57%)	40-HAND SURGERY (18%)	24-PLASTIC SURG (12%)
26862-Fusion/graft of finger joint	\$165,392	558	090	0%	1%	20-ORTHOPEID SURG (47%)	40-HAND SURGERY (30%)	40-HAND SURGERY (8%)
26863-Fuse/graft added joint	\$17,757	80	ZZZ	0%	3%	20-ORTHOPEID SURG (65%)	24-PLASTIC SURG (20%)	40-HAND SURGERY (9%)
26910-Amputate metacarpal bone	\$391,602	1,089	090	1%	2%	20-ORTHOPEID SURG (38%)	24-PLASTIC SURG (23%)	02-GNRL SURGERY (22%)
26951-Amputation of finger/thumb	\$1,333,100	6,765	090	4%	5%	20-ORTHOPEID SURG (46%)	24-PLASTIC SURG (18%)	02-GNRL SURGERY (18%)
26952-Amputation of finger/thumb	\$499,905	1,710	090	1%	6%	24-PLASTIC SURG (42%)	20-ORTHOPEID SURG (33%)	40-HAND SURGERY (9%)

340-Orthopedics - Wrist Joint and Surrounding Structures
 Family Medicare Charges: \$8,474,222
 Percent of CPEP Medicare Payments: 1%

Family Private Payments: \$906,328
 Percent of CPEP Private Payments: 1%

25040-Explore/treat wrist joint
 25085-Incision of wrist capsule

7%

0%

20-ORTHOPEID SURG (75%)

20-ORTHOPEID SURG (54%)

49-ASC (23%)

40-HAND SURGERY (8%)

24-PLASTIC SURG (15%)

24-PLASTIC SURG (8%)

40-HAND SURGERY (15%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of All'd Chgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Speciality	Second Speciality	Third Speciality

25100-Biopsy of wrist joint	\$20,018	83	090	0%	.	6%	20-ORTHOPED SURG (46%)	40-HAND SURGERY (20%)	24-PLASTIC SURG (8%)
25101-Explore/treat wrist joint	\$69,173	230	090	1%	.	3%	20-ORTHOPED SURG (66%)	40-HAND SURGERY (14%)	24-PLASTIC SURG (9%)
25105-Remove wrist joint lining	\$333,058	906	090	4%	3%	3%	20-ORTHOPED SURG (51%)	40-HAND SURGERY (16%)	24-PLASTIC SURG (12%)
25107-Remove wrist joint cartilage	\$14,526	61	090	0%	.	2%	20-ORTHOPED SURG (75%)	40-HAND SURGERY (20%)	49-ASC (5%)
25111-Remove wrist tendon lesion	\$1,332,646	5,783	090	16%	50%	8%	20-ORTHOPED SURG (42%)	02-GNRL SURGERY (27%)	24-PLASTIC SURG (10%)
25112-Remove wrist tendon lesion	\$128,942	456	090	2%	7%	6%	20-ORTHOPED SURG (36%)	02-GNRL SURGERY (25%)	24-PLASTIC SURG (21%)
25118-Excise wrist tendon sheath	\$506,289	1,509	090	6%	4%	2%	20-ORTHOPED SURG (54%)	40-HAND SURGERY (21%)	24-PLASTIC SURG (14%)
25119-Partial removal of ulna	\$120,450	311	090	1%	.	2%	20-ORTHOPED SURG (65%)	40-HAND SURGERY (21%)	40-HAND SURGERY (16%)
25130-Removal of wrist lesion	\$27,790	117	090	0%	.	2%	20-ORTHOPED SURG (47%)	49-ASC (17%)	24-PLASTIC SURG (4%)
25135-Remove & graft wrist lesion	\$6,349	3	090	0%	.	4%	20-ORTHOPED SURG (86%)	01,08-GP/FP (4%)	(.)
25150-Partial removal of ulna	\$36,918	128	090	0%	.	0%	20-ORTHOPED SURG (100%)	(.)	(.)
25210-Removal of wrist bone	\$134,772	733	090	0%	.	9%	20-ORTHOPED SURG (64%)	49-ASC (12%)	01,08-GP/FP (9%)
25215-Removal of wrist bones	\$66,918	156	090	1%	.	1%	20-ORTHOPED SURG (46%)	40-HAND SURGERY (32%)	49-ASC (8%)
25230-Partial removal of radius	\$49,767	187	090	1%	.	3%	20-ORTHOPED SURG (65%)	40-HAND SURGERY (19%)	49-ASC (4%)
25240-Partial removal of ulna	\$489,912	1,774	090	6%	3%	4%	20-ORTHOPED SURG (58%)	40-HAND SURGERY (12%)	49-ASC (12%)
25250-Removal of wrist prosthesis	\$15,134	67	090	0%	.	1%	20-ORTHOPED SURG (75%)	40-HAND SURGERY (10%)	49-ASC (5%)
25251-Removal of wrist prosthesis	\$8,266	24	090	0%	.	3%	20-ORTHOPED SURG (63%)	40-HAND SURGERY (25%)	24-PLASTIC SURG (7%)
25300-Fusion of tendons at wrist	\$21,177	69	090	0%	.	10%	20-ORTHOPED SURG (58%)	02-GNRL SURGERY (12%)	49-ASC (10%)
25301-Fusion of tendons at wrist	\$30,932	101	090	0%	.	1%	20-ORTHOPED SURG (43%)	40-HAND SURGERY (36%)	24-PLASTIC SURG (13%)
25320-Repair/revise wrist joint	\$186,532	350	090	2%	.	1%	20-ORTHOPED SURG (50%)	40-HAND SURGERY (28%)	24-PLASTIC SURG (11%)
25330-Revise wrist joint	\$92,310	172	090	1%	.	5%	20-ORTHOPED SURG (45%)	40-HAND SURGERY (31%)	24-PLASTIC SURG (8%)
25331-Revise wrist joint	\$73,160	85	090	1%	.	1%	20-ORTHOPED SURG (67%)	40-HAND SURGERY (19%)	02-GNRL SURGERY (5%)
25332-Revise wrist joint	\$30,999	48	090	0%	.	4%	20-ORTHOPED SURG (60%)	40-HAND SURGERY (15%)	24-PLASTIC SURG (8%)
25335-Realignment of hand	\$990	2	090	0%	.	0%	24-PLASTIC SURG (100%)	(.)	(.)
25337-Reconstruct ulna/radioulnar							(.)	(.)	(.)
25440-Repair/graft wrist bone	\$50,412	87	090	1%	6%	5%	20-ORTHOPED SURG (71%)	40-HAND SURGERY (9%)	49-ASC (7%)
25441-Reconstruct wrist joint	\$10,772	15	090	0%	.	0%	20-ORTHOPED SURG (67%)	40-HAND SURGERY (13%)	24-PLASTIC SURG (7%)
25442-Reconstruct wrist joint	\$27,321	66	090	0%	.	3%	20-ORTHOPED SURG (64%)	24-PLASTIC SURG (15%)	40-HAND SURGERY (14%)
25443-Reconstruct wrist joint	\$18,475	30	090	0%	.	0%	20-ORTHOPED SURG (63%)	24-PLASTIC SURG (13%)	40-HAND SURGERY (7%)
25444-Reconstruct wrist joint	\$6,194	11	090	0%	.	0%	20-ORTHOPED SURG (82%)	24-PLASTIC SURG (9%)	49-ASC (9%)
25445-Reconstruct wrist joint	\$552,360	877	090	7%	4%	2%	20-ORTHOPED SURG (57%)	40-HAND SURGERY (21%)	24-PLASTIC SURG (9%)
25446-Wrist replacement	\$206,970	163	090	2%	.	1%	20-ORTHOPED SURG (78%)	40-HAND SURGERY (15%)	24-PLASTIC SURG (2%)
25447-Repair wrist joint(s)	\$1,192,550	1,819	090	14%	9%	1%	20-ORTHOPED SURG (60%)	40-HAND SURGERY (21%)	24-PLASTIC SURG (7%)
25449-Remove wrist joint implant	\$42,298	73	090	0%	.	1%	20-ORTHOPED SURG (59%)	40-HAND SURGERY (19%)	49-ASC (10%)
25800-Fusion of wrist joint	\$217,795	375	090	3%	.	3%	20-ORTHOPED SURG (66%)	40-HAND SURGERY (16%)	24-PLASTIC SURG (5%)
25805-Fusion/graft of wrist joint	\$75,596	107	090	1%	.	3%	20-ORTHOPED SURG (73%)	40-HAND SURGERY (20%)	49-ASC (6%)
25810-Fusion/graft of wrist joint	\$539,598	763	090	6%	5%	1%	20-ORTHOPED SURG (66%)	40-HAND SURGERY (17%)	24-PLASTIC SURG (5%)
25820-Fusion of hand bones	\$32,906	80	090	0%	.	3%	20-ORTHOPED SURG (55%)	40-HAND SURGERY (26%)	24-PLASTIC SURG (10%)
25825-Fusion hand bones with graft	\$204,773	319	090	2%	5%	2%	20-ORTHOPED SURG (61%)	40-HAND SURGERY (24%)	24-PLASTIC SURG (4%)
25920-Amputate hand at wrist	\$41,123	85	090	0%	.	0%	20-ORTHOPED SURG (36%)	02-GNRL SURGERY (31%)	24-PLASTIC SURG (19%)
25922-Amputate hand at wrist	\$2,613	7	090	0%	.	1%	20-ORTHOPED SURG (43%)	02-GNRL SURGERY (29%)	40-HAND SURGERY (14%)
25924-Amputation follow-up surgery	\$1,496	8	090	0%	.	50%	11-INTERNAL MED (38%)	20-ORTHOPED SURG (38%)	40-HAND SURGERY (13%)
29840-Wrist arthroscopy	\$34,702	122	090	0%	.	0%	20-ORTHOPED SURG (49%)	49-ASC (34%)	40-HAND SURGERY (8%)
29843-Wrist arthroscopy/surgery	\$6,244	17	090	0%	.	0%	20-ORTHOPED SURG (41%)	02-GNRL SURGERY (29%)	40-HAND SURGERY (24%)
29844-Wrist arthroscopy/surgery	\$24,214	67	090	0%	.	0%	20-ORTHOPED SURG (61%)	49-ASC (27%)	40-HAND SURGERY (7%)
29845-Wrist arthroscopy/surgery	\$19,637	62	090	0%	.	0%	20-ORTHOPED SURG (53%)	40-HAND SURGERY (16%)	40-HAND SURGERY (7%)
29846-Wrist arthroscopy/surgery	\$95,158	157	090	1%	5%	5%	20-ORTHOPED SURG (68%)	49-ASC (17%)	40-HAND SURGERY (11%)
29847-Wrist arthroscopy/surgery	\$11,477	32	090	0%	.	1%	20-ORTHOPED SURG (56%)	40-HAND SURGERY (19%)	01,08-GP/FP (9%)
29848-Wrist arthroscopy/surgery	\$1,191,334	4,882	090	14%	.	1%	20-ORTHOPED SURG (66%)	40-HAND SURGERY (14%)	24-PLASTIC SURG (10%)

344-Orthopaedics - Forearm

Procedure	1993 HC Allowed Charges	1993 HC Units of Service	Global Period	Pct. of Family AllDChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
Family Medicare Charges: \$7,838,531	Percent of CPEP Medicare Charges: 1%								
Family Private Payments: \$471,312	Percent of CPEP Private Payments: 1%								
20805-Replant forearm, complete	\$75	2	090	0%	.	100%	11-INTERNAL MED (50%)	20-DRTHOPED SURG (50%)	(.)
20806-Replantation,forearm,partial			090	0%	.	.	(.)	(.)	(.)
24495-Decompression of forearm	\$50,794	135	090	1%	.	1%	02-GNRL SURGERY (23%)	20-ORTHOPEDE SURG (22%)	77-VASCULAR SURG (17%)
24635-Repair elbow fracture	\$382,791	566	090	5%	.	9%	20-DRTHOPED SURG (88%)	20-ORTHOPEDE SURG (22%)	02-GNRL SURGERY (2%)
25000-Incision of tendon sheath	\$616,483	2,548	090	8%	19%	2%	49-ASC (10%)	40-HAND SURGERY (7%)	40-HAND SURGERY (7%)
25020-Decompression of forearm	\$134,985	515	090	2%	.	3%	20-ORTHOPEDE SURG (47%)	02-GNRL SURGERY (17%)	24-PLASTIC SURG (13%)
25023-Decompression of forearm	\$59,397	135	090	1%	.	6%	20-ORTHOPEDE SURG (36%)	49-ASC (20%)	24-PLASTIC SURG (14%)
25028-Drainage of forearm lesion	\$180,144	1,064	090	2%	.	19%	20-ORTHOPEDE SURG (33%)	02-GNRL SURGERY (31%)	01,08-GP/FP (9%)
25031-Drainage of forearm bursa	\$11,886	117	090	0%	.	57%	20-ORTHOPEDE SURG (31%)	01,08-GP/FP (24%)	02-GNRL SURGERY (16%)
25035-Treat forearm bone lesion	\$26,915	67	090	0%	.	3%	20-ORTHOPEDE SURG (87%)	01,08-GP/FP (3%)	02-GNRL SURGERY (3%)
25065-Biopsy forearm soft tissues	\$69,837	895	010	1%	.	7%	07-DERMATOLOGY (4%)	01,08-GP/FP (16%)	24-PLASTIC SURG (12%)
25066-Biopsy forearm soft tissues	\$45,078	330	090	1%	.	11%	02-GNRL SURGERY (44%)	02-GNRL SURGERY (23%)	24-PLASTIC SURG (12%)
25075-Removal of forearm lesion	\$231,636	1,406	090	3%	4%	24%	02-GNRL SURGERY (31%)	20-ORTHOPEDE SURG (30%)	24-PLASTIC SURG (10%)
25076-Removal of forearm lesion	\$275,618	1,130	090	4%	7%	9%	20-ORTHOPEDE SURG (40%)	02-GNRL SURGERY (22%)	20-ORTHOPEDE SURG (11%)
25110-Remove tumor, forearm/wrist	\$150,310	252	090	2%	.	7%	02-GNRL SURGERY (29%)	24-PLASTIC SURG (26%)	20-ORTHOPEDE SURG (23%)
25115-Remove wrist/tendon lesion	\$106,427	620	090	1%	3%	20%	20-ORTHOPEDE SURG (48%)	02-GNRL SURGERY (15%)	01,08-GP/FP (12%)
25116-Remove wrist/forearm lesion	\$2,253,522	4,623	090	29%	25%	3%	20-ORTHOPEDE SURG (51%)	40-HAND SURGERY (19%)	24-PLASTIC SURG (18%)
25120-Removal of forearm lesion	\$702,173	1,469	090	9%	9%	2%	20-ORTHOPEDE SURG (56%)	40-HAND SURGERY (17%)	24-PLASTIC SURG (12%)
25120-Removal of forearm lesion	\$46,684	133	090	1%	.	3%	20-ORTHOPEDE SURG (73%)	40-HAND SURGERY (19%)	24-PLASTIC SURG (12%)
25125-Remove/graft forearm lesion	\$4,291	13	090	0%	.	15%	20-ORTHOPEDE SURG (46%)	40-HAND SURGERY (8%)	02-GNRL SURGERY (5%)
25126-Remove/graft forearm lesion	\$3,721	10	090	0%	.	0%	20-ORTHOPEDE SURG (90%)	40-HAND SURGERY (10%)	(.)
25165-Remove forearm bone lesion	\$12,505	42	090	0%	.	12%	20-ORTHOPEDE SURG (67%)	48-PODIATRY (10%)	(.)
25151-Partial removal of radius	\$19,694	60	090	0%	.	2%	20-ORTHOPEDE SURG (70%)	40-HAND SURGERY (17%)	24-PLASTIC SURG (7%)
25170-Extensive forearm surgery	\$16,664	37	090	0%	.	0%	20-ORTHOPEDE SURG (68%)	24-PLASTIC SURG (8%)	49-ASC (5%)
25248-Remove forearm foreign body	\$63,276	345	090	1%	.	32%	02-GNRL SURGERY (39%)	01,08-GP/FP (18%)	49-ASC (8%)
25260-Repair forearm tendon/muscle	\$236,032	1,054	090	3%	16%	3%	20-ORTHOPEDE SURG (41%)	24-PLASTIC SURG (35%)	20-ORTHOPEDE SURG (18%)
25263-Repair forearm tendon/muscle	\$21,783	81	090	0%	.	6%	20-ORTHOPEDE SURG (40%)	24-PLASTIC SURG (31%)	02-GNRL SURGERY (9%)
25265-Repair forearm tendon/muscle	\$13,870	35	090	0%	.	0%	20-ORTHOPEDE SURG (63%)	24-PLASTIC SURG (17%)	49-ASC (11%)
25270-Repair forearm tendon/muscle	\$122,274	740	090	2%	9%	3%	20-ORTHOPEDE SURG (59%)	24-PLASTIC SURG (18%)	40-HAND SURGERY (9%)
25272-Repair forearm tendon/muscle	\$22,840	125	090	0%	.	1%	20-ORTHOPEDE SURG (66%)	40-HAND SURGERY (15%)	24-PLASTIC SURG (12%)
25274-Repair forearm tendon/muscle	\$29,294	95	090	0%	.	3%	20-ORTHOPEDE SURG (52%)	40-HAND SURGERY (17%)	24-PLASTIC SURG (13%)
25280-Revise wrist/forearm tendon	\$121,521	711	090	2%	.	5%	20-ORTHOPEDE SURG (59%)	40-HAND SURGERY (23%)	24-PLASTIC SURG (7%)
25290-Incise wrist/forearm tendon	\$97,119	739	090	1%	.	2%	20-ORTHOPEDE SURG (71%)	24-PLASTIC SURG (14%)	40-HAND SURGERY (12%)
25295-Release wrist/forearm tendon	\$185,475	1,036	090	2%	3%	1%	20-ORTHOPEDE SURG (56%)	40-HAND SURGERY (19%)	24-PLASTIC SURG (15%)
25310-Transplant forearm tendon	\$609,349	1,869	090	8%	5%	1%	20-ORTHOPEDE SURG (55%)	40-HAND SURGERY (23%)	24-PLASTIC SURG (11%)
25312-Transplant forearm tendon	\$32,587	104	090	0%	.	1%	20-ORTHOPEDE SURG (54%)	40-HAND SURGERY (27%)	24-PLASTIC SURG (10%)
25315-Revise palsy hand tendon(s)	\$21,724	35	090	0%	.	0%	20-ORTHOPEDE SURG (60%)	24-PLASTIC SURG (20%)	13-NEUROLOGY (9%)
25316-Revise palsy hand tendon(s)	\$7,633	11	090	0%	.	0%	20-ORTHOPEDE SURG (73%)	02-GNRL SURGERY (9%)	24-PLASTIC SURG (9%)
25355-Revision of radius	\$43,376	102	090	1%	.	0%	20-ORTHOPEDE SURG (80%)	40-HAND SURGERY (11%)	49-ASC (4%)
25355-Revision of radius	\$3,169	7	090	0%	.	0%	20-ORTHOPEDE SURG (20%)	49-ASC (29%)	01,08-GP/FP (14%)
25360-Revision of ulna	\$39,092	132	090	0%	.	1%	20-ORTHOPEDE SURG (71%)	24-PLASTIC SURG (6%)	02-GNRL SURGERY (5%)
25365-Revise radius & ulna	\$7,092	13	090	0%	.	0%	01,08-GP/FP (50%)	49-ASC (15%)	(.)
25370-Revise radius & ulna	\$1,282	4	090	0%	.	25%	(.)	20-ORTHOPEDE SURG (50%)	(.)
25375-Revise radius & ulna	\$63,409	128	090	1%	.	2%	20-ORTHOPEDE SURG (74%)	40-HAND SURGERY (14%)	24-PLASTIC SURG (3%)
25390-Shorten radius/ulna	\$18,047	27	090	0%	.	0%	20-ORTHOPEDE SURG (70%)	40-HAND SURGERY (19%)	24-PLASTIC SURG (4%)
25391-Lengthen radius/ulna	\$4,266	6	090	0%	.	0%	20-ORTHOPEDE SURG (83%)	40-HAND SURGERY (17%)	(.)
25392-Shorten radius & ulna	\$3,477	5	090	0%	.	0%	20-ORTHOPEDE SURG (40%)	24-PLASTIC SURG (40%)	49-ASC (20%)
25393-Lengthen radius & ulna	\$3,477	5	090	0%	.	0%	20-ORTHOPEDE SURG (83%)	40-HAND SURGERY (5%)	49-ASC (2%)
25400-Repair radius or ulna	\$75,496	131	090	1%	.	2%	20-ORTHOPEDE SURG (83%)	40-HAND SURGERY (5%)	49-ASC (2%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of AllDchgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
25405-Repair/graft radius or ulna	\$285,923	401	090	4%	.	2%	20-ORTHOPE SURG (80%)	40-HAND SURGERY (7%)	97-PHYS ASSISTANT (3%)
25415-Repair radius & ulna	\$18,283	35	090	0%	.	23%	20-ORTHOPE SURG (69%)	01,08-GP/FP (11%)	06-CARDIOLOGY (6%)
25420-Repair/graft radius & ulna	\$72,977	85	090	1%	.	17%	20-ORTHOPE SURG (89%)	40-HAND SURGERY (5%)	01,08-GP/FP (2%)
25425-Repair/graft radius or ulna	\$10,675	24	090	0%	.	0%	20-ORTHOPE SURG (88%)	40-HAND SURGERY (4%)	20-GRUP PRAC (2%)
25426-Repair/graft radius & ulna	\$1,617	2	090	0%	.	0%	20-ORTHOPE SURG (50%)	40-HAND SURGERY (50%)	(.)
25450-Revision of wrist joint	\$3,022	8	090	0%	.	0%	34-UROLOGY (63%)	01,08-GP/FP (13%)	(.)
25455-Revision of wrist joint	\$2,671	5	090	0%	.	0%	20-ORTHOPE SURG (40%)	49-ASC (40%)	24-PLASTIC SURG (13%)
25490-Reinforce radius	\$5,694	12	090	0%	.	0%	20-ORTHOPE SURG (83%)	40-HAND SURGERY (8%)	24-PLASTIC SURG (20%)
25491-Reinforce ulna	\$2,018	4	090	0%	.	0%	20-ORTHOPE SURG (100%)	(.)	90-MED ONCOLOGY (8%)
25492-Reinforce radius and ulna	\$22,423	25	090	0%	.	8%	20-ORTHOPE SURG (96%)	02-GNRL SURGERY (4%)	(.)
25526-Repair fracture of radius	\$26,843	36	090	0%	.	0%	20-ORTHOPE SURG (86%)	01,08-GP/FP (6%)	40-HAND SURGERY (6%)
25830-Fusion radioulnar jnt/ulna	\$114,733	245	090	1%	.	(.)	(.)	(.)	(.)
25900-Amputation of forearm	\$9,404	20	090	0%	.	2%	20-ORTHOPE SURG (34%)	02-GNRL SURGERY (30%)	24-PLASTIC SURG (19%)
25905-Amputation follow-up surgery	\$5,898	18	090	0%	.	6%	02-GNRL SURG (45%)	02-GNRL SURG (25%)	24-PLASTIC SURG (15%)
25907-Amputation follow-up surgery	\$10,182	25	090	0%	.	0%	02-GNRL SURG (33%)	77-VASCULAR SURG (28%)	20-ORTHOPE SURG (17%)
25915-Amputation of forearm	\$1,055	1	090	0%	.	0%	20-ORTHOPE SURG (48%)	40-HAND SURGERY (16%)	02-GNRL SURGERY (12%)
							20-ORTHOPE SURG (100%)	(.)	(.)
348-Orthopaedics - Elbow Joint and Surrounding Structures									
Family Medicare Charges: \$4,600,043									
Family Private Payments: \$351,552									
Percent of CPEP Medicare Payments: 0%									
Percent of CPEP Private Payments: 0%									
24000-Exploratory elbow surgery	\$163,001	379	090	4%	7%	11%	20-ORTHOPE SURG (77%)	01,08-GP/FP (6%)	02-GNRL SURGERY (4%)
24006-Release elbow joint	\$17,428	52	090	0%	.	2%	20-ORTHOPE SURG (81%)	40-HAND SURGERY (12%)	24-PLASTIC SURG (4%)
24100-Biopsy elbow joint lining	\$5,567	23	090	0%	.	9%	20-ORTHOPE SURG (74%)	01,08-GP/FP (9%)	02-GNRL SURGERY (9%)
24101-Explore/treat elbow joint	\$203,579	428	090	4%	15%	2%	20-ORTHOPE SURG (90%)	49-ASC (4%)	40-HAND SURGERY (2%)
24102-Remove elbow joint lining	\$203,837	327	090	4%	.	2%	20-ORTHOPE SURG (70%)	40-HAND SURGERY (9%)	02-GNRL SURGERY (6%)
24105-Removal of elbow bursa	\$1,223,648	4,838	090	27%	24%	6%	20-ORTHOPE SURG (69%)	02-GNRL SURGERY (15%)	49-ASC (7%)
24120-Remove elbow lesion	\$115,930	315	090	3%	.	7%	20-ORTHOPE SURG (40%)	01,08-GP/FP (20%)	49-ASC (10%)
24125-Remove/graft bone lesion	\$1,114	5	090	0%	.	40%	20-ORTHOPE SURG (40%)	01,08-GP/FP (20%)	02-GNRL SURGERY (20%)
24126-Remove/graft bone lesion	\$883	5	090	0%	.	20%	20-ORTHOPE SURG (40%)	01,08-GP/FP (20%)	02-GNRL SURGERY (20%)
24130-Removal of head of radius	\$229,353	721	090	5%	.	1%	20-ORTHOPE SURG (84%)	49-ASC (3%)	40-HAND SURGERY (3%)
24136-Remove radius bone lesion	\$3,010	17	090	0%	.	6%	05-ANESTHESIA (59%)	19-ORAL SURGERY (12%)	20-ORTHOPE SURG (12%)
24138-Remove elbow bone lesion	\$18,496	48	090	0%	.	0%	20-ORTHOPE SURG (79%)	02-GNRL SURGERY (6%)	49-ASC (6%)
24145-Partial removal of radius	\$17,470	60	090	0%	.	2%	20-ORTHOPE SURG (73%)	49-ASC (8%)	02-GNRL SURGERY (5%)
24147-Partial removal of elbow	\$136,376	345	090	3%	.	2%	20-ORTHOPE SURG (84%)	49-ASC (5%)	02-GNRL SURGERY (2%)
24152-Extensive radius surgery	\$7,245	16	090	0%	.	13%	20-ORTHOPE SURG (44%)	40-HAND SURGERY (25%)	04-OTOLARYNG (13%)
24153-Extensive radius surgery	\$260	5	090	0%	.	80%	34-UROLOGY (40%)	01,08-GP/FP (20%)	40-HAND SURGERY (8%)
24155-Removal of elbow joint	\$14,527	132	090	1%	.	8%	20-ORTHOPE SURG (60%)	01,08-GP/FP (12%)	40-HAND SURGERY (20%)
24160-Remove elbow joint implant	\$37,590	39	090	0%	.	0%	20-ORTHOPE SURG (88%)	49-ASC (5%)	01,08-GP/FP (2%)
24164-Remove radius head implant	\$10,214	39	090	0%	.	2%	20-ORTHOPE SURG (72%)	40-HAND SURGERY (15%)	01,08-GP/FP (3%)
24301-Muscle/tendon transfer	\$46,433	115	090	1%	.	6%	20-ORTHOPE SURG (70%)	24-PLASTIC SURG (7%)	40-HAND SURGERY (4%)
24305-Arm tendon lengthening	\$15,510	98	090	0%	.	3%	20-ORTHOPE SURG (68%)	24-PLASTIC SURG (12%)	40-HAND SURGERY (12%)
24330-Revision of arm muscles	\$11,667	28	090	0%	.	7%	20-ORTHOPE SURG (57%)	40-HAND SURGERY (18%)	24-PLASTIC SURG (14%)
24331-Revision of arm muscles	\$6,265	8	090	0%	.	0%	40-HAND SURGERY (63%)	20-ORTHOPE SURG (38%)	(.)
24340-Repair of biceps tendon	\$26,711	72	090	1%	.	4%	20-ORTHOPE SURG (82%)	01,08-GP/FP (6%)	02-GNRL SURGERY (6%)
24342-Repair of ruptured tendon	\$82,236	137	090	2%	11%	4%	20-ORTHOPE SURG (85%)	02-GNRL SURGERY (4%)	01,08-GP/FP (2%)
24350-Repair of tennis elbow	\$71,398	261	090	2%	7%	3%	20-ORTHOPE SURG (69%)	49-ASC (19%)	40-HAND SURGERY (3%)
24351-Repair of tennis elbow	\$46,475	160	090	1%	10%	2%	20-ORTHOPE SURG (86%)	49-ASC (8%)	40-HAND SURGERY (3%)
24352-Repair of tennis elbow	\$18,888	56	090	0%	5%	2%	20-ORTHOPE SURG (95%)	49-ASC (4%)	40-HAND SURGERY (2%)
24354-Repair of tennis elbow	\$10,191	29	090	0%	.	0%	20-ORTHOPE SURG (93%)	49-ASC (7%)	(.)
24356-Revision of tennis elbow	\$121,112	284	090	3%	11%	0%	20-ORTHOPE SURG (85%)	40-HAND SURGERY (10%)	49-ASC (5%)

Top Medicare Specialties (% of Procedure Volume)

Pct. of Pct. of Pct. of

1993 MC 1993 MC

Allowed Charges Service Units of Global Period Alltdchs Family PrivPmts Family Vol. in OFFICE

Procedure First Specialty Second Specialty Third Specialty

24360-Reconstruct elbow joint	\$37,652	48	090	1%	.	.	2%	20-ORTHOPE SURG (83%)	01,08-GP/FP (8%)	11-INTERNAL MED (2%)
24361-Reconstruct elbow joint	\$8,492	15	090	0%	.	.	7%	20-ORTHOPE SURG (80%)	11-INTERNAL MED (7%)	70-GROUP PRAC (7%)
24362-Reconstruct elbow joint	\$9,331	68	090	0%	.	.	8%	20-ORTHOPE SURG (66%)	20-ORTHOPE SURG (12%)	11-INTERNAL MED (9%)
24363-Replace elbow joint	\$754,840	487	090	16%	.	.	1%	20-ORTHOPE SURG (92%)	40-HAND SURGERY (4%)	70-GROUP PRAC (2%)
24365-Reconstruct head of radius	\$12,821	31	090	0%	.	.	3%	20-ORTHOPE SURG (84%)	01,08-GP/FP (3%)	05-ANESTHESIA (3%)
24366-Reconstruct head of radius	\$47,478	85	090	1%	.	.	2%	20-ORTHOPE SURG (82%)	49-ASC (5%)	70-GROUP PRAC (5%)
24470-Revision of elbow joint	\$1,680	8	090	0%	.	.	50%	01,08-GP/FP (38%)	04-OTOLARYNG (13%)	01,08-GP/FP (3%)
24575-Repair humerus fracture	\$99,909	219	090	2%	9%	.	2%	20-ORTHOPE SURG (84%)	05-ANESTHESIA (5%)	20-ORTHOPE SURG (13%)
24586-Repair elbow fracture	\$497,664	594	090	11%	.	.	2%	20-ORTHOPE SURG (89%)	01,08-GP/FP (3%)	02-GNRL SURGERY (3%)
24587-Repair elbow fracture	\$39,893	54	090	1%	.	.	0%	20-ORTHOPE SURG (87%)	02-GNRL SURGERY (4%)	11-INTERNAL MED (4%)
24615-Repair elbow dislocation	\$101,646	200	090	1%	.	.	4%	20-ORTHOPE SURG (87%)	01,08-GP/FP (4%)	70-GROUP PRAC (3%)
24800-Fusion of elbow joint	\$10,804	24	090	0%	.	.	13%	20-ORTHOPE SURG (79%)	01,08-GP/FP (4%)	02-GNRL SURGERY (4%)
24802-Fusion/graft of elbow joint	\$4,312	5	090	0%	.	.	.	20-ORTHOPE SURG (80%)	40-HAND SURGERY (20%)	(.)
29830-Elbow arthroscopy	\$8,937	31	090	0%	.	.	3%	20-ORTHOPE SURG (87%)	49-ASC (6%)	70-GROUP PRAC (6%)
29834-Elbow arthroscopy/surgery	\$27,979	85	090	1%	.	.	1%	20-ORTHOPE SURG (89%)	49-ASC (7%)	01,08-GP/FP (1%)
29835-Elbow arthroscopy/surgery	\$12,311	38	090	0%	.	.	0%	20-ORTHOPE SURG (87%)	49-ASC (5%)	01,08-GP/FP (3%)
29836-Elbow arthroscopy/surgery	\$14,027	42	090	0%	.	.	0%	20-ORTHOPE SURG (74%)	70-GROUP PRAC (10%)	49-ASC (7%)
29837-Elbow arthroscopy/surgery	\$11,852	34	090	0%	.	.	6%	20-ORTHOPE SURG (85%)	01,08-GP/FP (3%)	33-THORACIC SURG (3%)
29838-Elbow arthroscopy/surgery	\$32,003	66	090	1%	.	.	2%	20-ORTHOPE SURG (80%)	49-ASC (9%)	14-NEUROSURGERY (3%)

352-Orthopaedics - Upper Arm
 Family Medicare Charges: \$4,713,324
 Family Private Payments: \$188,983
 Percent of CPEP Medicare Charges: 0%
 Percent of CPEP Private Payments: 0%

20802-Replantation, arm, complete	.	.	090	.	.	.	.	(.)	(.)	(.)
20804-Replantation, arm, partial	\$169,578	1,353	010	4%	3%	39%	3%	02-GNRL SURGERY (32%)	20-ORTHOPE SURG (24%)	01,08-GP/FP (18%)
23930-Drainage of arm lesion	\$115,239	1,541	010	2%	4%	53%	2%	20-ORTHOPE SURG (49%)	01,08-GP/FP (22%)	02-GNRL SURGERY (14%)
23935-Drain arm/elbow bone lesion	\$35,103	113	090	1%	.	.	4%	20-ORTHOPE SURG (81%)	02-GNRL SURGERY (7%)	01,08-GP/FP (4%)
24065-Blotps arm/elbow soft tissue	\$43,951	572	010	1%	.	.	78%	07-DERMATOLOGY (45%)	02-GNRL SURGERY (15%)	01,08-GP/FP (14%)
24066-Blotps arm/elbow soft tissue	\$86,817	412	090	2%	.	.	14%	20-ORTHOPE SURG (41%)	02-GNRL SURGERY (34%)	01,08-GP/FP (5%)
24075-Remove arm/elbow lesion	\$241,068	1,356	090	5%	45%	25%	2%	02-GNRL SURGERY (35%)	20-ORTHOPE SURG (29%)	01,08-GP/FP (9%)
24076-Remove arm/elbow lesion	\$369,388	1,206	090	8%	15%	7%	0%	02-GNRL SURGERY (40%)	20-ORTHOPE SURG (35%)	24-PLASTIC SURG (7%)
24077-Remove tumor of arm/elbow	\$238,600	363	090	5%	.	.	2%	02-GNRL SURGERY (32%)	20-ORTHOPE SURG (29%)	24-PLASTIC SURG (25%)
24110-Remove humerus lesion	\$53,160	132	090	1%	.	.	0%	20-ORTHOPE SURG (82%)	02-GNRL SURGERY (9%)	49-ASC (2%)
24115-Remove/graft bone lesion	\$3,329	6	090	0%	.	.	0%	20-ORTHOPE SURG (83%)	02-GNRL SURGERY (17%)	(.)
24116-Remove/graft bone lesion	\$4,191	9	090	0%	.	.	0%	20-ORTHOPE SURG (89%)	30-RADIOLOGY (11%)	(.)
24134-Removal of arm bone lesion	\$9,390	21	090	0%	.	.	0%	20-ORTHOPE SURG (95%)	19-ORAL SURGERY (5%)	(.)
24140-Partial removal of arm bone	\$64,261	139	090	1%	.	.	1%	20-ORTHOPE SURG (77%)	24-PLASTIC SURG (7%)	(.)
24150-Extensive humerus surgery	\$50,595	75	090	1%	.	.	0%	20-ORTHOPE SURG (87%)	01,08-GP/FP (4%)	40-HAND SURGERY (3%)
24151-Extensive humerus surgery	\$4,127	5	090	0%	.	.	0%	20-ORTHOPE SURG (100%)	(.)	(.)
24200-Removal of arm foreign body	\$10,949	194	010	0%	.	.	6%	01,08-GP/FP (39%)	02-GNRL SURGERY (18%)	20-ORTHOPE SURG (15%)
24201-Removal of arm foreign body	\$29,649	146	090	1%	.	.	25%	20-ORTHOPE SURG (45%)	02-GNRL SURGERY (33%)	01,08-GP/FP (5%)
24310-Revision of arm tendon	\$18,944	129	090	0%	.	.	1%	20-ORTHOPE SURG (79%)	40-HAND SURGERY (12%)	24-PLASTIC SURG (3%)
24320-Repair of arm tendon	\$19,729	44	090	0%	.	.	0%	20-ORTHOPE SURG (66%)	01,08-GP/FP (11%)	02-GNRL SURGERY (11%)
24400-Revision of humerus	\$30,290	94	090	1%	.	.	3%	20-ORTHOPE SURG (77%)	05-ANESTHESIA (5%)	70-GROUP PRAC (4%)
24410-Revision of humerus	\$12,779	18	090	0%	.	.	6%	20-ORTHOPE SURG (78%)	01,08-GP/FP (11%)	70-GROUP PRAC (11%)
24420-Revision of humerus	\$6,280	15	090	0%	.	.	20%	20-ORTHOPE SURG (73%)	01,08-GP/FP (7%)	02-GNRL SURGERY (7%)
24430-Repair of humerus	\$200,237	271	090	4%	.	.	2%	20-ORTHOPE SURG (91%)	92-RAD ONCOLOGY (2%)	97-PHYS ASSISTANT (2%)
24435-Repair humerus with graft	\$623,788	744	090	13%	.	.	1%	20-ORTHOPE SURG (90%)	01,08-GP/FP (3%)	01-HAND SURGERY (2%)
24498-Reinforce humerus	\$115,866	195	090	2%	.	.	0%	20-ORTHOPE SURG (93%)	70-GROUP PRAC (3%)	97-PHYS ASSISTANT (1%)
24516-Repair humerus fracture	\$1,285,987	2,319	090	27%	.	.	1%	20-ORTHOPE SURG (92%)	01,08-GP/FP (2%)	97-PHYS ASSISTANT (2%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrlyPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
24545-Repair humerus fracture	\$735,065	1,434	090	16%	33%	1%	20-ORTHOPED SURG (81%)	05-ANESTHESIA (9%)	01,08-GP/FP (3%)
24900-Amputation of upper arm	\$111,173	226	090	2%	.	0%	20-ORTHOPED SURG (46%)	02-GHRL SURGERY (31%)	24-PLASTIC SURG (6%)
24920-Amputation of upper arm	\$7,528	12	090	0%	.	0%	20-ORTHOPED SURG (45%)	24-PLASTIC SURG (23%)	02-GHRL SURGERY (18%)
24925-Amputation follow-up surgery	\$5,034	22	090	0%	.	0%	20-ORTHOPED SURG (42%)	02-GHRL SURGERY (25%)	24-PLASTIC SURG (17%)
24930-Amputation follow-up surgery	\$5,829	14	090	0%	.	0%	20-ORTHOPED SURG (57%)	02-GHRL SURGERY (21%)	24-PLASTIC SURG (7%)
24931-Amputate upper arm & implant	\$3,973	7	090	0%	.	0%	02-GHRL SURGERY (43%)	01,08-GP/FP (14%)	20-ORTHOPED SURG (14%)
24935-Revision of amputation	\$1,191	1	090	0%	.	0%	02-GHRL SURGERY (100%)	(.)	(.)
24940-Revision of upper arm	\$236	1	090	0%	.	0%	02-GHRL SURGERY (100%)	(.)	(.)

356-Orthopaedics - Shoulder Joint and Surrounding Structures									
Family Medicare Charges: \$55,289,751	Percent of CPEP Medicare Charges: 4%								
Family Private Payments: \$4,031,686	Percent of CPEP Private Payments: 6%								
23020-Release shoulder joint	\$10,869	37	090	0%	.	8%	20-ORTHOPED SURG (78%)	24-PLASTIC SURG (8%)	93-EMERGENCY MED (5%)
23030-Drain shoulder bursa	\$100,786	668	010	0%	.	35%	20-ORTHOPED SURG (41%)	02-GHRL SURGERY (22%)	01,08-GP/FP (15%)
23031-Drain shoulder bursa	\$17,169	256	010	0%	.	50%	20-ORTHOPED SURG (48%)	01,08-GP/FP (20%)	48-PODIATRY (13%)
23035-Drain shoulder bone lesion	\$36,180	95	090	0%	.	5%	20-ORTHOPED SURG (83%)	02-GHRL SURGERY (6%)	11-INTERNAL MED (2%)
23040-Exploratory shoulder surgery	\$246,503	524	090	0%	.	3%	20-ORTHOPED SURG (88%)	01,08-GP/FP (3%)	02-GHRL SURGERY (3%)
23044-Exploratory shoulder surgery	\$53,970	168	090	0%	.	0%	20-ORTHOPED SURG (82%)	02-GHRL SURGERY (5%)	49-ASC (4%)
23066-Biopsy shoulder tissues	\$83,770	533	090	0%	0%	19%	20-ORTHOPED SURG (41%)	02-GHRL SURGERY (26%)	07-DERMATOLOGY (12%)
23075-Removal of shoulder lesion	\$125,630	863	010	0%	0%	25%	02-GHRL SURGERY (43%)	20-ORTHOPED SURG (26%)	01,08-GP/FP (9%)
23076-Removal of shoulder lesion	\$1,344	1,344	090	1%	1%	11%	02-GHRL SURGERY (44%)	20-ORTHOPED SURG (35%)	49-ASC (5%)
23077-Removal of shoulder	\$425,454	262	090	0%	.	4%	02-GHRL SURGERY (36%)	20-ORTHOPED SURG (29%)	01,08-GP/FP (3%)
23100-Biopsy of shoulder joint	\$23,969	61	090	0%	.	8%	20-ORTHOPED SURG (74%)	02-GHRL SURGERY (10%)	24-PLASTIC SURG (16%)
23101-Shoulder joint surgery	\$64,244	211	090	0%	.	3%	20-ORTHOPED SURG (84%)	01,08-GP/FP (4%)	02-GHRL SURGERY (3%)
23105-Remove shoulder joint lining	\$132,624	313	090	0%	.	3%	20-ORTHOPED SURG (85%)	01,08-GP/FP (6%)	02-GHRL SURGERY (3%)
23106-Incision of collarbone joint	\$8,991	51	090	0%	.	0%	20-ORTHOPED SURG (78%)	02-GHRL SURGERY (10%)	33-THORACIC SURG (4%)
23107-Explore,treat shoulder joint	\$152,451	389	090	0%	.	0%	20-ORTHOPED SURG (91%)	01,08-GP/FP (3%)	70-GROUP PRAC (2%)
23120-Partial removal, collarbone	\$1,835,696	10,397	090	3%	4%	1%	20-ORTHOPED SURG (88%)	01,08-GP/FP (4%)	97-PHYS ASSISTANT (2%)
23125-Removal of collarbone	\$26,610	82	090	0%	.	1%	20-ORTHOPED SURG (71%)	02-GHRL SURGERY (9%)	24-PLASTIC SURG (5%)
23130-Partial removal,shoulderbone	\$1,806,456	5,862	090	3%	5%	2%	20-ORTHOPED SURG (85%)	01,08-GP/FP (4%)	05-ANESTHESIA (2%)
23140-Removal of bone lesion	\$82,982	295	090	0%	.	8%	20-ORTHOPED SURG (51%)	02-GHRL SURGERY (27%)	49-ASC (6%)
23145-Removal of bone lesion	\$3,971	19	090	0%	.	0%	20-ORTHOPED SURG (79%)	01,08-GP/FP (11%)	02-GHRL SURGERY (11%)
23146-Removal of bone lesion	\$2,322	6	090	0%	.	0%	20-ORTHOPED SURG (83%)	02-GHRL SURGERY (17%)	(.)
23150-Removal of humerus lesion	\$35,095	113	090	0%	.	4%	20-ORTHOPED SURG (81%)	02-GHRL SURGERY (7%)	49-ASC (3%)
23155-Removal of humerus lesion	\$3,481	8	090	0%	.	13%	20-ORTHOPED SURG (100%)	(.)	(.)
23156-Removal of humerus lesion	\$1,819	5	090	0%	.	0%	20-ORTHOPED SURG (80%)	04-OTOLARYNG (20%)	(.)
23170-Remove collarbone lesion	\$9,097	32	090	0%	.	6%	20-ORTHOPED SURG (63%)	02-GHRL SURGERY (13%)	78-CARDIAC SURG (9%)
23172-Remove shoulder blade lesion	\$2,656	7	090	0%	.	29%	20-ORTHOPED SURG (57%)	02-GHRL SURGERY (29%)	85-MAXILLOFACIAL (14%)
23174-Remove humerus lesion	\$10,692	24	090	0%	.	0%	20-ORTHOPED SURG (79%)	97-PHYS ASSISTANT (8%)	24-PLASTIC SURG (4%)
23180-Remove collarbone lesion	\$94,104	509	090	0%	.	2%	20-ORTHOPED SURG (86%)	01,08-GP/FP (4%)	70-GROUP PRAC (3%)
23182-Remove shoulderblade lesion	\$12,652	32	090	0%	.	3%	20-ORTHOPED SURG (69%)	02-GHRL SURGERY (13%)	24-PLASTIC SURG (6%)
23184-Remove humerus lesion	\$47,105	101	090	0%	.	2%	20-ORTHOPED SURG (80%)	24-PLASTIC SURG (9%)	01,08-GP/FP (3%)
23190-Partial removal of scapula	\$7,945	33	090	0%	.	6%	20-ORTHOPED SURG (76%)	02-GHRL SURGERY (9%)	33-THORACIC SURG (3%)
23195-Removal of head of humerus	\$22,657	63	090	0%	.	2%	20-ORTHOPED SURG (87%)	02-GHRL SURGERY (3%)	49-ASC (3%)
23200-Removal of collarbone	\$22,972	49	090	0%	.	4%	20-ORTHOPED SURG (47%)	33-THORACIC SURG (14%)	02-GHRL SURGERY (8%)
23210-Removal of shoulderblade	\$34,356	60	090	0%	.	3%	20-ORTHOPED SURG (68%)	02-GHRL SURGERY (10%)	06-CARDIOLOGY (3%)
23220-Partial removal of humerus	\$23,948	36	090	0%	.	3%	20-ORTHOPED SURG (85%)	02-GHRL SURGERY (6%)	01,08-GP/FP (3%)
23221-Partial removal of humerus	\$3,502	3	090	0%	.	0%	20-ORTHOPED SURG (100%)	(.)	(.)
23222-Partial removal of humerus	\$34,031	30	090	0%	.	0%	20-ORTHOPED SURG (100%)	(.)	(.)
23330-Remove shoulder foreign body	\$10,488	175	010	0%	.	62%	01,08-GP/FP (30%)	70-GROUP PRAC (7%)	01,08-GP/FP (3%)
23331-Remove shoulder foreign body	\$47,499	223	090	0%	.	4%	20-ORTHOPED SURG (83%)	02-GHRL SURGERY (24%)	01,08-GP/FP (4%)

First Specialty

Second Specialty

Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Service of Global Period	Pct. of Family Allthchs	Pct. of Family Privlmts	Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
23332-Remove shoulder foreign body	\$92,978	211	0%	0%	0%	20-ORTHOPED SURG (96%)	01,08-GP/FP (1%)	02-GHRL SURGERY (1%)
23395-Muscle transfer, shoulder/arm	\$58,951	109	0%	0%	0%	20-ORTHOPED SURG (90%)	40-HAND SURGERY (3%)	01,08-GP/FP (2%)
23397-Muscle transfers	\$12,278	18	0%	0%	0%	20-ORTHOPED SURG (78%)	02-GHRL SURGERY (6%)	11-INTERNAL MED (6%)
23400-Fixation of shoulderblade	\$5,886	16	0%	0%	0%	20-ORTHOPED SURG (69%)	11-INTERNAL MED (13%)	02-GHRL SURGERY (6%)
23405-Incision of tendon & muscle	\$12,552	40	0%	0%	0%	20-ORTHOPED SURG (73%)	02-GHRL SURGERY (5%)	30-RADIOLOGY (5%)
23406-Incise tendon(s) & muscle(s)	\$5,070	0	0%	0%	0%	20-ORTHOPED SURG (70%)	40-HAND SURGERY (30%)	(.)
23410-Repair of tendon(s)	\$1,744,899	2,979	0%	2%	1%	20-ORTHOPED SURG (86%)	01,08-GP/FP (4%)	49-ASC (3%)
23412-Repair of tendon(s)	\$3,804,827	5,377	0%	4%	1%	20-ORTHOPED SURG (87%)	01,08-GP/FP (5%)	97-PHYS ASSISTANT (3%)
23415-Release of tendon ligament	\$1,421,860	5,174	0%	3%	3%	20-ORTHOPED SURG (88%)	01,08-GP/FP (4%)	02-GHRL SURGERY (2%)
23420-Repair of shoulder	\$18,732,104	23,886	0%	34%	25%	20-ORTHOPED SURG (88%)	01,08-GP/FP (4%)	97-PHYS ASSISTANT (2%)
23430-Repair biceps tendon	\$261,109	882	0%	0%	1%	20-ORTHOPED SURG (86%)	01,08-GP/FP (4%)	02-GHRL SURGERY (2%)
23440-Removal/transplant tendon	\$85,813	305	0%	0%	0%	20-ORTHOPED SURG (90%)	01,08-GP/FP (3%)	97-PHYS ASSISTANT (2%)
23450-Repair shoulder capsule	\$158,565	253	0%	0%	2%	20-ORTHOPED SURG (91%)	01,08-GP/FP (3%)	02-GHRL SURGERY (2%)
23455-Repair shoulder capsule	\$278,997	373	0%	0%	9%	20-ORTHOPED SURG (86%)	01,08-GP/FP (5%)	02-GHRL SURGERY (2%)
23460-Repair shoulder capsule	\$27,965	36	0%	0%	1%	20-ORTHOPED SURG (88%)	01,08-GP/FP (3%)	02-GHRL SURGERY (3%)
23462-Repair shoulder capsule	\$54,094	76	0%	0%	1%	20-ORTHOPED SURG (94%)	40-HAND SURGERY (3%)	70-GROUP PRAC (3%)
23465-Repair shoulder capsule	\$35,826	49	0%	0%	0%	20-ORTHOPED SURG (92%)	02-GHRL SURGERY (7%)	70-GROUP PRAC (5%)
23466-Repair shoulder capsule	\$87,846	121	0%	3%	2%	20-ORTHOPED SURG (89%)	01,08-GP/FP (6%)	40-HAND SURGERY (2%)
23470-Reconstruct shoulder joint	\$5,172,086	6,052	0%	2%	1%	20-ORTHOPED SURG (89%)	01,08-GP/FP (2%)	01,08-GP/FP (2%)
23472-Reconstruct shoulder joint	\$6,827,457	4,859	0%	12%	2%	20-ORTHOPED SURG (90%)	01,08-GP/FP (3%)	97-PHYS ASSISTANT (2%)
23480-Revision of collarbone	\$62,882	233	0%	0%	1%	20-ORTHOPED SURG (79%)	49-ASC (7%)	02-GHRL SURGERY (3%)
23485-Revision of collarbone	\$41,979	65	0%	0%	2%	20-ORTHOPED SURG (94%)	70-GROUP PRAC (3%)	01,08-GP/FP (2%)
23490-Reinforce clavicle	\$6,931	27	0%	0%	48%	01,08-GP/FP (68%)	20-ORTHOPED SURG (44%)	02-GHRL SURGERY (4%)
23491-Reinforce shoulder bones	\$50,151	79	0%	0%	0%	20-ORTHOPED SURG (95%)	11-INTERNAL MED (3%)	01,08-GP/FP (1%)
23585-Repair scapula fracture	\$24,003	88	0%	0%	2%	20-ORTHOPED SURG (88%)	01,08-GP/FP (5%)	11-INTERNAL MED (2%)
23616-Repair humerus fracture	\$1,361,842	1,528	0%	2%	1%	20-ORTHOPED SURG (91%)	97-PHYS ASSISTANT (3%)	01,08-GP/FP (2%)
23670-Repair dislocation/fracture	\$97,121	214	0%	0%	14%	20-ORTHOPED SURG (75%)	30-RADIOLOGY (11%)	01,08-GP/FP (5%)
23680-Repair dislocation/fracture	\$143,691	235	0%	0%	2%	20-ORTHOPED SURG (85%)	01,08-GP/FP (5%)	70-GROUP PRAC (3%)
23800-Fusion of shoulder joint	\$50,118	74	0%	0%	5%	20-ORTHOPED SURG (82%)	01,08-GP/FP (7%)	49-ASC (3%)
23802-Fusion of shoulder joint	\$33,832	43	0%	0%	2%	20-ORTHOPED SURG (95%)	40-HAND SURGERY (5%)	(.)
23900-Amputation of arm & girdle	\$42,830	38	0%	0%	3%	20-ORTHOPED SURG (62%)	02-GHRL SURGERY (39%)	24-PLASTIC SURG (5%)
23920-Amputation at shoulder joint	\$36,859	48	0%	0%	4%	20-ORTHOPED SURG (65%)	02-GHRL SURGERY (17%)	70-GROUP PRAC (6%)
29815-Shoulder arthroscopy	\$341,867	1,996	0%	2%	2%	20-ORTHOPED SURG (88%)	49-ASC (3%)	01,08-GP/FP (3%)
29819-Shoulder arthroscopy/surgery	\$130,582	333	0%	0%	1%	20-ORTHOPED SURG (83%)	49-ASC (8%)	01,08-GP/FP (3%)
29820-Shoulder arthroscopy/surgery	\$180,295	509	0%	0%	1%	20-ORTHOPED SURG (87%)	49-ASC (5%)	01,08-GP/FP (2%)
29821-Shoulder arthroscopy/surgery	\$119,194	244	0%	0%	3%	20-ORTHOPED SURG (80%)	49-ASC (8%)	02-GHRL SURGERY (4%)
29822-Shoulder arthroscopy/surgery	\$856,007	1,884	0%	2%	5%	20-ORTHOPED SURG (91%)	49-ASC (4%)	70-GROUP PRAC (2%)
29823-Shoulder arthroscopy/surgery	\$1,678,546	2,640	0%	3%	7%	20-ORTHOPED SURG (90%)	49-ASC (4%)	01,08-GP/FP (2%)
29825-Shoulder arthroscopy/surgery	\$178,518	253	0%	1%	3%	20-ORTHOPED SURG (89%)	49-ASC (5%)	01,08-GP/FP (2%)
29826-Shoulder arthroscopy/surgery	\$5,136,433	7,262	0%	20%	1%	20-ORTHOPED SURG (87%)	49-ASC (6%)	01,08-GP/FP (2%)

360-Orthopaedics - Pelvis
 Family Medicare Charges: \$3,976,505
 Family Private Payments: \$35,137
 Percent of CPEP Medicare Charges: 0%
 Percent of CPEP Private Payments: 0%

26990-Drainage of pelvis lesion	\$633,084	2,686	0%	36%	8%	20-ORTHOPED SURG (54%)	02-GHRL SURGERY (20%)	30-RADIOLOGY (8%)
26991-Drainage of pelvis bursa	\$33,820	166	0%	0%	7%	20-ORTHOPED SURG (72%)	02-GHRL SURGERY (8%)	24-PLASTIC SURG (8%)
26992-Drainage of bone lesion	\$293,486	679	0%	0%	4%	20-ORTHOPED SURG (71%)	05-ANESTHESIA (13%)	02-GHRL SURGERY (5%)
27035-Denervation of hip joint	\$3,150	4	0%	0%	0%	20-ORTHOPED SURG (75%)	01,08-GP/FP (25%)	(.)
27047-Remove hip/pelvis lesion	\$125,254	571	0%	0%	14%	02-GHRL SURGERY (43%)	20-ORTHOPED SURG (20%)	22-PATHOLOGY (10%)
27048-Remove hip/pelvis lesion	\$250,529	849	0%	64%	5%	02-GHRL SURGERY (44%)	20-ORTHOPED SURG (35%)	01,08-GP/FP (3%)
27049-Remove tumor, hip/pelvis	\$261,643	476	0%	0%	1%	20-ORTHOPED SURG (33%)	02-GHRL SURGERY (31%)	16-OB-GYNECOLOGY (7%)

Top Medicare Specialties (% of Procedure Volume)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDchs	Pct. of Family Privmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
27050-Biopsy of sacroiliac joint	\$13,625	92	090	0%	.	5%	20-ORTHOPEID SURG (46%)	22-PATHOLOGY (35%)	01-08-GP/FP (7%)
27060-Removal of ischial bursa	\$23,129	112	090	1%	.	13%	02-GNRL SURGERY (29%)	20-ORTHOPEID SURG (29%)	24-PLASTIC SURG (27%)
27065-Removal of hip bone lesion	\$49,626	174	090	1%	.	7%	20-ORTHOPEID SURG (73%)	02-GNRL SURGERY (10%)	01-08-GP/FP (6%)
27066-Removal of hip bone lesion	\$172,733	549	090	4%	.	2%	20-ORTHOPEID SURG (92%)	02-GNRL SURGERY (3%)	01-08-GP/FP (1%)
27067-Removelgraft hip bone lesion	\$3,878	7	090	0%	.	0%	20-ORTHOPEID SURG (100%)	(.)	(.)
27070-Partial removal of hip bone	\$176,635	476	090	4%	.	3%	20-ORTHOPEID SURG (38%)	34-UROLOGY (23%)	24-PLASTIC SURG (19%)
27071-Partial removal of hip bone	\$262,479	557	090	7%	.	0%	20-ORTHOPEID SURG (69%)	02-GNRL SURGERY (16%)	24-PLASTIC SURG (8%)
27075-Extensive hip surgery	\$119,116	148	090	3%	.	5%	20-ORTHOPEID SURG (61%)	02-GNRL SURGERY (12%)	24-PLASTIC SURG (11%)
27076-Extensive hip surgery	\$66,494	99	090	2%	.	4%	20-ORTHOPEID SURG (71%)	02-GNRL SURGERY (11%)	24-PLASTIC SURG (5%)
27077-Extensive hip surgery	\$8,552	10	090	0%	.	0%	20-ORTHOPEID SURG (50%)	24-PLASTIC SURG (40%)	02-GNRL SURGERY (4%)
27078-Extensive hip surgery	\$44,769	90	090	1%	.	8%	20-ORTHOPEID SURG (54%)	24-PLASTIC SURG (23%)	02-GNRL SURGERY (8%)
27079-Extensive hip surgery	\$6,794	13	090	0%	.	2%	20-ORTHOPEID SURG (41%)	02-GNRL SURGERY (35%)	24-PLASTIC SURG (7%)
27080-Removal of tail bone	\$63,101	217	090	2%	.	56%	02-GNRL SURGERY (24%)	34-UROLOGY (22%)	01-08-GP/FP (19%)
27086-Remove hip foreign body	\$7,794	144	010	0%	.	6%	20-ORTHOPEID SURG (64%)	01-08-GP/FP (8%)	07-DERMATOLOGY (8%)
27087-Remove hip foreign body	\$159,827	682	090	4%	.	30%	20-ORTHOPEID SURG (48%)	30-RADIOLOGY (13%)	01-08-GP/FP (9%)
27100-Transfer of abdominal muscle	\$5,785	25	090	0%	.	1%	20-ORTHOPEID SURG (61%)	05-ANESTHESIA (27%)	01-08-GP/FP (4%)
27110-Transfer of iliopsoas muscle	\$7,812	23	090	0%	.	2%	20-ORTHOPEID SURG (82%)	02-GNRL SURGERY (9%)	01-08-GP/FP (4%)
27120-Reconstruction of hip socket	\$361,178	561	090	9%	.	0%	20-ORTHOPEID SURG (77%)	02-GNRL SURGERY (17%)	11-INTERNAL MED (6%)
27146-Incision of hip bone	\$24,084	45	090	1%	.	3%	20-ORTHOPEID SURG (84%)	02-GNRL SURGERY (9%)	01-08-GP/FP (3%)
27147-Revision of hip bone	\$13,324	18	090	0%	.	33%	20-ORTHOPEID SURG (67%)	01-08-GP/FP (33%)	(.)
27151-Incision of hip bones	\$27,125	35	090	1%	.	6%	20-ORTHOPEID SURG (73%)	93-EMERGENCY MED (9%)	01-08-GP/FP (6%)
27156-Revision of hip bones	\$29,183	32	090	1%	.	9%	20-ORTHOPEID SURG (60%)	93-EMERGENCY MED (22%)	01-08-GP/FP (7%)
27158-Revision of pelvis	\$2,024	3	090	0%	.	15%	20-ORTHOPEID SURG (78%)	30-RADIOLOGY (9%)	01-08-GP/FP (3%)
27215-Pelvic fracture(s) treatment	\$80,755	143	090	2%	.	0%	20-ORTHOPEID SURG (91%)	70-GROUP PRAC (4%)	01-08-GP/FP (3%)
27216-Treat pelvic ring fracture	\$17,356	67	090	0%	.	3%	20-ORTHOPEID SURG (97%)	70-GROUP PRAC (4%)	01-08-GP/FP (3%)
27217-Treat pelvic ring fracture	\$69,557	116	090	2%	.	0%	20-ORTHOPEID SURG (78%)	30-RADIOLOGY (9%)	01-08-GP/FP (3%)
27218-Treat pelvic ring fracture	\$54,267	74	090	1%	.	0%	20-ORTHOPEID SURG (91%)	70-GROUP PRAC (4%)	01-08-GP/FP (3%)
27222-Treat hip socket fracture	\$202,962	405	090	5%	.	3%	20-ORTHOPEID SURG (97%)	70-GROUP PRAC (1%)	01-08-GP/FP (3%)
27226-Treat hip wall fracture	\$186,853	511	090	5%	.	0%	05-ANESTHESIA (48%)	20-ORTHOPEID SURG (44%)	02-GNRL SURGERY (1%)
27280-Fusion of sacroiliac joint	\$37,027	76	090	1%	.	9%	20-ORTHOPEID SURG (66%)	14-NEUROSURGERY (8%)	16-08-GYNECOLOGY (7%)
27282-Fusion of pubic bones	\$2,112	8	090	0%	.	0%	16-08-GYNECOLOGY (38%)	20-ORTHOPEID SURG (38%)	01-08-GP/FP (25%)
27290-Amputation of leg at hip	\$75,583	61	090	2%	.	0%	20-ORTHOPEID SURG (49%)	02-GNRL SURGERY (31%)	88-UNKNOWN SUPPL (5%)

364-Orthopaedics - Spine
 Family Medicare Charges: \$68,827,381
 Family Private Payments: \$5,463,235
 Percent of CPEP Medicare Payments: 5%
 Percent of CPEP Private Payments: 8%

20250-Open bone biopsy	\$66,989	199	010	0%	.	6%	20-ORTHOPEID SURG (42%)	14-NEUROSURGERY (23%)	30-RADIOLOGY (14%)
20251-Open bone biopsy	\$132,652	421	010	0%	.	2%	20-ORTHOPEID SURG (48%)	14-NEUROSURGERY (25%)	30-RADIOLOGY (14%)
21610-Partial removal of rib	\$14,406	95	090	0%	.	51%	20-ORTHOPEID SURG (31%)	14-NEUROSURGERY (27%)	01-08-GP/FP (20%)
21925-Biopsy soft tissue of back	\$71,135	393	090	0%	.	22%	02-GNRL SURGERY (45%)	20-ORTHOPEID SURG (12%)	30-RADIOLOGY (12%)
21935-Remove tumor of back	\$375,717	593	090	1%	.	10%	02-GNRL SURGERY (51%)	24-PLASTIC SURG (26%)	20-ORTHOPEID SURG (5%)
22100-Remove part of neck vertebra	\$15,765	87	090	0%	.	5%	20-ORTHOPEID SURG (38%)	14-NEUROSURGERY (20%)	01-08-GP/FP (7%)
22101-Remove part, thorax vertebra	\$10,646	40	090	0%	.	3%	20-ORTHOPEID SURG (43%)	14-NEUROSURGERY (20%)	02-GNRL SURGERY (8%)
22102-Remove part, lumbar vertebra	\$51,772	266	090	0%	.	1%	14-NEUROSURGERY (38%)	20-ORTHOPEID SURG (36%)	13-NEUROLOGY (16%)
22105-Remove part of neck vertebra	\$5,966	12	090	0%	.	0%	20-ORTHOPEID SURG (50%)	14-NEUROSURGERY (25%)	04-OTOLARYNG (8%)
22106-Remove part, thorax vertebra	\$17,228	42	090	0%	.	0%	14-NEUROSURGERY (48%)	20-ORTHOPEID SURG (38%)	02-GNRL SURGERY (5%)
22107-Remove part, lumbar vertebra	\$27,181	112	090	0%	.	0%	20-ORTHOPEID SURG (48%)	14-NEUROSURGERY (44%)	02-GNRL SURGERY (3%)
22110-Remove part of neck vertebra	\$30,018	84	090	0%	.	7%	14-NEUROSURGERY (51%)	20-ORTHOPEID SURG (31%)	01-08-GP/FP (4%)
22112-Remove part, thorax vertebra	\$18,442	50	090	0%	.	2%	20-ORTHOPEID SURG (30%)	14-NEUROSURGERY (26%)	24-PLASTIC SURG (14%)
22114-Remove part, lumbar vertebra	\$45,520	158	090	0%	.	2%	20-ORTHOPEID SURG (39%)	14-NEUROSURGERY (35%)	24-PLASTIC SURG (8%)
22140-Reconstruct neck spine	\$648,234	860	090	1%	.	1%	14-NEUROSURGERY (55%)	20-ORTHOPEID SURG (33%)	13-NEUROLOGY (4%)

Procedure First Specialty Second Specialty Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of AllChgs	Pct. of Family Vol. in Office	First Specialty	Second Specialty	Third Specialty
22141-Reconstruct thorax spine	\$239,978	335	090	0%	2%	20-ORTHOPEID SURG (50%)	14-NEUROSURGERY (38%)	70-GROUP PRAC (3%)
22142-Reconstruct lumbar spine	\$259,622	815	090	0%	1%	20-ORTHOPEID SURG (65%)	14-NEUROSURGERY (19%)	02-GHRL SURGERY (9%)
22145-Reconstruct vertebrae	\$300,443	810	222	0%	2%	14-NEUROSURGERY (45%)	20-ORTHOPEID SURG (42%)	02-GHRL SURGERY (4%)
22150-Reconstruct neck spine	\$14,755	26	090	0%	4%	14-NEUROSURGERY (50%)	20-ORTHOPEID SURG (19%)	70-GROUP PRAC (12%)
22151-Reconstruct thorax spine	\$9,120	21	090	0%	5%	14-NEUROSURGERY (33%)	20-ORTHOPEID SURG (33%)	02-GHRL SURGERY (19%)
22152-Reconstruct lumbar spine	\$8,578	20	090	0%	0%	20-ORTHOPEID SURG (75%)	02-GHRL SURGERY (5%)	14-NEUROSURGERY (5%)
22210-Revision of neck spine	\$13,134	35	090	0%	0%	20-ORTHOPEID SURG (72%)	02-GHRL SURGERY (8%)	14-NEUROSURGERY (8%)
22212-Revision of thorax spine	\$20,826	36	090	0%	25%	20-ORTHOPEID SURG (42%)	01,08-GP/FP (14%)	14-NEUROSURGERY (11%)
22214-Revision of lumbar spine	\$68,218	166	090	0%	11%	20-ORTHOPEID SURG (65%)	06-CARDIOLOGY (7%)	14-NEUROSURGERY (7%)
22220-Revision of neck spine	\$28,919	32	090	0%	0%	20-ORTHOPEID SURG (44%)	14-NEUROSURGERY (38%)	04-OTOLARYNG (6%)
22222-Revision of thorax spine	\$7,073	67	090	0%	85%	30-RADIOLOGY (13%)	26-PSYCHIATRY (12%)	01,08-GP/FP (10%)
22224-Revision of lumbar spine	\$30,391	50	090	0%	0%	20-ORTHOPEID SURG (56%)	02-GHRL SURGERY (28%)	33-THORACIC SURG (4%)
22230-Additional revision of spine	\$29,740	107	222	0%	1%	20-ORTHOPEID SURG (59%)	14-NEUROSURGERY (22%)	70-GROUP PRAC (9%)
22315-Treat spine fracture	\$215,727	802	090	0%	9%	05-ANESTHESIA (40%)	20-ORTHOPEID SURG (38%)	14-NEUROSURGERY (16%)
22325-Repair of spine fracture	\$55,437	142	090	0%	5%	20-ORTHOPEID SURG (73%)	14-NEUROSURGERY (15%)	70-GROUP PRAC (4%)
22326-Repair neck spine fracture	\$148,988	242	090	0%	2%	14-NEUROSURGERY (52%)	20-ORTHOPEID SURG (37%)	70-GROUP PRAC (5%)
22327-Repair thorax spine fracture	\$44,942	87	090	0%	8%	20-ORTHOPEID SURG (66%)	14-NEUROSURGERY (23%)	01,08-GP/FP (5%)
22548-Neck spine fusion	\$100,300	83	090	0%	1%	14-NEUROSURGERY (53%)	20-ORTHOPEID SURG (33%)	04-OTOLARYNG (6%)
22554-Neck spine fusion	\$10,064,103	10,593	090	15%	32%	14-NEUROSURGERY (64%)	20-ORTHOPEID SURG (21%)	02-GHRL SURGERY (4%)
22556-Thorax spine fusion	\$340,815	350	090	0%	1%	20-ORTHOPEID SURG (58%)	14-NEUROSURGERY (24%)	02-GHRL SURGERY (5%)
22558-Lumbar spine fusion	\$1,115,537	1,273	090	2%	3%	20-ORTHOPEID SURG (69%)	02-GHRL SURGERY (12%)	14-NEUROSURGERY (9%)
22585-Additional spinal fusion	\$1,836,064	6,290	222	3%	2%	14-NEUROSURGERY (50%)	20-ORTHOPEID SURG (34%)	01,08-GP/FP (6%)
22590-Spine & skull spinal fusion	\$376,681	357	090	1%	0%	14-NEUROSURGERY (54%)	20-ORTHOPEID SURG (34%)	70-GROUP PRAC (6%)
22595-Neck spinal fusion	\$1,355,429	1,096	090	2%	0%	14-NEUROSURGERY (60%)	20-ORTHOPEID SURG (29%)	70-GROUP PRAC (4%)
22600-Neck spine fusion	\$1,247,336	1,412	090	2%	3%	14-NEUROSURGERY (50%)	20-ORTHOPEID SURG (39%)	01,08-GP/FP (3%)
22610-Thorax spine fusion	\$489,221	789	090	1%	1%	20-ORTHOPEID SURG (63%)	14-NEUROSURGERY (25%)	01,08-GP/FP (3%)
22612-Lumbar spine fusion	\$7,989,827	8,743	090	12%	10%	20-ORTHOPEID SURG (73%)	14-NEUROSURGERY (17%)	02-GHRL SURGERY (4%)
22625-Lumbar spine fusion	\$7,772,084	8,348	090	11%	8%	20-ORTHOPEID SURG (72%)	14-NEUROSURGERY (17%)	01,08-GP/FP (2%)
22630-Lumbar spine fusion	\$1,061,157	1,483	090	2%	3%	20-ORTHOPEID SURG (69%)	14-NEUROSURGERY (34%)	05-ANESTHESIA (3%)
22650-Additional spinal fusion	\$5,490,886	17,714	222	8%	3%	20-ORTHOPEID SURG (77%)	14-NEUROSURGERY (17%)	02-GHRL SURGERY (3%)
22800-Fusion of spine	\$462,651	525	090	1%	1%	20-ORTHOPEID SURG (81%)	14-NEUROSURGERY (17%)	02-GHRL SURGERY (5%)
22802-Fusion of spine	\$636,850	434	090	1%	4%	20-ORTHOPEID SURG (85%)	14-NEUROSURGERY (3%)	70-GROUP PRAC (3%)
22810-Fusion of spine	\$149,378	160	090	0%	2%	20-ORTHOPEID SURG (71%)	02-GHRL SURGERY (11%)	14-NEUROSURGERY (3%)
22812-Fusion of spine	\$44,683	37	090	0%	0%	20-ORTHOPEID SURG (89%)	02-GHRL SURGERY (3%)	37-PEDIATRICS (3%)
22830-Exploration of spinal fusion	\$662,345	1,347	090	1%	1%	20-ORTHOPEID SURG (72%)	14-NEUROSURGERY (14%)	02-GHRL SURGERY (5%)
22840-Insert spine fixation device	\$567,904	486	000	1%	2%	20-ORTHOPEID SURG (51%)	14-NEUROSURGERY (36%)	02-GHRL SURGERY (6%)
22842-Insert spine fixation device	\$20,006,641	15,001	000	29%	23%	20-ORTHOPEID SURG (68%)	14-NEUROSURGERY (22%)	02-GHRL SURGERY (3%)
22845-Insert spine fixation device	\$3,047,034	3,220	000	4%	4%	14-NEUROSURGERY (57%)	20-ORTHOPEID SURG (31%)	01,08-GP/FP (3%)
22849-Reinsert spinal fixation	\$85,467	239	090	0%	0%	20-ORTHOPEID SURG (70%)	14-NEUROSURGERY (19%)	02-GHRL SURGERY (3%)
22850-Remove spine fixation device	\$155,301	426	090	0%	0%	20-ORTHOPEID SURG (73%)	14-NEUROSURGERY (19%)	70-GROUP PRAC (3%)
22852-Remove spine fixation device	\$697,549	1,764	090	1%	1%	20-ORTHOPEID SURG (74%)	14-NEUROSURGERY (14%)	02-GHRL SURGERY (3%)
22855-Remove spine fixation device	\$44,376	160	090	0%	1%	14-NEUROSURGERY (54%)	20-ORTHOPEID SURG (34%)	01,08-GP/FP (4%)

368-Orthopaedics - Miscellaneous
 Family Medicare Charges: \$23,426,413
 Family Private Payments: \$1,888,069
 Percent of CPEP Medicare Charges: 2%
 Percent of CPEP Private Payments: 3%

20220-Bone biopsy, trocar/needle	\$2,256,988	24,347	000	10%	6%	83-HEMATOL/ONCOL (43%)	11-INTERNAL MED (21%)	30-RADIOLOGY (10%)
20225-Bone biopsy, trocar/needle	\$1,569,671	8,966	000	7%	2%	30-RADIOLOGY (53%)	20-ORTHOPEID SURG (23%)	83-HEMATOL/ONCOL (7%)
20240-Bone biopsy, excisional	\$290,484	1,911	010	1%	1%	20-ORTHOPEID SURG (18%)	02-GHRL SURGERY (13%)	82-HEMATOLOGY (13%)
20245-Bone biopsy, excisional	\$454,524	1,992	010	2%	1%	20-ORTHOPEID SURG (56%)	83-HEMATOL/ONCOL (11%)	90-MED ONCOLOGY (5%)
20500-Injection of sinus tract	\$34,383	1,128	010	0%	0%	11-INTERNAL MED (21%)	48-PODIATRY (16%)	20-ORTHOPEID SURG (15%)

Procedure

20520-Removal of foreign body	\$180,183	2,745	010	1%	1%	62%	01,08-GP/FP (32%)	02-GNRL SURGERY (18%)	20-ORTHOPE SURG (14%)
20525-Removal of foreign body	\$303,726	1,653	010	1%	3%	27%	20-ORTHOPE SURG (26%)	02-GNRL SURGERY (26%)	01,08-GP/FP (11%)
20615-Treatment of bone cyst	\$82,118	1,538	010	0%	0%	87%	20-ORTHOPE SURG (31%)	11-INTERNAL MED (17%)	48-PODIATRY (16%)
20650-Insert and remove bone pin	\$520,474	7,894	010	2%	3%	22%	48-PODIATRY (53%)	20-ORTHOPE SURG (28%)	49-ASC (8%)
20661-Application of head brace	\$383,042	1,617	090	2%	1%	2%	14-NEUROSURGERY (62%)	20-ORTHOPE SURG (32%)	70-GROUP PRAC (4%)
20670-Removal of support implant	\$882,591	12,592	010	4%	7%	65%	20-ORTHOPE SURG (70%)	48-PODIATRY (12%)	40-HAND SURGERY (4%)
20680-Removal of support implant	\$7,175,247	36,313	090	31%	44%	10%	20-ORTHOPE SURG (76%)	48-PODIATRY (6%)	49-ASC (5%)
20690-Apply bone fixation device	\$661,850	2,552	222	3%	2%	4%	20-ORTHOPE SURG (84%)	48-PODIATRY (5%)	49-ASC (3%)
20692-Adjust bone fixation device	\$157,790	471	222	1%	1%	3%	20-ORTHOPE SURG (87%)	19-ORAL SURGERY (2%)	48-PODIATRY (2%)
20693-Adjust bone fixation device	\$63,487	329	090	0%	0%	1%	20-ORTHOPE SURG (90%)	14-NEUROSURGERY (5%)	33-THORACIC SURG (3%)
20694-Remove bone fixation device	\$305,523	1,764	090	1%	1%	11%	20-ORTHOPE SURG (72%)	40-HAND SURGERY (2%)	05-ANESTHESIA (1%)
20900-Removal of bone for graft	\$208,157	1,560	090	1%	2%	9%	20-ORTHOPE SURG (88%)	19-ORAL SURGERY (7%)	14-NEUROSURGERY (4%)
20902-Removal of bone for graft	\$1,449,911	6,562	090	6%	6%	1%	24-PLASTIC SURG (31%)	01,08-GP/FP (2%)	02-GNRL SURGERY (2%)
20910-Remove cartilage for graft	\$7,633	84	090	0%	0%	39%	24-PLASTIC SURG (46%)	20-ORTHOPE SURG (23%)	04-OTOLARYNG (11%)
20912-Remove cartilage for graft	\$47,246	257	090	0%	1%	6%	20-ORTHOPE SURG (23%)	14-NEUROSURGERY (16%)	18-OPHTHALMOLOGY (14%)
20920-Removal of fascia for graft	\$14,273	102	090	0%	0%	3%	14-NEUROSURGERY (41%)	18-OPHTHALMOLOGY (11%)	20-ORTHOPE SURG (10%)
20922-Removal of fascia for graft	\$62,084	347	090	0%	0%	1%	20-ORTHOPE SURG (63%)	40-HAND SURGERY (14%)	24-PLASTIC SURG (10%)
20924-Removal of tendon for graft	\$53,120	325	090	0%	0%	0%	14-NEUROSURGERY (41%)	04-OTOLARYNG (18%)	20-ORTHOPE SURG (14%)
20926-Removal of tissue for graft	\$154,417	1,205	090	1%	1%	2%	20-ORTHOPE SURG (77%)	70-GROUP PRAC (4%)	02-GNRL SURGERY (4%)
20950-Record fluid pressure, muscle	\$15,534	233	000	0%	0%	7%	24-PLASTIC SURG (57%)	20-ORTHOPE SURG (20%)	40-HAND SURGERY (10%)
20955-Microvascular fibula graft	\$145,521	82	090	1%	0%	0%	24-PLASTIC SURG (33%)	49-ASC (22%)	19-ORAL SURGERY (4%)
20960-Microvascular rib graft	\$5,081	9	090	0%	0%	44%	20-ORTHOPE SURG (73%)	14-NEUROSURGERY (5%)	70-GROUP PRAC (6%)
20962-Microvascular bone graft	\$76,455	100	090	0%	0%	2%	24-PLASTIC SURG (59%)	04-OTOLARYNG (16%)	20-ORTHOPE SURG (26%)
20969-Bone-skin graft	\$221,417	113	090	1%	1%	2%	04-OTOLARYNG (28%)	20-ORTHOPE SURG (26%)	24-PLASTIC SURG (21%)
20970-Bone-skin graft, pelvis	\$93,959	43	090	0%	0%	0%	(.)	(.)	(.)
20971-Bone-skin graft, rib	.	.	090	0%	0%	0%	(.)	(.)	(.)
20972-Bone-skin graft, metatarsal	\$250	1	090	0%	0%	0%	48-PODIATRY (100%)	02-GNRL SURGERY (100%)	(.)
20973-Bone-skin graft, great toe	\$3,478	1	090	0%	0%	0%	02-GNRL SURGERY (100%)	14-NEUROSURGERY (14%)	01,08-GP/FP (2%)
20975-Electrical, bone stimulation	\$222,451	1,158	222	1%	1%	4%	20-ORTHOPE SURG (77%)	48-PODIATRY (21%)	33-THORACIC SURG (14%)
21700-Revision of neck muscle	\$9,348	92	090	0%	0%	42%	07-DERMATOLOGY (21%)	34-UROLOGY (14%)	24-PLASTIC SURG (11%)
21720-Revision of neck muscle	\$7,241	36	090	0%	0%	8%	14-NEUROSURGERY (53%)	20-ORTHOPE SURG (30%)	01,08-GP/FP (20%)
21725-Revision of neck muscle	\$772	10	090	0%	0%	50%	34-UROLOGY (50%)	14-NEUROSURGERY (37%)	02-GNRL SURGERY (3%)
22148-Harvesting bone graft	\$114,354	431	222	0%	0%	3%	20-ORTHOPE SURG (51%)	14-NEUROSURGERY (27%)	01,08-GP/FP (2%)
22820-Harvesting of bone	\$4,699,463	17,847	222	20%	15%	18%	20-ORTHOPE SURG (63%)	14-NEUROSURGERY (27%)	66-RHEUMATOLOGY (4%)
23000-Removal of calcium deposits	\$26,428	209	090	0%	0%	0%	20-ORTHOPE SURG (71%)	01,08-GP/FP (10%)	02-GNRL SURGERY (11%)
23921-Amputation follow-up surgery	\$2,593	19	090	0%	0%	11%	77-VASCULAR SURG (37%)	20-ORTHOPE SURG (26%)	02-GNRL SURGERY (11%)
25929-Amputation follow-up surgery	\$4,740	14	090	0%	0%	0%	20-ORTHOPE SURG (64%)	02-GNRL SURGERY (29%)	77-VASCULAR SURG (7%)
27040-Biopsy of soft tissues	\$44,917	548	010	0%	0%	57%	11-INTERNAL MED (36%)	30-RADIOLOGY (18%)	02-GNRL SURGERY (14%)
27041-Biopsy of soft tissues	\$238,438	948	090	1%	0%	5%	20-ORTHOPE SURG (46%)	30-RADIOLOGY (19%)	02-GNRL SURGERY (17%)
27372-Removal of foreign body	\$175,051	694	090	1%	1%	19%	20-ORTHOPE SURG (64%)	02-GNRL SURGERY (16%)	01,08-GP/FP (9%)
372-Bone or Joint Manipulation under Anesthesia									
Family Medicare Charges:	\$3,736,873			0%					
Family Private Payments:	\$211,963			0%					
Percent of CPEP Medicare Charges:									
Percent of CPEP Private Payments:									
22505-Manipulation of spine	\$73,022	995	010	2%	5%	11%	05-ANESTHESIA (67%)	20-ORTHOPE SURG (15%)	01,08-GP/FP (10%)
23455-Treat shoulder dislocation	\$928,970	4,367	090	25%	15%	5%	20-ORTHOPE SURG (65%)	93-EMERGENCY MED (14%)	01,08-GP/FP (10%)
23700-Fixation of shoulder	\$472,432	3,538	010	13%	35%	4%	20-ORTHOPE SURG (89%)	49-ASC (6%)	01,08-GP/FP (2%)
24605-Treat elbow dislocation	\$133,756	714	090	4%	10%	6%	20-ORTHOPE SURG (89%)	93-EMERGENCY MED (4%)	01,08-GP/FP (3%)
26675-Treat hand dislocation	\$6,557	30	090	0%	0%	37%	20-ORTHOPE SURG (70%)	01,08-GP/FP (13%)	02-GNRL SURGERY (3%)
26705-Treat knuckle dislocation	\$28,754	198	090	1%	0%	28%	20-ORTHOPE SURG (60%)	01,08-GP/FP (11%)	93-EMERGENCY MED (7%)
26706-Pin knuckle dislocation	\$9,601	44	090	0%	0%	2%	20-ORTHOPE SURG (64%)	24-PLASTIC SURG (14%)	70-GROUP PRAC (11%)

26775-Treat finger dislocation	\$59,042	564	090	2%	3%	37%	20-ORTHOPE SURG (52%)	93-EMERGENCY MED (14%)	01,08-GP/FP (12%)
27252-Treat hip dislocation	\$1,206,108	3,250	090	32%	7%	1%	20-ORTHOPE SURG (93%)	93-EMERGENCY MED (2%)	70-GROUP PRAC (2%)
27257-Treatment of hip dislocation	\$28,839	99	010	1%	1%	1%	20-ORTHOPE SURG (84%)	01,08-GP/FP (8%)	02-GNRL SURGERY (3%)
27575-Manipulation of hip joint	\$45,410	410	010	1%	1%	1%	20-ORTHOPE SURG (87%)	01,08-GP/FP (6%)	70-GROUP PRAC (2%)
27525-Treat knee dislocation	\$60,606	202	090	2%	4%	4%	20-ORTHOPE SURG (97%)	01,08-GP/FP (1%)	70-GROUP PRAC (1%)
27562-Treat kneecap dislocation	\$10,714	40	090	0%	0%	10%	20-ORTHOPE SURG (80%)	01,08-GP/FP (10%)	93-EMERGENCY MED (10%)
27570-Fixation of knee joint	\$553,429	4,921	010	15%	25%	2%	20-ORTHOPE SURG (92%)	49-ASC (4%)	70-GROUP PRAC (2%)
27831-Treat lower leg dislocation	\$1,949	8	090	0%	0%	0%	20-ORTHOPE SURG (88%)	01,08-GP/FP (13%)	(.)
27842-Treat ankle dislocation	\$61,747	327	090	2%	4%	4%	20-ORTHOPE SURG (81%)	93-EMERGENCY MED (12%)	01,08-GP/FP (2%)
27860-Fixation of ankle joint	\$11,095	101	010	0%	0%	4%	20-ORTHOPE SURG (81%)	01,08-GP/FP (7%)	49-ASC (7%)
28545-Treat foot dislocation	\$2,984	38	090	0%	0%	37%	20-ORTHOPE SURG (50%)	48-PODIATRY (37%)	49-ASC (5%)
28575-Treat foot dislocation	\$6,694	42	090	0%	0%	21%	20-ORTHOPE SURG (86%)	48-PODIATRY (14%)	(.)
28605-Treat foot dislocation	\$5,949	47	090	0%	0%	43%	20-ORTHOPE SURG (49%)	48-PODIATRY (36%)	01,08-GP/FP (4%)
28635-Treat toe dislocation	\$13,190	140	010	0%	0%	64%	48-PODIATRY (60%)	20-ORTHOPE SURG (29%)	01,08-GP/FP (6%)
28665-Treat toe dislocation	\$16,025	197	010	0%	0%	71%	48-PODIATRY (61%)	20-ORTHOPE SURG (24%)	01,08-GP/FP (6%)

376-Arthrocentesis and Ligament or Tendon Injection

Family Medicare Charges: \$123,337,789
 Percent of CPEP Medicare Charges: 8%
 Family Private Payments: \$3,646,047
 Percent of CPEP Private Payments: 5%

20550-Inj tendon/ligament/cyst	\$28,503,340	919,773	000	23%	22%	93%	20-ORTHOPE SURG (21%)	01,08-GP/FP (17%)	48-PODIATRY (15%)
20600-Drain/inject joint/bursa	\$13,533,825	388,109	000	11%	15%	9%	48-PODIATRY (61%)	20-ORTHOPE SURG (14%)	66-RHEUMATOLOGY (11%)
20605-Drain/inject joint/bursa	\$15,422,066	455,005	000	13%	20%	96%	48-PODIATRY (32%)	20-ORTHOPE SURG (25%)	66-RHEUMATOLOGY (14%)
20610-Drain/inject joint/bursa	\$65,878,558	1,835,377	000	53%	43%	9%	20-ORTHOPE SURG (44%)	01,08-GP/FP (18%)	66-RHEUMATOLOGY (18%)

380-Open or Percutaneous Treatment of Fractures

Family Medicare Charges: \$24,473,455
 Percent of CPEP Medicare Charges: 2%
 Family Private Payments: \$1,901,645
 Percent of CPEP Private Payments: 3%

21805-Treatment of rib fracture	\$3,825	36	090	0%	0%	78%	01,08-GP/FP (47%)	20-ORTHOPE SURG (22%)	93-EMERGENCY MED (11%)
21825-Repair sternum fracture	\$38,004	124	090	0%	0%	2%	78-CARDIAC SURG (36%)	33-THORACIC SURG (32%)	02-GNRL SURGERY (8%)
23515-Repair clavicle fracture	\$73,377	205	090	0%	2%	4%	20-ORTHOPE SURG (88%)	02-GNRL SURGERY (4%)	97-PHYS ASSISTANT (2%)
23530-Repair clavicle dislocation	\$5,063	13	090	0%	0%	15%	20-ORTHOPE SURG (62%)	70-GROUP PRAC (15%)	78-CARDIAC SURG (15%)
23532-Repair clavicle dislocation	\$488	1	090	0%	0%	0%	20-ORTHOPE SURG (100%)	(.)	(.)
23550-Repair clavicle dislocation	\$109,434	317	090	0%	4%	10%	20-ORTHOPE SURG (65%)	30-RADIOLOGY (19%)	01,08-GP/FP (5%)
23552-Repair clavicle dislocation	\$17,423	43	090	0%	0%	0%	20-ORTHOPE SURG (86%)	01,08-GP/FP (5%)	70-GROUP PRAC (5%)
23615-Repair humerus fracture	\$2,572,356	4,405	090	11%	3%	2%	20-ORTHOPE SURG (90%)	01,08-GP/FP (3%)	02-GNRL SURGERY (2%)
23630-Repair humerus fracture	\$193,600	515	090	1%	0%	4%	20-ORTHOPE SURG (89%)	02-GNRL SURGERY (3%)	01,08-GP/FP (2%)
23660-Repair shoulder dislocation	\$87,990	217	090	0%	0%	3%	20-ORTHOPE SURG (78%)	01,08-GP/FP (5%)	02-GNRL SURGERY (4%)
24515-Repair humerus fracture	\$1,301,659	2,394	090	5%	4%	1%	20-ORTHOPE SURG (89%)	01,08-GP/FP (3%)	02-GNRL SURGERY (2%)
24538-Treat humerus fracture	\$203,813	399	090	1%	3%	2%	20-ORTHOPE SURG (92%)	10-GASTROENTER (2%)	49-ASC (2%)
24546-Repair humerus fracture	\$426,601	712	090	2%	0%	9%	20-ORTHOPE SURG (91%)	01,08-GP/FP (2%)	02-GNRL SURGERY (2%)
24566-Treat humerus fracture	\$338,238	665	090	1%	3%	2%	20-ORTHOPE SURG (91%)	01,08-GP/FP (2%)	05-ANESTHESIA (2%)
24579-Repair humerus fracture	\$240,694	663	090	1%	2%	3%	20-ORTHOPE SURG (88%)	02-GNRL SURGERY (4%)	01,08-GP/FP (3%)
24665-Repair radius fracture	\$55,451	101	090	0%	0%	3%	20-ORTHOPE SURG (88%)	40-HAND SURGERY (3%)	01,08-GP/FP (2%)
24666-Repair radius fracture	\$2,646,442	5,167	090	11%	3%	1%	20-ORTHOPE SURG (91%)	01,08-GP/FP (2%)	02-GNRL SURGERY (2%)
24685-Repair ulna fracture	\$242,729	525	090	1%	3%	2%	20-ORTHOPE SURG (89%)	02-GNRL SURGERY (2%)	49-ASC (2%)
25515-Repair fracture of radius	\$61,249	97	090	0%	0%	4%	20-ORTHOPE SURG (90%)	01,08-GP/FP (4%)	02-GNRL SURGERY (2%)
25525-Repair fracture of radius	\$259,801	609	090	1%	0%	2%	20-ORTHOPE SURG (89%)	01,08-GP/FP (2%)	40-HAND SURGERY (2%)
25545-Repair fracture of ulna	\$109,163	186	090	0%	0%	3%	20-ORTHOPE SURG (88%)	40-HAND SURGERY (3%)	97-PHYS ASSISTANT (2%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDchs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
25575-Repair fracture radius/ulna	\$739,500	1,136	090	3%	8%	1%	20-ORTHOPEDE SURG (91%)	70-GROUP PRAC (2%)	02-GHRL SURGERY (2%)
25611-Repair fracture radius/ulna	\$4,112,058	10,257	090	17%	7%	3%	20-ORTHOPEDE SURG (93%)	40-HAND SURGERY (2%)	49-ASC (1%)
25620-Repair fracture radius/ulna	\$1,640,041	3,455	090	7%	8%	4%	20-ORTHOPEDE SURG (90%)	40-HAND SURGERY (6%)	49-ASC (2%)
25628-Repair wrist bone fracture	\$34,772	131	090	0%	.	4%	20-DRTHOPEDE SURG (47%)	05-ANESTHESIA (34%)	40-HAND SURGERY (5%)
25645-Repair wrist bone fracture	\$11,962	39	090	0%	.	15%	20-ORTHOPEDE SURG (59%)	24-PLASTIC SURG (18%)	40-HAND SURGERY (10%)
25650-Repair wrist dislocation	\$34,406	116	090	0%	.	2%	20-ORTHOPEDE SURG (71%)	01,08-GP/FP (8%)	24-PLASTIC SURG (6%)
25676-Repair wrist dislocation	\$16,711	53	090	0%	.	2%	20-ORTHOPEDE SURG (81%)	40-HAND SURGERY (11%)	01,08-GP/FP (2%)
25685-Repair wrist fracture	\$17,441	38	090	0%	.	11%	20-ORTHOPEDE SURG (58%)	01,08-GP/FP (13%)	24-PLASTIC SURG (11%)
25695-Repair wrist dislocation	\$13,978	34	090	0%	.	3%	20-ORTHOPEDE SURG (85%)	02-GHRL SURGERY (6%)	01,08-GP/FP (3%)
26608-Treat metacarpal fracture	\$53,331	224	090	0%	.	4%	20-ORTHOPEDE SURG (90%)	40-HAND SURGERY (4%)	24-PLASTIC SURG (3%)
26615-Repair metacarpal fracture	\$278,598	914	090	1%	7%	4%	20-ORTHOPEDE SURG (66%)	24-PLASTIC SURG (18%)	40-HAND SURGERY (5%)
26650-Repair thumb fracture	\$31,002	121	090	0%	.	12%	20-ORTHOPEDE SURG (75%)	49-ASC (6%)	24-PLASTIC SURG (4%)
26665-Repair thumb fracture	\$36,750	95	090	0%	.	9%	20-ORTHOPEDE SURG (55%)	24-PLASTIC SURG (14%)	40-HAND SURGERY (5%)
26676-Pin hand dislocation	\$15,821	58	090	0%	.	7%	20-DRTHOPEDE SURG (81%)	40-HAND SURGERY (5%)	49-ASC (5%)
26685-Repair hand dislocation	\$15,572	48	090	0%	.	5%	20-DRTHOPEDE SURG (54%)	24-PLASTIC SURG (13%)	40-HAND SURGERY (10%)
26686-Repair hand dislocation	\$13,420	37	090	0%	.	4%	20-ORTHOPEDE SURG (57%)	24-PLASTIC SURG (22%)	01,08-GP/FP (5%)
26715-Repair knuckle dislocation	\$60,003	225	090	0%	.	5%	20-ORTHOPEDE SURG (69%)	24-PLASTIC SURG (13%)	40-HAND SURGERY (9%)
26727-Treat finger fracture, each	\$159,227	855	090	1%	1%	19%	20-DRTHOPEDE SURG (63%)	24-PLASTIC SURG (12%)	70-GROUP PRAC (11%)
26735-Repair finger fracture, each	\$459,524	1,846	090	2%	5%	6%	20-ORTHOPEDE SURG (58%)	24-PLASTIC SURG (23%)	40-HAND SURGERY (7%)
26746-Repair finger fracture, each	\$182,361	575	090	1%	3%	5%	20-ORTHOPEDE SURG (55%)	24-PLASTIC SURG (26%)	40-HAND SURGERY (11%)
26756-Pin finger fracture, each	\$26,392	173	090	0%	6%	6%	20-ORTHOPEDE SURG (54%)	24-PLASTIC SURG (27%)	01,08-GP/FP (5%)
26765-Repair finger fracture, each	\$525,242	2,955	090	2%	3%	12%	20-ORTHOPEDE SURG (50%)	24-PLASTIC SURG (25%)	01,08-GP/FP (6%)
26776-Pin finger dislocation	\$17,398	147	090	0%	.	5%	20-ORTHOPEDE SURG (55%)	40-HAND SURGERY (20%)	40-PLASTIC SURG (17%)
27202-Repair tail bone fracture	\$6,893	452	090	0%	.	33%	20-ORTHOPEDE SURG (78%)	02-GHRL SURGERY (11%)	40-HAND SURGERY (6%)
27822-Repair of ankle fracture	\$4,000,258	6,031	090	16%	17%	1%	20-ORTHOPEDE SURG (91%)	02-GHRL SURGERY (2%)	01,08-GP/FP (2%)
27823-Repair of ankle fracture	\$1,086,384	1,447	090	4%	6%	1%	20-ORTHOPEDE SURG (91%)	01,08-GP/FP (3%)	02-GHRL SURGERY (2%)
27826-Treat lower leg fracture	\$28,771	56	090	0%	.	6%	20-ORTHOPEDE SURG (79%)	06-CARDIOLOGY (11%)	05-ANESTHESIA (4%)
27827-Treat lower leg fracture	\$98,329	169	090	0%	.	2%	20-ORTHOPEDE SURG (85%)	70-GROUP PRAC (5%)	01,08-GP/FP (3%)
27828-Treat lower leg fracture	\$213,158	327	090	1%	.	1%	20-ORTHOPEDE SURG (87%)	05-ANESTHESIA (6%)	01,08-GP/FP (2%)
27829-Treat lower leg joint	\$66,854	196	090	0%	.	1%	20-ORTHOPEDE SURG (91%)	02-GHRL SURGERY (2%)	11-INTERNAL MED (2%)
27848-Repair ankle dislocation	\$113,893	233	090	0%	1%	1%	20-ORTHOPEDE SURG (90%)	01,08-GP/FP (3%)	49-ASC (2%)
28406-Treatment of heel fracture	\$40,647	113	090	0%	.	4%	20-ORTHOPEDE SURG (93%)	48-PODIAITRY (3%)	49-ASC (3%)
28415-Repair of heel fracture	\$394,941	667	090	2%	2%	3%	20-ORTHOPEDE SURG (81%)	48-PODIAITRY (9%)	97-PHYS ASSISTANT (2%)
28420-Repair/graft heel fracture	\$72,313	108	090	0%	.	6%	20-ORTHOPEDE SURG (85%)	97-PHYS ASSISTANT (6%)	01,08-GP/FP (2%)
28436-Treatment of ankle fracture	\$2,057	9	090	0%	.	.	20-ORTHOPEDE SURG (100%)	(.)	(.)
28456-Repair midfoot fracture	\$2,052	23	090	0%	.	4%	20-ORTHOPEDE SURG (74%)	48-PODIAITRY (26%)	(.)
28465-Repair midfoot fracture,each	\$48,471	169	090	0%	.	20%	20-ORTHOPEDE SURG (69%)	48-PODIAITRY (17%)	01,08-GP/FP (4%)
28476-Repair metatarsal fracture	\$19,744	131	090	0%	.	5%	20-ORTHOPEDE SURG (86%)	48-PODIAITRY (11%)	01,08-GP/FP (2%)
28485-Repair metatarsal fracture	\$316,014	1,155	090	1%	4%	11%	20-ORTHOPEDE SURG (85%)	48-PODIAITRY (41%)	49-ASC (9%)
28496-Repair big toe fracture	\$5,641	47	090	0%	.	15%	20-DRTHOPEDE SURG (70%)	48-PODIAITRY (19%)	49-ASC (4%)
28505-Repair big toe fracture	\$89,253	440	090	0%	1%	22%	20-ORTHOPEDE SURG (53%)	48-PODIAITRY (25%)	49-ASC (5%)
28525-Repair of toe fracture	\$46,958	305	090	0%	.	29%	20-DRTHOPEDE SURG (54%)	48-PODIAITRY (28%)	49-ASC (5%)
28531-Treat sesamoid bone fracture	\$215	4	090	0%	.	0%	20-DRTHOPEDE SURG (50%)	24-PLASTIC SURG (25%)	48-PODIAITRY (25%)
28546-Treat foot dislocation	\$1,965	15	090	0%	.	0%	48-PODIAITRY (47%)	20-ORTHOPEDE SURG (40%)	01,08-GP/FP (13%)
28555-Repair foot dislocation	\$13,471	55	090	0%	.	5%	20-DRTHOPEDE SURG (64%)	48-PODIAITRY (22%)	70-GROUP PRAC (7%)
28576-Treat foot dislocation	\$674	7	090	0%	.	0%	20-DRTHOPEDE SURG (100%)	(.)	(.)
28585-Repair foot dislocation	\$34,806	120	090	0%	.	30%	48-PODIAITRY (56%)	20-DRTHOPEDE SURG (35%)	49-ASC (6%)
28606-Treat foot dislocation	\$17,247	89	090	0%	.	1%	20-DRTHOPEDE SURG (88%)	48-PODIAITRY (9%)	01,08-GP/FP (1%)
28615-Repair foot dislocation	\$58,247	274	090	0%	.	3%	20-DRTHOPEDE SURG (79%)	48-PODIAITRY (12%)	97-PHYS ASSISTANT (5%)
28636-Treat toe dislocation	\$1,327	16	010	0%	.	13%	20-DRTHOPEDE SURG (69%)	48-PODIAITRY (19%)	01,08-GP/FP (6%)
28645-Repair toe dislocation	\$112,961	905	090	0%	.	17%	48-PODIAITRY (69%)	20-ORTHOPEDE SURG (18%)	49-ASC (11%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
28666-Treat toe dislocation	\$1,559	22	0%	.	0%	20-ORTHOPEO SURG (82%)	24-PLASTIC SURG (9%)	01,08-GP/FP (5%)
28675-Repair of toe dislocation	\$13,896	81	0%	.	17%	20-ORTHOPEO SURG (53%)	48-PODIATRY (23%)	49-ASC (12%)
364-Closed Treatment of Fracture and Dislocation except Finger, Toe and Trunk								
Family Medicare Charges: \$60,585,930								
Percent of CPEP Medicare Charges: 4%								
Family Private Payments: \$4,316,641								
Percent of CPEP Private Payments: 6%								
23600-Treat humerus fracture	\$6,099,157	31,496	10%	2%	47%	20-ORTHOPEO SURG (76%)	93-EMERGENCY MED (9%)	01,08-GP/FP (9%)
23605-Treat humerus fracture	\$1,875,734	5,562	3%	1%	28%	20-ORTHOPEO SURG (93%)	01,08-GP/FP (3%)	70-GROUP PRAC (1%)
23620-Treat humerus fracture	\$582,308	2,797	1%	0%	58%	20-ORTHOPEO SURG (80%)	93-EMERGENCY MED (9%)	01,08-GP/FP (5%)
23625-Treat humerus fracture	\$124,092	384	0%	.	32%	20-ORTHOPEO SURG (93%)	70-GROUP PRAC (2%)	01,08-GP/FP (2%)
23665-Treat dislocation/fracture	\$233,605	961	0%	.	12%	20-ORTHOPEO SURG (88%)	01,08-GP/FP (4%)	93-EMERGENCY MED (2%)
23675-Treat dislocation/fracture	\$128,832	433	0%	.	13%	20-ORTHOPEO SURG (85%)	70-GROUP PRAC (4%)	01,08-GP/FP (3%)
24500-Treat humerus fracture	\$1,074,491	6,080	2%	1%	41%	20-ORTHOPEO SURG (68%)	01,08-GP/FP (13%)	93-EMERGENCY MED (12%)
24505-Treat humerus fracture	\$931,629	2,909	2%	1%	23%	20-ORTHOPEO SURG (92%)	01,08-GP/FP (4%)	02-GHRL SURGERY (1%)
24530-Treat humerus fracture	\$319,287	1,661	0%	1%	1%	20-ORTHOPEO SURG (82%)	01,08-GP/FP (7%)	93-EMERGENCY MED (6%)
24535-Treat humerus fracture	\$252,353	689	0%	1%	19%	20-ORTHOPEO SURG (94%)	70-GROUP PRAC (2%)	01,08-GP/FP (1%)
24560-Treat humerus fracture	\$78,029	523	0%	0%	48%	20-ORTHOPEO SURG (62%)	01,08-GP/FP (18%)	93-EMERGENCY MED (13%)
24565-Treat humerus fracture	\$25,397	91	0%	.	29%	20-ORTHOPEO SURG (89%)	01,08-GP/FP (2%)	02-GHRL SURGERY (2%)
24576-Treat humerus fracture	\$78,997	517	0%	0%	50%	20-ORTHOPEO SURG (74%)	01,08-GP/FP (11%)	93-EMERGENCY MED (9%)
24577-Treat humerus fracture	\$37,657	123	0%	.	25%	20-ORTHOPEO SURG (92%)	01,08-GP/FP (3%)	02-GHRL SURGERY (2%)
24600-Treat elbow dislocation	\$153,399	971	0%	1%	15%	20-ORTHOPEO SURG (60%)	93-EMERGENCY MED (18%)	01,08-GP/FP (13%)
24620-Treat elbow fracture	\$57,487	195	0%	.	30%	20-ORTHOPEO SURG (75%)	01,08-GP/FP (12%)	70-GROUP PRAC (4%)
24640-Treat elbow dislocation	\$7,022	112	0%	1%	18%	93-EMERGENCY MED (38%)	01,08-GP/FP (32%)	20-ORTHOPEO SURG (12%)
24650-Treat radius fracture	\$877,910	6,569	1%	3%	60%	20-ORTHOPEO SURG (68%)	01,08-GP/FP (14%)	93-EMERGENCY MED (10%)
24655-Treat radius fracture	\$162,063	678	0%	0%	52%	20-ORTHOPEO SURG (83%)	01,08-GP/FP (9%)	02-GHRL SURGERY (3%)
24670-Treatment of ulna fracture	\$273,957	1,853	0%	0%	46%	20-ORTHOPEO SURG (68%)	01,08-GP/FP (14%)	93-EMERGENCY MED (10%)
24675-Treatment of ulna fracture	\$64,792	268	0%	0%	33%	20-ORTHOPEO SURG (85%)	01,08-GP/FP (5%)	02-GHRL SURGERY (4%)
25500-Treat fracture of radius	\$335,241	2,478	0%	2%	58%	20-ORTHOPEO SURG (65%)	01,08-GP/FP (31%)	93-EMERGENCY MED (10%)
25505-Treat fracture of radius	\$301,604	1,777	0%	2%	37%	20-ORTHOPEO SURG (76%)	01,08-GP/FP (12%)	05-ANESTHESIA (4%)
25520-Repair fracture of radius	\$10,663	33	0%	.	42%	20-ORTHOPEO SURG (79%)	01,08-GP/FP (6%)	04-OTOLARYNG (6%)
25530-Treat fracture of ulna	\$357,784	2,264	0%	1%	58%	20-ORTHOPEO SURG (71%)	01,08-GP/FP (14%)	93-EMERGENCY MED (8%)
25535-Treat fracture of ulna	\$101,433	390	0%	0%	36%	20-ORTHOPEO SURG (85%)	01,08-GP/FP (7%)	02-GHRL SURGERY (2%)
25560-Treat fracture radius & ulna	\$349,242	2,218	0%	2%	45%	20-ORTHOPEO SURG (61%)	01,08-GP/FP (27%)	93-EMERGENCY MED (19%)
25565-Treat fracture radius & ulna	\$721,406	2,240	1%	7%	31%	20-ORTHOPEO SURG (82%)	01,08-GP/FP (8%)	02-GHRL SURGERY (3%)
25600-Treat fracture radius/ulna	\$6,922,367	40,998	11%	14%	57%	20-ORTHOPEO SURG (70%)	01,08-GP/FP (13%)	93-EMERGENCY MED (9%)
25605-Treat fracture radius/ulna	\$15,303,533	48,483	25%	14%	34%	20-ORTHOPEO SURG (91%)	01,08-GP/FP (3%)	02-GHRL SURGERY (2%)
25622-Treat wrist bone fracture	\$375,019	2,464	0%	2%	60%	20-ORTHOPEO SURG (64%)	01,08-GP/FP (15%)	93-EMERGENCY MED (10%)
25624-Treat wrist bone fracture	\$66,857	242	0%	.	55%	20-ORTHOPEO SURG (82%)	01,08-GP/FP (8%)	02-GHRL SURGERY (3%)
25630-Treat wrist bone fracture	\$261,735	1,651	0%	1%	59%	20-ORTHOPEO SURG (66%)	01,08-GP/FP (13%)	93-EMERGENCY MED (11%)
25635-Treat wrist bone fracture	\$29,632	118	0%	0%	49%	20-ORTHOPEO SURG (76%)	01,08-GP/FP (6%)	49-ASC (6%)
25650-Repair wrist bone fracture	\$131,863	778	0%	0%	49%	20-ORTHOPEO SURG (50%)	01,08-GP/FP (21%)	93-EMERGENCY MED (17%)
25660-Treat wrist dislocation	\$20,693	128	0%	.	38%	20-ORTHOPEO SURG (66%)	01,08-GP/FP (13%)	49-ASC (5%)
25675-Treat wrist dislocation	\$20,538	114	0%	.	36%	20-ORTHOPEO SURG (69%)	01,08-GP/FP (11%)	40-HAND SURGERY (4%)
25680-Treat wrist fracture	\$19,160	82	0%	.	35%	01,08-GP/FP (39%)	20-ORTHOPEO SURG (32%)	02-GHRL SURGERY (11%)
25690-Treat wrist dislocation	\$9,147	33	0%	.	21%	20-ORTHOPEO SURG (76%)	49-ASC (9%)	01,08-GP/FP (3%)
26600-Treat metacarpal fracture	\$1,063,011	11,131	0%	7%	61%	20-ORTHOPEO SURG (64%)	01,08-GP/FP (16%)	93-EMERGENCY MED (10%)
26605-Treat metacarpal fracture	\$520,931	3,272	0%	5%	58%	20-ORTHOPEO SURG (85%)	01,08-GP/FP (6%)	02-GHRL SURGERY (2%)
26607-Treat metacarpal fracture	\$75,046	304	0%	1%	17%	20-ORTHOPEO SURG (64%)	24-PLASTIC SURG (11%)	40-HAND SURGERY (7%)
26641-Treat thumb dislocation	\$14,194	114	0%	.	44%	20-ORTHOPEO SURG (39%)	01,08-GP/FP (30%)	93-EMERGENCY MED (11%)
26645-Treat thumb fracture	\$25,502	135	0%	0%	59%	20-ORTHOPEO SURG (69%)	01,08-GP/FP (13%)	93-EMERGENCY MED (6%)
26670-Treat hand dislocation	\$11,790	102	0%	.	36%	93-EMERGENCY MED (32%)	20-ORTHOPEO SURG (31%)	01,08-GP/FP (24%)

Top Medicare Specialties (% of Procedure Volume)

Procedure	1993 HC Allowed Charges	1993 HC Units of Service	Global Period	Pct. of Family AllDChgs	Pct. of Family Privmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
26742-Treat finger fracture, each	\$38,946	244	090	0%	0%	47%	20-ORTHOPEID SURG (72%)	24-PLASTIC SURG (6%)	01-08-GP/FP (5%)
27193-Treat pelvic ring fracture	\$2,182,014	8,692	090	4%	0%	19%	20-ORTHOPEID SURG (91%)	01-08-GP/FP (4%)	93-EMERGENCY MED (2%)
27194-Treat hip socket fracture	\$58,428	167	090	0%	0%	17%	20-ORTHOPEID SURG (62%)	05-ANESTHESIA (29%)	70-GROUP PRAC (3%)
27220-Treat hip socket fracture	\$485,220	1,637	090	1%	0%	19%	20-ORTHOPEID SURG (87%)	70-GROUP PRAC (7%)	01-08-GP/FP (3%)
27516-Repair of thigh growth plate	\$8,063	28	090	0%	0%	18%	20-ORTHOPEID SURG (82%)	01-08-GP/FP (14%)	70-GROUP PRAC (4%)
27517-Repair of thigh growth plate	\$8,651	16	090	0%	0%	6%	20-ORTHOPEID SURG (94%)	70-GROUP PRAC (6%)	(.)
27520-Treat kneecap fracture	\$1,266,169	6,136	090	2%	1%	55%	20-ORTHOPEID SURG (78%)	01-08-GP/FP (9%)	93-EMERGENCY MED (7%)
27530-Treatment of knee fracture	\$1,329,260	5,459	090	2%	1%	37%	20-ORTHOPEID SURG (88%)	01-08-GP/FP (5%)	93-EMERGENCY MED (3%)
27532-Treatment of knee fracture(s)	\$357,493	856	090	1%	0%	16%	20-ORTHOPEID SURG (95%)	70-GROUP PRAC (2%)	01-08-GP/FP (1%)
27538-Treat knee fracture(s)	\$31,439	122	090	0%	0%	36%	20-ORTHOPEID SURG (93%)	01-08-GP/FP (2%)	70-GROUP PRAC (2%)
27550-Treat knee dislocation	\$42,163	232	090	0%	0%	32%	20-ORTHOPEID SURG (53%)	93-EMERGENCY MED (14%)	01-08-GP/FP (13%)
27560-Treat kneecap dislocation	\$39,655	318	090	0%	0%	20%	93-EMERGENCY MED (35%)	20-ORTHOPEID SURG (31%)	01-08-GP/FP (18%)
27750-Treatment of tibia fracture	\$846,032	3,762	090	1%	2%	32%	20-ORTHOPEID SURG (79%)	01-08-GP/FP (9%)	93-EMERGENCY MED (6%)
27752-Treatment of tibia fracture	\$1,441,900	4,120	090	2%	2%	32%	20-ORTHOPEID SURG (79%)	01-08-GP/FP (9%)	70-GROUP PRAC (2%)
27760-Treatment of ankle fracture	\$562,114	3,283	090	1%	2%	9%	20-ORTHOPEID SURG (95%)	01-08-GP/FP (2%)	93-EMERGENCY MED (6%)
27762-Treatment of ankle fracture	\$143,520	571	090	0%	1%	51%	20-ORTHOPEID SURG (66%)	01-08-GP/FP (15%)	93-EMERGENCY MED (9%)
27780-Treatment of fibula fracture	\$434,248	3,175	090	1%	1%	32%	20-ORTHOPEID SURG (84%)	02-GNRL SURGERY (5%)	01-08-GP/FP (4%)
27781-Treatment of fibula fracture	\$75,292	336	090	0%	0%	55%	20-ORTHOPEID SURG (61%)	01-08-GP/FP (21%)	93-EMERGENCY MED (8%)
27786-Treatment of ankle fracture	\$3,435,386	20,072	090	6%	7%	37%	20-ORTHOPEID SURG (79%)	01-08-GP/FP (8%)	02-GNRL SURGERY (6%)
27788-Treatment of ankle fracture	\$688,119	2,652	090	1%	1%	60%	20-ORTHOPEID SURG (72%)	01-08-GP/FP (12%)	93-EMERGENCY MED (7%)
27808-Treatment of ankle fracture	\$747,681	3,930	090	1%	1%	49%	20-ORTHOPEID SURG (88%)	01-08-GP/FP (4%)	02-GNRL SURGERY (3%)
27810-Treatment of ankle fracture	\$930,653	3,937	090	2%	1%	43%	20-ORTHOPEID SURG (76%)	01-08-GP/FP (9%)	93-EMERGENCY MED (6%)
27816-Treatment of ankle fracture	\$207,003	795	090	0%	0%	22%	20-ORTHOPEID SURG (91%)	02-GNRL SURGERY (2%)	01-08-GP/FP (2%)
27818-Treatment of ankle fracture	\$692,491	1,561	090	1%	1%	28%	20-ORTHOPEID SURG (72%)	01-08-GP/FP (10%)	93-EMERGENCY MED (9%)
27824-Treat lower leg fracture	\$44,386	170	090	0%	0%	32%	20-ORTHOPEID SURG (72%)	01-08-GP/FP (20%)	02-GNRL SURGERY (2%)
27825-Treat lower leg fracture	\$39,573	101	090	0%	0%	4%	20-ORTHOPEID SURG (88%)	70-GROUP PRAC (6%)	01-08-GP/FP (3%)
27830-Treat lower leg dislocation	\$3,744	20	090	0%	0%	15%	20-ORTHOPEID SURG (55%)	01-08-GP/FP (15%)	30-RADIOLOGY (10%)
28400-Treatment of heel fracture	\$527,141	3,020	090	1%	1%	58%	20-ORTHOPEID SURG (74%)	48-PODIATRY (8%)	01-08-GP/FP (7%)
28405-Treatment of heel fracture	\$95,160	367	090	0%	0%	36%	20-ORTHOPEID SURG (86%)	48-PODIATRY (10%)	01-08-GP/FP (2%)
28430-Treatment of ankle fracture	\$159,586	1,020	090	0%	1%	62%	20-ORTHOPEID SURG (65%)	01-08-GP/FP (13%)	93-EMERGENCY MED (8%)
28435-Treatment of ankle fracture	\$17,305	76	090	0%	0%	51%	20-ORTHOPEID SURG (82%)	48-PODIATRY (13%)	02-GNRL SURGERY (3%)
28450-Treat midfoot fracture, each	\$224,039	1,798	090	1%	1%	71%	20-ORTHOPEID SURG (59%)	48-PODIATRY (18%)	01-08-GP/FP (10%)
28455-Treat midfoot fracture, each	\$30,131	165	090	0%	0%	69%	20-ORTHOPEID SURG (64%)	48-PODIATRY (32%)	01-08-GP/FP (2%)
28470-Treat metatarsal fracture	\$2,496,155	23,239	090	4%	7%	70%	20-ORTHOPEID SURG (60%)	48-PODIATRY (15%)	01-08-GP/FP (12%)
28475-Treat metatarsal fracture	\$388,014	2,432	090	1%	1%	72%	20-ORTHOPEID SURG (57%)	48-PODIATRY (35%)	01-08-GP/FP (4%)
28530-Treat sesamoid bone fracture	\$3,871	60	090	0%	0%	93%	48-PODIATRY (75%)	20-ORTHOPEID SURG (13%)	01-08-GP/FP (8%)
28540-Treat foot dislocation	\$8,912	148	090	0%	0%	89%	48-PODIATRY (75%)	20-ORTHOPEID SURG (16%)	01-08-GP/FP (5%)
28570-Treat foot dislocation	\$3,963	45	090	0%	0%	60%	20-ORTHOPEID SURG (42%)	48-PODIATRY (40%)	11-INTERNAL MED (9%)
28600-Treat foot dislocation	\$5,421	80	090	0%	0%	61%	48-PODIATRY (45%)	20-ORTHOPEID SURG (43%)	11-INTERNAL MED (4%)

388-Closed Treatment of Fracture and Dislocation of Finger, Toe and Trunk
 Family Medicare Charges: \$9,685,276
 Percent of CPEP Medicare Charges: 1%

Family Private Payments: \$849,458
 Percent of CPEP Private Payments: 1%

21800-Treatment of rib fracture	\$680,787	13,542	090	7%	2%	38%	01-08-GP/FP (38%)	93-EMERGENCY MED (25%)	20-ORTHOPEID SURG (19%)
21820-Treat sternum fracture	\$22,093	236	090	0%	0%	34%	20-ORTHOPEID SURG (39%)	01-08-GP/FP (24%)	93-EMERGENCY MED (23%)
22305-Treat spine process fracture	\$224,452	1,345	090	2%	0%	45%	20-ORTHOPEID SURG (60%)	01-08-GP/FP (16%)	93-EMERGENCY MED (15%)
22310-Treat spine fracture	\$3,466,723	11,983	090	3%	6%	38%	20-ORTHOPEID SURG (80%)	01-08-GP/FP (10%)	93-EMERGENCY MED (5%)
23500-Treat clavicle fracture	\$823,544	7,320	090	9%	14%	42%	20-ORTHOPEID SURG (58%)	01-08-GP/FP (17%)	93-EMERGENCY MED (16%)
23505-Treat clavicle fracture	\$166,096	829	090	2%	3%	47%	20-ORTHOPEID SURG (59%)	01-08-GP/FP (10%)	02-GNRL SURGERY (4%)
23520-Treat clavicle dislocation	\$8,151	79	090	0%	0%	47%	20-ORTHOPEID SURG (76%)	93-EMERGENCY MED (13%)	70-GROUP PRAC (6%)
23525-Treat clavicle dislocation	\$5,653	36	090	0%	0%	25%	20-ORTHOPEID SURG (58%)	01-08-GP/FP (25%)	02-GNRL SURGERY (6%)

Procedure	1993 HC Allowed Charges	1993 HC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in Office	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
							1993 HC Allowed Charges	1993 HC Units of Service	Global Period
23540-Treat clavicle dislocation	\$43,659	417	090	0%	1%	33%	20-ORTHOPE SURG (47%)	93-EMERGENCY MED (24%)	01,08-GP/FP (19%)
23545-Treat clavicle dislocation	\$20,470	127	090	0%	0%	27%	20-ORTHOPE SURG (69%)	01,08-GP/FP (9%)	93-EMERGENCY MED (9%)
23570-Treat shoulderblade fracture	\$163,185	1,355	090	2%	1%	42%	20-ORTHOPE SURG (74%)	01,08-GP/FP (11%)	93-EMERGENCY MED (8%)
23575-Treat shoulderblade fracture	\$18,166	89	090	0%	0%	33%	20-ORTHOPE SURG (83%)	01,08-GP/FP (8%)	70-GROUP PRAC (4%)
23650-Treat shoulderblade fracture	\$1,438,662	9,233	090	15%	7%	9%	93-EMERGENCY MED (33%)	20-ORTHOPE SURG (29%)	01,08-GP/FP (23%)
26700-Treat knuckle dislocation	\$57,746	8,049	090	1%	1%	22%	20-ORTHOPE SURG (54%)	01,08-GP/FP (26%)	20-ORTHOPE SURG (23%)
26720-Treat finger fracture, each	\$55,756	8,049	090	6%	25%	54%	20-ORTHOPE SURG (54%)	01,08-GP/FP (20%)	93-EMERGENCY MED (14%)
26725-Treat finger fracture, each	\$459,381	3,558	090	5%	12%	52%	20-ORTHOPE SURG (77%)	01,08-GP/FP (6%)	93-EMERGENCY MED (5%)
26740-Treat finger fracture, each	\$41,656	506	090	0%	2%	59%	20-ORTHOPE SURG (59%)	01,08-GP/FP (16%)	93-EMERGENCY MED (8%)
26750-Treat finger fracture, each	\$237,350	3,854	090	2%	6%	43%	20-ORTHOPE SURG (38%)	01,08-GP/FP (23%)	93-EMERGENCY MED (21%)
26755-Treat finger fracture, each	\$68,777	670	090	1%	2%	44%	20-ORTHOPE SURG (55%)	01,08-GP/FP (12%)	24-PLASTIC SURG (10%)
26770-Treat finger dislocation	\$199,203	2,560	090	2%	2%	17%	93-EMERGENCY MED (38%)	01,08-GP/FP (24%)	20-ORTHOPE SURG (19%)
27200-Treat tail bone fracture	\$43,526	421	090	0%	0%	46%	20-ORTHOPE SURG (52%)	01,08-GP/FP (22%)	93-EMERGENCY MED (15%)
28490-Treat big toe fracture	\$190,461	3,352	090	2%	4%	66%	20-ORTHOPE SURG (32%)	48-PODIATRY (31%)	01,08-GP/FP (16%)
28495-Treat big toe fracture	\$56,944	660	090	1%	1%	80%	48-PODIATRY (58%)	20-ORTHOPE SURG (27%)	01,08-GP/FP (6%)
28510-Treatment of toe fracture	\$499,828	8,264	090	5%	7%	76%	48-PODIATRY (49%)	20-ORTHOPE SURG (21%)	01,08-GP/FP (13%)
28515-Treatment of toe fracture	\$156,438	1,928	090	2%	2%	87%	48-PODIATRY (72%)	20-ORTHOPE SURG (17%)	01,08-GP/FP (5%)
28630-Treat toe dislocation	\$15,644	197	010	0%	0%	51%	48-PODIATRY (32%)	20-ORTHOPE SURG (23%)	01,08-GP/FP (19%)
28640-Treat toe dislocation	\$20,945	410	010	0%	1%	34%	93-EMERGENCY MED (28%)	01,08-GP/FP (24%)	48-PODIATRY (21%)
392-Cast and Strapping									
Family Medicare Charges: \$24,467,917	Percent of CPEP Medicare Charges: 2%								
Family Private Payments: \$2,412,588	Percent of CPEP Private Payments: 3%								
20660-Apply,remove fixation device	\$217,613	2,276	000	1%	1%	17%	14-NEUROSURGERY (70%)	20-ORTHOPE SURG (10%)	48-PODIATRY (4%)
20662-Application of pelvis brace	\$17,713	39	090	0%	0%	10%	20-ORTHOPE SURG (79%)	11-INTERNAL MED (8%)	01,08-GP/FP (5%)
20663-Application of thigh brace	\$2,813	8	090	0%	0%	0%	49-ASC (50%)	20-ORTHOPE SURG (36%)	70-GROUP PRAC (13%)
20665-Removal of fixation device	\$4,784	99	010	0%	0%	40%	14-NEUROSURGERY (42%)	20-ORTHOPE SURG (33%)	01,08-GP/FP (6%)
29000-Application of body cast	\$13,117	139	000	0%	0%	10%	20-ORTHOPE SURG (35%)	01,08-GP/FP (24%)	14-NEUROSURGERY (22%)
29010-Application of body cast	\$7,312	49	000	0%	0%	40%	20-ORTHOPE SURG (65%)	14-NEUROSURGERY (12%)	11-INTERNAL MED (8%)
29015-Application of body cast	\$2,478	47	000	0%	0%	74%	20-ORTHOPE SURG (28%)	18-OPHTHALMOLOGY (26%)	41-OPHTHEMIST (19%)
29020-Application of body cast	\$1,439	19	000	0%	0%	63%	04-OTOLARYNG (21%)	16-OB-GYNCOLOGY (16%)	20-ORTHOPE SURG (16%)
29025-Application of body cast	\$1,247	21	000	0%	0%	76%	20-ORTHOPE SURG (52%)	01,08-GP/FP (29%)	14-NEUROSURGERY (10%)
29035-Application of body cast	\$12,340	106	000	0%	0%	50%	20-ORTHOPE SURG (76%)	01,08-GP/FP (9%)	70-GROUP PRAC (8%)
29040-Application of body cast	\$1,210	12	000	0%	0%	17%	20-ORTHOPE SURG (42%)	14-NEUROSURGERY (33%)	01,08-GP/FP (25%)
29044-Application of body cast	\$7,278	56	000	0%	0%	41%	20-ORTHOPE SURG (91%)	05-ANESTHESIA (2%)	24-PLASTIC SURG (2%)
29046-Application of body cast	\$2,905	24	000	0%	0%	4%	20-ORTHOPE SURG (96%)	30-RADIOLOGY (4%)	()
29049-Application of shoulder cast	\$5,318	146	000	0%	0%	62%	20-ORTHOPE SURG (34%)	48-PODIATRY (31%)	40-HAND SURGERY (16%)
29055-Application of shoulder cast	\$7,215	89	000	0%	0%	43%	20-ORTHOPE SURG (80%)	01,08-GP/FP (10%)	40-HAND SURGERY (8%)
29058-Application of shoulder cast	\$6,088	123	000	0%	0%	50%	20-ORTHOPE SURG (73%)	01,08-GP/FP (20%)	93-EMERGENCY MED (6%)
29065-Application of long arm cast	\$788,717	14,548	000	3%	6%	82%	20-ORTHOPE SURG (88%)	01,08-GP/FP (6%)	40-HAND SURGERY (2%)
29075-Application of forearm cast	\$2,681,151	59,885	000	11%	16%	90%	20-ORTHOPE SURG (84%)	01,08-GP/FP (7%)	40-HAND SURGERY (4%)
29085-Apply hand/wrist cast	\$183,752	4,626	000	1%	2%	88%	20-ORTHOPE SURG (67%)	01,08-GP/FP (13%)	40-HAND SURGERY (7%)
29105-Apply long arm splint	\$398,429	10,707	000	2%	2%	60%	20-ORTHOPE SURG (63%)	01,08-GP/FP (13%)	93-EMERGENCY MED (13%)
29125-Apply forearm splint	\$1,122,154	42,286	000	5%	6%	64%	20-ORTHOPE SURG (60%)	01,08-GP/FP (18%)	93-EMERGENCY MED (15%)
29126-Apply forearm splint	\$40,217	1,237	000	0%	0%	87%	20-ORTHOPE SURG (50%)	40-HAND SURGERY (16%)	01,08-GP/FP (13%)
29130-Application of finger splint	\$149,815	10,494	000	1%	1%	70%	20-ORTHOPE SURG (29%)	01,08-GP/FP (20%)	24-PLASTIC SURG (15%)
29131-Application of finger splint	\$16,217	615	000	0%	0%	93%	20-ORTHOPE SURG (55%)	40-HAND SURGERY (16%)	24-PLASTIC SURG (8%)
29200-Strapping of chest	\$19,543	890	000	0%	0%	75%	01,08-GP/FP (47%)	70-GROUP PRAC (14%)	93-EMERGENCY MED (11%)
29220-Strapping of low back	\$25,516	826	000	0%	0%	88%	20-ORTHOPE SURG (36%)	01,08-GP/FP (35%)	70-GROUP PRAC (10%)
29240-Strapping of shoulder	\$66,971	3,541	000	0%	0%	39%	20-ORTHOPE SURG (26%)	93-EMERGENCY MED (25%)	01,08-GP/FP (23%)
29260-Strapping of elbow or wrist	\$78,294	4,315	000	0%	0%	73%	01,08-GP/FP (30%)	20-ORTHOPE SURG (30%)	93-EMERGENCY MED (12%)

1993 MC Allowed Charges

1993 MC Units of Service

Global Period

Pct. of Family AllChgs

Pct. of Family PrivPmts

Pct. of Vol. in OFFICE

First Specialty

Second Specialty

Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
29280-Strapping of hand or finger	\$27,334	1,823	000	0%	0%	80%	40-HAND SURGERY (28%)	20-ORTHOPED SURG (20%)	01,08-GP/FP (19%)
29305-Application of hip cast	\$30,218	254	000	0%	0%	23%	20-ORTHOPED SURG (93%)	01,08-GP/FP (3%)	11-INTERNAL MED (1%)
29325-Application of hip casts	\$16,634	136	000	0%	1%	9%	20-ORTHOPED SURG (92%)	70-GROUP PRAC (4%)	24-PLASTIC SURG (2%)
29345-Application of long leg cast	\$449,904	6,199	000	2%	3%	59%	20-ORTHOPED SURG (87%)	01,08-GP/FP (4%)	70-GROUP PRAC (2%)
29355-Application of long leg cast	\$119,048	1,433	000	0%	1%	80%	20-ORTHOPED SURG (73%)	48-PODIATRY (15%)	01,08-GP/FP (5%)
29358-Apply long leg cast brace	\$88,222	701	000	0%	1%	58%	20-ORTHOPED SURG (87%)	01,08-GP/FP (5%)	48-PODIATRY (2%)
29365-Application of long leg cast	\$194,717	3,027	000	1%	1%	76%	20-ORTHOPED SURG (94%)	01,08-GP/FP (2%)	70-GROUP PRAC (2%)
29405-Apply short leg cast	\$2,443,572	45,077	000	10%	17%	85%	20-ORTHOPED SURG (75%)	48-PODIATRY (13%)	01,08-GP/FP (7%)
29425-Apply short leg cast	\$2,585,229	38,707	000	11%	19%	90%	20-ORTHOPED SURG (65%)	48-PODIATRY (27%)	01,08-GP/FP (3%)
29435-Apply short leg cast	\$104,425	1,310	000	0%	1%	83%	20-ORTHOPED SURG (80%)	25-PHYSICL-REHAB (10%)	48-PODIATRY (3%)
29440-Addition of walker to cast	\$20,464	1,258	000	0%	0%	97%	20-ORTHOPED SURG (71%)	01,08-GP/FP (14%)	48-PODIATRY (11%)
29445-Apply rigid leg cast	.	000	000	.	.	.	(.)	(.)	(.)
29450-Application of leg cast	\$13,626	399	000	0%	1%	93%	48-PODIATRY (67%)	20-ORTHOPED SURG (20%)	01,08-GP/FP (8%)
29505-Application long leg splint	\$156,381	4,073	000	1%	1%	39%	20-ORTHOPED SURG (43%)	01,08-GP/FP (22%)	93-EMERGENCY MED (18%)
29515-Application lower leg splint	\$737,036	22,372	000	3%	4%	58%	48-PODIATRY (31%)	20-ORTHOPED SURG (22%)	93-EMERGENCY MED (17%)
29520-Strapping of hip	\$8,056	395	000	0%	0%	87%	03-ALLERGY/IMMUN (41%)	01,08-GP/FP (34%)	48-PODIATRY (7%)
29530-Strapping of knee	\$91,259	3,923	000	0%	1%	50%	20-ORTHOPED SURG (25%)	93-EMERGENCY MED (25%)	01,08-GP/FP (21%)
29540-Strapping of ankle	\$3,019,544	151,760	000	12%	5%	98%	48-PODIATRY (96%)	20-ORTHOPED SURG (1%)	01,08-GP/FP (1%)
29550-Strapping of toes	\$1,172,082	66,465	000	5%	1%	95%	48-PODIATRY (98%)	20-ORTHOPED SURG (1%)	01,08-GP/FP (0%)
29580-Application of paste boot	\$6,769,012	275,925	000	28%	7%	94%	48-PODIATRY (34%)	02-GHRL SURGERY (28%)	01,08-GP/FP (11%)
29590-Application of foot splint	\$152,036	6,092	000	1%	.	87%	48-PODIATRY (93%)	01,08-GP/FP (2%)	70-GROUP PRAC (2%)
29700-Removal/revision of cast	\$145,989	5,546	000	1%	1%	85%	20-ORTHOPED SURG (45%)	01,08-GP/FP (17%)	02-GHRL SURGERY (14%)
29705-Removal/revision of cast	\$157,558	5,022	000	1%	1%	78%	20-ORTHOPED SURG (77%)	01,08-GP/FP (10%)	70-GROUP PRAC (4%)
29710-Removal/revision of cast	\$1,820	43	000	0%	.	53%	20-ORTHOPED SURG (88%)	01,08-GP/FP (7%)	26-PSYCHIATRY (2%)
29715-Removal/revision of cast	\$293	5	000	0%	0%	80%	02-GHRL SURGERY (40%)	01,08-GP/FP (20%)	20-ORTHOPED SURG (20%)
29720-Repair of body cast	\$14,312	653	000	0%	0%	92%	20-ORTHOPED SURG (85%)	48-PODIATRY (4%)	01,08-GP/FP (4%)
29730-Windowing of cast	\$23,983	1,000	000	0%	0%	79%	20-ORTHOPED SURG (78%)	48-PODIATRY (7%)	01,08-GP/FP (4%)
29740-Wedging of cast	\$22,439	568	000	0%	0%	82%	20-ORTHOPED SURG (72%)	40-HAND SURGERY (8%)	01,08-GP/FP (7%)
29750-Wedging of clubfoot cast	\$1,081	32	000	0%	.	91%	48-PODIATRY (72%)	20-ORTHOPED SURG (19%)	01,08-GP/FP (3%)

CPEP 4 - OB/GYN

Procedure First Speciality Second Speciality

C 4
 =====
 400-Artificial Fertilization
 Family Medicare Charges: \$1,024
 Family Private Payments: \$193,280

Percent of CPEP Medicare Charges: 0%
 Percent of CPEP Private Payments: 0%

58321-Artificial insemination	.	000	.	.	(.)	(.)	(.)
58322-Artificial insemination	.	000	.	.	(.)	(.)	(.)
58323-Sperm washing	.	000	.	.	(.)	(.)	(.)
58970-Retrieval of oocyte	589	2	58%	6%	16-08-GYNECOLOGY (100%)	(.)	(.)
58974-Transfer of embryo	\$75	1	7%	16%	16-08-GYNECOLOGY (100%)	(.)	(.)
58976-Transfer of embryo	.	000	.	16%	(.)	(.)	(.)
76948-Echo guide, ova aspiration	\$360	11	35%	.	30-RADIOLOGY (82%)	11-INTERNAL MED (9%)	34-UROLOGY (9%)

404-Pregnancy Related Tests
 Family Medicare Charges: \$245,852
 Family Private Payments: \$1,643,051

Percent of CPEP Medicare Charges: 0%
 Percent of CPEP Private Payments: 2%

59000-Amniocentesis	\$52,284	693	21%	31%	16-08-GYNECOLOGY (89%)	70-GROUP PRAC (3%)	30-RADIOLOGY (2%)
59012-Fetal cord puncture, prenatal	\$1,018	8	0%	38%	16-08-GYNECOLOGY (50%)	48-PODIATRY (25%)	11-INTERNAL MED (13%)
59015-Chorion biopsy	\$2,156	21	1%	5%	16-08-GYNECOLOGY (92%)	30-RADIOLOGY (10%)	70-GROUP PRAC (10%)
59020-Fetal contract stress test	\$10,586	144	4%	2%	16-08-GYNECOLOGY (83%)	70-GROUP PRAC (5%)	01-08-GP/FP (1%)
59025-Fetal non-stress test	\$142,371	4,129	58%	49%	16-08-GYNECOLOGY (85%)	70-GROUP PRAC (6%)	01-08-GP/FP (4%)
59030-Fetal scalp blood sample	\$588	11	0%	0%	16-08-GYNECOLOGY (91%)	11-INTERNAL MED (9%)	(.)
59050-Fetal monitor w/report	\$8,740	118	4%	6%	16-08-GYNECOLOGY (83%)	70-GROUP PRAC (9%)	01-08-GP/FP (6%)
59051-Fetal monitor/interpret onl	.	XXX	.	.	(.)	(.)	(.)
59200-Insert cervical dilator	\$11,240	270	5%	1%	16-08-GYNECOLOGY (85%)	70-GROUP PRAC (5%)	01-08-GP/FP (4%)
76945-Echo guide, villus sampling	.	XXX	.	.	(.)	(.)	(.)
76946-Echo guide for amniocentesis	\$16,869	466	7%	4%	16-08-GYNECOLOGY (49%)	30-RADIOLOGY (39%)	70-GROUP PRAC (7%)

408-Pregnancy Hospital Procedures
 Family Medicare Charges: \$9,998
 Family Private Payments: \$41,881

Percent of CPEP Medicare Charges: 0%
 Percent of CPEP Private Payments: 0%

59300-Episiotomy or vaginal repair	\$7,576	164	76%	26%	06-CARDIOLOGY (51%)	16-08-GYNECOLOGY (23%)	11-INTERNAL MED (13%)
59412-Antepartum manipulation	\$1,565	17	16%	74%	16-08-GYNECOLOGY (82%)	70-GROUP PRAC (18%)	(.)
59414-Deliver placenta	\$857	13	9%	.	16-08-GYNECOLOGY (69%)	93-EMERGENCY MED (15%)	70-GROUP PRAC (8%)

412-Delivery Services and Postpartum Care
 Family Medicare Charges: \$4,385,922
 Family Private Payments: \$56,044,150

Percent of CPEP Medicare Charges: 3%
 Percent of CPEP Private Payments: 57%

59400-Obstetrical care	\$1,716,211	2,035	39%	68%	16-08-GYNECOLOGY (78%)	01-08-GP/FP (15%)	70-GROUP PRAC (4%)
59409-Obstetrical care	.	MMM	.	.	(.)	(.)	(.)
59410-Obstetrical care	\$978,392	1,688	22%	5%	16-08-GYNECOLOGY (80%)	01-08-GP/FP (11%)	70-GROUP PRAC (6%)
59425-Antepartum care only	.	MMM	.	.	(.)	(.)	(.)
59430-Care after delivery	\$27,414	589	1%	0%	16-08-GYNECOLOGY (77%)	01-08-GP/FP (15%)	70-GROUP PRAC (3%)
59510-Cesarean delivery	\$979,577	1,046	22%	24%	16-08-GYNECOLOGY (89%)	01-08-GP/FP (5%)	70-GROUP PRAC (3%)
59514-Cesarean delivery only	.	MMM	.	.	(.)	(.)	(.)
59515-Cesarean delivery	\$684,328	1,218	16%	3%	16-08-GYNECOLOGY (74%)	01-08-GP/FP (10%)	05-ANESTHESIA (5%)

416-Spontaneous and Therapeutic Abortion
 Family Medicare Charges: \$296,550

Percent of CPEP Medicare Charges: 0%

Procedure	1993 HC Allowed Charges			1993 HC Service Period			Global Alldchs			Pct. of Family Vol. in Privmts			Top Medicare Specialties (% of Procedure Volume)			
	Percent of CPEP Private Payments:			Percent of CPEP Private Payments:			Percent of CPEP Private Payments:			Percent of CPEP Private Payments:			First Specialty	Second Specialty	Third Specialty	
	Family Private Payments:	Family Medicare Charges:	Family Private Payments:	Family Private Payments:	Family Medicare Charges:	Family Private Payments:	Family Private Payments:	Family Medicare Charges:	Family Private Payments:	Family Private Payments:	Family Medicare Charges:	Family Private Payments:	Family Medicare Charges:	Family Private Payments:	Family Medicare Charges:	Family Private Payments:
59812-Treatment of miscarriage	\$77,008	330	090	26%	19%	9%	16-08-GYNECOLOGY (88%)	01,08-GP/FP (6%)	70-GROUP PRAC (3%)							
59820-Care of miscarriage	\$76,075	297	090	26%	35%	9%	16-08-GYNECOLOGY (89%)	01,08-GP/FP (8%)	70-GROUP PRAC (1%)							
59821-Treatment of miscarriage	\$3,371	14	090	1%	1%	7%	16-08-GYNECOLOGY (86%)	01,08-GP/FP (7%)	49-ASC (7%)							
59830-Treat uterus infection	\$685	2	090	0%	0%	0%	16-08-GYNECOLOGY (100%)	(.)	(.)							
59840-Abortion	\$79,945	321	010	27%	27%	39%	16-08-GYNECOLOGY (88%)	01,08-GP/FP (10%)	70-GROUP PRAC (2%)							
59841-Abortion	\$43,997	152	010	15%	13%	36%	16-08-GYNECOLOGY (85%)	01,08-GP/FP (7%)	70-GROUP PRAC (6%)							
59850-Abortion	\$4,363	14	090	1%	2%	0%	16-08-GYNECOLOGY (93%)	99-UNKNOWN PHYS (7%)	(.)							
59851-Abortion	\$8,854	26	090	3%	2%	12%	16-08-GYNECOLOGY (88%)	01,08-GP/FP (8%)	11-INTERNAL MED (4%)							
59852-Abortion	.	.	090	.	.	.	(.)	(.)	(.)							
59855-Abortion	.	.	090	.	.	.	(.)	(.)	(.)							
59856-Abortion	.	.	090	.	.	.	(.)	(.)	(.)							
59857-Abortion	.	.	090	.	.	.	(.)	(.)	(.)							
59870-Evacuate mole of uterus	\$2,252	10	090	1%	.	0%	16-08-GYNECOLOGY (60%)	70-GROUP PRAC (20%)	01,08-GP/FP (10%)							
420-Dilation and Curettage																
Family Medicare Charges:	\$11,228,740			8%												
Family Private Payments:	\$4,353,771			4%												
57820-D&C of residual cervix	\$86,238	449	010	1%	1%	29%	16-08-GYNECOLOGY (63%)	01,08-GP/FP (13%)	02-GNRL SURGERY (9%)							
58120-Dilation and curettage (D&C)	\$11,127,263	55,088	010	99%	98%	10%	16-08-GYNECOLOGY (80%)	49-ASC (7%)	02-GNRL SURGERY (5%)							
59160-D&C after delivery	\$15,239	93	010	0%	1%	15%	16-08-GYNECOLOGY (82%)	01,08-GP/FP (13%)	02-GNRL SURGERY (3%)							
424-Hysterectomy																
Family Medicare Charges:	\$3,821,499			3%												
Family Private Payments:	.			.												
56350-Hysterectomy; diagnostic	\$1,246,559	8,493	000	33%	.	14%	16-08-GYNECOLOGY (86%)	49-ASC (9%)	70-GROUP PRAC (2%)							
56351-Hysterectomy; biopsy	\$2,218,868	11,224	000	58%	.	9%	16-08-GYNECOLOGY (94%)	70-GROUP PRAC (2%)	01,08-GP/FP (1%)							
56352-Hysterectomy; lysis	\$40,325	176	000	1%	.	3%	16-08-GYNECOLOGY (76%)	49-ASC (14%)	02-GNRL SURGERY (4%)							
56353-Hysterectomy; resect septum	\$7,944	36	000	0%	.	5%	16-08-GYNECOLOGY (79%)	01,08-GP/FP (8%)	70-GROUP PRAC (5%)							
56354-Hysterectomy; remove myoma	\$117,823	321	000	3%	.	1%	16-08-GYNECOLOGY (87%)	49-ASC (10%)	70-GROUP PRAC (1%)							
56355-Hysterectomy; remove impact	\$5,491	29	000	0%	.	10%	16-08-GYNECOLOGY (76%)	02-GNRL SURGERY (14%)	11-INTERNAL MED (3%)							
56356-Hysterectomy; ablation	\$184,489	568	000	5%	.	4%	16-08-GYNECOLOGY (86%)	05-ANESTHESIA (6%)	70-GROUP PRAC (4%)							
428-Colposcopy																
Family Medicare Charges:	\$3,774,095			3%												
Family Private Payments:	\$2,827,926			3%												
57452-Examination of vagina	\$1,080,406	20,301	000	29%	23%	88%	16-08-GYNECOLOGY (79%)	34-UROLOGY (6%)	01,08-GP/FP (6%)							
57454-Vaginal examination & biopsy	\$2,368,808	25,355	000	63%	77%	92%	16-08-GYNECOLOGY (86%)	01,08-GP/FP (8%)	70-GROUP PRAC (3%)							
57460-Cervix excision	\$324,881	2,061	000	9%	.	65%	16-08-GYNECOLOGY (93%)	70-GROUP PRAC (3%)	01,08-GP/FP (2%)							
432-Intrauterine Insertion and Removal																
Family Medicare Charges:	\$1,650,763			1%												
Family Private Payments:	\$46,413			0%												
11975-Insert contraceptive cap	\$417	6	XXX	0%	.	67%	16-08-GYNECOLOGY (67%)	70-GROUP PRAC (33%)	(.)							
11976-Removal of contraceptive cap	\$207	4	XXX	0%	.	100%	16-08-GYNECOLOGY (100%)	(.)	(.)							
11977-Remove/reinsert contra cap	.	.	XXX	.	.	.	(.)	(.)	(.)							
57160-Insertion of pessary	\$1,631,852	55,837	000	99%	15%	97%	16-08-GYNECOLOGY (89%)	01,08-GP/FP (5%)	70-GROUP PRAC (2%)							

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Allchgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
57170-Fitting of diaphragm/cep	\$7,702	230	000	0%	20%	96%	16-OB-GYNECOLOGY (84%)	01,08-GP/FP (8%)	11-INTERNAL MED (3%)
58300-Insert intrauterine device	\$5,485	91	XXX	0%	44%	82%	16-OB-GYNECOLOGY (71%)	01,08-GP/FP (14%)	70-GROUP PRAC (13%)
58301-Remove intrauterine device	\$5,100	156	000	0%	21%	71%	16-OB-GYNECOLOGY (73%)	01,08-GP/FP (12%)	70-GROUP PRAC (6%)
436-Simple Laparoscopic Procedures									
Family Medicare Charges:	\$4,172,045			3%					
Family Private Payments:	\$104,142			0%					
Percent of CPEP Medicare Charges:				3%					
Percent of CPEP Private Payments:				0%					
56300-Pelvis laparoscopy, dx	\$2,008,691	8,736	010	48%	.	2%	02-GNRL SURGERY (49%)	16-OB-GYNECOLOGY (35%)	34-UROLOGY (4%)
56301-Laparoscopy; tubal cauterly	\$163,333	513	010	4%	.	7%	16-OB-GYNECOLOGY (69%)	05-ANESTHESIA (9%)	02-GNRL SURGERY (9%)
56302-Laparoscopy; tubal block	\$108,881	319	010	3%	.	10%	16-OB-GYNECOLOGY (84%)	02-GNRL SURGERY (7%)	01,08-GP/FP (4%)
56304-Laparoscopy; lysis	\$1,283,348	4,326	010	31%	.	1%	02-GNRL SURGERY (45%)	16-OB-GYNECOLOGY (39%)	01,08-GP/FP (3%)
56305-Pelvic laparoscopy; biopsy	\$439,458	1,403	010	11%	.	1%	02-GNRL SURGERY (47%)	16-OB-GYNECOLOGY (36%)	01,08-GP/FP (4%)
56306-Laparoscopy; aspiration	\$161,419	492	010	4%	.	1%	16-OB-GYNECOLOGY (63%)	02-GNRL SURGERY (24%)	01,08-GP/FP (3%)
56360-Peritoneoscopy	.	.	000	.	.	.	(.)	(.)	(.)
56361-Peritoneoscopy w/biopsy	.	.	000	.	.	.	(.)	(.)	(.)
59150-Treat ectopic pregnancy	\$6,915	22	090	0%	100%	9%	16-OB-GYNECOLOGY (91%)	01,08-GP/FP (5%)	70-GROUP PRAC (5%)
440-Complex Laparoscopic Procedures									
Family Medicare Charges:	\$2,709,272			2%					
Family Private Payments:	\$47,716			0%					
Percent of CPEP Medicare Charges:				2%					
Percent of CPEP Private Payments:				0%					
56303-Laparoscopy; excise lesions	\$195,706	615	010	7%	.	3%	16-OB-GYNECOLOGY (79%)	02-GNRL SURGERY (9%)	70-GROUP PRAC (3%)
56307-Laparoscopy; remove adnexa	\$786,664	2,314	010	29%	.	2%	16-OB-GYNECOLOGY (80%)	02-GNRL SURGERY (10%)	01,08-GP/FP (2%)
56308-Laparoscopy; hysterectomy	\$1,697,119	3,146	010	63%	.	2%	16-OB-GYNECOLOGY (84%)	02-GNRL SURGERY (8%)	01,08-GP/FP (4%)
56309-Laparoscopy; remove myoma	\$22,271	88	010	1%	.	2%	16-OB-GYNECOLOGY (83%)	02-GNRL SURGERY (13%)	01,08-GP/FP (3%)
59151-Treat ectopic pregnancy	\$7,512	16	090	0%	100%	6%	16-OB-GYNECOLOGY (94%)	01,08-GP/FP (6%)	(.)
444-Hysterectomy									
Family Medicare Charges:	\$51,147,883			35%					
Family Private Payments:	\$15,003,655			15%					
Percent of CPEP Medicare Charges:				35%					
Percent of CPEP Private Payments:				15%					
51925-Hysterectomy/bladder repair	\$1,845	3	090	0%	.	0%	01,08-GP/FP (33%)	02-GNRL SURGERY (33%)	16-OB-GYNECOLOGY (33%)
58150-Total hysterectomy	\$24,151,886	45,544	090	47%	71%	1%	16-OB-GYNECOLOGY (76%)	02-GNRL SURGERY (14%)	01,08-GP/FP (5%)
58152-Total hysterectomy	\$1,595,626	2,542	090	3%	5%	2%	16-OB-GYNECOLOGY (79%)	02-GNRL SURGERY (11%)	01,08-GP/FP (7%)
58180-Partial hysterectomy	\$370,839	716	090	1%	0%	2%	16-OB-GYNECOLOGY (59%)	02-GNRL SURGERY (28%)	70-GROUP PRAC (4%)
58200-Extensive hysterectomy	\$3,281,652	3,730	090	6%	1%	1%	16-OB-GYNECOLOGY (74%)	02-GNRL SURGERY (9%)	91-SURG ONCOLOGY (8%)
58210-Extensive hysterectomy	\$2,607,409	2,209	090	5%	2%	2%	16-OB-GYNECOLOGY (77%)	91-SURG ONCOLOGY (9%)	02-GNRL SURGERY (6%)
58260-Vaginal hysterectomy	\$12,511,336	25,777	090	24%	18%	2%	16-OB-GYNECOLOGY (83%)	02-GNRL SURGERY (7%)	01,08-GP/FP (5%)
58262-Vaginal hysterectomy	\$1,914,987	3,560	090	4%	.	2%	16-OB-GYNECOLOGY (86%)	01,08-GP/FP (5%)	02-GNRL SURGERY (4%)
58263-Vaginal hysterectomy	\$995,125	1,590	090	2%	.	2%	16-OB-GYNECOLOGY (86%)	02-GNRL SURGERY (5%)	01,08-GP/FP (4%)
58267-Hysterectomy & vagina repair	\$1,109,318	1,663	090	2%	1%	2%	16-OB-GYNECOLOGY (82%)	02-GNRL SURGERY (7%)	01,08-GP/FP (5%)
58270-Hysterectomy & vagina repair	\$1,498,732	2,620	090	3%	1%	1%	16-OB-GYNECOLOGY (82%)	02-GNRL SURGERY (6%)	01,08-GP/FP (5%)
58275-Hysterectomy, revise vagina	\$539,656	858	090	1%	.	1%	16-OB-GYNECOLOGY (76%)	02-GNRL SURGERY (13%)	01,08-GP/FP (6%)
58280-Hysterectomy, revise vagina	\$535,991	848	090	1%	.	2%	16-OB-GYNECOLOGY (75%)	02-GNRL SURGERY (11%)	01,08-GP/FP (8%)
58285-Extensive hysterectomy	\$31,049	41	090	0%	.	0%	16-OB-GYNECOLOGY (80%)	01,08-GP/FP (3%)	02-GNRL SURGERY (5%)
59525-Remove uterus after cesarean	\$2,442	11	MMH	0%	0%	0%	16-OB-GYNECOLOGY (55%)	02-GNRL SURGERY (18%)	10-GASTROENTER (18%)
448-Hysterectomy - Oncology									
Family Medicare Charges:	\$8,883,586			6%					
Family Private Payments:	\$345,051			0%					
Percent of CPEP Medicare Charges:				6%					
Percent of CPEP Private Payments:				0%					

Procedure	1993 MC			1993 MC			Top Medicare Specialties (% of Procedure Volume)		
	Allowed Charges	Units of Service	Global Period	Pct. of Family All'dgchs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
56630-Extensive vulva surgery	\$461,805	476	090	5%		2%	16-08-GYNECOLOGY (78%)	91-SURG ONCOLOGY (9%)	02-GNRL SURGERY (7%)
56631-Extensive vulva surgery	\$186,998	175	090	2%		1%	16-08-GYNECOLOGY (79%)	91-SURG ONCOLOGY (10%)	02-GNRL SURGERY (5%)
56632-Extensive vulva surgery			090				(.)	(.)	(.)
56633-Extensive vulva surgery	\$198,256	178	090	2%		1%	16-08-GYNECOLOGY (79%)	91-SURG ONCOLOGY (6%)	02-GNRL SURGERY (6%)
56634-Extensive vulva surgery	\$244,532	195	090	3%		3%	16-08-GYNECOLOGY (72%)	91-SURG ONCOLOGY (15%)	70-GROUP PRAC (5%)
56637-Extensive vulva surgery	\$500,320	453	090	6%		0%	16-08-GYNECOLOGY (74%)	91-SURG ONCOLOGY (12%)	70-GROUP PRAC (5%)
56640-Extensive vulva surgery	\$167,876	131	090	2%		2%	16-08-GYNECOLOGY (82%)	91-SURG ONCOLOGY (6%)	02-GNRL SURGERY (5%)
58240-Removal of pelvis contents	\$765,696	438	090	9%		0%	16-08-GYNECOLOGY (49%)	02-GNRL SURGERY (20%)	91-SURG ONCOLOGY (13%)
58950-Resect ovarian malignancy	\$953,322	1,428	090	11%	15%	1%	16-08-GYNECOLOGY (55%)	02-GNRL SURGERY (28%)	91-SURG ONCOLOGY (5%)
58951-Resect ovarian malignancy	\$1,838,140	1,538	090	21%	27%	1%	16-08-GYNECOLOGY (70%)	02-GNRL SURGERY (15%)	91-SURG ONCOLOGY (6%)
58952-Resect ovarian malignancy	\$2,385,171	2,108	090	27%	25%	1%	16-08-GYNECOLOGY (65%)	02-GNRL SURGERY (19%)	91-SURG ONCOLOGY (8%)
58960-Exploration of abdomen	\$1,181,470	1,424	090	13%	32%	1%	16-08-GYNECOLOGY (65%)	02-GNRL SURGERY (18%)	91-SURG ONCOLOGY (8%)
452-Hysterectomy - Urology									
Family Medicare Charges:	\$9,860,297								
Family Private Payments:	\$534,664								
Percent of CPEP Medicare Charges:				7%					
Percent of CPEP Private Payments:									
57230-Repair of urethral lesion	\$13,522	121	090	0%		1%	16-08-GYNECOLOGY (82%)	02-GNRL SURGERY (9%)	34-UROLOGY (4%)
57240-Repair bladder & vagina	\$3,256,638	12,338	090	33%	33%	2%	16-08-GYNECOLOGY (72%)	02-GNRL SURGERY (11%)	34-UROLOGY (7%)
57265-Extensive repair of vagina	\$4,383,055	8,716	090	44%	30%	2%	16-08-GYNECOLOGY (81%)	02-GNRL SURGERY (7%)	01-08-GP/FP (5%)
57288-Repair bladder defect	\$1,173,515	1,895	090	12%	7%	1%	34-UROLOGY (61%)	16-08-GYNECOLOGY (31%)	70-GROUP PRAC (3%)
57289-Repair bladder & vagina	\$777,548	1,663	090	8%	18%	1%	16-08-GYNECOLOGY (49%)	34-UROLOGY (42%)	02-GNRL SURGERY (3%)
57310-Repair urethrovaginal lesion	\$9,633	37	090	0%		14%	34-UROLOGY (65%)	16-08-GYNECOLOGY (16%)	01-08-GP/FP (5%)
57311-Repair urethrovaginal lesion	\$3,447	9	090	0%		11%	16-08-GYNECOLOGY (56%)	34-UROLOGY (22%)	19-ORAL SURGERY (11%)
57320-Repair bladder-vagina lesion	\$43,598	96	090	0%		3%	34-UROLOGY (59%)	16-08-GYNECOLOGY (24%)	70-GROUP PRAC (5%)
57330-Repair bladder-vagina lesion	\$7,248	12	090	0%		17%	34-UROLOGY (58%)	16-08-GYNECOLOGY (25%)	20-ORTHOP SURG (8%)
57555-Remove cervix, repair vagina	\$181,659	359	090	2%		1%	16-08-GYNECOLOGY (74%)	02-GNRL SURGERY (14%)	01-08-GP/FP (5%)
58000-Drainage of ovarian cyst(s)	\$10,434	55	090	0%	11%	24%	16-08-GYNECOLOGY (69%)	30-RADIOLOGY (15%)	02-GNRL SURGERY (5%)
456-Simple Female Reproductive Procedures									
Family Medicare Charges:	\$7,591,398			5%					
Family Private Payments:	\$2,974,759			3%					
Percent of CPEP Medicare Charges:									
Percent of CPEP Private Payments:									
56405-I & D of vulva/perineum	\$123,259	1,754	010	2%		71%	16-08-GYNECOLOGY (63%)	02-GNRL SURGERY (15%)	01-08-GP/FP (10%)
56420-Drainage of gland abscess	\$91,074	1,325	010	1%	1%	76%	16-08-GYNECOLOGY (57%)	01-08-GP/FP (17%)	02-GNRL SURGERY (8%)
56440-Surgery for vulva lesion	\$101,162	496	010	1%	4%	21%	16-08-GYNECOLOGY (75%)	02-GNRL SURGERY (11%)	49-ASC (6%)
56441-Lysis of labial lesion(s)	\$21,127	221	010	0%		23%	16-08-GYNECOLOGY (57%)	34-UROLOGY (26%)	01-08-GP/FP (8%)
56501-Deconstruction, vulva lesion(s)	\$238,461	3,810	010	3%	4%	8%	16-08-GYNECOLOGY (71%)	34-UROLOGY (13%)	07-DERMATOLOGY (6%)
56515-Deconstruction, vulva lesion(s)	\$356,131	1,538	010	5%	6%	32%	16-08-GYNECOLOGY (76%)	49-ASC (9%)	02-GNRL SURGERY (3%)
56605-Biopsy of vulva/perineum	\$904,414	16,869	000	12%		84%	16-08-GYNECOLOGY (90%)	01-08-GP/FP (2%)	70-GROUP PRAC (2%)
56606-Biopsy of vulva/perineum	\$42,176	2,066	000	1%		61%	16-08-GYNECOLOGY (90%)	01-08-GP/FP (3%)	91-SURG ONCOLOGY (2%)
56700-Partial removal of hymen	\$6,148	59	010	0%	1%	22%	16-08-GYNECOLOGY (73%)	34-UROLOGY (14%)	01-08-GP/FP (5%)
56720-Incision of hymen	\$2,371	71	000	0%		20%	16-08-GYNECOLOGY (86%)	34-UROLOGY (6%)	01-08-GP/FP (3%)
56740-Remove vagina gland lesion	\$102,574	450	010	1%	1%	20%	16-08-GYNECOLOGY (55%)	02-GNRL SURGERY (21%)	01-08-GP/FP (7%)
56800-Repair of vagina	\$27,877	154	010	0%		6%	16-08-GYNECOLOGY (65%)	02-GNRL SURGERY (9%)	34-UROLOGY (8%)
56805-Repair clitoria	\$3,552	6	090	0%		0%	28-COLORECTAL (50%)	16-08-GYNECOLOGY (33%)	11-INTERNAL MED (17%)
56810-Repair of perineum	\$131,908	1,170	010	2%		4%	16-08-GYNECOLOGY (81%)	01-08-GP/FP (4%)	02-GNRL SURGERY (4%)
57000-Exploration of vagina	\$21,980	169	010	0%		24%	16-08-GYNECOLOGY (56%)	34-UROLOGY (16%)	02-GNRL SURGERY (8%)
57020-Drainage of pelvic fluid	\$9,004	245	000	0%	0%	43%	16-08-GYNECOLOGY (61%)	03-ALLERGY/IMMUN (25%)	02-GNRL SURGERY (6%)
57061-Deconstruction vagina lesion(s)	\$95,297	1,422	010	1%	1%	81%	16-08-GYNECOLOGY (79%)	01-08-GP/FP (7%)	02-GNRL SURGERY (4%)
57065-Deconstruction vagina lesion(s)	\$200,689	985	010	3%	3%	26%	16-08-GYNECOLOGY (77%)	49-ASC (7%)	91-SURG ONCOLOGY (3%)
57100-Biopsy of vagina	\$340,392	6,642	000	4%	1%	76%	16-08-GYNECOLOGY (80%)	02-GNRL SURGERY (5%)	01-08-GP/FP (4%)

Procedure

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
57105-Biopsy of vagina	\$109,725	928	010	1%	0%	28%	16-08-GYNECOLOGY (71%)	02-GNRL SURGERY (10%)	34-UROLOGY (5%)
57130-Remove vagina lesion	\$13,785	95	010	0%	0%	15%	16-08-GYNECOLOGY (69%)	02-GNRL SURGERY (9%)	01-08-GP/FP (5%)
57135-Remove vagina lesion	\$281,903	1,739	010	4%	2%	32%	16-08-GYNECOLOGY (67%)	02-GNRL SURGERY (13%)	01-08-GP/FP (7%)
57150-Treat vagina infection	\$118,526	4,898	000	2%	0%	99%	16-08-GYNECOLOGY (85%)	01-08-GP/FP (6%)	30-RADIOLOGY (4%)
57180-Treat vaginal bleeding	\$15,316	341	010	0%	0%	63%	16-08-GYNECOLOGY (74%)	01-08-GP/FP (16%)	02-GNRL SURGERY (6%)
57200-Repair of vagina	\$49,844	342	090	1%	1%	8%	16-08-GYNECOLOGY (67%)	02-GNRL SURGERY (11%)	34-UROLOGY (10%)
57210-Repair vagina/perineum	\$81,007	578	090	1%	1%	6%	16-08-GYNECOLOGY (68%)	02-GNRL SURGERY (7%)	01-08-GP/FP (4%)
57400-Dilation of vagina	\$7,352	194	000	0%	0%	39%	16-08-GYNECOLOGY (68%)	01-08-GP/FP (15%)	02-GNRL SURGERY (13%)
57410-Pelvic examination	\$282,597	8,941	000	4%	3%	33%	16-08-GYNECOLOGY (35%)	34-UROLOGY (19%)	01-08-GP/FP (18%)
57415-Remove vaginal foreign body	\$9,556	206	010	0%	0%	16%	16-08-GYNECOLOGY (73%)	01-08-GP/FP (9%)	34-UROLOGY (6%)
57500-Biopsy of cervix	\$752,540	17,294	000	10%	9%	77%	16-08-GYNECOLOGY (82%)	01-08-GP/FP (9%)	02-GNRL SURGERY (4%)
57505-Endocervical curettage	\$429,766	8,611	010	6%	6%	90%	16-08-GYNECOLOGY (86%)	01-08-GP/FP (9%)	70-GROUP PRAC (2%)
57510-Cauterization of cervix	\$135,749	2,407	010	2%	3%	87%	16-08-GYNECOLOGY (74%)	01-08-GP/FP (17%)	02-GNRL SURGERY (5%)
57520-Conization of cervix	\$1,820,333	6,773	090	24%	43%	21%	16-08-GYNECOLOGY (84%)	49-ASC (7%)	02-GNRL SURGERY (3%)
57700-Revision of cervix	\$5,031	34	090	0%	3%	47%	16-08-GYNECOLOGY (53%)	34-UROLOGY (35%)	02-GNRL SURGERY (6%)
57800-Dilation of cervical canal	\$57,927	1,678	000	1%	1%	81%	16-08-GYNECOLOGY (82%)	01-08-GP/FP (9%)	70-GROUP PRAC (2%)
58350-Reopen fallopian tube	\$1,645	62	010	0%	1%	15%	16-08-GYNECOLOGY (92%)	01-08-GP/FP (2%)	05-ANESTHESIA (2%)
59320-Revision of cervix	\$5,036	31	000	0%	2%	3%	16-08-GYNECOLOGY (94%)	70-GROUP PRAC (6%)	(.)
59325-Revision of cervix			000	0%	0%	(.)	(.)	(.)	(.)
00091-Obtaining screen pap smear	\$594,164	36,336	xxx	8%	0%	95%	16-08-GYNECOLOGY (43%)	11-INTERNAL MED (22%)	01-08-GP/FP (18%)

460-Complex Female Reproductive Procedures

Family Medicare Charges: \$19,348,695 Percent of CPEP Medicare Charges: 13%

Family Private Payments: \$1,043,506 Percent of CPEP Private Payments: 1%

56620-Partial removal of vulva	\$871,239	1,791	090	5%	8%	5%	16-08-GYNECOLOGY (78%)	02-GNRL SURGERY (6%)	91-SURG ONCOLOGY (6%)
56625-Complete removal of vulva	\$158,503	260	090	1%	0%	4%	16-08-GYNECOLOGY (73%)	02-GNRL SURGERY (10%)	91-SURG ONCOLOGY (8%)
57010-Drainage of pelvic abscess	\$35,287	175	090	0%	0%	22%	02-GNRL SURGERY (35%)	16-08-GYNECOLOGY (35%)	01-08-GP/FP (8%)
57108-Partial removal of vagina	\$272,900	1,287	090	1%	0%	2%	16-08-GYNECOLOGY (70%)	02-GNRL SURGERY (13%)	91-SURG ONCOLOGY (6%)
57120-Closure of vagina	\$767,606	2,101	090	4%	0%	3%	16-08-GYNECOLOGY (86%)	02-GNRL SURGERY (5%)	01-08-GP/FP (3%)
57220-Revision of urethra	\$121,561	921	090	1%	0%	3%	16-08-GYNECOLOGY (83%)	34-UROLOGY (6%)	02-GNRL SURGERY (5%)
57250-Repair rectum & vagina	\$2,637,837	10,997	090	14%	21%	2%	16-08-GYNECOLOGY (79%)	02-GNRL SURGERY (8%)	34-UROLOGY (6%)
57260-Repair of vagina	\$10,105,733	30,134	090	52%	51%	2%	16-08-GYNECOLOGY (81%)	02-GNRL SURGERY (8%)	01-08-GP/FP (5%)
57268-Repair of bowel bulge	\$1,353,393	4,251	090	7%	4%	2%	16-08-GYNECOLOGY (80%)	02-GNRL SURGERY (7%)	34-UROLOGY (5%)
57282-Repair of vaginal prolapse	\$2,514,331	6,449	090	13%	6%	2%	16-08-GYNECOLOGY (62%)	24-PLASTIC SURG (25%)	02-GNRL SURGERY (4%)
57291-Construction of vagina	\$3,082	12	090	0%	0%	0%	16-08-GYNECOLOGY (42%)	24-PLASTIC SURG (25%)	91-SURG ONCOLOGY (25%)
57300-Repair rectum-vagina fistula	\$160,447	305	090	1%	3%	1%	02-GNRL SURGERY (37%)	16-08-GYNECOLOGY (36%)	28-COLORECTAL (13%)
57530-Removal of cervix	\$73,482	523	090	0%	0%	1%	16-08-GYNECOLOGY (81%)	02-GNRL SURGERY (7%)	01-08-GP/FP (5%)
57550-Removal of residual cervix	\$77,950	246	090	0%	0%	8%	16-08-GYNECOLOGY (75%)	02-GNRL SURGERY (13%)	01-08-GP/FP (5%)
57556-Remove cervix, repair bowel	\$118,257	350	090	1%	0%	1%	16-08-GYNECOLOGY (71%)	02-GNRL SURGERY (11%)	01-08-GP/FP (7%)
57720-Revision of cervix	\$8,771	55	090	0%	0%	5%	16-08-GYNECOLOGY (65%)	91-SURG ONCOLOGY (13%)	34-UROLOGY (11%)
58145-Removal of uterus lesion	\$84,278	193	090	0%	7%	6%	16-08-GYNECOLOGY (74%)	02-GNRL SURGERY (7%)	49-ASC (7%)
58410-Suspension of uterus	\$1,556	7	090	0%	0%	0%	16-08-GYNECOLOGY (100%)	(.)	(.)
58820-Drainage of ovarian abscess	\$2,482	19	090	0%	0%	26%	16-08-GYNECOLOGY (53%)	02-GNRL SURGERY (21%)	18-OPHTHALMOLOGY (11%)

464-Major Procedure - Female Reproductive

Family Medicare Charges: \$11,181,629 Percent of CPEP Medicare Charges: 8%

Family Private Payments: \$7,025,421 Percent of CPEP Private Payments: 7%

57110-Removal of vagina	\$151,927	418	090	1%	0%	5%	16-08-GYNECOLOGY (77%)	34-UROLOGY (6%)	02-GNRL SURGERY (5%)
57270-Repair of bowel pouch	\$557,763	2,334	090	5%	1%	2%	16-08-GYNECOLOGY (74%)	02-GNRL SURGERY (8%)	34-UROLOGY (8%)
57280-Suspension of vagina	\$1,611,230	3,531	090	13%	1%	1%	16-08-GYNECOLOGY (74%)	34-UROLOGY (9%)	02-GNRL SURGERY (8%)

Procedure

First Specialty

Second Specialty

Third Specialty

57292-Construct vagina with graft	44	0%	0%	0%	0%	16-OB-GYNECOLOGY (57%)	24-PLASTIC SURG (25%)	91-SURG ONCOLOGY (9%)
57335-Repair vagina	45	0%	0%	0%	0%	16-OB-GYNECOLOGY (69%)	02-GNRL SURGERY (9%)	34-UROLOGY (7%)
57540-Removal of residual cervix	136	0%	0%	0%	0%	16-OB-GYNECOLOGY (63%)	02-GNRL SURGERY (23%)	34-UROLOGY (4%)
57545-Remove cervix, repair pelvis	53	0%	0%	0%	0%	16-OB-GYNECOLOGY (85%)	02-GNRL SURGERY (9%)	34-UROLOGY (4%)
58140-Removal of uterus lesion	697	3%	12%	3%	3%	16-OB-GYNECOLOGY (57%)	02-GNRL SURGERY (28%)	01-OB-GP/FP (6%)
58400-Suspension of uterus	205	0%	0%	0%	0%	16-OB-GYNECOLOGY (62%)	02-GNRL SURGERY (17%)	34-UROLOGY (9%)
58520-Repair of ruptured uterus	11	0%	0%	0%	0%	02-GNRL SURGERY (45%)	16-OB-GYNECOLOGY (45%)	01-OB-GP/FP (9%)
58540-Revision of uterus	12	0%	0%	0%	0%	16-OB-GYNECOLOGY (75%)	02-GNRL SURGERY (8%)	34-UROLOGY (8%)
58600-Division of fallopian tube	131	0%	7%	0%	0%	16-OB-GYNECOLOGY (73%)	01-OB-GP/FP (17%)	02-GNRL SURGERY (8%)
58605-Division of fallopian tube	95	0%	11%	0%	0%	16-OB-GYNECOLOGY (89%)	02-GNRL SURGERY (4%)	01-OB-GP/FP (2%)
58611-Ligate oviduct(s)	79	0%	4%	0%	0%	16-OB-GYNECOLOGY (89%)	01-OB-GP/FP (3%)	02-GNRL SURGERY (3%)
58615-Occlude fallopian tube(s)	3	0%	0%	0%	0%	16-OB-GYNECOLOGY (67%)	02-GNRL SURGERY (33%)	(.)
58700-Removal of fallopian tube	503	1%	4%	0%	0%	02-GNRL SURGERY (43%)	16-OB-GYNECOLOGY (43%)	01-OB-GP/FP (6%)
58720-Removal of ovary/tube(s)	11,354	38%	18%	1%	1%	16-OB-GYNECOLOGY (55%)	02-GNRL SURGERY (31%)	01-OB-GP/FP (4%)
58740-Revise fallopian tube(s)	2,966	10%	8%	0%	0%	16-OB-GYNECOLOGY (72%)	02-GNRL SURGERY (16%)	01-OB-GP/FP (4%)
58750-Repair oviduct(s)	22	0%	4%	0%	0%	16-OB-GYNECOLOGY (73%)	02-GNRL SURGERY (14%)	01-OB-GP/FP (9%)
58752-Revise ovarian tube(s)	1	0%	0%	0%	0%	16-OB-GYNECOLOGY (100%)	(.)	(.)
58760-Remove tubal obstruction	29	0%	2%	0%	0%	16-OB-GYNECOLOGY (69%)	28-COLORECTAL (10%)	02-GNRL SURGERY (7%)
58770-Create new tubal opening	13,622	0%	3%	0%	0%	16-OB-GYNECOLOGY (83%)	02-GNRL SURGERY (7%)	70-GROUP PRAC (7%)
58805-Drainage of ovarian cyst(s)	159	0%	1%	0%	0%	16-OB-GYNECOLOGY (47%)	02-GNRL SURGERY (32%)	01-OB-GP/FP (9%)
58822-Drainage of ovarian abscess	25	0%	0%	0%	0%	16-OB-GYNECOLOGY (40%)	02-GNRL SURGERY (32%)	30-RADIOLOGY (16%)
58825-Transposition, ovary(s)	5	0%	0%	0%	0%	02-GNRL SURGERY (40%)	16-OB-GYNECOLOGY (40%)	91-SURG ONCOLOGY (20%)
58900-Biopsy of ovary(s)	217	0%	1%	0%	0%	16-OB-GYNECOLOGY (55%)	02-GNRL SURGERY (28%)	30-RADIOLOGY (4%)
58920-Partial removal of ovary(s)	105	0%	1%	0%	0%	02-GNRL SURGERY (48%)	16-OB-GYNECOLOGY (33%)	01-OB-GP/FP (10%)
58925-Removal of ovarian cyst(s)	1,609	4%	10%	1%	1%	02-GNRL SURGERY (46%)	16-OB-GYNECOLOGY (37%)	01-OB-GP/FP (7%)
58940-Removal of ovary(s)	6,147	16%	5%	0%	0%	02-GNRL SURGERY (52%)	16-OB-GYNECOLOGY (29%)	01-OB-GP/FP (6%)
58943-Removal of ovary(s)	764	5%	2%	0%	0%	16-OB-GYNECOLOGY (53%)	02-GNRL SURGERY (32%)	01-OB-GP/FP (4%)
59100-Remove uterus lesion	30	0%	4%	0%	0%	70-GROUP PRAC (43%)	16-OB-GYNECOLOGY (37%)	01-OB-GP/FP (17%)
59120-Treat ectopic pregnancy	89	0%	0%	0%	0%	16-OB-GYNECOLOGY (74%)	02-GNRL SURGERY (12%)	01-OB-GP/FP (7%)
59121-Treat ectopic pregnancy	18	0%	1%	0%	0%	16-OB-GYNECOLOGY (83%)	02-GNRL SURGERY (11%)	70-GROUP PRAC (6%)
59130-Treat ectopic pregnancy	1	0%	0%	0%	0%	(.)	(.)	(.)
59135-Treat ectopic pregnancy	1	0%	0%	0%	0%	16-OB-GYNECOLOGY (100%)	(.)	(.)
59136-Treat ectopic pregnancy	2	0%	0%	0%	0%	16-OB-GYNECOLOGY (100%)	(.)	(.)
59140-Treat ectopic pregnancy	2	0%	0%	0%	0%	01-OB-GP/FP (50%)	16-OB-GYNECOLOGY (50%)	(.)
59350-Repair of uterus	7	0%	0%	0%	0%	16-OB-GYNECOLOGY (100%)	(.)	(.)

Percent of CPEP Medicare Charges: 3%

Percent of CPEP Private Payments: 3%

468-Miscellaneous Female Reproductive
Family Medicare Charges: \$4,817,929
Family Private Payments: \$2,668,183

57511-Cryocautery of cervix	4,314	7%	24%	97%	16-OB-GYNECOLOGY (82%)	01-OB-GP/FP (14%)	70-GROUP PRAC (2%)
57513-Laser surgery of cervix	827	4%	35%	32%	16-OB-GYNECOLOGY (86%)	49-ASC (7%)	70-GROUP PRAC (2%)
57522-Conization of cervix	0	0%	0%	0%	(.)	(.)	(.)
58100-Biopsy of uterus lining	84,598	89%	41%	9%	16-OB-GYNECOLOGY (85%)	01-OB-GP/FP (10%)	70-GROUP PRAC (2%)

CPEP 5 - OPHTHALMOLOGY

Procedure 1993 MC Allowed Charges 1993 MC Units of Service 1993 MC Global Period All'dchs Family PrivPmts Family Vol. in OFFICE First Specialty Second Specialty Third Specialty

500-Simple Repair and Plastic Procedures of Eye
 Family Medicare Charges: \$33,997,942
 Family Private Payments: \$640,021
 Percent of CPEP Medicare Charges: 1%
 Percent of CPEP Private Payments: 2%

65270-Repair of eye wound	\$23,666	194	010	0%	0%	49%	18-OPHTHALMOLOGY (71%)	49-ASC (13%)	70-GROUP PRAC (7%)
67700-Drainage of eyelid abscess	\$226,812	4,890	010	1%	1%	97%	18-OPHTHALMOLOGY (90%)	01-08-GP/FP (5%)	41-OPHTHOMETRIST (1%)
67710-Incision of eyelid	\$63,370	831	010	0%	0%	68%	18-OPHTHALMOLOGY (94%)	24-PLASTIC SURG (3%)	04-OTOLARYNG (1%)
67715-Incision of eyelid fold	\$136,179	1,826	010	0%	0%	5%	18-OPHTHALMOLOGY (84%)	49-ASC (12%)	24-PLASTIC SURG (2%)
67800-Remove eyelid lesion	\$2,357,885	32,251	010	7%	32%	93%	18-OPHTHALMOLOGY (97%)	70-GROUP PRAC (1%)	01-08-GP/FP (0%)
67801-Remove eyelid lesions	\$656,821	6,010	010	2%	5%	91%	18-OPHTHALMOLOGY (98%)	70-GROUP PRAC (0%)	01-08-GP/FP (0%)
67805-Remove eyelid lesions	\$139,555	1,212	010	2%	2%	89%	18-OPHTHALMOLOGY (98%)	70-GROUP PRAC (1%)	24-PLASTIC SURG (0%)
67808-Remove eyelid lesion(s)	\$75,614	350	090	0%	2%	9%	18-OPHTHALMOLOGY (57%)	49-ASC (35%)	24-PLASTIC SURG (3%)
67810-Biopsy of eyelid	\$851,578	13,393	000	3%	2%	90%	18-OPHTHALMOLOGY (52%)	07-DERMATOLOGY (42%)	24-PLASTIC SURG (3%)
67820-Revise eyelashes	\$3,477,962	104,113	000	10%	2%	98%	18-OPHTHALMOLOGY (83%)	41-OPHTHOMETRIST (16%)	70-GROUP PRAC (1%)
67825-Revise eyelashes	\$772,718	11,861	010	2%	1%	87%	18-OPHTHALMOLOGY (94%)	41-OPHTHOMETRIST (4%)	70-GROUP PRAC (1%)
67830-Revise eyelashes	\$144,865	710	010	0%	0%	42%	18-OPHTHALMOLOGY (78%)	49-ASC (16%)	24-PLASTIC SURG (3%)
67840-Remove eyelid lesion	\$3,130,899	33,300	010	9%	16%	83%	18-OPHTHALMOLOGY (93%)	07-DERMATOLOGY (3%)	24-PLASTIC SURG (1%)
67850-Treat eyelid lesion	\$185,165	2,726	010	1%	1%	91%	18-OPHTHALMOLOGY (61%)	07-DERMATOLOGY (26%)	41-OPHTHOMETRIST (5%)
67880-Closure of eyelid by suture	\$135,035	1,682	000	0%	0%	4%	18-OPHTHALMOLOGY (90%)	24-PLASTIC SURG (5%)	24-PLASTIC SURG (2%)
67880-Revision of eyelid	\$1,289,897	4,882	090	4%	0%	33%	18-OPHTHALMOLOGY (82%)	49-ASC (11%)	24-PLASTIC SURG (5%)
67882-Revision of eyelid	\$311,901	900	090	1%	0%	26%	18-OPHTHALMOLOGY (83%)	49-ASC (10%)	24-PLASTIC SURG (5%)
67914-Repair eyelid defect	\$1,224,339	3,165	090	4%	0%	24%	18-OPHTHALMOLOGY (61%)	49-ASC (31%)	41-OPHTHOMETRIST (4%)
67915-Repair eyelid defect	\$110,483	655	090	0%	0%	47%	18-OPHTHALMOLOGY (96%)	70-GROUP PRAC (2%)	82-HEMATOLOGY (1%)
67916-Repair eyelid defect	\$2,194,516	4,961	090	6%	0%	20%	18-OPHTHALMOLOGY (71%)	49-ASC (21%)	24-PLASTIC SURG (5%)
67921-Repair eyelid defect	\$2,737,977	8,202	090	8%	0%	47%	18-OPHTHALMOLOGY (80%)	49-ASC (18%)	24-PLASTIC SURG (1%)
67922-Repair eyelid defect	\$81,425	747	090	0%	0%	84%	18-OPHTHALMOLOGY (97%)	70-GROUP PRAC (1%)	01-08-GP/FP (0%)
67923-Repair eyelid defect	\$2,999,939	6,415	090	9%	0%	21%	18-OPHTHALMOLOGY (78%)	49-ASC (18%)	24-PLASTIC SURG (2%)
67930-Repair eyelid wound	\$38,181	295	010	0%	0%	47%	18-OPHTHALMOLOGY (76%)	01-08-GP/FP (5%)	24-PLASTIC SURG (5%)
67935-Repair eyelid wound	\$139,615	514	090	0%	3%	21%	18-OPHTHALMOLOGY (79%)	24-PLASTIC SURG (8%)	49-ASC (8%)
67938-Remove eyelid foreign body	\$73,495	1,403	010	0%	1%	88%	18-OPHTHALMOLOGY (66%)	41-OPHTHOMETRIST (18%)	01-08-GP/FP (6%)
68020-Incise/drain eyelid lining	\$97,144	1,980	010	0%	0%	96%	18-OPHTHALMOLOGY (89%)	41-OPHTHOMETRIST (5%)	01-08-GP/FP (2%)
68040-Treatment of eyelid lesions	\$19,061	504	000	0%	0%	99%	18-OPHTHALMOLOGY (89%)	24-PLASTIC SURG (6%)	41-OPHTHOMETRIST (2%)
68100-Biopsy of eyelid lining	\$70,669	1,049	000	0%	1%	60%	18-OPHTHALMOLOGY (90%)	70-GROUP PRAC (3%)	07-DERMATOLOGY (2%)
68110-Remove eyelid lining lesion	\$212,451	2,674	010	1%	2%	65%	18-OPHTHALMOLOGY (97%)	70-GROUP PRAC (1%)	04-OTOLARYNG (1%)
68115-Remove eyelid lining lesion	\$159,241	1,115	010	0%	0%	43%	18-OPHTHALMOLOGY (97%)	70-GROUP PRAC (1%)	04-OTOLARYNG (0%)
68135-Remove eyelid lining lesion	\$48,265	593	010	0%	0%	76%	18-OPHTHALMOLOGY (97%)	41-OPHTHOMETRIST (1%)	01-08-GP/FP (1%)
68340-Separate eyelid adhesions	\$23,383	101	090	0%	0%	43%	18-OPHTHALMOLOGY (90%)	49-ASC (8%)	24-PLASTIC SURG (1%)
68400-Incise/drain tear gland	\$21,326	265	010	0%	0%	88%	18-OPHTHALMOLOGY (90%)	04-OTOLARYNG (4%)	01-08-GP/FP (3%)
68420-Incise/drain tear sac	\$64,808	711	010	0%	0%	84%	18-OPHTHALMOLOGY (94%)	04-OTOLARYNG (2%)	24-PLASTIC SURG (0%)
68440-Incise tear duct opening	\$267,911	6,629	010	1%	0%	71%	18-OPHTHALMOLOGY (83%)	49-ASC (8%)	02-GENL SURGERY (3%)
68510-Biopsy of tear gland	\$14,629	72	000	0%	0%	31%	18-OPHTHALMOLOGY (89%)	49-ASC (7%)	04-OTOLARYNG (2%)
68525-Biopsy of tear sac	\$22,313	193	000	0%	0%	7%	18-OPHTHALMOLOGY (89%)	49-ASC (8%)	04-OTOLARYNG (2%)
68530-Clearance of tear duct	\$60,652	360	010	0%	0%	76%	18-OPHTHALMOLOGY (91%)	41-OPHTHOMETRIST (3%)	24-PLASTIC SURG (1%)
68705-Revise tear duct opening	\$93,565	1,478	010	0%	0%	64%	18-OPHTHALMOLOGY (98%)	70-GROUP PRAC (1%)	04-OTOLARYNG (2%)
68760-Close tear duct opening	\$1,594,413	22,043	010	5%	6%	92%	18-OPHTHALMOLOGY (94%)	41-OPHTHOMETRIST (5%)	70-GROUP PRAC (1%)
68761-Close tear duct opening	\$3,310,831	53,431	010	10%	0%	97%	18-OPHTHALMOLOGY (88%)	41-OPHTHOMETRIST (46%)	70-GROUP PRAC (0%)
68770-Close tear system fistula	\$27,033	106	090	0%	0%	61%	18-OPHTHALMOLOGY (53%)	01-08-GP/FP (2%)	04-OTOLARYNG (2%)
68800-Dilate tear duct opening(s)	\$1,204,128	36,149	010	4%	2%	96%	18-OPHTHALMOLOGY (78%)	41-OPHTHOMETRIST (21%)	70-GROUP PRAC (1%)
68820-Explore tear duct system	\$1,335,435	24,751	010	4%	5%	97%	18-OPHTHALMOLOGY (95%)	41-OPHTHOMETRIST (3%)	24-PLASTIC SURG (1%)
68825-Explore tear duct system	\$76,951	632	010	0%	7%	29%	18-OPHTHALMOLOGY (73%)	49-ASC (21%)	24-PLASTIC SURG (3%)
68850-Reopen tear duct channel	\$1,047,986	9,964	010	3%	6%	77%	18-OPHTHALMOLOGY (64%)	41-OPHTHOMETRIST (34%)	24-PLASTIC SURG (1%)
68850-Explore/irrigate tear ducts	\$645,855	14,522	010	2%	2%	96%	18-OPHTHALMOLOGY (95%)	41-OPHTHOMETRIST (2%)	70-GROUP PRAC (1%)

Procedure

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
A4263-Permanent tear duct plug			XXX				(.)	(.)	(.)
504-Complex Repair and Plastic Procedures of Eye									
Family Medicare Charges: \$79,610,263 Percent of CPEP Medicare Charges: 2%									
Family Private Payments: \$1,434,574 Percent of CPEP Private Payments: 5%									
15820-Revision of lower eyelid	\$78,488	215	090	0%		23%	18-OPHTHALMOLOGY (61%)	24-PLASTIC SURG (24%)	04-OTOLARYNG (10%)
15821-Revision of lower eyelid	\$101,188	245	090	0%		21%	18-OPHTHALMOLOGY (62%)	24-PLASTIC SURG (18%)	04-OTOLARYNG (9%)
15822-Revision of upper eyelid	\$2,011,848	3,623	090	3%	7%	34%	18-OPHTHALMOLOGY (76%)	24-PLASTIC SURG (14%)	04-OTOLARYNG (5%)
15823-Revision of upper eyelid	\$8,433,581	13,181	090	11%	20%	31%	18-OPHTHALMOLOGY (77%)	24-PLASTIC SURG (17%)	04-OTOLARYNG (3%)
65091-Revise eye	\$102,877	199	090	0%		4%	18-OPHTHALMOLOGY (83%)	49-ASC (11%)	70-GROUP PRAC (3%)
65093-Revise eye with implant	\$343,563	619	090	0%		4%	18-OPHTHALMOLOGY (86%)	49-ASC (13%)	24-PLASTIC SURG (0%)
65101-Removal of eye	\$170,938	449	090	0%		3%	18-OPHTHALMOLOGY (61%)	05-ANESTHESIA (25%)	49-ASC (8%)
65103-Remove eye/insert implant	\$447,772	788	090	1%		3%	18-OPHTHALMOLOGY (95%)	49-ASC (4%)	70-GROUP PRAC (1%)
65105-Remove eye/attach implant	\$738,600	1,226	090	1%		2%	18-OPHTHALMOLOGY (90%)	49-ASC (6%)	24-PLASTIC SURG (2%)
65110-Removal of eye	\$128,919	149	090	0%		2%	18-OPHTHALMOLOGY (72%)	04-OTOLARYNG (13%)	24-PLASTIC SURG (5%)
65112-Remove eye, revise socket	\$46,281	55	090	0%		2%	18-OPHTHALMOLOGY (55%)	04-OTOLARYNG (20%)	24-PLASTIC SURG (18%)
65114-Remove eye, revise socket	\$14,826	16	090	0%		6%	18-OPHTHALMOLOGY (56%)	24-PLASTIC SURG (22%)	02-GHRL SURGERY (6%)
65125-Revise ocular implant	\$35,959	84	090	0%		17%	18-OPHTHALMOLOGY (99%)	24-PLASTIC SURG (1%)	(.)
65130-Insert ocular implant	\$46,078	94	090	0%		4%	18-OPHTHALMOLOGY (60%)	49-ASC (32%)	24-PLASTIC SURG (3%)
65135-Insert ocular implant	\$23,295	48	090	0%		4%	18-OPHTHALMOLOGY (65%)	24-PLASTIC SURG (21%)	49-ASC (10%)
65140-Attach ocular implant	\$29,224	60	090	0%		3%	18-OPHTHALMOLOGY (72%)	24-PLASTIC SURG (13%)	49-ASC (13%)
65150-Revise ocular implant	\$64,430	144	090	0%		15%	18-OPHTHALMOLOGY (68%)	49-ASC (27%)	04-OTOLARYNG (2%)
65155-Reinsert ocular implant	\$86,244	143	090	0%		1%	18-OPHTHALMOLOGY (74%)	24-PLASTIC SURG (15%)	49-ASC (9%)
65175-Removal of ocular implant	\$98,396	318	090	0%		4%	18-OPHTHALMOLOGY (81%)	49-ASC (15%)	24-PLASTIC SURG (3%)
67250-Reinforce eye wall	\$27,926	64	090	0%		11%	18-OPHTHALMOLOGY (77%)	49-ASC (14%)	05-ANESTHESIA (3%)
67255-Reinforce/graft eye wall	\$865,736	1,282	090	1%		3%	18-OPHTHALMOLOGY (88%)	49-ASC (9%)	70-GROUP PRAC (1%)
67400-Explore/biopsy eye socket	\$579,503	1,003	090	1%	3%	5%	18-OPHTHALMOLOGY (84%)	49-ASC (9%)	24-PLASTIC SURG (3%)
67405-Explore/drain eye socket	\$57,944	117	090	0%		6%	18-OPHTHALMOLOGY (76%)	04-OTOLARYNG (16%)	24-PLASTIC SURG (3%)
67412-Explore/treat eye socket	\$648,583	967	090	1%	4%	5%	18-OPHTHALMOLOGY (78%)	49-ASC (13%)	24-PLASTIC SURG (4%)
67413-Explore/treat eye socket	\$50,296	105	090	0%		14%	18-OPHTHALMOLOGY (87%)	04-OTOLARYNG (6%)	49-ASC (4%)
67414-Explore/decompress eye socket	\$70,973	191	090	0%		2%	18-OPHTHALMOLOGY (69%)	04-OTOLARYNG (18%)	24-PLASTIC SURG (7%)
67445-Explore/decompress eye socket	\$61,453	111	090	0%		3%	18-OPHTHALMOLOGY (95%)	04-OTOLARYNG (2%)	97-PHYS ASSISTANT (2%)
67550-Insert eye socket implant	\$50,520	112	090	0%		5%	18-OPHTHALMOLOGY (68%)	24-PLASTIC SURG (10%)	04-OTOLARYNG (4%)
67560-Revise eye socket implant	\$56,142	117	090	0%		7%	18-OPHTHALMOLOGY (79%)	49-ASC (11%)	04-OTOLARYNG (4%)
67570-Decompress optic nerve	\$245,851	528	090	0%		4%	18-OPHTHALMOLOGY (90%)	70-GROUP PRAC (5%)	14-NEUROSURGERY (1%)
67855-Revise eyelashes	\$85,098	210	090	0%		14%	18-OPHTHALMOLOGY (72%)	49-ASC (16%)	24-PLASTIC SURG (10%)
67900-Repair brow defect	\$288,667	1,945	090	0%		18%	18-OPHTHALMOLOGY (77%)	24-PLASTIC SURG (12%)	04-OTOLARYNG (6%)
67901-Repair eyelid defect	\$935,067	1,454	090	1%		14%	18-OPHTHALMOLOGY (46%)	49-ASC (44%)	24-PLASTIC SURG (6%)
67902-Repair eyelid defect	\$135,121	223	090	0%		8%	18-OPHTHALMOLOGY (70%)	49-ASC (16%)	24-PLASTIC SURG (10%)
67903-Repair eyelid defect	\$2,019,386	2,759	090	3%	3%	13%	18-OPHTHALMOLOGY (59%)	49-ASC (32%)	24-PLASTIC SURG (8%)
67904-Repair eyelid defect	\$22,727,413	29,281	090	2%	25%	11%	18-OPHTHALMOLOGY (65%)	49-ASC (30%)	24-PLASTIC SURG (4%)
67906-Repair eyelid defect	\$40,855	73	090	0%		7%	49-ASC (77%)	18-OPHTHALMOLOGY (18%)	70-GROUP PRAC (1%)
67908-Repair eyelid defect	\$3,543,425	5,644	090	4%	2%	14%	18-OPHTHALMOLOGY (70%)	49-ASC (28%)	24-PLASTIC SURG (6%)
67909-Revise eyelid defect	\$222,115	459	090	0%		26%	18-OPHTHALMOLOGY (54%)	49-ASC (38%)	24-PLASTIC SURG (8%)
67911-Revise eyelid defect	\$1,067,881	1,933	090	1%	4%	8%	18-OPHTHALMOLOGY (71%)	49-ASC (16%)	24-PLASTIC SURG (4%)
67917-Repair eyelid defect	\$7,409,683	14,548	090	9%	3%	15%	18-OPHTHALMOLOGY (76%)	49-ASC (17%)	24-PLASTIC SURG (2%)
67924-Repair eyelid defect	\$5,346,310	10,377	090	7%	2%	16%	18-OPHTHALMOLOGY (81%)	49-ASC (15%)	24-PLASTIC SURG (4%)
67950-Revision of eyelid	\$3,148,481	7,514	090	4%	4%	9%	18-OPHTHALMOLOGY (73%)	49-ASC (18%)	24-PLASTIC SURG (6%)
67961-Revision of eyelid	\$3,649,709	8,178	090	5%	5%	20%	18-OPHTHALMOLOGY (72%)	49-ASC (18%)	24-PLASTIC SURG (11%)
67966-Revision of eyelid	\$3,706,649	6,769	090	5%	3%	9%	18-OPHTHALMOLOGY (72%)	49-ASC (15%)	24-PLASTIC SURG (11%)
67971-Reconstruction of eyelid	\$523,745	948	090	1%		7%	18-OPHTHALMOLOGY (75%)	49-ASC (14%)	24-PLASTIC SURG (9%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AltdChgs	Pct. of Family PrivPmts	Pct. of Vol. in Office	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
67973-Reconstruction of eyelid	\$482,039	663	090	1%	.	6%	18-OPHTHALMOLOGY (78%)	49-ASC (11%)	24-PLASTIC SURG (9%)
67974-Reconstruction of eyelid	\$196,906	262	090	0%	.	6%	18-OPHTHALMOLOGY (77%)	49-ASC (14%)	24-PLASTIC SURG (6%)
67975-Reconstruction of eyelid	\$195,367	595	090	1%	.	2%	18-OPHTHALMOLOGY (82%)	49-ASC (12%)	24-PLASTIC SURG (4%)
68320-Revise/graft eyelid lining	\$1,065,595	2,708	090	1%	4%	13%	18-OPHTHALMOLOGY (82%)	49-ASC (15%)	01-OB-GP/FP (2%)
68325-Revise/graft eyelid lining	\$70,727	134	090	0%	.	6%	18-OPHTHALMOLOGY (68%)	49-ASC (15%)	24-PLASTIC SURG (14%)
68326-Revise/graft eyelid lining	\$291,800	693	090	0%	.	5%	18-OPHTHALMOLOGY (74%)	24-PLASTIC SURG (14%)	49-ASC (12%)
68328-Revise/graft eyelid lining	\$114,441	217	090	0%	.	3%	18-OPHTHALMOLOGY (84%)	49-ASC (10%)	24-PLASTIC SURG (3%)
68335-Revise/graft eyelid lining	\$69,001	132	090	0%	.	6%	18-OPHTHALMOLOGY (78%)	49-ASC (18%)	24-PLASTIC SURG (2%)
68500-Removal of tear gland	\$3,773	12	090	0%	.	3%	18-OPHTHALMOLOGY (67%)	49-ASC (17%)	24-PLASTIC SURG (8%)
68505-Partial removal tear gland	\$26,971	65	090	0%	.	5%	18-OPHTHALMOLOGY (88%)	49-ASC (9%)	02-GHRL SURGERY (2%)
68520-Removal of tear sac	\$134,374	286	090	0%	.	11%	18-OPHTHALMOLOGY (78%)	49-ASC (16%)	04-OTOLARYNG (3%)
68540-Remove tear gland lesion	\$30,651	55	090	0%	.	15%	18-OPHTHALMOLOGY (69%)	49-ASC (16%)	04-OTOLARYNG (5%)
68550-Remove tear gland lesion	\$4,721	7	090	0%	.	1%	18-OPHTHALMOLOGY (86%)	04-OTOLARYNG (14%)	(.)
68700-Repair tear ducts	\$627,288	2,174	090	1%	3%	21%	18-OPHTHALMOLOGY (81%)	49-ASC (10%)	24-PLASTIC SURG (7%)
68720-Create tear sac drain	\$4,468,021	6,491	090	6%	8%	3%	18-OPHTHALMOLOGY (78%)	49-ASC (9%)	04-OTOLARYNG (6%)
68745-Create tear duct drain	\$28,583	48	090	0%	.	13%	18-OPHTHALMOLOGY (85%)	49-ASC (6%)	02-GHRL SURGERY (4%)
68750-Create tear duct drain	\$1,234,966	1,400	090	2%	.	8%	18-OPHTHALMOLOGY (81%)	49-ASC (11%)	24-PLASTIC SURG (3%)
508-Strabismus, Eye and Muscle Procedures									
Family Medicare Charges:	\$4,542,023			0%			Percent of CPEP Medicare Charges:		
Family Private Payments:	\$1,129,489			4%			Percent of CPEP Private Payments:		
65290-Repair of eye socket wound	\$38,045	147	090	1%	.	1%	18-OPHTHALMOLOGY (84%)	49-ASC (7%)	01-OB-GP/FP (2%)
67311-Revise eye muscle	\$856,519	1,830	090	1%	19%	2%	18-OPHTHALMOLOGY (74%)	49-ASC (24%)	70-GROUP PRAC (1%)
67312-Revise two eye muscles	\$1,449,319	2,433	090	3%	5%	2%	18-OPHTHALMOLOGY (77%)	49-ASC (18%)	05-ANESTHESIA (3%)
67314-Revise eye muscle	\$607,256	1,042	090	1%	7%	2%	18-OPHTHALMOLOGY (84%)	49-ASC (14%)	70-GROUP PRAC (1%)
67316-Revise two eye muscles	\$174,363	254	090	4%	5%	3%	18-OPHTHALMOLOGY (83%)	49-ASC (13%)	70-GROUP PRAC (3%)
67318-Revise eye muscle(s)	\$70,793	156	090	2%	.	4%	18-OPHTHALMOLOGY (81%)	49-ASC (16%)	37-PEDIATRICS (1%)
67320-Revise eye muscle(s)	\$141,799	260	090	3%	.	5%	18-OPHTHALMOLOGY (84%)	49-ASC (13%)	70-GROUP PRAC (1%)
67331-Eye surgery follow-up	\$69,291	149	090	2%	.	3%	18-OPHTHALMOLOGY (77%)	49-ASC (21%)	70-GROUP PRAC (3%)
67332-Rerevise eye muscles	\$398,547	697	090	9%	13%	7%	18-OPHTHALMOLOGY (87%)	49-ASC (9%)	70-GROUP PRAC (1%)
67334-Revise eye muscle w/suture	\$7,441	27	090	0%	.	2%	18-OPHTHALMOLOGY (93%)	30-RADIOLOGY (4%)	92-RAD ONCOLOGY (4%)
67335-Eye suture during surgery	\$405,177	1,226	222	9%	2%	6%	18-OPHTHALMOLOGY (96%)	70-GROUP PRAC (2%)	37-PEDIATRICS (1%)
67340-Revise eye muscle	\$18,480	51	090	0%	.	10%	18-OPHTHALMOLOGY (86%)	07-DERMATOLOGY (4%)	24-PLASTIC SURG (4%)
67343-Release eye tissue	\$12,901	72	090	0%	.	6%	18-OPHTHALMOLOGY (96%)	37-PEDIATRICS (3%)	70-GROUP PRAC (1%)
67345-Destroy nerve of eye muscle	\$289,791	1,677	010	6%	3%	8%	18-OPHTHALMOLOGY (65%)	13-NEUROLOGY (14%)	24-PLASTIC SURG (8%)
67350-Biopsy eye muscle	\$2,302	22	000	0%	.	9%	18-OPHTHALMOLOGY (95%)	07-DERMATOLOGY (5%)	(.)
512-Simple Posterior Segment Eye Procedures									
Family Medicare Charges:	\$10,454,597			0%			Percent of CPEP Medicare Charges:		
Family Private Payments:	\$382,372			1%			Percent of CPEP Private Payments:		
67015-Release of eye fluid	\$820,516	2,408	090	8%	.	7%	18-OPHTHALMOLOGY (88%)	49-ASC (10%)	70-GROUP PRAC (1%)
67025-Replace eye fluid	\$928,235	3,991	090	9%	16%	1%	18-OPHTHALMOLOGY (81%)	49-ASC (17%)	70-GROUP PRAC (1%)
67028-Injection eye drug	\$342,247	2,436	000	3%	.	2%	18-OPHTHALMOLOGY (97%)	70-GROUP PRAC (1%)	01-OB-GP/FP (1%)
67030-Incise inner eye strands	\$243,818	743	090	2%	.	4%	18-OPHTHALMOLOGY (90%)	49-ASC (8%)	82-HEMATOLOGY (1%)
67115-Release, encircling material	\$82,618	193	090	1%	.	17%	18-OPHTHALMOLOGY (90%)	49-ASC (7%)	70-GROUP PRAC (3%)
67120-Remove eye implant material	\$403,814	1,013	090	4%	.	1%	18-OPHTHALMOLOGY (91%)	49-ASC (6%)	70-GROUP PRAC (1%)
67161-Treatment of retina	\$3,709,747	6,765	090	3%	4%	5%	18-OPHTHALMOLOGY (92%)	49-ASC (7%)	70-GROUP PRAC (1%)
67208-Treatment of retinal lesion	\$1,233,716	1,987	090	12%	.	6%	18-OPHTHALMOLOGY (89%)	49-ASC (9%)	70-GROUP PRAC (1%)
67227-Treatment of retinal lesion	\$2,381,998	4,165	090	23%	30%	4%	18-OPHTHALMOLOGY (86%)	49-ASC (9%)	04-OTOLARYNG (5%)
92018-New eye exam & treatment	\$68,094	1,642	XXX	1%	8%	47%	18-OPHTHALMOLOGY (69%)	41-OPHTHOMETRIST (17%)	05-ANESTHESIA (7%)

Procedure	1993 HC Charges	1993 HC Units of Service	Global Period	Pct. of Allldchs	Pct. of Family Privpmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
92019-Eye exam & treatment	\$239,794	6,211	XXX	2%	.	89%	18-OPHTHALMOLOGY (66%)	41-OPTOMETRIST (24%)	70-GROUP PRAC (10%)
516-Complex Posterior Segment Eye Procedures									
Family Medicare Charges: \$39,124,003	Percent of CPEP Medicare Charges: 1%								
Family Private Payments: \$1,416,748	Percent of CPEP Private Payments: 4%								
61330-Decompress eye socket	\$33,385	51	090	0%	.	2%	14-NEUROSURGERY (41%)	18-OPHTHALMOLOGY (39%)	01,08-GP/FP (6%)
61332-Explore/biopsy eye socket	\$45,177	40	090	0%	.	0%	14-NEUROSURGERY (45%)	18-OPHTHALMOLOGY (33%)	04-OTOLARYNG (8%)
65260-Remove foreign body from eye	\$10,039	27	090	0%	.	0%	18-OPHTHALMOLOGY (81%)	49-ASC (19%)	(.)
65265-Remove foreign body from eye	\$123,947	357	090	0%	.	5%	18-OPHTHALMOLOGY (94%)	49-ASC (5%)	02-GNRL SURGERY (0%)
66220-Repair eye lesion	\$16,236	36	090	0%	.	19%	18-OPHTHALMOLOGY (83%)	49-ASC (11%)	04-OTOLARYNG (3%)
67101-Repair, detached retina	\$2,009,792	2,497	090	5%	6%	55%	18-OPHTHALMOLOGY (84%)	49-ASC (15%)	82-HEMATOLOGY (0%)
67107-Repair detached retina	\$18,152,686	18,043	090	46%	61%	7%	18-OPHTHALMOLOGY (94%)	49-ASC (4%)	70-GROUP PRAC (1%)
67108-Repair detached retina	\$15,196,490	9,683	090	39%	34%	3%	18-OPHTHALMOLOGY (93%)	49-ASC (4%)	70-GROUP PRAC (1%)
67109-Repair detached retina	\$612,091	733	090	2%	.	25%	18-OPHTHALMOLOGY (98%)	49-ASC (1%)	01,08-GP/FP (0%)
67110-Repair detached retina	\$1,484,203	2,057	090	4%	.	49%	18-OPHTHALMOLOGY (99%)	70-GROUP PRAC (1%)	16-08-GYNECOLOGY (0%)
67112-Re-repair detached retina	\$643,625	756	090	2%	.	4%	18-OPHTHALMOLOGY (93%)	49-ASC (5%)	70-GROUP PRAC (1%)
67121-Remove eye implant material	\$122,062	369	090	0%	.	3%	18-OPHTHALMOLOGY (87%)	49-ASC (11%)	70-GROUP PRAC (1%)
67218-Treatment of retinal lesion	\$326,304	345	090	1%	.	7%	18-OPHTHALMOLOGY (96%)	11-INTERNAL MED (1%)	49-ASC (1%)
67420-Explore/treat eye socket	\$173,449	198	090	0%	.	8%	18-OPHTHALMOLOGY (83%)	04-OTOLARYNG (8%)	01,08-GP/FP (3%)
67430-Explore/treat eye socket	\$5,181	8	090	0%	.	38%	18-OPHTHALMOLOGY (75%)	19-ORAL SURGERY (13%)	49-ASC (13%)
67440-Explore/drain eye socket	\$67,264	91	090	0%	.	5%	18-OPHTHALMOLOGY (87%)	01,08-GP/FP (3%)	49-ASC (3%)
67450-Explore/biopsy eye socket	\$102,072	117	090	0%	.	3%	18-OPHTHALMOLOGY (81%)	04-OTOLARYNG (5%)	24-PLASTIC SURG (4%)
520-Simple Anterior Segment Eye Procedures									
Family Medicare Charges: \$16,448,817	Percent of CPEP Medicare Charges: 0%								
Family Private Payments: \$273,766	Percent of CPEP Private Payments: 1%								
65272-Repair of eye wound	\$14,443	92	090	0%	.	38%	18-OPHTHALMOLOGY (76%)	49-ASC (15%)	11-INTERNAL MED (5%)
65273-Repair of eye wound	\$4,017	26	090	0%	.	15%	18-OPHTHALMOLOGY (96%)	24-PLASTIC SURG (4%)	(.)
65275-Repair of eye wound	\$29,514	276	090	0%	2%	79%	18-OPHTHALMOLOGY (34%)	01,08-GP/FP (26%)	41-OPTOMETRIST (13%)
65286-Repair of eye wound	\$110,580	361	090	1%	.	60%	18-OPHTHALMOLOGY (98%)	70-GROUP PRAC (2%)	05-ANESTHESIA (0%)
65410-Biopsy of cornea	\$34,319	241	000	0%	.	34%	18-OPHTHALMOLOGY (76%)	49-ASC (23%)	49-ASC (7%)
65420-Removal of eye lesion	\$2,636,646	10,786	090	16%	40%	20%	18-OPHTHALMOLOGY (89%)	41-OPTOMETRIST (4%)	01,08-GP/FP (2%)
65435-Curette/treat cornea	\$194,501	3,582	000	1%	5%	89%	18-OPHTHALMOLOGY (99%)	70-GROUP PRAC (1%)	01,08-GP/FP (0%)
65436-Curette/treat cornea	\$107,757	705	090	1%	.	52%	18-OPHTHALMOLOGY (98%)	70-GROUP PRAC (1%)	01,08-GP/FP (0%)
65450-Treatment of corneal lesion	\$188,999	633	090	1%	.	50%	18-OPHTHALMOLOGY (99%)	82-HEMATOLOGY (1%)	01,08-GP/FP (0%)
65600-Revision of cornea	\$32,591	164	090	0%	.	84%	18-OPHTHALMOLOGY (91%)	01,08-GP/FP (4%)	93-EMERGENCY MED (4%)
65772-Correction of astigmatism	\$2,611,026	6,626	090	16%	.	54%	18-OPHTHALMOLOGY (98%)	41-OPTOMETRIST (1%)	70-GROUP PRAC (0%)
65800-Drainage of eye	\$154,612	1,282	000	1%	.	31%	18-OPHTHALMOLOGY (89%)	49-ASC (5%)	01,08-GP/FP (4%)
65805-Drainage of eye	\$311,302	2,077	000	2%	2%	57%	18-OPHTHALMOLOGY (96%)	49-ASC (3%)	39-NEPHROLOGY (0%)
65810-Drainage of eye	\$263,448	1,162	090	2%	.	6%	18-OPHTHALMOLOGY (80%)	49-ASC (19%)	70-GROUP PRAC (1%)
65815-Drainage of eye	\$155,347	640	090	1%	.	18%	18-OPHTHALMOLOGY (85%)	49-ASC (13%)	70-GROUP PRAC (1%)
65820-Relieve inner eye pressure	\$65,272	1,072	090	0%	.	47%	18-OPHTHALMOLOGY (98%)	78-CARDIAC SURG (1%)	82-HEMATOLOGY (1%)
66020-Injection treatment of eye	\$252,582	2,077	010	2%	.	27%	18-OPHTHALMOLOGY (94%)	49-ASC (5%)	70-GROUP PRAC (0%)
66030-Injection treatment of eye	\$57,562	818	010	0%	.	60%	18-OPHTHALMOLOGY (85%)	49-ASC (11%)	70-GROUP PRAC (1%)
66130-Remove eye lesion	\$89,102	204	090	1%	.	23%	18-OPHTHALMOLOGY (81%)	49-ASC (16%)	70-GROUP PRAC (2%)
66500-Incision of iris	\$99,191	662	090	1%	.	3%	18-OPHTHALMOLOGY (87%)	49-ASC (12%)	02-GNRL SURGERY (0%)
66505-Incision of iris	\$11,705	70	090	0%	.	19%	18-OPHTHALMOLOGY (84%)	49-ASC (16%)	(.)
66600-Remove iris and lesion	\$237,177	622	090	1%	.	6%	18-OPHTHALMOLOGY (81%)	49-ASC (19%)	93-EMERGENCY MED (0%)
66625-Removal of iris	\$3,676,612	6,796	090	22%	34%	41%	18-OPHTHALMOLOGY (83%)	49-ASC (16%)	70-GROUP PRAC (0%)
66630-Removal of iris	\$262,803	881	090	2%	.	7%	18-OPHTHALMOLOGY (86%)	49-ASC (13%)	01,08-GP/FP (0%)

Top Medicare Specialties (% of Procedure Volume)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDchs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)			
							First Specialty	Second Specialty	Third Specialty	
66682-Repair iris and ciliary body	\$756,161	2,389	090	5%	.	4%	18-OPHTHALMOLOGY (79%)	49-ASC (20%)	41-OPTOMETRIST (1%)	
66700-Destruction, ciliary body	\$68,792	182	090	0%	.	3%	18-OPHTHALMOLOGY (83%)	49-ASC (9%)	34-UROLOGY (5%)	
66710-Destruction, ciliary body	\$1,035,706	2,386	090	6%	.	20%	18-OPHTHALMOLOGY (90%)	49-ASC (7%)	70-GROUP PRAC (2%)	
66720-Destruction, ciliary body	\$1,215,098	3,249	090	7%	.	36%	18-OPHTHALMOLOGY (81%)	49-ASC (9%)	41-OPTOMETRIST (8%)	
66820-Incision, secondary cataract	\$716,153	2,139	090	4%	17%	50%	18-OPHTHALMOLOGY (98%)	41-OPTOMETRIST (1%)	01-OB-GP/FP (0%)	
66825-Reposition intraocular lens	\$1,055,799	2,317	090	6%	.	8%	18-OPHTHALMOLOGY (97%)	70-GROUP PRAC (1%)	41-OPTOMETRIST (1%)	
524-Moderate Anterior Segment Eye Procedures										
Family Medicare Charges: \$67,517,211							Percent of CPEP Medicare Charges: 2%			
Family Private Payments: \$421,474							Percent of CPEP Private Payments: 1%			
65280-Repair of eye wound	\$137,089	386	090	0%	.	34%	18-OPHTHALMOLOGY (91%)	49-ASC (7%)	70-GROUP PRAC (1%)	
65400-Removal of eye lesion	\$1,010,268	2,806	090	1%	6%	29%	18-OPHTHALMOLOGY (86%)	49-ASC (12%)	70-GROUP PRAC (1%)	
65426-Removal of eye lesion	\$1,445,120	3,323	090	2%	10%	15%	18-OPHTHALMOLOGY (70%)	49-ASC (24%)	41-OPTOMETRIST (5%)	
65850-Incision of eye	\$1,358,712	2,126	090	2%	.	20%	18-OPHTHALMOLOGY (84%)	49-ASC (12%)	70-GROUP PRAC (1%)	
65865-Incise inner eye adhesions	\$831,416	2,394	090	1%	.	12%	18-OPHTHALMOLOGY (90%)	49-ASC (9%)	70-GROUP PRAC (1%)	
65870-Incise inner eye adhesions	\$357,891	1,671	090	1%	.	11%	18-OPHTHALMOLOGY (84%)	49-ASC (10%)	41-OPTOMETRIST (5%)	
65875-Incise inner eye adhesions	\$888,958	3,497	090	1%	.	6%	18-OPHTHALMOLOGY (83%)	49-ASC (16%)	70-GROUP PRAC (1%)	
65880-Incise inner eye adhesions	\$50,282	171	090	0%	.	13%	18-OPHTHALMOLOGY (86%)	49-ASC (14%)	(.)	
65920-Remove implant from eye	\$1,591,021	4,109	090	2%	9%	4%	18-OPHTHALMOLOGY (87%)	49-ASC (12%)	70-GROUP PRAC (0%)	
65930-Remove blood clot from eye	\$267,917	666	090	0%	.	8%	18-OPHTHALMOLOGY (84%)	49-ASC (15%)	01-OB-GP/FP (1%)	
66150-Glaucoma surgery	\$1,245,719	2,255	090	2%	.	14%	18-OPHTHALMOLOGY (70%)	49-ASC (28%)	82-HEMATOLOGY (1%)	
66155-Glaucoma surgery	\$911,089	1,571	090	1%	5%	5%	18-OPHTHALMOLOGY (74%)	49-ASC (26%)	01-OB-GP/FP (0%)	
66160-Glaucoma surgery	\$1,940,361	3,715	090	3%	.	2%	18-OPHTHALMOLOGY (76%)	49-ASC (21%)	70-GROUP PRAC (2%)	
66165-Glaucoma surgery	\$27,052	92	090	0%	.	1%	18-OPHTHALMOLOGY (55%)	49-ASC (43%)	70-GROUP PRAC (1%)	
66170-Glaucoma surgery	\$45,964,369	78,470	090	68%	63%	4%	18-OPHTHALMOLOGY (79%)	49-ASC (19%)	70-GROUP PRAC (1%)	
66172-Incision of eye	\$160,709	332	090	0%	.	(.)	(.)	(.)	(.)	
66185-Revise eye shunt	\$5,836,727	12,945	090	9%	12%	29%	18-OPHTHALMOLOGY (83%)	70-GROUP PRAC (2%)	05-ANESTHESIA (1%)	
66250-Follow-up surgery of eye	\$332,828	886	090	0%	.	13%	18-OPHTHALMOLOGY (85%)	49-ASC (15%)	70-GROUP PRAC (1%)	
66635-Removal of iris	\$874,228	3,019	090	1%	.	4%	18-OPHTHALMOLOGY (83%)	49-ASC (14%)	01-OB-GP/FP (0%)	
66680-Repair iris & ciliary body	\$291,210	1,160	090	0%	.	3%	18-OPHTHALMOLOGY (69%)	49-ASC (30%)	70-GROUP PRAC (0%)	
66740-Destruction, ciliary body	\$1,648,411	3,473	090	2%	.	41%	18-OPHTHALMOLOGY (90%)	49-ASC (6%)	70-GROUP PRAC (0%)	
66830-Removal of lens lesion	\$104,992	414	090	0%	.	12%	18-OPHTHALMOLOGY (76%)	49-ASC (21%)	70-GROUP PRAC (3%)	
68130-Remove eyelid lining lesion	\$83,133	249	090	0%	.	20%	18-OPHTHALMOLOGY (77%)	49-ASC (12%)	70-GROUP PRAC (2%)	
68330-Revise eyelid lining	\$154,679	545	090	0%	.	19%	18-OPHTHALMOLOGY (85%)	49-ASC (14%)	24-PLASTIC SURG (8%)	
68360-Revise eyelid lining	\$423,030	869	090	1%	.	6%	18-OPHTHALMOLOGY (85%)	49-ASC (13%)	70-GROUP PRAC (1%)	
528-Complex Anterior Segment Eye Procedures										
Family Medicare Charges: \$42,769,241							Percent of CPEP Medicare Charges: 1%			
Family Private Payments: \$385,344							Percent of CPEP Private Payments: 1%			
65235-Remove foreign body from eye	\$58,205	185	090	0%	.	17%	18-OPHTHALMOLOGY (74%)	49-ASC (19%)	01-OB-GP/FP (4%)	
65285-Repair of eye wound	\$1,000,991	1,378	090	2%	.	4%	18-OPHTHALMOLOGY (93%)	49-ASC (6%)	70-GROUP PRAC (1%)	
65710-Corneal transplant	\$1,065,480	1,979	090	2%	.	3%	18-OPHTHALMOLOGY (64%)	49-ASC (33%)	70-GROUP PRAC (1%)	
65730-Corneal transplant	\$12,735,795	10,891	090	30%	71%	7%	18-OPHTHALMOLOGY (75%)	49-ASC (19%)	41-OPTOMETRIST (4%)	
65750-Corneal transplant	\$7,248,149	5,602	090	17%	29%	4%	18-OPHTHALMOLOGY (80%)	49-ASC (17%)	41-OPTOMETRIST (1%)	
65755-Corneal transplant	\$18,135,656	13,641	090	42%	.	3%	18-OPHTHALMOLOGY (86%)	49-ASC (12%)	70-GROUP PRAC (1%)	
65770-Revise cornea with implant	\$42,484	47	090	0%	.	6%	18-OPHTHALMOLOGY (96%)	70-GROUP PRAC (4%)	(.)	
65775-Correction of astigmatism	\$146,532	289	090	0%	.	17%	18-OPHTHALMOLOGY (98%)	01-OB-GP/FP (1%)	05-ANESTHESIA (0%)	
65900-Remove eye lesion	\$46,087	132	090	0%	.	10%	18-OPHTHALMOLOGY (64%)	49-ASC (18%)	11-INTERNAL MED (11%)	
66180-Implant eye shunt	\$1,993,272	2,503	090	5%	.	2%	18-OPHTHALMOLOGY (96%)	70-GROUP PRAC (1%)	05-ANESTHESIA (1%)	

66225-Repair/graft eye lesion
66605-Removal of iris

2%
36%

1%
0%

302
87

\$236,286
\$60,304

18-OPHTHALMOLOGY (91%)
18-OPHTHALMOLOGY (78%)

49-ASC (7%)
49-ASC (18%)

70-GROUP PRAC (2%)
16-OB-GYNECOLOGY (3%)

532-Cataract Procedures

Family Medicare Charges: \$1820605799
Family Private Payments: \$9,644,545

Percent of CPEP Medicare Charges: 47%
Percent of CPEP Private Payments: 30%

66840-Removal of lens material
66850-Removal of lens material
66852-Removal of lens material
66920-Extraction of lens
66930-Extraction of lens
66940-Extraction of lens
66983-Remove cataract, insert lens
66984-Remove cataract, insert lens
66985-Insert lens prosthesis
66986-Exchange lens prosthesis

1%
1%
2%
3%
5%
6%
2%
9%
3%
7%

1,218
4,073
1,479
739
396
2,681
10,119
2,303,394
15,911,284
10,751,090

8%
8%
2%
3%
5%
6%
4%
25%
15%
7%

18-OPHTHALMOLOGY (81%)
18-OPHTHALMOLOGY (80%)
18-OPHTHALMOLOGY (87%)
18-OPHTHALMOLOGY (68%)
18-OPHTHALMOLOGY (73%)
18-OPHTHALMOLOGY (86%)
41-OPHTHMETRIST (45%)
18-OPHTHALMOLOGY (63%)
18-OPHTHALMOLOGY (69%)
18-OPHTHALMOLOGY (74%)

49-ASC (18%)
49-ASC (14%)
49-ASC (11%)
05-ANESTHESIA (12%)
49-ASC (24%)
49-ASC (11%)
18-OPHTHALMOLOGY (37%)
41-OPHTHMETRIST (18%)
49-ASC (19%)
49-ASC (20%)

70-GROUP PRAC (1%)
41-OPHTHMETRIST (6%)
70-GROUP PRAC (1%)
43-CRNA (11%)
04-OTOLARYNG (1%)
70-GROUP PRAC (1%)
49-ASC (12%)
41-OPHTHMETRIST (11%)
41-OPHTHMETRIST (5%)

536-Laser Eye Procedures

Family Medicare Charges: \$652,024,409
Family Private Payments: \$6,891,052

Percent of CPEP Medicare Charges: 17%
Percent of CPEP Private Payments: 22%

65855-Laser surgery of eye
65860-Incise inner eye adhesions
66761-Revision of iris
66762-Revision of iris
66770-Removal of inner eye lesion
66821-After cataract laser surgery
67031-Laser surgery, eye strands
67105-Repair, detached retina
67145-Treatment of retina
67210-Treatment of retinal lesion
67228-Treatment of retinal lesion

14%
6%
0%
5%
5%
19%
5%
2%
6%
14%
38%

169,565
1,300
71,019
6,886
6,006
3315,343,123
55,266,137
6,309,851
10,138,490
86,284,518
120,592,090

66%
66%
62%
50%
51%
39%
59%
66%
77%
84%
79%

18-OPHTHALMOLOGY (97%)
18-OPHTHALMOLOGY (99%)
13-NEUROLOGY (0%)
41-OPHTHMETRIST (2%)
70-GROUP PRAC (1%)
70-GROUP PRAC (0%)
70-GROUP PRAC (1%)
41-OPHTHMETRIST (6%)
41-OPHTHMETRIST (3%)
70-GROUP PRAC (0%)
11-INTERNAL MED (0%)
11-INTERNAL MED (0%)
82-HEMATOLOGY (0%)

41-OPHTHMETRIST (1%)
25-PHYSICIAN-REHAB (0%)
70-GROUP PRAC (1%)
70-GROUP PRAC (0%)
70-GROUP PRAC (1%)
41-OPHTHMETRIST (6%)
41-OPHTHMETRIST (3%)
70-GROUP PRAC (0%)
11-INTERNAL MED (0%)
11-INTERNAL MED (0%)
70-GROUP PRAC (1%)
70-GROUP PRAC (1%)

540-Vitrectomy

Family Medicare Charges: \$106,869,909
Family Private Payments: \$1,287,181

Percent of CPEP Medicare Charges: 3%
Percent of CPEP Private Payments: 4%

67005-Partial removal of eye fluid
67010-Partial removal of eye fluid
67036-Removal of inner eye fluid
67038-Strip retinal membrane
67039-Laser treatment of retina
67040-Laser treatment of retina

4%
5%
3%
3%
2%
5%

6,099
20,446,113
28,558,067
34,044,322
2,565,762
11,032,703

4%
5%
3%
4%
2%
5%

18-OPHTHALMOLOGY (78%)
18-OPHTHALMOLOGY (76%)
18-OPHTHALMOLOGY (88%)
18-OPHTHALMOLOGY (93%)
18-OPHTHALMOLOGY (73%)
18-OPHTHALMOLOGY (92%)

49-ASC (17%)
49-ASC (20%)
49-ASC (11%)
49-ASC (6%)
49-ASC (24%)
49-ASC (6%)

544-Minor Ophthalmological Injection, Scraping and Tests

Family Medicare Charges: \$6,430,510
Family Private Payments: \$243,787

Percent of CPEP Medicare Charges: 0%
Percent of CPEP Private Payments: 1%

65205-Remove foreign body from eye
65210-Remove foreign body from eye
65220-Remove foreign body from eye

14%
9%
10%

\$406,311
\$567,817
\$103,439

86%
97%
58%

18-OPHTHALMOLOGY (59%)
18-OPHTHALMOLOGY (87%)
01,08-GP/FP (47%)

01,08-GP/FP (16%)
41-OPHTHMETRIST (6%)
93-EMERGENCY MED (18%)
41-OPHTHMETRIST (10%)
01,08-GP/FP (3%)
18-OPHTHALMOLOGY (15%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family PrivPmts Vol. in OFFICE	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family PrivPmts Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
65222-Remove foreign body from eye	\$1,330,173	27,501	000	21%	94%	18-OPHTHALMOLOGY (85%)	41-OPTOMETRIST (8%)	93-EMERGENCY MED (3%)			
65430-Corneal smear	\$312,353	4,354	000	5%	88%	18-OPHTHALMOLOGY (97%)	70-GROUP PRAC (1%)	41-OPTOMETRIST (1%)			
67500-Inject/treat eye socket	\$1,583,683	22,416	000	25%	29%	05-ANESTHESIA (58%)	18-OPHTHALMOLOGY (37%)	43-CRMA (4%)			
67505-Inject/treat eye socket	\$71,107	1,048	000	1%	69%	18-OPHTHALMOLOGY (99%)	70-GROUP PRAC (0%)	01,08-GP/FP (0%)			
67515-Inject/treat eye socket	\$1,098,036	27,253	000	17%	82%	18-OPHTHALMOLOGY (99%)	70-GROUP PRAC (0%)	01,08-GP/FP (0%)			
68200-Treat eyelid by injection	\$957,591	29,359	000	15%	82%	18-OPHTHALMOLOGY (97%)	70-GROUP PRAC (1%)	05-ANESTHESIA (1%)			

548-Minor Ophthalmological Tests and Procedures

Family Medicare Charges:\$320,538,021
 Family Private Payments: \$2,484,908
 Percent of CPEP Medicare Charges: 8%
 Percent of CPEP Private Payments: 8%

76511-Echo exam of eye	\$2,502,383	34,030	XXX	1%	90%	18-OPHTHALMOLOGY (91%)	70-GROUP PRAC (4%)	30-RADIOLOGY (3%)
76512-Echo exam of eye	\$9,442,356	111,849	XXX	3%	93%	18-OPHTHALMOLOGY (90%)	41-OPTOMETRIST (3%)	70-GROUP PRAC (1%)
76513-Echo exam of eye, water bath	\$57,189	683	XXX	0%	49%	18-OPHTHALMOLOGY (96%)	30-RADIOLOGY (6%)	70-GROUP PRAC (4%)
76516-Echo exam of eye	\$10,125,728	152,927	XXX	3%	98%	18-OPHTHALMOLOGY (96%)	41-OPTOMETRIST (1%)	70-GROUP PRAC (1%)
76519-Echo exam of eye	\$73,840,605	1,129,236	XXX	23%	99%	18-OPHTHALMOLOGY (97%)	41-OPTOMETRIST (2%)	70-GROUP PRAC (1%)
76529-Echo exam of eye	\$7,414	130	XXX	0%	60%	18-OPHTHALMOLOGY (71%)	30-RADIOLOGY (28%)	01,08-GP/FP (1%)
92081-Visual field examination(s)	\$4,828,326	214,350	XXX	2%	3%	18-OPHTHALMOLOGY (65%)	41-OPTOMETRIST (31%)	01,08-GP/FP (1%)
92082-Visual field examination(s)	\$11,045,694	313,924	XXX	3%	97%	18-OPHTHALMOLOGY (76%)	41-OPTOMETRIST (21%)	70-GROUP PRAC (1%)
92083-Visual field examination(s)	\$84,161,267	1,650,974	XXX	26%	99%	18-OPHTHALMOLOGY (87%)	41-OPTOMETRIST (11%)	70-GROUP PRAC (1%)
92120-Tonography & eye evaluation	\$796,860	27,373	XXX	0%	98%	18-OPHTHALMOLOGY (77%)	41-OPTOMETRIST (10%)	11-INTERNAL MED (6%)
92130-Water provocation tonography	\$49,064	1,231	XXX	0%	95%	18-OPHTHALMOLOGY (82%)	41-OPTOMETRIST (11%)	01,08-GP/FP (3%)
92140-Glaucoma provocative tests	\$613,858	22,598	XXX	0%	77%	18-OPHTHALMOLOGY (81%)	41-OPTOMETRIST (14%)	01,08-GP/FP (3%)
92230-Eye exam with photos	\$319,656	7,460	XXX	1%	85%	18-OPHTHALMOLOGY (75%)	01,08-GP/FP (8%)	41-OPTOMETRIST (6%)
92235-Eye exam with photos	\$74,830,700	661,475	XXX	23%	95%	18-OPHTHALMOLOGY (98%)	70-GROUP PRAC (1%)	41-OPTOMETRIST (1%)
92250-Eye exam with photos	\$29,975,124	973,744	XXX	9%	98%	18-OPHTHALMOLOGY (84%)	41-OPTOMETRIST (15%)	70-GROUP PRAC (1%)
92265-Eye muscle evaluation	\$66,809	1,392	XXX	0%	82%	18-OPHTHALMOLOGY (47%)	13-NEUROLOGY (17%)	29-PULMONARY DIS (12%)
92270-Electro-oculography	\$217,835	5,389	XXX	0%	77%	18-OPHTHALMOLOGY (23%)	04-OTOLARYNG (22%)	13-NEUROLOGY (16%)
92275-Electroretinography	\$426,823	6,310	XXX	0%	91%	18-OPHTHALMOLOGY (90%)	13-NEUROLOGY (5%)	70-GROUP PRAC (1%)
92285-Eye photography	\$1,366,454	71,283	XXX	0%	95%	18-OPHTHALMOLOGY (83%)	41-OPTOMETRIST (13%)	70-GROUP PRAC (2%)
92286-Internal eye photography	\$15,781,015	190,392	XXX	5%	99%	18-OPHTHALMOLOGY (97%)	41-OPTOMETRIST (2%)	95-PHYSIOL LAB (0%)
92287-Internal eye photography	\$102,861	1,058	XXX	0%	97%	18-OPHTHALMOLOGY (76%)	41-OPTOMETRIST (22%)	01,08-GP/FP (1%)

552-Ophthalmology Evaluation and Management

Family Medicare Charges:\$673,508,921
 Family Private Payments: \$5,058,059
 Percent of CPEP Medicare Charges: 17%
 Percent of CPEP Private Payments: 16%

92002-Eye exam, new patient	\$15,298,850	370,054	XXX	2%	7%	41-OPTOMETRIST (49%)	18-OPHTHALMOLOGY (48%)	70-GROUP PRAC (1%)
92004-Eye exam, new patient	\$102,365,064	1,803,916	XXX	15%	96%	18-OPHTHALMOLOGY (72%)	41-OPTOMETRIST (26%)	70-GROUP PRAC (0%)
92012-Eye exam established pt	\$197,947,335	5,300,143	XXX	29%	98%	18-OPHTHALMOLOGY (85%)	41-OPTOMETRIST (14%)	70-GROUP PRAC (1%)
92014-Eye exam & treatment	\$283,353,238	5,990,896	XXX	42%	98%	18-OPHTHALMOLOGY (81%)	41-OPTOMETRIST (18%)	70-GROUP PRAC (1%)
92015-Refraction	\$693	112	XXX	0%	98%	18-OPHTHALMOLOGY (64%)	41-OPTOMETRIST (36%)	(.)
92020-Special eye evaluation	\$13,810,309	607,451	XXX	2%	98%	18-OPHTHALMOLOGY (92%)	41-OPTOMETRIST (7%)	70-GROUP PRAC (0%)
92060-Special eye evaluation	\$579,810	20,977	XXX	0%	97%	18-OPHTHALMOLOGY (75%)	41-OPTOMETRIST (16%)	13-NEUROLOGY (6%)
92065-Orthoptic/pleoptic training	\$316,905	8,957	XXX	0%	99%	41-OPTOMETRIST (88%)	18-OPHTHALMOLOGY (12%)	70-GROUP PRAC (0%)
92100-Serial tonometry exam(s)	\$5,042,873	189,362	XXX	1%	90%	18-OPHTHALMOLOGY (64%)	41-OPTOMETRIST (25%)	05-ANESTHESIA (3%)
92225-Special eye exam, initial	\$30,162,867	837,197	XXX	4%	93%	18-OPHTHALMOLOGY (73%)	41-OPTOMETRIST (26%)	70-GROUP PRAC (0%)
92226-Special eye exam, subsequent	\$24,006,747	747,089	XXX	4%	95%	18-OPHTHALMOLOGY (90%)	41-OPTOMETRIST (8%)	70-GROUP PRAC (1%)
92260-Ophthalmoscopy/dynamometry	\$332,456	6,391	XXX	0%	98%	18-OPHTHALMOLOGY (75%)	41-OPTOMETRIST (15%)	13-NEUROLOGY (9%)
92283-Color vision examination	\$171,091	8,224	XXX	0%	79%	18-OPHTHALMOLOGY (57%)	41-OPTOMETRIST (40%)	01,08-GP/FP (1%)
92284-Dark adaptation eye exam	\$100,683	3,090	XXX	0%	96%	18-OPHTHALMOLOGY (85%)	41-OPTOMETRIST (9%)	70-GROUP PRAC (2%)

Procedure

First Specialty Second Specialty Third Specialty

556-Fitting of Contact Lenses and Spectacles

Family Medicare Charges: \$5,388,341
Family Private Payments: \$26,937

92070-Fitting of contact lens	\$1,670,883	22,102	XXX	31%	51%	86%	18-OPHTHALMOLOGY (91%)	41-OPTOMETRIST (7%)	24-PLASTIC SURG (0%)
92310-Contact lens fitting			XXX		49%		(.)	(.)	(.)
92311-Contact lens fitting	\$497,025	7,950	XXX	9%		97%	18-OPHTHALMOLOGY (56%)	41-OPTOMETRIST (41%)	70-GROUP PRAC (2%)
92312-Contact lens fitting	\$219,977	2,910	XXX	4%		96%	41-OPTOMETRIST (55%)	18-OPHTHALMOLOGY (40%)	70-GROUP PRAC (2%)
92313-Contact lens fitting	\$7,013	150	XXX	0%		92%	18-OPHTHALMOLOGY (43%)	41-OPTOMETRIST (30%)	01-OB-GP/FP (11%)
92314-Prescription of contact lens			XXX				(.)	(.)	(.)
92315-Prescription of contact lens	\$50,180	778	XXX	1%		97%	18-OPHTHALMOLOGY (59%)	41-OPTOMETRIST (38%)	54-MEDICAL SUPPL (1%)
92316-Prescription of contact lens	\$46,623	434	XXX	1%		73%	41-OPTOMETRIST (69%)	18-OPHTHALMOLOGY (30%)	56-MEDICAL SUPPL (1%)
92317-Prescription of contact lens	\$1,905	54	XXX	0%		72%	18-OPHTHALMOLOGY (56%)	41-OPTOMETRIST (17%)	10-GASTROENTER (13%)
92340-Fitting of spectacles			XXX				(.)	(.)	(.)
92341-Fitting of spectacles	\$100	1	XXX	0%		100%	52-MED SUPPLY-CP (100%)	(.)	(.)
92342-Fitting of spectacles			XXX				(.)	(.)	(.)
92352-Special spectacles fitting	\$185,065	9,340	XXX	3%		93%	41-OPTOMETRIST (46%)	18-OPHTHALMOLOGY (38%)	56-MEDICAL SUPPL (7%)
92353-Special spectacles fitting	\$2,652,543	103,372	XXX	49%		96%	41-OPTOMETRIST (70%)	18-OPHTHALMOLOGY (22%)	56-MEDICAL SUPPL (5%)
92354-Special spectacles fitting	\$50,184	284	XXX	1%		99%	41-OPTOMETRIST (65%)	18-OPHTHALMOLOGY (26%)	70-GROUP PRAC (7%)
92355-Special spectacles fitting	\$6,843	66	XXX	0%		98%	41-OPTOMETRIST (73%)	18-OPHTHALMOLOGY (26%)	56-MEDICAL SUPPL (2%)

560-Provision of Vision Aids

Family Medicare Charges: \$1,051,215
Family Private Payments: \$9,581

Percent of CPEP Medicare Charges: 0%
Percent of CPEP Private Payments: 0%

92325-Modification of contact lens	\$35,182	2,944	XXX	3%	10%	99%	18-OPHTHALMOLOGY (67%)	41-OPTOMETRIST (29%)	70-GROUP PRAC (2%)
92326-Replacement of contact lens	\$596,098	10,729	XXX	57%	90%	96%	18-OPHTHALMOLOGY (65%)	41-OPTOMETRIST (31%)	56-MEDICAL SUPPL (2%)
92330-Fitting of artificial eye	\$15,060	203	XXX	1%		90%	41-OPTOMETRIST (39%)	18-OPHTHALMOLOGY (22%)	11-INTERNAL MED (10%)
92335-Fitting of artificial eye	\$10,488	169	XXX	1%		94%	18-OPHTHALMOLOGY (56%)	70-GROUP PRAC (15%)	06-CARDIOLOGY (10%)
92358-Eye prosthesis service	\$214,326	7,434	XXX	20%		97%	18-OPHTHALMOLOGY (88%)	41-OPTOMETRIST (6%)	56-MEDICAL SUPPL (5%)
92370-Repair & adjust spectacles	\$22	3	XXX	0%		67%	54-MEDICAL SUPPL (67%)	41-OPTOMETRIST (33%)	(.)
92371-Repair & adjust spectacles	\$12,015	766	XXX	1%		82%	41-OPTOMETRIST (67%)	18-OPHTHALMOLOGY (31%)	56-MEDICAL SUPPL (2%)
92392-Supply of low vision aids	\$289	6	XXX	0%		100%	18-OPHTHALMOLOGY (100%)	(.)	(.)
92393-Supply of artificial eye	\$8,793	52	XXX	1%		94%	18-OPHTHALMOLOGY (42%)	41-OPTOMETRIST (37%)	53-MED SUPPL-CPO (6%)
92395-Supply of spectacles	\$61,783	1,559	XXX	6%		97%	41-OPTOMETRIST (74%)	18-OPHTHALMOLOGY (11%)	58-OTHER/REG RX (11%)
92396-Supply of contact lenses	\$97,159	1,407	XXX	9%		99%	18-OPHTHALMOLOGY (53%)	41-OPTOMETRIST (41%)	58-OTHER/REG RX (6%)

CPEP 6 - RADIOLOGY

600-Plain Film
 Family Medicare Charges: \$1095085455
 Family Private Payments: \$36,573,218

Percent of CPEP Medicare Charges: 26%
 Percent of CPEP Private Payments: 32%

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Privypts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)
70030-X-ray eye for foreign body	\$91,252	7,485	XXX	0%	23%	30-RADIOLOGY (91%)
70100-X-ray exam of jaw	\$134,082	8,906	XXX	0%	26%	30-RADIOLOGY (64%)
70110-X-ray exam of jaw	\$413,723	25,412	XXX	0%	14%	30-RADIOLOGY (88%)
70120-X-ray exam of mastoids	\$67,398	2,745	XXX	0%	74%	04-OTOLARYNG (31%)
70130-X-ray exam of mastoids	\$189,301	6,267	XXX	0%	53%	30-RADIOLOGY (65%)
70134-X-ray exam of middle ear	\$51,812	1,419	XXX	0%	70%	04-OTOLARYNG (62%)
70140-X-ray exam of facial bones	\$222,533	14,143	XXX	0%	26%	30-RADIOLOGY (69%)
70150-X-ray exam of facial bones	\$1,209,893	69,741	XXX	0%	10%	30-RADIOLOGY (85%)
70160-X-ray exam of facial bones	\$692,340	59,302	XXX	0%	12%	30-RADIOLOGY (85%)
70190-X-ray exam of nasal bones	\$17,928	1,117	XXX	0%	23%	30-RADIOLOGY (83%)
70200-X-ray exam of eye sockets	\$723,474	39,410	XXX	0%	12%	30-RADIOLOGY (88%)
70210-X-ray exam of eye sockets	\$3,161,023	137,204	XXX	0%	82%	04-OTOLARYNG (36%)
70220-X-ray exam of sinuses	\$9,645,571	397,683	XXX	4%	48%	30-RADIOLOGY (67%)
70250-X-ray exam of sinuses	\$34,354	2,281	XXX	0%	38%	30-RADIOLOGY (70%)
70260-X-ray exam of sinuses	\$1,645,293	89,968	XXX	0%	21%	30-RADIOLOGY (74%)
70300-X-ray exam of teeth	\$4,180,605	182,323	XXX	0%	14%	30-RADIOLOGY (83%)
70310-X-ray exam of teeth	\$31,525	2,770	XXX	0%	89%	19-ORAL SURGERY (77%)
70320-Full mouth x-ray of teeth	\$16,193	1,209	XXX	0%	73%	30-RADIOLOGY (15%)
70328-X-ray exam of jaw joint	\$110,951	4,417	XXX	0%	62%	30-RADIOLOGY (31%)
70330-X-ray exam of jaw joints	\$24,263	1,382	XXX	0%	52%	30-RADIOLOGY (57%)
70350-X-ray head for orthodontia	\$237,531	9,234	XXX	0%	21%	30-RADIOLOGY (62%)
70355-Panoramic x-ray of jaws	\$17,717	1,062	XXX	0%	68%	19-ORAL SURGERY (64%)
70360-X-ray exam of neck	\$649,006	27,987	XXX	0%	70%	30-RADIOLOGY (52%)
70370-Throat x-ray & fluoroscopy	\$527,917	48,206	XXX	0%	13%	30-RADIOLOGY (88%)
70380-X-ray exam of salivary gland	\$45,493	2,165	XXX	0%	9%	30-RADIOLOGY (93%)
71010-Chest x-ray	\$33,401	1,511	XXX	0%	69%	30-RADIOLOGY (54%)
71020-Chest x-ray	\$177,776,826	16,139,465	XXX	16%	6%	30-RADIOLOGY (87%)
71022-Chest x-ray	\$384,266	16,139,465	XXX	0%	13%	30-RADIOLOGY (91%)
71023-Chest x-ray and fluoroscopy	\$325,415,825	18,527,920	XXX	30%	31%	30-RADIOLOGY (74%)
71030-Chest x-ray	\$771,311	30,514	XXX	0%	37%	30-RADIOLOGY (84%)
71034-Chest x-ray & fluoroscopy	\$249,037	10,908	XXX	0%	15%	30-RADIOLOGY (68%)
71038-X-ray guidance for biopsy	\$1,925,258	80,566	XXX	0%	26%	30-RADIOLOGY (91%)
71100-X-ray exam of ribs	\$418,401	15,415	XXX	0%	6%	30-RADIOLOGY (92%)
71110-X-ray exam of ribs	\$192,975	179,391	XXX	0%	5%	30-RADIOLOGY (95%)
71111-X-ray exam of ribs, chest	\$6,355	6,355	XXX	0%	2%	30-RADIOLOGY (65%)
71120-X-ray exam of breastbone	\$3,779,939	347,254	XXX	1%	33%	30-RADIOLOGY (71%)
71130-X-ray exam of breastbone	\$1,364,159	191,368	XXX	0%	26%	30-RADIOLOGY (81%)
72010-X-ray exam of spine	\$745,648	30,661	XXX	0%	30%	30-RADIOLOGY (72%)
72020-X-ray exam of spine	\$416,827	27,486	XXX	0%	22%	30-RADIOLOGY (84%)
72040-X-ray exam of neck spine	\$70,144	3,335	XXX	0%	44%	30-RADIOLOGY (74%)
72050-X-ray exam of neck spine	\$689,777	17,707	XXX	0%	49%	30-RADIOLOGY (65%)
72052-X-ray exam of neck spine	\$1,833,184	171,149	XXX	0%	21%	30-RADIOLOGY (79%)
72055-X-ray exam of neck spine	\$6,211,006	323,016	XXX	1%	41%	30-RADIOLOGY (64%)
72069-X-ray exam of trunk spine	\$12,149,227	471,158	XXX	1%	35%	30-RADIOLOGY (77%)
	\$7,804,286	247,219	XXX	1%	37%	30-RADIOLOGY (77%)
	\$48,233	1,972	XXX	0%	74%	20-ORTHOPEDE SURG (54%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
72070-X-ray exam of thorax spine	\$7,474,479	375,001	1%	41%	30-RADIOLOGY (69%)	20-ORTHOPEID SURG (10%)	01-08-GP/FP (7%)
72072-X-ray exam of thoracic spine	\$2,105,471	122,769	0%	27%	30-RADIOLOGY (87%)	01-08-GP/FP (3%)	20-ORTHOPEID SURG (3%)
72074-X-ray exam of thoracic spine	\$570,619	25,624	0%	34%	30-RADIOLOGY (79%)	01-08-GP/FP (5%)	20-ORTHOPEID SURG (16%)
72080-X-ray exam of trunk spine	\$950,855	40,420	0%	58%	30-RADIOLOGY (50%)	20-ORTHOPEID SURG (34%)	11-INTERNAL MED (4%)
72090-X-ray exam of trunk spine	\$222,446	8,433	0%	54%	30-RADIOLOGY (57%)	20-ORTHOPEID SURG (34%)	01-08-GP/FP (4%)
72100-X-ray exam of lower spine	\$23,487,390	1,052,368	2%	3%	30-RADIOLOGY (54%)	20-ORTHOPEID SURG (23%)	01-08-GP/FP (8%)
72110-X-ray exam of lower spine	\$31,214,385	1,107,262	3%	5%	30-RADIOLOGY (73%)	20-ORTHOPEID SURG (10%)	01-08-GP/FP (6%)
72114-X-ray exam of lower spine	\$1,874,385	47,675	0%	56%	30-RADIOLOGY (59%)	20-ORTHOPEID SURG (24%)	01-08-GP/FP (6%)
72120-X-ray exam of lower spine	\$494,460	17,054	0%	0%	30-RADIOLOGY (48%)	20-ORTHOPEID SURG (36%)	01-08-GP/FP (7%)
72170-X-ray exam of pelvis	\$17,598,893	1,151,408	2%	39%	30-RADIOLOGY (62%)	20-ORTHOPEID SURG (23%)	63-XRAY SUPPLIER (4%)
72190-X-ray exam of pelvis	\$2,496,589	136,071	0%	33%	30-RADIOLOGY (70%)	20-ORTHOPEID SURG (19%)	01-08-GP/FP (3%)
72200-X-ray exam sacroiliac joints	\$134,094	7,320	0%	58%	30-RADIOLOGY (61%)	20-ORTHOPEID SURG (15%)	66-RHEUMATOLOGY (7%)
72202-X-ray exam sacroiliac joints	\$302,567	16,271	0%	4%	30-RADIOLOGY (81%)	20-ORTHOPEID SURG (14%)	70-GROUP PRAC (4%)
72220-X-ray exam of tailbone	\$1,199,863	79,002	0%	31%	30-RADIOLOGY (74%)	20-ORTHOPEID SURG (8%)	63-XRAY SUPPLIER (6%)
73000-X-ray exam of collarbone	\$1,014,516	65,128	0%	4%	30-RADIOLOGY (58%)	20-ORTHOPEID SURG (23%)	63-XRAY SUPPLIER (7%)
73010-X-ray exam of shoulder blade	\$463,283	31,085	0%	35%	30-RADIOLOGY (70%)	20-ORTHOPEID SURG (17%)	01-08-GP/FP (3%)
73020-X-ray exam of shoulder	\$2,331,491	137,094	0%	64%	20-ORTHOPEID SURG (41%)	30-RADIOLOGY (37%)	01-08-GP/FP (11%)
73030-X-ray exam of shoulder	\$23,621,779	1,256,704	2%	52%	30-RADIOLOGY (53%)	20-ORTHOPEID SURG (27%)	01-08-GP/FP (6%)
73050-X-ray exam of shoulders	\$181,465	8,364	0%	56%	30-RADIOLOGY (53%)	20-ORTHOPEID SURG (30%)	01-08-GP/FP (7%)
73060-X-ray exam of humerus	\$4,680,557	294,412	0%	38%	30-RADIOLOGY (61%)	20-ORTHOPEID SURG (23%)	63-XRAY SUPPLIER (6%)
73070-X-ray exam of elbow	\$2,998,118	169,504	0%	60%	20-ORTHOPEID SURG (41%)	30-RADIOLOGY (39%)	01-08-GP/FP (7%)
73080-X-ray exam of elbow	\$3,028,190	193,198	0%	33%	30-RADIOLOGY (68%)	20-ORTHOPEID SURG (14%)	01-08-GP/FP (5%)
73090-X-ray exam of forearm	\$2,325,608	166,516	0%	31%	30-RADIOLOGY (66%)	20-ORTHOPEID SURG (15%)	63-XRAY SUPPLIER (8%)
73092-X-ray exam of arm, infant	\$5,303	338	0%	53%	30-RADIOLOGY (62%)	01-08-GP/FP (15%)	01-08-GP/FP (7%)
73100-X-ray exam of wrist	\$7,377,171	381,498	1%	78%	20-ORTHOPEID SURG (23%)	30-RADIOLOGY (22%)	01-08-GP/FP (6%)
73110-X-ray exam of wrist	\$10,151,184	605,983	1%	2%	30-RADIOLOGY (58%)	20-ORTHOPEID SURG (20%)	66-RHEUMATOLOGY (15%)
73120-X-ray exam of hand	\$3,989,373	215,995	0%	68%	30-RADIOLOGY (36%)	20-ORTHOPEID SURG (13%)	63-XRAY SUPPLIER (7%)
73130-X-ray exam of hand	\$8,192,118	491,816	1%	55%	30-RADIOLOGY (47%)	20-ORTHOPEID SURG (29%)	01-08-GP/FP (8%)
73140-X-ray exam of finger(s)	\$3,190,847	233,639	0%	40%	30-RADIOLOGY (60%)	20-ORTHOPEID SURG (27%)	01-08-GP/FP (4%)
73500-X-ray exam of hip	\$6,055,461	406,518	1%	42%	30-RADIOLOGY (58%)	20-ORTHOPEID SURG (20%)	63-XRAY SUPPLIER (5%)
73510-X-ray exam of hip	\$39,534,299	2,100,198	4%	4%	30-RADIOLOGY (63%)	20-ORTHOPEID SURG (22%)	63-XRAY SUPPLIER (5%)
73520-X-ray exam of hips	\$7,501,731	330,968	1%	41%	30-RADIOLOGY (94%)	20-ORTHOPEID SURG (2%)	70-GROUP PRAC (2%)
73530-X-ray exam of hip	\$731,899	46,285	0%	0%	30-RADIOLOGY (68%)	20-ORTHOPEID SURG (33%)	01-08-GP/FP (6%)
73540-X-ray exam of pelvis & hips	\$118,615	6,020	0%	58%	30-RADIOLOGY (43%)	20-ORTHOPEID SURG (43%)	01-08-GP/FP (3%)
73550-X-ray exam of thigh	\$6,803,258	450,365	1%	30%	20-ORTHOPEID SURG (45%)	30-RADIOLOGY (23%)	66-RHEUMATOLOGY (3%)
73560-X-ray exam of knee	\$26,250,985	1,397,540	2%	64%	20-ORTHOPEID SURG (42%)	30-RADIOLOGY (39%)	01-08-GP/FP (6%)
73562-X-ray exam of knee	\$14,911,833	768,927	1%	53%	30-RADIOLOGY (52%)	20-ORTHOPEID SURG (29%)	48-PODIATRY (11%)
73565-X-ray exam of knee	\$2,212,022	86,041	0%	88%	20-ORTHOPEID SURG (67%)	30-RADIOLOGY (23%)	66-RHEUMATOLOGY (3%)
73590-X-ray exam of lower leg	\$5,785,049	399,229	1%	34%	30-RADIOLOGY (65%)	20-ORTHOPEID SURG (19%)	63-XRAY SUPPLIER (5%)
73592-X-ray exam of leg, infant	\$15,374	961	0%	53%	30-RADIOLOGY (49%)	01-08-GP/FP (19%)	20-ORTHOPEID SURG (17%)
73600-X-ray exam of ankle	\$4,440,535	231,376	0%	72%	20-ORTHOPEID SURG (40%)	30-RADIOLOGY (29%)	48-PODIATRY (11%)
73610-X-ray exam of ankle	\$12,755,185	746,441	1%	3%	30-RADIOLOGY (56%)	20-ORTHOPEID SURG (24%)	01-08-GP/FP (6%)
73620-X-ray exam of foot	\$18,384,944	816,986	2%	89%	48-PODIATRY (68%)	20-ORTHOPEID SURG (11%)	30-RADIOLOGY (11%)
73630-X-ray exam of foot	\$23,537,918	1,200,456	2%	5%	30-RADIOLOGY (63%)	48-PODIATRY (31%)	20-ORTHOPEID SURG (12%)
73650-X-ray exam of heel	\$1,935,119	106,338	0%	70%	30-RADIOLOGY (37%)	20-ORTHOPEID SURG (31%)	48-PODIATRY (16%)
73660-X-ray exam of toes	\$1,563,385	106,817	0%	61%	30-RADIOLOGY (42%)	48-PODIATRY (23%)	20-ORTHOPEID SURG (18%)
74000-X-ray exam of abdomen	\$22,822,993	1,884,138	2%	14%	30-RADIOLOGY (86%)	70-GROUP PRAC (3%)	01-08-GP/FP (3%)
74010-X-ray exam of abdomen	\$5,058,709	360,790	0%	9%	30-RADIOLOGY (89%)	70-GROUP PRAC (4%)	01-08-GP/FP (2%)
74020-X-ray exam of abdomen	\$18,505,158	1,175,238	2%	1%	30-RADIOLOGY (90%)	70-GROUP PRAC (3%)	01-08-GP/FP (2%)
74022-X-ray exam series, abdomen	\$10,523,481	592,036	1%	4%	30-RADIOLOGY (92%)	70-GROUP PRAC (3%)	93-EMERGENCY MED (2%)
74210-Contrast xray exam of throat	\$494,064	18,906	0%	19%	30-RADIOLOGY (86%)	70-GROUP PRAC (11%)	01-08-GP/FP (1%)

1993 MC Allowed Charges
 1993 MC Units of Service
 Global Period
 Pct. of Family Allchgs
 Pct. of Family PrivPmts
 Vol. in OFFICE

Procedure

First Specialty

Second Specialty

Third Specialty

74220-Contrast xray exam, esophagus	\$9,985,109	303,289	XXX	1%	22%	30-RADIOLOGY (92%)	70-GROUP PRAC (2%)	11-INTERNAL MED (2%)
74710-X-ray measurement of pelvis	\$7,768	409	XXX	0%	6%	30-RADIOLOGY (93%)	01,08-GP/FP (3%)	11-INTERNAL MED (2%)
75989-Abscess drainage under x-ray	\$1,188,898	17,778	XXX	0%	3%	30-RADIOLOGY (90%)	70-GROUP PRAC (6%)	94-INTERVEN RAD (3%)
76000-Fluoroscope examination	\$2,754,300	173,869	XXX	0%	12%	30-RADIOLOGY (77%)	05-ANESTHESIA (6%)	70-GROUP PRAC (3%)
76001-Fluoroscope exam, extensive	\$681,065	16,200	XXX	0%	5%	30-RADIOLOGY (90%)	92-RAD ONCOLOGY (3%)	70-GROUP PRAC (2%)
76003-Needle localization by x-ray	\$663,424	18,595	XXX	0%	14%	30-RADIOLOGY (88%)	94-INTERVEN RAD (3%)	05-ANESTHESIA (2%)
76010-X-ray, nose to rectum	\$1,753	134	XXX	0%	21%	30-RADIOLOGY (80%)	01,08-GP/FP (8%)	11-INTERNAL MED (4%)
76020-X-rays for bone age	\$18,611	1,349	XXX	0%	24%	30-RADIOLOGY (89%)	20-ORTHOPED SURG (4%)	70-GROUP PRAC (3%)
76040-X-rays, bone evaluation	\$527,332	19,103	XXX	0%	55%	20-ORTHOPED SURG (49%)	30-RADIOLOGY (44%)	70-GROUP PRAC (6%)
76061-X-rays, bone survey	\$483,549	15,883	XXX	0%	21%	30-RADIOLOGY (87%)	70-GROUP PRAC (6%)	11-INTERNAL MED (1%)
76062-X-rays, bone survey	\$972,102	23,901	XXX	0%	25%	30-RADIOLOGY (90%)	70-GROUP PRAC (3%)	83-HEMATOL/ONCOL (1%)
76065-X-rays, bone evaluation	\$2,432	140	XXX	0%	17%	30-RADIOLOGY (92%)	01,08-GP/FP (3%)	70-GROUP PRAC (2%)
76066-Joint(s) survey, single film	\$481,697	14,002	XXX	0%	62%	20-ORTHOPED SURG (43%)	30-RADIOLOGY (39%)	70-GROUP PRAC (9%)
76098-X-ray exam, breast specimen	\$592,735	64,647	XXX	0%	9%	30-RADIOLOGY (90%)	22-PATHOLOGY (4%)	70-GROUP PRAC (3%)
76100-X-ray exam of body section	\$1,463,860	39,794	XXX	0%	17%	30-RADIOLOGY (90%)	19-ORAL SURGERY (3%)	70-GROUP PRAC (2%)
76101-Complex body section x-ray	\$276,685	6,683	XXX	0%	22%	30-RADIOLOGY (95%)	70-GROUP PRAC (2%)	19-ORAL SURGERY (0%)
76102-Complex body section x-rays	\$93,176	2,007	XXX	0%	26%	30-RADIOLOGY (88%)	34-UROLOGY (7%)	19-ORAL SURGERY (2%)
76120-Cinematic x-rays	\$165,151	4,147	XXX	0%	53%	30-RADIOLOGY (33%)	06-CARDIOLOGY (3%)	11-INTERNAL MED (16%)
76125-Cinematic x-rays	\$54,394	3,488	XXX	0%	15%	30-RADIOLOGY (72%)	10-GASTROENTER (19%)	06-CARDIOLOGY (3%)
76150-X-ray exam, dry process	\$115,850	7,857	XXX	0%	100%	30-RADIOLOGY (54%)	70-GROUP PRAC (45%)	94-INTERVEN RAD (1%)
76350-Special x-ray contrast study	\$96,402	5,818	XXX	0%	1%	30-RADIOLOGY (93%)	70-GROUP PRAC (5%)	90-INTERVEN RAD (2%)
0092-Set up port xray equipment	\$15,034,200	1,058,253	XXX	1%	0%	63-XRAY SUPPLIER (96%)	30-RADIOLOGY (3%)	95-PHYSIOL LAB (1%)
R0070-Transport portable x-ray	\$64,436,399	1,533,375	XXX	6%	0%	63-XRAY SUPPLIER (98%)	30-RADIOLOGY (2%)	95-PHYSIOL LAB (0%)
R0075-Transport port x-ray multipl	\$11,722,170	978,856	XXX	1%	0%	63-XRAY SUPPLIER (99%)	30-RADIOLOGY (1%)	95-PHYSIOL LAB (0%)

604-Mammography

Family Medicare Charges:	\$128,839,876	Percent of CPEP Medicare Charges:	3%
Family Private Payments:	\$9,921,230	Percent of CPEP Private Payments:	9%
76090-Mammogram, one breast	\$13,646,071	507,111	XXX
76091-Mammogram, both breasts	\$115,193,805	2,765,283	XXX

608-Obstetrical Ultrasound

Family Medicare Charges:	\$1,453,418	Percent of CPEP Medicare Charges:	0%
Family Private Payments:	\$6,353,389	Percent of CPEP Private Payments:	6%
76805-Echo exam of pregnant uterus	\$1,131,277	15,140	XXX
76810-Echo exam of pregnant uterus	\$32,693	270	XXX
76815-Echo exam of pregnant uterus	\$156,154	3,059	XXX
76816-Echo exam followup or repeat	\$63,098	1,408	XXX
76818-Fetal biophysical profile	\$70,196	1,282	XXX

612-Oligostic Ultrasound except Obstetrical

Family Medicare Charges:	\$513,959,983	Percent of CPEP Medicare Charges:	12%
Family Private Payments:	\$11,906,015	Percent of CPEP Private Payments:	11%

76506-Echo exam of head

76506-Echo exam of head	\$171,196	3,152	XXX
76536-Echo exam of head and neck	\$4,006,326	81,438	XXX
76604-Echo exam of chest	\$800,262	22,058	XXX
76645-Echo exam of breast	\$7,169,022	161,616	XXX
76700-Echo exam of abdomen	\$78,084,329	1,292,332	XXX
76705-Echo exam of abdomen	\$28,335,609	634,683	XXX

Top Medicare Specialties (% of Procedure Volume)

Pct. of Pct. of Pct. of

Global Pct. of Pct. of

1993 HC 1993 HC

1993 HC

1993 HC

1993 HC

1993 HC

1993 HC

1993 HC

Procedure

First Specialty

Second Specialty

Third Specialty

Procedure	1993 HC Allowed Charges	1993 HC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family Privmpts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
76770-Echo exam abdomen back wall	\$42,274,903	703,329	XXX	8%	8%	32%	30-RADIOLOGY (75%)	34-UROLOGY (11%)	70-GROUP PRAC (3%)
76775-Echo exam abdomen back wall	\$7,585,940	173,707	XXX	1%	1%	25%	30-RADIOLOGY (81%)	34-UROLOGY (7%)	70-GROUP PRAC (3%)
76778-Echo exam kidney transplant	\$858,661	17,029	XXX	0%	0%	15%	30-RADIOLOGY (86%)	70-GROUP PRAC (4%)	11-INTERNAL MED (2%)
76800-Echo exam spinal canal	\$48,967	590	XXX	0%	0%	56%	30-RADIOLOGY (45%)	01-08-GP/FP (36%)	13-NEUROLOGY (9%)
76830-Echo exam, transvaginal	\$3,067,741	52,312	XXX	1%	6%	56%	30-RADIOLOGY (67%)	16-08-GYN ECOLOGY (25%)	70-GROUP PRAC (3%)
76856-Echo exam of pelvis	\$35,035,009	559,523	XXX	7%	37%	50%	30-RADIOLOGY (61%)	34-UROLOGY (23%)	16-08-GYN ECOLOGY (5%)
76857-Echo exam of pelvis	\$3,541,889	73,304	XXX	1%	3%	88%	34-UROLOGY (76%)	30-RADIOLOGY (14%)	16-08-GYN ECOLOGY (6%)
76870-Echo exam of scrotum	\$1,723,473	32,816	XXX	0%	1%	38%	30-RADIOLOGY (72%)	34-UROLOGY (19%)	70-GROUP PRAC (3%)
76872-Echo exam, transrectal	\$22,187,569	296,260	XXX	4%	4%	79%	34-UROLOGY (74%)	30-RADIOLOGY (20%)	70-GROUP PRAC (2%)
76936-Echo guide for artery repair	\$2,271,996	53,514	XXX	0%	1%	22%	30-RADIOLOGY (74%)	70-GROUP PRAC (5%)	02-GNRL SURGERY (5%)
76938-Echo exam for drainage	\$430,292	9,476	XXX	0%	0%	21%	30-RADIOLOGY (88%)	70-GROUP PRAC (3%)	34-UROLOGY (3%)
76942-Echo guide for biopsy	\$19,380,166	288,025	XXX	4%	1%	73%	34-UROLOGY (74%)	30-RADIOLOGY (19%)	95-PHYSIOL LAB (3%)
76950-Echo guidance radiotherapy	\$35,956	787	XXX	0%	0%	35%	34-UROLOGY (45%)	30-RADIOLOGY (41%)	92-RAD ONCOLOGY (12%)
76960-Echo guidance radiotherapy	\$44,430	1,230	XXX	0%	0%	8%	34-UROLOGY (48%)	30-RADIOLOGY (34%)	92-RAD ONCOLOGY (8%)
76970-Ultrasound exam follow-up	\$182,108	4,326	XXX	0%	0%	72%	30-RADIOLOGY (52%)	34-UROLOGY (32%)	18-OPHTHALMOLOGY (3%)
76986-Echo exam at surgery	\$285,088	4,389	XXX	0%	0%	1%	30-RADIOLOGY (53%)	06-CARDIOLOGY (7%)	02-GNRL SURGERY (5%)
93875-Extracranial study	\$18,998,533	335,921	XXX	4%	0%	52%	30-RADIOLOGY (18%)	95-PHYSIOL LAB (12%)	13-NEUROLOGY (11%)
93880-Extracranial study	\$134,622,704	1,370,397	XXX	26%	0%	36%	30-RADIOLOGY (36%)	02-GNRL SURGERY (12%)	06-CARDIOLOGY (10%)
93882-Extracranial study	\$3,880,518	35,253	XXX	1%	0%	54%	30-RADIOLOGY (20%)	02-GNRL SURGERY (17%)	13-NEUROLOGY (15%)
93886-Intracranial study	\$6,046,506	56,186	XXX	1%	0%	52%	13-NEUROLOGY (42%)	30-RADIOLOGY (11%)	70-GROUP PRAC (8%)
93888-Intracranial study	\$1,557,849	15,189	XXX	0%	0%	56%	13-NEUROLOGY (28%)	95-PHYSIOL LAB (17%)	30-RADIOLOGY (12%)
93922-Extremity study	.	.	XXX	.	.	.	(.)	(.)	(.)
93923-Extremity study	.	.	XXX	.	.	.	(.)	(.)	(.)
93924-Extremity study	.	.	XXX	.	.	.	(.)	(.)	(.)
93925-Lower extremity study	\$17,785,005	173,157	XXX	3%	0%	59%	30-RADIOLOGY (22%)	95-PHYSIOL LAB (16%)	02-GNRL SURGERY (14%)
93926-Lower extremity study	\$2,570,711	35,421	XXX	1%	0%	51%	02-GNRL SURGERY (27%)	30-RADIOLOGY (22%)	77-VASCULAR SURG (20%)
93930-Upper extremity study	\$2,582,927	31,499	XXX	1%	0%	66%	06-CARDIOLOGY (20%)	95-PHYSIOL LAB (16%)	77-VASCULAR SURG (14%)
93931-Upper extremity study	\$922,411	12,156	XXX	0%	0%	59%	77-VASCULAR SURG (21%)	30-RADIOLOGY (13%)	33-THORACIC SURG (13%)
93965-Extremity study	\$18,388,210	332,529	XXX	4%	0%	48%	30-RADIOLOGY (19%)	02-GNRL SURGERY (16%)	11-INTERNAL MED (12%)
93970-Extremity study	\$34,691,720	504,209	XXX	7%	0%	27%	30-RADIOLOGY (38%)	02-GNRL SURGERY (18%)	77-VASCULAR SURG (8%)
93971-Extremity study	\$4,127,404	101,864	XXX	1%	0%	20%	30-RADIOLOGY (59%)	02-GNRL SURGERY (13%)	77-VASCULAR SURG (7%)
93975-Vascular study	\$3,801,154	33,570	XXX	1%	0%	31%	30-RADIOLOGY (56%)	02-GNRL SURGERY (8%)	70-GROUP PRAC (6%)
93976-Vascular study	\$486,689	6,855	XXX	0%	0%	29%	30-RADIOLOGY (76%)	70-GROUP PRAC (4%)	77-VASCULAR SURG (3%)
93978-Vascular study	\$4,777,035	41,702	XXX	1%	0%	70%	02-GNRL SURGERY (19%)	30-RADIOLOGY (16%)	77-VASCULAR SURG (14%)
93979-Vascular study	\$989,436	11,070	XXX	0%	0%	63%	30-RADIOLOGY (22%)	77-VASCULAR SURG (16%)	02-GNRL SURGERY (16%)
93980-Penile vascular study	\$402,522	2,631	XXX	0%	0%	81%	30-RADIOLOGY (67%)	30-RADIOLOGY (15%)	02-GNRL SURGERY (5%)
93981-Penile vascular study	\$25,517	251	XXX	0%	0%	90%	34-UROLOGY (79%)	30-RADIOLOGY (7%)	11-INTERNAL MED (4%)
93990-Doppler flow testing	.	.	XXX	.	.	.	(.)	(.)	(.)
616-Myelography and Diskography	Percent of CPEP Medicare Charges: 0%	Percent of CPEP Private Payments: 1%	XXX	.	.	.	(.)	(.)	(.)
Family Medicare Charges: \$19,527,368									
Family Private Payments: \$791,054									
62284-Injection for myelogram	\$13,385,143	88,404	000	69%	80%	7%	30-RADIOLOGY (60%)	14-NEUROSURGERY (22%)	70-GROUP PRAC (5%)
62290-Inject for spine disk x-ray	\$475,943	3,861	000	2%	5%	15%	30-RADIOLOGY (42%)	20-ORTHOPEID SURG (33%)	05-ANESTHESIA (12%)
62291-Inject for spine disk x-ray	\$113,537	914	000	1%	2%	19%	30-RADIOLOGY (35%)	05-ANESTHESIA (31%)	20-ORTHOPEID SURG (17%)
70010-Contrast x-ray of brain	\$17,174	420	XXX	0%	1%	10%	30-RADIOLOGY (82%)	01-08-GP/FP (4%)	11-INTERNAL MED (2%)
70015-Contrast x-ray of brain	\$22,911	409	XXX	0%	0%	26%	30-RADIOLOGY (71%)	66-RHEUMATOLOGY (9%)	01-08-GP/FP (7%)
72240-Contrast x-ray of neck spine	\$858,875	14,568	XXX	4%	3%	9%	30-RADIOLOGY (90%)	70-GROUP PRAC (2%)	11-INTERNAL MED (2%)
72255-Contrast x-ray thorax spine	\$179,429	3,202	XXX	1%	0%	8%	30-RADIOLOGY (89%)	05-ANESTHESIA (4%)	94-INTERVEN RAD (2%)
72265-Contrast x-ray lower spine	\$3,637,869	68,620	XXX	19%	7%	8%	30-RADIOLOGY (91%)	70-GROUP PRAC (3%)	14-NEUROSURGERY (1%)

Procedure

72270-Contrast x-ray of spine
72285-x-ray of neck spine disk
72295-x-ray of lower spine disk

620-Miscellaneous Radiological Procedures with Contrast

Family Medicare Charges: \$52,577,577
Family Private Payments: \$1,978,468

Percent of CPEP Medicare Charges: 1%
Percent of CPEP Private Payments: 2%

Procedure	1993 MC Units of Service	1993 MC Allowed Charges	Pct. of Family AllDchs	Pct. of Family PrivPmts	Pct. of Pct. of Family Vol. in OFFICE	First Speciality	Second Speciality	Third Speciality
19030-Injection for breast x-ray	911	\$55,166	0%	0%	34%	30-RADIOLOGY (93%)	70-GROUP PRAC (3%)	02-GNRL SURGERY (1%)
20501-Inject sinus tract for x-ray	14,799	\$479,007	1%	0%	4%	30-RADIOLOGY (90%)	70-GROUP PRAC (5%)	14-NEUROSURGERY (4%)
21116-Injection, jaw joint x-ray	334	\$15,005	0%	0%	35%	30-RADIOLOGY (62%)	19-ORAL SURGERY (19%)	11-INTERNAL MED (4%)
23350-Injection for shoulder x-ray	26,212	\$1,347,024	3%	1%	24%	30-RADIOLOGY (91%)	20-ORTHOPEID SURG (3%)	70-GROUP PRAC (2%)
24220-Injection for elbow x-ray	87	\$4,541	0%	0%	24%	30-RADIOLOGY (69%)	11-INTERNAL MED (10%)	01,08-GP/FP (9%)
25246-Injection for wrist x-ray	418	\$23,038	0%	0%	23%	30-RADIOLOGY (89%)	11-INTERNAL MED (10%)	01,08-GP/FP (9%)
27093-Injection for hip x-ray	4,322	\$432,861	1%	0%	17%	30-RADIOLOGY (70%)	20-ORTHOPEID SURG (3%)	70-GROUP PRAC (4%)
27095-Injection for hip x-ray	1,165	\$97,749	0%	0%	10%	30-RADIOLOGY (63%)	20-ORTHOPEID SURG (24%)	94-INTERVEN RAD (3%)
27370-Injection for knee x-ray	24,627	\$246,627	0%	0%	35%	30-RADIOLOGY (84%)	01,08-GP/FP (6%)	20-ORTHOPEID SURG (4%)
27648-Injection for ankle x-ray	143	\$6,977	0%	0%	23%	30-RADIOLOGY (78%)	48-PODIATRY (8%)	20-ORTHOPEID SURG (6%)
36005-Injection, venography	29,891	\$1,242,557	2%	0%	5%	30-RADIOLOGY (86%)	36-NUCLEAR MED (5%)	70-GROUP PRAC (2%)
38790-Injection for lymphatic x-ray	343	\$47,054	0%	0%	6%	30-RADIOLOGY (85%)	70-GROUP PRAC (10%)	94-INTERVEN RAD (2%)
42550-Injection for salivary x-ray	2,267	\$103,947	0%	0%	21%	30-RADIOLOGY (91%)	70-GROUP PRAC (3%)	01,08-GP/FP (2%)
47500-Injection for liver x-rays	10,778	\$964,487	2%	0%	9%	30-RADIOLOGY (87%)	94-INTERVEN RAD (4%)	70-GROUP PRAC (4%)
50394-Injection for kidney x-ray	24,714	\$1,283,433	2%	1%	9%	30-RADIOLOGY (77%)	34-UROLOGY (13%)	70-GROUP PRAC (3%)
50684-Injection for ureter x-ray	3,659	\$107,950	0%	0%	8%	34-UROLOGY (68%)	30-RADIOLOGY (29%)	70-GROUP PRAC (2%)
50690-Injection for ureter x-ray	153,697	\$153,697	0%	0%	8%	34-UROLOGY (47%)	34-UROLOGY (29%)	01,08-GP/FP (7%)
51600-Injection for bladder x-ray	37,338	\$1,109,012	2%	1%	21%	30-RADIOLOGY (65%)	34-UROLOGY (29%)	70-GROUP PRAC (3%)
51605-Preparation for bladder x-ray	942	\$33,350	0%	0%	14%	30-RADIOLOGY (59%)	34-UROLOGY (27%)	16-08-GYNECOLOGY (5%)
51610-Injection for bladder x-ray	335,549	\$356,549	1%	0%	22%	34-UROLOGY (52%)	30-RADIOLOGY (39%)	70-GROUP PRAC (3%)
54230-Prepare penis atudy	852	\$66,272	0%	0%	58%	34-UROLOGY (89%)	30-RADIOLOGY (6%)	70-GROUP PRAC (3%)
58340-Inject for uterus/tube x-ray	371	\$19,502	0%	9%	26%	30-RADIOLOGY (52%)	16-08-GYNECOLOGY (43%)	70-GROUP PRAC (3%)
58345-Reopen fallopian tube	12	\$1,726	0%	1%	17%	16-08-GYNECOLOGY (50%)	30-RADIOLOGY (17%)	01,08-GP/FP (8%)
61070-Brain canal shunt procedure	3,404	\$202,354	0%	0%	60%	14-NEUROSURGERY (29%)	83-HEMATOLOGY (25%)	82-HEMATOLOGY (17%)
68850-Injection for tear sac x-ray	410	\$18,345	0%	0%	37%	30-RADIOLOGY (49%)	18-OPHTHALMOLOGY (42%)	36-NUCLEAR MED (4%)
70170-X-ray exam of tear duct	608	\$15,563	0%	0%	32%	30-RADIOLOGY (79%)	20-ORTHOPEID SURG (8%)	18-OPHTHALMOLOGY (7%)
70332-X-ray exam of jaw joint	491	\$24,069	0%	0%	34%	30-RADIOLOGY (75%)	19-ORAL SURGERY (13%)	04-OTOLARYNG (5%)
70371-Speech evaluation, complex	16,485	\$868,646	2%	0%	6%	30-RADIOLOGY (91%)	04-OTOLARYNG (3%)	13-NEUROLOGY (1%)
70373-Contrast x-ray of larynx	418	\$10,269	0%	0%	11%	30-RADIOLOGY (88%)	11-INTERNAL MED (11%)	01,08-GP/FP (1%)
70390-X-ray exam of salivary duct	884,704	\$84,704	0%	0%	19%	30-RADIOLOGY (92%)	70-GROUP PRAC (3%)	04-OTOLARYNG (1%)
71040-Contrast x-ray of bronchi	337,227	\$37,227	0%	0%	25%	30-RADIOLOGY (71%)	01,08-GP/FP (12%)	11-INTERNAL MED (9%)
71060-Contrast x-ray of bronchi	1,094	\$46,986	0%	0%	10%	30-RADIOLOGY (87%)	01,08-GP/FP (6%)	11-INTERNAL MED (2%)
73040-Contrast x-ray of shoulder	30,252	\$1,334,709	3%	1%	27%	30-RADIOLOGY (90%)	20-ORTHOPEID SURG (4%)	70-GROUP PRAC (2%)
73085-Contrast x-ray of elbow	247	\$10,425	0%	0%	52%	30-RADIOLOGY (37%)	01,08-GP/FP (29%)	11-INTERNAL MED (9%)
73115-Contrast x-ray of wrist	444,965	\$44,965	0%	0%	52%	30-RADIOLOGY (48%)	01,08-GP/FP (20%)	20-ORTHOPEID SURG (12%)
73525-Contrast x-ray of hip	263,739	\$263,739	1%	0%	17%	30-RADIOLOGY (82%)	20-ORTHOPEID SURG (7%)	70-GROUP PRAC (4%)
73580-Contrast x-ray of knee joint	6,307	\$335,419	1%	0%	40%	30-RADIOLOGY (78%)	20-ORTHOPEID SURG (8%)	01,08-GP/FP (5%)
73615-Contrast x-ray of ankle	1,081	\$44,542	0%	0%	49%	30-RADIOLOGY (43%)	48-PODIATRY (15%)	01,08-GP/FP (13%)
74190-X-ray exam of peritoneum	0	0	0%	0%	0%	(.)	(.)	(.)
74300-X-ray bile ducts, pancreas	85,469	\$1,646,634	3%	2%	0%	30-RADIOLOGY (97%)	70-GROUP PRAC (1%)	94-INTERVEN RAD (1%)
74301-Additional x-rays at surgery	3,128	\$35,200	0%	0%	0%	30-RADIOLOGY (94%)	02-GNRL SURGERY (3%)	70-GROUP PRAC (2%)
74305-X-ray bile ducts, pancreas	33,045	\$786,027	1%	1%	4%	30-RADIOLOGY (93%)	70-GROUP PRAC (3%)	94-INTERVEN RAD (2%)
74320-Contrast x-ray of bile ducts	13,988	\$436,947	1%	0%	1%	30-RADIOLOGY (90%)	70-GROUP PRAC (4%)	94-INTERVEN RAD (4%)
74400-Contrast x-ray urinary tract	239,268	\$9,291,294	18%	27%	25%	30-RADIOLOGY (83%)	34-UROLOGY (12%)	70-GROUP PRAC (2%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDchs	Pct. of Family PrivPmts	OFFICE	First Speciality	Second Speciality	Third Speciality
74405-Contrast x-ray urinary tract	\$729,141	14,635	XXX	1%	3%	40%	30-RADIOLOGY (71%)	34-UROLOGY (21%)	70-GROUP PRAC (3%)
74410-Contrast x-ray urinary tract	\$2,137,780	49,803	XXX	4%	6%	27%	30-RADIOLOGY (79%)	34-UROLOGY (16%)	70-GROUP PRAC (3%)
74415-Contrast x-ray urinary tract	\$14,420,836	333,183	XXX	27%	35%	26%	30-RADIOLOGY (89%)	34-UROLOGY (6%)	70-GROUP PRAC (2%)
74420-Contrast x-ray urinary tract	\$2,569,425	111,958	XXX	5%	2%	6%	30-RADIOLOGY (86%)	34-UROLOGY (9%)	70-GROUP PRAC (3%)
74425-Contrast x-ray urinary tract	\$703,187	32,176	XXX	1%	0%	8%	30-RADIOLOGY (86%)	34-UROLOGY (7%)	70-GROUP PRAC (3%)
74430-Contrast x-ray of bladder	\$1,050,509	47,277	XXX	2%	1%	18%	30-RADIOLOGY (81%)	34-UROLOGY (13%)	70-GROUP PRAC (3%)
74440-Xray exam male genital tract	\$3,068	95	XXX	0%	0%	3%	30-RADIOLOGY (67%)	34-UROLOGY (13%)	01-OB-GP/FP (7%)
74445-X-ray exam of penis	\$30,524	484	XXX	0%	0%	19%	34-UROLOGY (62%)	30-RADIOLOGY (36%)	02-GNRL SURGERY (1%)
74450-X-ray exam urethra/bladder	\$374,525	14,794	XXX	1%	0%	18%	34-UROLOGY (77%)	34-UROLOGY (17%)	70-GROUP PRAC (2%)
74455-X-ray exam urethra/bladder	\$714,214	24,281	XXX	1%	1%	25%	30-RADIOLOGY (76%)	34-UROLOGY (19%)	70-GROUP PRAC (4%)
74740-X-ray female genital tract	\$15,310	533	XXX	0%	3%	22%	30-RADIOLOGY (91%)	70-GROUP PRAC (5%)	16-OB-GYNECOLOGY (3%)
74742-X-ray fallopian tube	\$248	7	XXX	0%	0%	14%	30-RADIOLOGY (100%)	(.)	(.)
74775-X-ray exam of perineum	\$2,691	59	XXX	0%	0%	27%	30-RADIOLOGY (76%)	16-OB-GYNECOLOGY (14%)	70-GROUP PRAC (5%)
75801-Lymph vessel x-ray, arm/leg	\$1,688	33	XXX	0%	0%	0%	91-SURG ONCOLOGY (3%)	(.)	(.)
75803-Lymph vessel x-ray, arms/legs	\$5,638	67	XXX	0%	0%	13%	30-RADIOLOGY (97%)	94-INTERVEN RAD (7%)	11-INTERNAL MED (1%)
75805-Lymph vessel x-ray, trunk	\$11,027	213	XXX	0%	0%	3%	30-RADIOLOGY (90%)	70-GROUP PRAC (1%)	16-OB-GYNECOLOGY (0%)
75807-Lymph vessel x-ray, trunk	\$18,013	242	XXX	0%	0%	4%	30-RADIOLOGY (86%)	70-GROUP PRAC (10%)	94-INTERVEN RAD (2%)
75820-Vein x-ray, arm/leg	\$2,941,052	75,154	XXX	6%	1%	3%	30-RADIOLOGY (93%)	70-GROUP PRAC (3%)	94-INTERVEN RAD (2%)
75822-Vein x-ray, arms/legs	\$347,422	5,854	XXX	1%	1%	3%	30-RADIOLOGY (93%)	70-GROUP PRAC (3%)	94-INTERVEN RAD (2%)
75898-Follow-up angiogram	\$2,072,467	22,849	XXX	4%	1%	1%	30-RADIOLOGY (81%)	06-CARDIOLOGY (8%)	94-INTERVEN RAD (5%)
76075-Dual energy x-ray study	\$619,429	19,763	XXX	1%	0%	5%	30-RADIOLOGY (90%)	70-GROUP PRAC (5%)	94-INTERVEN RAD (3%)
76080-X-ray exam of fistula	\$38,284	920	XXX	0%	0%	32%	30-RADIOLOGY (92%)	70-GROUP PRAC (3%)	02-GNRL SURGERY (1%)
76086-X-ray of mammary duct	\$15,504	355	XXX	0%	0%	15%	30-RADIOLOGY (85%)	01-OB-GP/FP (10%)	95-PHYSIOL LAB (4%)

624-Computerized Axial Tomography

Family Medicare Charges: \$576,215,569

Family Private Payments: \$12,345,802

Percent of CPEP Medicare Charges: 14%

Percent of CPEP Private Payments: 11%

70450-CAT scan of head or brain	\$89,485,900	1,657,425	XXX	16%	10%	5%	30-RADIOLOGY (93%)	70-GROUP PRAC (3%)	13-NEUROLOGY (1%)
70460-Contrast CAT scan of head	\$10,285,145	129,016	XXX	2%	4%	11%	30-RADIOLOGY (89%)	70-GROUP PRAC (7%)	13-NEUROLOGY (1%)
70470-Contrast CAT scans of head	\$56,387,549	635,002	XXX	10%	12%	10%	30-RADIOLOGY (94%)	70-GROUP PRAC (2%)	13-NEUROLOGY (1%)
70480-CAT scan of skull	\$6,228,348	67,586	XXX	1%	2%	17%	30-RADIOLOGY (95%)	70-GROUP PRAC (2%)	13-NEUROLOGY (2%)
70481-Contrast CAT scan of skull	\$2,395,785	20,886	XXX	0%	1%	24%	30-RADIOLOGY (92%)	70-GROUP PRAC (5%)	13-NEUROLOGY (1%)
70482-Contrast CAT scans of skull	\$2,116,833	19,225	XXX	0%	1%	17%	30-RADIOLOGY (93%)	70-GROUP PRAC (3%)	13-NEUROLOGY (1%)
70486-CAT scan of face, jaw	\$10,471,265	105,951	XXX	2%	7%	28%	30-RADIOLOGY (94%)	70-GROUP PRAC (2%)	04-OTOLOGY (1%)
70487-Contrast CAT scan, face/jaw	\$736,543	7,484	XXX	0%	0%	17%	30-RADIOLOGY (90%)	70-GROUP PRAC (6%)	01-OB-GP/FP (1%)
70488-Contrast CAT scans face/jaw	\$340,843	3,278	XXX	0%	0%	15%	30-RADIOLOGY (96%)	04-OTOLOGY (2%)	70-GROUP PRAC (1%)
70490-CAT scan of neck tissue	\$1,814,269	18,231	XXX	0%	0%	20%	30-RADIOLOGY (94%)	70-GROUP PRAC (2%)	01-OB-GP/FP (1%)
70491-Contrast CAT of neck tissue	\$6,085,834	56,439	XXX	1%	1%	19%	30-RADIOLOGY (94%)	70-GROUP PRAC (2%)	01-OB-GP/FP (1%)
70492-Contrast CAT of neck tissue	\$908,655	7,308	XXX	0%	0%	21%	30-RADIOLOGY (97%)	70-GROUP PRAC (1%)	01-OB-GP/FP (0%)
71250-Cat scan of chest	\$26,600,849	284,730	XXX	5%	3%	16%	30-RADIOLOGY (94%)	70-GROUP PRAC (3%)	94-INTERVEN RAD (1%)
71260-Contrast CAT scan of chest	\$43,164,507	456,582	XXX	7%	7%	13%	30-RADIOLOGY (94%)	70-GROUP PRAC (3%)	94-INTERVEN RAD (1%)
71270-Contrast CAT scans of chest	\$7,103,979	62,660	XXX	1%	1%	15%	30-RADIOLOGY (96%)	70-GROUP PRAC (1%)	01-OB-GP/FP (1%)
72125-CAT scan of neck spine	\$4,700,904	51,053	XXX	1%	2%	16%	30-RADIOLOGY (92%)	70-GROUP PRAC (3%)	13-NEUROLOGY (1%)
72126-Contrast CAT scan of neck	\$1,177,965	14,091	XXX	0%	0%	9%	30-RADIOLOGY (94%)	70-GROUP PRAC (2%)	94-INTERVEN RAD (1%)
72127-Contrast CAT scans of neck	\$111,602	1,298	XXX	0%	0%	7%	30-RADIOLOGY (96%)	70-GROUP PRAC (1%)	01-OB-GP/FP (1%)
72128-CAT scan of thorax spine	\$1,645,702	18,536	XXX	0%	0%	14%	30-RADIOLOGY (93%)	70-GROUP PRAC (3%)	94-INTERVEN RAD (1%)
72129-Contrast CAT scan of thorax	\$369,062	4,165	XXX	0%	0%	8%	30-RADIOLOGY (95%)	70-GROUP PRAC (3%)	94-INTERVEN RAD (1%)
72130-Contrast CAT scans of thorax	\$102,260	1,027	XXX	0%	0%	16%	30-RADIOLOGY (91%)	02-GNRL SURGERY (2%)	70-GROUP PRAC (3%)
72131-CAT scan of lower spine	\$23,033,063	232,684	XXX	4%	9%	21%	30-RADIOLOGY (92%)	70-GROUP PRAC (3%)	13-NEUROLOGY (1%)
72132-Contrast CAT of lower spine	\$3,006,456	36,966	XXX	1%	1%	8%	30-RADIOLOGY (94%)	70-GROUP PRAC (2%)	94-INTERVEN RAD (1%)

Procedure

Procedure	1993 HC Allowed Charges	1993 HC Units of Service	Global Period	Pct. of Family Alldchgs	Pct. of Family PrivPmts	Pct. of OFFICE Vol. in	Top Medicare Specialties (% of Procedure Volume)	
							First Specialty	Second Specialty
72133-Contrast CAT scans, low spine	\$433,030	4,499	XXX	0%	0%	12%	30-RADIOLOGY (96%)	70-GROUP PRAC (1%)
72192-CAT scan of pelvis	\$23,686,446	282,396	XXX	4%	2%	15%	30-RADIOLOGY (94%)	01,08-GP/FP (1%)
72193-Contrast CAT scan of pelvis	\$58,027,152	648,071	XXX	10%	7%	13%	30-RADIOLOGY (95%)	70-GROUP PRAC (3%)
72194-Contrast CAT scans of pelvis	\$6,122,213	59,156	XXX	1%	1%	15%	30-RADIOLOGY (96%)	70-GROUP PRAC (1%)
73200-CAT scan of arm	\$755,061	8,735	XXX	0%	0%	18%	30-RADIOLOGY (93%)	20-ORTHOED SURG (1%)
73201-Contrast CAT scan of arm	\$133,091	1,487	XXX	0%	0%	14%	30-RADIOLOGY (96%)	01,08-GP/FP (1%)
73202-Contrast CAT scans of arm	\$58,953	568	XXX	0%	0%	19%	30-RADIOLOGY (93%)	01,08-GP/FP (2%)
73700-CAT scan of leg	\$1,737,620	20,763	XXX	0%	1%	16%	30-RADIOLOGY (94%)	20-ORTHOED SURG (1%)
73701-Contrast CAT scan of leg	\$223,838	2,869	XXX	0%	0%	8%	30-RADIOLOGY (93%)	01,08-GP/FP (1%)
73702-Contrast CAT scans of leg	\$109,641	1,147	XXX	0%	0%	14%	30-RADIOLOGY (90%)	01,08-GP/FP (1%)
74150-CAT scan of abdomen	\$30,238,949	356,701	XXX	5%	3%	11%	30-RADIOLOGY (94%)	01,08-GP/FP (1%)
74160-Contrast CAT scan of abdomen	\$82,685,119	884,712	XXX	14%	12%	12%	30-RADIOLOGY (94%)	70-GROUP PRAC (3%)
74170-Contrast CAT scans, abdomen	\$57,640,493	494,130	XXX	10%	8%	16%	30-RADIOLOGY (96%)	70-GROUP PRAC (1%)
76070-CT scan, bone density study	\$712,164	13,307	XXX	0%	0%	45%	30-RADIOLOGY (79%)	94-INTERVEN RAD (1%)
76355-CAT scan for localization	\$515,109	4,829	XXX	0%	0%	44%	30-RADIOLOGY (84%)	11-INTERNAL MED (4%)
76360-CAT scan for needle biopsy	\$6,618,634	92,007	XXX	1%	0%	4%	30-RADIOLOGY (94%)	02-GNRL SURGERY (5%)
76365-CAT scan for cyst aspiration	\$601,233	8,921	XXX	0%	0%	3%	30-RADIOLOGY (94%)	70-GROUP PRAC (3%)
76370-CAT scan for therapy guide	\$2,300,280	36,022	XXX	0%	0%	29%	30-RADIOLOGY (70%)	94-INTERVEN RAD (2%)
76375-CAT scans, other planes	\$3,604,672	95,191	XXX	1%	2%	27%	30-RADIOLOGY (94%)	92-RAD ONCOLOGY (23%)
76380-CAT scan follow-up study	\$1,758,553	31,421	XXX	0%	0%	11%	30-RADIOLOGY (91%)	70-GROUP PRAC (6%)

628-Magnetic Resonance Imaging
 Family Medicare Charges: \$370,676,752
 Family Private Payments: \$17,623,019

Percent of CPEP Medicare Charges: 9%
 Percent of CPEP Private Payments: 16%

70336-Magnetic image jaw joint	\$439,960	1,808	XXX	0%	1%	55%	30-RADIOLOGY (91%)	95-PHYSIOL LAB (3%)	70-GROUP PRAC (2%)
70540-Magnetic image, face, neck	\$8,610,564	39,664	XXX	2%	1%	44%	30-RADIOLOGY (90%)	95-PHYSIOL LAB (3%)	70-GROUP PRAC (2%)
70541-Magnetic image, head (HRA)			XXX				(.)	(.)	(.)
70551-Magnetic image, brain (MRI)	\$64,000,848	330,516	XXX	17%	21%	38%	30-RADIOLOGY (88%)	13-NEUROLOGY (4%)	70-GROUP PRAC (3%)
70552-Magnetic image, brain (MRI)	\$10,887,223	64,119	XXX	3%	11%	22%	30-RADIOLOGY (90%)	13-NEUROLOGY (4%)	70-GROUP PRAC (3%)
70553-Magnetic image, brain	\$97,010,969	253,870	XXX	26%		38%	30-RADIOLOGY (90%)	13-NEUROLOGY (2%)	70-GROUP PRAC (2%)
71550-Magnetic image, chest	\$2,284,465	10,199	XXX	1%	0%	43%	30-RADIOLOGY (89%)	70-GROUP PRAC (3%)	95-PHYSIOL LAB (2%)
71555-Magnetic imaging/chest (HRA)			XXX				(.)	(.)	(.)
72141-Magnetic image, neck spine	\$27,460,117	124,975	XXX	7%	14%	43%	30-RADIOLOGY (89%)	13-NEUROLOGY (3%)	70-GROUP PRAC (3%)
72142-Magnetic image, neck spine	\$915,991	5,229	XXX	0%	1%	22%	30-RADIOLOGY (89%)	70-GROUP PRAC (4%)	13-NEUROLOGY (2%)
72146-Magnetic image, chest spine	\$9,546,899	46,044	XXX	3%	2%	38%	30-RADIOLOGY (90%)	70-GROUP PRAC (2%)	95-PHYSIOL LAB (2%)
72147-Magnetic image, chest spine	\$816,283	4,638	XXX	0%	0%	22%	30-RADIOLOGY (89%)	70-GROUP PRAC (5%)	13-NEUROLOGY (2%)
72148-Magnetic image, lumbar spine	\$60,754,618	253,439	XXX	16%	20%	46%	30-RADIOLOGY (90%)	95-PHYSIOL LAB (2%)	70-GROUP PRAC (2%)
72149-Magnetic image, lumbar spine	\$3,109,130	16,756	XXX	1%	3%	27%	30-RADIOLOGY (91%)	70-GROUP PRAC (3%)	13-NEUROLOGY (2%)
72156-Magnetic image, neck spine	\$5,171,887	12,994	XXX	1%		40%	30-RADIOLOGY (89%)	95-PHYSIOL LAB (3%)	70-GROUP PRAC (3%)
72157-Magnetic image, chest spine	\$4,306,807	12,222	XXX	1%		35%	30-RADIOLOGY (91%)	70-GROUP PRAC (3%)	95-PHYSIOL LAB (2%)
72158-Magnetic image, lumbar spine	\$24,131,985	55,697	XXX	7%		46%	30-RADIOLOGY (90%)	95-PHYSIOL LAB (3%)	70-GROUP PRAC (2%)
72159-Magnetic imaging/spine (HRA)			XXX				(.)	(.)	(.)
72196-Magnetic image, pelvis	\$8,274,370	35,586	XXX	2%	2%	45%	30-RADIOLOGY (92%)	95-PHYSIOL LAB (2%)	70-GROUP PRAC (2%)
72198-Magnetic imaging/pelvis(HRA)			XXX				(.)	(.)	(.)
73220-Magnetic image, arm, hand	\$2,357,934	10,653	XXX	1%	2%	44%	30-RADIOLOGY (92%)	95-PHYSIOL LAB (2%)	70-GROUP PRAC (2%)
73221-Magnetic image, joint of arm	\$9,093,661	37,800	XXX	2%	4%	55%	30-RADIOLOGY (91%)	95-PHYSIOL LAB (3%)	70-GROUP PRAC (2%)
73225-Magnetic imaging/upper (HRA)			XXX				(.)	(.)	(.)
73720-Magnetic image, leg, foot	\$5,842,598	27,016	XXX	2%	4%	42%	30-RADIOLOGY (90%)	70-GROUP PRAC (2%)	95-PHYSIOL LAB (2%)
73721-Magnetic image, joint of leg	\$19,848,848	82,435	XXX	5%	13%	54%	30-RADIOLOGY (91%)	95-PHYSIOL LAB (3%)	70-GROUP PRAC (2%)
73725-Magnetic imageing/lower (HRA)			XXX				(.)	(.)	(.)
74181-Magnetic image, abdomen (MRI)	\$5,637,642	24,073	XXX	2%	1%	45%	30-RADIOLOGY (91%)	70-GROUP PRAC (3%)	95-PHYSIOL LAB (2%)

Top Medicare Specialties (% of Procedure Volume)

Pct. of Pct. of Pct. of

1993 MC 1993 MC Global Pct. of Pct. of Pct. of

Procedure Allowed Charges Service Period AllDChgs Family Vol. in OFFICE First Specialty Second Specialty Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Service Period	Global	Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
74185-Magnetic image/abdomen (MRA)			XXX	.	(.)	(.)	(.)
75552-Magnetic image, myocardium	\$105,901	797	XXX	16%	30-RADIOLOGY (71%)	06-CARDIOLOGY (15%)	70-GROUP PRAC (6%)
75553-Magnetic image, myocardium	.	.	XXX	.	(.)	(.)	(.)
75554-Cardiac MRI/function	.	.	XXX	.	(.)	(.)	(.)
75555-Cardiac MRI/limited study	.	.	XXX	.	(.)	(.)	(.)
76093-Magnetic image, breast	.	.	XXX	.	(.)	(.)	(.)
76094-Magnetic image, both breasts	.	.	XXX	.	(.)	(.)	(.)
76400-Magnetic image, bone marrow	\$68,052	492	XXX	25%	30-RADIOLOGY (93%)	34-UROLOGY (2%)	70-GROUP PRAC (1%)

632-Digestive Radiology

Family Medicare Charges: \$129,193,275
 Family Private Payments: \$3,951,212
 Percent of CPEP Medicare Charges: 3%
 Percent of CPEP Private Payments: 3%

47505-Injection for liver x-rays	\$592,233	7,305	000	.	30-RADIOLOGY (89%)	70-GROUP PRAC (4%)	94-INTERVEN RAD (4%)
74230-Cinema xray throat/esophagus	\$4,967,729	153,143	XXX	1%	30-RADIOLOGY (95%)	70-GROUP PRAC (2%)	94-INTERVEN RAD (1%)
74240-X-ray exam upper GI tract	\$16,522,571	361,239	XXX	14%	30-RADIOLOGY (92%)	11-INTERNAL MED (2%)	70-GROUP PRAC (2%)
74241-X-ray exam upper GI tract	\$12,104,796	244,977	XXX	12%	30-RADIOLOGY (92%)	70-GROUP PRAC (2%)	01,08-GP/FP (2%)
74245-X-ray exam upper GI tract	\$7,083,595	109,616	XXX	7%	30-RADIOLOGY (92%)	70-GROUP PRAC (3%)	11-INTERNAL MED (1%)
74246-Contrast xray upper GI tract	\$12,802,491	260,966	XXX	10%	30-RADIOLOGY (93%)	70-GROUP PRAC (3%)	11-INTERNAL MED (2%)
74247-Contrast xray upper GI tract	\$8,934,138	169,109	XXX	8%	30-RADIOLOGY (92%)	70-GROUP PRAC (4%)	11-INTERNAL MED (1%)
74249-Contrast xray upper GI tract	\$3,773,900	53,886	XXX	3%	30-RADIOLOGY (91%)	70-GROUP PRAC (4%)	11-INTERNAL MED (1%)
74250-X-ray exam of small bowel	\$3,917,501	125,683	XXX	3%	30-RADIOLOGY (95%)	70-GROUP PRAC (2%)	10-GASTROENTER (1%)
74251-X-ray exam of small bowel	.	.	XXX	.	(.)	(.)	(.)
74260-X-ray exam of small bowel	\$33,696	950	XXX	0%	30-RADIOLOGY (91%)	11-INTERNAL MED (3%)	70-GROUP PRAC (2%)
74270-Contrast x-ray exam of colon	\$29,671,873	618,984	XXX	23%	30-RADIOLOGY (93%)	70-GROUP PRAC (2%)	11-INTERNAL MED (1%)
74280-Contrast x-ray exam of colon	\$27,575,427	373,192	XXX	21%	30-RADIOLOGY (92%)	70-GROUP PRAC (3%)	11-INTERNAL MED (2%)
74283-Contrast x-ray exam of colon	\$47,363	495	XXX	0%	30-RADIOLOGY (87%)	01,08-GP/FP (9%)	70-GROUP PRAC (1%)
74290-Contrast x-ray, gallbladder	\$1,127,209	49,298	XXX	1%	30-RADIOLOGY (85%)	01,08-GP/FP (6%)	11-INTERNAL MED (4%)
74291-Contrast x-rays, gallbladder	\$38,753	2,876	XXX	0%	30-RADIOLOGY (90%)	01,08-GP/FP (3%)	11-INTERNAL MED (2%)

636-Nuclear Cardiology

Family Medicare Charges: \$227,262,905
 Family Private Payments: \$3,067,183
 Percent of CPEP Medicare Charges: 5%
 Percent of CPEP Private Payments: 3%

78416-Non-imaging heart function	\$134,057	1,812	XXX	0%	06-CARDIOLOGY (74%)	30-RADIOLOGY (16%)	36-NUCLEAR MED (5%)
78428-Cardiac shunt imaging	\$116,460	1,322	XXX	0%	06-CARDIOLOGY (62%)	30-RADIOLOGY (27%)	11-INTERNAL MED (4%)
78460-Heart muscle blood single	\$2,060,504	28,493	XXX	1%	30-RADIOLOGY (46%)	06-CARDIOLOGY (28%)	36-NUCLEAR MED (7%)
78461-Heart muscle blood multiple	\$37,181,644	252,518	XXX	16%	30-RADIOLOGY (42%)	06-CARDIOLOGY (32%)	36-NUCLEAR MED (8%)
78464-Heart image (3D) single	\$6,688,801	54,101	XXX	3%	30-RADIOLOGY (58%)	06-CARDIOLOGY (21%)	36-NUCLEAR MED (10%)
78465-Heart image (3D) multiple	\$147,437,867	719,603	XXX	65%	30-RADIOLOGY (46%)	06-CARDIOLOGY (34%)	36-NUCLEAR MED (8%)
78466-Heart infarct image	\$662,706	10,672	XXX	0%	30-RADIOLOGY (66%)	06-CARDIOLOGY (15%)	36-NUCLEAR MED (8%)
78468-Heart infarct image, EF	\$74,912	899	XXX	0%	30-RADIOLOGY (45%)	06-CARDIOLOGY (20%)	36-NUCLEAR MED (18%)
78469-Heart infarct image (3D)	\$401,912	4,356	XXX	0%	30-RADIOLOGY (61%)	06-CARDIOLOGY (24%)	11-INTERNAL MED (6%)
78472-Gated heart, resting	\$16,647,842	186,294	XXX	7%	30-RADIOLOGY (19%)	06-CARDIOLOGY (33%)	36-NUCLEAR MED (11%)
78473-Gated heart, multiple	\$3,560,435	24,208	XXX	2%	30-RADIOLOGY (45%)	06-CARDIOLOGY (33%)	36-NUCLEAR MED (13%)
78478-Heart wall motion (add-on)	\$2,036,334	42,173	XXX	1%	06-CARDIOLOGY (41%)	30-RADIOLOGY (23%)	36-NUCLEAR MED (20%)
78480-Heart function, (add-on)	\$745,238	16,220	XXX	0%	06-CARDIOLOGY (36%)	30-RADIOLOGY (41%)	30-RADIOLOGY (16%)
78481-Heart first pass single	\$3,660,645	33,348	XXX	2%	30-RADIOLOGY (41%)	06-CARDIOLOGY (33%)	36-NUCLEAR MED (12%)
78483-Heart first pass multiple	\$5,851,548	25,559	XXX	3%	06-CARDIOLOGY (59%)	36-NUCLEAR MED (16%)	30-RADIOLOGY (7%)

640-Vascular Radiology except for Venography of Extremity

Family Medicare Charges: \$209,955,234
 Family Private Payments: \$209,955,234
 Percent of CPEP Medicare Charges: 5%

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Family Private Payments: \$1,213,329

Percent of CPEP Private Payments: 1%

Procedure	1993 MC Allowed Charges	1993 MC Service Period Global	Pct. of Family AllDChgs	Pct. of Family Privlmts OFFICE	Top Medicare Specialties (% of Procedure Volume)
36010-Place catheter in vein	\$12,461,763	74,707	XXX	18%	02-GHRL SURGERY (24%)
36011-Place catheter in vein	\$949,106	8,222	XXX	2%	30-RADIOLOGY (53%)
36012-Place catheter in vein	\$313,575	2,419	XXX	1%	30-RADIOLOGY (83%)
36013-Place catheter in artery	\$485,051	3,086	XXX	0%	30-RADIOLOGY (27%)
36014-Place catheter in artery	\$1,710,571	11,898	XXX	1%	02-GHRL SURGERY (18%)
36015-Place catheter in artery	\$372,708	2,171	XXX	1%	30-RADIOLOGY (85%)
36100-Establish access to artery	\$963,334	6,554	XXX	3%	02-GHRL SURGERY (17%)
36120-Establish access to artery	\$503,966	4,027	XXX	1%	06-CARDIOLOGY (14%)
36140-Establish access to artery	\$4,805,092	50,929	XXX	2%	05-ANESTHESIA (13%)
36145-Artery to vein shunt	\$6,214,413	29,966	XXX	7%	01-08-GP/FP (5%)
36160-Establish access to aorta	\$557,312	3,442	XXX	3%	02-GHRL SURGERY (18%)
36200-Place catheter in aorta	\$28,779,536	161,177	XXX	16%	06-CARDIOLOGY (7%)
36215-Place catheter in artery	\$15,429,096	107,980	XXX	7%	06-CARDIOLOGY (5%)
36216-Place catheter in artery	\$21,316,734	104,998	XXX	10%	06-CARDIOLOGY (6%)
36217-Place catheter in artery	\$3,778,593	15,307	XXX	2%	06-CARDIOLOGY (10%)
36218-Place catheter in artery	\$1,210,259	10,874	XXX	1%	06-CARDIOLOGY (6%)
36245-Place catheter in artery	\$10,780,071	58,035	XXX	5%	06-CARDIOLOGY (14%)
36246-Place catheter in artery	\$4,445,843	23,071	XXX	2%	06-CARDIOLOGY (10%)
36247-Place catheter in artery	\$2,856,938	14,460	XXX	1%	06-CARDIOLOGY (7%)
36248-Place catheter in artery	\$492,851	4,294	XXX	0%	06-CARDIOLOGY (17%)
36481-Insertion of catheter, vein	\$357,012	1,571	000	0%	83-HEMATOL/ONCOL (16%)
36620-Insertion catheter, artery	\$27,606,563	581,837	000	13%	29-PULMONARY DIS (4%)
36625-Insertion catheter, artery	\$1,232,701	17,555	000	3%	33-THORACIC SURG (6%)
36640-Insertion catheter, artery	\$150,359	1,082	000	1%	05-ANESTHESIA (33%)
38200-Injection for spleen x-ray	\$7,558	79	000	0%	94-INTERVEN RAD (5%)
38794-Access thoracic lymph duct	\$6,146	94	090	0%	11-INTERNAL MED (3%)
75600-Contrast x-ray exam of aorta	\$185,233	5,843	XXX	0%	06-CARDIOLOGY (15%)
75605-Contrast x-ray exam of aorta	\$2,122,113	29,628	XXX	1%	30-RADIOLOGY (43%)
75625-Contrast x-ray exam of aorta	\$5,496,643	81,034	XXX	3%	06-CARDIOLOGY (6%)
75630-X-ray aorta, leg arteries	\$6,504,058	84,284	XXX	3%	06-CARDIOLOGY (7%)
75650-Artery x-rays, head & neck	\$6,307,457	76,017	XXX	3%	06-CARDIOLOGY (3%)
75658-X-ray exam of arm arteries	\$130,272	1,787	XXX	0%	06-CARDIOLOGY (6%)
75660-Artery x-rays, head & neck	\$463,165	3,288	XXX	0%	95-PHYSIOL LAB (15%)
75662-Artery x-rays, head & neck	\$489,022	4,670	XXX	0%	70-GROUP PRAC (5%)
75665-Artery x-rays, head & neck	\$856,441	11,309	XXX	1%	06-CARDIOLOGY (11%)
75671-Artery x-rays, head & neck	\$6,811,092	73,197	XXX	3%	70-GROUP PRAC (4%)
75676-Artery x-rays, neck	\$604,352	8,238	XXX	0%	70-GROUP PRAC (3%)
75680-Artery x-rays, neck	\$7,181,753	77,502	XXX	3%	05-ANESTHESIA (2%)
75685-Artery x-rays, spine	\$3,444,472	46,892	XXX	2%	94-INTERVEN RAD (3%)
75705-Artery x-rays, spine	\$150,992	1,515	XXX	0%	70-GROUP PRAC (3%)
75710-Artery x-rays, arm/leg	\$4,917,327	75,749	XXX	2%	05-ANESTHESIA (17%)
75716-Artery x-rays, arms/legs	\$4,261,012	55,458	XXX	2%	70-GROUP PRAC (4%)
75722-Artery x-rays, kidney	\$394,609	5,962	XXX	0%	06-CARDIOLOGY (4%)
75724-Artery x-rays, kidneys	\$1,123,007	10,894	XXX	1%	06-CARDIOLOGY (10%)
75726-Artery x-rays, abdomen	\$1,535,559	24,199	XXX	1%	06-CARDIOLOGY (35%)
75731-Artery x-rays, adrenal gland	\$4,344	63	XXX	0%	94-INTERVEN RAD (4%)
75733-Artery x-rays, adrenal glands	\$3,235	44	XXX	0%	70-GROUP PRAC (10%)
75736-Artery x-rays, pelvis	\$928,496	13,559	XXX	0%	06-CARDIOLOGY (20%)
75741-Artery x-rays, Lung	\$263,679	3,795	XXX	0%	94-INTERVEN RAD (7%)
75743-Artery x-rays, Lungs	\$749,649	8,318	XXX	0%	06-CARDIOLOGY (9%)
				0%	06-CARDIOLOGY (10%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AlltChgs	Pct. of Family Privlmts	Pct. of Family Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty

75746-Artery x-rays, lung	\$33,731	518	XXX	0%	.	1%	30-RADIOLOGY (74%)	06-CARDIOLOGY (16%)	11-INTERNAL MED (3%)
75756-Artery x-rays, chest	\$1,825,057	26,282	XXX	1%	.	2%	06-CARDIOLOGY (87%)	11-INTERNAL MED (7%)	30-RADIOLOGY (3%)
75774-Artery x-ray, each vessel	\$824,558	36,126	XXX	0%	2%	2%	30-RADIOLOGY (73%)	06-CARDIOLOGY (12%)	94-INTERVEN RAD (5%)
75790-Visualize A-V shunt	\$2,753,641	27,709	XXX	1%	.	1%	30-RADIOLOGY (91%)	94-INTERVEN RAD (6%)	70-GROUP PRAC (2%)
75810-Vein x-ray, spleen/liver	\$8,145	133	XXX	0%	.	2%	30-RADIOLOGY (95%)	94-INTERVEN RAD (3%)	10-GASTROENTER (1%)
75825-Vein x-ray, trunk	\$803,860	12,700	XXX	0%	.	0%	30-RADIOLOGY (85%)	94-INTERVEN RAD (4%)	70-GROUP PRAC (4%)
75827-Vein x-ray, chest	\$480,220	7,556	XXX	0%	.	1%	30-RADIOLOGY (85%)	70-GROUP PRAC (5%)	94-INTERVEN RAD (5%)
75831-Vein x-ray, kidney	\$39,531	635	XXX	0%	.	1%	30-RADIOLOGY (90%)	94-INTERVEN RAD (4%)	70-GROUP PRAC (4%)
75833-Vein x-ray, kidneys	\$65,233	806	XXX	0%	.	1%	30-RADIOLOGY (89%)	94-INTERVEN RAD (3%)	06-CARDIOLOGY (3%)
75840-Vein x-ray, adrenal gland	\$2,691	45	XXX	0%	.	0%	30-RADIOLOGY (87%)	70-GROUP PRAC (4%)	88-UNKNOWN SUPPL (4%)
75842-Vein x-ray, adrenal glands	\$2,063	26	XXX	0%	.	0%	30-RADIOLOGY (73%)	70-GROUP PRAC (12%)	94-INTERVEN RAD (8%)
75860-Vein x-ray, neck	\$39,309	570	XXX	0%	.	4%	30-RADIOLOGY (7%)	13-NEUROLOGY (7%)	94-INTERVEN RAD (4%)
75870-Vein x-ray, skull	\$4,312	62	XXX	0%	.	2%	30-RADIOLOGY (79%)	94-INTERVEN RAD (8%)	13-NEUROLOGY (5%)
75872-Vein x-ray, skull	\$11,157	129	XXX	0%	.	21%	30-RADIOLOGY (72%)	36-UROLOGY (16%)	14-NEUROSURGERY (8%)
75880-Vein x-ray, eye socket	\$13,306	336	XXX	0%	.	1%	30-RADIOLOGY (94%)	94-INTERVEN RAD (2%)	14-NEUROSURGERY (1%)
75885-Vein x-ray, liver	\$80,819	941	XXX	0%	.	9%	30-RADIOLOGY (76%)	94-INTERVEN RAD (12%)	10-GASTROENTER (8%)
75887-Vein x-ray, liver	\$8,542	112	XXX	0%	.	1%	30-RADIOLOGY (88%)	94-INTERVEN RAD (5%)	36-NUCLEAR MED (3%)
75889-Vein x-ray, liver	\$8,617	950	XXX	0%	.	1%	30-RADIOLOGY (80%)	94-INTERVEN RAD (10%)	70-GROUP PRAC (6%)
75891-Vein x-ray, liver	\$15,810	260	XXX	0%	.	0%	30-RADIOLOGY (88%)	94-INTERVEN RAD (7%)	70-GROUP PRAC (6%)
75893-Venous sampling by catheter	\$169,499	4,626	XXX	0%	1%	4%	30-RADIOLOGY (78%)	29-PULMONARY DIS (9%)	94-INTERVEN RAD (4%)

644-Simple Diagnostic Nuclear Medicine
 Family Medicare Charges: \$49,873,604
 Family Private Payments: \$1,043,657

Percent of CPEP Medicare Charges: 1%
 Percent of CPEP Private Payments: 1%

78000-Thyroid, single uptake	\$193,166	9,050	XXX	0%	1%	23%	30-RADIOLOGY (71%)	36-NUCLEAR MED (13%)	11-INTERNAL MED (6%)
78001-Thyroid, multiple uptakes	\$176,181	6,560	XXX	0%	1%	21%	30-RADIOLOGY (81%)	36-NUCLEAR MED (8%)	01-OB-GP/FP (3%)
78003-Thyroid suppress/stimul	\$7,721	314	XXX	0%	0%	11%	30-RADIOLOGY (62%)	36-NUCLEAR MED (20%)	11-INTERNAL MED (6%)
78006-Thyroid, imaging with uptake	\$1,221,132	26,304	XXX	2%	6%	15%	30-RADIOLOGY (78%)	36-NUCLEAR MED (9%)	22-PATHOLOGY (3%)
78007-Thyroid, image, mult uptakes	\$1,018,472	21,002	XXX	2%	6%	15%	30-RADIOLOGY (82%)	36-NUCLEAR MED (7%)	70-GROUP PRAC (4%)
78010-Thyroid, imaging	\$1,053,215	29,775	XXX	2%	6%	16%	30-RADIOLOGY (80%)	36-NUCLEAR MED (10%)	11-INTERNAL MED (4%)
78011-Thyroid, imaging with flow	\$79,629	1,440	XXX	0%	.	21%	30-RADIOLOGY (82%)	36-NUCLEAR MED (9%)	22-PATHOLOGY (4%)
78102-Bone marrow imaging, ltd	\$35,661	835	XXX	0%	.	3%	30-RADIOLOGY (93%)	36-NUCLEAR MED (3%)	11-INTERNAL MED (2%)
78103-Bone marrow imaging, mult	\$63,550	766	XXX	0%	.	21%	30-RADIOLOGY (86%)	11-INTERNAL MED (5%)	46-ENDOCRINOLOGY (4%)
78110-Plasma volume, single	\$9,328	518	XXX	0%	.	12%	30-RADIOLOGY (51%)	36-NUCLEAR MED (32%)	20-ORTHOPEID SURG (4%)
78111-Plasma volume, multiple	\$11,566	388	XXX	0%	.	14%	30-RADIOLOGY (57%)	36-NUCLEAR MED (14%)	11-INTERNAL MED (10%)
78120-Red cell mass, single	\$15,744	779	XXX	0%	.	6%	30-RADIOLOGY (64%)	36-NUCLEAR MED (20%)	22-PATHOLOGY (4%)
78121-Red cell mass, multiple	\$14,934	466	XXX	0%	.	10%	30-RADIOLOGY (50%)	36-NUCLEAR MED (27%)	11-INTERNAL MED (8%)
78160-Plasma iron turnover	\$280	12	XXX	0%	.	8%	30-RADIOLOGY (83%)	06-CARDIOLOGY (8%)	36-NUCLEAR MED (8%)
78162-Iron absorption exam	\$324	4	XXX	0%	.	50%	01-OB-GP/FP (25%)	10-GASTROENTER (25%)	36-NUCLEAR MED (8%)
78170-Red cell iron utilization	\$396	10	XXX	0%	.	70%	20-ORTHOPEID SURG (60%)	30-RADIOLOGY (40%)	(.)
78185-Spleen imaging	\$89,464	2,059	XXX	0%	.	11%	30-RADIOLOGY (67%)	36-NUCLEAR MED (20%)	22-PATHOLOGY (4%)
78201-Liver imaging	\$298,844	5,894	XXX	1%	1%	13%	30-RADIOLOGY (77%)	36-NUCLEAR MED (8%)	70-GROUP PRAC (5%)
78202-Liver imaging with flow	\$191,959	3,269	XXX	0%	0%	13%	30-RADIOLOGY (69%)	36-NUCLEAR MED (13%)	22-PATHOLOGY (5%)
78205-Liver imaging (3D)	\$505,260	7,307	XXX	1%	1%	14%	30-RADIOLOGY (68%)	36-NUCLEAR MED (19%)	70-GROUP PRAC (4%)
78215-Liver and spleen imaging	\$2,638,529	45,942	XXX	5%	7%	14%	30-RADIOLOGY (79%)	36-NUCLEAR MED (10%)	70-GROUP PRAC (3%)
78216-Liver & spleen image, flow	\$570,578	8,840	XXX	1%	2%	13%	30-RADIOLOGY (79%)	36-NUCLEAR MED (8%)	11-INTERNAL MED (4%)
78230-Salivary gland imaging	\$10,911	261	XXX	0%	.	22%	30-RADIOLOGY (61%)	11-INTERNAL MED (21%)	36-NUCLEAR MED (8%)
78231-Serial salivary imaging	\$7,041	106	XXX	0%	.	34%	30-RADIOLOGY (53%)	36-NUCLEAR MED (25%)	11-INTERNAL MED (12%)
78232-Salivary gland function exam	\$14,321	152	XXX	0%	.	70%	30-RADIOLOGY (77%)	36-NUCLEAR MED (9%)	11-INTERNAL MED (7%)
78261-Gastric mucosa imaging	\$9,516	190	XXX	0%	.	10%	30-RADIOLOGY (63%)	70-GROUP PRAC (24%)	22-PATHOLOGY (4%)
78270-Vit B-12 absorption exam	\$204,863	10,619	XXX	0%	0%	10%	30-RADIOLOGY (59%)	36-NUCLEAR MED (13%)	22-PATHOLOGY (13%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family Vol. in Pct. of Family	First Specialty	Second Specialty	Third Specialty
78271-Vit B-12 absorp exam, IF	\$69,948	3,360	XXX	0%	20%	30-RADIOLOGY (61%)	66-RHEUMATOLOGY (15%)	36-NUCLEAR MED (11%)
78290-Meckell's divert exam	\$183,165	3,923	XXX	0%	2%	30-RADIOLOGY (89%)	36-NUCLEAR MED (5%)	70-GROUP PRAC (3%)
78300-Bone imaging, limited area	\$3,227,266	56,211	XXX	6%	18%	30-RADIOLOGY (78%)	36-NUCLEAR MED (5%)	11-INTERNAL MED (4%)
78305-Bone imaging, multiple areas	\$6,980,340	92,188	XXX	14%	15%	30-RADIOLOGY (76%)	36-NUCLEAR MED (8%)	66-RHEUMATOLOGY (4%)
78350-Bone mineral, single photon	\$1,789,250	38,637	XXX	4%	2%	39-NEPHROLOGY (34%)	30-RADIOLOGY (25%)	11-INTERNAL MED (12%)
78351-Bone mineral, dual photon	\$15,172	339	XXX	0%	5%	30-RADIOLOGY (34%)	66-RHEUMATOLOGY (28%)	46-ENDOCRINOLOGY (18%)
78445-Vascular flow imaging	\$1,528,017	25,140	XXX	3%	35%	30-RADIOLOGY (38%)	06-CARDIOLOGY (28%)	36-NUCLEAR MED (17%)
78455-Venous thrombosis study	\$24,619	389	XXX	0%	21%	30-RADIOLOGY (73%)	06-CARDIOLOGY (15%)	36-NUCLEAR MED (4%)
78580-Lung perfusion imaging	\$11,758,997	229,879	XXX	24%	11%	30-RADIOLOGY (82%)	36-NUCLEAR MED (10%)	70-GROUP PRAC (3%)
78586-Aerosol lung image, single	\$200,892	5,260	XXX	0%	1%	30-RADIOLOGY (81%)	36-NUCLEAR MED (5%)	70-GROUP PRAC (5%)
78587-Aerosol lung image, multiple	\$2,858,946	63,725	XXX	6%	3%	30-RADIOLOGY (79%)	36-NUCLEAR MED (11%)	70-GROUP PRAC (3%)
78591-Vent image, 1 breath, 1 proj	\$50,711	1,345	XXX	0%	2%	30-RADIOLOGY (83%)	19-ORAL SURGERY (7%)	36-NUCLEAR MED (6%)
78593-Vent image, 1 proj, gas	\$2,725,868	65,666	XXX	5%	3%	30-RADIOLOGY (83%)	36-NUCLEAR MED (8%)	70-GROUP PRAC (3%)
78594-Vent image, mult proj, gas	\$1,581,170	30,710	XXX	3%	1%	30-RADIOLOGY (80%)	36-NUCLEAR MED (14%)	11-INTERNAL MED (20%)
78600-Brain imaging, ltd static	\$14,767	272	XXX	0%	66%	30-RADIOLOGY (42%)	11-INTERNAL MED (21%)	95-PHYSIOL LAB (2%)
78601-Brain ltd imaging & flow	\$107,212	1,749	XXX	0%	5%	30-RADIOLOGY (75%)	36-NUCLEAR MED (15%)	11-INTERNAL MED (3%)
78605-Brain imaging, complete	\$316,719	3,742	XXX	1%	23%	30-RADIOLOGY (86%)	36-NUCLEAR MED (5%)	70-GROUP PRAC (3%)
78606-Brain imaging comp & flow	\$111,460	1,931	XXX	1%	31%	30-RADIOLOGY (63%)	36-NUCLEAR MED (12%)	11-INTERNAL MED (6%)
78700-Brain flow imaging only	\$111,460	1,931	XXX	1%	0%	30-RADIOLOGY (53%)	13-NEUROLOGY (28%)	11-INTERNAL MED (7%)
78700-Kidney imaging, static	\$384,212	8,298	XXX	1%	13%	30-RADIOLOGY (78%)	36-NUCLEAR MED (12%)	06-CARDIOLOGY (3%)
78701-Kidney imaging with flow	\$1,009,853	19,681	XXX	2%	6%	30-RADIOLOGY (87%)	36-NUCLEAR MED (6%)	70-GROUP PRAC (2%)
78704-Imaging renogram	\$903,924	15,631	XXX	2%	7%	30-RADIOLOGY (79%)	36-NUCLEAR MED (11%)	70-GROUP PRAC (4%)
78707-Kidney flow & function image	\$4,453,654	57,072	XXX	9%	5%	30-RADIOLOGY (77%)	36-NUCLEAR MED (14%)	70-GROUP PRAC (2%)
78715-Renal vascular flow exam	\$111,256	3,615	XXX	0%	4%	30-RADIOLOGY (76%)	36-NUCLEAR MED (16%)	11-INTERNAL MED (4%)
78725-Kidney function study	\$396,021	8,741	XXX	1%	22%	30-RADIOLOGY (64%)	39-NEPHROLOGY (15%)	36-NUCLEAR MED (14%)
78730-Urinary bladder retention	\$519,237	9,138	XXX	1%	80%	34-UROLOGY (76%)	30-RADIOLOGY (18%)	36-NUCLEAR MED (2%)
78760-Testicular imaging	\$29,010	571	XXX	0%	12%	30-RADIOLOGY (80%)	11-INTERNAL MED (6%)	36-NUCLEAR MED (4%)
78761-Testicular imaging & flow	\$48,218	946	XXX	0%	5%	30-RADIOLOGY (79%)	36-NUCLEAR MED (10%)	70-GROUP PRAC (3%)

648-Intermediate Diagnostic Nuclear Medicine

Family Medicare Charges: \$92,549,730
 Family Private Payments: \$1,146,023
 Percent of CPEP Medicare Charges: 2%
 Percent of CPEP Private Payments: 1%

78104-Bone marrow imaging, body	\$67,341	1,105	XXX	0%	4%	30-RADIOLOGY (93%)	36-NUCLEAR MED (4%)	22-PATHOLOGY (1%)
78122-Blood volume	\$28,678	690	XXX	0%	8%	30-RADIOLOGY (60%)	36-NUCLEAR MED (22%)	70-GROUP PRAC (6%)
78130-Red cell survival study	\$6,270	150	XXX	0%	13%	30-RADIOLOGY (68%)	36-NUCLEAR MED (11%)	22-PATHOLOGY (5%)
78172-Total body iron estimation	\$107	3	XXX	0%	0%	30-RADIOLOGY (100%)	(.)	(.)
78191-Platelet survival	\$1,147	20	XXX	0%	20%	30-RADIOLOGY (53%)	36-NUCLEAR MED (20%)	01,08-GP/FP (10%)
78220-Liver function study	\$804,823	18,192	XXX	1%	6%	30-RADIOLOGY (78%)	70-GROUP PRAC (6%)	11-INTERNAL MED (6%)
78223-Hepatobiliary imaging	\$6,858,883	113,422	XXX	7%	4%	30-RADIOLOGY (86%)	36-NUCLEAR MED (8%)	22-PATHOLOGY (2%)
78258-Esophageal motility study	\$27,672	502	XXX	0%	13%	30-RADIOLOGY (75%)	36-NUCLEAR MED (17%)	11-INTERNAL MED (4%)
78262-Gastroesophageal reflux exam	\$65,876	1,092	XXX	0%	9%	30-RADIOLOGY (72%)	36-NUCLEAR MED (13%)	11-INTERNAL MED (5%)
78272-Vit B-12 absorp, combined	\$61,568	2,618	XXX	0%	11%	30-RADIOLOGY (61%)	36-NUCLEAR MED (16%)	22-PATHOLOGY (8%)
78278-Acute GI blood loss imaging	\$1,815,173	31,050	XXX	2%	0%	30-RADIOLOGY (83%)	36-NUCLEAR MED (9%)	70-GROUP PRAC (2%)
78282-GI protein loss exam	\$2,953	59	XXX	0%	0%	30-RADIOLOGY (93%)	10-GASTROENTER (3%)	36-NUCLEAR MED (2%)
78306-Bone imaging, whole body	\$66,589,032	882,509	XXX	7%	12%	30-RADIOLOGY (83%)	36-NUCLEAR MED (8%)	70-GROUP PRAC (3%)
78315-Bone imaging, 3 phase	\$6,109,261	67,440	XXX	7%	8%	30-RADIOLOGY (80%)	36-NUCLEAR MED (14%)	70-GROUP PRAC (2%)
78320-Bone imaging (30)	\$1,315,052	13,769	XXX	1%	21%	30-RADIOLOGY (67%)	36-NUCLEAR MED (22%)	11-INTERNAL MED (3%)
78457-Venous thrombosis imaging	\$106,461	1,704	XXX	0%	10%	30-RADIOLOGY (75%)	70-GROUP PRAC (10%)	36-NUCLEAR MED (6%)
78458-Ven thrombosis images, bilat	\$310,802	4,282	XXX	0%	0%	30-RADIOLOGY (55%)	36-NUCLEAR MED (29%)	11-INTERNAL MED (6%)
78584-Lung V/Q image single breath	\$998,167	14,918	XXX	1%	1%	30-RADIOLOGY (90%)	36-NUCLEAR MED (5%)	94-INTERVEN RAD (2%)
78585-Lung V/Q imaging	\$6,329,917	84,666	XXX	7%	1%	30-RADIOLOGY (87%)	36-NUCLEAR MED (9%)	22-PATHOLOGY (1%)

Top Medicare Specialties (% of Procedure Volume)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDchs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	Specialty		
							First Specialty	Second Specialty	Third Specialty

78615-Cerebral blood flow imaging	\$198,399	1,905	XXX	0%	1%	55%	36-NUCLEAR MED (28%)	30-RADIOLOGY (26%)	13-NEUROLOGY (19%)
78710-Kidney imaging (3D)	\$26,553	436	XXX	0%	8%	8%	30-RADIOLOGY (86%)	36-NUCLEAR MED (6%)	11-INTERNAL MED (6%)
78726-Kidney function w/intervent	\$471,620	6,720	XXX	1%	1%	15%	30-RADIOLOGY (69%)	36-NUCLEAR MED (21%)	39-NEPHROLOGY (2%)
78727-Kidney transplant evaluation	\$339,425	5,519	XXX	0%	0%	0%	30-RADIOLOGY (64%)	36-NUCLEAR MED (25%)	11-INTERNAL MED (6%)
78740-Ureteral reflux study	\$14,550	345	XXX	0%	0%	10%	30-RADIOLOGY (76%)	36-NUCLEAR MED (17%)	70-GROUP PRAC (3%)
652-Complex Diagnostic Nuclear Medicine									
Family Medicare Charges: \$7,035,161									
Family Private Payments: \$124,767									
Percent of CPEP Medicare Charges: 0%									
Percent of CPEP Private Payments: 0%									
78015-Thyroid met imaging	\$24,545	427	XXX	0%	0%	22%	30-RADIOLOGY (66%)	36-NUCLEAR MED (15%)	70-GROUP PRAC (4%)
78016-Thyroid met imaging/studies	\$8,961	127	XXX	0%	0%	20%	30-RADIOLOGY (80%)	36-NUCLEAR MED (12%)	46-ENDOCRINOLOGY (5%)
78017-Thyroid met imaging, mult	\$17,987	236	XXX	0%	0%	24%	30-RADIOLOGY (66%)	36-NUCLEAR MED (21%)	46-ENDOCRINOLOGY (8%)
78018-Thyroid, met imaging, body	\$227,304	2,833	XXX	3%	10%	14%	30-RADIOLOGY (70%)	36-NUCLEAR MED (19%)	46-ENDOCRINOLOGY (3%)
78070-Parathyroid nuclear imaging	\$139,283	3,213	XXX	2%	0%	15%	30-RADIOLOGY (72%)	36-NUCLEAR MED (17%)	11-INTERNAL MED (3%)
78075-Adrenal nuclear imaging	\$12,990	233	XXX	0%	0%	10%	30-RADIOLOGY (61%)	36-NUCLEAR MED (21%)	11-INTERNAL MED (9%)
78135-Red cell survival kinetics	\$4,212	82	XXX	0%	0%	6%	30-RADIOLOGY (77%)	36-NUCLEAR MED (17%)	11-INTERNAL MED (2%)
78140-Red cell sequestration	\$10,931	271	XXX	0%	0%	11%	30-RADIOLOGY (72%)	70-GROUP PRAC (12%)	36-NUCLEAR MED (3%)
78190-Platelet survival, kinetics	\$1,062	21	XXX	0%	0%	19%	30-RADIOLOGY (71%)	36-NUCLEAR MED (10%)	01-08-GP/FP (5%)
78195-Lymph system imaging	\$18,766	385	XXX	0%	6%	6%	30-RADIOLOGY (66%)	36-NUCLEAR MED (27%)	70-GROUP PRAC (5%)
78264-Gastric emptying study	\$742,993	13,683	XXX	1%	10%	7%	30-RADIOLOGY (77%)	36-NUCLEAR MED (12%)	11-INTERNAL MED (3%)
78291-Leveen/shunt patency exam	\$39,699	617	XXX	1%	0%	4%	30-RADIOLOGY (72%)	36-NUCLEAR MED (21%)	70-GROUP PRAC (3%)
78598-Lung differential function	\$694,769	10,042	XXX	10%	0%	13%	30-RADIOLOGY (67%)	36-NUCLEAR MED (11%)	11-INTERNAL MED (7%)
78607-Brain imaging (3D)	\$1,202,395	11,753	XXX	17%	18%	19%	30-RADIOLOGY (63%)	36-NUCLEAR MED (16%)	70-GROUP PRAC (6%)
78630-Cerebrospinal fluid scan	\$268,320	4,110	XXX	4%	4%	5%	30-RADIOLOGY (80%)	36-NUCLEAR MED (11%)	70-GROUP PRAC (3%)
78635-CSF ventriculography	\$3,656	4,79	XXX	0%	0%	6%	30-RADIOLOGY (75%)	11-INTERNAL MED (15%)	06-CARDIOLOGY (5%)
78645-CSF shunt evaluation	\$44,544	750	XXX	1%	0%	11%	30-RADIOLOGY (73%)	36-NUCLEAR MED (11%)	06-CARDIOLOGY (8%)
78647-Cerebrospinal fluid scan			XXX	0%	0%	0%	(.)	(.)	(.)
78650-CSF leakage imaging	\$18,573	322	XXX	0%	2%	28%	30-RADIOLOGY (51%)	11-INTERNAL MED (16%)	01-08-GP/FP (7%)
78655-Nuclear exam of eye lesion	\$1,257	10	XXX	0%	0%	50%	18-OPHTHALMOLOGY (60%)	30-RADIOLOGY (40%)	(.)
78660-Nuclear exam of tear flow	\$17,203	371	XXX	0%	0%	21%	30-RADIOLOGY (76%)	36-NUCLEAR MED (11%)	18-OPHTHALMOLOGY (6%)
78800-Tumor imaging, limited area	\$217,563	3,768	XXX	3%	3%	10%	30-RADIOLOGY (74%)	36-NUCLEAR MED (11%)	92-RAD ONCOLOGY (10%)
78801-Tumor imaging, mult areas	\$287,410	3,729	XXX	4%	7%	12%	30-RADIOLOGY (66%)	36-NUCLEAR MED (13%)	22-PATHOLOGY (6%)
78802-Tumor imaging, whole body	\$1,427,436	18,920	XXX	20%	28%	6%	30-RADIOLOGY (76%)	36-NUCLEAR MED (15%)	11-INTERNAL MED (2%)
78803-Tumor imaging (3D)	\$205,894	2,571	XXX	3%	0%	9%	30-RADIOLOGY (61%)	36-NUCLEAR MED (29%)	70-GROUP PRAC (5%)
78805-Abscess imaging, ltd area	\$272,663	4,990	XXX	4%	5%	5%	30-RADIOLOGY (75%)	36-NUCLEAR MED (18%)	22-PATHOLOGY (3%)
78806-Abscess imaging, whole body	\$1,124,745	15,735	XXX	16%	13%	4%	30-RADIOLOGY (72%)	36-NUCLEAR MED (19%)	22-PATHOLOGY (4%)
78807-Nuclear localization/abscess			XXX	0%	0%	0%	(.)	(.)	(.)
656-Therapeutic Nuclear Medicine									
Family Medicare Charges: \$3,829,863									
Family Private Payments: \$114,645									
Percent of CPEP Medicare Charges: 0%									
Percent of CPEP Private Payments: 0%									
78890-Nuclear medicine data proc	\$1,047,878	36,648	XXX	27%	29%	50%	06-CARDIOLOGY (38%)	30-RADIOLOGY (35%)	36-NUCLEAR MED (21%)
78891-Nuclear med data proc	\$1,102,371	17,483	XXX	29%	23%	59%	30-RADIOLOGY (30%)	36-NUCLEAR MED (25%)	06-CARDIOLOGY (24%)
79000-Initial hyperthyroid therapy	\$1,055,375	8,580	XXX	28%	48%	14%	30-RADIOLOGY (61%)	46-ENDOCRINOLOGY (12%)	36-NUCLEAR MED (11%)
79001-Repeat hyperthyroid therapy	\$26,027	371	XXX	1%	0%	2%	30-RADIOLOGY (68%)	36-NUCLEAR MED (9%)	46-ENDOCRINOLOGY (8%)
79020-Thyroid ablation	\$25,428	191	XXX	1%	0%	28%	30-RADIOLOGY (52%)	46-ENDOCRINOLOGY (12%)	11-INTERNAL MED (10%)
79030-Thyroid ablation, carcinoma	\$138,385	1,000	XXX	4%	0%	11%	30-RADIOLOGY (67%)	36-NUCLEAR MED (13%)	92-RAD ONCOLOGY (7%)
79035-Thyroid metastatic therapy	\$100,439	663	XXX	3%	0%	3%	30-RADIOLOGY (61%)	36-NUCLEAR MED (21%)	46-ENDOCRINOLOGY (5%)
79100-Hematopoietic nuclear therapy	\$58,835	685	XXX	2%	0%	12%	30-RADIOLOGY (65%)	36-NUCLEAR MED (17%)	92-RAD ONCOLOGY (5%)
79200-Intracavitary nuc treatment	\$20,769	156	XXX	1%	0%	4%	30-RADIOLOGY (51%)	36-NUCLEAR MED (31%)	70-GROUP PRAC (4%)

Procedure First Specialty Second Specialty

79300-Interstitial nuclear therapy	\$811	9	XXX	0%	.	11%	36-NUCLEAR MED (44%)	30-RADIOLOGY (33%)	70-GROUP PRAC (22%)
79400-Nonhemato nuclear therapy	\$246,283	2,248	XXX	6%	.	12%	30-RADIOLOGY (59%)	36-NUCLEAR MED (22%)	92-RAD ONCOLOGY (9%)
79420-Intravascular nuc therapy	\$5,099	65	XXX	0%	.	9%	30-RADIOLOGY (45%)	36-NUCLEAR MED (23%)	92-RAD ONCOLOGY (20%)
79440-Nuclear joint therapy	\$2,163	18	XXX	0%	.	61%	30-RADIOLOGY (39%)	01,08-GP/FP (33%)	06-CARDIOLOGY (11%)

660-Radiation Therapy and Hyperthermia
Family Medicare Charges:\$432,553,499
Family Private Payments: \$1,992,821

Percent of CPEP Medicare Charges: 10%
Percent of CPEP Private Payments: 2%

77401-Radiation treatment delivery	\$4,798,752	95,642	XXX	1%	1%	98%	07-DERMATOLOGY (69%)	92-RAD ONCOLOGY (15%)	30-RADIOLOGY (11%)
77402-Radiation treatment delivery	\$2,877,324	49,416	XXX	1%	1%	96%	30-RADIOLOGY (47%)	92-RAD ONCOLOGY (41%)	63-XRAY SUPPLIER (5%)
77403-Radiation treatment delivery	\$7,647,415	132,816	XXX	2%	1%	92%	92-RAD ONCOLOGY (48%)	30-RADIOLOGY (40%)	63-XRAY SUPPLIER (6%)
77404-Radiation treatment delivery	\$948,740	14,863	XXX	0%	0%	87%	30-RADIOLOGY (43%)	92-RAD ONCOLOGY (37%)	63-XRAY SUPPLIER (15%)
77406-Radiation treatment delivery	\$169,937	2,931	XXX	0%	1%	99%	92-RAD ONCOLOGY (47%)	30-RADIOLOGY (40%)	07-DERMATOLOGY (6%)
77407-Radiation treatment delivery	\$2,816,071	42,221	XXX	1%	1%	96%	30-RADIOLOGY (59%)	92-RAD ONCOLOGY (31%)	63-XRAY SUPPLIER (4%)
77408-Radiation treatment delivery	\$11,468,252	163,943	XXX	3%	2%	92%	92-RAD ONCOLOGY (51%)	30-RADIOLOGY (39%)	63-XRAY SUPPLIER (5%)
77409-Radiation treatment delivery	\$3,705,324	48,347	XXX	1%	1%	85%	92-RAD ONCOLOGY (44%)	30-RADIOLOGY (31%)	63-XRAY SUPPLIER (20%)
77411-Radiation treatment delivery	\$918,502	11,314	XXX	0%	1%	100%	92-RAD ONCOLOGY (85%)	30-RADIOLOGY (13%)	87-ALL OTH SUPPL (1%)
77412-Radiation treatment delivery	\$14,459,480	194,501	XXX	3%	4%	98%	30-RADIOLOGY (49%)	92-RAD ONCOLOGY (43%)	70-GROUP PRAC (4%)
77413-Radiation treatment delivery	\$77,109,372	1,006,964	XXX	18%	7%	96%	92-RAD ONCOLOGY (51%)	30-RADIOLOGY (38%)	63-XRAY SUPPLIER (6%)
77414-Radiation treatment delivery	\$21,988,492	273,009	XXX	5%	3%	92%	30-RADIOLOGY (42%)	92-RAD ONCOLOGY (40%)	63-XRAY SUPPLIER (12%)
77416-Radiation treatment delivery	\$3,598,491	47,998	XXX	1%	1%	98%	92-RAD ONCOLOGY (57%)	30-RADIOLOGY (38%)	63-XRAY SUPPLIER (2%)
77417-Radiology port films)	\$8,921,768	475,965	XXX	2%	5%	94%	92-RAD ONCOLOGY (50%)	30-RADIOLOGY (37%)	63-XRAY SUPPLIER (7%)
77419-Weekly radiation therapy	\$15,463,226	358,883	XXX	4%	7%	31%	30-RADIOLOGY (50%)	92-RAD ONCOLOGY (41%)	(.)
77420-Weekly radiation therapy	\$29,680,898	446,434	XXX	7%	10%	31%	30-RADIOLOGY (49%)	92-RAD ONCOLOGY (44%)	07-DERMATOLOGY (4%)
77430-Weekly radiation therapy	\$209,232,911	2,306,919	XXX	48%	48%	31%	30-RADIOLOGY (48%)	92-RAD ONCOLOGY (46%)	70-GROUP PRAC (2%)
77431-Radiation therapy management	\$1,061,360	16,123	XXX	0%	0%	41%	30-RADIOLOGY (45%)	92-RAD ONCOLOGY (27%)	07-DERMATOLOGY (19%)
77432-Stereotactic radiation trmt	\$3,184,915	18,583	XXX	1%	1%	33%	92-RAD ONCOLOGY (44%)	30-RADIOLOGY (43%)	(.)
77470-Special radiation treatment	\$516,158	3,939	ZZZ	0%	0%	41%	30-RADIOLOGY (46%)	92-RAD ONCOLOGY (39%)	07-DERMATOLOGY (4%)
77600-Hyperthermia treatment	\$28,749	227	ZZZ	0%	0%	17%	92-RAD ONCOLOGY (69%)	30-RADIOLOGY (19%)	11-INTERNAL MED (7%)
77605-Hyperthermia treatment	\$9,145	106	ZZZ	0%	0%	15%	92-RAD ONCOLOGY (47%)	30-RADIOLOGY (44%)	70-GROUP PRAC (9%)
77610-Hyperthermia treatment	\$27,352	166	ZZZ	0%	0%	33%	92-RAD ONCOLOGY (60%)	30-RADIOLOGY (34%)	34-UROLOGY (4%)
77615-Hyperthermia treatment	\$563	7	ZZZ	0%	0%	29%	30-RADIOLOGY (71%)	01,08-GP/FP (14%)	02-GURL SURGERY (2%)
77620-Hyperthermia treatment	\$300,466	1,251	090	0%	0%	2%	92-RAD ONCOLOGY (45%)	30-RADIOLOGY (41%)	92-RAD ONCOLOGY (14%)
77750-Intruse radioactive materials	\$545,823	4,570	090	0%	1%	21%	92-RAD ONCOLOGY (45%)	30-RADIOLOGY (41%)	36-NUCLEAR MED (7%)
77761-Radioelement application	\$714,511	2,576	090	0%	1%	11%	05-ANESTHESIA (39%)	30-RADIOLOGY (28%)	92-RAD ONCOLOGY (20%)
77762-Radioelement application	\$1,228,580	2,936	090	0%	1%	6%	92-RAD ONCOLOGY (36%)	30-RADIOLOGY (34%)	16-OB-GYN ECOLOGY (14%)
77763-Radioelement application	\$90,006	574	XXX	0%	0%	1%	92-RAD ONCOLOGY (45%)	30-RADIOLOGY (26%)	16-OB-GYN ECOLOGY (9%)
77776-Radioelement application	\$286,872	1,032	090	0%	0%	3%	05-ANESTHESIA (45%)	92-RAD ONCOLOGY (19%)	30-RADIOLOGY (17%)
77777-Radioelement application	\$3,288,333	6,209	090	1%	2%	33%	92-RAD ONCOLOGY (30%)	11-INTERNAL MED (27%)	30-RADIOLOGY (26%)
77778-Radioelement application	\$247,920	1,076	090	0%	0%	11%	92-RAD ONCOLOGY (38%)	30-RADIOLOGY (29%)	34-UROLOGY (25%)
77781-High intensity brachytherapy	\$511,371	1,693	090	0%	0%	32%	30-RADIOLOGY (39%)	92-RAD ONCOLOGY (35%)	29-PULMONARY DIS (9%)
77782-High intensity brachytherapy	\$909,053	2,514	090	0%	0%	34%	30-RADIOLOGY (47%)	92-RAD ONCOLOGY (44%)	70-GROUP PRAC (2%)
77783-High intensity brachytherapy	\$2,901,776	5,985	090	1%	0%	33%	30-RADIOLOGY (53%)	92-RAD ONCOLOGY (42%)	11-INTERNAL MED (2%)
77784-High intensity brachytherapy	\$179,000	2,781	090	0%	0%	36%	92-RAD ONCOLOGY (51%)	30-RADIOLOGY (43%)	83-HEMATOL/ONCOL (1%)
77789-Radioelement handling	\$708,491	11,896	XXX	0%	1%	59%	18-OPHTHALMOLOGY (34%)	30-RADIOLOGY (33%)	92-RAD ONCOLOGY (27%)
99185-Regional hypothermia	\$8,120	412	XXX	0%	0%	17%	92-RAD ONCOLOGY (51%)	30-RADIOLOGY (42%)	36-NUCLEAR MED (2%)
						95%	83-HEMATOL/ONCOL (64%)	11-INTERNAL MED (24%)	90-MED ONCOLOGY (5%)

664-Therapeutic Radiation Treatment Preparation
Family Medicare Charges:\$242,482,285
Percent of CPEP Medicare Charges: 6%

Procedure First Specialty Second Specialty Third Specialty

Family Private Payments: \$3,041,182 Percent of CPEP Private Payments: 3%

Procedure	1993 HC Allowed Charges	1993 HC Service Period	Global Pct. of Family AllldChgs	Pct. of Family Vol. In Privmte OFFICE	First Specialty	Second Specialty	Third Specialty
77261-Radiation therapy planning	\$5,076,510	XXX	2%	4%	30-RADIOLOGY (47%)	92-RAD ONCOLOGY (43%)	07-DERMATOLOGY (5%)
77262-Radiation therapy planning	\$6,395,868	XXX	3%	5%	30-RADIOLOGY (49%)	92-RAD ONCOLOGY (45%)	70-GROUP PRAC (2%)
77263-Radiation therapy planning	\$36,749,465	XXX	15%	19%	92-RAD ONCOLOGY (50%)	30-RADIOLOGY (44%)	70-GROUP PRAC (2%)
77280-Set radiation therapy field	\$7,211,606	XXX	3%	3%	92-RAD ONCOLOGY (48%)	30-RADIOLOGY (46%)	70-GROUP PRAC (2%)
77285-Set radiation therapy field	\$7,110,473	XXX	3%	4%	30-RADIOLOGY (48%)	92-RAD ONCOLOGY (46%)	70-GROUP PRAC (2%)
77290-Set radiation therapy field	\$39,014,979	XXX	16%	14%	92-RAD ONCOLOGY (48%)	30-RADIOLOGY (44%)	70-GROUP PRAC (2%)
77295-Set radiation therapy field	\$25,549,443	XXX	11%	8%	92-RAD ONCOLOGY (47%)	(.)	(.)
77300-Radiation therapy dose plan	\$1,846,129	XXX	1%	2%	30-RADIOLOGY (47%)	30-RADIOLOGY (45%)	70-GROUP PRAC (2%)
77305-Radiation therapy dose plan	\$2,993,989	XXX	1%	1%	30-RADIOLOGY (47%)	92-RAD ONCOLOGY (43%)	63-XRAY SUPPLIER (4%)
77310-Radiation therapy dose plan	\$20,226,729	XXX	8%	9%	92-RAD ONCOLOGY (47%)	92-RAD ONCOLOGY (46%)	63-XRAY SUPPLIER (2%)
77321-Radiation therapy port plan	\$1,138,415	XXX	0%	0%	30-RADIOLOGY (50%)	30-RADIOLOGY (45%)	70-GROUP PRAC (3%)
77326-Radiation therapy dose plan	\$152,341	XXX	0%	0%	30-RADIOLOGY (52%)	92-RAD ONCOLOGY (46%)	63-XRAY SUPPLIER (1%)
77327-Radiation therapy dose plan	\$286,025	XXX	0%	0%	30-RADIOLOGY (51%)	92-RAD ONCOLOGY (43%)	70-GROUP PRAC (3%)
77328-Radiation therapy dose plan	\$2,098,168	XXX	1%	1%	92-RAD ONCOLOGY (51%)	30-RADIOLOGY (44%)	36-NUCLEAR MED (1%)
77331-Special radiation dosimetry	\$6,972,154	XXX	3%	2%	92-RAD ONCOLOGY (55%)	30-RADIOLOGY (37%)	83-HEMATOL/ONCOL (1%)
77332-Radiation treatment aid(s)	\$2,287,475	XXX	1%	1%	92-RAD ONCOLOGY (50%)	30-RADIOLOGY (43%)	70-GROUP PRAC (2%)
77333-Radiation treatment aid(s)	\$2,575,416	XXX	1%	1%	30-RADIOLOGY (50%)	92-RAD ONCOLOGY (45%)	70-GROUP PRAC (2%)
77334-Radiation treatment aid(s)	\$34,793,384	XXX	14%	13%	92-RAD ONCOLOGY (48%)	30-RADIOLOGY (45%)	70-GROUP PRAC (2%)
77336-Radiation physics consult	\$37,683,919	XXX	16%	11%	92-RAD ONCOLOGY (49%)	30-RADIOLOGY (41%)	63-XRAY SUPPLIER (5%)
77370-Radiation physics consult	\$2,319,797	XXX	1%	1%	92-RAD ONCOLOGY (67%)	30-RADIOLOGY (28%)	36-NUCLEAR MED (1%)

CPEP 7 - EVALUATION AND MANAGEMENT

C 7
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700-Office Visits - New Patient
Family Medicare Charges:\$616,610,052
Family Private Payments:

1993 MC Allowed Charges
1993 MC Units of Service
Global Period AllChgs
Pct. of Family PrivPmts
Pct. of Family Vol. in OFFICE

Percent of CPEP Medicare Charges:
Percent of CPEP Private Payments:

Top Medicare Specialties (% of Procedure Volume)
First Speciality
Second Speciality
Third Speciality

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	First Speciality	Second Speciality	Third Speciality
99201-Office/outpatient visit, new	\$23,387,336	921,822	XXX	4%	94%	01,08-GP/FP (19%)	48-POOIAIY (16%)	07-DERMATOLOGY (13%)
99202-Office/outpatient visit, new	\$112,632,793	2,995,351	XXX	18%	97%	01,08-GP/FP (18%)	48-POOIAIY (18%)	07-DERMATOLOGY (13%)
99203-Office/outpatient visit, new	\$174,677,534	3,572,442	XXX	28%	97%	01,08-GP/FP (16%)	20-ORTHOPED SURG (13%)	11-INTERNAL MED (11%)
99204-Office/outpatient visit, new	\$170,956,940	2,341,720	XXX	28%	97%	11-INTERNAL MED (19%)	01,08-GP/FP (13%)	18-OPHTHALMOLOGY (10%)
99205-Office/outpatient visit, new	\$134,955,449	1,531,839	XXX	22%	96%	11-INTERNAL MED (33%)	01,08-GP/FP (11%)	06-CARDIOLOGY (7%)
99205-Office/outpatient visit, new,infant			XXX			(.)	(.)	(.)
99382-Preventive visit,new,age 1-4			XXX			(.)	(.)	(.)
99383-Preventive visit,new,age5-11			XXX			(.)	(.)	(.)
99384-Preventive visit,new,12-17			XXX			(.)	(.)	(.)
99385-Preventive visit,new,18-39			XXX			(.)	(.)	(.)
99386-Preventive visit,new,40-64			XXX			(.)	(.)	(.)
99387-Preventive visit,new,65&over			XXX			(.)	(.)	(.)
99432-Newborn care not in hospital			XXX			(.)	(.)	(.)

704-Office Visits - Established Patient
Family Medicare Charges: \$4770342501
Family Private Payments:

Percent of CPEP Medicare Charges: 35%
Percent of CPEP Private Payments:

99211-Office/outpatient visit, est	\$105,108,822	7,930,192	XXX	2%	96%	01,08-GP/FP (25%)	11-INTERNAL MED (23%)	83-HEMATOL/ONCOL (8%)
99212-Office/outpatient visit, est	\$682,994,244	32,558,281	XXX	14%	97%	01,08-GP/FP (33%)	11-INTERNAL MED (18%)	34-UROLOGY (6%)
99213-Office/outpatient visit, est	\$2325966948	79,443,600	XXX	4%	97%	11-INTERNAL MED (31%)	01,08-GP/FP (30%)	06-CARDIOLOGY (6%)
99214-Office/outpatient visit, est	\$1236443642	27,444,509	XXX	26%	97%	11-INTERNAL MED (30%)	01,08-GP/FP (20%)	06-CARDIOLOGY (9%)
99215-Office/outpatient visit, est	\$419,828,730	6,107,301	XXX	9%	96%	11-INTERNAL MED (37%)	01,08-GP/FP (20%)	18-OPHTHALMOLOGY (7%)
99354-Prolonged service, office			XXX			(.)	(.)	(.)
99355-Prolonged service, office			XXX			(.)	(.)	(.)
99391-Preventive visit,est,infant			XXX			(.)	(.)	(.)
99392-Preventive visit,est,age 1-4			XXX			(.)	(.)	(.)
99393-Preventive visit,est,age5-11			XXX			(.)	(.)	(.)
99394-Preventive visit,est,12-17			XXX			(.)	(.)	(.)
99395-Preventive visit,est,18-39			XXX			(.)	(.)	(.)
99396-Preventive visit,est,40-64	\$25	1	XXX	0%	0%	01,08-GP/FP (100%)	(.)	(.)
99397-Preventive visit,est,65&over	\$90	2	XXX	0%	100%	11-INTERNAL MED (100%)	(.)	(.)
99401-Preventive counseling, indiv			XXX			(.)	(.)	(.)
99402-Preventive counseling, indiv			XXX			(.)	(.)	(.)
99403-Preventive counseling, indiv			XXX			(.)	(.)	(.)
99404-Preventive counseling, indiv			XXX			(.)	(.)	(.)

708-Hospital Visit - Initial
Family Medicare Charges:\$807,667,407
Family Private Payments:

Percent of CPEP Medicare Charges: 6%
Percent of CPEP Private Payments:

99218-Observation care	\$6,144,169	116,274	XXX	1%	5%	01,08-GP/FP (34%)	11-INTERNAL MED (29%)	06-CARDIOLOGY (7%)
99219-Observation care	\$14,710,189	175,386	XXX	2%	2%	01,08-GP/FP (34%)	11-INTERNAL MED (31%)	06-CARDIOLOGY (8%)
99220-Observation care	\$14,172,829	113,283	XXX	2%	1%	11-INTERNAL MED (37%)	01,08-GP/FP (26%)	06-CARDIOLOGY (10%)
99221-Initial hospital care	\$41,979,366	787,528	XXX	5%	0%	01,08-GP/FP (31%)	11-INTERNAL MED (24%)	06-CARDIOLOGY (7%)
99222-Initial hospital care	\$282,790,021	3,288,224	XXX	35%	0%	11-INTERNAL MED (33%)	01,08-GP/FP (28%)	06-CARDIOLOGY (9%)
99223-Initial hospital care	\$449,868,116	4,312,460	XXX	56%	0%	11-INTERNAL MED (39%)	01,08-GP/FP (19%)	06-CARDIOLOGY (12%)
99431-Initial care, normal newborn	\$2,717	57	XXX	0%	0%	11-INTERNAL MED (46%)	29-PULMONARY DTS (25%)	37-PEDIATRICS (12%)

Procedure	1993 HC Allowed Charges	1993 HC Units of Service	Global Period	Pct. of Family Allchgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
712-Hospital Visit - Subsequent									
Family Medicare Charges: \$3283181162									
Family Private Payments:									
Percent of CPEP Medicare Charges: 24%									
Percent of CPEP Private Payments:									
99217-Observation care discharge	XXX	XXX							
99231-Subsequent hospital care	\$988,343,519	33,989,898	XXX	30%		0%	(.)	(.)	(.)
99232-Subsequent hospital care	\$1407287000	34,847,698	XXX	43%		0%	11-INTERNAL MED (32%)	01,08-GP/FP (17%)	06-CARDIOLOGY (10%)
99233-Subsequent hospital care	\$599,280,679	10,718,808	XXX	18%		0%	11-INTERNAL MED (34%)	01,08-GP/FP (14%)	06-CARDIOLOGY (13%)
99238-Hospital discharge day	\$288,268,449	6,409,683	XXX	9%		0%	11-INTERNAL MED (32%)	06-CARDIOLOGY (16%)	01,08-GP/FP (11%)
99356-Prolonged service, inpatient	XXX	XXX					(.)	(.)	(.)
99357-Prolonged service, inpatient	XXX	XXX					(.)	(.)	(.)
99433-Normal newborn care,hospital	\$1,515	43	XXX	0%		5%	66-RHEUMATOLOGY (30%)	37-PEDIATRICS (26%)	01,08-GP/FP (19%)
716-Hospital Visit - Critical Care									
Family Medicare Charges:\$257,411,579									
Family Private Payments:									
Percent of CPEP Medicare Charges: 2%									
Percent of CPEP Private Payments:									
99291-Critical care, first hour	\$208,859,835	1,559,445	XXX	81%		1%	11-INTERNAL MED (30%)	29-PULMONARY DIS (16%)	06-CARDIOLOGY (13%)
99292-Critical care, addl 30 min	\$48,525,948	701,322	XXX	19%		1%	11-INTERNAL MED (37%)	01,08-GP/FP (14%)	06-CARDIOLOGY (12%)
99295-Neonatal critical care	\$22,694	312	XXX	0%		3%	11-INTERNAL MED (45%)	01,08-GP/FP (30%)	10-GASTROENTER (19%)
99296-Neonatal critical care	\$2,156	47	XXX	0%		49%	16-OB-GYNECOLOGY (53%)	01,08-GP/FP (38%)	11-INTERNAL MED (44%)
99297-Neonatal critical care	\$860	19	XXX	0%		68%	01,08-GP/FP (32%)	11-INTERNAL MED (26%)	16-OB-GYNECOLOGY (16%)
99440-Newborn resuscitation	\$86	1	XXX	0%		0%	37-PEDIATRICS (100%)	(.)	(.)
720-Emergency Room Visit									
Family Medicare Charges:\$767,262,996									
Family Private Payments: \$4,365									
Percent of CPEP Medicare Charges: 6%									
Percent of CPEP Private Payments: 0%									
99175-Induction of vomiting	\$8,276	201	XXX	0%	100%	12%	93-EMERGENCY MED (38%)	70-GROUP PRAC (17%)	01,08-GP/FP (16%)
99281-Emergency dept visit	\$10,279,085	521,969	XXX	1%		0%	01,08-GP/FP (34%)	93-EMERGENCY MED (25%)	11-INTERNAL MED (15%)
99282-Emergency dept visit	\$57,543,910	1,976,102	XXX	7%		0%	93-EMERGENCY MED (35%)	01,08-GP/FP (33%)	11-INTERNAL MED (12%)
99283-Emergency dept visit	\$184,465,285	3,978,466	XXX	24%		0%	93-EMERGENCY MED (42%)	01,08-GP/FP (30%)	11-INTERNAL MED (11%)
99284-Emergency dept visit	\$240,735,213	3,508,456	XXX	31%		0%	93-EMERGENCY MED (45%)	01,08-GP/FP (28%)	11-INTERNAL MED (10%)
99285-Emergency dept visit	\$274,231,227	2,614,119	XXX	36%		0%	93-EMERGENCY MED (50%)	01,08-GP/FP (26%)	11-INTERNAL MED (10%)
724-Consultation - Inpatient									
Family Medicare Charges: \$1091235194									
Family Private Payments:									
Percent of CPEP Medicare Charges: 8%									
Percent of CPEP Private Payments:									
99251-Initial inpatient consult	\$30,237,040	648,753	XXX	3%		0%	02-GNRL SURGERY (16%)	48-PODIATRY (11%)	34-UROLOGY (9%)
99252-Initial inpatient consult	\$66,250,406	1,091,012	XXX	6%		0%	02-GNRL SURGERY (15%)	11-INTERNAL MED (12%)	34-UROLOGY (9%)
99253-Initial inpatient consult	\$172,950,365	2,157,124	XXX	16%		0%	11-INTERNAL MED (15%)	06-CARDIOLOGY (14%)	02-GNRL SURGERY (10%)
99254-Initial inpatient consult	\$389,678,802	3,495,553	XXX	36%		0%	06-CARDIOLOGY (16%)	11-INTERNAL MED (15%)	13-NEUROLOGY (12%)
99255-Initial inpatient consult	\$253,218,089	1,791,910	XXX	23%		0%	06-CARDIOLOGY (19%)	11-INTERNAL MED (17%)	13-NEUROLOGY (11%)
99261-Follow-up inpatient consult	\$34,570,766	1,460,460	XXX	3%		0%	11-INTERNAL MED (26%)	06-CARDIOLOGY (12%)	13-NEUROLOGY (7%)
99262-Follow-up inpatient consult	\$80,847,823	1,975,397	XXX	7%		0%	11-INTERNAL MED (26%)	06-CARDIOLOGY (16%)	13-NEUROLOGY (10%)
99263-Follow-up inpatient consult	\$46,385,666	790,064	XXX	4%		0%	11-INTERNAL MED (23%)	06-CARDIOLOGY (18%)	13-NEUROLOGY (12%)
99271-Confirmatory consultation	\$923,768	23,958	XXX	0%		54%	30-RADIOLOGY (16%)	02-GNRL SURGERY (11%)	01,08-GP/FP (8%)
99272-Confirmatory consultation	\$1,555,757	28,528	XXX	0%		61%	18-OPHTHALMOLOGY (13%)	20-ORTHOPEDE SURG (12%)	02-GNRL SURGERY (10%)
99273-Confirmatory consultation	\$3,169,897	46,081	XXX	0%		61%	18-OPHTHALMOLOGY (18%)	20-ORTHOPEDE SURG (13%)	11-INTERNAL MED (9%)
99274-Confirmatory consultation	\$4,851,917	51,454	XXX	0%		63%	18-OPHTHALMOLOGY (20%)	11-INTERNAL MED (11%)	06-CARDIOLOGY (9%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Pct. of Family AllChgs	Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
99275-Confirmatory consultation	\$6,594,898	51,803	1%	47%	11-INTERNAL MED (12%)	26-PSYCHIATRY (9%)	06-CARDIOLOGY (9%)
99375-Care plan oversight/30-60					(.)	(.)	(.)
728-Consultation - Office							
Family Medicare Charges:\$629,071,367							
Family Private Payments:							
Percent of CPEP Medicare Charges: 5%							
Percent of CPEP Private Payments:							
99241-Office consultation	\$30,018,970	682,853	5%	84%	02-GNRL SURGERY (19%)	34-UROLOGY (10%)	07-DERMATOLOGY (9%)
99242-Office consultation	\$67,440,226	1,141,864	11%	88%	02-GNRL SURGERY (15%)	34-UROLOGY (13%)	04-OTOLARYNG (9%)
99243-Office consultation	\$137,570,969	1,798,334	22%	89%	18-OPHTHALMOLOGY (12%)	34-UROLOGY (11%)	02-GNRL SURGERY (9%)
99244-Office consultation	\$248,763,564	2,287,271	40%	89%	13-NEUROLOGY (13%)	18-OPHTHALMOLOGY (11%)	11-INTERNAL MED (10%)
99245-Office consultation	\$145,277,658	1,046,855	23%	88%	11-INTERNAL MED (13%)	13-NEUROLOGY (13%)	06-CARDIOLOGY (11%)
732-Home Visit, New Patient							
Family Medicare Charges: \$14,711,219							
Family Private Payments:							
Percent of CPEP Medicare Charges: 0%							
Percent of CPEP Private Payments:							
99321-Rest home visit, new patient	\$1,267,524	37,309	9%	0%	48-PODIATRY (65%)	01-08-GP/FP (15%)	11-INTERNAL MED (8%)
99322-Rest home visit, new patient	\$1,765,928	37,073	12%	0%	48-PODIATRY (45%)	01-08-GP/FP (24%)	11-INTERNAL MED (16%)
99323-Rest home visit, new patient	\$1,882,437	30,604	13%	0%	11-INTERNAL MED (33%)	01-08-GP/FP (27%)	41-OPTOMETRIST (14%)
99341-Home visit, new patient	\$2,913,748	63,199	20%	0%	48-PODIATRY (73%)	01-08-GP/FP (19%)	11-INTERNAL MED (3%)
99342-Home visit, new patient	\$3,687,919	64,628	25%	0%	48-PODIATRY (55%)	01-08-GP/FP (27%)	11-INTERNAL MED (10%)
99343-Home visit, new patient	\$3,193,663	44,822	22%	0%	01-08-GP/FP (48%)	11-INTERNAL MED (19%)	48-PODIATRY (14%)
736-Home Visit, Established Patient							
Family Medicare Charges: \$88,126,769							
Family Private Payments:							
Percent of CPEP Medicare Charges: 1%							
Percent of CPEP Private Payments:							
99331-Rest home visit, estab pat	\$13,571,617	518,423	15%	0%	01-08-GP/FP (45%)	11-INTERNAL MED (28%)	48-PODIATRY (13%)
99332-Rest home visit, estab pat	\$12,461,194	377,021	14%	0%	01-08-GP/FP (45%)	11-INTERNAL MED (30%)	48-PODIATRY (9%)
99333-Rest home visit, estab pat	\$3,617,330	87,427	4%	0%	01-08-GP/FP (46%)	11-INTERNAL MED (36%)	26-PSYCHIATRY (4%)
99351-Home visit, estab patient	\$16,257,653	435,479	18%	0%	01-08-GP/FP (40%)	48-PODIATRY (38%)	11-INTERNAL MED (14%)
99352-Home visit, estab patient	\$25,843,649	554,984	29%	0%	01-08-GP/FP (45%)	48-PODIATRY (23%)	11-INTERNAL MED (21%)
99353-Home visit, estab patient	\$16,375,326	285,259	19%	0%	01-08-GP/FP (44%)	11-INTERNAL MED (36%)	48-PODIATRY (6%)
740-Nursing Facility Care, Initial							
Family Medicare Charges: \$99,706,360							
Family Private Payments:							
Percent of CPEP Medicare Charges: 1%							
Percent of CPEP Private Payments:							
99301-Nursing facility care	\$27,246,321	630,588	27%	1%	01-08-GP/FP (32%)	11-INTERNAL MED (28%)	48-PODIATRY (16%)
99302-Nursing facility care	\$25,721,521	474,988	26%	1%	01-08-GP/FP (35%)	11-INTERNAL MED (32%)	48-PODIATRY (8%)
99303-Nursing facility care	\$46,738,518	551,623	47%	1%	11-INTERNAL MED (41%)	01-08-GP/FP (34%)	70-GROUP PRAC (4%)
744-Nursing Facility Care, Subsequent							
Family Medicare Charges:\$451,259,759							
Family Private Payments:							
Percent of CPEP Medicare Charges: 3%							
Percent of CPEP Private Payments:							
99311-Nursing facility care,subseq	\$195,180,330	7,353,500	43%	0%	01-08-GP/FP (44%)	11-INTERNAL MED (31%)	48-PODIATRY (6%)
99312-Nursing facility care,subseq	\$197,102,116	5,309,956	44%	0%	01-08-GP/FP (39%)	11-INTERNAL MED (38%)	70-GROUP PRAC (6%)
99313-Nursing facility care,subseq	\$58,977,313	1,295,926	13%	0%	11-INTERNAL MED (42%)	01-08-GP/FP (33%)	70-GROUP PRAC (4%)
748-Specialist - Psychiatry							

Procedure
Family Medicare Charges: \$746,224,804
Family Private Payments: \$29,674,406

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Pct. of Family AllChgs	Pct. of Family Vol. in Pct. of PrivPmts	First Specialty	Second Specialty	Third Specialty
90801-Psychiatric interview	\$61,126,048	740,700	8%	7%	26-PSYCHIATRY (71%)	68-PSYCHOLOGIST (14%)	80-CLIN SOC WKR (5%)
90820-Diagnostic interview	\$2,288,850	32,835	0%	0%	26-PSYCHIATRY (48%)	68-PSYCHOLOGIST (27%)	70-GROUP PRAC (10%)
90825-Evaluation of tests/records	\$2,266,312	50,303	0%	0%	26-PSYCHIATRY (79%)	68-PSYCHOLOGIST (8%)	01-08-GP/FP (6%)
90835-Special interview	\$62,454	809	0%	0%	26-PSYCHIATRY (65%)	70-GROUP PRAC (9%)	88-UNKNOWN SUPPL (8%)
90842-Psychotherapy, 75-80 min	\$149,694,652	3,610,312	20%	10%	(.)	(.)	(.)
90843-Psychotherapy 20-30 min.	\$364,895,866	5,503,077	4%	71%	26-PSYCHIATRY (81%)	68-PSYCHOLOGIST (7%)	70-GROUP PRAC (4%)
90844-Psychotherapy 45-50 min.	\$1,275,720	20,316	0%	5%	26-PSYCHIATRY (59%)	68-PSYCHOLOGIST (22%)	80-CLIN SOC WKR (13%)
90845-Medical psychoanalysis	\$4,777,435	7,881	0%	0%	26-PSYCHIATRY (86%)	80-CLIN SOC WKR (4%)	86-NEUROPSYCH (3%)
90846-Special family therapy	\$4,755,641	67,231	1%	3%	26-PSYCHIATRY (50%)	68-PSYCHOLOGIST (13%)	60-PUB HLTH AGEN (13%)
90847-Special family therapy	\$80,088	1,112	0%	0%	26-PSYCHIATRY (89%)	80-CLIN SOC WKR (14%)	68-PSYCHOLOGIST (12%)
90849-Special family therapy	\$46,668,703	1,637,276	6%	3%	26-PSYCHIATRY (87%)	70-GROUP PRAC (6%)	80-CLIN SOC WKR (3%)
90853-Special group therapy	\$14,575,367	200,286	2%	2%	26-PSYCHIATRY (86%)	68-PSYCHOLOGIST (26%)	80-CLIN SOC WKR (17%)
90855-Individual psychotherapy	\$866,486	37,570	0%	0%	26-PSYCHIATRY (86%)	68-PSYCHOLOGIST (8%)	80-CLIN SOC WKR (3%)
90857-Special group therapy	\$92,188,553	2,344,678	12%	2%	26-PSYCHIATRY (65%)	68-PSYCHOLOGIST (28%)	70-GROUP PRAC (8%)
90862-Medication management	\$650,066	7,943	0%	0%	26-PSYCHIATRY (87%)	70-GROUP PRAC (5%)	01-08-GP/FP (2%)
90880-Medical hypnotherapy	\$1,205,323	22,642	0%	0%	26-PSYCHIATRY (42%)	68-PSYCHOLOGIST (37%)	80-CLIN SOC WKR (9%)
90887-Consultation with family	\$3,157,240	175,437	0%	0%	26-PSYCHIATRY (69%)	11-INTERNAL MED (13%)	70-GROUP PRAC (5%)
M0064-Visit for drug monitoring			0%	0%	26-PSYCHIATRY (81%)	70-GROUP PRAC (16%)	60-PUB HLTH AGEN (1%)

752-Neuropsychological Testing
Family Medicare Charges: \$36,786,117
Family Private Payments: \$839,593

Percent of CPEP Medicare Charges: 0%
Percent of CPEP Private Payments: 3%

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Pct. of Family AllChgs	Pct. of Family Vol. in Pct. of PrivPmts	First Specialty	Second Specialty	Third Specialty
90830-Psychological testing	\$33,336,305	562,609	9%	66%	68-PSYCHOLOGIST (79%)	26-PSYCHIATRY (10%)	62-PSYCHOLOGIST (5%)
90900-Biofeedback, electromyogram	\$716,866	12,879	0%	20%	25-PHYSICL-REHAB (31%)	34-UROLOGY (13%)	26-PSYCHIATRY (12%)
90902-Biofeedback, nerve impulse	\$767	17	0%	0%	26-PSYCHIATRY (53%)	11-INTERNAL MED (41%)	48-PODIATRY (6%)
90904-Biofeedback, blood pressure	\$1,235	30	0%	0%	13-NEUROLOGY (33%)	25-PHYSICL-REHAB (13%)	62-PSYCHOLOGIST (13%)
90906-Biofeedback, blood flow	\$19,591	276	0%	2%	13-NEUROLOGY (30%)	26-PSYCHIATRY (18%)	62-PSYCHOLOGIST (14%)
90908-Biofeedback, brain waves	\$1,366	25	0%	0%	68-PSYCHOLOGIST (56%)	26-PSYCHIATRY (28%)	11-INTERNAL MED (12%)
90910-Biofeedback, oculogram	\$158	4	0%	0%	07-DERMATOLOGY (50%)	01-08-GP/FP (25%)	22-PATHOLOGY (25%)
90911-Anorectal biofeedback	\$233,978	4,336	0%	0%	(.)	(.)	(.)
90915-Biofeedback, unspecified	\$88,380	2,005	0%	2%	34-UROLOGY (45%)	26-PSYCHIATRY (28%)	70-GROUP PRAC (6%)
95880-Cerebral aphasia testing	\$33,026	536	0%	3%	68-PSYCHOLOGIST (54%)	13-NEUROLOGY (32%)	26-PSYCHIATRY (7%)
95881-Cerebral developmental test	\$392,949	7,070	1%	5%	62-PSYCHOLOGIST (52%)	68-PSYCHOLOGIST (27%)	11-INTERNAL MED (8%)
95882-Cognitive function testing	\$1,963,093	48,074	5%	0%	68-PSYCHOLOGIST (44%)	13-NEUROLOGY (29%)	26-PSYCHIATRY (8%)
95883-Neuropsychological testing	\$403	11	0%	0%	62-PSYCHOLOGIST (60%)	62-PSYCHOLOGIST (27%)	26-PSYCHIATRY (6%)
99178-Development evaluation tests			0%	0%	11-INTERNAL MED (45%)	01-08-GP/FP (18%)	02-GNRL SURGERY (9%)

756-Electroconvulsive Therapy
Family Medicare Charges: \$10,747,776
Family Private Payments: \$195,148

Percent of CPEP Medicare Charges: 0%
Percent of CPEP Private Payments: 1%

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Pct. of Family AllChgs	Pct. of Family Vol. in Pct. of PrivPmts	First Specialty	Second Specialty	Third Specialty
90870-Electroconvulsive therapy	\$10,022,861	140,376	9%	95%	26-PSYCHIATRY (90%)	05-ANESTHESIA (4%)	70-GROUP PRAC (3%)
90871-Electroconvulsive therapy	\$724,915	6,889	7%	5%	26-PSYCHIATRY (87%)	70-GROUP PRAC (7%)	86-NEUROPSYCH (2%)

CPEP 8 - GENERAL SURGERY

C 8 800-Superficial Needle Biopsy and Aspiration

Family Medicare Charges: \$23,370,128
 Family Private Payments: \$1,579,462

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDchs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
19000-Drainage of breast lesion	\$1,043,803	28,207	000	4%	19%	85%	02-GNRL SURGERY (61%)	30-RADIOLOGY (16%)	01-08-GP/FP (7%)
19001-Drain added breast lesion	\$45,523	2,170	ZZZ	0%	1%	82%	02-GNRL SURGERY (64%)	30-RADIOLOGY (18%)	01-08-GP/FP (6%)
19100-Biopsy of breast	\$2,171,832	31,683	000	9%	10%	69%	02-GNRL SURGERY (56%)	30-RADIOLOGY (24%)	16-08-GYNECOLOGY (4%)
20206-Needle biopsy, muscle	\$320,482	4,362	000	1%	1%	34%	30-RADIOLOGY (43%)	02-GNRL SURGERY (19%)	04-OTOLARYNG (16%)
32400-Needle biopsy chest lining	\$892,861	8,175	000	4%	1%	4%	29-PULMONARY DIS (61%)	30-RADIOLOGY (18%)	11-INTERNAL MED (12%)
32405-Biopsy, lung or mediastinum	\$6,774,553	43,792	010	29%	3%	92%	30-RADIOLOGY (86%)	29-PULMONARY DIS (6%)	70-GROUP PRAC (3%)
36470-Injection therapy of vein	\$120,841	4,341	010	1%	3%	3%	02-GNRL SURGERY (41%)	07-DERMATOLOGY (18%)	01-08-GP/FP (13%)
36471-Injection therapy of veins	\$2,723,585	102,561	010	12%	45%	87%	33-THORACIC SURG. (60%)	02-GNRL SURGERY (13%)	77-VASCULAR SURG. (10%)
42400-Biopsy of salivary gland	\$125,140	2,218	000	1%	0%	70%	04-OTOLARYNG (72%)	02-GNRL SURGERY (12%)	70-GROUP PRAC (3%)
47000-Needle biopsy of liver	\$4,197,100	38,568	000	18%	12%	3%	30-RADIOLOGY (54%)	10-GASTROENTER (24%)	02-GNRL SURGERY (9%)
47001-Needle biopsy, liver	\$646,917	6,893	ZZZ	3%	1%	1%	02-GNRL SURGERY (76%)	30-RADIOLOGY (5%)	33-THORACIC SURG (3%)
48102-Needle biopsy, pancreas	\$1,143,313	5,405	010	5%	3%	3%	30-RADIOLOGY (86%)	02-GNRL SURGERY (7%)	70-GROUP PRAC (4%)
49180-Biopsy, abdominal mass	\$2,011,668	14,429	000	9%	1%	6%	30-RADIOLOGY (86%)	02-GNRL SURGERY (4%)	70-GROUP PRAC (3%)
60001-Aspirate/inject thyroid cyst	.	.	000	.	.	.	(.)	(.)	(.)
60100-Biopsy of thyroid	\$896,389	12,917	000	4%	5%	70%	46-ENDOCRINOLOGY (24%)	02-GNRL SURGERY (23%)	04-OTOLARYNG (15%)
67415-Aspiration orbital contents	\$16,402	132	000	0%	.	39%	18-OPHTHALMOLOGY (73%)	01-08-GP/FP (9%)	04-OTOLARYNG (9%)
71036-X-ray guidance for biopsy	\$239,719	7,459	XXX	1%	.	4%	30-RADIOLOGY (89%)	70-GROUP PRAC (5%)	29-PULMONARY DIS (3%)
76095-Stereotactic breast biopsy	.	.	XXX	.	.	4%	(.)	(.)	(.)

804-Simple Incision and Excision of Breast

Family Medicare Charges: \$48,721,187
 Family Private Payments: \$4,541,716

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDchs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
19101-Biopsy of breast	\$4,047,137	21,911	010	8%	8%	26%	02-GNRL SURGERY (52%)	30-RADIOLOGY (16%)	05-ANESTHESIA (10%)
19120-Removal of breast lesion	\$39,090,693	139,491	090	80%	87%	6%	02-GNRL SURGERY (83%)	49-ASC (6%)	70-GROUP PRAC (3%)
19126-Excision, add'l breast lesion	.	.	000	.	.	.	(.)	(.)	(.)
19290-Place needle wire, breast	\$2,456,771	44,010	000	5%	.	.	(.)	(.)	(.)
19291-Place needle wire, breast	\$67,370	2,143	ZZZ	0%	.	11%	30-RADIOLOGY (92%)	70-GROUP PRAC (3%)	02-GNRL SURGERY (3%)
19396-Design custom breast implant	\$250	1	000	0%	.	15%	30-RADIOLOGY (91%)	70-GROUP PRAC (5%)	02-GNRL SURGERY (2%)
76096-X-ray of needle wire, breast	\$3,058,966	94,707	XXX	6%	5%	100%	24-PLASTIC SURG (100%)	(.)	(.)

808-Breast Procedures

Family Medicare Charges: \$68,914,939
 Family Private Payments: \$6,532,984

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDchs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
19110-Nipple exploration	\$141,797	650	090	0%	0%	8%	02-GNRL SURGERY (81%)	49-ASC (6%)	70-GROUP PRAC (3%)
19112-Excise breast duct fistula	\$20,980	104	090	0%	.	8%	02-GNRL SURGERY (69%)	49-ASC (7%)	70-GROUP PRAC (7%)
19140-Removal of breast tissue	\$1,377,838	3,493	090	2%	3%	4%	02-GNRL SURGERY (84%)	49-ASC (4%)	24-PLASTIC SURG (3%)
19160-Removal of breast tissue	\$8,485,100	21,121	090	12%	9%	31%	02-GNRL SURGERY (83%)	91-SURG ONCOLOGY (4%)	49-ASC (3%)
19162-Remove breast tissue, nodes	\$9,001,896	13,247	090	13%	7%	1%	02-GNRL SURGERY (82%)	01-08-GP/FP (5%)	70-GROUP PRAC (3%)
19180-Removal of breast	\$3,531,343	8,667	090	5%	3%	2%	02-GNRL SURGERY (80%)	01-08-GP/FP (5%)	70-GROUP PRAC (3%)
19182-Removal of breast	\$413,156	831	090	1%	1%	1%	02-GNRL SURGERY (72%)	49-ASC (8%)	24-PLASTIC SURG (6%)
19200-Removal of breast	\$764,915	1,166	090	1%	.	2%	02-GNRL SURGERY (76%)	01-08-GP/FP (8%)	70-GROUP PRAC (3%)
19220-Removal of breast	\$157,388	241	090	0%	.	2%	02-GNRL SURGERY (71%)	01-08-GP/FP (12%)	16-08-GYNECOLOGY (4%)
19240-Removal of breast	\$37,294,814	59,759	090	54%	24%	1%	02-GNRL SURGERY (81%)	01-08-GP/FP (7%)	70-GROUP PRAC (2%)
19316-Suspension of breast	\$130,977	143	090	0%	1%	2%	24-PLASTIC SURG (77%)	02-GNRL SURGERY (17%)	01-08-GP/FP (1%)
19318-Reduction of large breast	\$3,585,457	2,778	090	5%	25%	3%	24-PLASTIC SURG (86%)	02-GNRL SURGERY (6%)	49-ASC (4%)

1993 HC Allowed Charges 1993 HC Units of Service Global Period AllDChgs Family PrivPmts Pct. of Family Vol. in OFFICE Pct. of Family Vol. in OFFICE First Specialty Second Specialty Third Specialty

Procedure	1993 HC Allowed Charges	1993 HC Units of Service	Global Period	AllDChgs	Family PrivPmts	Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
19324-Enlarge breast	\$5,992	13	090	0%	0%	8%	02-GNRL SURGERY (62%)	91-SURG ONCOLOGY (15%)	01,08-GP/FP (8%)
19325-Enlarge breast with implant	\$24,390	54	090	0%	1%	7%	24-PLASTIC SURG (78%)	02-GNRL SURGERY (13%)	70-GROUP PRAC (7%)
19328-Removal of breast implant	\$206,881	841	090	0%	1%	7%	24-PLASTIC SURG (74%)	02-GNRL SURGERY (13%)	49-ASC (9%)
19330-Removal of implant material	\$154,945	570	090	0%	1%	8%	24-PLASTIC SURG (76%)	02-GNRL SURGERY (11%)	49-ASC (8%)
19340-Immediate breast prosthesis	\$446,555	589	222	1%	4%	2%	24-PLASTIC SURG (82%)	02-GNRL SURGERY (8%)	49-ASC (5%)
19342-0elayed breast prosthesis	\$369,186	515	090	1%	3%	3%	24-PLASTIC SURG (85%)	49-ASC (6%)	02-GNRL SURGERY (5%)
19350-Breast reconstruction	\$289,501	627	090	0%	4%	15%	24-PLASTIC SURG (77%)	02-GNRL SURGERY (10%)	49-ASC (8%)
19355-Correct inverted nipple(s)	\$6,096	20	090	0%	0%	35%	02-GNRL SURGERY (60%)	24-PLASTIC SURG (30%)	34-UROLOGY (5%)
19357-Breast reconstruction	\$727,610	864	090	1%	0%	4%	24-PLASTIC SURG (84%)	02-GNRL SURGERY (9%)	49-ASC (3%)
19361-Breast reconstruction	\$272,708	198	090	0%	0%	2%	24-PLASTIC SURG (81%)	02-GNRL SURGERY (12%)	70-GROUP PRAC (4%)
19364-Breast reconstruction	\$57,220	62	090	0%	0%	5%	24-PLASTIC SURG (71%)	02-GNRL SURGERY (8%)	70-GROUP PRAC (8%)
19366-Breast reconstruction	\$170,203	146	090	0%	4%	3%	24-PLASTIC SURG (57%)	02-GNRL SURGERY (19%)	49-ASC (12%)
19367-Breast reconstruction			090				(.)	(.)	(.)
19368-Breast reconstruction			090				(.)	(.)	(.)
19369-Breast reconstruction			090				(.)	(.)	(.)
19370-Surgery of breast capsule	\$154,639	369	090	0%	2%	6%	24-PLASTIC SURG (82%)	49-ASC (11%)	02-GNRL SURGERY (3%)
19371-Removal of breast capsule	\$811,584	1,245	090	1%	4%	5%	24-PLASTIC SURG (89%)	49-ASC (6%)	02-GNRL SURGERY (3%)
19380-Revise breast reconstruction	\$311,768	571	090	0%	3%	9%	24-PLASTIC SURG (81%)	49-ASC (9%)	02-GNRL SURGERY (6%)

812-Esophagus

Family Medicare Charges: \$6,411,878
 Family Private Payments: \$202,229
 Percent of CPEP Medicare Charges: 1%
 Percent of CPEP Private Payments: 0%

43045-Incision of esophagus	\$10,504	14	090	0%	0%	7%	33-THORACIC SURG (36%)	02-GNRL SURGERY (29%)	78-CARDIAC SURG (14%)
43100-Excision of esophagus lesion	\$20,609	54	090	0%	0%	7%	04-OTOLARYNG (35%)	02-GNRL SURGERY (19%)	33-THORACIC SURG (17%)
43101-Excision of esophagus lesion	\$34,310	59	090	1%	0%	0%	33-THORACIC SURG (37%)	02-GNRL SURGERY (34%)	78-CARDIAC SURG (8%)
43107-Removal of esophagus			090				(.)	(.)	(.)
43108-Removal of esophagus			090				(.)	(.)	(.)
43112-Removal of esophagus			090				(.)	(.)	(.)
43113-Removal of esophagus			090				(.)	(.)	(.)
43116-Partial removal of esophagus			090				(.)	(.)	(.)
43117-Partial removal of esophagus			090				(.)	(.)	(.)
43118-Partial removal of esophagus			090				(.)	(.)	(.)
43121-Partial removal of esophagus			090				(.)	(.)	(.)
43122-Partial removal of esophagus			090				(.)	(.)	(.)
43123-Partial removal of esophagus			090				(.)	(.)	(.)
43124-Removal of esophagus			090				(.)	(.)	(.)
43130-Removal of esophagus pouch	\$1,153,512	2,000	090	18%	0%	2%	04-OTOLARYNG (40%)	02-GNRL SURGERY (33%)	33-THORACIC SURG (15%)
43135-Removal of esophagus pouch	\$108,188	158	090	2%	0%	0%	33-THORACIC SURG (39%)	02-GNRL SURGERY (34%)	78-CARDIAC SURG (9%)
43300-Repair of esophagus	\$71,405	155	090	1%	0%	18%	02-GNRL SURGERY (21%)	04-OTOLARYNG (20%)	33-THORACIC SURG (15%)
43305-Repair esophagus and fistula	\$60,945	73	090	1%	0%	3%	04-OTOLARYNG (78%)	02-GNRL SURGERY (8%)	10-GASTROENTER (4%)
43310-Repair of esophagus	\$183,066	188	090	3%	0%	1%	33-THORACIC SURG (42%)	02-GNRL SURGERY (30%)	70-GROUP PRAC (8%)
43312-Repair esophagus and fistula	\$15,782	17	090	0%	0%	3%	33-THORACIC SURG (47%)	02-GNRL SURGERY (18%)	04-OTOLARYNG (18%)
43320-Fuse esophagus & stomach	\$212,560	330	090	3%	0%	2%	02-GNRL SURGERY (65%)	11-INTERNAL MED (17%)	33-THORACIC SURG (14%)
43324-Revise esophagus & stomach	\$3,279,415	4,622	090	51%	100%	1%	02-GNRL SURGERY (77%)	33-THORACIC SURG (9%)	01,08-GP/FP (5%)
43325-Revise esophagus & stomach	\$126,063	201	090	2%	0%	0%	02-GNRL SURGERY (72%)	33-THORACIC SURG (9%)	01,08-GP/FP (5%)
43326-Revise esophagus & stomach	\$46,191	93	090	1%	0%	0%	33-THORACIC SURG (53%)	02-GNRL SURGERY (20%)	70-GROUP PRAC (11%)
43330-Repair of esophagus	\$94,976	189	090	1%	0%	19%	33-THORACIC SURG (52%)	33-THORACIC SURG (14%)	01,08-GP/FP (13%)
43331-Repair of esophagus	\$161,395	217	090	3%	0%	0%	33-THORACIC SURG (41%)	02-GNRL SURGERY (37%)	70-GROUP PRAC (6%)
43340-Fuse esophagus & intestine	\$61,931	103	090	1%	0%	1%	02-GNRL SURGERY (69%)	78-CARDIAC SURG (12%)	33-THORACIC SURG (7%)
43341-Fuse esophagus & intestine	\$20,628	38	090	0%	0%	3%	02-GNRL SURGERY (55%)	33-THORACIC SURG (37%)	10-GASTROENTER (3%)
43350-Surgical opening, esophagus	\$11,111	26	090	0%	0%	12%	02-GNRL SURGERY (27%)	33-THORACIC SURG (23%)	04-OTOLARYNG (15%)

Procedure

1993 MC Allowed Charges

1993 MC Units of Service

Pct. of Family Allchgs

Pct. of Family PrivPmts

Pct. of Vol. in OFFICE

Top Medicare Specialties (% of Procedure Volume)

First Speciality

Second Speciality

Third Speciality

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Pct. of Family Allchgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)
43351-Surgical opening, esophagus	\$12,255	30	0%	.	7%	02-GNRL SURGERY (43%)
43352-Surgical opening, esophagus	\$108,033	241	2%	.	1%	02-GNRL SURGERY (41%)
43360-Gastrointestinal repair	.	.	.	.	.	(.)
43361-Gastrointestinal repair	.	.	.	.	.	(.)
43400-Ligate esophagus veins	\$167,978	236	3%	.	.	10-GASTROENTER (63%)
43401-Esophagus surgery for veins	\$4,240	7	0%	.	1%	02-GNRL SURGERY (86%)
43405-Ligate/staple esophagus	.	.	.	.	.	(.)
43410-Repair esophagus wound	\$54,690	140	1%	.	20%	02-GNRL SURGERY (29%)
43415-Repair esophagus wound	\$256,900	362	4%	.	1%	02-GNRL SURGERY (46%)
43420-Repair esophagus opening	\$44,478	66	1%	.	86%	01,08-GP/FP (50%)
43425-Repair esophagus opening	\$26,924	47	0%	.	4%	02-GNRL SURGERY (39%)
43460-Pressure treatment esophagus	\$63,789	607	1%	.	2%	10-GASTROENTER (68%)

816-Diaphragm

Family Medicare Charges: \$3,058,186
Family Private Payments: \$52,161

Percent of CPEP Medicare Charges: 0%
Percent of CPEP Private Payments: 0%

39501-Repair diaphragm laceration	\$162,915	322	0%	.	0%	02-GNRL SURGERY (70%)
39502-Repair paraesophageal hernia	\$2,147,273	3,099	70%	100%	1%	02-GNRL SURGERY (77%)
39503-Repair of diaphragm hernia	\$20,851	19	1%	.	0%	02-GNRL SURGERY (53%)
39520-Repair of diaphragm hernia	\$379,955	533	12%	.	1%	02-GNRL SURGERY (42%)
39530-Repair of diaphragm hernia	\$76,085	119	2%	.	0%	02-GNRL SURGERY (58%)
39531-Repair of diaphragm hernia	\$16,504	26	1%	.	0%	02-GNRL SURGERY (35%)
39540-Repair of diaphragm hernia	\$107,443	178	4%	.	2%	02-GNRL SURGERY (72%)
39541-Repair of diaphragm hernia	\$134,163	243	4%	.	0%	02-GNRL SURGERY (79%)
39545-Revision of diaphragm	\$12,997	25	0%	.	0%	02-GNRL SURGERY (44%)

820-Gastric Procedures

Family Medicare Charges: \$43,745,250
Family Private Payments: \$927,625

Percent of CPEP Medicare Charges: 6%
Percent of CPEP Private Payments: 2%

43500-Surgical opening of stomach	\$325,143	1,020	1%	.	5%	02-GNRL SURGERY (75%)
43501-Surgical repair of stomach	\$1,341,947	2,349	3%	.	1%	02-GNRL SURGERY (78%)
43502-Surgical repair of stomach	.	.	.	.	.	(.)
43510-Surgical opening of stomach	\$155,860	429	0%	.	3%	02-GNRL SURGERY (28%)
43520-Incision of pyloric muscle	\$48,388	276	0%	.	1%	02-GNRL SURGERY (42%)
43605-Biopsy of stomach	\$157,883	555	0%	.	2%	02-GNRL SURGERY (83%)
43610-Excision of stomach lesion	\$1,190,026	2,584	3%	.	0%	02-GNRL SURGERY (81%)
43611-Excision of stomach lesion	.	.	.	.	.	(.)
43620-Removal of stomach	\$2,208,301	2,159	5%	.	1%	02-GNRL SURGERY (82%)
43621-Removal of stomach	.	.	.	.	.	(.)
43622-Removal of stomach	.	.	.	.	.	(.)
43631-Removal of stomach, partial	.	.	.	.	.	(.)
43632-Removal of stomach, partial	.	.	.	.	.	(.)
43633-Removal of stomach, partial	.	.	.	.	.	(.)
43634-Removal of stomach, partial	.	.	.	.	.	(.)
43635-Partial removal of stomach	\$4,179,294	4,878	10%	14%	0%	02-GNRL SURGERY (82%)
43638-Partial removal of stomach	\$1,859,016	2,113	4%	.	0%	02-GNRL SURGERY (81%)
43639-Removal of stomach, partial	.	.	.	.	.	(.)
43640-Vagotomy & pylorus repair	\$3,851,915	5,917	9%	.	1%	02-GNRL SURGERY (80%)
43641-Vagotomy & pylorus repair	\$101,305	206	0%	.	1%	02-GNRL SURGERY (76%)
43800-Reconstruction of pylorus	\$458,715	1,357	1%	.	1%	02-GNRL SURGERY (77%)

Procedure

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
43810-Fusion of stomach and bowel	\$122,611	305	090	0%	0%	0%	02-GNRL SURGERY (76%)	01-08-GP/FP (5%)	11-INTERNAL MED (5%)
43820-Fusion of stomach and bowel	\$3,318,651	7,472	090	8%	7%	0%	02-GNRL SURGERY (81%)	01-08-GP/FP (5%)	33-THORACIC SURG (3%)
43825-Fusion of stomach and bowel	\$621,989	874	090	1%	0%	0%	02-GNRL SURGERY (80%)	01-08-GP/FP (6%)	70-GROUP PRAC (4%)
43830-Place gastrostomy tube	\$10,502,291	26,976	090	2%	14%	1%	02-GNRL SURGERY (73%)	10-GASTROENTER (9%)	33-THORACIC SURG (3%)
43831-Place gastrostomy tube	\$79,104	254	090	0%	0%	0%	02-GNRL SURGERY (87%)	10-GASTROENTER (6%)	01-08-GP/FP (1%)
43832-Place gastrostomy tube	\$6,327,268	10,151	090	1%	3%	0%	02-GNRL SURGERY (69%)	10-GASTROENTER (14%)	11-INTERNAL MED (4%)
43840-Repair of stomach lesion	\$4,724,557	9,108	090	11%	9%	1%	02-GNRL SURGERY (82%)	01-08-GP/FP (6%)	70-GROUP PRAC (3%)
43842-Gastroplasty for obesity	\$176,658	230	090	0%	0%	0%	02-GNRL SURGERY (82%)	70-GROUP PRAC (5%)	01-08-GP/FP (4%)
43843-Gastroplasty for obesity	\$60,459	78	090	0%	0%	0%	02-GNRL SURGERY (58%)	01-08-GP/FP (37%)	16-08-GYNECOLOGY (1%)
43846-Gastric bypass for obesity	\$290,062	363	090	1%	26%	0%	02-GNRL SURGERY (78%)	70-GROUP PRAC (8%)	01-08-GP/FP (4%)
43847-Gastric bypass for obesity	.	.	090	.	.	.	(.)	(.)	(.)
43848-Revision gastroplasty	.	.	090	.	.	.	(.)	(.)	(.)
43850-Revise stomach-bowel fusion	\$128,260	260	090	0%	0%	0%	02-GNRL SURGERY (59%)	05-ANESTHESIA (27%)	01-08-GP/FP (4%)
43855-Revise stomach-bowel fusion	\$21,853	26	090	0%	0%	0%	02-GNRL SURGERY (77%)	70-GROUP PRAC (8%)	01-08-GP/FP (4%)
43860-Revise stomach-bowel fusion	\$949,594	1,210	090	2%	0%	1%	02-GNRL SURGERY (85%)	01-08-GP/FP (3%)	70-GROUP PRAC (3%)
43865-Revise stomach-bowel fusion	\$130,025	153	090	0%	0%	0%	02-GNRL SURGERY (84%)	01-08-GP/FP (5%)	33-THORACIC SURG (5%)
43870-Repair stomach opening	\$315,668	821	090	1%	0%	3%	02-GNRL SURGERY (77%)	10-GASTROENTER (6%)	01-08-GP/FP (4%)
43880-Repair stomach-bowel fistula	\$98,407	172	090	0%	0%	1%	02-GNRL SURGERY (84%)	70-GROUP PRAC (3%)	33-THORACIC SURG (3%)

824-Small Intestinal Procedures

Family Medicare Charges: \$70,880,063
 Family Private Payments: \$1,894,300
 Percent of CPEP Medicare Charges: 9%
 Percent of CPEP Private Payments: 4%

44005-Freeing of bowel adhesion	\$21,294,282	38,093	090	30%	38%	1%	02-GNRL SURGERY (77%)	01-08-GP/FP (6%)	16-08-GYNECOLOGY (3%)
44010-Incision of small bowel	\$409,174	1,208	090	1%	0%	1%	02-GNRL SURGERY (82%)	01-08-GP/FP (4%)	33-THORACIC SURG (3%)
44015-Insert needle catheter, bowel	\$3,947,335	13,554	222	6%	1%	1%	02-GNRL SURGERY (67%)	30-RADIOLOGY (13%)	33-THORACIC SURG (5%)
44020-Exploration of small bowel	\$784,702	1,722	090	1%	0%	1%	02-GNRL SURGERY (79%)	01-08-GP/FP (6%)	33-THORACIC SURG (3%)
44021-Decompress small bowel	\$897,292	2,508	090	1%	0%	1%	02-GNRL SURGERY (78%)	01-08-GP/FP (7%)	33-THORACIC SURG (3%)
44025-Incision of large bowel	\$644,961	1,496	090	1%	0%	1%	02-GNRL SURGERY (78%)	01-08-GP/FP (7%)	28-COLORECTAL (5%)
44050-Reduce bowel obstruction	\$1,816,967	3,925	090	3%	4%	3%	02-GNRL SURGERY (76%)	01-08-GP/FP (10%)	70-GROUP PRAC (3%)
44055-Correct malrotation of bowel	\$136,188	287	090	0%	0%	0%	02-GNRL SURGERY (77%)	01-08-GP/FP (8%)	70-GROUP PRAC (5%)
44110-Excision of bowel lesion(s)	\$1,242,819	3,023	090	2%	2%	1%	02-GNRL SURGERY (74%)	01-08-GP/FP (6%)	16-08-GYNECOLOGY (5%)
44111-Excision of bowel lesion(s)	\$283,971	517	090	0%	0%	1%	02-GNRL SURGERY (73%)	01-08-GP/FP (6%)	28-COLORECTAL (5%)
44120-Removal of small intestine	\$21,608,643	38,975	090	30%	31%	1%	02-GNRL SURGERY (79%)	01-08-GP/FP (5%)	70-GROUP PRAC (3%)
44121-Removal of small intestine	.	.	222	.	.	.	(.)	(.)	(.)
44125-Removal of small intestine	\$682,447	972	090	1%	0%	1%	02-GNRL SURGERY (79%)	70-GROUP PRAC (5%)	01-08-GP/FP (4%)
44130-Bowel to bowel fusion	\$3,321,613	6,567	090	5%	5%	0%	02-GNRL SURGERY (78%)	01-08-GP/FP (5%)	28-COLORECTAL (3%)
44300-Open bowel to skin	\$2,427,979	6,766	090	3%	3%	1%	02-GNRL SURGERY (79%)	33-THORACIC SURG (4%)	70-GROUP PRAC (4%)
44312-Revision of ileostomy	\$82,570	385	090	0%	0%	13%	02-GNRL SURGERY (57%)	34-UROLOGY (26%)	70-GROUP PRAC (5%)
44340-Revision of colostomy	\$231,881	1,387	090	0%	0%	9%	02-GNRL SURGERY (78%)	01-08-GP/FP (4%)	28-COLORECTAL (4%)
44345-Revision of colostomy	\$845,245	2,424	090	1%	0%	1%	02-GNRL SURGERY (78%)	28-COLORECTAL (6%)	01-08-GP/FP (4%)
44346-Revision of colostomy	\$993,432	2,257	090	1%	0%	1%	02-GNRL SURGERY (75%)	28-COLORECTAL (8%)	01-08-GP/FP (4%)
44602-Suture, small intestine	.	.	090	.	.	.	(.)	(.)	(.)
44603-Suture, small intestine	.	.	090	.	.	.	(.)	(.)	(.)
44604-Suture, large intestine	.	.	090	.	.	.	(.)	(.)	(.)
44605-Repair of bowel lesion	\$350,626	565	090	0%	0%	1%	02-GNRL SURGERY (74%)	01-08-GP/FP (7%)	33-THORACIC SURG (3%)
44615-Intestinal stricturoplasty	.	.	090	.	.	.	(.)	(.)	(.)
44620-Repair bowel opening	\$1,506,203	4,135	090	2%	3%	1%	02-GNRL SURGERY (77%)	28-COLORECTAL (6%)	01-08-GP/FP (4%)
44625-Repair bowel opening	\$4,834,564	8,058	090	7%	11%	1%	02-GNRL SURGERY (78%)	01-08-GP/FP (5%)	28-COLORECTAL (5%)
44640-Repair bowel-skin fistula	\$449,052	951	090	1%	0%	1%	02-GNRL SURGERY (79%)	70-GROUP PRAC (4%)	01-08-GP/FP (4%)
44650-Repair bowel fistula	\$227,742	578	090	0%	0%	1%	02-GNRL SURGERY (77%)	01-08-GP/FP (6%)	28-COLORECTAL (3%)
44680-Repair bowel-bladder fistula	\$164,650	384	090	0%	0%	3%	02-GNRL SURGERY (51%)	34-UROLOGY (32%)	28-COLORECTAL (5%)

Procedure

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Allchgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
44661-Repair bowel-bladder fistula	\$803,001	992	090	1%	.	1%	02-GNRL SURGERY (63%)	34-UROLOGY (19%)	28-COLORECTAL (5%)
44680-Surgical revision, intestine	\$154,613	281	090	0%	.	0%	02-GNRL SURGERY (81%)	01,08-GP/FP (5%)	33-THORACIC SURG (5%)
44800-Excision of bowel pouch	\$384,109	1,458	090	1%	2%	1%	02-GNRL SURGERY (76%)	01,08-GP/FP (6%)	16-OB-GYNECOLOGY (3%)
44820-Excision of mesentery lesion	\$126,233	497	090	0%	.	0%	02-GNRL SURGERY (77%)	16-OB-GYNECOLOGY (4%)	33-THORACIC SURG (4%)
44850-Repair of mesentery	\$47,291	202	090	0%	.	0%	02-GNRL SURGERY (80%)	01,08-GP/FP (6%)	33-THORACIC SURG (2%)
74355-X-ray guide, intestinal tube	\$180,478	4,200	XXX	0%	.	1%	30-RADIOLOGY (86%)	70-GROUP PRAC (8%)	94-INTERVEN RAD (5%)
828-Hernia Procedures									
Family Medicare Charges: \$94,674,412									
Family Private Payments: \$6,569,587									
Percent of CPEP Medicare Charges: 12%									
Percent of CPEP Private Payments: 15%									
49250-Excision of umbilicus	\$96,898	368	090	0%	.	3%	02-GNRL SURGERY (77%)	16-OB-GYNECOLOGY (6%)	01,08-GP/FP (4%)
49495-Repair inguinal hernia, init	.	.	090	.	.	.	(.)	(.)	(.)
49496-Repair inguinal hernia, init	.	.	090	.	.	.	(.)	(.)	(.)
49500-Repair inguinal hernia	\$119,414	408	090	0%	11%	1%	02-GNRL SURGERY (65%)	34-UROLOGY (10%)	01,08-GP/FP (9%)
49501-Repair inguinal hernia, init	.	.	090	.	1%	.	(.)	(.)	(.)
49505-Repair inguinal hernia	\$52,310,829	155,708	090	55%	58%	1%	02-GNRL SURGERY (79%)	01,08-GP/FP (5%)	49-ASC (4%)
49507-Repair, inguinal hernia	.	.	090	.	8%	1%	02-GNRL SURGERY (81%)	01,08-GP/FP (5%)	(.)
49520-Rerepair inguinal hernia	\$9,786,465	24,733	090	10%	8%	1%	02-GNRL SURGERY (81%)	01,08-GP/FP (5%)	49-ASC (3%)
49521-Repair inguinal hernia, rec	.	.	090	.	.	.	(.)	(.)	(.)
49525-Repair inguinal hernia	\$2,847,091	7,229	090	3%	1%	2%	02-GNRL SURGERY (81%)	01,08-GP/FP (5%)	70-GROUP PRAC (2%)
49540-Repair lumbar hernia	\$115,658	311	090	0%	.	1%	02-GNRL SURGERY (78%)	34-UROLOGY (5%)	01,08-GP/FP (4%)
49550-Repair femoral hernia	\$2,508,976	8,084	090	3%	2%	1%	02-GNRL SURGERY (82%)	01,08-GP/FP (5%)	70-GROUP PRAC (3%)
49553-Repair femoral hernia, init	.	.	090	.	.	.	(.)	(.)	(.)
49555-Repair femoral hernia	\$399,753	1,006	090	0%	.	1%	02-GNRL SURGERY (79%)	01,08-GP/FP (6%)	70-GROUP PRAC (3%)
49557-Repair femoral hernia, recur	.	.	090	.	.	.	(.)	(.)	(.)
49561-Repair abdominal hernia	\$20,942,561	55,955	090	22%	15%	1%	02-GNRL SURGERY (79%)	01,08-GP/FP (5%)	33-THORACIC SURG (3%)
49565-Rerepair abdominal hernia	.	.	090	.	.	.	(.)	(.)	(.)
49566-Repair incisional hernia	\$4,525,255	10,885	090	5%	3%	1%	02-GNRL SURGERY (82%)	01,08-GP/FP (5%)	33-THORACIC SURG (3%)
49568-Hernia repair w/mesh	.	.	090	.	.	.	(.)	(.)	(.)
49570-Repair epigastric hernia	\$423,395	1,555	090	0%	.	1%	02-GNRL SURGERY (81%)	01,08-GP/FP (4%)	33-THORACIC SURG (3%)
49572-Repair, epigastric hernia	.	.	090	.	.	.	(.)	(.)	(.)
49580-Repair umbilical hernia	\$106,325	535	090	0%	.	2%	02-GNRL SURGERY (79%)	01,08-GP/FP (5%)	33-THORACIC SURG (3%)
49582-Repair umbilical hernia	.	.	090	.	.	.	(.)	(.)	(.)
49585-Repair umbilical hernia	.	.	090	.	.	.	(.)	(.)	(.)
49587-Repair umbilical hernia	.	.	090	.	.	.	(.)	(.)	(.)
49590-Repair abdominal hernia	\$464,709	1,218	090	0%	0%	1%	02-GNRL SURGERY (82%)	01,08-GP/FP (6%)	33-THORACIC SURG (3%)
49600-Repair umbilical lesion	\$8,677	37	090	0%	.	11%	02-GNRL SURGERY (54%)	01,08-GP/FP (14%)	16-OB-GYNECOLOGY (8%)
49606-Repair umbilical lesion	\$13,307	19	090	0%	.	0%	02-GNRL SURGERY (89%)	11-INTERNAL MED (5%)	77-VASCULAR SURG (5%)
49610-Repair umbilical lesion	\$5,099	24	090	0%	.	0%	02-GNRL SURGERY (71%)	01,08-GP/FP (17%)	16-OB-GYNECOLOGY (4%)
832-Appendectomy and Miscellaneous Abdominal Procedures									
Family Medicare Charges: \$48,152,102									
Family Private Payments: \$5,525,571									
Percent of CPEP Medicare Charges: 6%									
Percent of CPEP Private Payments: 12%									
22900-Remove abdominal wall lesion	\$485,841	1,862	090	1%	0%	5%	02-GNRL SURGERY (75%)	01,08-GP/FP (4%)	49-ASC (4%)
44900-Drainage of appendix abscess	\$110,245	467	090	0%	0%	2%	02-GNRL SURGERY (74%)	01,08-GP/FP (6%)	30-RADIOLOGY (5%)
44950-Appendectomy	\$2,906,925	9,304	090	6%	36%	1%	02-GNRL SURGERY (77%)	01,08-GP/FP (7%)	16-OB-GYNECOLOGY (4%)
44955-Appendectomy	\$680,198	2,994	ZZZ	1%	1%	1%	02-GNRL SURGERY (61%)	16-OB-GYNECOLOGY (18%)	34-UROLOGY (5%)
44960-Appendectomy	\$2,607,073	6,341	090	10%	10%	1%	02-GNRL SURGERY (81%)	01,08-GP/FP (7%)	33-THORACIC SURG (3%)
49000-Exploration of abdomen	\$13,740,087	32,054	090	29%	27%	1%	02-GNRL SURGERY (69%)	16-OB-GYNECOLOGY (8%)	01,08-GP/FP (5%)

49002-Respening of abdomen	\$1,165,209	090	2%	1%	0%	02-GNRL SURGERY (74%)	70-GROUP PRAC (4%)	77-VASCULAR SURG (4%)
49010-Exploration behind abdomen	\$1,657,875	3,739	3%	2%	1%	02-GNRL SURGERY (60%)	34-UROLOGY (13%)	33-THORACIC SURG (5%)
49020-Drain abdominal abscess	\$5,171,917	14,383	11%	2%	1%	02-GNRL SURGERY (45%)	30-RADIOLOGY (40%)	70-GROUP PRAC (3%)
49040-Drain abdominal abscess	\$1,203,512	2,621	2%	0%	2%	02-GNRL SURGERY (48%)	02-RADIOLOGY (37%)	70-GROUP PRAC (4%)
49060-Drain abdominal abscess	\$2,569,720	5,784	5%	0%	2%	30-RADIOLOGY (54%)	02-GNRL SURGERY (30%)	70-GROUP PRAC (4%)
49085-Remove abdomen foreign body	\$1,359,698	4,493	3%	0%	2%	02-GNRL SURGERY (71%)	77-VASCULAR SURG (6%)	33-THORACIC SURG (5%)
49200-Removal of abdominal lesion	\$1,845,753	4,051	4%	6%	1%	02-GNRL SURGERY (59%)	16-OB-GYN ECOLOGY (17%)	34-UROLOGY (5%)
49201-Removal of abdominal lesion	\$2,402,661	3,335	5%	7%	1%	02-GNRL SURGERY (50%)	16-OB-GYN ECOLOGY (26%)	91-SURG ONCOLOGY (6%)
49220-Multiple surgery, abdomen	\$245,159	343	1%	1%	1%	02-GNRL SURGERY (69%)	16-OB-GYN ECOLOGY (10%)	01-OB-GP/FP (7%)
49255-Removal of omentum	\$1,711,945	5,793	4%	2%	1%	02-GNRL SURGERY (52%)	16-OB-GYN ECOLOGY (32%)	01-OB-GP/FP (4%)
49420-Insert abdominal drain	\$576,710	4,493	1%	0%	2%	02-GNRL SURGERY (34%)	39-NEPHROLOGY (17%)	11-INTERNAL MED (11%)
49421-Insert abdominal drain	\$5,249,863	15,691	11%	2%	1%	02-GNRL SURGERY (70%)	77-VASCULAR SURG (7%)	33-THORACIC SURG (6%)
49422-Remove perm cannula/catheter						(.)	(.)	(.)
49425-Insert abdomen-venous drain	\$1,365,114	2,012	3%	1%	1%	02-GNRL SURGERY (73%)	33-THORACIC SURG (12%)	77-VASCULAR SURG (5%)
49426-Revise abdomen-venous shunt	\$311,188	713	1%	0%	2%	02-GNRL SURGERY (64%)	33-THORACIC SURG (14%)	39-NEPHROLOGY (6%)
49605-Repair umbilical lesion	\$42,588	70	0%	0%	4%	02-GNRL SURGERY (76%)	01-OB-GP/FP (7%)	33-THORACIC SURG (6%)
49611-Repair umbilical lesion	\$3,091	11	0%	0%	0%	02-GNRL SURGERY (64%)	01-OB-GP/FP (18%)	11-INTERNAL MED (9%)
49900-Repair of abdominal wall	\$629,151	2,690	1%	0%	2%	02-GNRL SURGERY (70%)	70-GROUP PRAC (6%)	34-UROLOGY (4%)
49905-Omental flap	\$110,579	418	0%	0%	1%	02-GNRL SURGERY (35%)	24-PLASTIC SURG (15%)	16-OB-GYN ECOLOGY (11%)
50845-Appendicovesicostomy						(.)	(.)	(.)

836-Cholecystectomy

Family Medicare Charges: \$54,493,651
Family Private Payments: \$4,555,945

Percent of CPEP Medicare Charges: 7%
Percent of CPEP Private Payments: 10%

47600-Removal of gallbladder	\$20,794,465	51,792	38%	48%	1%	02-GNRL SURGERY (79%)	01-OB-GP/FP (6%)	33-THORACIC SURG (4%)
47605-Removal of gallbladder	\$18,331,791	38,789	34%	39%	1%	02-GNRL SURGERY (80%)	01-OB-GP/FP (8%)	33-THORACIC SURG (3%)
47610-Removal of gallbladder	\$12,319,835	22,197	23%	11%	0%	02-GNRL SURGERY (81%)	01-OB-GP/FP (7%)	33-THORACIC SURG (3%)
47612-Removal of gallbladder	\$2,335,703	2,580	4%	0%	0%	02-GNRL SURGERY (83%)	01-OB-GP/FP (5%)	33-THORACIC SURG (4%)
47620-Removal of gallbladder	\$711,857	1,001	1%	2%	0%	02-GNRL SURGERY (80%)	01-OB-GP/FP (6%)	33-THORACIC SURG (4%)

840-Hepatic and Bile Duct Procedures Except Cholecystectomy

Family Medicare Charges: \$14,681,942
Family Private Payments: \$303,488

Percent of CPEP Medicare Charges: 2%
Percent of CPEP Private Payments: 1%

47010-Drainage of liver lesion	\$1,136,211	2,273	8%	0%	2%	30-RADIOLOGY (62%)	02-GNRL SURGERY (23%)	70-GROUP PRAC (4%)
47015-Inject/aspirate liver cyst						(.)	(.)	(.)
47100-Wedge biopsy of liver	\$1,854,333	9,356	13%	26%	1%	02-GNRL SURGERY (80%)	01-OB-GP/FP (4%)	33-THORACIC SURG (4%)
47134-Partial removal, donor liver						(.)	(.)	(.)
47300-Surgery for liver lesion	\$118,866	300	1%	0%	0%	02-GNRL SURGERY (78%)	01-OB-GP/FP (6%)	33-THORACIC SURG (4%)
47350-Repair liver wound	\$181,106	429	1%	0%	1%	02-GNRL SURGERY (76%)	01-OB-GP/FP (4%)	70-GROUP PRAC (3%)
47355-Repair liver wound	\$142,593	33	0%	0%	3%	02-GNRL SURGERY (82%)	01-OB-GP/FP (6%)	05-ANESTHESIA (3%)
47360-Repair liver wound	\$142,217	244	1%	0%	3%	02-GNRL SURGERY (68%)	01-OB-GP/FP (17%)	05-ANESTHESIA (5%)
47400-Incision of liver duct	\$45,248	90	0%	0%	4%	02-GNRL SURGERY (57%)	01-OB-GP/FP (10%)	33-THORACIC SURG (10%)
47420-Incision of bile duct	\$1,634,667	2,832	11%	18%	1%	02-GNRL SURGERY (82%)	01-OB-GP/FP (6%)	33-THORACIC SURG (3%)
47425-Incision of bile duct	\$137,661	197	1%	0%	1%	02-GNRL SURGERY (80%)	01-OB-GP/FP (6%)	33-THORACIC SURG (5%)
47460-Incise bile duct sphincter	\$706,205	665	5%	0%	0%	02-GNRL SURGERY (42%)	10-GASTROENTER (40%)	11-INTERNAL MED (5%)
47480-Incision of gallbladder	\$857,590	1,843	6%	13%	0%	02-GNRL SURGERY (79%)	01-OB-GP/FP (7%)	70-GROUP PRAC (3%)
47490-Incision of gallbladder	\$260,139	851	2%	0%	0%	30-RADIOLOGY (83%)	94-INTERVEN RAD (6%)	02-GNRL SURGERY (4%)
47700-Exploration of bile ducts	\$128,245	251	1%	0%	2%	02-GNRL SURGERY (82%)	01-OB-GP/FP (6%)	34-UROLOGY (2%)
47701-Bile duct revision	\$3,973	6	0%	0%	0%	02-GNRL SURGERY (83%)	70-GROUP PRAC (17%)	(.)
47711-Excision of bile duct tumor						(.)	(.)	(.)

Top Medicare Specialties (% of Procedure Volume)

Pct. of Pct. of

1993 MC Units of Service

Pct. of Family AllChgs

Pct. of Family Vol. in PrivPmts OFFICE

First Specialty

Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Pct. of Family AllChgs	Pct. of Family Vol. in PrivPmts OFFICE	First Specialty	Third Specialty
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47712-Excision of bile duct tumor	\$15,079	38	0%	8%	(.)	(.)
47715-Excision of bile duct cyst	\$1,463	3	0%	0%	02-GHRL SURGERY (76%)	33-THORACIC SURG (5%)
47716-Fusion of bile duct cyst	\$770,823	1,359	5%	0%	02-GHRL SURGERY (33%)	77-VASCULAR SURG (3%)
47720-Fuse gallbladder & bowel	\$748,919	1,022	5%	1%	02-GHRL SURGERY (84%)	33-THORACIC SURG (3%)
47721-Fuse upper GI structures	\$570,844	1,128	4%	1%	02-GHRL SURGERY (84%)	70-GROUP PRAC (3%)
47740-Fuse gallbladder & bowel	\$2,456,888	3,049	17%	1%	02-GHRL SURGERY (67%)	01,08-GP/FP (4%)
47741-Fuse gallbladder & bowel	\$207,821	240	1%	1%	(.)	(.)
47760-Fuse bile ducts and bowel	\$2,313,483	2,582	16%	18%	02-GHRL SURGERY (85%)	33-THORACIC SURG (3%)
47765-Fuse liver ducts & bowel	\$110,317	163	1%	0%	02-GHRL SURGERY (80%)	33-THORACIC SURG (4%)
47780-Fuse bile ducts and bowel	\$238,365	768	2%	0%	02-GHRL SURGERY (74%)	33-THORACIC SURG (4%)
47785-Fuse bile ducts and bowel	\$26,886	52	0%	0%	02-GHRL SURGERY (84%)	70-GROUP PRAC (3%)
47800-Reconstruction of bile ducts	\$4,097,984	2,688	58%	24%	(.)	(.)
47801-Placement, bile duct support					02-GHRL SURGERY (80%)	33-THORACIC SURG (5%)
47802-Fuse liver duct & intestine					05-ANESTHESIA (44%)	02-GHRL SURGERY (17%)
47900-Suture bile duct injury					26-PSYCHIATRY (4%)	33-THORACIC SURG (4%)

844-Hepatectomy and Pancreatectomy

Family Medicare Charges: \$7,035,773
 Family Private Payments: \$208,612

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Pct. of Family AllChgs	Pct. of Family Vol. in PrivPmts OFFICE	First Specialty	Third Specialty
47120-Partial removal of liver	\$1,477,005	1,864	21%	34%	02-GHRL SURGERY (75%)	70-GROUP PRAC (4%)
47122-Extensive removal of liver	\$236,189	151	3%	1%	02-GHRL SURGERY (69%)	91-SURG ONCOLOGY (12%)
47123-Partial removal of liver	\$356,632	251	5%	1%	02-GHRL SURGERY (76%)	33-THORACIC SURG (9%)
47130-Partial removal of liver	\$632,832	437	9%	1%	02-GHRL SURGERY (73%)	91-SURG ONCOLOGY (7%)
48146-Pancreatectomy					(.)	(.)
48150-Partial removal of pancreas	\$4,097,984	2,688	58%	66%	02-GHRL SURGERY (84%)	33-THORACIC SURG (3%)
48152-Pancreatectomy					(.)	(.)
48153-Pancreatectomy					(.)	(.)
48154-Pancreatectomy					(.)	(.)
48155-Removal of pancreas	\$255,131	189	4%	0%	02-GHRL SURGERY (77%)	77-VASCULAR SURG (6%)

848-Pancreatic Procedures

Family Medicare Charges: \$3,633,898
 Family Private Payments: \$48,523

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Pct. of Family AllChgs	Pct. of Family Vol. in PrivPmts OFFICE	First Specialty	Third Specialty
48000-Drainage of abdomen	\$400,531	818	11%	1%	02-GHRL SURGERY (79%)	30-RADIOLOGY (6%)
48001-Placement of drain, pancreas					(.)	(.)
48005-Resect/debride pancreas					(.)	(.)
48020-Removal of pancreatic stone	\$8,835	19	0%	5%	02-GHRL SURGERY (47%)	04-OTOLARYNG (11%)
48100-Biopsy of pancreas	\$600,740	2,618	17%	1%	02-GHRL SURGERY (81%)	33-THORACIC SURG (3%)
48120-Removal of pancreas lesion	\$194,200	354	5%	1%	02-GHRL SURGERY (80%)	70-GROUP PRAC (3%)
48140-Partial removal of pancreas	\$1,315,374	1,526	36%	100%	02-GHRL SURGERY (83%)	33-THORACIC SURG (3%)
48145-Partial removal of pancreas	\$70,712	79	2%	1%	02-GHRL SURGERY (89%)	01,08-GP/FP (4%)
48148-Removal of pancreatic duct	\$30,331	79	1%	1%	02-GHRL SURGERY (85%)	77-VASCULAR SURG (6%)
48180-Fuse pancreas and bowel	\$197,835	220	5%	0%	02-GHRL SURGERY (84%)	01,08-GP/FP (3%)
48400-Injection, intraoperative					(.)	(.)
48500-Surgery of pancreas cyst	\$27,143	50	1%	2%	02-GHRL SURGERY (76%)	77-VASCULAR SURG (4%)
48510-Drain pancreatic pseudocyst	\$268,469	524	7%	1%	02-GHRL SURGERY (52%)	70-GROUP PRAC (4%)
48520-Fuse pancreas cyst and bowel	\$330,978	501	9%	1%	02-GHRL SURGERY (85%)	70-GROUP PRAC (3%)
48540-Fuse pancreas cyst and bowel	\$188,750	248	5%	1%	02-GHRL SURGERY (85%)	01,08-GP/FP (2%)
48545-Pancreateorrhaphy					(.)	(.)
48547-Duodenal exclusion					(.)	(.)

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Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDChgs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
48556-Removal, allograft pancreas			090			(.)	(.)	(.)	(.)
852-Colectomy									
Family Medicare Charges:\$110,143,051				14%					
Family Private Payments: \$2,407,803				5%					
Percent of CPEP Medicare Charges:									
Percent of CPEP Private Payments:									
44139-Mobilization of colon			ZZZ						
44140-Partial removal of colon	\$69,473,537	97,661	090	63%	65%	(.)	01,08-GP/FP (6%)	(.)	28-COLORECTAL (4%)
44145-Partial removal of colon	\$24,197,418	29,274	090	22%	25%	02-GNRL SURGERY (75%)	28-COLORECTAL (10%)	01,08-GP/FP (5%)	01,08-GP/FP (5%)
44147-Partial removal of colon	\$1,584,651	1,659	090	1%		02-GNRL SURGERY (67%)	28-COLORECTAL (18%)	01,08-GP/FP (6%)	01,08-GP/FP (4%)
44160-Removal of colon	\$14,887,445	19,027	090	14%	11%	02-GNRL SURGERY (77%)	28-COLORECTAL (9%)	01,08-GP/FP (4%)	01,08-GP/FP (4%)
856-Colectomy, Complex									
Family Medicare Charges: \$48,435,964				6%					
Family Private Payments: \$1,131,975				3%					
Percent of CPEP Medicare Charges:									
Percent of CPEP Private Payments:									
44141-Partial removal of colon	\$4,836,434	6,252	090	10%	10%	02-GNRL SURGERY (78%)	01,08-GP/FP (5%)	28-COLORECTAL (4%)	28-COLORECTAL (4%)
44143-Partial removal of colon	\$19,065,530	24,705	090	39%	32%	02-GNRL SURGERY (79%)	01,08-GP/FP (5%)	28-COLORECTAL (3%)	28-COLORECTAL (3%)
44144-Partial removal of colon	\$4,802,295	6,309	090	10%	10%	02-GNRL SURGERY (76%)	01,08-GP/FP (6%)	70-GROUP PRAC (3%)	70-GROUP PRAC (3%)
44146-Partial removal of colon	\$2,535,924	2,558	090	5%		02-GNRL SURGERY (74%)	28-COLORECTAL (9%)	01,08-GP/FP (5%)	01,08-GP/FP (5%)
44150-Removal of colon	\$6,435,748	6,877	090	13%	17%	02-GNRL SURGERY (76%)	28-COLORECTAL (8%)	01,08-GP/FP (5%)	01,08-GP/FP (5%)
44151-Removal of colon/ileostomy	\$444,121	65	090	0%		02-GNRL SURGERY (68%)	01,08-GP/FP (9%)	28-COLORECTAL (6%)	28-COLORECTAL (6%)
44152-Removal of colon/ileostomy	\$288,597	257	090	1%		02-GNRL SURGERY (73%)	28-COLORECTAL (7%)	70-GROUP PRAC (7%)	70-GROUP PRAC (7%)
44153-Removal of colon/ileostomy	\$237,747	178	090	1%	12%	02-GNRL SURGERY (59%)	28-COLORECTAL (28%)	70-GROUP PRAC (6%)	70-GROUP PRAC (6%)
44155-Removal of colon	\$1,472,995	1,408	090	3%	8%	02-GNRL SURGERY (72%)	28-COLORECTAL (14%)	70-GROUP PRAC (3%)	70-GROUP PRAC (3%)
44156-Removal of colon/ileostomy	\$28,400	37	090	0%		02-GNRL SURGERY (51%)	33-THORACIC SURG (32%)	28-COLORECTAL (11%)	28-COLORECTAL (11%)
44310-Ileostomy/jejunostomy	\$1,154,058	2,505	090	2%	3%	02-GNRL SURGERY (71%)	28-COLORECTAL (9%)	01,08-GP/FP (4%)	01,08-GP/FP (4%)
44314-Revision of ileostomy	\$379,094	990	090	1%		02-GNRL SURGERY (58%)	34-UROLOGY (14%)	33-THORACIC SURG (11%)	33-THORACIC SURG (11%)
44316-Devised bowel pouch	\$38,657	70	090	0%		02-GNRL SURGERY (54%)	34-UROLOGY (16%)	28-COLORECTAL (9%)	28-COLORECTAL (9%)
44320-Colostomy	\$7,006,021	14,013	090	14%	9%	02-GNRL SURGERY (78%)	01,08-GP/FP (5%)	28-COLORECTAL (4%)	28-COLORECTAL (4%)
44322-Colostomy with biopsies	\$110,343	216	090	0%		02-GNRL SURGERY (76%)	01,08-GP/FP (8%)	28-COLORECTAL (3%)	28-COLORECTAL (3%)
860-General Complex Laparoscopic									
Family Medicare Charges:									
Family Private Payments:									
Percent of CPEP Medicare Charges:									
Percent of CPEP Private Payments:									
56311-Laparoscopic lymph node biop			010			(.)	(.)	(.)	(.)
56312-Laparoscopic lymphadenectomy			010			(.)	(.)	(.)	(.)
56313-Laparoscopic lymphadenectomy			010			(.)	(.)	(.)	(.)
56315-Laparoscopic appendectomy			090			(.)	(.)	(.)	(.)
56316-Laparoscopic hernia repair			090			(.)	(.)	(.)	(.)
56317-Laparoscopic hernia repair			090			(.)	(.)	(.)	(.)
56320-Laparoscopy, spermatic veins			090			(.)	(.)	(.)	(.)
56322-Laparoscopy, vagus nerves			090			(.)	(.)	(.)	(.)
56323-Laparoscopy, vagus nerves			090			(.)	(.)	(.)	(.)
56324-Laparoscopy, cholecystoenter			090			(.)	(.)	(.)	(.)
56340-Laparoscopic cholecystectomy			090			(.)	(.)	(.)	(.)
56341-Laparoscopic cholecystectomy			090			(.)	(.)	(.)	(.)
56342-Laparoscopic cholecystectomy			090			(.)	(.)	(.)	(.)
56362-Peritoneoscopy w/cholangio			000			(.)	(.)	(.)	(.)
56363-Peritoneoscopy w/biopsy			000			(.)	(.)	(.)	(.)

Procedure

864-Simple Anal and Rectal Procedures
 Family Medicare Charges: \$8,906,287
 Family Private Payments: \$870,091

Percent of CPEP Medicare Charges: 1%
 Percent of CPEP Private Payments: 2%

45005-Drainage of rectal abscess	\$63,417	541	010	1%	44%	02-GNRL SURGERY (65%)	01,08-GP/FP (16%)	28-COLORECTAL (4%)
45100-Biopsy of rectum	\$231,182	1,497	090	3%	2%	02-GNRL SURGERY (58%)	28-COLORECTAL (13%)	01,08-GP/FP (5%)
45220-Treatment of rectal prolapse	\$17,731	540	000	0%	9%	28-COLORECTAL (32%)	11-INTERNAL MED (31%)	02-GNRL SURGERY (21%)
45560-Repair of rectocele	\$441,244	1,719	090	5%	2%	16-OB-GYNCOLOGY (50%)	02-GNRL SURGERY (21%)	28-COLORECTAL (10%)
45900-Reduction of rectal prolapse	\$15,820	272	010	0%	29%	02-GNRL SURGERY (51%)	28-COLORECTAL (16%)	20-ORTHOPED SURG (9%)
45905-Dilation of anal sphincter	\$80,526	1,467	010	1%	1%	02-GNRL SURGERY (51%)	10-GASTROENTER (15%)	28-COLORECTAL (10%)
45910-Dilation of rectal narrowing	\$109,896	1,566	010	1%	1%	10-GASTROENTER (37%)	02-GNRL SURGERY (30%)	28-COLORECTAL (8%)
45915-Remove rectal obstruction	\$298,035	4,031	010	3%	0%	01,08-GP/FP (20%)	02-GNRL SURGERY (19%)	93-EMERGENCY MED (18%)
46030-Removal of rectal marker	\$6,144	98	010	0%	29%	02-GNRL SURGERY (64%)	28-COLORECTAL (19%)	49-ASC (5%)
46050-Incision of anal abscess	\$166,899	2,714	010	2%	4%	02-GNRL SURGERY (58%)	28-COLORECTAL (16%)	01,08-GP/FP (12%)
46070-Incision of anal septum	\$243	2	090	0%	0%	02-GNRL SURGERY (50%)	93-EMERGENCY MED (50%)	(.)
46080-Incision of anal sphincter	\$467,927	3,072	010	5%	8%	02-GNRL SURGERY (65%)	28-COLORECTAL (22%)	49-ASC (5%)
46083-Incise external hemorrhoid	\$205,436	3,793	010	2%	5%	01,08-GP/FP (47%)	02-GNRL SURGERY (36%)	11-INTERNAL MED (6%)
46210-Removal of anal crypt	\$8,768	91	090	0%	3%	02-GNRL SURGERY (52%)	28-COLORECTAL (20%)	11-INTERNAL MED (9%)
46211-Removal of anal crypts	\$16,006	133	090	0%	20%	02-GNRL SURGERY (49%)	28-COLORECTAL (36%)	01,08-GP/FP (5%)
46221-Ligation of hemorrhoid(s)	\$2,181,033	35,145	010	24%	16%	02-GNRL SURGERY (46%)	28-COLORECTAL (46%)	01,08-GP/FP (3%)
46230-Removal of anal tabs	\$127,058	1,638	010	1%	6%	02-GNRL SURGERY (54%)	01,08-GP/FP (18%)	28-COLORECTAL (17%)
46320-Removal of hemorrhoid clot	\$284,164	4,403	010	3%	9%	02-GNRL SURGERY (44%)	01,08-GP/FP (26%)	28-COLORECTAL (18%)
46500-Injection into hemorrhoids	\$20,833	13,468	010	6%	3%	28-COLORECTAL (7%)	02-GNRL SURGERY (18%)	16-OB-GYNCOLOGY (3%)
46900-Destruction, anal lesion(s)	\$82,028	1,560	010	1%	94%	28-COLORECTAL (32%)	07-DERMATOLOGY (23%)	02-GNRL SURGERY (21%)
46910-Destruction, anal lesion(s)	\$61,031	759	010	1%	2%	02-GNRL SURGERY (33%)	28-COLORECTAL (19%)	07-DERMATOLOGY (19%)
46916-Cryosurgery, anal lesion(s)	\$40,600	590	010	0%	1%	07-DERMATOLOGY (58%)	01,08-GP/FP (21%)	11-INTERNAL MED (6%)
46917-Laser surgery, anal lesion(s)	\$62,620	448	010	1%	4%	28-COLORECTAL (38%)	02-GNRL SURGERY (34%)	16-OB-GYNCOLOGY (10%)
46922-Excision of anal lesion(s)	\$76,683	612	010	1%	34%	02-GNRL SURGERY (56%)	28-COLORECTAL (19%)	49-ASC (6%)
46924-Destruction, anal lesion(s)	\$214,473	1,057	010	2%	9%	02-GNRL SURGERY (39%)	28-COLORECTAL (30%)	07-DERMATOLOGY (8%)
46934-Destruction of hemorrhoids	\$1,931,424	14,423	090	22%	14%	10-GASTROENTER (33%)	28-COLORECTAL (29%)	02-GNRL SURGERY (19%)
46935-Destruction of hemorrhoids	\$63,683	543	010	1%	93%	01,08-GP/FP (39%)	28-COLORECTAL (26%)	02-GNRL SURGERY (22%)
46936-Destruction of hemorrhoids	\$458,547	2,311	090	5%	87%	10-GASTROENTER (36%)	28-COLORECTAL (26%)	02-GNRL SURGERY (18%)
46937-Cryotherapy of rectal lesion	\$2,848	16	010	0%	56%	02-GNRL SURGERY (38%)	28-COLORECTAL (31%)	70-GROUP PRAC (13%)
46938-Cryotherapy of rectal lesion	\$5,460	23	090	0%	4%	02-GNRL SURGERY (87%)	30-RADIOLOGY (9%)	11-INTERNAL MED (4%)
46940-Treatment of anal fissure	\$50,072	736	010	1%	90%	28-COLORECTAL (53%)	02-GNRL SURGERY (23%)	01,08-GP/FP (13%)
46942-Treatment of anal fissure	\$9,583	163	010	0%	89%	28-COLORECTAL (70%)	01,08-GP/FP (9%)	94-INTERVEN RAD (7%)
46945-Ligation of hemorrhoids	\$204,676	2,471	090	2%	87%	02-GNRL SURGERY (50%)	28-COLORECTAL (36%)	01,08-GP/FP (5%)
46946-Ligation of hemorrhoids	\$129,626	1,020	090	1%	84%	28-COLORECTAL (56%)	02-GNRL SURGERY (30%)	01,08-GP/FP (5%)
91122-Anal pressure record	\$270,571	2,667	000	3%	36%	10-GASTROENTER (37%)	28-COLORECTAL (32%)	02-GNRL SURGERY (13%)

868-Complex Anal and Rectal Procedures
 Family Medicare Charges: \$18,017,536
 Family Private Payments: \$2,432,383

Percent of CPEP Medicare Charges: 2%
 Percent of CPEP Private Payments: 5%

45000-Drainage of pelvic abscess	\$75,523	526	090	0%	9%	02-GNRL SURGERY (52%)	30-RADIOLOGY (17%)	28-COLORECTAL (6%)
45020-Drainage of rectal abscess	\$191,417	841	090	1%	12%	02-GNRL SURGERY (70%)	28-COLORECTAL (8%)	01,08-GP/FP (4%)
45108-Removal of anorectal lesion	\$16,783	86	090	0%	12%	02-GNRL SURGERY (59%)	01,08-GP/FP (13%)	28-COLORECTAL (8%)
45113-Partial proctectomy	.	.	090	.	.	(.)	(.)	(.)
45123-Partial proctectomy	.	.	090	.	.	(.)	(.)	(.)
45150-Excision of rectal stricture	\$36,345	127	090	0%	8%	02-GNRL SURGERY (57%)	28-COLORECTAL (28%)	49-ASC (4%)
45160-Excision of rectal lesion	\$236,556	423	090	1%	2%	02-GNRL SURGERY (65%)	28-COLORECTAL (17%)	70-GROUP PRAC (5%)
45170-Excision of rectal lesion	\$2,322,977	6,237	090	13%	3%	02-GNRL SURGERY (71%)	28-COLORECTAL (18%)	70-GROUP PRAC (3%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDchs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
45190-Destruction rectal tumor	\$118,492	281	090	1%	0%	0%	(.)	(.)	(.)
45500-Repair of rectum	\$499,735	1,207	090	3%	2%	8%	28-COLORECTAL (45%)	02-GNRL SURGERY (35%)	49-ASC (7%)
45503-Repair of rectum			090			3%	28-COLORECTAL (48%)	02-GNRL SURGERY (41%)	01,08-GP/FP (3%)
45562-Exploration/repair of rectum	\$131,333	261	090	1%	0%	10%	02-GNRL SURGERY (46%)	34-UROLOGY (34%)	28-COLORECTAL (4%)
45800-Repair rectum/bladder fistula	\$34,219	59	090	0%	0%	2%	02-GNRL SURGERY (39%)	34-UROLOGY (29%)	28-COLORECTAL (15%)
45820-Repair rectourethral fistula	\$978,326	5,077	090	5%	4%	29%	02-GNRL SURGERY (73%)	28-COLORECTAL (11%)	01,08-GP/FP (5%)
46040-Incision of rectal abscess	\$59,936	337	090	0%	0%	13%	02-GNRL SURGERY (70%)	28-COLORECTAL (18%)	70-GROUP PRAC (3%)
46060-Incision of rectal abscess	\$481,352	1,098	090	3%	4%	9%	02-GNRL SURGERY (64%)	28-COLORECTAL (22%)	01,08-GP/FP (3%)
46200-Removal of anal fissure	\$659,062	2,622	090	4%	6%	12%	02-GNRL SURGERY (55%)	28-COLORECTAL (31%)	49-ASC (5%)
46250-Hemorrhoidectomy	\$444,238	1,743	090	2%	3%	34%	02-GNRL SURGERY (62%)	28-COLORECTAL (12%)	01,08-GP/FP (9%)
46255-Hemorrhoidectomy	\$2,431,400	6,463	090	13%	11%	13%	02-GNRL SURGERY (67%)	28-COLORECTAL (11%)	01,08-GP/FP (5%)
46257-Remove hemorrhoids & fissure	\$171,922	423	090	1%	2%	3%	02-GNRL SURGERY (65%)	28-COLORECTAL (21%)	01,08-GP/FP (4%)
46258-Remove hemorrhoids & fistula	\$82,812	175	090	0%	1%	4%	02-GNRL SURGERY (70%)	28-COLORECTAL (15%)	49-ASC (7%)
46260-Hemorrhoidectomy	\$5,652,291	11,171	090	31%	37%	5%	02-GNRL SURGERY (67%)	28-COLORECTAL (23%)	49-ASC (2%)
46261-Remove hemorrhoids & fissure	\$543,996	962	090	3%	7%	6%	02-GNRL SURGERY (55%)	28-COLORECTAL (34%)	49-ASC (4%)
46262-Remove hemorrhoids & fistula	\$222,610	408	090	1%	2%	2%	02-GNRL SURGERY (55%)	28-COLORECTAL (32%)	01,08-GP/FP (5%)
46270-Removal of anal fistula	\$231,335	969	090	1%	2%	8%	02-GNRL SURGERY (73%)	28-COLORECTAL (9%)	49-ASC (8%)
46275-Removal of anal fistula	\$588,653	1,363	090	3%	5%	5%	02-GNRL SURGERY (60%)	28-COLORECTAL (31%)	70-GROUP PRAC (2%)
46280-Removal of anal fistula	\$553,149	1,114	090	3%	5%	2%	02-GNRL SURGERY (54%)	28-COLORECTAL (38%)	49-ASC (3%)
46285-Removal of anal fistula	\$10,715	57	090	0%	0%	5%	02-GNRL SURGERY (63%)	28-COLORECTAL (30%)	49-ASC (4%)
46288-Repair anal fistula			090			0%	(.)	(.)	(.)
46700-Repair of anal stricture	\$693,677	1,513	090	4%	2%	0%	28-COLORECTAL (50%)	02-GNRL SURGERY (42%)	49-ASC (2%)
46705-Repair of anal stricture	\$2,756	14	090	0%	0%	0%	02-GNRL SURGERY (43%)	01,08-GP/FP (14%)	11-INTERNAL MED (7%)
46715-Repair of anovaginal fistula	\$1,224	6	090	0%	0%	0%	02-GNRL SURGERY (67%)	16-OB-GYNECOLOGY (17%)	28-COLORECTAL (17%)
46716-Repair of anovaginal fistula	\$1,739	4	090	0%	0%	25%	28-COLORECTAL (50%)	01,08-GP/FP (25%)	02-GNRL SURGERY (25%)
46740-Construction of absent anus	\$1,171	1	090	0%	0%	0%	02-GNRL SURGERY (100%)	(.)	(.)
46750-Repair of anal sphincter	\$186,458	522	090	1%	1%	2%	02-GNRL SURGERY (41%)	28-COLORECTAL (33%)	16-OB-GYNECOLOGY (15%)
46751-Repair of anal sphincter	\$100	1	090	0%	0%	0%	70-GROUP PRAC (100%)	(.)	(.)
46753-Reconstruction of anus	\$166,913	389	090	1%	0%	1%	02-GNRL SURGERY (70%)	28-COLORECTAL (23%)	70-GROUP PRAC (3%)
46754-Reconstruction of anus	\$6,121	67	010	0%	0%	30%	02-GNRL SURGERY (48%)	28-COLORECTAL (27%)	01,08-GP/FP (12%)
46754-Removal of suture from anus	\$22,555	55	090	0%	0%	0%	28-COLORECTAL (45%)	02-GNRL SURGERY (29%)	16-OB-GYNECOLOGY (20%)
46760-Repair of anal sphincter	\$35,763	118	090	0%	0%	0%	28-COLORECTAL (44%)	02-GNRL SURGERY (24%)	90-MED ONCOLOGY (10%)
46761-Repair of anal sphincter	\$8,667	18	090	0%	0%	0%	28-COLORECTAL (67%)	34-UROLOGY (17%)	02-GNRL SURGERY (11%)
46762-Implant artificial sphincter	\$94,710	326	090	1%	0%	2%	02-GNRL SURGERY (71%)	16-OB-GYNECOLOGY (11%)	28-COLORECTAL (6%)
57305-Repair rectum-vagine fistula	\$20,305	50	090	0%	0%	0%	02-GNRL SURGERY (60%)	16-OB-GYNECOLOGY (14%)	28-COLORECTAL (8%)
57307-Fistula repair & colostomy			090			0%	(.)	(.)	(.)
872-Proctectomy and Rectal Repairs									
Family Medicare Charges:	\$12,558,484			2%					
Family Private Payments:	\$245,528			1%					
Percent of CPEP Medicare Charges:				2%					
Percent of CPEP Private Payments:				1%					
45110-Removal of rectum	\$8,853,875	8,891	090	71%	100%	1%	02-GNRL SURGERY (74%)	28-COLORECTAL (10%)	01,08-GP/FP (5%)
45111-Partial removal of rectum	\$593,623	794	090	5%	0%	2%	02-GNRL SURGERY (63%)	28-COLORECTAL (21%)	01,08-GP/FP (4%)
45112-Removal of rectum	\$463,715	423	090	4%	0%	2%	02-GNRL SURGERY (65%)	28-COLORECTAL (12%)	70-GROUP PRAC (8%)
45114-Partial removal of rectum	\$363,812	358	090	3%	0%	0%	02-GNRL SURGERY (74%)	28-COLORECTAL (8%)	01,08-GP/FP (4%)
45116-Partial removal of rectum	\$106,087	243	090	1%	0%	0%	02-GNRL SURGERY (43%)	05-ANESTHESIA (17%)	28-COLORECTAL (5%)
45120-Removal of rectum	\$73,941	75	090	1%	0%	3%	02-GNRL SURGERY (64%)	28-COLORECTAL (13%)	91-SURG ONCOLOGY (5%)
45121-Removal of rectum and colon	\$48,129	53	090	0%	0%	1%	02-GNRL SURGERY (64%)	01,08-GP/FP (9%)	28-COLORECTAL (8%)
45130-Excision of rectal prolapse	\$625,516	938	090	5%	0%	1%	02-GNRL SURGERY (44%)	28-COLORECTAL (44%)	70-GROUP PRAC (4%)
45135-Excision of rectal prolapse	\$167,637	197	090	1%	0%	2%	02-GNRL SURGERY (76%)	01,08-GP/FP (9%)	28-COLORECTAL (7%)
45540-Correct rectal prolapse	\$455,718	737	090	4%	0%	1%	02-GNRL SURGERY (69%)	28-COLORECTAL (16%)	01,08-GP/FP (4%)
45541-Correct rectal prolapse	\$244,234	358	090	2%	0%	1%	02-GNRL SURGERY (51%)	28-COLORECTAL (35%)	70-GROUP PRAC (6%)

First Specialty

Second Specialty

Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family Vol. in PrivPmts	Pct. of Procedure Volume	First Specialty	Second Specialty	Third Specialty
4550-Repair rectum;remove sigmoid	\$533,558	732	090	4%	.	2%	02-GNRL SURGERY (65%)	28-COLORECTAL (16%)	01-08-GP/FP (6%)
45563-Exploration/repair of rectum	.	35	090	0%	.	.	(.)	(.)	(.)
45805-Repair fistula; colostomy	\$23,446	8	090	0%	.	3%	02-GNRL SURGERY (66%)	34-UROLOGY (14%)	28-COLORECTAL (9%)
45825-Repair fistula; colostomy	\$4,893	1	090	0%	.	0%	02-GNRL SURGERY (25%)	28-COLORECTAL (25%)	16-OB-GYNECOLOGY (13%)
46730-Construction of absent anus	\$123	1	090	0%	.	0%	02-GNRL SURGERY (100%)	(.)	(.)
46735-Construction of absent anus	\$177	1	090	0%	.	0%	05-ANESTHESIA (100%)	(.)	(.)
46742-Repair, imperforated anus	.	.	090	.	.	.	(.)	(.)	(.)
46744-Repair, cloacal anomaly	.	.	090	.	.	.	(.)	(.)	(.)
46746-Repair, cloacal anomaly	.	.	090	.	.	.	(.)	(.)	(.)
46748-Repair, cloacal anomaly	.	.	090	.	.	.	(.)	(.)	(.)

876-Deep Lymph Structure Procedures

Family Medicare Charges: \$13,413,959
Family Private Payments: \$863,784

Percent of CPEP Medicare Charges: 2%
Percent of CPEP Private Payments: 2%

38300-Drainage lymph node lesion	\$26,926	465	010	0%	.	62%	02-GNRL SURGERY (49%)	91-SURG ONCOLOGY (10%)	04-OTOLARYNG (7%)
38305-Drainage lymph node lesion	\$52,579	334	090	0%	.	26%	02-GNRL SURGERY (43%)	04-OTOLARYNG (12%)	91-SURG ONCOLOGY (8%)
38308-Incision of lymph channels	\$58,365	293	090	0%	.	2%	02-GNRL SURGERY (39%)	30-RADIOLOGY (13%)	91-SURG ONCOLOGY (12%)
38380-Thoracic duct procedure	\$10,087	39	090	0%	.	5%	04-OTOLARYNG (36%)	02-GNRL SURGERY (23%)	33-THORACIC SURG (13%)
38500-Biopsy/removal, lymph node(s)	\$1,622,114	11,043	010	12%	14%	12%	02-GNRL SURGERY (66%)	05-ANESTHESIA (5%)	04-OTOLARYNG (5%)
38505-Needle biopsy, lymph node(s)	\$452,130	4,907	000	3%	1%	60%	04-OTOLARYNG (39%)	02-GNRL SURGERY (31%)	30-RADIOLOGY (7%)
38510-Biopsy/removal, lymph node(s)	\$2,030,017	9,518	090	15%	19%	7%	02-GNRL SURGERY (56%)	04-OTOLARYNG (26%)	33-THORACIC SURG (4%)
38520-Biopsy/removal, lymph node(s)	\$608,737	2,329	090	5%	4%	3%	02-GNRL SURGERY (60%)	33-THORACIC SURG (20%)	04-OTOLARYNG (10%)
38525-Biopsy/removal, lymph node(s)	\$1,449,080	5,958	090	11%	8%	4%	02-GNRL SURGERY (80%)	49-ASC (6%)	33-THORACIC SURG (4%)
38530-Biopsy/removal, lymph node(s)	\$20,520	105	090	0%	.	9%	02-GNRL SURGERY (54%)	78-CARDIAC SURG (12%)	33-THORACIC SURG (8%)
38542-Explore deep node(s), neck	\$246,710	904	090	2%	3%	2%	04-OTOLARYNG (54%)	02-GNRL SURGERY (28%)	33-THORACIC SURG (3%)
38550-Removal neck/armpit lesion	\$60,708	192	090	0%	.	9%	02-GNRL SURGERY (65%)	49-ASC (7%)	77-VASCULAR SURG (7%)
38555-Removal neck/armpit lesion	\$98,763	195	090	1%	.	3%	02-GNRL SURGERY (50%)	33-THORACIC SURG (15%)	04-OTOLARYNG (14%)
38740-Remove armpit lymph nodes	\$747,015	1,934	090	6%	5%	2%	02-GNRL SURGERY (83%)	70-GROUP PRAC (3%)	49-ASC (3%)
38745-Remove armpits lymph nodes	\$4,878,384	8,444	090	36%	39%	1%	02-GNRL SURGERY (79%)	01-08-GP/FP (4%)	91-SURG ONCOLOGY (4%)
38760-Remove groin lymph nodes	\$1,051,624	2,076	090	8%	6%	2%	02-GNRL SURGERY (63%)	16-OB-GYNECOLOGY (9%)	34-UROLOGY (6%)

860-Spleen and Lymph Nodes

Family Medicare Charges: \$18,631,007
Family Private Payments: \$651,728

Percent of CPEP Medicare Charges: 2%
Percent of CPEP Private Payments: 1%

38100-Removal of spleen, total	\$4,244,427	8,617	090	23%	52%	1%	02-GNRL SURGERY (79%)	01-08-GP/FP (5%)	33-THORACIC SURG (4%)
38101-Removal of spleen, partial	\$28,324	85	090	0%	.	5%	02-GNRL SURGERY (67%)	01-08-GP/FP (7%)	77-VASCULAR SURG (5%)
38102-Removal of spleen, total	.	222	ZZZ	.	.	.	(.)	(.)	(.)
38115-Repair of ruptured spleen	\$119,766	299	090	1%	.	0%	02-GNRL SURGERY (72%)	70-GROUP PRAC (6%)	33-THORACIC SURG (6%)
38562-Removal, pelvic lymph nodes	\$1,243,428	2,980	090	7%	5%	1%	34-UROLOGY (36%)	02-GNRL SURGERY (26%)	16-OB-GYNECOLOGY (25%)
38564-Removal, abdomen lymph nodes	\$271,295	704	090	1%	.	1%	02-GNRL SURGERY (45%)	16-OB-GYNECOLOGY (21%)	34-UROLOGY (9%)
38746-Remove thoracic lymph nodes	.	.	ZZZ	.	.	.	(.)	(.)	(.)
38747-Remove abdominal lymph nodes	.	.	ZZZ	.	.	.	(.)	(.)	(.)
38765-Remove groin lymph nodes	\$392,561	406	090	2%	.	0%	02-GNRL SURGERY (44%)	34-UROLOGY (25%)	16-OB-GYNECOLOGY (10%)
38770-Remove pelvis lymph nodes	\$11,187,672	12,844	090	60%	18%	1%	34-UROLOGY (79%)	02-GNRL SURGERY (10%)	16-OB-GYNECOLOGY (5%)
38780-Remove abdomen lymph nodes	\$1,143,534	1,213	090	6%	25%	1%	16-OB-GYNECOLOGY (49%)	34-UROLOGY (23%)	02-GNRL SURGERY (15%)

864-Major Procedure - Endocrine

Family Medicare Charges: \$16,152,633
Family Private Payments: \$1,324,460

Percent of CPEP Medicare Charges: 2%
Percent of CPEP Private Payments: 3%

Procedure	1993 HC Allowed Charges	1993 HC Units of Service	Global Period	Pct. of Family Alldchs	Pct. of Family Privlmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
60200-Remove thyroid lesion	\$476,758	1,323	090	3%	3%	2%	02-GNRL SURGERY (53%)	04-OTOLARYNG (25%)	05-ANESTHESIA (5%)
60210-Partial thyroidectomy	-	-	090	-	-	-	(.)	(.)	(.)
60212-Partial thyroid excision	-	-	090	-	-	-	(.)	(.)	(.)
60220-Partial removal of thyroid	\$3,047,458	6,171	090	19%	37%	1%	02-GNRL SURGERY (64%)	04-OTOLARYNG (20%)	01,08-GP/FP (4%)
60225-Partial removal of thyroid	\$1,263,328	1,967	090	8%	13%	1%	02-GNRL SURGERY (62%)	04-OTOLARYNG (22%)	01,08-GP/FP (5%)
60240-Removal of thyroid	\$1,803,774	2,604	090	11%	17%	1%	02-GNRL SURGERY (65%)	04-OTOLARYNG (20%)	01,08-GP/FP (4%)
60252-Removal of thyroid	\$675,955	754	090	4%	6%	1%	02-GNRL SURGERY (58%)	04-OTOLARYNG (25%)	01,08-GP/FP (4%)
60254-Extensive thyroid surgery	\$194,349	177	090	1%	1%	1%	02-GNRL SURGERY (41%)	04-OTOLARYNG (41%)	33-THORACIC SURG (5%)
60260-Repeat thyroid surgery	\$59,290	122	090	0%	0%	1%	02-GNRL SURGERY (28%)	04-OTOLARYNG (28%)	33-THORACIC SURG (2%)
60270-Removal of thyroid	\$166,862	214	090	1%	1%	1%	02-GNRL SURGERY (39%)	33-THORACIC SURG (26%)	04-OTOLARYNG (16%)
60271-Removal of thyroid	-	-	090	-	-	-	(.)	(.)	(.)
60280-Remove thyroid duct lesion	\$214,657	470	090	1%	7%	3%	04-OTOLARYNG (61%)	02-GNRL SURGERY (25%)	01,08-GP/FP (3%)
60281-Remove thyroid duct lesion	\$8,103	25	090	0%	0%	16%	02-GNRL SURGERY (36%)	04-OTOLARYNG (24%)	34-UROLOGY (12%)
60500-Explore parathyroid glands	\$6,372,953	8,261	090	39%	14%	1%	02-GNRL SURGERY (77%)	04-OTOLARYNG (7%)	33-THORACIC SURG (4%)
60502-Re-explore parathyroids	\$236,619	271	090	1%	1%	1%	02-GNRL SURGERY (79%)	04-OTOLARYNG (6%)	70-GROUP PRAC (4%)
60505-Explore parathyroid glands	\$140,062	159	090	1%	1%	1%	02-GNRL SURGERY (52%)	33-THORACIC SURG (14%)	04-OTOLARYNG (13%)
60512-Autotransplant, parathyroid	-	-	222	-	-	0%	(.)	(.)	(.)
60520-Removal of thymus gland	\$326,930	435	090	2%	2%	0%	33-THORACIC SURG (46%)	02-GNRL SURGERY (26%)	78-CARDIAC SURG (11%)
60521-Removal thymus gland	-	-	090	-	-	-	(.)	(.)	(.)
60522-Removal of thymus gland	-	-	090	-	-	-	(.)	(.)	(.)
60540-Explore adrenal gland	\$849,570	1,279	090	5%	5%	1%	02-GNRL SURGERY (47%)	34-UROLOGY (32%)	30-RADIOLOGY (6%)
60545-Explore adrenal gland	\$227,442	299	090	1%	1%	0%	02-GNRL SURGERY (49%)	34-UROLOGY (38%)	33-THORACIC SURG (3%)
60600-Remove carotid body lesion	\$88,523	145	090	1%	1%	3%	02-GNRL SURGERY (28%)	04-OTOLARYNG (21%)	33-THORACIC SURG (21%)

808-Transplants

Procedure	1993 HC Allowed Charges	1993 HC Units of Service	Global Period	Pct. of Family Alldchs	Pct. of Family Privlmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
Family Medicare Charges: \$18,784,589				2%					
Family Private Payments: \$1,096,807				2%					
Percent of CPEP Medicare Charges:				2%					
Percent of CPEP Private Payments:				2%					
32851-Lung transplant, single	-	-	090	-	-	-	(.)	(.)	(.)
32852-Lung transplant w/bypass	-	-	090	-	-	-	(.)	(.)	(.)
32853-Lung transplant, double	-	-	090	-	-	-	(.)	(.)	(.)
32854-Lung transplant w/bypass	-	-	090	-	-	-	(.)	(.)	(.)
33935-Transplantation, heart/Lung	\$32,073	5	090	0%	0%	0%	33-THORACIC SURG (80%)	78-CARDIAC SURG (20%)	06-CARDIOLOGY (7%)
33945-Transplantation of heart	\$2,077,518	511	090	11%	27%	0%	33-THORACIC SURG (53%)	78-CARDIAC SURG (28%)	77-VASCULAR SURG (8%)
47135-Transplantation of liver	\$2,696,558	465	090	14%	47%	0%	02-GNRL SURGERY (73%)	70-GROUP PRAC (13%)	(.)
47136-Transplantation of liver	-	-	090	-	-	-	(.)	(.)	(.)
48554-Transplant/graft pancreas	-	-	XXX	-	-	-	(.)	(.)	(.)
50360-Transplantation of kidney	\$13,741,135	7,965	090	73%	27%	0%	02-GNRL SURGERY (61%)	34-UROLOGY (21%)	70-GROUP PRAC (7%)
50365-Transplantation of kidney	\$237,305	128	090	1%	1%	0%	02-GNRL SURGERY (55%)	70-GROUP PRAC (30%)	34-UROLOGY (13%)

892-Tube Change

Procedure	1993 HC Allowed Charges	1993 HC Units of Service	Global Period	Pct. of Family Alldchs	Pct. of Family Privlmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
Family Medicare Charges: \$6,869,564				1%					
Family Private Payments: \$20,414				0%					
Percent of CPEP Medicare Charges:				1%					
Percent of CPEP Private Payments:				0%					
43760-Change gastrostomy tube	\$2,869,427	49,121	000	42%	76%	7%	10-GASTROENTER (39%)	02-GNRL SURGERY (25%)	11-INTERNAL MED (10%)
47525-Change bile duct catheter	\$1,359,818	7,940	010	20%	20%	1%	30-RADIOLOGY (88%)	92-INTERVEN RAD (7%)	70-GROUP PRAC (4%)
47530-Revise, reinsert bile tube	\$65,577	359	090	1%	1%	3%	30-RADIOLOGY (67%)	02-GNRL SURGERY (13%)	70-GROUP PRAC (9%)
50398-Change kidney tube	\$769,277	15,102	000	11%	18%	20%	30-RADIOLOGY (73%)	34-UROLOGY (28%)	94-INTERVEN RAD (4%)
50688-Change of ureter tube	\$25,709	636	010	0%	0%	20%	30-RADIOLOGY (47%)	34-UROLOGY (28%)	22-PATHOLOGY (15%)
51705-Change of bladder tube	\$646,493	16,992	010	9%	7%	75%	34-UROLOGY (91%)	70-GROUP PRAC (3%)	01,08-GP/FP (3%)
51710-Change of bladder tube	\$188,988	3,130	010	3%	3%	58%	34-UROLOGY (92%)	99-UNKNOWN PHYS (2%)	01,08-GP/FP (1%)
75984-Xray control catheter change	\$944,275	23,362	XXX	14%	14%	1%	30-RADIOLOGY (90%)	94-INTERVEN RAD (5%)	70-GROUP PRAC (3%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Allidchs	Pct. of Family PrivPmts	Pct. of Vol. In OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
896-Needle and Catheter Biopsy, Aspiration, Lavage and Intubation									
Family Medicare Charges: \$30,579,554									
Family Private Payments: \$663,402									
Percent of CPEP Medicare Charges: 4%									
Percent of CPEP Private Payments: 1%									
31612-Puncture/clear windpipe	\$19,191	268	000	0%	-	19%	29-PULMONARY DIS (40%)	04-OTOLARYNG (29%)	02-GNRL SURGERY (6%)
31720-Clearance of airways	\$172,986	3,069	000	1%	-	6%	29-PULMONARY DIS (67%)	11-INTERNAL MED (12%)	01,08-GP/FP (9%)
31730-Intro windpipe wire/tube	\$198,263	984	000	1%	-	18%	29-PULMONARY DIS (49%)	04-OTOLARYNG (18%)	11-INTERNAL MED (8%)
32000-Drainage of chest	\$9,831,903	136,619	000	32%	24%	8%	29-PULMONARY DIS (48%)	11-INTERNAL MED (17%)	30-RADIOLOGY (9%)
32002-Treatment of collapsed lung	\$1,734,696	11,057	000	6%	2%	3%	30-RADIOLOGY (28%)	29-PULMONARY DIS (25%)	02-GNRL SURGERY (20%)
32020-Insertion of chest tube	\$12,466,456	59,644	000	41%	55%	1%	02-GNRL SURGERY (34%)	33-THORACIC SURG (26%)	29-PULMONARY DIS (15%)
32420-Puncture/clear lung	\$96,488	801	000	0%	-	2%	30-RADIOLOGY (39%)	29-PULMONARY DIS (36%)	11-INTERNAL MED (15%)
32960-Therapeutic pneumothorax	\$19,558	464	000	0%	-	26%	05-ANESTHESIA (49%)	11-INTERNAL MED (9%)	01,08-GP/FP (8%)
33010-Drainage of heart sac	\$546,324	5,018	000	2%	4%	0%	06-CARDIOLOGY (49%)	93-EMERGENCY MED (16%)	11-INTERNAL MED (9%)
33011-Repeat drainage of heart sac	\$11,419	127	000	0%	-	1%	06-CARDIOLOGY (58%)	30-RADIOLOGY (12%)	33-THORACIC SURG (9%)
33015-Incision of heart sac	\$114,532	341	090	0%	-	4%	06-CARDIOLOGY (38%)	33-THORACIC SURG (32%)	02-GNRL SURGERY (8%)
49080-Puncture, peritoneal cavity	\$3,685,396	52,626	000	12%	14%	12%	10-GASTROENTER (32%)	11-INTERNAL MED (17%)	30-RADIOLOGY (16%)
49081-Removal of abdominal fluid	\$398,340	6,381	000	1%	1%	20%	10-GASTROENTER (34%)	11-INTERNAL MED (19%)	02-GNRL SURGERY (14%)
49400-Air injection into abdomen	\$10,902	217	000	0%	-	6%	02-GNRL SURGERY (61%)	34-UROLOGY (20%)	30-RADIOLOGY (6%)
49427-Injection, abdominal shunt	\$10,280	158	000	0%	-	2%	30-RADIOLOGY (73%)	94-INTERVEN RAD (10%)	02-GNRL SURGERY (6%)
75809-Nonvascular shunt, x-ray	\$6,658	298	XXX	0%	-	2%	30-RADIOLOGY (81%)	70-GROUP PRAC (7%)	94-INTERVEN RAD (4%)
76930-Echo guide for heart sac tap	\$15,874	375	XXX	0%	-	17%	30-RADIOLOGY (66%)	06-CARDIOLOGY (33%)	34-UROLOGY (10%)
76934-Echo guide for chest tap	\$1,240,288	32,874	XXX	4%	0%	3%	30-RADIOLOGY (92%)	70-GROUP PRAC (3%)	29-PULMONARY DIS (2%)

CPEP 9 - OTOLARYNGOLOGY

900-Simple Facial Procedures (exc. nose and sinus)

Family Medicare Charges: \$2,551,393
 Family Private Payments: \$528,817

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Percent of CPEP Medicare Charges	Percent of CPEP Private Payments	Pct. of Family Vol. in Pct. of Family PrivPmts	First Specialty	Second Specialty	Third Specialty
21030-Removal of face bone lesion	\$624,045	2,350	090	1%	1%	83%	19-ORAL SURGERY (76%)	85-MAXILLOFACIAL (11%)	02-GNRL SURGERY (3%)
21031-Remove exostosis, mandible	\$247,695	1,638	090	10%	2%	81%	19-ORAL SURGERY (83%)	85-MAXILLOFACIAL (14%)	70-GROUP PRAC (1%)
21040-Removal of jaw bone lesion	\$308,740	1,744	090	12%	8%	83%	19-ORAL SURGERY (75%)	85-MAXILLOFACIAL (16%)	02-GNRL SURGERY (2%)
21061-Removal of jaw bone lesion	\$460,835	1,335	090	18%	14%	67%	19-ORAL SURGERY (74%)	85-MAXILLOFACIAL (17%)	04-OTOLARYNG (4%)
21044-Removal of jaw bone lesion	\$201,435	447	090	8%	.	12%	04-OTOLARYNG (53%)	19-ORAL SURGERY (17%)	02-GNRL SURGERY (12%)
21137-Reduction of forehead	\$2,584	2	090	0%	.	0%	24-PLASTIC SURG (100%)	(.)	(.)
21300-Treatment of skull fracture	\$4,577	66	000	0%	1%	15%	93-EMERGENCY MED (33%)	01,08-GP/FP (26%)	14-NEUROSURGERY (11%)
21310-Treatment of nose fracture	\$129,819	2,159	000	5%	4%	16%	93-EMERGENCY MED (40%)	01,08-GP/FP (26%)	70-GROUP PRAC (11%)
21315-Treatment of nose fracture	\$61,940	525	010	2%	5%	37%	04-OTOLARYNG (50%)	24-PLASTIC SURG (15%)	93-EMERGENCY MED (13%)
21320-Treatment of nose fracture	\$242,306	1,478	010	9%	6%	24%	04-OTOLARYNG (67%)	24-PLASTIC SURG (21%)	49-ASC (2%)
21325-Repair of nose fracture	\$51,117	268	090	2%	6%	14%	24-PLASTIC SURG (34%)	04-OTOLARYNG (27%)	01,08-GP/FP (9%)
21337-Repair nasal septal fracture	\$40,106	263	090	2%	7%	16%	04-OTOLARYNG (46%)	24-PLASTIC SURG (34%)	01,08-GP/FP (5%)
21355-Repair cheek bone fracture	\$4,719	36	010	0%	.	8%	04-OTOLARYNG (28%)	24-PLASTIC SURG (19%)	30-RADIOLOGY (11%)
21400-Treat eye socket fracture	\$8,576	90	090	0%	.	20%	01,08-GP/FP (32%)	93-EMERGENCY MED (30%)	24-PLASTIC SURG (11%)
21401-Repair eye socket fracture	\$1,972	14	090	0%	.	7%	85-MAXILLOFACIAL (36%)	24-PLASTIC SURG (21%)	04-OTOLARYNG (14%)
21450-Treat lower jaw fracture	\$26,222	158	090	1%	1%	44%	19-ORAL SURGERY (51%)	85-MAXILLOFACIAL (16%)	93-EMERGENCY MED (11%)
21480-Reset dislocated jaw	\$77,802	1,268	000	3%	1%	30%	19-ORAL SURGERY (33%)	93-EMERGENCY MED (23%)	01,08-GP/FP (18%)
21485-Reset dislocated jaw	\$56,903	351	090	2%	3%	51%	19-ORAL SURGERY (67%)	85-MAXILLOFACIAL (14%)	04-OTOLARYNG (7%)

904-Complex Facial Procedures (exc. nose and sinus)

Family Medicare Charges: \$12,283,173
 Family Private Payments: \$3,838,606

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Percent of CPEP Medicare Charges	Percent of CPEP Private Payments	Pct. of Family Vol. in Pct. of Family PrivPmts	First Specialty	Second Specialty	Third Specialty
21010-Incision of jaw joint	\$29,460	80	090	0%	.	15%	19-ORAL SURGERY (59%)	30-RADIOLOGY (16%)	01,08-GP/FP (4%)
21015-Resection of facial tumor	\$347,919	1,379	090	3%	0%	16%	24-PLASTIC SURG (50%)	02-GNRL SURGERY (17%)	04-OTOLARYNG (10%)
21025-Excision of bone, lower jaw	\$243,836	922	090	2%	0%	56%	19-ORAL SURGERY (53%)	85-MAXILLOFACIAL (24%)	04-OTOLARYNG (11%)
21026-Excision of facial bone(s)	\$68,864	295	090	1%	.	63%	19-ORAL SURGERY (55%)	85-MAXILLOFACIAL (20%)	24-PLASTIC SURG (8%)
21029-Contour of face bone lesion	\$43,490	114	090	0%	.	54%	19-ORAL SURGERY (53%)	24-PLASTIC SURG (17%)	85-MAXILLOFACIAL (10%)
21032-Remove exostosis, maxilla	\$153,694	654	090	1%	.	76%	19-ORAL SURGERY (79%)	85-MAXILLOFACIAL (15%)	04-OTOLARYNG (2%)
21034-Removal of face bone lesion	\$116,393	244	090	1%	.	14%	24-PLASTIC SURG (23%)	04-OTOLARYNG (21%)	19-ORAL SURGERY (20%)
21045-Extensive jaw surgery	\$267,710	440	090	2%	.	3%	04-OTOLARYNG (52%)	19-ORAL SURGERY (20%)	85-MAXILLOFACIAL (8%)
21050-Removal of jaw joint	\$21,807	53	090	0%	.	8%	19-ORAL SURGERY (38%)	85-MAXILLOFACIAL (21%)	20-ORTHOPE SURG (19%)
21060-Remove jaw joint cartilage	\$53,570	123	090	0%	.	20%	19-ORAL SURGERY (60%)	85-MAXILLOFACIAL (18%)	20-ORTHOPE SURG (11%)
21070-Remove coronoid process	\$26,599	76	090	0%	.	3%	19-ORAL SURGERY (51%)	85-MAXILLOFACIAL (26%)	24-PLASTIC SURG (8%)
21079-Prepare face/oral prosthesis	\$317,309	417	090	3%	.	80%	19-ORAL SURGERY (88%)	85-MAXILLOFACIAL (8%)	04-OTOLARYNG (2%)
21080-Prepare face/oral prosthesis	\$596,303	466	090	5%	.	91%	19-ORAL SURGERY (87%)	85-MAXILLOFACIAL (6%)	04-OTOLARYNG (4%)
21081-Prepare face/oral prosthesis	\$247,800	205	090	2%	.	83%	19-ORAL SURGERY (80%)	85-MAXILLOFACIAL (8%)	04-OTOLARYNG (5%)
21082-Prepare face/oral prosthesis	\$67,682	64	090	1%	.	83%	19-ORAL SURGERY (64%)	85-MAXILLOFACIAL (19%)	04-OTOLARYNG (11%)
21083-Prepare face/oral prosthesis	\$32,636	34	090	0%	.	88%	04-OTOLARYNG (52%)	19-ORAL SURGERY (12%)	85-MAXILLOFACIAL (6%)
21084-Prepare face/oral prosthesis	\$48,002	110	090	0%	.	95%	04-OTOLARYNG (52%)	19-ORAL SURGERY (35%)	85-MAXILLOFACIAL (6%)
21085-Prepare face/oral prosthesis	\$56,503	223	090	0%	.	64%	19-ORAL SURGERY (65%)	85-MAXILLOFACIAL (30%)	24-PLASTIC SURG (2%)
21086-Prepare face/oral prosthesis	\$57,063	55	090	0%	.	84%	19-ORAL SURGERY (84%)	04-OTOLARYNG (5%)	02-GNRL SURGERY (4%)
21087-Prepare face/oral prosthesis	\$174,473	148	090	1%	.	82%	19-ORAL SURGERY (82%)	85-MAXILLOFACIAL (7%)	04-OTOLARYNG (3%)
21088-Prepare face/oral prosthesis	\$118,921	74	090	0%	.	80%	19-ORAL SURGERY (70%)	04-OTOLARYNG (12%)	54-MEDICAL SUPPL (9%)
21100-Maxillofacial fixation	\$3,671	67	090	1%	.	66%	01,08-GP/FP (25%)	48-PODIATRY (16%)	19-ORAL SURGERY (15%)
21110-Interdental fixation	\$110,579	411	090	1%	1%	80%	19-ORAL SURGERY (78%)	85-MAXILLOFACIAL (13%)	04-OTOLARYNG (3%)
21120-Reconstruction of chin	\$3,482	22	090	0%	.	18%	24-PLASTIC SURG (41%)	14-NEUROSURGERY (14%)	02-GNRL SURGERY (9%)
21121-Reconstruction of chin	\$3,038	15	090	0%	1%	20%	19-ORAL SURGERY (33%)	01,08-GP/FP (13%)	24-PLASTIC SURG (13%)

Procedure

First Specialty

Second Specialty

Third Specialty

Procedure	1993 HC Allowed Charges	1993 HC Units of Service	Global Period	Pct. of Family Privlmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
21122-Reconstruction of chin	\$4623	3	090	0%	0%	04-OTOLARYNG (33%)	24-PLASTIC SURG (33%)	70-GROUP PRAC (33%)
21123-Reconstruction of chin	\$423	3	090	0%	0%	19-ORAL SURGERY (67%)	01-08-GP/FP (33%)	(.)
21125-Augmentation lower jaw bone	\$17,597	56	090	0%	63%	19-ORAL SURGERY (54%)	85-MAXILLOFACIAL (39%)	24-PLASTIC SURG (5%)
21127-Augmentation lower jaw bone	\$14,216	26	090	0%	31%	19-ORAL SURGERY (62%)	70-GROUP PRAC (15%)	85-MAXILLOFACIAL (12%)
21138-Reduction of forehead			090			(.)	(.)	(.)
21139-Reduction of forehead	\$10	1	090	0%	0%	24-PLASTIC SURG (100%)	(.)	(.)
21144-Reconstruct midface, left	\$20,781	56	090	0%	32%	19-ORAL SURGERY (41%)	01-08-GP/FP (25%)	85-MAXILLOFACIAL (11%)
21145-Reconstruct midface, left	\$19,541	32	090	0%	41%	01-08-GP/FP (44%)	19-ORAL SURGERY (31%)	24-PLASTIC SURG (13%)
21146-Reconstruct midface, left	\$9,200	12	090	0%	9%	19-ORAL SURGERY (42%)	24-PLASTIC SURG (25%)	85-MAXILLOFACIAL (25%)
21147-Reconstruct midface, left	\$14,074	11	090	0%	4%	85-MAXILLOFACIAL (36%)	19-ORAL SURGERY (27%)	02-GNRL SURGERY (9%)
21150-Reconstruct midface, left	\$2,363	3	090	0%	33%	85-MAXILLOFACIAL (67%)	30-RADIOLOGY (33%)	(.)
21151-Reconstruct midface, left	\$934	3	090	0%	0%	11-INTERNAL MED (67%)	24-PLASTIC SURG (33%)	(.)
21154-Reconstruct midface, left			090			(.)	(.)	(.)
21155-Reconstruct midface, left	\$1,182	1	090	0%	0%	04-OTOLARYNG (100%)	(.)	(.)
21159-Reconstruct midface, left	\$3,000	1	090	0%	0%	70-GROUP PRAC (100%)	(.)	(.)
21160-Reconstruct midface, left			090			(.)	(.)	(.)
21172-Reconstruct orbit/forehead	\$23,843	21	090	0%	0%	24-PLASTIC SURG (38%)	04-OTOLARYNG (19%)	14-NEUROSURGERY (10%)
21175-Reconstruct orbit/forehead	\$12,128	5	090	0%	0%	04-OTOLARYNG (40%)	24-PLASTIC SURG (40%)	02-GNRL SURGERY (20%)
21179-Reconstruct entire forehead	\$19,826	9	090	0%	0%	24-PLASTIC SURG (67%)	70-GROUP PRAC (22%)	04-OTOLARYNG (11%)
21180-Reconstruct entire forehead	\$11,100	4	090	0%	0%	04-OTOLARYNG (50%)	18-OPHTHALMOLOGY (25%)	24-PLASTIC SURG (25%)
21181-Contour cranial bone lesion	\$4,421	6	090	0%	17%	24-PLASTIC SURG (83%)	02-GNRL SURGERY (17%)	(.)
21182-Reconstruct cranial bone	\$17,845	13	090	0%	0%	24-PLASTIC SURG (31%)	04-OTOLARYNG (23%)	14-NEUROSURGERY (15%)
21183-Reconstruct cranial bone	\$3,431	2	090	0%	0%	04-OTOLARYNG (50%)	(.)	(.)
21184-Reconstruct cranial bone			090			(.)	(.)	(.)
21188-Reconstruct of midface	\$8,253	4	090	0%	0%	18-OPHTHALMOLOGY (25%)	19-ORAL SURGERY (25%)	24-PLASTIC SURG (25%)
21193-Reconstruct lower jaw bone	\$36,506	59	090	0%	7%	19-ORAL SURGERY (29%)	85-MAXILLOFACIAL (29%)	04-OTOLARYNG (24%)
21194-Reconstruct lower jaw bone	\$23,546	26	090	0%	8%	19-ORAL SURGERY (42%)	24-PLASTIC SURG (27%)	04-OTOLARYNG (12%)
21195-Reconstruct lower jaw bone	\$5,982	12	090	0%	4%	19-ORAL SURGERY (58%)	04-OTOLARYNG (25%)	02-GNRL SURGERY (8%)
21196-Reconstruct lower jaw bone	\$64,850	103	090	1%	13%	19-ORAL SURGERY (44%)	04-OTOLARYNG (20%)	85-MAXILLOFACIAL (17%)
21198-Reconstruct lower jaw bone	\$69,308	146	090	1%	5%	04-OTOLARYNG (50%)	19-ORAL SURGERY (23%)	24-PLASTIC SURG (12%)
21206-Reconstruct upper jaw bone	\$22,172	35	090	0%	3%	19-ORAL SURGERY (34%)	24-PLASTIC SURG (17%)	49-ASC (11%)
21208-Augmentation of facial bones	\$178,572	338	090	1%	63%	19-ORAL SURGERY (68%)	85-MAXILLOFACIAL (15%)	24-PLASTIC SURG (9%)
21209-Reduction of facial bones	\$20,794	72	090	0%	63%	19-ORAL SURGERY (60%)	85-MAXILLOFACIAL (18%)	24-PLASTIC SURG (10%)
21210-Face bone graft	\$394,601	594	090	3%	64%	19-ORAL SURGERY (66%)	85-MAXILLOFACIAL (15%)	24-PLASTIC SURG (11%)
21215-Lower jaw bone graft	\$396,221	564	090	3%	54%	19-ORAL SURGERY (73%)	85-MAXILLOFACIAL (19%)	24-PLASTIC SURG (4%)
21230-Rib cartilage graft	\$39,840	75	090	0%	21%	24-PLASTIC SURG (51%)	19-ORAL SURGERY (19%)	04-OTOLARYNG (11%)
21235-Ear cartilage graft	\$457,052	974	090	4%	8%	24-PLASTIC SURG (44%)	04-OTOLARYNG (28%)	18-OPHTHALMOLOGY (13%)
21240-Reconstruction of jaw joint	\$603,567	552	090	5%	12%	19-ORAL SURGERY (59%)	85-MAXILLOFACIAL (29%)	70-GROUP PRAC (3%)
21242-Reconstruction of jaw joint	\$112,698	119	090	1%	1%	19-ORAL SURGERY (37%)	85-MAXILLOFACIAL (37%)	02-GNRL SURGERY (2%)
21243-Reconstruction of jaw joint	\$85,113	109	090	1%	2%	19-ORAL SURGERY (60%)	85-MAXILLOFACIAL (32%)	70-GROUP PRAC (4%)
21244-Reconstruction of lower jaw	\$308,767	401	090	3%	2%	19-ORAL SURGERY (36%)	04-OTOLARYNG (30%)	85-MAXILLOFACIAL (13%)
21245-Reconstruction of jaw	\$31,586	59	090	0%	17%	04-OTOLARYNG (42%)	19-ORAL SURGERY (24%)	24-PLASTIC SURG (17%)
21246-Reconstruction of jaw	\$24,181	44	090	0%	52%	19-ORAL SURGERY (59%)	04-OTOLARYNG (16%)	85-MAXILLOFACIAL (11%)
21247-Reconstruct lower jaw bone	\$47,115	45	090	0%	4%	19-ORAL SURGERY (64%)	85-MAXILLOFACIAL (16%)	24-PLASTIC SURG (9%)
21248-Reconstruction of jaw	\$411,305	517	090	3%	4%	19-ORAL SURGERY (69%)	85-MAXILLOFACIAL (16%)	70-GROUP PRAC (5%)
21249-Reconstruction of jaw	\$272,170	241	090	2%	6%	19-ORAL SURGERY (69%)	85-MAXILLOFACIAL (17%)	70-GROUP PRAC (7%)
21255-Reconstruct lower jaw bone	\$23,310	25	090	0%	0%	04-OTOLARYNG (20%)	24-PLASTIC SURG (20%)	14-NEUROSURGERY (16%)
21256-Reconstruction of orbit	\$34,918	40	090	0%	0%	04-OTOLARYNG (25%)	04-OTOLARYNG (25%)	18-OPHTHALMOLOGY (15%)
21260-Revise eye sockets	\$3,148	4	090	0%	50%	04-OTOLARYNG (25%)	33-THORACIC SURG (25%)	70-GROUP PRAC (25%)
21261-Revise eye sockets	\$4,721	5	090	0%	0%	04-OTOLARYNG (40%)	06-CARDIOLOGY (20%)	11-INTERNAL MED (20%)
21263-Revise eye sockets	\$110	1	090	0%	100%	11-INTERNAL MED (100%)	(.)	(.)
21267-Revise eye sockets	\$27,595	32	090	0%	0%	18-OPHTHALMOLOGY (41%)	14-NEUROSURGERY (28%)	24-PLASTIC SURG (16%)

Procedure	1993 HC Allowed Charges	1993 HC Units of Service	Global Period	Pct. of Family AlltdChgs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
21268-Revise eye sockets	\$10,901	11	090	0%	0%	0%	24-PLASTIC SURG (36%)	14-NEUROSURGERY (27%)	04-OTOLARYNG (18%)
21270-Augmentation cheek bone	\$12,696	26	090	0%	0%	15%	24-PLASTIC SURG (62%)	19-ORAL SURGERY (19%)	02-GNRL SURGERY (4%)
21275-Revision orbitofacial bones	\$9,321	19	090	0%	0%	5%	24-PLASTIC SURG (37%)	18-OPHTHALMOLOGY (26%)	02-GNRL SURGERY (11%)
21280-Revision of eyelid	\$85,091	228	090	1%	0%	9%	18-OPHTHALMOLOGY (58%)	24-PLASTIC SURG (28%)	49-ASC (7%)
21282-Revision of eyelid	\$386,984	916	090	3%	0%	23%	04-OTOLARYNG (71%)	49-ASC (14%)	24-PLASTIC SURG (13%)
21295-Revision of jaw muscle/bone	\$202	5	090	0%	0%	0%	18-OPHTHALMOLOGY (40%)	24-PLASTIC SURG (40%)	01,08-GP/FP (20%)
21296-Revision of jaw muscle/bone	\$575	3	090	0%	0%	67%	19-ORAL SURGERY (100%)	(.)	(.)
21330-Repair of nose fracture	\$87,601	247	090	1%	2%	9%	04-OTOLARYNG (59%)	24-PLASTIC SURG (30%)	49-ASC (4%)
21335-Repair of nose fracture	\$441,359	536	090	4%	11%	5%	04-OTOLARYNG (73%)	24-PLASTIC SURG (18%)	49-ASC (5%)
21336-Repair nasal septal fracture	\$9,744	37	090	0%	0%	8%	04-OTOLARYNG (51%)	24-PLASTIC SURG (41%)	01,08-GP/FP (5%)
21338-Repair nasethmoid fracture	\$3,820	19	090	0%	0%	0%	24-PLASTIC SURG (42%)	04-OTOLARYNG (37%)	14-NEUROSURGERY (5%)
21339-Repair nasethmoid fracture	\$2,218	8	090	0%	0%	0%	24-PLASTIC SURG (75%)	19-ORAL SURGERY (13%)	20-ORTHOPED SURG (13%)
21340-Repair of nose fracture	\$3,499	10	090	0%	0%	0%	24-PLASTIC SURG (70%)	01,08-GP/FP (10%)	18-OPHTHALMOLOGY (10%)
21343-Repair of sinus fracture	\$13,322	28	090	0%	0%	7%	04-OTOLARYNG (43%)	24-PLASTIC SURG (32%)	70-GROUP PRAC (11%)
21344-Repair of sinus fracture	\$19,900	35	090	0%	0%	0%	04-OTOLARYNG (34%)	24-PLASTIC SURG (29%)	70-GROUP PRAC (14%)
21345-Repair of nose/jaw fracture	\$9,892	22	090	0%	0%	18%	24-PLASTIC SURG (32%)	19-ORAL SURGERY (27%)	04-OTOLARYNG (18%)
21346-Repair of nose/jaw fracture	\$19,863	48	090	0%	0%	0%	24-PLASTIC SURG (29%)	04-OTOLARYNG (25%)	19-ORAL SURGERY (21%)
21347-Repair of nose/jaw fracture	\$55,489	93	090	0%	0%	0%	24-PLASTIC SURG (38%)	04-OTOLARYNG (24%)	19-ORAL SURGERY (23%)
21348-Repair of nose/jaw fracture	\$927	6	090	0%	0%	0%	24-PLASTIC SURG (67%)	85-MAXILLOFACIAL (33%)	(.)
21356-Repair cheek bone fracture	\$35,764	93	010	0%	0%	2%	04-OTOLARYNG (39%)	24-PLASTIC SURG (34%)	19-ORAL SURGERY (18%)
21356-Repair cheek bone fracture	\$82,336	203	090	1%	1%	9%	04-OTOLARYNG (38%)	24-PLASTIC SURG (26%)	19-ORAL SURGERY (21%)
21365-Repair cheek bone fracture	\$511,527	683	090	4%	4%	3%	24-PLASTIC SURG (37%)	04-OTOLARYNG (34%)	19-ORAL SURGERY (13%)
21366-Repair cheek bone fracture	\$7,641	23	090	0%	0%	0%	05-ANESTHESIA (52%)	24-PLASTIC SURG (26%)	04-OTOLARYNG (9%)
21385-Repair eye socket fracture	\$30,551	76	090	0%	0%	7%	04-OTOLARYNG (49%)	18-OPHTHALMOLOGY (11%)	85-MAXILLOFACIAL (11%)
21386-Repair eye socket fracture	\$35,130	66	090	0%	0%	6%	24-PLASTIC SURG (35%)	04-OTOLARYNG (32%)	18-OPHTHALMOLOGY (14%)
21387-Repair eye socket fracture	\$18,776	34	090	0%	0%	3%	04-OTOLARYNG (38%)	24-PLASTIC SURG (35%)	19-ORAL SURGERY (15%)
21390-Repair eye socket fracture	\$192,978	341	090	2%	2%	3%	24-PLASTIC SURG (41%)	18-OPHTHALMOLOGY (25%)	04-OTOLARYNG (21%)
21395-Repair eye socket fracture	\$50,986	77	090	0%	0%	3%	24-PLASTIC SURG (65%)	18-OPHTHALMOLOGY (9%)	04-OTOLARYNG (8%)
21406-Repair eye socket fracture	\$16,545	78	090	0%	0%	5%	04-OTOLARYNG (33%)	24-PLASTIC SURG (32%)	04-OTOLARYNG (10%)
21407-Repair eye socket fracture	\$34,491	92	090	0%	0%	2%	24-PLASTIC SURG (49%)	04-OTOLARYNG (16%)	18-OPHTHALMOLOGY (16%)
21408-Repair eye socket fracture	\$3,881	13	090	0%	0%	0%	24-PLASTIC SURG (62%)	18-OPHTHALMOLOGY (15%)	85-MAXILLOFACIAL (15%)
21421-Treat mouth roof fracture	\$27,168	78	090	0%	1%	36%	19-ORAL SURGERY (58%)	24-PLASTIC SURG (10%)	04-OTOLARYNG (12%)
21422-Repair mouth roof fracture	\$39,789	100	090	0%	0%	8%	19-ORAL SURGERY (36%)	24-PLASTIC SURG (28%)	04-OTOLARYNG (16%)
21423-Repair mouth roof fracture	\$21,763	51	090	0%	0%	2%	24-PLASTIC SURG (61%)	19-ORAL SURGERY (14%)	85-MAXILLOFACIAL (14%)
21431-Treat craniofacial fracture	\$2,561	7	090	0%	0%	0%	04-OTOLARYNG (29%)	85-MAXILLOFACIAL (29%)	19-ORAL SURGERY (14%)
21432-Repair craniofacial fracture	\$5,455	22	090	0%	0%	23%	04-OTOLARYNG (23%)	01,08-GP/FP (18%)	24-PLASTIC SURG (18%)
21433-Repair craniofacial fracture	\$33,152	28	090	0%	0%	0%	24-PLASTIC SURG (32%)	19-ORAL SURGERY (29%)	04-OTOLARYNG (25%)
21435-Repair craniofacial fracture	\$26,721	33	090	0%	0%	9%	04-OTOLARYNG (33%)	24-PLASTIC SURG (33%)	19-ORAL SURGERY (15%)
21436-Repair craniofacial fracture	\$5,853	6	090	0%	0%	17%	19-ORAL SURGERY (33%)	24-PLASTIC SURG (33%)	85-MAXILLOFACIAL (33%)
21440-Repair dental ridge fracture	\$22,788	153	090	0%	0%	46%	19-ORAL SURGERY (67%)	85-MAXILLOFACIAL (21%)	24-PLASTIC SURG (5%)
21445-Repair dental ridge fracture	\$20,174	75	090	0%	0%	37%	19-ORAL SURGERY (60%)	24-PLASTIC SURG (16%)	85-MAXILLOFACIAL (16%)
21451-Treat lower jaw fracture	\$42,123	108	090	0%	0%	26%	19-ORAL SURGERY (60%)	85-MAXILLOFACIAL (22%)	04-OTOLARYNG (7%)
21452-Treat lower jaw fracture	\$1,701	32	090	0%	0%	59%	01,08-GP/FP (34%)	19-ORAL SURGERY (24%)	85-MAXILLOFACIAL (17%)
21453-Treat lower jaw fracture	\$73,368	327	090	1%	0%	32%	19-ORAL SURGERY (59%)	85-MAXILLOFACIAL (17%)	04-OTOLARYNG (11%)
21454-Treat lower jaw fracture	\$50,818	88	090	0%	0%	14%	19-ORAL SURGERY (59%)	85-MAXILLOFACIAL (19%)	04-OTOLARYNG (13%)
21461-Repair lower jaw fracture	\$165,671	294	090	1%	0%	5%	19-ORAL SURGERY (50%)	04-OTOLARYNG (17%)	24-PLASTIC SURG (16%)
21462-Repair lower jaw fracture	\$226,713	328	090	2%	2%	10%	19-ORAL SURGERY (50%)	85-MAXILLOFACIAL (19%)	04-OTOLARYNG (16%)
21465-Repair lower jaw fracture	\$25,729	63	090	0%	0%	14%	19-ORAL SURGERY (57%)	24-PLASTIC SURG (16%)	04-OTOLARYNG (13%)
21470-Repair lower jaw fracture	\$631,812	724	090	5%	4%	8%	19-ORAL SURGERY (46%)	04-OTOLARYNG (15%)	24-PLASTIC SURG (15%)
21490-Repair dislocated jaw	\$9,997	27	090	0%	0%	19%	19-ORAL SURGERY (63%)	85-MAXILLOFACIAL (22%)	24-PLASTIC SURG (15%)
21493-Treat hyoid bone fracture	(.)	1	090	0%	0%	100%	(.)	(.)	(.)
21494-Repair hyoid bone fracture	\$350	1	090	0%	0%	0%	77-VASCULAR SURG (100%)	(.)	(.)

Procedure	1993 HC Allowed Charges		1993 HC Units of Service		Global Period		Pct. of Family AllChgs		Pct. of Family Vol. in Office		Top Medicare Specialties (% of Procedure Volume)	
	1993 HC Allowed Charges	1993 HC Units of Service	1993 HC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family Vol. in Office	1993 HC Allowed Charges	1993 HC Units of Service	1993 HC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family Vol. in Office
21495-Repair hyoid bone fracture	\$1,581	6	090	090	0%	0%	19-ORAL SURGERY (50%)	04-OTOLARYNG (33%)	01-08-GP/FP (31%)	11-INTERNAL MED (10%)		
21497-Interdental wiring	\$9,769	54	090	090	0%	0%	19-ORAL SURGERY (56%)	04-OTOLARYNG (19%)	11-INTERNAL MED (14%)	01-08-GP/FP (4%)		
29800-Jaw arthroscopy/surgery	\$4,934	33	090	090	39%	39%	20-ORTHOPED SURG (39%)	19-ORAL SURGERY (36%)	07-DERMATOLOGY (6%)	70-GROUP PRAC (3%)		
29804-Jaw arthroscopy/surgery	\$132,636	193	090	1%	10%	4%	19-ORAL SURGERY (72%)	05-MAXILLOFACIAL (25%)	02-GNRL SURGERY (2%)	01-08-GP/FP (1%)		
31225-Removal of upper jaw	\$1,243,864	1,081	090	10%	1%	4%	04-OTOLARYNG (73%)	02-GNRL SURGERY (7%)	49-ASC (6%)	70-GROUP PRAC (1%)		
31230-Removal of upper jaw	\$147,470	117	090	1%	2%	2%	04-OTOLARYNG (70%)	24-PLASTIC SURG (9%)	49-ASC (8%)	07-DERMATOLOGY (16%)		

908-Simple Nose and Sinus Procedures

Family Medicare Charges: \$14,384,108
 Family Private Payments: \$2,111,211

Percent of CPEP Medicare Charges: 6%
 Percent of CPEP Private Payments: 6%

30000-Drainage of nose lesion	\$9,973	220	010	010	0%	0%	04-OTOLARYNG (40%)	01-08-GP/FP (31%)	11-INTERNAL MED (10%)
30020-Drainage of nose lesion	\$11,036	224	010	010	0%	0%	04-OTOLARYNG (73%)	11-INTERNAL MED (14%)	01-08-GP/FP (4%)
30100-Intranasal biopsy	\$139,013	2,990	000	1%	0%	0%	04-OTOLARYNG (86%)	07-DERMATOLOGY (6%)	70-GROUP PRAC (3%)
30110-Removal of nose polyp(s)	\$252,285	2,648	010	2%	1%	1%	04-OTOLARYNG (93%)	02-GNRL SURGERY (2%)	01-08-GP/FP (1%)
30115-Removal of nose polyp(s)	\$660,967	3,933	090	5%	4%	4%	04-OTOLARYNG (90%)	49-ASC (6%)	70-GROUP PRAC (1%)
30117-Removal of intranasal lesion	\$351,543	1,679	090	2%	1%	1%	04-OTOLARYNG (82%)	49-ASC (8%)	24-PLASTIC SURG (3%)
30124-Removal of nose lesion	\$32,195	297	090	0%	0%	0%	04-OTOLARYNG (21%)	04-OTOLARYNG (21%)	07-DERMATOLOGY (16%)
30125-Removal of nose lesion	\$22,506	67	090	0%	0%	0%	04-OTOLARYNG (51%)	49-ASC (21%)	01-08-GP/FP (6%)
30130-Removal of turbinate bones	\$523,618	6,512	090	4%	10%	3%	04-OTOLARYNG (82%)	49-ASC (7%)	18-OPHTHALMOLOGY (6%)
30140-Removal of turbinate bones	\$988,191	7,364	090	7%	34%	5%	04-OTOLARYNG (88%)	49-ASC (6%)	24-PLASTIC SURG (3%)
30200-Injection treatment of nose	\$419,270	13,231	000	3%	2%	2%	04-OTOLARYNG (98%)	01-08-GP/FP (1%)	18-OPHTHALMOLOGY (1%)
30210-Nasal sinus therapy	\$57,277	2,173	010	0%	0%	0%	04-OTOLARYNG (77%)	11-INTERNAL MED (19%)	01-08-GP/FP (3%)
30220-Insert nasal septal button	\$32,632	345	010	0%	0%	0%	04-OTOLARYNG (70%)	11-INTERNAL MED (11%)	01-08-GP/FP (5%)
30300-Remove nasal foreign body	\$44,922	1,090	010	0%	1%	6%	04-OTOLARYNG (54%)	01-08-GP/FP (18%)	93-EMERGENCY MED (12%)
30310-Remove nasal foreign body	\$10,503	100	010	0%	0%	14%	04-OTOLARYNG (79%)	24-PLASTIC SURG (7%)	49-ASC (5%)
30430-Revision of nose	\$34,246	84	090	0%	0%	17%	24-PLASTIC SURG (38%)	04-OTOLARYNG (35%)	49-ASC (19%)
30560-Release of nasal adhesions	\$24,213	570	010	0%	0%	46%	04-OTOLARYNG (83%)	24-PLASTIC SURG (4%)	49-ASC (3%)
30901-Control of nosebleed	\$3,833,463	78,426	000	2%	6%	57%	04-OTOLARYNG (51%)	93-EMERGENCY MED (19%)	01-08-GP/FP (17%)
30903-Control of nosebleed	\$2,915,916	39,978	000	20%	4%	45%	04-OTOLARYNG (56%)	93-EMERGENCY MED (21%)	01-08-GP/FP (11%)
30905-Control of nosebleed	\$1,500,458	12,132	000	10%	2%	23%	04-OTOLARYNG (55%)	93-EMERGENCY MED (19%)	01-08-GP/FP (12%)
30906-Repeat control of nosebleed	\$92,969	1,029	000	1%	0%	36%	04-OTOLARYNG (79%)	01-08-GP/FP (8%)	93-EMERGENCY MED (4%)
30930-Therapy fracture of nose	\$60,941	1,888	010	0%	4%	12%	04-OTOLARYNG (89%)	18-OPHTHALMOLOGY (6%)	24-PLASTIC SURG (3%)
31000-Irrigation maxillary sinus	\$508,464	12,197	010	4%	0%	90%	04-OTOLARYNG (83%)	11-INTERNAL MED (5%)	01-08-GP/FP (4%)
31002-Irrigation sphenoid sinus	\$2,847	89	010	0%	0%	76%	04-OTOLARYNG (40%)	01-08-GP/FP (31%)	11-INTERNAL MED (10%)
31020-Exploration maxillary sinus	\$412,203	3,319	090	3%	9%	5%	04-OTOLARYNG (84%)	49-ASC (7%)	24-PLASTIC SURG (3%)
31030-Exploration maxillary sinus	\$960,597	2,380	090	7%	12%	13%	04-OTOLARYNG (76%)	19-ORAL SURGERY (8%)	49-ASC (4%)
31032-Explore sinus,remove polyps	\$481,860	1,004	090	3%	7%	6%	04-OTOLARYNG (79%)	19-ORAL SURGERY (7%)	49-ASC (5%)

912-Complex Nose and Sinus Procedures

Family Medicare Charges: \$17,628,744
 Family Private Payments: \$8,909,754

Percent of CPEP Medicare Charges: 7%
 Percent of CPEP Private Payments: 25%

30118-Removal of intranasal lesion	\$210,913	498	090	1%	0%	6%	04-OTOLARYNG (79%)	49-ASC (6%)	24-PLASTIC SURG (4%)
30120-Revision of nose	\$240,082	537	090	1%	0%	29%	24-PLASTIC SURG (37%)	04-OTOLARYNG (24%)	07-DERMATOLOGY (20%)
30150-Partial removal of nose	\$155,546	475	090	1%	0%	5%	04-OTOLARYNG (53%)	24-PLASTIC SURG (24%)	30-RADIOLOGY (10%)
30160-Removal of nose	\$50,162	92	090	0%	0%	4%	04-OTOLARYNG (46%)	24-PLASTIC SURG (27%)	02-GNRL SURGERY (11%)
30320-Remove nasal foreign body	\$4,000	22	090	0%	0%	18%	04-OTOLARYNG (45%)	02-GNRL SURGERY (14%)	01-08-GP/FP (9%)
30400-Reconstruction of nose	\$89,451	138	090	1%	1%	7%	04-OTOLARYNG (45%)	49-ASC (26%)	24-PLASTIC SURG (22%)
30410-Reconstruction of nose	\$80,347	90	090	0%	0%	9%	04-OTOLARYNG (40%)	24-PLASTIC SURG (33%)	49-ASC (19%)
30420-Reconstruction of nose	\$653,305	506	090	4%	12%	5%	04-OTOLARYNG (62%)	24-PLASTIC SURG (23%)	49-ASC (11%)
30435-Revision of nose	\$24,010	36	090	0%	0%	6%	04-OTOLARYNG (50%)	24-PLASTIC SURG (31%)	49-ASC (17%)

1993 MC Allowed Charges

1993 MC Units of Service

Pct. of Family Vol. in Office

Pct. of Family PrivPmts

Global Period

Procedure

First Specialty

Second Specialty

Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Pct. of Family Vol. in Office	Pct. of Family PrivPmts	Global Period	First Specialty	Second Specialty	Third Specialty
30450-Revision of nose	\$43,981	51	0%	0%	090	24-PLASTIC SURG (39%)	04-OTOLARYNG (37%)	49-ASC (14%)
30460-Revision of nose	\$3,707	11	0%	0%	090	24-PLASTIC SURG (45%)	04-OTOLARYNG (27%)	01,08-GP/FP (9%)
30462-Revision of nose	\$22,270	21	0%	0%	090	04-OTOLARYNG (43%)	24-PLASTIC SURG (43%)	01,08-GP/FP (5%)
30520-Repair of nasal septum	\$7,988,678	17,384	45%	52%	090	04-OTOLARYNG (85%)	49-ASC (8%)	24-PLASTIC SURG (3%)
30540-Repair nasal defect	\$6,388	22	0%	0%	090	04-OTOLARYNG (64%)	01,08-GP/FP (14%)	02-GNRL SURGERY (9%)
30545-Repair nasal defect	\$667	1	0%	0%	090	04-OTOLARYNG (100%)	(.)	(.)
30580-Repair upper jaw fistula	\$201,044	604	0%	0%	090	85-MAXILLOFACIAL (15%)	04-OTOLARYNG (13%)	04-PLASTIC SURG (14%)
30600-Repair mouth/nose fistula	\$31,474	128	0%	0%	090	04-OTOLARYNG (26%)	04-OTOLARYNG (9%)	49-ASC (9%)
30620-Intranasal reconstruction	\$919,549	1,734	0%	13%	090	19-ORAL SURGERY (31%)	24-PLASTIC SURG (78%)	49-ASC (9%)
30630-Repair nasal septum defect	\$71,639	235	0%	0%	090	04-OTOLARYNG (36%)	11-INTERNAL MED (10%)	49-ASC (9%)
30801-Cauterization inner nose	\$145,151	3,378	1%	0%	010	04-OTOLARYNG (73%)	01,08-GP/FP (13%)	11-INTERNAL MED (3%)
30802-Cauterization inner nose	\$95,183	1,566	1%	0%	010	04-OTOLARYNG (91%)	04-ASC (3%)	01,08-GP/FP (3%)
31040-Exploration behind upper jaw	\$40,480	606	0%	0%	090	11-INTERNAL MED (29%)	02-GNRL SURGERY (18%)	04-OTOLARYNG (18%)
31050-Exploration sphenoid sinus	\$197,506	608	0%	0%	090	04-OTOLARYNG (84%)	70-GROUP PRAC (5%)	49-ASC (5%)
31051-Sphenoid sinus surgery	\$145,536	358	0%	0%	090	04-OTOLARYNG (86%)	49-ASC (7%)	24-PLASTIC SURG (3%)
31070-Exploration of frontal sinus	\$73,919	408	0%	0%	090	04-OTOLARYNG (87%)	49-ASC (4%)	70-GROUP PRAC (1%)
31075-Exploration of frontal sinus	\$158,103	260	0%	0%	090	18-OPHTHALMOLOGY (3%)	04-OTOLARYNG (2%)	70-GROUP PRAC (2%)
31080-Removal of frontal sinus	\$14,947	34	0%	0%	090	04-OTOLARYNG (50%)	01,08-GP/FP (9%)	02-GNRL SURGERY (6%)
31081-Removal of frontal sinus	\$16,200	38	0%	0%	090	14-NEUROSURGERY (50%)	04-OTOLARYNG (32%)	70-GROUP PRAC (5%)
31084-Removal of frontal sinus	\$76,551	94	0%	0%	090	04-OTOLARYNG (85%)	70-GROUP PRAC (5%)	14-NEUROSURGERY (3%)
31085-Removal of frontal sinus	\$114,277	148	0%	1%	090	04-OTOLARYNG (79%)	14-NEUROSURGERY (9%)	24-PLASTIC SURG (5%)
31086-Removal of frontal sinus	\$14,653	24	0%	0%	090	04-OTOLARYNG (88%)	24-PLASTIC SURG (4%)	49-ASC (4%)
31087-Removal of frontal sinus	\$8,963	16	0%	0%	090	04-OTOLARYNG (79%)	24-PLASTIC SURG (14%)	05-ANESTHESIA (7%)
31090-Exploration of sinuses	\$4,312,559	3,403	0%	15%	090	04-OTOLARYNG (91%)	49-ASC (5%)	70-GROUP PRAC (1%)
31200-Removal of ethmoid sinus	\$334,826	1,367	0%	1%	090	04-OTOLARYNG (59%)	18-OPHTHALMOLOGY (19%)	49-ASC (10%)
31201-Removal of ethmoid sinus	\$793,866	1,555	0%	3%	090	04-OTOLARYNG (88%)	49-ASC (6%)	18-OPHTHALMOLOGY (1%)
31205-Removal of ethmoid sinus	\$288,811	723	0%	0%	090	04-OTOLARYNG (55%)	18-OPHTHALMOLOGY (29%)	24-PLASTIC SURG (5%)

916-Simple Ear Procedures
 Family Medicare Charges: \$24,688,142
 Family Private Payments: \$2,784,290
 Percent of CPEP Medicare Charges: 10%
 Percent of CPEP Private Payments: 8%

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Pct. of Family Vol. in Office	Pct. of Family PrivPmts	Global Period	First Specialty	Second Specialty	Third Specialty
69000-Drain external ear lesion	\$77,334	1,943	0%	0%	010	04-OTOLARYNG (45%)	01,08-GP/FP (26%)	11-INTERNAL MED (15%)
69005-Drain external ear lesion	\$48,877	535	0%	0%	010	04-OTOLARYNG (68%)	01,08-GP/FP (10%)	11-INTERNAL MED (6%)
69020-Drain outer ear canal	\$66,035	1,353	0%	0%	010	04-OTOLARYNG (75%)	01,08-GP/FP (10%)	11-INTERNAL MED (8%)
69105-Biopsy of external ear canal	\$53,603	935	0%	0%	000	04-OTOLARYNG (90%)	07-DERMATOLOGY (5%)	70-GROUP PRAC (2%)
69110-Partial removal external ear	\$438,640	2,133	0%	1%	090	04-OTOLARYNG (38%)	24-PLASTIC SURG (17%)	07-DERMATOLOGY (17%)
69145-Remove ear canal lesion(s)	\$251,580	1,407	0%	1%	090	04-OTOLARYNG (83%)	49-ASC (7%)	02-GNRL SURGERY (3%)
69200-Clear outer ear canal	\$537,709	16,923	0%	2%	000	04-OTOLARYNG (37%)	01,08-GP/FP (31%)	11-INTERNAL MED (15%)
69205-Clear outer ear canal	\$32,110	432	0%	1%	010	04-OTOLARYNG (67%)	01,08-GP/FP (10%)	05-ANESTHESIA (7%)
69210-Remove impacted ear wax	\$14,011,067	662,642	0%	11%	000	01,08-GP/FP (41%)	11-INTERNAL MED (25%)	04-OTOLARYNG (24%)
69220-Clean out mastoid cavity	\$983,020	23,153	0%	4%	000	04-OTOLARYNG (91%)	01,08-GP/FP (4%)	11-INTERNAL MED (2%)
69222-Clean out mastoid cavity	\$320,138	3,781	0%	0%	010	04-OTOLARYNG (96%)	01,08-GP/FP (1%)	10-GASTROENTER (1%)
69400-Inflate middle ear canal	\$146,655	4,061	0%	1%	000	04-OTOLARYNG (97%)	01,08-GP/FP (1%)	37-PEDIATRICS (1%)
69405-Catheterize middle ear canal	\$9,565	155	0%	0%	010	04-OTOLARYNG (91%)	01,08-GP/FP (6%)	70-GROUP PRAC (1%)
69410-Inset middle ear baffle	\$3,782	148	0%	0%	000	04-OTOLARYNG (66%)	01,08-GP/FP (22%)	83-HEMATOL/ONCOL (5%)
69420-Incision of eardrum	\$746,519	13,554	0%	2%	010	04-OTOLARYNG (97%)	70-GROUP PRAC (1%)	18-OPHTHALMOLOGY (0%)
69421-Incision of eardrum	\$100,756	639	0%	1%	000	04-OTOLARYNG (71%)	49-ASC (23%)	01,08-GP/FP (2%)
69424-Remove ventilating tube	\$55,602	1,048	0%	0%	000	29-PULMONARY DIS (15%)	70-GROUP PRAC (1%)	11-INTERNAL MED (7%)
69433-Create eardrum opening	\$3,319,311	33,804	0%	13%	010	04-OTOLARYNG (97%)	70-GROUP PRAC (1%)	02-GNRL SURGERY (0%)
69436-Create eardrum opening	\$1,528,957	9,035	0%	6%	010	04-OTOLARYNG (91%)	49-ASC (5%)	70-GROUP PRAC (1%)
69540-Remove ear lesion	\$65,389	656	0%	0%	010	04-OTOLARYNG (93%)	70-GROUP PRAC (2%)	01,08-GP/FP (2%)

69610-Repair of eardrum	\$321,922	2,763	010	1%	94%	04-OTOLARYNG (87%)	07-DERMATOLOGY (9%)	70-GROUP PRAC (2%)
69700-Close mastoid fistula	\$7,889	23	090	0%	22%	04-OTOLARYNG (87%)	49-ASC (9%)	20-ORTHOPEDE SURG (4%)
92502-Ear and throat examination	\$48,498	637	000	0%	16%	04-OTOLARYNG (77%)	11-INTERNAL MED (5%)	70-GROUP PRAC (4%)
92504-Ear microscopy examination	\$1,513,184	82,688	XXX	1%	98%	04-OTOLARYNG (94%)	41-OPTOMETRIST (3%)	18-OPHTHALMOLOGY (1%)

920-Complex Ear Procedures

Family Medicare Charges: \$15,480,097
 Family Private Payments: \$2,749,142
 Percent of CPEP Medicare Charges: 6%
 Percent of CPEP Private Payments: 8%

69120-Removal of external ear	\$24,040	291	090	0%	46%	04-OTOLARYNG (42%)	01-08-GP/FP (20%)	11-INTERNAL MED (12%)
69140-Remove ear canal lesion(s)	\$98,822	211	090	1%	8%	04-OTOLARYNG (87%)	49-ASC (8%)	70-GROUP PRAC (3%)
69150-Extensive ear canal surgery	\$200,704	321	090	1%	3%	04-OTOLARYNG (67%)	24-PLASTIC SURG (13%)	02-GNRL SURGERY (9%)
69155-Extensive ear/neck surgery	\$22,286	30	090	0%	0%	04-OTOLARYNG (83%)	02-GNRL SURGERY (7%)	24-PLASTIC SURG (7%)
69300-Reverse external ear	\$6,337	12	Y11	3%	17%	04-OTOLARYNG (50%)	49-ASC (5%)	24-PLASTIC SURG (17%)
69310-Rebuild outer ear canal	\$500,836	823	090	3%	12%	04-OTOLARYNG (81%)	01-08-GP/FP (4%)	01-08-GP/FP (4%)
69320-Rebuild outer ear canal	\$56,928	59	090	0%	100%	04-OTOLARYNG (92%)	24-PLASTIC SURG (3%)	49-ASC (3%)
69401-Inflate middle ear canal	\$57,660	2,720	000	0%	10%	04-OTOLARYNG (88%)	01-08-GP/FP (4%)	03-ALLERGY/IMMUN (3%)
69440-Exploration of middle ear	\$423,588	898	090	3%	10%	04-OTOLARYNG (93%)	49-ASC (4%)	02-GNRL SURGERY (1%)
69450-Eardrum revision	\$43,114	101	090	0%	17%	04-OTOLARYNG (90%)	49-ASC (8%)	01-08-GP/FP (1%)
69501-Mastoidectomy	\$47,384	84	090	0%	1%	04-OTOLARYNG (75%)	70-GROUP PRAC (6%)	70-GROUP PRAC (6%)
69502-Mastoidectomy	\$233,427	268	090	2%	2%	04-OTOLARYNG (87%)	70-GROUP PRAC (4%)	49-ASC (3%)
69505-Remove mastoid structures	\$265,677	262	090	2%	3%	04-OTOLARYNG (91%)	02-GNRL SURGERY (2%)	70-GROUP PRAC (2%)
69511-Extensive mastoid surgery	\$254,460	247	090	2%	3%	04-OTOLARYNG (92%)	70-GROUP PRAC (3%)	49-ASC (2%)
69530-Extensive mastoid surgery	\$17,582	27	090	0%	44%	04-OTOLARYNG (41%)	19-ORAL SURGERY (22%)	85-MAXILLOFACIAL (11%)
69535-Remove part of temporal bone	\$270,516	161	090	2%	0%	04-OTOLARYNG (84%)	02-GNRL SURGERY (6%)	14-NEUROSURGERY (2%)
69550-Remove ear lesion	\$72,548	78	090	0%	6%	04-OTOLARYNG (88%)	49-ASC (4%)	70-GROUP PRAC (4%)
69552-Remove ear lesion	\$46,183	39	090	0%	0%	04-OTOLARYNG (97%)	18-OPHTHALMOLOGY (3%)	(.)
69554-Remove ear lesion	\$37,950	28	090	0%	4%	04-OTOLARYNG (82%)	70-GROUP PRAC (7%)	02-GNRL SURGERY (4%)
69601-Mastoid surgery revision	\$66,625	99	090	0%	4%	04-OTOLARYNG (89%)	05-ANESTHESIA (26%)	01-08-GP/FP (2%)
69602-Mastoid surgery revision	\$97,719	105	090	1%	6%	04-OTOLARYNG (89%)	05-ANESTHESIA (4%)	49-ASC (4%)
69603-Mastoid surgery revision	\$130,260	116	090	1%	1%	04-OTOLARYNG (89%)	24-PLASTIC SURG (4%)	49-ASC (3%)
69604-Mastoid surgery revision	\$150,966	110	090	1%	0%	04-OTOLARYNG (95%)	49-ASC (3%)	70-GROUP PRAC (3%)
69605-Mastoid surgery revision	\$4,314	7	090	0%	43%	04-OTOLARYNG (57%)	19-ORAL SURGERY (29%)	11-INTERNAL MED (14%)
69620-Repair of eardrum	\$321,502	483	090	2%	28%	04-OTOLARYNG (93%)	49-ASC (5%)	70-GROUP PRAC (1%)
69631-Repair eardrum structures	\$2,961,171	3,316	090	19%	33%	04-OTOLARYNG (88%)	49-ASC (9%)	70-GROUP PRAC (2%)
69632-Rebuild eardrum structures	\$645,320	667	090	4%	5%	04-OTOLARYNG (86%)	49-ASC (10%)	70-GROUP PRAC (2%)
69633-Rebuild eardrum structures	\$580,859	578	090	4%	5%	04-OTOLARYNG (84%)	49-ASC (11%)	70-GROUP PRAC (2%)
69635-Repair eardrum structures	\$450,219	408	090	3%	5%	04-OTOLARYNG (91%)	49-ASC (6%)	70-GROUP PRAC (1%)
69636-Rebuild eardrum structures	\$223,565	187	090	1%	2%	04-OTOLARYNG (89%)	49-ASC (6%)	70-GROUP PRAC (3%)
69637-Rebuild eardrum structures	\$175,940	138	090	1%	1%	04-OTOLARYNG (92%)	49-ASC (5%)	70-GROUP PRAC (1%)
69641-Revise middle ear & mastoid	\$1,168,409	1,049	090	8%	2%	04-OTOLARYNG (92%)	49-ASC (5%)	70-GROUP PRAC (2%)
69642-Revise middle ear & mastoid	\$564,846	457	090	4%	2%	04-OTOLARYNG (88%)	49-ASC (7%)	70-GROUP PRAC (2%)
69643-Revise middle ear & mastoid	\$532,680	381	090	3%	2%	04-OTOLARYNG (92%)	70-GROUP PRAC (4%)	49-ASC (3%)
69644-Revise middle ear & mastoid	\$456,205	301	090	3%	1%	04-OTOLARYNG (94%)	49-ASC (3%)	70-GROUP PRAC (2%)
69645-Revise middle ear & mastoid	\$370,702	257	090	2%	2%	04-OTOLARYNG (96%)	70-GROUP PRAC (2%)	49-ASC (1%)
69646-Revise middle ear & mastoid	\$250,494	179	090	2%	2%	04-OTOLARYNG (93%)	49-ASC (3%)	70-GROUP PRAC (1%)
69650-Release middle ear bone	\$52,432	86	090	0%	6%	04-OTOLARYNG (85%)	49-ASC (8%)	01-08-GP/FP (2%)
69660-Revise middle ear bone	\$1,488,225	1,450	090	10%	13%	04-OTOLARYNG (89%)	49-ASC (8%)	70-GROUP PRAC (2%)
69661-Revise middle ear bone	\$184,394	165	090	1%	1%	04-OTOLARYNG (85%)	49-ASC (9%)	70-GROUP PRAC (4%)
69662-Revise middle ear bone	\$299,060	307	090	2%	1%	04-OTOLARYNG (79%)	49-ASC (12%)	05-ANESTHESIA (5%)
69666-Repair middle ear structures	\$230,008	289	090	1%	1%	04-OTOLARYNG (91%)	49-ASC (4%)	70-GROUP PRAC (2%)
69667-Repair middle ear structures	\$155,862	196	090	1%	2%	04-OTOLARYNG (93%)	01-08-GP/FP (3%)	49-ASC (3%)

69670-Remove mastoid air cells	\$28,047	61	090	0%	2%	04-OTOLARYNG (92%)	70-GROUP PRAC (3%)	01,08-GP/FP (2%)
69676-Remove middle ear nerve	\$13,671	24	090	0%	0%	04-OTOLARYNG (96%)	49-ASC (4%)	(.)
69711-Remove/repair hearing aid	\$1,325	10	090	0%	90%	04-OTOLARYNG (50%)	01,08-GP/FP (20%)	03-ALLERGY/IMMUN (20%)
69720-Release facial nerve	\$109,812	117	090	1%	5%	04-OTOLARYNG (89%)	14-NEUROSURGERY (3%)	02-GNRL SURGERY (2%)
69725-Release facial nerve	\$7,905	11	090	0%	5%	04-OTOLARYNG (100%)	(.)	(.)
69740-Repair facial nerve	\$10,747	23	090	0%	17%	04-OTOLARYNG (65%)	01,08-GP/FP (13%)	93-EMERGENCY MED (9%)
69745-Repair facial nerve	\$38,335	67	090	0%	0%	49-ASC (96%)	04-OTOLARYNG (4%)	(.)
69801-Incise inner ear	\$135,036	142	090	1%	1%	04-OTOLARYNG (65%)	49-ASC (30%)	01,08-GP/FP (2%)
69802-Incise inner ear	\$44,656	35	090	0%	0%	04-OTOLARYNG (69%)	49-ASC (20%)	14-NEUROSURGERY (6%)
69805-Explore inner ear	\$35,078	40	090	0%	3%	04-OTOLARYNG (98%)	49-ASC (3%)	(.)
69806-Explore inner ear	\$425,955	453	090	3%	2%	04-OTOLARYNG (63%)	05-ANESTHESIA (28%)	49-ASC (8%)
69820-Establish inner ear window	\$10,375	20	090	0%	35%	04-OTOLARYNG (70%)	41-OPTOMETRIST (10%)	49-ASC (10%)
69840-Revise inner ear window	\$1,349	3	090	1%	33%	16-OB-GYNECOLOGY (33%)	18-OPHTHALMOLOGY (33%)	49-ASC (33%)
69905-Remove inner ear	\$93,319	93	090	1%	2%	04-OTOLARYNG (87%)	49-ASC (6%)	70-GROUP PRAC (5%)
69910-Remove inner ear & mastoid	\$197,307	162	090	1%	4%	04-OTOLARYNG (86%)	49-ASC (4%)	70-GROUP PRAC (4%)
69915-Incise inner ear nerve	\$57,220	59	090	0%	2%	04-OTOLARYNG (90%)	14-NEUROSURGERY (7%)	02-GNRL SURGERY (2%)
69955-Release facial nerve	\$7,367	8	090	0%	(.)	04-OTOLARYNG (100%)	(.)	(.)
69960-Release inner ear canal	\$20,774	17	090	0%	0%	04-OTOLARYNG (76%)	14-NEUROSURGERY (18%)	18-OPHTHALMOLOGY (6%)

924-Cochlear Device Implantation
 Family Medicare Charges: \$242,015
 Family Private Payments: .

Percent of CPEP Medicare Charges: 0%
 Percent of CPEP Private Payments: .

69930-Implant cochlear device	\$242,015	182	090	100%	25%	04-OTOLARYNG (68%)	64-AUDILOGISTS (18%)	70-GROUP PRAC (5%)
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924-Simple Oral and Pharyngeal Procedures

Family Medicare Charges: \$8,316,193
 Family Private Payments: \$4,718,115

Percent of CPEP Medicare Charges: 3%
 Percent of CPEP Private Payments: 13%

40490-Biopsy of lip	\$494,749	8,862	000	6%	0%	07-DERMATOLOGY (65%)	04-OTOLARYNG (13%)	19-ORAL SURGERY (11%)
40500-Partial excision of lip	\$704,883	1,699	090	8%	36%	24-PLASTIC SURG (24%)	04-OTOLARYNG (22%)	07-DERMATOLOGY (19%)
40510-Partial excision of lip	\$697,820	1,803	090	8%	46%	24-PLASTIC SURG (32%)	04-OTOLARYNG (22%)	19-ORAL SURGERY (17%)
40520-Partial excision of lip	\$769,695	2,432	090	9%	34%	24-PLASTIC SURG (37%)	04-OTOLARYNG (21%)	02-GNRL SURGERY (15%)
40800-Drainage of mouth lesion	\$45,135	900	010	1%	87%	19-ORAL SURGERY (56%)	04-OTOLARYNG (12%)	85-MAXILLOFACIAL (11%)
40801-Drainage of mouth lesion	\$72,163	520	010	1%	69%	19-ORAL SURGERY (64%)	85-MAXILLOFACIAL (17%)	04-OTOLARYNG (8%)
40804-Removal foreign body, mouth	\$6,988	148	010	0%	74%	19-ORAL SURGERY (32%)	01,08-GP/FP (22%)	04-OTOLARYNG (16%)
40805-Removal foreign body, mouth	\$12,509	87	010	0%	79%	19-ORAL SURGERY (54%)	04-OTOLARYNG (24%)	85-MAXILLOFACIAL (9%)
40806-Incision of lip fold	\$697	36	000	0%	78%	19-ORAL SURGERY (61%)	85-MAXILLOFACIAL (19%)	04-OTOLARYNG (11%)
40808-Biopsy of mouth lesion	\$290,339	6,119	010	3%	90%	19-ORAL SURGERY (46%)	04-OTOLARYNG (33%)	85-MAXILLOFACIAL (9%)
40810-Excision of mouth lesion	\$169,752	2,151	010	2%	84%	19-ORAL SURGERY (47%)	04-OTOLARYNG (28%)	85-MAXILLOFACIAL (11%)
40812-Excise/repair mouth lesion	\$649,951	6,089	010	8%	88%	19-ORAL SURGERY (61%)	85-MAXILLOFACIAL (17%)	04-OTOLARYNG (14%)
40814-Excise/repair mouth lesion	\$380,114	1,787	090	5%	72%	19-ORAL SURGERY (60%)	04-OTOLARYNG (16%)	85-MAXILLOFACIAL (13%)
40818-Excise oral mucosa for graft	\$18,878	202	090	0%	23%	18-OPHTHALMOLOGY (37%)	19-ORAL SURGERY (22%)	04-OTOLARYNG (19%)
40819-Excise lip or cheek fold	\$23,194	249	090	0%	78%	19-ORAL SURGERY (58%)	85-MAXILLOFACIAL (18%)	04-OTOLARYNG (8%)
40820-Treatment of mouth lesion	\$52,284	824	010	1%	65%	04-OTOLARYNG (34%)	19-ORAL SURGERY (20%)	01,08-GP/FP (19%)
40830-Repair mouth laceration	\$10,995	210	010	0%	28%	19-ORAL SURGERY (30%)	93-EMERGENCY MED (29%)	01,08-GP/FP (17%)
40831-Repair mouth laceration	\$23,375	232	010	0%	17%	19-ORAL SURGERY (34%)	24-PLASTIC SURG (20%)	04-OTOLARYNG (11%)
41000-Drainage of mouth lesion	\$18,665	380	010	0%	78%	19-ORAL SURGERY (40%)	04-OTOLARYNG (25%)	01,08-GP/FP (12%)
41005-Drainage of mouth lesion	\$2,646	53	010	0%	87%	19-ORAL SURGERY (36%)	04-OTOLARYNG (32%)	85-MAXILLOFACIAL (11%)
41006-Drainage of mouth lesion	\$5,034	56	090	0%	50%	19-ORAL SURGERY (59%)	04-OTOLARYNG (20%)	85-MAXILLOFACIAL (13%)
41007-Drainage of mouth lesion	\$7,324	53	090	0%	64%	19-ORAL SURGERY (64%)	04-OTOLARYNG (19%)	85-MAXILLOFACIAL (13%)
41008-Drainage of mouth lesion	\$14,917	150	090	0%	57%	19-ORAL SURGERY (57%)	85-MAXILLOFACIAL (19%)	04-OTOLARYNG (15%)

Procedure

First Specialty

Second Specialty

Third Specialty

Procedure	1993 MC Units of Service	1993 MC Allowed Charges	Pct. of Family AllDchs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
41009-Drainage of mouth lesion	98	\$15,874	0%	0%	48%	19-ORAL SURGERY (65%)	85-MAXILLOFACIAL (15%)	04-OTOLARYNG (14%)
41010-Incision of tongue fold	54	\$1,766	0%	0%	46%	30-RADIOLOGY (35%)	01,08-GP/FP (15%)	04-OTOLARYNG (13%)
41015-Drainage of mouth lesion	60	\$5,181	0%	0%	52%	19-ORAL SURGERY (48%)	85-MAXILLOFACIAL (22%)	04-OTOLARYNG (17%)
41016-Drainage of mouth lesion	88	\$14,791	0%	0%	32%	19-ORAL SURGERY (58%)	04-OTOLARYNG (20%)	85-MAXILLOFACIAL (17%)
41017-Drainage of mouth lesion	133	\$15,324	0%	0%	44%	19-ORAL SURGERY (62%)	85-MAXILLOFACIAL (20%)	04-OTOLARYNG (11%)
41018-Drainage of mouth lesion	61	\$13,376	0%	0%	26%	19-ORAL SURGERY (64%)	04-OTOLARYNG (18%)	85-MAXILLOFACIAL (16%)
41100-Biopsy of tongue	4,518	\$262,314	3%	0%	84%	04-OTOLARYNG (48%)	19-ORAL SURGERY (22%)	85-MAXILLOFACIAL (6%)
41105-Biopsy of tongue	1,636	\$119,573	1%	0%	63%	04-OTOLARYNG (59%)	19-ORAL SURGERY (23%)	85-MAXILLOFACIAL (6%)
41110-Biopsy of floor of mouth	2,342	\$124,200	1%	0%	79%	04-OTOLARYNG (54%)	19-ORAL SURGERY (28%)	85-MAXILLOFACIAL (6%)
41110-Excision of tongue lesion	1,129	\$109,067	1%	0%	65%	04-OTOLARYNG (55%)	19-ORAL SURGERY (19%)	85-MAXILLOFACIAL (6%)
41112-Excision of tongue lesion	3,223	\$565,379	7%	1%	63%	19-ORAL SURGERY (41%)	04-OTOLARYNG (34%)	85-MAXILLOFACIAL (10%)
41115-Excision of tongue fold	72	\$7,169	0%	0%	72%	19-ORAL SURGERY (60%)	85-MAXILLOFACIAL (18%)	04-OTOLARYNG (15%)
41116-Excision of mouth lesion	1,603	\$249,264	3%	0%	43%	04-OTOLARYNG (48%)	19-ORAL SURGERY (30%)	85-MAXILLOFACIAL (8%)
41120-Excision of tongue lesion	266	\$22,472	0%	0%	30%	01,08-GP/FP (23%)	93-EMERGENCY MED (20%)	19-ORAL SURGERY (19%)
41251-Repair tongue laceration	15	\$1,549	0%	0%	33%	04-OTOLARYNG (20%)	19-ORAL SURGERY (20%)	01,08-GP/FP (13%)
41252-Repair tongue laceration	150	\$23,113	0%	0%	13%	19-ORAL SURGERY (23%)	04-OTOLARYNG (21%)	24-PLASTIC SURG (17%)
41510-Tongue to lip surgery	12	\$2,110	0%	0%	42%	04-OTOLARYNG (25%)	11-INTERNAL MED (25%)	02-GNRL SURGERY (17%)
41520-Reconstruction, tongue fold	68	\$9,607	0%	0%	68%	19-ORAL SURGERY (56%)	04-OTOLARYNG (21%)	85-MAXILLOFACIAL (18%)
41800-Drainage of gum lesion	536	\$30,601	0%	0%	74%	19-ORAL SURGERY (62%)	85-MAXILLOFACIAL (15%)	04-OTOLARYNG (8%)
41805-Removal of gum lesion	283	\$25,834	0%	0%	73%	19-ORAL SURGERY (69%)	49-ASC (15%)	85-MAXILLOFACIAL (5%)
41806-Removal foreign body, jawbone	281	\$36,266	0%	0%	68%	19-ORAL SURGERY (63%)	85-MAXILLOFACIAL (19%)	49-ASC (6%)
41822-Excision of gum lesion	8	\$1,031	0%	0%	0%	19-ORAL SURGERY (75%)	85-MAXILLOFACIAL (25%)	(.)
41823-Excision of gum lesion	21	\$5,484	0%	0%	67%	19-ORAL SURGERY (62%)	85-MAXILLOFACIAL (33%)	04-OTOLARYNG (5%)
41825-Excision of gum lesion	945	\$85,428	1%	0%	81%	19-ORAL SURGERY (57%)	85-MAXILLOFACIAL (18%)	04-OTOLARYNG (17%)
41826-Excision of gum lesion	1,491	\$208,166	3%	0%	90%	19-ORAL SURGERY (75%)	85-MAXILLOFACIAL (17%)	04-OTOLARYNG (5%)
41827-Excision of gum lesion	555	\$140,266	2%	0%	68%	19-ORAL SURGERY (58%)	85-MAXILLOFACIAL (19%)	04-OTOLARYNG (16%)
42000-Drainage mouth roof lesion	420	\$7,033	0%	0%	46%	54-MEDICAL SUPPL (48%)	19-ORAL SURGERY (12%)	04-OTOLARYNG (9%)
42100-Biopsy roof of mouth	2,529	\$149,953	2%	0%	81%	04-OTOLARYNG (54%)	19-ORAL SURGERY (29%)	85-MAXILLOFACIAL (8%)
42104-Excision lesion, mouth roof	1,534	\$185,937	2%	0%	65%	04-OTOLARYNG (41%)	19-ORAL SURGERY (37%)	85-MAXILLOFACIAL (9%)
42106-Excision lesion, mouth roof	1,418	\$238,785	3%	0%	76%	19-ORAL SURGERY (60%)	04-OTOLARYNG (20%)	85-MAXILLOFACIAL (14%)
42140-Excision of uvula	274	\$24,349	0%	0%	22%	04-OTOLARYNG (86%)	49-ASC (7%)	70-GROUP PRAC (3%)
42160-Treatment mouth roof lesion	179	\$16,690	0%	0%	55%	04-OTOLARYNG (52%)	19-ORAL SURGERY (23%)	85-MAXILLOFACIAL (7%)
42180-Repair palate	18	\$1,859	0%	0%	39%	04-OTOLARYNG (33%)	19-ORAL SURGERY (33%)	85-MAXILLOFACIAL (11%)
42280-Preparation, palate mold	115	\$10,757	0%	0%	87%	19-ORAL SURGERY (85%)	05-ANESTHESIA (7%)	04-OTOLARYNG (3%)
42700-Drainage of tonsil abscess	740	\$52,703	1%	1%	61%	04-OTOLARYNG (84%)	01,08-GP/FP (4%)	02-GNRL SURGERY (3%)
42800-Biopsy of throat	2,419	\$127,053	2%	0%	68%	04-OTOLARYNG (88%)	02-GNRL SURGERY (3%)	70-GROUP PRAC (3%)
42802-Biopsy of throat	368	\$22,757	0%	0%	30%	04-OTOLARYNG (88%)	02-GNRL SURGERY (4%)	24-PLASTIC SURG (2%)
42804-Biopsy of upper nose/throat	1,123	\$81,043	1%	0%	36%	04-OTOLARYNG (91%)	70-GROUP PRAC (2%)	49-ASC (2%)
42806-Biopsy of upper nose/throat	1,236	\$86,304	1%	0%	9%	04-OTOLARYNG (91%)	49-ASC (3%)	70-GROUP PRAC (2%)
42808-Excise pharynx lesion	590	\$90,962	1%	0%	30%	04-OTOLARYNG (81%)	49-ASC (4%)	19-ORAL SURGERY (4%)
42809-Remove pharynx foreign body	469	\$34,196	0%	0%	42%	04-OTOLARYNG (45%)	93-EMERGENCY MED (19%)	01,08-GP/FP (18%)
42810-Excision of neck cyst	86	\$19,804	0%	0%	29%	04-OTOLARYNG (50%)	02-GNRL SURGERY (23%)	01,08-GP/FP (8%)
42820-Remove tonsils and adenoids	24	\$4,101	0%	33%	4%	04-OTOLARYNG (79%)	11-INTERNAL MED (8%)	02-GNRL SURGERY (4%)
42821-Remove tonsils and adenoids	182	\$46,825	1%	0%	3%	04-OTOLARYNG (82%)	02-GNRL SURGERY (8%)	49-ASC (4%)
42825-Removal of tonsils	14	\$2,439	0%	4%	7%	04-OTOLARYNG (79%)	01,08-GP/FP (14%)	05-ANESTHESIA (7%)
42826-Removal of tonsils	1,361	\$320,091	4%	21%	3%	04-OTOLARYNG (87%)	49-ASC (6%)	70-GROUP PRAC (2%)
42831-Removal of adenoids	10	\$1,019	0%	10%	10%	04-OTOLARYNG (80%)	02-GNRL SURGERY (20%)	(.)
42835-Removal of adenoids	112	\$15,808	0%	0%	8%	04-OTOLARYNG (85%)	49-ASC (7%)	02-GNRL SURGERY (4%)
42836-Removal of adenoids	13	\$1,767	0%	0%	23%	04-OTOLARYNG (92%)	02-GNRL SURGERY (8%)	(.)
42860-Excision of tonsil tags	114	\$17,058	0%	0%	41%	04-OTOLARYNG (86%)	49-ASC (7%)	02-GNRL SURGERY (3%)
42870-Excision of lingual tonsil	103	\$19,192	0%	0%	11%	04-OTOLARYNG (86%)	49-ASC (4%)	02-GNRL SURGERY (3%)

1993 MC Allowed Charges 1993 MC Units of Service 1993 MC Global Period 1993 MC Pct. of Family Allths Pct. of Family PrivPmts Pct. of Vol. in OFFICE Top Medicare Specialties (% of Procedure Volume)

Procedure First Specialty Second Specialty Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	1993 MC Global Period	1993 MC Pct. of Family Allths	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)
42880-Excise nose/throat lesion	\$95,390	274	090	1%	.	8%	04-OTOLARYNG (81%) 04-OTOLARYNG (61%) 02-GNRL SURGERY (17%) 02-GNRL SURGERY (8%)
42900-Repair throat wound	\$10,626	46	010	0%	.	13%	02-GNRL SURGERY (17%) 02-GNRL SURGERY (8%)
42955-Surgical opening of throat	\$14,910	76	090	0%	.	5%	02-GNRL SURGERY (34%) 02-GNRL SURGERY (10%)
42960-Control throat bleeding	\$12,589	135	010	0%	0%	47%	19-ORAL SURGERY (23%) 19-ORAL SURGERY (10%) 07-DERMATOLOGY (9%)
42970-Control nose/throat bleeding	\$29,881	264	090	0%	.	49%	04-OTOLARYNG (20%) 04-OTOLARYNG (100%)
42972-Control nose/throat bleeding	\$7,000	23	090	0%	.	4%	04-OTOLARYNG (100%)
932-Complex Oral and Pharyngeal Procedures							
Family Medicare Charges: \$8,332,236	Percent of CPEP Medicare Charges: 3%						
Family Private Payments: \$674,703	Percent of CPEP Private Payments: 2%						
40525-Reconstruct lip with flap	\$225,909	359	090	3%	.	13%	04-OTOLARYNG (28%) 24-PLASTIC SURG (45%) 04-OTOLARYNG (38%)
40527-Reconstruct lip with flap	\$90,198	138	090	1%	.	4%	24-PLASTIC SURG (38%) 04-OTOLARYNG (20%)
40530-Partial removal of lip	\$98,612	352	090	1%	.	28%	04-OTOLARYNG (17%) 04-OTOLARYNG (17%) 04-OTOLARYNG (10%)
40650-Repair lip	\$67,254	216	090	1%	.	31%	04-OTOLARYNG (10%) 04-OTOLARYNG (10%) 04-OTOLARYNG (10%)
40652-Repair lip	\$58,954	169	090	2%	4%	19%	04-OTOLARYNG (14%) 20-ORTHOPE SURG (15%) 04-OTOLARYNG (25%)
40654-Repair lip	\$197,867	444	090	2%	4%	97%	04-OTOLARYNG (25%) 04-OTOLARYNG (25%)
40700-Repair cleft lip/nasal	\$6,469	285	090	0%	.	0%	04-OTOLARYNG (25%)
40701-Repair cleft lip/nasal	\$4,775	4	090	0%	.	0%	04-OTOLARYNG (25%)
40702-Repair cleft lip/nasal	.	.	090	0%	.	0%	04-OTOLARYNG (25%)
40720-Repair cleft lip/nasal	\$6,662	9	090	0%	7%	11%	04-OTOLARYNG (22%) 04-OTOLARYNG (12%)
40761-Repair cleft lip/nasal	\$11,435	17	090	0%	12%	12%	04-OTOLARYNG (22%) 04-OTOLARYNG (29%)
40816-Excision of mouth lesion	\$228,798	1,044	090	3%	1%	56%	04-OTOLARYNG (29%) 24-PLASTIC SURG (26%) 24-PLASTIC SURG (27%)
40840-Reconstruction of mouth	\$10,163	27	090	0%	2%	44%	24-PLASTIC SURG (27%) 24-PLASTIC SURG (27%) 49-ASC (50%)
40842-Reconstruction of mouth	\$4,573	11	090	0%	.	45%	24-PLASTIC SURG (27%) 24-PLASTIC SURG (27%) 49-ASC (50%)
40843-Reconstruction of mouth	\$471	2	090	0%	.	50%	11-INTERNAL MED (11%) 19-ORAL SURGERY (30%) 19-ORAL SURGERY (37%)
40844-Reconstruction of mouth	\$5,849	10	090	0%	.	30%	19-ORAL SURGERY (37%) 19-ORAL SURGERY (46%) 04-OTOLARYNG (44%)
40845-Reconstruction of mouth	\$32,340	41	090	0%	.	15%	04-OTOLARYNG (77%) 04-OTOLARYNG (56%) 04-OTOLARYNG (48%)
41113-Excision of tongue lesion	\$184,484	898	090	2%	.	57%	04-OTOLARYNG (77%) 04-OTOLARYNG (71%) 04-OTOLARYNG (71%)
41114-Excision of tongue lesion	\$65,411	178	090	1%	.	34%	04-OTOLARYNG (77%) 04-OTOLARYNG (77%) 04-OTOLARYNG (77%)
41120-Partial removal of tongue	\$538,256	1,153	090	6%	.	4%	04-OTOLARYNG (77%) 04-OTOLARYNG (77%) 04-OTOLARYNG (77%)
41130-Partial removal of tongue	\$209,845	441	090	3%	.	1%	04-OTOLARYNG (77%) 04-OTOLARYNG (77%) 04-OTOLARYNG (77%)
41135-Tongue and neck surgery	\$385,348	463	090	5%	.	1%	04-OTOLARYNG (77%) 04-OTOLARYNG (77%) 04-OTOLARYNG (77%)
41140-Removal of tongue	\$39,854	46	090	0%	.	7%	04-OTOLARYNG (77%) 04-OTOLARYNG (77%) 04-OTOLARYNG (77%)
41145-Tongue removal; neck surgery	\$119,026	86	090	0%	.	0%	04-OTOLARYNG (77%) 04-OTOLARYNG (77%) 04-OTOLARYNG (77%)
41150-Tongue, mouth, jaw surgery	\$439,980	411	090	5%	.	1%	04-OTOLARYNG (77%) 04-OTOLARYNG (77%) 04-OTOLARYNG (77%)
41153-Tongue, mouth, neck surgery	\$484,032	341	090	6%	.	1%	04-OTOLARYNG (77%) 04-OTOLARYNG (77%) 04-OTOLARYNG (77%)
41155-Tongue, jaw, & neck surgery	\$1,896,765	1,076	090	23%	.	1%	04-OTOLARYNG (77%) 04-OTOLARYNG (77%) 04-OTOLARYNG (77%)
41500-Fixation of tongue	\$1,043	11	090	0%	1%	18%	24-PLASTIC SURG (27%) 19-ORAL SURGERY (91%) 19-ORAL SURGERY (62%)
41828-Excision of gum lesion	\$24,996	158	010	0%	1%	69%	04-OTOLARYNG (18%) 04-OTOLARYNG (18%) 04-OTOLARYNG (33%)
41830-Removal of gum tissue	\$6,215	39	010	0%	.	62%	04-OTOLARYNG (33%) 04-OTOLARYNG (33%) 04-OTOLARYNG (33%)
41872-Repair gum	\$185	3	090	0%	.	0%	04-OTOLARYNG (33%) 04-OTOLARYNG (33%) 04-OTOLARYNG (33%)
41874-Repair tooth socket	\$25,192	221	090	0%	1%	59%	04-OTOLARYNG (18%) 04-OTOLARYNG (22%) 04-OTOLARYNG (22%)
42107-Excision lesion, mouth roof	\$100,839	279	090	1%	.	63%	04-OTOLARYNG (22%) 04-OTOLARYNG (22%) 04-OTOLARYNG (22%)
42120-Remove palate/lesion	\$330,173	796	090	4%	9%	9%	04-OTOLARYNG (22%) 04-OTOLARYNG (22%) 04-OTOLARYNG (22%)
42145-Repair,palate,pharynx/uvula	\$803,980	1,050	090	10%	36%	12%	04-OTOLARYNG (93%) 19-ORAL SURGERY (37%) 04-OTOLARYNG (42%)
42182-Repair palate	\$4,282	27	010	0%	.	22%	04-OTOLARYNG (33%) 04-OTOLARYNG (33%) 04-OTOLARYNG (33%)
42200-Reconstruct cleft palate	\$15,249	33	090	0%	10%	18%	04-OTOLARYNG (42%) 04-OTOLARYNG (42%) 04-OTOLARYNG (42%)
42205-Reconstruct cleft palate	\$5,169	11	090	0%	.	9%	04-OTOLARYNG (42%) 04-OTOLARYNG (42%) 04-OTOLARYNG (42%)
42210-Reconstruct cleft palate	\$8,187	12	090	0%	10%	25%	04-OTOLARYNG (42%) 04-OTOLARYNG (42%) 04-OTOLARYNG (42%)
42215-Reconstruct cleft palate	\$7,778	12	090	0%	.	0%	04-OTOLARYNG (42%) 04-OTOLARYNG (42%) 04-OTOLARYNG (42%)
42220-Reconstruct cleft palate	\$894	3	090	0%	.	33%	04-OTOLARYNG (42%) 04-OTOLARYNG (42%) 04-OTOLARYNG (42%)

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Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDchs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
42225-Reconstruct cleft palate	\$5,276	12	090	0%	.	8%	04-OTOLARYNG (50%)	10-GASTROENTER (17%)	24-PLASTIC SURG (17%)
42226-Lengthening of palate	\$6,812	16	090	0%	.	13%	04-OTOLARYNG (38%)	19-ORAL SURGERY (19%)	24-PLASTIC SURG (19%)
42227-Lengthening of palate	\$1,699	4	090	0%	.	0%	04-OTOLARYNG (75%)	19-ORAL SURGERY (25%)	(.)
42235-Repair palate	\$14,516	43	090	0%	.	21%	10-GASTROENTER (33%)	02-GNRL SURGERY (28%)	04-OTOLARYNG (17%)
42240-Repair nose to lip fistula	\$3,619	18	090	0%	.	22%	24-PLASTIC SURG (33%)	04-OTOLARYNG (33%)	04-OTOLARYNG (17%)
42281-Insertion, palate prosthesis	\$3,202	51	010	0%	.	16%	19-ORAL SURGERY (35%)	04-OTOLARYNG (33%)	70-GROUP PRAC (18%)
42720-Drainage of throat abscess	\$16,213	152	010	0%	.	30%	04-OTOLARYNG (71%)	19-ORAL SURGERY (14%)	01,08-GP/FP (3%)
42725-Drainage of throat abscess	\$37,761	109	090	0%	.	2%	04-OTOLARYNG (76%)	02-GNRL SURGERY (6%)	02-GNRL SURGERY (6%)
42815-Excision of neck cyst	\$125,609	258	090	2%	10%	5%	04-OTOLARYNG (71%)	02-GNRL SURGERY (15%)	24-PLASTIC SURG (3%)
42842-Extensive surgery of throat	\$100,764	244	090	1%	.	2%	04-OTOLARYNG (88%)	70-GROUP PRAC (5%)	02-GNRL SURGERY (3%)
42844-Extensive surgery of throat	\$57,892	114	090	1%	.	3%	04-OTOLARYNG (80%)	02-GNRL SURGERY (6%)	70-GROUP PRAC (5%)
42845-Extensive surgery of throat	\$66,954	83	090	1%	.	0%	04-OTOLARYNG (80%)	02-GNRL SURGERY (6%)	70-GROUP PRAC (6%)
42890-Partial removal of pharynx	\$161,678	337	090	2%	.	1%	04-OTOLARYNG (86%)	02-GNRL SURGERY (6%)	01,08-GP/FP (1%)
42892-Revision of pharyngeal walls	\$85,309	178	090	1%	.	3%	04-OTOLARYNG (83%)	02-GNRL SURGERY (9%)	70-GROUP PRAC (3%)
42894-Revision of pharyngeal walls	\$124,296	164	090	1%	.	1%	04-OTOLARYNG (87%)	02-GNRL SURGERY (7%)	24-PLASTIC SURG (2%)
42950-Reconstruction of throat	\$58,196	145	090	1%	.	6%	04-OTOLARYNG (77%)	02-GNRL SURGERY (8%)	24-PLASTIC SURG (6%)
42953-Repair throat, esophagus	\$36,907	121	090	0%	.	2%	04-OTOLARYNG (60%)	19-ORAL SURGERY (27%)	02-GNRL SURGERY (9%)
42961-Control throat bleeding	\$8,141	41	090	0%	.	5%	04-OTOLARYNG (76%)	24-PLASTIC SURG (20%)	01,08-GP/FP (2%)
42962-Control throat bleeding	\$24,211	82	090	0%	2%	16%	04-OTOLARYNG (72%)	19-ORAL SURGERY (15%)	24-PLASTIC SURG (6%)
42971-Control nose/throat bleeding	\$13,758	61	090	0%	.	7%	04-OTOLARYNG (62%)	02-GNRL SURGERY (16%)	01,08-GP/FP (5%)
43020-Incision of esophagus	\$12,618	41	090	0%	.	12%	04-OTOLARYNG (27%)	01,08-GP/FP (22%)	02-GNRL SURGERY (17%)
43030-Throat muscle surgery	\$619,493	1,377	090	7%	.	2%	04-OTOLARYNG (70%)	02-GNRL SURGERY (13%)	33-THORACIC SURG (9%)

936-Salivary Gland and Duct Procedures
 Family Medicare Charges: \$10,216,606
 Family Private Payments: \$730,217
 Percent of CPEP Medicare Charges: 4%
 Percent of CPEP Private Payments: 2%

42300-Drainage of salivary gland	\$23,086	269	010	0%	.	64%	04-OTOLARYNG (57%)	02-GNRL SURGERY (11%)	19-ORAL SURGERY (11%)
42305-Drainage of salivary gland	\$43,641	195	090	0%	.	16%	04-OTOLARYNG (67%)	02-GNRL SURGERY (17%)	19-ORAL SURGERY (5%)
42310-Drainage of salivary gland	\$13,338	174	010	0%	.	68%	04-OTOLARYNG (59%)	19-ORAL SURGERY (20%)	85-MAXILLOFACIAL (5%)
42320-Drainage of salivary gland	\$9,388	85	010	0%	.	34%	04-OTOLARYNG (47%)	19-ORAL SURGERY (16%)	02-GNRL SURGERY (15%)
42325-Create salivary cyst drain	\$11,955	133	090	0%	.	87%	10-GASTROENTER (77%)	19-ORAL SURGERY (8%)	04-OTOLARYNG (5%)
42326-Create salivary cyst drain	\$679	4	090	0%	.	75%	19-ORAL SURGERY (75%)	04-OTOLARYNG (25%)	(.)
42330-Removal of salivary stone	\$154,183	1,651	010	2%	1%	87%	04-OTOLARYNG (66%)	19-ORAL SURGERY (19%)	85-MAXILLOFACIAL (5%)
42335-Removal of salivary stone	\$104,872	570	090	1%	1%	61%	04-OTOLARYNG (53%)	19-ORAL SURGERY (27%)	85-MAXILLOFACIAL (7%)
42340-Removal of salivary stone	\$36,704	135	090	0%	.	69%	04-OTOLARYNG (59%)	19-ORAL SURGERY (21%)	02-GNRL SURGERY (5%)
42405-Biopsy of salivary gland	\$113,624	1,391	010	1%	1%	69%	83-HEMATOL/ONCOL (30%)	04-OTOLARYNG (29%)	90-MED ONCOLOGY (8%)
42408-Excision of salivary cyst	\$41,620	178	090	0%	.	56%	04-OTOLARYNG (46%)	19-ORAL SURGERY (25%)	02-GNRL SURGERY (16%)
42409-Drainage of salivary cyst	\$9,670	55	090	0%	.	69%	04-OTOLARYNG (66%)	19-ORAL SURGERY (27%)	85-MAXILLOFACIAL (5%)
42410-Excise parotid gland/lesion	\$629,975	1,483	090	6%	6%	5%	04-OTOLARYNG (44%)	02-GNRL SURGERY (34%)	24-PLASTIC SURG (7%)
42415-Excise parotid gland/lesion	\$3,933,978	5,285	090	39%	44%	1%	04-OTOLARYNG (66%)	02-GNRL SURGERY (18%)	24-PLASTIC SURG (7%)
42420-Excise parotid gland/lesion	\$2,206,263	2,526	090	22%	22%	2%	04-OTOLARYNG (75%)	02-GNRL SURGERY (12%)	24-PLASTIC SURG (5%)
42425-Excise parotid gland/lesion	\$129,371	246	090	1%	.	0%	04-OTOLARYNG (68%)	02-GNRL SURGERY (13%)	24-PLASTIC SURG (10%)
42426-Excise parotid gland/lesion	\$660,132	485	090	6%	6%	1%	04-OTOLARYNG (67%)	02-GNRL SURGERY (14%)	24-PLASTIC SURG (8%)
42440-Excision submaxillary gland	\$1,856,431	4,036	090	18%	24%	2%	04-OTOLARYNG (70%)	02-GNRL SURGERY (15%)	49-ASC (2%)
42450-Excision sublingual gland	\$39,762	163	090	0%	.	23%	04-OTOLARYNG (44%)	19-ORAL SURGERY (18%)	02-GNRL SURGERY (10%)
42500-Repair salivary duct	\$59,278	211	090	1%	.	36%	04-OTOLARYNG (45%)	19-ORAL SURGERY (26%)	85-MAXILLOFACIAL (9%)
42505-Repair salivary duct	\$39,227	106	090	0%	.	1%	04-OTOLARYNG (60%)	19-ORAL SURGERY (18%)	24-PLASTIC SURG (8%)
42507-Parotid duct diversion	\$4,703	17	090	0%	.	12%	04-OTOLARYNG (47%)	24-PLASTIC SURG (24%)	85-MAXILLOFACIAL (12%)
42508-Parotid duct diversion	\$1,269	3	090	0%	.	0%	02-GNRL SURGERY (33%)	04-OTOLARYNG (33%)	24-PLASTIC SURG (33%)
42510-Parotid duct diversion	\$2,295	76	090	0%	.	93%	01,08-GP/FP (80%)	11-INTERNAL MED (8%)	04-OTOLARYNG (7%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Percent of CPEP Medicare Charges	Percent of CPEP Private Payments	OFFICE	First Specialty	Second Specialty	Third Specialty
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42600-Closure of salivary fistula	\$5,216	25	090	0%	0%	32%	04-OTOLARYNG (80%)	19-ORAL SURGERY (12%)	02-GNRL SURGERY (4%)
42650-Dilation of salivary duct	\$64,504	1,792	000	1%	1%	93%	04-OTOLARYNG (74%)	19-ORAL SURGERY (16%)	85-MAXILLOFACIAL (3%)
42660-Dilation of salivary duct	\$20,588	421	000	0%	0%	66%	04-OTOLARYNG (48%)	30-RADIOLOGY (21%)	19-ORAL SURGERY (21%)
42665-Ligation of salivary duct	\$1,054	9	090	0%	0%	44%	04-OTOLARYNG (67%)	19-ORAL SURGERY (11%)	24-PLASTIC SURG (11%)

940-Laryngeal and Tracheal Procedures
 Family Medicare Charges: \$17,189,389
 Family Private Payments: \$260,122

31300-Removal of larynx lesion	\$121,113	179	090	1%	1%	2%	04-OTOLARYNG (87%)	02-GNRL SURGERY (4%)	70-GROUP PRAC (3%)
31320-Diagnostic incision larynx	\$4,379	18	090	0%	0%	17%	04-OTOLARYNG (56%)	70-GROUP PRAC (17%)	02-GNRL SURGERY (11%)
31360-Removal of larynx	\$1,601,133	1,678	090	9%	20%	1%	04-OTOLARYNG (86%)	02-GNRL SURGERY (6%)	70-GROUP PRAC (2%)
31365-Removal of larynx	\$1,684,562	1,211	090	10%	0%	1%	04-OTOLARYNG (82%)	02-GNRL SURGERY (5%)	70-GROUP PRAC (4%)
31367-Partial removal of larynx	\$122,421	128	090	1%	0%	0%	04-OTOLARYNG (86%)	02-GNRL SURGERY (5%)	70-GROUP PRAC (5%)
31368-Partial removal of larynx	\$242,893	170	090	1%	0%	0%	04-OTOLARYNG (84%)	02-GNRL SURGERY (8%)	24-PLASTIC SURG (2%)
31370-Partial removal of larynx	\$127,780	167	090	1%	0%	1%	04-OTOLARYNG (87%)	70-GROUP PRAC (4%)	02-GNRL SURGERY (3%)
31375-Partial removal of larynx	\$85,560	102	090	0%	0%	13%	04-OTOLARYNG (88%)	02-GNRL SURGERY (7%)	01,08-GP/FP (3%)
31380-Partial removal of larynx	\$75,561	81	090	0%	0%	4%	04-OTOLARYNG (91%)	01,08-GP/FP (5%)	02-GNRL SURGERY (1%)
31382-Partial removal of larynx	\$109,492	115	090	1%	0%	3%	04-OTOLARYNG (83%)	02-GNRL SURGERY (6%)	70-GROUP PRAC (4%)
31390-Removal of larynx & pharynx	\$260,292	161	090	2%	0%	3%	04-OTOLARYNG (74%)	02-GNRL SURGERY (13%)	70-GROUP PRAC (5%)
31395-Reconstruct larynx & pharynx	\$235,268	133	090	1%	0%	1%	04-OTOLARYNG (77%)	02-GNRL SURGERY (9%)	01,08-GP/FP (3%)
31400-Revision of larynx	\$44,794	69	090	0%	0%	9%	04-OTOLARYNG (84%)	70-GROUP PRAC (4%)	02-GNRL SURGERY (3%)
31420-Removal of epiglottis	\$18,616	50	090	0%	0%	2%	04-OTOLARYNG (74%)	05-ANESTHESIA (16%)	01,08-GP/FP (2%)
31580-Revision of larynx	\$54,757	71	090	0%	0%	10%	04-OTOLARYNG (77%)	34-UROLOGY (6%)	02-GNRL SURGERY (4%)
31582-Revision of larynx	\$82,964	74	090	0%	0%	0%	04-OTOLARYNG (85%)	01,08-GP/FP (11%)	02-GNRL SURGERY (1%)
31584-Repair of larynx fracture	\$23,506	24	090	0%	0%	0%	04-OTOLARYNG (92%)	70-GROUP PRAC (4%)	78-CARDIAC SURG (4%)
31585-Repair of larynx fracture	\$280	3	090	0%	0%	100%	04-OTOLARYNG (100%)	(.)	(.)
31586-Repair of larynx fracture	\$1,610	4	090	0%	0%	0%	04-OTOLARYNG (75%)	20-ORTHOPEDE SURG (25%)	(.)
31587-Revision of larynx	\$23,846	61	090	0%	0%	3%	04-OTOLARYNG (80%)	46-ENDOCRINOLOGY (7%)	70-GROUP PRAC (5%)
31588-Revision of larynx	\$467,395	463	090	3%	0%	1%	04-OTOLARYNG (92%)	70-GROUP PRAC (5%)	49-ASC (2%)
31590-Reinnervate larynx	\$2,028	6	090	0%	0%	17%	04-OTOLARYNG (50%)	01,08-GP/FP (17%)	02-GNRL SURGERY (17%)
31595-Larynx nerve surgery	\$9,185	34	090	0%	0%	4%	04-OTOLARYNG (62%)	01,08-GP/FP (21%)	70-GROUP PRAC (18%)
31600-Incision of windpipe	\$9,133,889	33,709	000	53%	72%	1%	02-GNRL SURGERY (37%)	04-OTOLARYNG (35%)	33-THORACIC SURG (13%)
31601-Incision of windpipe	\$12,251	42	000	0%	0%	0%	04-OTOLARYNG (76%)	02-GNRL SURGERY (12%)	33-THORACIC SURG (5%)
31603-Incision of windpipe	\$1,020,412	3,391	000	6%	8%	1%	04-OTOLARYNG (38%)	02-GNRL SURGERY (34%)	33-THORACIC SURG (11%)
31605-Incision of windpipe	\$132,569	501	000	1%	0%	3%	02-GNRL SURGERY (24%)	93-EMERGENCY MED (19%)	04-OTOLARYNG (14%)
31610-Incision of windpipe	\$494,956	1,020	090	3%	0%	1%	04-OTOLARYNG (61%)	02-GNRL SURGERY (21%)	33-THORACIC SURG (4%)
31611-Surgery/speech prosthesis	\$335,885	830	090	2%	0%	10%	04-OTOLARYNG (87%)	70-GROUP PRAC (5%)	49-ASC (2%)
31613-Repair windpipe opening	\$196,676	1,039	090	1%	0%	16%	04-OTOLARYNG (60%)	02-GNRL SURGERY (16%)	33-THORACIC SURG (7%)
31614-Repair windpipe opening	\$182,796	432	090	1%	0%	4%	04-OTOLARYNG (83%)	02-GNRL SURGERY (4%)	24-PLASTIC SURG (3%)
31750-Repair of windpipe	\$92,909	172	090	1%	0%	5%	04-OTOLARYNG (77%)	33-THORACIC SURG (7%)	02-GNRL SURGERY (3%)
31755-Repair of windpipe	\$54,598	73	090	0%	0%	10%	04-OTOLARYNG (86%)	29-PULMONARY DIS (8%)	49-ASC (4%)
31820-Closure of windpipe lesion	\$63,006	255	090	0%	0%	19%	04-OTOLARYNG (62%)	02-GNRL SURGERY (16%)	33-THORACIC SURG (7%)
31825-Repair of windpipe defect	\$68,625	187	090	0%	0%	6%	04-OTOLARYNG (77%)	24-PLASTIC SURG (6%)	02-GNRL SURGERY (4%)
31830-Revise windpipe scar	\$21,782	93	090	0%	0%	17%	04-OTOLARYNG (69%)	02-GNRL SURGERY (14%)	49-ASC (5%)

Percent of CPEP Medicare Charges: 24%
 Family Medicare Charges: \$60,326,275
 Percent of CPEP Private Payments: 15%
 Family Private Payments: \$5,190,098

31231-Nasal endoscopy, dx
 31233-Nasal/sinus endoscopy, dx

Procedure

Third Specialty

Second Specialty

First Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	First Specialty	Second Specialty	Third Specialty
31235-Nasal/sinus endoscopy, dx			000			(.)	(.)	(.)
31237-Nasal/sinus endoscopy, surg			000			(.)	(.)	(.)
31238-Nasal/sinus endoscopy, surg			000			(.)	(.)	(.)
31239-Nasal/sinus endoscopy, surg			010			(.)	(.)	(.)
31240-Nasal/sinus endoscopy, surg			000			(.)	(.)	(.)
31254-Revision of ethmoid sinus	\$2,315,204	4,439	000	4%	10%	04-OTOLARYNG (89%)	49-ASC (6%)	70-GROUP PRAC (2%)
31255-Removal of ethmoid sinus	\$9,874,768	11,143	000	16%	28%	04-OTOLARYNG (90%)	49-ASC (6%)	70-GROUP PRAC (2%)
31256-Exploration maxillary sinus	\$3,249,727	10,813	000	5%	11%	04-OTOLARYNG (90%)	49-ASC (6%)	70-GROUP PRAC (2%)
31267-Endoscopy, maxillary sinus	\$1,251,896	3,262	000	2%	5%	04-OTOLARYNG (92%)	49-ASC (4%)	24-PLASTIC SURG (1%)
31276-Sinus surgical endoscopy			000			(.)	(.)	(.)
31287-Nasal/sinus endoscopy, surg			000			(.)	(.)	(.)
31288-Nasal/sinus endoscopy, surg			000			(.)	(.)	(.)
31290-Nasal/sinus endoscopy, surg			010			(.)	(.)	(.)
31291-Nasal/sinus endoscopy, surg			010			(.)	(.)	(.)
31292-Nasal/sinus endoscopy, surg			010			(.)	(.)	(.)
31293-Nasal/sinus endoscopy, surg			010			(.)	(.)	(.)
31294-Nasal/sinus endoscopy, surg			010			(.)	(.)	(.)
31502-Change of windpipe airway	\$312,890	7,475	000	1%	22%	04-OTOLARYNG (39%)	29-PULMONARY DIS (28%)	02-GNRL SURGERY (8%)
31505-Diagnostic laryngoscopy	\$1,309,411	36,357	000	2%	90%	04-OTOLARYNG (73%)	01-08-GP/FP (9%)	11-INTERNAL MED (5%)
31510-Laryngoscopy with biopsy	\$34,121	278	000	0%	27%	04-OTOLARYNG (45%)	49-ASC (16%)	02-GNRL SURGERY (9%)
31511-Remove foreign body, larynx	\$33,323	363	000	0%	34%	04-OTOLARYNG (32%)	93-EMERGENCY MED (24%)	01-08-GP/FP (18%)
31512-Removal of larynx lesion	\$12,978	72	000	0%	8%	04-OTOLARYNG (44%)	05-ANESTHESIA (17%)	05-ANESTHESIA (17%)
31513-Injection into vocal cord	\$29,753	133	000	0%	40%	04-OTOLARYNG (91%)	70-GROUP PRAC (4%)	11-INTERNAL MED (2%)
31515-Laryngoscopy for aspiration	\$214,730	2,524	000	0%	27%	04-OTOLARYNG (34%)	29-PULMONARY DIS (10%)	93-EMERGENCY MED (9%)
31520-Diagnostic laryngoscopy	\$15,174	135	000	0%	41%	04-OTOLARYNG (73%)	03-ALLERGY/IMMUN (7%)	70-GROUP PRAC (6%)
31523-Diagnostic laryngoscopy	\$3,180,654	20,545	000	5%	53%	04-OTOLARYNG (83%)	02-GNRL SURGERY (4%)	29-PULMONARY DIS (3%)
31526-Diagnostic laryngoscopy	\$431,362	1,924	000	1%	23%	04-OTOLARYNG (91%)	49-ASC (4%)	70-GROUP PRAC (2%)
31527-Laryngoscopy for treatment	\$8,433	44	000	0%	2%	04-OTOLARYNG (66%)	05-ANESTHESIA (9%)	02-GNRL SURGERY (5%)
31528-Laryngoscopy and dilatation	\$24,526	146	000	0%	8%	04-OTOLARYNG (71%)	02-GNRL SURGERY (7%)	29-PULMONARY DIS (6%)
31529-Laryngoscopy and dilatation	\$7,620	54	000	0%	24%	04-OTOLARYNG (59%)	02-GNRL SURGERY (22%)	70-GROUP PRAC (11%)
31530-Operative laryngoscopy	\$183,245	686	000	0%	0%	04-OTOLARYNG (52%)	92-RAD ONCOLOGY (19%)	93-EMERGENCY MED (9%)
31531-Operative laryngoscopy	\$64,479	190	000	0%	5%	04-OTOLARYNG (84%)	49-ASC (8%)	24-PLASTIC SURG (2%)
31535-Operative laryngoscopy	\$2,410,512	9,849	000	4%	2%	04-OTOLARYNG (86%)	49-ASC (4%)	02-GNRL SURGERY (3%)
31536-Operative laryngoscopy	\$2,946,601	8,336	000	5%	3%	04-OTOLARYNG (89%)	49-ASC (6%)	70-GROUP PRAC (2%)
31540-Operative laryngoscopy	\$809,457	2,167	000	1%	3%	04-OTOLARYNG (87%)	49-ASC (7%)	02-GNRL SURGERY (2%)
31541-Operative laryngoscopy	\$4,906,693	11,349	000	8%	9%	04-OTOLARYNG (91%)	49-ASC (4%)	70-GROUP PRAC (2%)
31546-Operative laryngoscopy	\$18,834	43	000	0%	5%	04-OTOLARYNG (72%)	93-EMERGENCY MED (12%)	11-INTERNAL MED (7%)
31561-Operative laryngoscopy	\$132,520	206	000	0%	3%	04-OTOLARYNG (87%)	70-GROUP PRAC (7%)	01-08-GP/FP (1%)
31570-Laryngoscopy with injection	\$399,241	1,155	000	1%	47%	04-OTOLARYNG (84%)	13-NEUROLOGY (10%)	70-GROUP PRAC (1%)
31571-Laryngoscopy with injection	\$199,921	515	000	0%	5%	04-OTOLARYNG (91%)	49-ASC (3%)	70-GROUP PRAC (3%)
31575-Diagnostic laryngoscopy	\$22,128,978	205,208	000	37%	17%	04-OTOLARYNG (86%)	01-08-GP/FP (2%)	29-PULMONARY DIS (2%)
31576-Laryngoscopy with biopsy	\$82,032	461	000	0%	27%	04-OTOLARYNG (67%)	02-GNRL SURGERY (11%)	70-GROUP PRAC (5%)
31577-Remove foreign body, larynx	\$32,190	109	000	0%	48%	04-OTOLARYNG (71%)	93-EMERGENCY MED (6%)	01-08-GP/FP (6%)
31578-Removal of larynx lesion	\$29,550	109	000	0%	34%	04-OTOLARYNG (78%)	49-ASC (9%)	11-INTERNAL MED (6%)
31579-Diagnostic laryngoscopy	\$761,196	4,230	000	1%	89%	04-OTOLARYNG (90%)	01-08-GP/FP (3%)	13-NEUROLOGY (3%)
31708-Instill airway contrast dye	\$2,129	32	000	0%	3%	30-RADIOLOGY (56%)	33-THORACIC SURG (19%)	70-GROUP PRAC (19%)
92511-Nasopharyngoscopy	\$2,912,127	46,733	000	5%	89%	04-OTOLARYNG (87%)	01-08-GP/FP (2%)	70-GROUP PRAC (2%)

948-Other ENT Procedures
 Family Medicare Charges: \$5,168,977
 Family Private Payments: \$173,115
 Percent of CPEP Medicare Charges: 2%
 Percent of CPEP Private Payments: 0%

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Pct. of Family AlldChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
						First Specialty	Second Specialty	Third Specialty
38700-Removal of lymph nodes, neck	\$497,665	1,051	10%	.	1%	04-OTOLARYNG (65%)	02-GHRL SURGERY (15%)	24-PLASTIC SURG (7%)
38720-Removal of lymph nodes, neck	\$2,291,379	2,751	44%	52%	1%	04-OTOLARYNG (71%)	02-GHRL SURGERY (14%)	24-PLASTIC SURG (4%)
38724-Removal of lymph nodes, neck	\$2,355,896	3,044	46%	48%	1%	04-OTOLARYNG (68%)	02-GHRL SURGERY (16%)	24-PLASTIC SURG (5%)
60000-Drain thyroid/tongue cyst	\$5,665	95	0%	.	61%	02-GHRL SURGERY (41%)	11-INTERNAL MED (19%)	01,08-GP/FP (11%)
60605-Remove carotid body lesion	\$18,374	38	0%	.	24%	02-GHRL SURGERY (29%)	01,08-GP/FP (24%)	04-OTOLARYNG (16%)
60020-Prepare face/oral prosthesis	.	010	.	.	.	(.)	(.)	(.)
60021-Prepare orbital prosthesis	.	090	.	.	.	(.)	(.)	(.)
952-Otorhinolaryngologic Function Tests								
Family Medicare Charges:	\$8,238,182		3%					
Family Private Payments:	\$348,960		1%					
92512-Nasal function studies	\$57,640	1,668	1%	9%	99%	04-OTOLARYNG (67%)	03-ALLERGY/IMMUN (24%)	01,08-GP/FP (4%)
92516-Facial nerve function test	\$34,853	1,207	0%	1%	73%	04-OTOLARYNG (66%)	70-GROUP PRAC (22%)	13-NEUROLOGY (6%)
92520-Laryngeal function studies	\$64,235	1,103	1%	1%	87%	04-OTOLARYNG (88%)	13-NEUROLOGY (6%)	01,08-GP/FP (3%)
92541-Spontaneous nystagmus test	\$1,772,439	48,952	22%	21%	87%	04-OTOLARYNG (71%)	64-AUDIOLOGISTS (12%)	13-NEUROLOGY (11%)
92542-Positional nystagmus test	\$1,500,359	48,615	18%	16%	90%	04-OTOLARYNG (73%)	64-AUDIOLOGISTS (13%)	13-NEUROLOGY (9%)
92543-Caloric vestibular test	\$2,278,312	61,897	28%	21%	89%	04-OTOLARYNG (70%)	64-AUDIOLOGISTS (12%)	13-NEUROLOGY (9%)
92544-Optokinetic nystagmus test	\$876,436	39,103	11%	9%	88%	04-OTOLARYNG (70%)	64-AUDIOLOGISTS (13%)	13-NEUROLOGY (11%)
92545-Oscillating tracking test	\$795,042	39,016	10%	8%	90%	04-OTOLARYNG (73%)	64-AUDIOLOGISTS (13%)	13-NEUROLOGY (9%)
92546-Torsion swing recording	\$164,673	6,105	2%	2%	75%	04-OTOLARYNG (55%)	13-NEUROLOGY (19%)	64-AUDIOLOGISTS (12%)
92547-Supplemental electrical test	\$324,263	15,658	4%	5%	98%	04-OTOLARYNG (77%)	64-AUDIOLOGISTS (18%)	13-NEUROLOGY (7%)
92584-Electrocochleography	\$369,930	4,018	4%	8%	100%	04-OTOLARYNG (77%)	64-AUDIOLOGISTS (18%)	03-ALLERGY/IMMUN (2%)
92587-Evoked auditory test	.	XXX	.	.	.	(.)	(.)	(.)
92588-Evoked auditory test	.	XXX	.	.	.	(.)	(.)	(.)
956-Speech Therapy								
Family Medicare Charges:	\$1,499,332		1%					
Family Private Payments:	\$212,780		1%					
92506-Speech & hearing evaluation	\$689,985	18,483	46%	35%	67%	04-OTOLARYNG (47%)	11-INTERNAL MED (12%)	13-NEUROLOGY (12%)
92507-Speech/hearing therapy	\$787,761	31,211	53%	63%	70%	04-OTOLARYNG (33%)	25-PHYSICL-REHAB (16%)	13-NEUROLOGY (11%)
92508-Speech/hearing therapy	\$21,586	1,378	1%	2%	50%	01,08-GP/FP (48%)	64-AUDIOLOGISTS (32%)	13-NEUROLOGY (11%)
960-Simple Audiometry								
Family Medicare Charges:	\$46,587,986		18%					
Family Private Payments:	\$2,101,025		6%					
92552-Pure tone audiometry, air	\$1,892,369	128,013	4%	9%	99%	04-OTOLARYNG (63%)	01,08-GP/FP (15%)	11-INTERNAL MED (12%)
92553-Audiometry, air & bone	\$3,690,976	161,280	8%	10%	98%	04-OTOLARYNG (79%)	64-AUDIOLOGISTS (12%)	01,08-GP/FP (2%)
92555-Speech threshold audiometry	\$271,347	20,853	1%	2%	98%	04-OTOLARYNG (70%)	64-AUDIOLOGISTS (23%)	24-PLASTIC SURG (3%)
92556-Speech audiometry, complete	\$2,224,716	108,492	5%	5%	97%	04-OTOLARYNG (76%)	64-AUDIOLOGISTS (20%)	70-GROUP PRAC (2%)
92557-Comprehensive hearing test	\$24,570,722	599,919	53%	37%	97%	04-OTOLARYNG (77%)	64-AUDIOLOGISTS (19%)	70-GROUP PRAC (1%)
92561-Bekesy audiometry, diagnosis	\$35,144	1,364	0%	0%	100%	11-INTERNAL MED (42%)	04-OTOLARYNG (22%)	01,08-GP/FP (17%)
92562-Loudness balance test	\$43,273	2,971	0%	0%	90%	64-AUDIOLOGISTS (58%)	04-OTOLARYNG (30%)	70-GROUP PRAC (7%)
92563-Tone decay hearing test	\$516,734	32,995	1%	0%	85%	64-AUDIOLOGISTS (56%)	04-OTOLARYNG (42%)	70-GROUP PRAC (1%)
92564-Sisi hearing test	\$78,024	4,308	0%	0%	100%	64-AUDIOLOGISTS (57%)	04-OTOLARYNG (39%)	70-GROUP PRAC (1%)
92565-Stenger test, pure tone	\$7,586	548	0%	0%	97%	64-AUDIOLOGISTS (43%)	04-OTOLARYNG (21%)	11-INTERNAL MED (11%)
92567-Tympanometry	\$9,608,140	504,639	21%	31%	96%	04-OTOLARYNG (70%)	64-AUDIOLOGISTS (18%)	01,08-GP/FP (7%)
92568-Acoustic reflex testing	\$2,691,027	194,213	6%	4%	91%	04-OTOLARYNG (63%)	64-AUDIOLOGISTS (32%)	01,08-GP/FP (2%)
92569-Acoustic reflex decay test	\$824,312	54,506	2%	1%	93%	04-OTOLARYNG (60%)	64-AUDIOLOGISTS (37%)	01,08-GP/FP (1%)
92571-Filtered speech hearing test	\$17,972	1,019	0%	0%	100%	04-OTOLARYNG (56%)	64-AUDIOLOGISTS (40%)	70-GROUP PRAC (4%)

1993 MC Allowed Charges 1993 MC Units of Service Global Period Pct. of Family Alldchs Pct. of Family Privpmts Pct. of Vol. in OFFICE

First Specialty Second Specialty Third Specialty

Procedure

92572-Staggered spondaic word test	\$879	103	XXX	0%	0%	99%	04-OTOLARYNG (59%)	64-AUDILOGISTS (28%)	01,08-GP/FP (9%)
92573-Lombard test	\$1,992	180	XXX	0%	0%	4%	64-AUDILOGISTS (97%)	04-OTOLARYNG (2%)	11-INTERNAL MED (1%)
92574-Swining story test	\$50	2	XXX	0%	0%	100%	04-OTOLARYNG (50%)	64-AUDILOGISTS (50%)	(.)
92575-Sensorineural acuity test	\$8,095	730	XXX	0%	0%	87%	64-AUDILOGISTS (45%)	13-NEUROLOGY (25%)	04-OTOLARYNG (18%)
92576-Synthetic sentence test	\$4,885	294	XXX	0%	0%	96%	04-OTOLARYNG (81%)	64-AUDILOGISTS (12%)	24-PLASTIC SURG (3%)
92577-Stenger test, speech	\$19,578	563	XXX	0%	0%	98%	64-AUDILOGISTS (68%)	04-OTOLARYNG (28%)	01,08-GP/FP (1%)
92578-Delayed auditory feedback	\$249	14	XXX	0%	0%	100%	04-OTOLARYNG (50%)	64-AUDILOGISTS (36%)	11-INTERNAL MED (7%)
92580-Electrodermal audiometry	\$10,118	400	XXX	0%	0%	100%	64-AUDILOGISTS (55%)	01,08-GP/FP (32%)	04-OTOLARYNG (7%)
92582-Conditioning play audiometry	\$15,693	708	XXX	0%	1%	97%	04-OTOLARYNG (62%)	64-AUDILOGISTS (30%)	70-GROUP PRAC (3%)
92583-Select picture audiometry	\$2,327	72	XXX	0%	0%	97%	04-OTOLARYNG (60%)	64-AUDILOGISTS (18%)	26-PSYCHIATRY (10%)
92589-Auditory function test(s)	\$51,292	2,193	XXX	0%	0%	97%	04-OTOLARYNG (57%)	64-AUDILOGISTS (32%)	01,08-GP/FP (3%)
92596-Ear protector evaluation	\$466	27	XXX	0%	0%	96%	04-OTOLARYNG (67%)	64-AUDILOGISTS (26%)	18-OPHTHALMOLOGY (4%)

CPEP 10 - MISCELLANEOUS INTERNAL MEDICINE

C10

1000-Introduction of Needle and Catheter

Family Medicare Charges: \$32,278,533
 Family Private Payments: \$3,429,694
 Percent of CPEP Medicare Charges: 3%
 Percent of CPEP Private Payments: 16%

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	AllChgs	Pct. of Family	Vol. in Pct. of Family	OFFICE	First Specialty	Second Specialty	Third Specialty
36000-Place needle in vein	\$17,741,307	526,944	XXX	55%	10%	54%	54%	83-HEMATOL/ONCOL (18%)	30-RADIOLOGY (15%)	11-INTERNAL MED (13%)
36400-Drawing blood	\$20,194	2,151	XXX	0%	1%	58%	58%	01,08-GP/FP (47%)	93-EMERGENCY MED (20%)	11-INTERNAL MED (10%)
36405-Drawing blood	\$58,413	2,301	XXX	0%	0%	81%	79%	83-HEMATOL/ONCOL (54%)	01,08-GP/FP (16%)	11-INTERNAL MED (10%)
36406-Drawing blood	\$65,889	5,585	XXX	0%	5%	79%	83-HEMATOL/ONCOL (33%)	01,08-GP/FP (21%)	01,08-GP/FP (25%)	11-INTERNAL MED (10%)
36410-Drawing blood	\$6,154,308	313,101	XXX	19%	2%	65%	11-INTERNAL MED (28%)	01,08-GP/FP (25%)	01,08-GP/FP (25%)	70-GROUP PRAC (6%)
36420-Establish access to vein	\$4,573	148	XXX	0%	0%	47%	01,08-GP/FP (39%)	11-INTERNAL MED (26%)	11-INTERNAL MED (26%)	06-CARDIOLOGY (7%)
36425-Establish access to vein	\$532,444	23,914	XXX	2%	0%	40%	01,08-GP/FP (30%)	11-INTERNAL MED (21%)	22-PATHOLOGY (16%)	22-PATHOLOGY (16%)
36510-Insertion of catheter, vein	\$1,401	47	000	0%	1%	55%	01,08-GP/FP (19%)	11-INTERNAL MED (19%)	30-RADIOLOGY (19%)	30-RADIOLOGY (19%)
36600-Withdrawal of arterial blood	\$4,400,808	226,681	XXX	14%	3%	38%	29-PULMONARY DIS (33%)	01,08-GP/FP (16%)	11-INTERNAL MED (15%)	11-INTERNAL MED (15%)
36660-Insertion catheter, artery	\$4,235	194	000	0%	2%	19%	05-ANESTHESIA (55%)	70-GROUP PRAC (17%)	11-INTERNAL MED (16%)	11-INTERNAL MED (16%)
90782-Injection (SC)/(IM)	\$2,437,616	767,066	XXX	8%	65%	96%	01,08-GP/FP (34%)	11-INTERNAL MED (30%)	26-PSYCHIATRY (5%)	26-PSYCHIATRY (5%)
90783-Injection (IA)	\$14,244	1,319	XXX	0%	0%	97%	11-INTERNAL MED (38%)	01,08-GP/FP (27%)	39-NEPHROLOGY (6%)	39-NEPHROLOGY (6%)
90784-Injection (IV)	\$777,911	42,666	XXX	2%	5%	81%	11-INTERNAL MED (19%)	01,08-GP/FP (17%)	83-HEMATOL/ONCOL (13%)	83-HEMATOL/ONCOL (13%)
90788-Injection of antibiotic	\$65,190	18,016	XXX	0%	10%	99%	01,08-GP/FP (54%)	11-INTERNAL MED (18%)	11-INTERNAL MED (18%)	34-UROLOGY (8%)

1004-Spinal Tap

Family Medicare Charges: \$4,286,196
 Family Private Payments: \$471,424
 Percent of CPEP Medicare Charges: 0%
 Percent of CPEP Private Payments: 2%

62270-Spinal fluid tap, diagnostic
 62272-Drain spinal fluid

\$4,039,068 72,082 000 94%
 \$247,128 3,176 000 6%

1008-Bone Marrow Procedures

Family Medicare Charges: \$14,524,378
 Family Private Payments: \$245,922
 Percent of CPEP Medicare Charges: 1%
 Percent of CPEP Private Payments: 1%

30240-Bone marrow transplantation
 85095-Bone marrow aspiration
 85102-Bone marrow biopsy

\$7,408 45 XXX 0%
 \$8,607 65 XXX 0%
 \$6,468,810 112,898 XXX 45%
 \$8,039,553 112,435 XXX 55%

1012-Allergy Tests

Family Medicare Charges: \$14,171,602
 Family Private Payments: \$64,718
 Percent of CPEP Medicare Charges: 1%
 Percent of CPEP Private Payments: 0%

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	AllChgs	Pct. of Family	Vol. in Pct. of Family	OFFICE	First Specialty	Second Specialty	Third Specialty
95004-Allergy skin tests	\$7,079,316	2,706,308	XXX	50%	0%	100%	03-ALLERGY/IMMUN (79%)	11-INTERNAL MED (6%)	11-INTERNAL MED (6%)	04-OTOLOGY (3%)
95010-Sensitivity skin tests	\$146,799	33,117	XXX	1%	0%	97%	03-ALLERGY/IMMUN (68%)	11-INTERNAL MED (14%)	01,08-GP/FP (6%)	01,08-GP/FP (6%)
95015-Sensitivity skin tests	\$207,340	35,694	XXX	1%	0%	95%	03-ALLERGY/IMMUN (64%)	11-INTERNAL MED (10%)	01,08-GP/FP (8%)	01,08-GP/FP (8%)
95024-Allergy skin tests	\$5,463,533	1,431,576	XXX	3%	0%	100%	03-ALLERGY/IMMUN (58%)	04-OTOLOGY (25%)	04-OTOLOGY (25%)	11-INTERNAL MED (6%)
95027-Skin end point titration	\$685,962	134,949	XXX	5%	40%	100%	04-OTOLOGY (62%)	03-ALLERGY/IMMUN (13%)	03-ALLERGY/IMMUN (13%)	33-THORACIC SURG (11%)
95028-Allergy skin tests	\$244,141	44,253	XXX	2%	0%	100%	04-OTOLOGY (62%)	03-ALLERGY/IMMUN (22%)	03-ALLERGY/IMMUN (22%)	01,08-GP/FP (6%)
95044-Allergy patch tests	.	.	XXX	.	0%	.	.	.	.	.
95052-Photo patch test	.	.	XXX	.	0%	.	.	.	.	.
95056-Photosensitivity tests	\$889	152	XXX	0%	0%	88%	07-DERMATOLOGY (76%)	18-OPHTHALMOLOGY (8%)	18-OPHTHALMOLOGY (8%)	69-INDEPEND LAB (7%)
95060-Eye allergy tests	\$174,997	16,021	XXX	1%	8%	99%	18-OPHTHALMOLOGY (93%)	41-OPTOMETRIST (4%)	66-RHEUMATOLOGY (2%)	66-RHEUMATOLOGY (2%)
95065-Nose allergy test	\$6,997	993	XXX	0%	5%	98%	03-ALLERGY/IMMUN (63%)	11-INTERNAL MED (20%)	04-OTOLOGY (11%)	04-OTOLOGY (11%)
95070-Bronchial allergy tests	\$71,683	1,182	XXX	1%	38%	87%	29-PULMONARY DIS (43%)	03-ALLERGY/IMMUN (25%)	03-ALLERGY/IMMUN (25%)	11-INTERNAL MED (12%)
95071-Bronchial allergy tests	\$2,112	45	XXX	0%	0%	98%	01,08-GP/FP (51%)	33-THORACIC SURG (20%)	33-THORACIC SURG (20%)	11-INTERNAL MED (16%)

1993 MC Allowed Charges 1993 MC Units of Service Global Period Pct. of Family AllDChgs Pct. of Family Privmts Pct. of Vol. in OFFICE

First Specialty Second Specialty Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDChgs	Pct. of Family Privmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
95075- Ingestion challenge test	\$48,086	1,768	XXX	0%	3%	98%	03-ALLERGY/IMMUN (49%)	04-OTOLARYNG (34%)	01,08-GP/FP (12%)
95078- Provocative testing	\$39,847	4,306	XXX	0%	7%	100%	03-ALLERGY/IMMUN (54%)	04-OTOLARYNG (32%)	37-PEDIATRICS (6%)
1016- Allergy Immunotherapy									
Family Medicare Charges:	\$346,062			0%					
Family Private Payments:	\$35,366			0%					
Percent of CPEP Medicare Charges:									
Percent of CPEP Private Payments:									
95144- Antigen therapy services	\$153,826	14,140	XXX	4%	76%	100%	(.)	(.)	(.)
95145- Antigen therapy services	\$25,120	2,372	XXX	7%	3%	100%	03-ALLERGY/IMMUN (75%)	04-OTOLARYNG (14%)	11-INTERNAL MED (3%)
95146- Antigen therapy services	\$111,847	5,449	XXX	32%	20%	100%	03-ALLERGY/IMMUN (79%)	01,08-GP/FP (9%)	04-OTOLARYNG (5%)
95147- Antigen therapy services	\$24,332	1,749	XXX	7%	.	100%	03-ALLERGY/IMMUN (89%)	11-INTERNAL MED (5%)	37-PEDIATRICS (2%)
95148- Antigen therapy services	\$24,691	1,460	XXX	7%	.	100%	03-ALLERGY/IMMUN (94%)	11-INTERNAL MED (2%)	54-MEDICAL SUPPL (2%)
95149- Antigen therapy services	\$6,246	5,518	XXX	2%	.	100%	03-ALLERGY/IMMUN (87%)	11-INTERNAL MED (5%)	07-DERMATOLOGY (5%)
95165- Antigen therapy services			XXX				(.)	(.)	(.)
95170- Antigen therapy services			XXX				11-INTERNAL MED (90%)	03-ALLERGY/IMMUN (7%)	01,08-GP/FP (2%)
1020- Immunotherapy									
Family Medicare Charges:	\$15,630,915			1%					
Family Private Payments:	\$1,118,682			5%					
Percent of CPEP Medicare Charges:									
Percent of CPEP Private Payments:									
95115- Immunotherapy, one injection	\$7,715,165	981,704	XXX	49%	59%	100%	03-ALLERGY/IMMUN (38%)	01,08-GP/FP (31%)	11-INTERNAL MED (13%)
95117- Immunotherapy injections	\$7,880,379	720,276	XXX	50%	40%	100%	03-ALLERGY/IMMUN (60%)	01,08-GP/FP (14%)	04-OTOLARYNG (12%)
95180- Rapid desensitization	\$35,371	1,964	XXX	0%	0%	88%	11-INTERNAL MED (49%)	03-ALLERGY/IMMUN (40%)	01,08-GP/FP (8%)
1026- Infusion Therapy except Chemotherapy									
Family Medicare Charges:	\$14,127,677			1%					
Family Private Payments:	\$294,690			1%					
Percent of CPEP Medicare Charges:									
Percent of CPEP Private Payments:									
36680- Insert needle, bone cavity	\$6,122	95	000	0%	.	9%	93-EMERGENCY MED (25%)	01,08-GP/FP (23%)	43-CRNA (22%)
90780- IV infusion therapy, 1 hour	\$10,731,441	260,909	XXX	76%	80%	85%	83-HEMATOL/ONCOL (26%)	01,08-GP/FP (17%)	11-INTERNAL MED (15%)
90781- IV infusion, additional hour	\$3,390,114	147,055	XXX	24%	20%	96%	01,08-GP/FP (28%)	83-HEMATOL/ONCOL (27%)	11-INTERNAL MED (16%)
1028- Chemotherapy									
Family Medicare Charges:	\$123,003,251			11%					
Family Private Payments:	\$2,391,014			11%					
Percent of CPEP Medicare Charges:									
Percent of CPEP Private Payments:									
96400- Chemotherapy, (SC)/(IM)	\$8,804,616	750,422	XXX	7%	2%	100%	34-UROLOGY (60%)	83-HEMATOL/ONCOL (20%)	11-INTERNAL MED (8%)
96405- Intravesical chemo admin			000				(.)	(.)	(.)
96406- Intravesical chemo admin			000				(.)	(.)	(.)
96408- Chemotherapy, push technique	\$33,110,443	964,294	XXX	27%	26%	99%	83-HEMATOL/ONCOL (55%)	11-INTERNAL MED (20%)	90-MED ONCOLOGY (17%)
96410- Chemotherapy, infusion method	\$47,885,908	883,422	XXX	39%	47%	99%	83-HEMATOL/ONCOL (56%)	11-INTERNAL MED (20%)	90-MED ONCOLOGY (17%)
96412- Chemotherapy, infusion method	\$23,127,919	647,903	XXX	19%	12%	99%	83-HEMATOL/ONCOL (57%)	11-INTERNAL MED (19%)	90-MED ONCOLOGY (17%)
96414- Chemotherapy, infusion method	\$2,732,045	58,798	XXX	2%	5%	90%	83-HEMATOL/ONCOL (56%)	11-INTERNAL MED (17%)	90-MED ONCOLOGY (17%)
96420- Chemotherapy, push technique	\$95,620	2,576	XXX	0%	0%	100%	83-HEMATOL/ONCOL (40%)	30-RADIOLOGY (32%)	11-INTERNAL MED (15%)
96422- Chemotherapy, infusion method	\$64,934	1,745	XXX	0%	0%	100%	83-HEMATOL/ONCOL (37%)	04-OTOLARYNG (14%)	11-INTERNAL MED (16%)
96423- Chemotherapy, infusion method	\$12,809	619	XXX	0%	0%	100%	83-HEMATOL/ONCOL (36%)	90-MED ONCOLOGY (36%)	11-INTERNAL MED (21%)
96425- Chemotherapy, infusion method	\$61,361	1,160	XXX	0%	0%	99%	83-HEMATOL/ONCOL (60%)	11-INTERNAL MED (20%)	90-MED ONCOLOGY (17%)
96440- Chemotherapy, intracavitary	\$84,627	1,049	000	0%	0%	48%	83-HEMATOL/ONCOL (53%)	11-INTERNAL MED (11%)	33-THORACIC SURG (10%)
96445- Chemotherapy, intracavitary	\$92,080	935	000	0%	0%	70%	83-HEMATOL/ONCOL (35%)	34-UROLOGY (21%)	11-INTERNAL MED (18%)
96450- Chemotherapy, into CNS	\$199,065	2,736	000	0%	2%	53%	83-HEMATOL/ONCOL (42%)	11-INTERNAL MED (19%)	90-MED ONCOLOGY (11%)
96520- Pump refilling, maintenance	\$2,033,708	74,091	XXX	2%	3%	98%	83-HEMATOL/ONCOL (56%)	11-INTERNAL MED (16%)	90-MED ONCOLOGY (16%)
96530- Pump refilling, maintenance	\$4,571,997	125,846	XXX	4%	3%	99%	83-HEMATOL/ONCOL (57%)	11-INTERNAL MED (19%)	90-MED ONCOLOGY (15%)

First Specialty Second Specialty Third Specialty

96542-Chemotherapy injection 90% 83-HEMATOL/ONCOL (32%) 11-INTERNAL MED (29%) 90-MED ONCOLOGY (27%)

1032-Blood and Transfusion
Family Medicare Charges: \$5,162,117
Family Private Payments: \$455,537

Percent of CPEP Medicare Charges: 0%
Percent of CPEP Private Payments: 2%

36430-Blood transfusion service	\$1,435,769	28%	59%	83-HEMATOL/ONCOL (38%)	11-INTERNAL MED (21%)	70-GROUP PRAC (8%)
36440-Blood transfusion service	\$709	0%	3%	11-INTERNAL MED (31%)	02-GENL SURGERY (15%)	37-PEDIATRICS (13%)
36450-Exchange transfusion service	\$152	0%	5%	11-INTERNAL MED (67%)	01,08-GP/FP (25%)	37-PEDIATRICS (8%)
36455-Exchange transfusion service	\$405,855	8%	2%	05-ANESTHESIA (39%)	11-INTERNAL MED (17%)	01,08-GP/FP (16%)
36460-Transfusion service, fetal	\$2,332	0%	7%	11-INTERNAL MED (33%)	01,08-GP/FP (28%)	70-GROUP PRAC (11%)
36520-Plasma and/or cell exchange	\$1,648,160	32%	20%	39-NEPHROLOGY (31%)	11-INTERNAL MED (21%)	22-PATHOLOGY (17%)
36522-Photopheresis	\$586,985	11%	14%	07-DERMATOLOGY (76%)	70-GROUP PRAC (11%)	22-PATHOLOGY (5%)
38230-Bone marrow collection	\$56,249	1%	3%	83-HEMATOL/ONCOL (34%)	11-INTERNAL MED (33%)	82-HEMATOLOGY (9%)
79941-Echo guide for transfusion		0%	0%	(.)	(.)	(.)
99195-Phlebotomy	\$1,014,118	20%	8%	83-HEMATOL/ONCOL (29%)	11-INTERNAL MED (25%)	01,08-GP/FP (20%)
90068-Extracorporeal plasmapheresis	\$11,788	0%	6%	11-INTERNAL MED (53%)	39-NEPHROLOGY (25%)	01,08-GP/FP (10%)

1036-Hemodialysis and Peritoneal Dialysis
Family Medicare Charges:\$407,774,873
Family Private Payments: \$620,805

Percent of CPEP Medicare Charges: 37%
Percent of CPEP Private Payments: 3%

90918-ESRD related services, month	\$1,094,916	0%	2%	39-NEPHROLOGY (79%)	11-INTERNAL MED (19%)	70-GROUP PRAC (3%)
90919-ESRD related services, month	\$346,193	0%	4%	11-INTERNAL MED (71%)	39-NEPHROLOGY (15%)	37-PEDIATRICS (12%)
90920-ESRD related services, month	\$911,423	0%	7%	37-PEDIATRICS (45%)	39-NEPHROLOGY (38%)	11-INTERNAL MED (12%)
90921-ESRD related services, month	\$207,303,447	5%	11%	39-NEPHROLOGY (72%)	11-INTERNAL MED (23%)	70-GROUP PRAC (4%)
90922-ESRD related services, day	\$36,975,264	9%	5%	39-NEPHROLOGY (79%)	11-INTERNAL MED (16%)	70-GROUP PRAC (4%)
90935-Hemodialysis, one evaluation	\$93,048,356	23%	44%	39-NEPHROLOGY (78%)	11-INTERNAL MED (17%)	70-GROUP PRAC (3%)
90937-Hemodialysis, repeated eval.	\$48,355,853	12%	43%	39-NEPHROLOGY (73%)	11-INTERNAL MED (23%)	70-GROUP PRAC (2%)
90945-Dialysis, one evaluation	\$14,213,576	0%	3%	39-NEPHROLOGY (78%)	11-INTERNAL MED (17%)	70-GROUP PRAC (3%)
90947-Dialysis, repeated eval.	\$5,508,937	1%	7%	39-NEPHROLOGY (70%)	11-INTERNAL MED (22%)	70-GROUP PRAC (3%)
90997-Hemoperfusion	\$18,908	0%	5%	39-NEPHROLOGY (70%)	11-INTERNAL MED (16%)	91-SURG ONCOLOGY (6%)

1040-Nerve and Muscle Tests
Family Medicare Charges:\$144,914,570
Family Private Payments: \$2,978,194

Percent of CPEP Medicare Charges: 13%
Percent of CPEP Private Payments: 14%

95857-Tensilon test	\$143,324	0%	59%	13-NEUROLOGY (63%)	18-OPHTHALMOLOGY (27%)	70-GROUP PRAC (2%)
95858-Tensilon test & myogram	\$20,865	0%	41%	13-NEUROLOGY (56%)	25-PHYSICL-REHAB (14%)	06-CARDIOLOGY (8%)
95860-Muscle test, one limb	\$11,330,651	8%	65%	13-NEUROLOGY (68%)	25-PHYSICL-REHAB (23%)	70-GROUP PRAC (4%)
95861-Muscle test, two limbs	\$17,108,234	12%	20%	13-NEUROLOGY (60%)	25-PHYSICL-REHAB (30%)	70-GROUP PRAC (3%)
95863-Muscle test, 3 limbs	\$1,466,980	1%	56%	13-NEUROLOGY (69%)	25-PHYSICL-REHAB (18%)	70-GROUP PRAC (8%)
95864-Muscle test, 4 limbs	\$1,458,401	1%	71%	13-NEUROLOGY (56%)	25-PHYSICL-REHAB (30%)	70-GROUP PRAC (4%)
95867-Muscle test, head or neck	\$170,746	0%	54%	13-NEUROLOGY (37%)	25-PHYSICL-REHAB (11%)	70-GROUP PRAC (11%)
95868-Muscle test, head or neck	\$387,509	0%	72%	13-NEUROLOGY (41%)	25-PHYSICL-REHAB (21%)	29-PULMONARY DIS (10%)
95869-Muscle test, limited	\$1,895,606	1%	55%	13-NEUROLOGY (50%)	25-PHYSICL-REHAB (18%)	95-PHYSIOL LAB (14%)
95872-Muscle test, one fiber	\$50,776	0%	24%	13-NEUROLOGY (79%)	25-PHYSICL-REHAB (9%)	70-GROUP PRAC (5%)
95875-Limb exercise test	\$5,906	0%	39%	13-NEUROLOGY (79%)	06-CARDIOLOGY (10%)	70-GROUP PRAC (3%)
95900-Motor nerve conduction test	\$48,990,463	34%	71%	13-NEUROLOGY (55%)	25-PHYSICL-REHAB (19%)	95-PHYSIOL LAB (7%)
95904-Sense nerve conduction test	\$35,902,724	25%	74%	13-NEUROLOGY (51%)	25-PHYSICL-REHAB (17%)	95-PHYSIOL LAB (8%)
95920-Intraoperative nerve testing	\$1,076,035	0%	7%	13-NEUROLOGY (51%)	05-ANESTHESIA (10%)	14-NEUROSURGERY (9%)
95933-Blink reflex test	\$103,949	0%	54%	13-NEUROLOGY (66%)	25-PHYSICL-REHAB (9%)	11-INTERNAL MED (6%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDchs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
95935-H or F reflex study	\$23,409,721	662,249	XXX	16%	5%	81%	13-NEUROLOGY (46%)	95-PHYSIOL LAB (25%)	25-PHYSICL-REHAB (10%)
95937-Neuromuscular junction test	\$1,394,680	28,246	XXX	1%	0%	80%	13-NEUROLOGY (40%)	01,08-GP/FP (19%)	11-INTERNAL MED (16%)
1044-Electroencephalogram									
Family Medicare Charges: \$56,970,349				5%					
Family Private Payments: \$2,077,190				10%					
92280-Special eye evaluation	\$2,107,456	35,712	XXX	4%	8%	88%	18-OPHTHALMOLOGY (51%)	13-NEUROLOGY (32%)	95-PHYSIOL LAB (8%)
92585-Brainstem evoked audiometry	\$8,437,483	67,916	XXX	15%	22%	80%	13-NEUROLOGY (42%)	04-OTOLARYNG (33%)	95-PHYSIOL LAB (8%)
95812-Electroencephalogram (EEG)	\$2,854,715	61,258	XXX	5%	2%	-	(.)	(.)	(.)
95816-Electroencephalogram (EEG)	\$29,356,831	576,259	XXX	52%	49%	18%	13-NEUROLOGY (85%)	70-GROUP PRAC (6%)	11-INTERNAL MED (3%)
95822-Sleep electroencephalogram	\$938,912	14,309	XXX	2%	4%	29%	13-NEUROLOGY (82%)	70-GROUP PRAC (4%)	11-INTERNAL MED (2%)
95824-Electroencephalogram	\$33,458	817	XXX	0%	-	3%	13-NEUROLOGY (79%)	70-GROUP PRAC (8%)	06-CARDIOLOGY (3%)
95830-Insert electrodes for EEG	\$32,487	438	XXX	0%	0%	14%	13-NEUROLOGY (84%)	70-GROUP PRAC (8%)	11-INTERNAL MED (1%)
95925-Somatosensory testing	\$12,470,327	114,232	XXX	22%	15%	82%	13-NEUROLOGY (22%)	11-INTERNAL MED (19%)	95-PHYSIOL LAB (18%)
95954-EEG monitoring/giving drugs	\$4,730	63	XXX	0%	-	2%	13-NEUROLOGY (57%)	70-GROUP PRAC (32%)	06-CARDIOLOGY (8%)
95957-EEG digital analysis	\$632,203	8,811	XXX	1%	-	1%	(.)	(.)	(.)
95958-EEG monitoring/function test	\$78,828	344	XXX	0%	-	10%	13-NEUROLOGY (49%)	14-NEUROSURGERY (24%)	30-RADIOLOGY (12%)
95961-Electrode stimulation, brain	\$14,058	100	XXX	0%	-	23%	13-NEUROLOGY (76%)	25-PHYSICL-REHAB (11%)	70-GROUP PRAC (7%)
95962-Electrode stimulation, brain	\$8,861	70	XXX	0%	-	0%	13-NEUROLOGY (86%)	70-GROUP PRAC (10%)	06-CARDIOLOGY (3%)
1048-Extended EEG Studies									
Family Medicare Charges: \$3,866,294				0%					
Family Private Payments: \$170,682				1%					
95805-Multiple sleep latency test	\$470,747	3,455	XXX	12%	10%	27%	13-NEUROLOGY (35%)	29-PULMONARY DIS (32%)	11-INTERNAL MED (9%)
95807-Sleep study	-	-	XXX	-	-	-	(.)	(.)	(.)
95808-Polysomnography, 1-3	-	-	XXX	-	-	-	(.)	(.)	(.)
95813-Electroencephalogram (EEG)	-	-	XXX	-	-	-	(.)	(.)	(.)
95827-Night electroencephalogram	\$329,237	3,650	XXX	9%	7%	33%	13-NEUROLOGY (32%)	11-INTERNAL MED (23%)	29-PULMONARY DIS (23%)
95829-Surgery electrocorticogram	\$71,672	526	XXX	2%	14%	14%	13-NEUROLOGY (69%)	02-GHRL SURGERY (12%)	70-GROUP PRAC (10%)
95950-Ambulatory eeg monitoring	\$1,209,281	8,097	XXX	31%	67%	29%	13-NEUROLOGY (80%)	70-GROUP PRAC (5%)	95-PHYSIOL LAB (3%)
95951-EEG monitoring/videorecord	\$1,547,856	8,166	XXX	40%	16%	6%	13-NEUROLOGY (93%)	70-GROUP PRAC (3%)	29-PULMONARY DIS (1%)
95953-EEG monitoring/computer	\$142,878	756	XXX	4%	-	23%	13-NEUROLOGY (49%)	70-GROUP PRAC (25%)	95-PHYSIOL LAB (17%)
95956-EEG monitoring/cable/radio	\$94,623	381	XXX	2%	-	39%	13-NEUROLOGY (54%)	95-PHYSIOL LAB (38%)	01,08-GP/FP (4%)
1052-Respiratory Therapy									
Family Medicare Charges: \$9,170,483				1%					
Family Private Payments: \$352,167				2%					
94640-Airway inhalation treatment	\$1,540,492	111,327	XXX	17%	33%	90%	01,08-GP/FP (41%)	11-INTERNAL MED (24%)	29-PULMONARY DIS (17%)
94642-Aerosol inhalation treatment	\$43,499	1,416	XXX	0%	4%	94%	01,08-GP/FP (40%)	11-INTERNAL MED (30%)	44-INFECT DISEAS (12%)
94650-Pressure breathing (IPPB)	\$689,944	53,728	XXX	8%	17%	99%	01,08-GP/FP (58%)	11-INTERNAL MED (17%)	29-PULMONARY DIS (11%)
94651-Pressure breathing (IPPB)	\$164,952	12,409	XXX	2%	2%	86%	01,08-GP/FP (53%)	29-PULMONARY DIS (21%)	11-INTERNAL MED (12%)
94652-Pressure breathing (IPPB)	\$52	4	XXX	0%	0%	75%	01,08-GP/FP (75%)	03-ALLERGY/IMMUN (25%)	(.)
94664-Aerosol or vapor inhalations	\$3,486,897	202,585	XXX	38%	37%	96%	01,08-GP/FP (38%)	11-INTERNAL MED (23%)	29-PULMONARY DIS (21%)
94665-Aerosol or vapor inhalations	\$2,145,328	129,917	XXX	23%	51%	51%	29-PULMONARY DIS (39%)	01,08-GP/FP (32%)	11-INTERNAL MED (18%)
94667-Chest wall manipulation	\$389,998	19,586	XXX	4%	2%	94%	01,08-GP/FP (57%)	29-PULMONARY DIS (19%)	11-INTERNAL MED (16%)
94668-Chest wall manipulation	\$709,321	38,700	XXX	8%	0%	68%	01,08-GP/FP (57%)	29-PULMONARY DIS (29%)	11-INTERNAL MED (12%)

First Specialty Second Specialty Third Specialty

1993 MC Allowed Charges 1993 MC Service Units 1993 MC Global Period 1993 MC Family AllChgs 1993 MC Family PrivPmts 1993 MC Pct. of Family PrivPmts 1993 MC Pct. of Family Vol. in OFFICE

Procedure	1993 MC Allowed Charges	1993 MC Service Units	1993 MC Global Period	1993 MC Family AllChgs	1993 MC Family PrivPmts	1993 MC Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
99183-Hyperbaric oxygen therapy				XXX			(.)	(.)	(.)
1056-Ventilator Management									
Family Medicare Charges: \$58,129,681									
Family Private Payments: \$603,615									
Percent of CPEP Medicare Charges: 5%									
Percent of CPEP Private Payments: 3%									
94656-Initial ventilator mgmt	\$11,540,398	131,357	XXX	20%	38%	1%	29-PULMONARY DIS (50%)	05-ANESTHESIA (24%)	11-INTERNAL MED (14%)
94657-Cont. ventilator	\$45,886,402	877,239	XXX	7%	56%	0%	29-PULMONARY DIS (73%)	11-INTERNAL MED (14%)	05-ANESTHESIA (3%)
94660-Pos airway pressure, CPAP	\$679,701	12,698	XXX	1%	6%	19%	29-PULMONARY DIS (45%)	11-INTERNAL MED (15%)	13-NEUROLOGY (9%)
94662-Neg pressure ventilation,CNP	\$23,180	393	XXX	0%		17%	29-PULMONARY DIS (83%)	01,08-GP/FP (10%)	03-ALLERGY/IMMUN (5%)
1060-Endoscopy of the Lower Airway									
Family Medicare Charges: \$75,028,089									
Family Private Payments: \$1,956,276									
Percent of CPEP Medicare Charges: 7%									
Percent of CPEP Private Payments: 9%									
31615-Visualization of windpipe	\$309,716	2,231	000	0%		44%	04-OTOLARYNG (69%)	29-PULMONARY DIS (14%)	02-GNRL SURGERY (6%)
31622-Diagnostic bronchoscopy	\$28,267,038	125,743	000	38%	44%	2%	29-PULMONARY DIS (54%)	33-THORACIC SURG (11%)	11-INTERNAL MED (11%)
31625-Bronchoscopy with biopsy	\$17,106,364	65,080	000	23%	24%	2%	29-PULMONARY DIS (59%)	11-INTERNAL MED (14%)	33-THORACIC SURG (10%)
31628-Bronchoscopy with biopsy	\$18,326,645	53,255	000	24%	22%	3%	29-PULMONARY DIS (76%)	11-INTERNAL MED (15%)	33-THORACIC SURG (3%)
31629-Bronchoscopy with biopsy	\$1,673,341	5,744	000	2%	1%	3%	29-PULMONARY DIS (74%)	11-INTERNAL MED (16%)	70-GROUP PRAC (4%)
31630-Bronchoscopy with repair	\$84,306	339	000	0%		9%	04-OTOLARYNG (37%)	33-THORACIC SURG (24%)	29-PULMONARY DIS (14%)
31631-Bronchoscopy with dilation	\$90,021	405	000	0%		15%	04-OTOLARYNG (39%)	33-THORACIC SURG (20%)	33-THORACIC SURG (16%)
31635-Remove foreign body, airway	\$303,837	960	000	0%	1%	2%	29-PULMONARY DIS (38%)	04-OTOLARYNG (18%)	33-THORACIC SURG (14%)
31640-Bronchoscopy & remove lesion	\$103,839	400	000	0%		26%	29-PULMONARY DIS (26%)	04-OTOLARYNG (19%)	33-THORACIC SURG (12%)
31641-Bronchoscopy, treat blockage	\$1,780,876	3,673	000	2%	3%	3%	29-PULMONARY DIS (56%)	33-THORACIC SURG (12%)	11-INTERNAL MED (11%)
31645-Bronchoscopy, clear airways	\$6,137,372	23,926	000	8%	5%	1%	29-PULMONARY DIS (72%)	11-INTERNAL MED (10%)	33-THORACIC SURG (5%)
31646-Bronchoscopy,rectlear airways	\$750,553	3,584	000	1%		2%	29-PULMONARY DIS (63%)	11-INTERNAL MED (10%)	02-GNRL SURGERY (8%)
31656-Bronchoscopy,inject for xray	\$39,235	175	000	0%		2%	29-PULMONARY DIS (38%)	70-GROUP PRAC (18%)	05-ANESTHESIA (16%)
31700-Insertion of airway catheter	\$18,647	349	000	0%		45%	29-PULMONARY DIS (37%)	20-ORTHOPED SURG (32%)	01,08-GP/FP (10%)
31710-Insertion of airway catheter	\$11,634	177	000	0%		14%	30-RADIOLOGY (72%)	29-PULMONARY DIS (13%)	11-INTERNAL MED (4%)
31715-Injection for bronchus x-ray	\$3,751	144	000	0%		1%	29-PULMONARY DIS (90%)	02-GNRL SURGERY (3%)	11-INTERNAL MED (2%)
31717-Bronchial brush biopsy	\$20,714	371	000	0%		14%	29-PULMONARY DIS (89%)	11-INTERNAL MED (6%)	33-THORACIC SURG (2%)
1064-Pulmonary Services									
Family Medicare Charges:\$115,209,267									
Family Private Payments: \$3,843,638									
Percent of CPEP Medicare Charges: 11%									
Percent of CPEP Private Payments: 18%									
94010-Breathing capacity test	\$24,838,799	909,070	XXX	22%	35%	78%	29-PULMONARY DIS (32%)	11-INTERNAL MED (32%)	01,08-GP/FP (15%)
94060-Evaluation of wheezing	\$34,521,622	796,624	XXX	30%	36%	69%	29-PULMONARY DIS (40%)	11-INTERNAL MED (27%)	01,08-GP/FP (12%)
94070-Evaluation of wheezing	\$5,129,498	78,019	XXX	4%	3%	75%	95-PHYSIOL LAB (33%)	29-PULMONARY DIS (28%)	11-INTERNAL MED (21%)
94150-Vital capacity test	\$839,957	76,914	XXX	1%	1%	65%	29-PULMONARY DIS (48%)	11-INTERNAL MED (22%)	01,08-GP/FP (11%)
94200-Lung function test (MBC/MVV)	\$3,527,675	216,113	XXX	3%	3%	80%	29-PULMONARY DIS (37%)	11-INTERNAL MED (24%)	01,08-GP/FP (13%)
94240-Residual lung capacity	\$1,817,364	112,998	XXX	2%	1%	64%	29-PULMONARY DIS (69%)	11-INTERNAL MED (19%)	01,08-GP/FP (12%)
94250-Expired gas collection	\$5,839,971	252,403	XXX	5%	3%	35%	29-PULMONARY DIS (66%)	11-INTERNAL MED (18%)	70-GROUP PRAC (5%)
94260-Thoracic gas volume	\$136,433	12,076	XXX	0%	0%	39%	29-PULMONARY DIS (47%)	11-INTERNAL MED (20%)	95-PHYSIOL LAB (14%)
94350-Lung nitrogen washout curve	\$882,181	35,796	XXX	1%	0%	36%	29-PULMONARY DIS (65%)	11-INTERNAL MED (18%)	95-PHYSIOL LAB (4%)
94360-Measure airflow resistance	\$1,307,062	52,479	XXX	1%	1%	42%	29-PULMONARY DIS (54%)	11-INTERNAL MED (20%)	95-PHYSIOL LAB (9%)
94370-Breath airway closing volume	\$671,205	27,234	XXX	1%	0%	35%	29-PULMONARY DIS (64%)	11-INTERNAL MED (15%)	95-PHYSIOL LAB (5%)
94375-Respiratory flow volume loop	\$226,420	12,970	XXX	0%	0%	47%	29-PULMONARY DIS (47%)	11-INTERNAL MED (25%)	95-PHYSIOL LAB (7%)
94400-CO2 breathing response curve	\$10,776,634	396,427	XXX	9%	6%	68%	29-PULMONARY DIS (47%)	11-INTERNAL MED (25%)	01,08-GP/FP (12%)
94450-Hypoxia response curve	\$266,372	5,553	XXX	0%	0%	23%	95-PHYSIOL LAB (77%)	29-PULMONARY DIS (6%)	69-INDEPEND LAB (6%)
	\$190,188	5,212	XXX	0%	0%	6%	95-PHYSIOL LAB (84%)	69-INDEPEND LAB (6%)	29-PULMONARY DIS (5%)

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First Specialty Second Specialty Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family PrivPmts	Pct. of Family AllChgs	OFFICE	First Specialty	Second Specialty	Third Specialty
94620-Pulmonary stress testing	\$3,813,928	48,727	XXX	1%	3%	36%	29-PULMONARY DIS (41%)	95-PHYSTOL LAB (27%)	11-INTERNAL MED (15%)
94680-Exhaled air analysis: O2	\$275,526	12,556	XXX	0%	0%	25%	06-CARDIOLOGY (32%)	29-PULMONARY DIS (32%)	11-INTERNAL MED (15%)
94681-Exhaled air analysis	\$454,685	10,138	XXX	1%	0%	32%	29-PULMONARY DIS (36%)	06-CARDIOLOGY (20%)	11-INTERNAL MED (16%)
94690-Exhaled air analysis	\$133,420	29,105	XXX	0%	0%	5%	29-PULMONARY DIS (78%)	05-ANESTHESIA (13%)	11-INTERNAL MED (4%)
94720-Monoxide diffusing capacity	\$7,386,175	286,866	XXX	4%	6%	36%	29-PULMONARY DIS (69%)	11-INTERNAL MED (17%)	70-GROUP PRAC (5%)
94725-Membrane diffusion capacity	\$226,236	5,652	XXX	0%	0%	38%	29-PULMONARY DIS (42%)	95-PHYSTOL LAB (23%)	11-INTERNAL MED (11%)
94750-Pulmonary compliance study	\$248,529	9,478	XXX	0%	0%	26%	29-PULMONARY DIS (42%)	11-INTERNAL MED (16%)	93-EMERGENCY MED (12%)
94760-Measure blood oxygen level	\$7,168,678	581,446	XXX	2%	6%	89%	29-PULMONARY DIS (38%)	11-INTERNAL MED (23%)	01,08-GP/FP (13%)
94761-Measure blood oxygen level	\$3,633,937	158,043	XXX	3%	1%	82%	29-PULMONARY DIS (35%)	11-INTERNAL MED (17%)	95-PHYSTOL LAB (15%)
94762-Measure blood oxygen level	\$735,661	14,125	XXX	1%	3%	36%	95-PHYSTOL LAB (60%)	29-PULMONARY DIS (20%)	11-INTERNAL MED (9%)
94770-Exhaled carbon dioxide test	\$161,677	15,249	XXX	0%	0%	15%	05-ANESTHESIA (57%)	81-CRITICAL CARE (19%)	29-PULMONARY DIS (11%)
94772-Breath recording, infant	\$1,434	11	XXX	.	0%	36%	70-GROUP PRAC (45%)	37-PEDIATRICS (18%)	01,08-GP/FP (9%)

CPEP 11 - GASTROENTEROLOGY

1993 MC Allowed Charges
 1993 MC Units of Service
 Global Period
 Pct. of Family AllChgs
 Pct. of Family Privmts
 Pct. of Vol. in OFFICE

First Specialty
 Second Specialty
 Third Specialty

C11 1100-Alimentary Tests and Simple Tube Placement

Family Medicare Charges: \$4,815,483
 Family Private Payments: \$232,526
 Percent of CPEP Medicare Charges: 0%
 Percent of CPEP Private Payments: 1%

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family Privmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
44500-Intro, gastrointestinal tube	\$800,108	26,635	XXX	17%	3%	1%	(.)	(.)	(.)
74340-X-ray guide for GI tube	\$9,950	333	XXX	0%	0%	45%	10-GASTROENTER (2%)	10-GASTROENTER (2%)	70-GROUP PRAC (1%)
89100-Sample intestinal contents	\$11,229	608	XXX	0%	0%	15%	69-INDEPEND LAB (70%)	22-PATHOLOGY (26%)	29-PULMONARY DIS (7%)
89130-Sample stomach contents	\$16,354	613	XXX	0%	1%	24%	93-EMERGENCY MED (34%)	10-GASTROENTER (16%)	10-GASTROENTER (12%)
89132-Sample stomach contents	\$434	36	XXX	0%	0%	89%	01,08-GP/FP (36%)	06-CARDIOLOGY (31%)	05-ANESTHESIA (12%)
89135-Sample stomach contents	\$1,707	41	XXX	0%	0%	7%	05-ANESTHESIA (61%)	10-GASTROENTER (20%)	11-INTERNAL MED (17%)
89136-Sample stomach contents	\$13	1	XXX	0%	0%	0%	69-INDEPEND LAB (100%)	(.)	01,08-GP/FP (10%)
89140-Sample stomach contents	\$1,321	25	XXX	0%	0%	72%	11-INTERNAL MED (24%)	01,08-GP/FP (12%)	02-GHRL SURGERY (12%)
89141-Sample stomach contents	\$234	5	XXX	0%	19%	80%	10-GASTROENTER (80%)	22-PATHOLOGY (20%)	(.)
91000-Esophageal intubation	\$19,561	868	000	0%	21%	81%	01,08-GP/FP (31%)	11-INTERNAL MED (24%)	34-UROLOGY (15%)
91010-Esophagus motility study	\$748,023	7,235	000	16%	15%	23%	10-GASTROENTER (69%)	11-INTERNAL MED (14%)	70-GROUP PRAC (5%)
91011-Esophagus motility study	\$84,666	695	000	2%	4%	15%	10-GASTROENTER (66%)	11-INTERNAL MED (10%)	70-GROUP PRAC (1%)
91012-Esophagus motility study	\$112,044	885	000	2%	5%	19%	10-GASTROENTER (76%)	11-INTERNAL MED (6%)	33-THORACIC SURG (6%)
91020-Esophagogastic study	\$138,675	1,625	000	3%	1%	39%	10-GASTROENTER (45%)	11-INTERNAL MED (18%)	30-RADIOLOGY (12%)
91030-Acid perfusion of esophagus	\$40,912	858	000	1%	2%	17%	10-GASTROENTER (78%)	11-INTERNAL MED (13%)	70-GROUP PRAC (4%)
91032-Esophagus, acid reflux test	\$68,694	752	000	1%	4%	17%	10-GASTROENTER (66%)	11-INTERNAL MED (13%)	33-THORACIC SURG (7%)
91033-Prolonged acid reflux test	\$374,383	2,963	000	8%	14%	37%	10-GASTROENTER (68%)	11-INTERNAL MED (12%)	02-GHRL SURGERY (6%)
91052-Gastric analysis test	\$25,597	392	000	1%	0%	58%	10-GASTROENTER (41%)	01,08-GP/FP (22%)	22-PATHOLOGY (17%)
91055-Gastric intubation for smear	\$184,970	3,589	000	4%	1%	2%	01,08-GP/FP (24%)	05-ANESTHESIA (23%)	10-GASTROENTER (16%)
91060-Gastric saline load test	\$1,866	54	000	0%	0%	65%	29-PULMONARY DIS (33%)	11-INTERNAL MED (24%)	01,08-GP/FP (17%)
91065-Breath hydrogen test	\$183,761	3,335	000	4%	9%	78%	10-GASTROENTER (77%)	11-INTERNAL MED (11%)	70-GROUP PRAC (4%)
91100-Pass intestine bleeding tube	\$93,229	1,920	000	2%	0%	2%	93-EMERGENCY MED (45%)	11-INTERNAL MED (17%)	01,08-GP/FP (14%)
91105-Gastric intubation treatment	\$1,897,732	52,552	000	39%	0%	1%	93-EMERGENCY MED (40%)	01,08-GP/FP (21%)	70-GROUP PRAC (11%)

1104-Esophageal Dilation without Endoscopy

Family Medicare Charges: \$6,949,844
 Family Private Payments: \$163,370
 Percent of CPEP Medicare Charges: 1%
 Percent of CPEP Private Payments: 0%

43450-Dilate esophagus	\$3,686,353	75,340	000	53%	66%	13%	10-GASTROENTER (69%)	11-INTERNAL MED (13%)	49-ASC (6%)
43453-Dilate esophagus	\$3,169,637	44,859	000	46%	34%	5%	10-GASTROENTER (79%)	11-INTERNAL MED (12%)	49-ASC (6%)
43456-Dilate esophagus	\$93,854	696	000	1%	0%	8%	10-GASTROENTER (63%)	49-ASC (11%)	11-INTERNAL MED (11%)
43458-Dilation of esophagus	.	.	000	.	.	.	(.)	(.)	(.)

1108-Diagnostic Upper GI Endoscopy or Intubation

Family Medicare Charges: \$311,689,511
 Family Private Payments: \$9,894,340
 Percent of CPEP Medicare Charges: 29%
 Percent of CPEP Private Payments: 28%

43200-Esophagus endoscopy	\$3,296,706	23,228	000	1%	1%	6%	04-OTOLARYNG (47%)	10-GASTROENTER (24%)	11-INTERNAL MED (7%)
43202-Esophagus endoscopy, biopsy	\$1,548,096	8,123	000	0%	0%	10%	10-GASTROENTER (44%)	04-OTOLARYNG (19%)	11-INTERNAL MED (13%)
43234-Upper GI endoscopy, exam	\$2,779,761	13,439	000	1%	1%	15%	10-GASTROENTER (51%)	11-INTERNAL MED (20%)	02-GHRL SURGERY (18%)
43235-Upper GI endoscopy, diagnosis	\$134,819,246	585,434	000	43%	47%	6%	10-GASTROENTER (63%)	11-INTERNAL MED (17%)	02-GHRL SURGERY (11%)
43259-Upper GI endoscopy, biopsy	\$166,994,598	615,488	000	54%	49%	7%	10-GASTROENTER (65%)	11-INTERNAL MED (16%)	02-GHRL SURGERY (8%)
43259-Endoscopic ultrasound exam	.	.	000	.	.	.	(.)	(.)	(.)
43600-Biopsy of stomach	\$29,868	733	000	0%	0%	9%	10-GASTROENTER (58%)	02-GHRL SURGERY (19%)	11-INTERNAL MED (13%)
44100-Biopsy of bowel	\$93,287	1,738	000	0%	0%	4%	10-GASTROENTER (79%)	11-INTERNAL MED (10%)	02-GHRL SURGERY (7%)
44360-Small bowel endoscopy	\$1,060,374	3,877	000	0%	0%	14%	10-GASTROENTER (69%)	11-INTERNAL MED (16%)	02-GHRL SURGERY (5%)
44361-Small bowel endoscopy, biopsy	\$1,067,375	3,386	000	0%	0%	7%	10-GASTROENTER (75%)	11-INTERNAL MED (16%)	49-ASC (4%)

Top Medicare Specialties (% of Procedure Volume)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Allchgs	Pct. of Family Privlms	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
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1112-Therapeutic Upper GI Endoscopy or Intubation

Family Medicare Charges: \$116,386,671
 Percent of CPEP Medicare Charges: 11%
 Family Private Payments: \$1,192,961
 Percent of CPEP Private Payments: 3%

76975-GI endoscopic ultrasound									
43204-Esoophagus endoscopy & inject	\$2,051,498	5,559	000	2%	7%	2%	10-GASTROENTER (81%)	11-INTERNAL MED (13%)	70-GROUP PRAC (3%)
43205-Esoophagus endoscopy/ligation	\$1,362,808	4,772	000	1%	6%	3%	10-GASTROENTER (44%)	04-OTOLARYNG (17%)	02-GNRL SURGERY (16%)
43215-Esoophagus endoscopy	\$67,341	264	000	0%					
43216-Esoophagus endoscopy/lesion	\$317,380	1,271	000	0%					
43217-Esoophagus endoscopy	\$5,572,238	27,460	000	5%	12%	7%	10-GASTROENTER (59%)	11-INTERNAL MED (14%)	06-CARDIOLOGY (12%)
43220-Esoophagus endoscopy,dilation	\$4,081,654	17,936	000	4%	5%	6%	10-GASTROENTER (78%)	11-INTERNAL MED (11%)	49-ASC (7%)
43227-Esoophagus endoscopy, repair	\$416,587	1,250	000	0%		3%	10-GASTROENTER (69%)	11-INTERNAL MED (21%)	02-GNRL SURGERY (4%)
43228-Esoophagus endoscopy,ablation	\$187,695	609	000	0%		1%	10-GASTROENTER (64%)	11-INTERNAL MED (13%)	02-GNRL SURGERY (8%)
43241-Upper GI endoscopy with tube	\$1,557,907	5,412	000	1%	1%	1%	10-GASTROENTER (56%)	11-INTERNAL MED (13%)	30-RADIOLOGY (10%)
43243-Upper GI endoscopy & inject.	\$4,487,793	11,707	000	4%	7%	1%	10-GASTROENTER (77%)	11-INTERNAL MED (16%)	70-GROUP PRAC (2%)
43244-Upper GI endoscopy/ligation	\$5,171,956	16,017	000	4%	7%	4%	10-GASTROENTER (60%)	11-INTERNAL MED (15%)	02-GNRL SURGERY (14%)
43245-Operative upper GI endoscopy	\$42,429,032	100,509	000	36%	12%	1%	10-GASTROENTER (65%)	02-GNRL SURGERY (15%)	11-INTERNAL MED (15%)
43246-Place gastrostomy tube	\$7,480,652	23,109	000	6%	12%	2%	10-GASTROENTER (69%)	11-INTERNAL MED (14%)	02-GNRL SURGERY (11%)
43248-Upper GI endoscopy/guidewire			000						
43249-Esoophagus endoscopy,dilation			000						
43250-Upper GI endoscopy/tumor			000						
43251-Operative upper GI endoscopy	\$4,126,030	11,650	000	4%	6%	6%	10-GASTROENTER (66%)	11-INTERNAL MED (15%)	02-GNRL SURGERY (10%)
43255-Operative upper GI endoscopy	\$16,207,530	42,710	000	14%	16%	1%	10-GASTROENTER (78%)	11-INTERNAL MED (16%)	02-GNRL SURGERY (3%)
43258-Operative upper GI endoscopy	\$2,067,105	5,499	000	2%	2%	3%	10-GASTROENTER (73%)	11-INTERNAL MED (14%)	02-GNRL SURGERY (6%)
43750-Place gastrostomy tube	\$16,540,219	43,646	010	14%	5%	1%	02-GNRL SURGERY (43%)	10-GASTROENTER (33%)	11-INTERNAL MED (8%)
43761-Reposition gastrostomy tube	\$569,429	6,142	000	0%		1%	30-RADIOLOGY (69%)	10-GASTROENTER (8%)	70-GROUP PRAC (6%)
44363-Small bowel endoscopy	\$12,019	53	000	0%		11%	10-GASTROENTER (49%)	11-INTERNAL MED (15%)	02-GNRL SURGERY (13%)
44364-Small bowel endoscopy	\$55,850	156	000	0%		31%	02-GNRL SURGERY (28%)	10-GASTROENTER (21%)	70-GROUP PRAC (19%)
44365-Small bowel endoscopy			000						
44366-Small bowel endoscopy	\$172,939	487	000	0%		2%	10-GASTROENTER (82%)	11-INTERNAL MED (13%)	02-GNRL SURGERY (2%)
44369-Small bowel endoscopy	\$44,053	117	000	0%		7%	10-GASTROENTER (68%)	11-INTERNAL MED (14%)	02-GNRL SURGERY (12%)
44372-Small bowel endoscopy	\$393,288	1,056	000	0%		1%	10-GASTROENTER (46%)	02-GNRL SURGERY (17%)	11-INTERNAL MED (14%)
44373-Small bowel endoscopy	\$375,700	978	000	0%		1%	10-GASTROENTER (64%)	11-INTERNAL MED (12%)	30-RADIOLOGY (10%)
44376-Small bowel endoscopy			000						
44377-Small bowel endoscopy			000						
44378-Small bowel endoscopy			000						
44380-Small bowel endoscopy	\$191,069	1,399	000	0%		9%	10-GASTROENTER (62%)	11-INTERNAL MED (14%)	34-UROLOGY (10%)
44382-Small bowel endoscopy	\$79,376	488	000	0%		6%	10-GASTROENTER (65%)	11-INTERNAL MED (20%)	34-UROLOGY (5%)
74235-Remove esophagus obstruction	\$6,869	120	XXX	0%		5%	30-RADIOLOGY (88%)	10-GASTROENTER (5%)	01,08-GP/FP (3%)
74350-X-ray guide, stomach tube	\$240,035	5,503	XXX	0%		1%	30-RADIOLOGY (83%)	94-INTERVEN RAD (7%)	70-GROUP PRAC (4%)
74360-X-ray guide, GI dilation	\$120,819	3,311	XXX	0%		8%	30-RADIOLOGY (63%)	10-GASTROENTER (30%)	94-INTERVEN RAD (2%)

1116-Lower Gastrointestinal Endoscopy
 Family Medicare Charges: \$497,489,502
 Percent of CPEP Medicare Charges: 46%
 Family Private Payments: \$16,607,421
 Percent of CPEP Private Payments: 47%

44385-Endoscopy of bowel pouch	\$46,646	260	000	0%		37%	34-UROLOGY (37%)	02-GNRL SURGERY (18%)	28-COLORECTAL (16%)
44386-Endoscopy, bowel pouch, biopsy	\$8,767	71	000	0%		44%	34-UROLOGY (32%)	10-GASTROENTER (25%)	30-RADIOLOGY (15%)

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Procedure

First Specialty

Second Specialty

Third Specialty

44388-Colon endoscopy	\$1,229,413	4,513	000	0%	0%	9%	10-GASTROENTER (40%)	02-GHRL SURGERY (29%)	28-COLORECTAL (13%)
44389-Colonoscopy with biopsy	\$296,484	1,066	000	0%	0%	6%	10-GASTROENTER (52%)	02-GHRL SURGERY (20%)	11-INTERNAL MED (11%)
44390-Colonoscopy for foreign body	\$5,474	30	000	0%	0%	13%	10-GASTROENTER (40%)	34-UROLOGY (23%)	02-GHRL SURGERY (17%)
44391-Colonoscopy for bleeding	\$26,989	87	000	0%	0%	5%	10-GASTROENTER (63%)	02-GHRL SURGERY (17%)	49-ASC (7%)
44392-Colonoscopy & polypectomy	\$523,238	1,369	000	0%	0%	9%	10-GASTROENTER (46%)	02-GHRL SURGERY (22%)	28-COLORECTAL (12%)
44393-Colonoscopy, lesion removal	\$109,384	316	000	0%	0%	8%	10-GASTROENTER (44%)	28-COLORECTAL (22%)	02-GHRL SURGERY (13%)
44394-Colonoscopy w/snare			000	0%	0%				
45355-Surgical colonoscopy	\$636,368	3,498	000	0%	0%	37%	11-INTERNAL MED (25%)	02-GHRL SURGERY (24%)	01,08-GP/FP (20%)
45378-Diagnostic colonoscopy	\$183,257,248	638,644	000	37%	43%	9%	10-GASTROENTER (54%)	02-GHRL SURGERY (16%)	11-INTERNAL MED (14%)
45379-Colonoscopy	\$404,421	1,137	000	0%	0%	15%	10-GASTROENTER (55%)	11-INTERNAL MED (18%)	02-GHRL SURGERY (10%)
45380-Colonoscopy and biopsy	\$86,225,775	297,326	000	17%	22%	6%	10-GASTROENTER (63%)	11-INTERNAL MED (14%)	02-GHRL SURGERY (15%)
45382-Colonoscopy, control bleeding	\$4,729,022	13,386	000	1%	0%	3%	10-GASTROENTER (75%)	11-INTERNAL MED (15%)	49-ASC (4%)
45383-Colonoscopy, lesion removal	\$21,988,165	60,576	000	4%	2%	6%	11-INTERNAL MED (61%)	11-INTERNAL MED (12%)	28-COLORECTAL (8%)
45384-Colonoscopy			000	0%	0%				
45385-Colonoscopy, lesion removal	\$198,002,108	438,430	000	40%	31%	7%	10-GASTROENTER (60%)	11-INTERNAL MED (13%)	02-GHRL SURGERY (10%)
1120-Anoscopy									
Family Medicare Charges: \$2,590,272			0%						
Family Private Payments: \$263,895			1%						
Percent of CPEP Medicare Charges:									
Percent of CPEP Private Payments:									
46220-Removal of anal tab	\$86,635	1,450	010	3%	4%	50%	02-GHRL SURGERY (51%)	28-COLORECTAL (30%)	01,08-GP/FP (7%)
46600-Diagnostic anoscopy	\$2,219,275	94,518	000	86%	89%	93%	01,08-GP/FP (28%)	11-INTERNAL MED (21%)	02-GHRL SURGERY (21%)
46606-Anoscopy and biopsy	\$43,473	1,282	000	2%	1%	63%	02-GHRL SURGERY (58%)	28-COLORECTAL (17%)	01,08-GP/FP (9%)
46608-Anoscopy;remove foreign body	\$19,844	309	000	1%	1%	44%	28-COLORECTAL (45%)	01,08-GP/FP (18%)	93-EMERGENCY MED (17%)
46610-Anoscopy; remove lesion	\$47,358	664	000	2%	1%	47%	02-GHRL SURGERY (55%)	28-COLORECTAL (11%)	01,08-GP/FP (10%)
46611-Anoscopy			000	0%	0%				
46612-Anoscopy; remove lesions	\$10,372	139	000	0%	0%	21%	10-GASTROENTER (42%)	02-GHRL SURGERY (37%)	28-COLORECTAL (6%)
46614-Anoscopy; control bleeding	\$163,335	1,464	000	6%	4%	79%	28-COLORECTAL (36%)	10-GASTROENTER (27%)	02-GHRL SURGERY (19%)
46615-Anoscopy			000	0%	0%				
1124-Proctosigmoidoscopy and sigmoidoscopy									
Family Medicare Charges: \$88,192,366			8%						
Family Private Payments: \$5,587,147			16%						
Percent of CPEP Medicare Charges:									
Percent of CPEP Private Payments:									
45300-Proctosigmoidoscopy	\$8,275,471	202,460	000	9%	13%	87%	28-COLORECTAL (28%)	11-INTERNAL MED (26%)	02-GHRL SURGERY (24%)
45303-Proctosigmoidoscopy	\$134,714	3,136	000	0%	0%	64%	02-GHRL SURGERY (36%)	28-COLORECTAL (21%)	10-GASTROENTER (15%)
45305-Proctosigmoidoscopy; biopsy	\$540,370	7,860	000	1%	0%	58%	02-GHRL SURGERY (53%)	28-COLORECTAL (15%)	10-GASTROENTER (9%)
45307-Proctosigmoidoscopy	\$18,559	194	000	0%	0%	31%	02-GHRL SURGERY (46%)	11-INTERNAL MED (12%)	28-COLORECTAL (11%)
45308-Proctosigmoidoscopy			000	0%	0%				
45309-Proctosigmoidoscopy			000	0%	0%				
45315-Proctosigmoidoscopy	\$44,413	422	000	0%	0%	41%	02-GHRL SURGERY (50%)	28-COLORECTAL (17%)	10-GASTROENTER (15%)
45317-Proctosigmoidoscopy	\$89,407	694	000	0%	0%	41%	02-GHRL SURGERY (44%)	28-COLORECTAL (28%)	10-GASTROENTER (16%)
45320-Proctosigmoidoscopy	\$164,458	945	000	0%	0%	51%	02-GHRL SURGERY (45%)	28-COLORECTAL (28%)	10-GASTROENTER (11%)
45321-Proctosigmoidoscopy	\$75,130	596	000	0%	0%	5%	02-GHRL SURGERY (74%)	10-GASTROENTER (10%)	11-INTERNAL MED (6%)
45330-Sigmoidoscopy, diagnostic	\$63,848,678	777,425	000	72%	74%	74%	11-INTERNAL MED (32%)	10-GASTROENTER (27%)	01,08-GP/FP (15%)
45331-Sigmoidoscopy and biopsy	\$11,378,143	93,146	000	13%	10%	47%	10-GASTROENTER (49%)	11-INTERNAL MED (20%)	01,08-GP/FP (10%)
45332-Sigmoidoscopy	\$46,105	363	000	0%	0%	33%	10-GASTROENTER (37%)	02-GHRL SURGERY (25%)	11-INTERNAL MED (19%)
45333-Sigmoidoscopy & polypectomy	\$2,647,820	15,860	000	3%	2%	29%	10-GASTROENTER (41%)	02-GHRL SURGERY (23%)	11-INTERNAL MED (14%)
45334-Sigmoidoscopy for bleeding	\$477,822	2,213	000	1%	0%	11%	10-GASTROENTER (65%)	11-INTERNAL MED (13%)	02-GHRL SURGERY (10%)
45337-Sigmoidoscopy, decompression	\$330,990	1,320	000	0%	0%	4%	10-GASTROENTER (50%)	02-GHRL SURGERY (30%)	11-INTERNAL MED (10%)
45339-Sigmoidoscopy			000	0%	0%				

1993 MC Allowed Charges 1993 MC Units of Service 1993 MC Global Period AllChgs Pct. of Family PrivPmts Pct. of Family Vol. in OFFICE

1993 MC Allowed Charges 1993 MC Units of Service 1993 MC Global Period AllChgs Pct. of Family PrivPmts Pct. of Family Vol. in OFFICE

Procedure First Specialty Second Specialty Third Specialty

46604-Anoscopy and dilation 11-INTERNAL MED (14%) 02-GHRL SURGERY (27%) 11-INTERNAL MED (13%)

1128-ERCP and Miscellaneous GI Endoscopy Procedures

Family Medicare Charges: \$60,502,492 Percent of CPEP Medicare Charges: 6%
 Family Private Payments: \$1,221,575 Percent of CPEP Private Payments: 3%

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	1993 MC Global Period AllChgs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
43260-Endoscopy,bile duct/pancreas	\$22,337,617	52,907	000	37%	1%	10-GASTROENTER (80%)	11-INTERNAL MED (14%)	70-GROUP PRAC (3%)
43261-Endoscopy,bile duct/pancreas	.	.	000	.	.	(.)	(.)	(.)
43262-Endoscopy,bile duct/pancreas	\$11,800,382	22,733	000	20%	1%	10-GASTROENTER (82%)	11-INTERNAL MED (13%)	70-GROUP PRAC (3%)
43263-Endoscopy,bile duct/pancreas	\$88,661	255	000	0%	4%	10-GASTROENTER (79%)	11-INTERNAL MED (15%)	70-GROUP PRAC (5%)
43264-Endoscopy,bile duct/pancreas	\$8,308,757	13,776	000	14%	1%	10-GASTROENTER (82%)	11-INTERNAL MED (13%)	70-GROUP PRAC (3%)
43265-Endoscopy,bile duct/pancreas	\$262,691	758	000	0%	1%	10-GASTROENTER (80%)	11-INTERNAL MED (12%)	70-GROUP PRAC (4%)
43267-Endoscopy,bile duct/pancreas	\$586,938	1,684	000	1%	1%	10-GASTROENTER (77%)	11-INTERNAL MED (17%)	70-GROUP PRAC (2%)
43268-Endoscopy,bile duct/pancreas	\$5,948,313	11,948	000	10%	1%	10-GASTROENTER (83%)	11-INTERNAL MED (12%)	70-GROUP PRAC (3%)
43269-Endoscopy,bile duct/pancreas	\$1,732,153	3,954	000	3%	2%	10-GASTROENTER (77%)	11-INTERNAL MED (13%)	02-GHRL SURGERY (5%)
43271-Endoscopy,bile duct/pancreas	\$800,719	1,970	000	1%	3%	10-GASTROENTER (80%)	11-INTERNAL MED (14%)	02-GHRL SURGERY (2%)
43272-Endoscopy,bile duct/pancreas	\$27,389	86	000	0%	1%	10-GASTROENTER (74%)	11-INTERNAL MED (12%)	02-GHRL SURGERY (6%)
47510-Insert catheter, bile duct	\$1,230,780	4,290	090	2%	0%	30-RADIOLOGY (86%)	94-INTERVEN RAD (4%)	02-GHRL SURGERY (4%)
47511-Insert bile duct drain	\$1,321,714	3,894	090	2%	0%	30-RADIOLOGY (88%)	94-INTERVEN RAD (5%)	02-GHRL SURGERY (4%)
47550-Bile duct endoscopy	\$388,131	5,590	000	1%	0%	02-GHRL SURGERY (86%)	01-OB-GP/FP (4%)	33-THORACIC SURG (3%)
47552-Biliary endoscopy, thru skin	\$27,924	192	000	0%	3%	02-GHRL SURGERY (63%)	30-RADIOLOGY (15%)	10-GASTROENTER (9%)
47553-Biliary endoscopy, thru skin	\$70,931	298	000	0%	0%	30-RADIOLOGY (65%)	02-GHRL SURGERY (15%)	94-INTERVEN RAD (8%)
47554-Biliary endoscopy, thru skin	\$100,823	391	000	0%	1%	02-GHRL SURGERY (64%)	30-RADIOLOGY (18%)	70-GROUP PRAC (4%)
47555-Biliary endoscopy, thru skin	\$161,971	674	000	0%	1%	30-RADIOLOGY (78%)	94-INTERVEN RAD (7%)	02-GHRL SURGERY (7%)
47556-Biliary endoscopy, thru skin	\$527,442	1,651	000	1%	0%	30-RADIOLOGY (82%)	94-INTERVEN RAD (9%)	70-GROUP PRAC (7%)
47630-Remove bile duct stone	\$430,360	1,477	090	1%	1%	30-RADIOLOGY (63%)	02-GHRL SURGERY (25%)	94-INTERVEN RAD (4%)
74327-X-ray for bile stone removal	\$86,066	2,140	XXX	0%	2%	30-RADIOLOGY (93%)	94-INTERVEN RAD (3%)	70-GROUP PRAC (1%)
74328-Xray for bile duct endoscopy	\$562,366	16,495	XXX	1%	1%	30-RADIOLOGY (93%)	70-GROUP PRAC (3%)	10-GASTROENTER (3%)
74329-X-ray for pancreas endoscopy	\$303,289	7,813	XXX	1%	1%	30-RADIOLOGY (93%)	70-GROUP PRAC (3%)	94-INTERVEN RAD (2%)
74330-Xray,bile/pancreas endoscopy	\$2,394,820	61,161	XXX	4%	2%	30-RADIOLOGY (94%)	70-GROUP PRAC (3%)	10-GASTROENTER (2%)
74363-X-ray, bile duct dilation	\$285,853	2,589	XXX	0%	0%	30-RADIOLOGY (85%)	94-INTERVEN RAD (8%)	70-GROUP PRAC (5%)
75980-Contrast xray exam bile duct	\$329,718	4,212	XXX	1%	0%	30-RADIOLOGY (89%)	94-INTERVEN RAD (6%)	70-GROUP PRAC (4%)
75982-Contrast xray exam bile duct	\$386,684	4,971	XXX	1%	0%	30-RADIOLOGY (89%)	94-INTERVEN RAD (4%)	70-GROUP PRAC (4%)

CPEP 12 - CARDIOTHORACIC AND VASCULAR

C12
 =====
 Procedure
 1200-Minor Vascular Repair and Fistula Construction
 Family Medicare Charges: \$161,605,430
 Family Private Payments: \$974,077
 Percent of CPEP Medicare Charges: 14%
 Percent of CPEP Private Payments: 4%
 1993 MC Allowed Charges
 1993 MC Units of Service
 Global Period
 Pct. of Family AllDChgs
 Pct. of Family PrivPmts
 OFFICE
 Pct. of Procedure Volume
 Top Medicare Specialties (% of Procedure Volume)
 First Specialty
 Second Specialty
 Third Specialty

34490-Removal of vein clot	\$776,998	1,353	090	0%	0%	0%	4%	02-GNRL SURGERY (59%)	33-THORACIC SURG (15%)	30-RADIOLOGY (9%)
34501-Repair valve, femoral vein	\$56,838	57	090	0%	0%	0%	0%	33-THORACIC SURG (46%)	02-GNRL SURGERY (25%)	77-VASCULAR SURG (12%)
34510-Transposition of vein valve	\$21,391	19	090	0%	0%	0%	0%	33-THORACIC SURG (53%)	02-GNRL SURGERY (21%)	77-VASCULAR SURG (11%)
34520-Cross-over vein graft	\$107,204	95	090	0%	0%	0%	6%	02-GNRL SURGERY (40%)	33-THORACIC SURG (17%)	77-VASCULAR SURG (14%)
34530-Leg vein fusion	\$21,680	22	090	0%	0%	0%	5%	02-GNRL SURGERY (55%)	33-THORACIC SURG (18%)	01-OB-GP/FP (14%)
35045-Repair defect of arm artery	\$466,321	481	090	0%	0%	0%	1%	02-GNRL SURGERY (52%)	77-VASCULAR SURG (17%)	33-THORACIC SURG (12%)
35206-Repair blood vessel lesion	\$1,377,635	2,050	090	1%	8%	1%	1%	02-GNRL SURGERY (44%)	33-THORACIC SURG (17%)	77-VASCULAR SURG (13%)
35207-Repair blood vessel lesion	\$178,991	304	090	0%	0%	0%	4%	24-PLASTIC SURG (33%)	40-HAND SURGERY (22%)	20-ORTHOPE SURG (22%)
35226-Repair blood vessel lesion	\$2,726,201	4,169	090	2%	5%	0%	0%	02-GNRL SURGERY (35%)	33-THORACIC SURG (24%)	77-VASCULAR SURG (18%)
35236-Repair blood vessel lesion	\$596,129	685	090	0%	0%	0%	0%	02-GNRL SURGERY (44%)	77-VASCULAR SURG (19%)	33-THORACIC SURG (15%)
35256-Repair blood vessel lesion	\$1,443,655	2,001	090	1%	0%	0%	0%	02-GNRL SURGERY (37%)	77-VASCULAR SURG (29%)	33-THORACIC SURG (19%)
35266-Repair blood vessel lesion	\$1,653,930	1,691	090	1%	0%	0%	1%	02-GNRL SURGERY (52%)	33-THORACIC SURG (23%)	77-VASCULAR SURG (15%)
35286-Repair blood vessel lesion	\$1,490,740	2,098	090	1%	0%	0%	0%	02-GNRL SURGERY (35%)	33-THORACIC SURG (22%)	77-VASCULAR SURG (21%)
35721-Exploration, femoral artery	\$623,722	2,001	090	0%	0%	0%	0%	02-GNRL SURGERY (41%)	33-THORACIC SURG (21%)	77-VASCULAR SURG (19%)
35741-Exploration popliteal artery	\$271,536	863	090	0%	0%	0%	0%	02-GNRL SURGERY (50%)	77-VASCULAR SURG (19%)	33-THORACIC SURG (17%)
35761-Exploration of artery/vein	\$1,022,846	3,370	090	1%	2%	0%	1%	02-GNRL SURGERY (45%)	77-VASCULAR SURG (19%)	33-THORACIC SURG (18%)
35875-Removal of clot in graft	\$17,719,285	28,514	090	11%	11%	0%	0%	02-GNRL SURGERY (60%)	33-THORACIC SURG (14%)	77-VASCULAR SURG (13%)
35876-Removal of clot in graft			090					(.)	(.)	(.)
35901-Excision, graft, neck			090					(.)	(.)	(.)
35903-Excision, graft, extremity			090					(.)	(.)	(.)
36260-Insertion of infusion pump	\$570,057	1,007	090	0%	5%	0%	1%	02-GNRL SURGERY (73%)	33-THORACIC SURG (6%)	77-VASCULAR SURG (4%)
36530-Insertion of infusion pump	\$2,430,554	6,686	010	2%	0%	0%	1%	02-GNRL SURGERY (65%)	05-ANESTHESIA (8%)	88-UNKNOWN SUPPL (8%)
36531-Revision of infusion pump	\$35,719	182	010	0%	0%	0%	35%	02-GNRL SURGERY (51%)	83-HEMATOL/ONCOL (25%)	11-INTERNAL MED (6%)
36533-Insertion of access port	\$30,918,620	76,129	010	19%	0%	0%	1%	02-GNRL SURGERY (71%)	02-GNRL SURGERY (8%)	77-VASCULAR SURG (6%)
36800-Insertion of cannula	\$10,174,765	60,655	000	6%	10%	0%	1%	39-NEPHROLOGY (42%)	02-GNRL SURGERY (26%)	33-THORACIC SURG (9%)
36810-Insertion of cannula	\$946,956	2,439	000	1%	0%	0%	1%	02-GNRL SURGERY (43%)	39-NEPHROLOGY (17%)	33-THORACIC SURG (13%)
36815-Insertion of cannula	\$321,317	1,246	000	0%	0%	0%	10%	02-GNRL SURGERY (64%)	77-VASCULAR SURG (10%)	33-THORACIC SURG (9%)
36821-Artery-vein fusion	\$2,750,430	4,990	090	2%	3%	0%	1%	02-GNRL SURGERY (65%)	77-VASCULAR SURG (12%)	33-THORACIC SURG (11%)
36825-Artery-vein graft	\$6,094,856	7,425	090	4%	7%	0%	0%	02-GNRL SURGERY (56%)	33-THORACIC SURG (16%)	77-VASCULAR SURG (12%)
36830-Artery-vein graft	\$44,937,886	53,657	090	28%	34%	0%	0%	02-GNRL SURGERY (60%)	77-VASCULAR SURG (15%)	33-THORACIC SURG (15%)
36832-Revise artery-vein fistula	\$24,111,782	37,589	090	15%	10%	0%	0%	02-GNRL SURGERY (56%)	77-VASCULAR SURG (16%)	33-THORACIC SURG (14%)
36835-Artery to vein shunt	\$56,867	72	090	0%	0%	0%	1%	02-GNRL SURGERY (67%)	33-THORACIC SURG (15%)	77-VASCULAR SURG (14%)
36860-Cannula declotting	\$627,411	3,354	000	0%	0%	0%	29%	39-NEPHROLOGY (33%)	02-GNRL SURGERY (29%)	83-HEMATOL/ONCOL (11%)
36861-Cannula declotting	\$2,385,494	6,808	000	1%	0%	0%	1%	02-GNRL SURGERY (67%)	33-THORACIC SURG (16%)	77-VASCULAR SURG (6%)
37607-Ligation of fistula			090					(.)	(.)	(.)
37609-Temporal artery procedure	\$4,687,614	25,260	010	3%	4%	0%	17%	02-GNRL SURGERY (56%)	18-OPHTHALMOLOGY (14%)	77-VASCULAR SURG (6%)

1204-Vascular Ligation
 Family Medicare Charges: \$4,920,702
 Family Private Payments: \$671,153
 Percent of CPEP Medicare Charges: 0%
 Percent of CPEP Private Payments: 3%

30915-Ligation nasal sinus artery	\$97,588	382	090	2%	0%	0%	1%	04-OTOLARYNG (93%)	70-GROUP PRAC (3%)	18-OPHTHALMOLOGY (1%)
30920-Ligation upper jaw artery	\$441,060	585	090	9%	0%	0%	2%	04-OTOLARYNG (95%)	70-GROUP PRAC (2%)	24-PLASTIC SURG (2%)
37565-Ligation of neck vein	\$78,214	203	090	2%	0%	0%	2%	02-GNRL SURGERY (65%)	04-OTOLARYNG (12%)	77-VASCULAR SURG (9%)
37600-Ligation of neck artery	\$56,385	203	090	1%	0%	0%	4%	04-OTOLARYNG (56%)	02-GNRL SURGERY (14%)	18-OPHTHALMOLOGY (9%)
37618-Ligation of extremity artery	\$572,560	1,594	090	12%	0%	0%	2%	02-GNRL SURGERY (52%)	77-VASCULAR SURG (18%)	33-THORACIC SURG (12%)
37650-Revision of major vein	\$29,360	114	090	1%	0%	0%	3%	02-GNRL SURGERY (31%)	33-THORACIC SURG (18%)	39-NEPHROLOGY (12%)
37700-Revise leg vein	\$425,959	1,598	090	9%	11%	0%	25%	02-GNRL SURGERY (44%)	77-VASCULAR SURG (19%)	33-THORACIC SURG (13%)

Procedure	1993 HC Allowed Charges	1993 HC Units of Service	Global Period	Pct. of Family Allldchs	Pct. of Family Privymps	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
37720-Removal of leg vein	\$1,137,486	3,037	090	23%	38%	2%	02-GHRL SURGERY (61%)	77-VASCULAR SURG (13%)	33-THORACIC SURG (12%)
37730-Removal of leg veins	\$928,915	1,886	090	19%	34%	3%	02-GHRL SURGERY (63%)	33-THORACIC SURG (13%)	77-VASCULAR SURG (10%)
37735-Removal of leg veins/lesion	\$297,758	477	090	6%	8%	4%	02-GHRL SURGERY (55%)	77-VASCULAR SURG (13%)	33-THORACIC SURG (12%)
37760-Revision of leg veins	\$549,956	963	090	11%	.	15%	02-GHRL SURGERY (57%)	77-VASCULAR SURG (12%)	33-THORACIC SURG (9%)
37780-Revision of leg vein	\$32,614	199	090	1%	.	26%	02-GHRL SURGERY (63%)	77-VASCULAR SURG (13%)	33-THORACIC SURG (10%)
37785-Revise secondary varicosity	\$272,847	2,563	090	6%	9%	28%	02-GHRL SURGERY (65%)	77-VASCULAR SURG (12%)	33-THORACIC SURG (6%)
1208-Major Vascular Procedures									
Family Medicare Charges:\$356,304,454	Percent of CPEP Medicare Charges: 30%								
Family Private Payments: \$4,056,285	Percent of CPEP Private Payments: 18%								
34001-Removal of artery clot	\$221,591	486	090	0%	.	0%	02-GHRL SURGERY (43%)	33-THORACIC SURG (20%)	77-VASCULAR SURG (12%)
34051-Removal of artery clot	\$36,488	60	090	0%	.	0%	02-GHRL SURGERY (35%)	33-THORACIC SURG (35%)	77-VASCULAR SURG (12%)
34101-Removal of artery clot	\$7,163,893	12,218	090	2%	2%	1%	02-GHRL SURGERY (56%)	33-THORACIC SURG (18%)	77-VASCULAR SURG (16%)
34111-Removal of arm artery clot	\$753,666	1,581	090	0%	.	1%	02-GHRL SURGERY (54%)	77-VASCULAR SURG (21%)	33-THORACIC SURG (14%)
34151-Removal of artery clot	\$875,015	1,289	090	0%	.	1%	02-GHRL SURGERY (59%)	33-THORACIC SURG (12%)	77-VASCULAR SURG (12%)
34201-Removal of artery clot	\$9,219,322	18,501	090	3%	3%	0%	02-GHRL SURGERY (49%)	33-THORACIC SURG (20%)	77-VASCULAR SURG (16%)
34203-Removal of leg artery clot	\$1,810,124	3,658	090	1%	.	0%	02-GHRL SURGERY (46%)	77-VASCULAR SURG (23%)	33-THORACIC SURG (17%)
34401-Removal of vein clot	\$100,143	213	090	0%	.	1%	02-GHRL SURGERY (40%)	33-THORACIC SURG (18%)	34-UROLOGY (13%)
34421-Removal of vein clot	\$202,710	469	090	0%	.	6%	02-GHRL SURGERY (42%)	33-THORACIC SURG (18%)	77-VASCULAR SURG (17%)
34451-Removal of vein clot	\$55,357	141	090	0%	.	38%	76-PER VASC DIS (38%)	02-GHRL SURGERY (30%)	77-VASCULAR SURG (12%)
34471-Removal of vein clot	\$42,277	113	090	0%	.	3%	02-GHRL SURGERY (65%)	33-THORACIC SURG (14%)	77-VASCULAR SURG (4%)
34502-Reconstruct, vena cava	.	.	090	.	.	.	(.)	(.)	(.)
35001-Repair defect of artery	\$1,636,822	1,805	090	0%	.	0%	02-GHRL SURGERY (42%)	33-THORACIC SURG (21%)	77-VASCULAR SURG (14%)
35002-Repair artery rupture, neck	\$21,311	31	090	0%	.	0%	02-GHRL SURGERY (42%)	33-THORACIC SURG (19%)	77-VASCULAR SURG (19%)
35005-Repair defect of artery	\$11,354	22	090	0%	.	32%	02-GHRL SURGERY (36%)	11-INTERNAL MED (23%)	01-OB-GP/FP (9%)
35011-Repair defect of artery	\$1,629,867	1,661	090	0%	.	0%	02-GHRL SURGERY (55%)	77-VASCULAR SURG (17%)	33-THORACIC SURG (16%)
35013-Repair artery rupture, arm	\$151,185	152	090	0%	.	3%	02-GHRL SURGERY (55%)	77-VASCULAR SURG (20%)	33-THORACIC SURG (15%)
35021-Repair defect of artery	\$116,348	137	090	0%	.	4%	33-THORACIC SURG (35%)	02-GHRL SURGERY (25%)	78-CARDIAC SURG (13%)
35022-Repair artery rupture, chest	\$13,927	37	090	0%	.	43%	01-OB-GP/FP (30%)	02-GHRL SURGERY (19%)	33-THORACIC SURG (16%)
35081-Repair defect of artery	\$31,175,846	28,931	090	9%	8%	0%	02-GHRL SURGERY (43%)	33-THORACIC SURG (21%)	77-VASCULAR SURG (14%)
35082-Repair artery rupture, aorta	\$9,135,844	6,947	090	3%	2%	0%	02-GHRL SURGERY (55%)	33-THORACIC SURG (18%)	77-VASCULAR SURG (12%)
35091-Repair defect of artery	\$3,438,588	2,970	090	1%	.	0%	02-GHRL SURGERY (37%)	33-THORACIC SURG (19%)	77-VASCULAR SURG (17%)
35092-Repair artery rupture, aorta	\$1,031,135	655	090	0%	.	1%	02-GHRL SURGERY (49%)	33-THORACIC SURG (19%)	77-VASCULAR SURG (16%)
35102-Repair defect of artery	\$15,865,186	13,000	090	4%	5%	1%	02-GHRL SURGERY (45%)	33-THORACIC SURG (19%)	77-VASCULAR SURG (18%)
35103-Repair artery rupture, groin	\$3,319,913	2,182	090	1%	.	0%	02-GHRL SURGERY (53%)	77-VASCULAR SURG (17%)	33-THORACIC SURG (14%)
35111-Repair defect of artery	\$89,799	103	090	0%	.	0%	02-GHRL SURGERY (59%)	77-VASCULAR SURG (16%)	33-THORACIC SURG (10%)
35112-Repair artery rupture, spleen	\$24,641	40	090	0%	.	0%	02-GHRL SURGERY (80%)	33-THORACIC SURG (8%)	77-VASCULAR SURG (5%)
35121-Repair defect of artery	\$377,887	322	090	0%	.	1%	02-GHRL SURGERY (44%)	77-VASCULAR SURG (20%)	33-THORACIC SURG (17%)
35122-Repair artery rupture, belly	\$79,186	62	090	0%	.	0%	02-GHRL SURGERY (69%)	77-VASCULAR SURG (13%)	33-THORACIC SURG (8%)
35131-Repair defect of artery	\$1,591,420	1,979	090	0%	.	0%	02-GHRL SURGERY (39%)	33-THORACIC SURG (22%)	77-VASCULAR SURG (21%)
35132-Repair artery rupture, groin	\$196,527	233	090	0%	.	2%	02-GHRL SURGERY (59%)	77-VASCULAR SURG (15%)	33-THORACIC SURG (11%)
35141-Repair defect of artery	\$7,053,213	8,581	090	2%	2%	0%	02-GHRL SURGERY (41%)	33-THORACIC SURG (21%)	77-VASCULAR SURG (18%)
35142-Repair artery rupture, thigh	\$563,159	749	090	0%	.	0%	02-GHRL SURGERY (30%)	05-ANESTHESIA (25%)	77-VASCULAR SURG (18%)
35151-Repair defect of artery	\$1,245,134	1,478	090	0%	.	0%	02-GHRL SURGERY (48%)	77-VASCULAR SURG (21%)	33-THORACIC SURG (18%)
35152-Repair artery rupture, knee	\$45,407	67	090	0%	.	1%	02-GHRL SURGERY (39%)	33-THORACIC SURG (30%)	77-VASCULAR SURG (16%)
35161-Repair defect of artery	\$473,540	475	090	0%	.	1%	02-GHRL SURGERY (54%)	33-THORACIC SURG (19%)	77-VASCULAR SURG (13%)
35162-Repair artery rupture	\$41,486	38	090	0%	.	0%	02-GHRL SURGERY (63%)	77-VASCULAR SURG (11%)	33-THORACIC SURG (8%)
35180-Repair blood vessel lesion	\$14,300	24	090	0%	.	0%	02-GHRL SURGERY (42%)	33-THORACIC SURG (25%)	33-THORACIC SURG (17%)
35182-Repair blood vessel lesion	\$19,988	26	090	0%	.	0%	02-GHRL SURGERY (50%)	33-THORACIC SURG (12%)	77-VASCULAR SURG (12%)
35184-Repair blood vessel lesion	\$166,173	272	090	0%	.	1%	02-GHRL SURGERY (39%)	78-CARDIAC SURG (21%)	33-THORACIC SURG (12%)
35188-Repair blood vessel lesion	\$20,207	35	090	0%	.	3%	02-GHRL SURGERY (34%)	33-THORACIC SURG (17%)	24-PLASTIC SURG (14%)

Top Medicare Specialties (% of Procedure Volume)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family All'dChgs	Pct. of Family Privlmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
35189-Repair blood vessel lesion	\$49,117	100	090	0%	.	1%	02-GHRL SURGERY (50%)	33-THORACIC SURG (15%)	77-VASCULAR SURG (10%)
35190-Repair blood vessel lesion	\$2,371,588	3,274	090	1%	.	1%	02-GHRL SURGERY (29%)	77-VASCULAR SURG (20%)	33-THORACIC SURG (18%)
35201-Repair blood vessel lesion	\$601,598	960	090	0%	.	3%	02-GHRL SURGERY (69%)	33-THORACIC SURG (27%)	77-VASCULAR SURG (20%)
35211-Repair blood vessel lesion	\$40,963	93	090	0%	.	1%	33-THORACIC SURG (51%)	78-CARDIAC SURG (24%)	02-GHRL SURGERY (11%)
35216-Repair blood vessel lesion	\$118,202	173	090	0%	.	0%	33-THORACIC SURG (61%)	02-GHRL SURGERY (24%)	78-CARDIAC SURG (13%)
35221-Repair blood vessel lesion	\$701,095	1,091	090	0%	.	0%	02-GHRL SURGERY (56%)	33-THORACIC SURG (13%)	77-VASCULAR SURG (12%)
35231-Repair blood vessel lesion	\$258,151	382	090	0%	.	3%	33-THORACIC SURG (37%)	78-CARDIAC SURG (22%)	77-VASCULAR SURG (17%)
35241-Repair blood vessel lesion	\$17,964	40	090	0%	.	3%	33-THORACIC SURG (55%)	78-CARDIAC SURG (23%)	02-GHRL SURGERY (10%)
35246-Repair blood vessel lesion	\$34,360	53	090	0%	.	0%	06-CARDIOLOGY (64%)	33-THORACIC SURG (19%)	02-GHRL SURGERY (6%)
35251-Repair blood vessel lesion	\$77,592	109	090	0%	.	0%	02-GHRL SURGERY (42%)	33-THORACIC SURG (19%)	33-THORACIC SURG (15%)
35261-Repair blood vessel lesion	\$173,943	371	090	0%	.	0%	02-GHRL SURGERY (37%)	77-VASCULAR SURG (28%)	33-THORACIC SURG (23%)
35271-Repair blood vessel lesion	\$25,294	55	090	0%	.	0%	33-THORACIC SURG (33%)	06-CARDIOLOGY (20%)	78-CARDIAC SURG (18%)
35276-Repair blood vessel lesion	\$14,977	29	090	0%	.	0%	33-THORACIC SURG (34%)	78-CARDIAC SURG (21%)	02-GHRL SURGERY (17%)
35281-Repair blood vessel lesion	\$203,633	254	090	0%	.	0%	02-GHRL SURGERY (35%)	33-THORACIC SURG (17%)	78-CARDIAC SURG (17%)
35301-Rechannelling of artery	\$81,406,209	102,418	090	23%	30%	0%	02-GHRL SURGERY (39%)	33-THORACIC SURG (20%)	77-VASCULAR SURG (17%)
35311-Rechannelling of artery	\$119,523	113	090	0%	.	0%	02-GHRL SURGERY (26%)	33-THORACIC SURG (24%)	77-VASCULAR SURG (23%)
35321-Rechannelling of artery	\$1,434,426	1,413	090	0%	.	1%	02-GHRL SURGERY (58%)	33-THORACIC SURG (21%)	77-VASCULAR SURG (12%)
35331-Rechannelling of artery	\$554,733	1,090	090	0%	.	0%	02-GHRL SURGERY (44%)	77-VASCULAR SURG (21%)	33-THORACIC SURG (20%)
35341-Rechannelling of artery	\$857,656	974	090	0%	.	0%	02-GHRL SURGERY (61%)	77-VASCULAR SURG (27%)	33-THORACIC SURG (19%)
35351-Rechannelling of artery	\$1,067,262	1,426	090	0%	.	0%	02-GHRL SURGERY (46%)	77-VASCULAR SURG (23%)	33-THORACIC SURG (16%)
35355-Rechannelling of artery	\$1,087,377	1,380	090	0%	.	1%	02-GHRL SURGERY (44%)	33-THORACIC SURG (21%)	77-VASCULAR SURG (21%)
35361-Rechannelling of artery	\$275,677	264	090	0%	.	0%	02-GHRL SURGERY (61%)	33-THORACIC SURG (23%)	33-THORACIC SURG (16%)
35363-Rechannelling of artery	\$195,989	235	090	0%	.	0%	02-GHRL SURGERY (55%)	33-THORACIC SURG (17%)	77-VASCULAR SURG (11%)
35371-Rechannelling of artery	\$4,783,748	8,453	090	1%	2%	0%	02-GHRL SURGERY (65%)	77-VASCULAR SURG (22%)	33-THORACIC SURG (16%)
35372-Rechannelling of artery	\$2,341,726	4,631	090	1%	0%	0%	02-GHRL SURGERY (46%)	77-VASCULAR SURG (22%)	33-THORACIC SURG (16%)
35381-Rechannelling of artery	\$4,146,823	6,180	090	1%	3%	1%	02-GHRL SURGERY (66%)	77-VASCULAR SURG (21%)	33-THORACIC SURG (18%)
35390-Reoperation, carotid	.	zzz	zzz	.	.	.	(.)	(.)	(.)
35501-Artery bypass graft	\$436,651	327	090	0%	.	1%	02-GHRL SURGERY (35%)	77-VASCULAR SURG (18%)	33-THORACIC SURG (15%)
35506-Artery bypass graft	\$390,762	385	090	0%	.	1%	02-GHRL SURGERY (32%)	33-THORACIC SURG (26%)	77-VASCULAR SURG (17%)
35507-Artery bypass graft	\$145,497	160	090	0%	.	0%	02-GHRL SURGERY (43%)	77-VASCULAR SURG (25%)	33-THORACIC SURG (19%)
35508-Artery bypass graft	\$88,748	69	090	0%	.	0%	33-THORACIC SURG (35%)	02-GHRL SURGERY (26%)	77-VASCULAR SURG (26%)
35509-Artery bypass graft	\$161,432	162	090	0%	.	0%	02-GHRL SURGERY (61%)	77-VASCULAR SURG (31%)	33-THORACIC SURG (10%)
35511-Artery bypass graft	\$33,114	39	090	0%	.	0%	02-GHRL SURGERY (38%)	33-THORACIC SURG (21%)	77-VASCULAR SURG (21%)
35515-Artery bypass graft	\$11,625	15	090	0%	.	20%	02-GHRL SURGERY (47%)	01_08-CP/PP (13%)	33-THORACIC SURG (13%)
35516-Artery bypass graft	\$153,663	188	090	0%	.	0%	02-GHRL SURGERY (44%)	05-ANESTHESIA (28%)	33-THORACIC SURG (11%)
35518-Artery bypass graft	\$303,426	277	090	0%	.	0%	02-GHRL SURGERY (78%)	33-THORACIC SURG (10%)	77-VASCULAR SURG (9%)
35521-Artery bypass graft	\$376,127	506	090	0%	.	0%	02-GHRL SURGERY (38%)	05-ANESTHESIA (20%)	33-THORACIC SURG (16%)
35526-Artery bypass graft	\$22,711	36	090	0%	.	0%	33-THORACIC SURG (31%)	02-GHRL SURGERY (28%)	77-VASCULAR SURG (19%)
35531-Artery bypass graft	\$419,341	374	090	0%	.	0%	02-GHRL SURGERY (42%)	77-VASCULAR SURG (25%)	33-THORACIC SURG (14%)
35533-Artery bypass graft	\$277,425	282	090	0%	.	0%	02-GHRL SURGERY (37%)	33-THORACIC SURG (15%)	77-VASCULAR SURG (14%)
35536-Artery bypass graft	\$113,195	106	090	0%	.	0%	02-GHRL SURGERY (61%)	77-VASCULAR SURG (39%)	33-THORACIC SURG (7%)
35541-Artery bypass graft	\$373,675	353	090	0%	.	1%	02-GHRL SURGERY (42%)	33-THORACIC SURG (23%)	77-VASCULAR SURG (12%)
35546-Artery bypass graft	\$1,788,873	1,472	090	1%	.	1%	02-GHRL SURGERY (69%)	33-THORACIC SURG (19%)	77-VASCULAR SURG (15%)
35548-Artery bypass graft	\$76,672	69	090	0%	.	1%	02-GHRL SURGERY (43%)	33-THORACIC SURG (22%)	78-CARDIAC SURG (16%)
35549-Artery bypass graft	\$349,175	212	090	0%	.	1%	02-GHRL SURGERY (50%)	33-THORACIC SURG (18%)	77-VASCULAR SURG (17%)
35551-Artery bypass graft	\$93,285	89	090	0%	.	1%	02-GHRL SURGERY (45%)	33-THORACIC SURG (20%)	77-VASCULAR SURG (11%)
35556-Artery bypass graft	\$15,562,813	14,489	090	4%	8%	1%	02-GHRL SURGERY (66%)	33-THORACIC SURG (20%)	77-VASCULAR SURG (18%)
35558-Artery bypass graft	\$1,308,385	1,467	090	0%	.	0%	02-GHRL SURGERY (44%)	33-THORACIC SURG (23%)	77-VASCULAR SURG (15%)
35560-Artery bypass graft	\$975,539	964	090	0%	.	0%	02-GHRL SURGERY (41%)	77-VASCULAR SURG (19%)	33-THORACIC SURG (18%)
35563-Artery bypass graft	\$15,996	30	090	0%	.	0%	02-GHRL SURGERY (50%)	77-VASCULAR SURG (23%)	37-PHYS ASSISTANT (10%)
35565-Artery bypass graft	\$538,057	547	090	0%	.	1%	02-GHRL SURGERY (67%)	77-VASCULAR SURG (19%)	33-THORACIC SURG (17%)
35566-Artery bypass graft	\$13,506,813	10,373	090	4%	3%	0%	02-GHRL SURGERY (43%)	77-VASCULAR SURG (26%)	33-THORACIC SURG (16%)

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Procedure First Specialty Second Specialty Third Specialty

35571-Artery bypass graft	4,996	090	2%	0%	02-GNRL SURGERY (43%)	77-VASCULAR SURG (29%)	33-THORACIC SURG (14%)
35582-Vein bypass graft	210	090	0%	0%	02-GHRL SURGERY (46%)	33-THORACIC SURG (23%)	77-VASCULAR SURG (17%)
35583-Vein bypass graft	6,550	090	3%	1%	02-GHRL SURGERY (47%)	77-VASCULAR SURG (24%)	33-THORACIC SURG (16%)
35586-Vein bypass graft	11,013	090	4%	2%	02-GHRL SURGERY (50%)	77-VASCULAR SURG (23%)	33-THORACIC SURG (13%)
35587-Vein bypass graft	1,471	090	1%	0%	02-GHRL SURGERY (47%)	77-VASCULAR SURG (26%)	33-THORACIC SURG (14%)
35601-Artery bypass graft	350	090	0%	1%	02-GHRL SURGERY (35%)	33-THORACIC SURG (22%)	77-VASCULAR SURG (20%)
35606-Artery bypass graft	1,465	090	0%	0%	02-GHRL SURGERY (36%)	33-THORACIC SURG (24%)	77-VASCULAR SURG (21%)
35612-Artery bypass graft	88,744	112	0%	0%	02-GHRL SURGERY (40%)	33-THORACIC SURG (22%)	77-VASCULAR SURG (14%)
35616-Artery bypass graft	148,809	138	0%	1%	33-THORACIC SURG (31%)	02-GHRL SURGERY (31%)	77-VASCULAR SURG (24%)
35623-Bypass graft, not vein	2,636,958	2,376	0%	0%	02-GHRL SURGERY (47%)	33-THORACIC SURG (19%)	77-VASCULAR SURG (19%)
35626-Artery bypass graft	221,561	229	0%	0%	(.)	(.)	(.)
35631-Artery bypass graft	1,613,893	1,799	0%	0%	33-THORACIC SURG (36%)	02-GHRL SURGERY (19%)	78-CARDIAC SURG (15%)
35636-Artery bypass graft	64,990	67	0%	0%	02-GHRL SURGERY (39%)	77-VASCULAR SURG (28%)	33-THORACIC SURG (18%)
35641-Artery bypass graft	3,712,911	2,981	0%	2%	02-GHRL SURGERY (39%)	77-VASCULAR SURG (30%)	06-CARDIOLOGY (7%)
35642-Artery bypass graft	7,846	20	0%	0%	02-GHRL SURGERY (50%)	33-THORACIC SURG (24%)	77-VASCULAR SURG (19%)
35645-Artery bypass graft	12,180	18	0%	0%	02-GHRL SURGERY (61%)	33-THORACIC SURG (20%)	01,08-GP/FP (5%)
35646-Artery bypass graft	15,349,606	11,371	0%	10%	02-GHRL SURGERY (43%)	33-THORACIC SURG (11%)	77-VASCULAR SURG (11%)
35650-Artery bypass graft	367,764	355	0%	3%	02-GHRL SURGERY (52%)	33-THORACIC SURG (22%)	77-VASCULAR SURG (17%)
35651-Artery bypass graft	386,574	326	0%	0%	02-GHRL SURGERY (45%)	33-THORACIC SURG (17%)	77-VASCULAR SURG (14%)
35654-Artery bypass graft	2,893,429	2,275	0%	10%	02-GHRL SURGERY (44%)	33-THORACIC SURG (17%)	77-VASCULAR SURG (13%)
35656-Artery bypass graft	28,830,913	28,864	0%	0%	02-GHRL SURGERY (50%)	77-VASCULAR SURG (22%)	33-THORACIC SURG (15%)
35661-Artery bypass graft	17,241,673	8,160	0%	4%	02-GHRL SURGERY (48%)	33-THORACIC SURG (20%)	77-VASCULAR SURG (16%)
35663-Artery bypass graft	102,518	144	0%	2%	02-GHRL SURGERY (46%)	33-THORACIC SURG (19%)	77-VASCULAR SURG (19%)
35665-Artery bypass graft	3,132,297	3,117	0%	1%	02-GHRL SURGERY (44%)	77-VASCULAR SURG (26%)	33-THORACIC SURG (13%)
35666-Artery bypass graft	5,166,918	4,374	0%	1%	02-GHRL SURGERY (46%)	77-VASCULAR SURG (24%)	33-THORACIC SURG (17%)
35671-Artery bypass graft	841,606	770	0%	0%	02-GHRL SURGERY (47%)	77-VASCULAR SURG (21%)	33-THORACIC SURG (19%)
35691-Arterial transposition	1,389,376	2,114	0%	0%	02-GHRL SURGERY (40%)	77-VASCULAR SURG (28%)	33-THORACIC SURG (19%)
35693-Arterial transposition		090			(.)	(.)	(.)
35694-Arterial transposition		090			(.)	(.)	(.)
35695-Arterial transposition		090			(.)	(.)	(.)
35700-Reoperation, bypass graft		222			(.)	(.)	(.)
35701-Exploration, carotid artery	232,393	595	0%	1%	02-GHRL SURGERY (38%)	77-VASCULAR SURG (14%)	33-THORACIC SURG (13%)
35800-Explore neck vessels	515,888	1,696	0%	1%	02-GHRL SURGERY (40%)	33-THORACIC SURG (16%)	77-VASCULAR SURG (14%)
35820-Explore chest vessels	3,633,789	8,071	0%	2%	33-THORACIC SURG (50%)	78-CARDIAC SURG (28%)	02-GHRL SURGERY (6%)
35860-Explore abdominal vessels	352,797	1,237	0%	0%	02-GHRL SURGERY (50%)	33-THORACIC SURG (16%)	77-VASCULAR SURG (11%)
35860-Explore limb vessels	1,545,106	3,980	0%	1%	02-GHRL SURGERY (50%)	77-VASCULAR SURG (18%)	33-THORACIC SURG (16%)
35870-Repair vessel graft defect	117,315	111	0%	3%	02-GHRL SURGERY (51%)	33-THORACIC SURG (23%)	77-VASCULAR SURG (18%)
35905-Excision, graft, thorax		090			(.)	(.)	(.)
35907-Excision, graft, abdomen		090			(.)	(.)	(.)
36822-Insertion of cannula(s)	102,049	317	0%	0%	33-THORACIC SURG (38%)	02-GHRL SURGERY (26%)	06-CARDIOLOGY (15%)
36834-Repair A-V aneurysm		090			(.)	(.)	(.)
37140-Revision of circulation	1,081,173	894	0%	2%	30-RADIOLOGY (49%)	02-GHRL SURGERY (15%)	05-ANESTHESIA (12%)
37145-Revision of circulation	18,703	17	0%	47%	18-OPTHALMOLOGY (41%)	02-GHRL SURGERY (18%)	65-PHYSICAL THER (12%)
37160-Revision of circulation	895,497	86	0%	5%	02-GHRL SURGERY (63%)	30-RADIOLOGY (10%)	77-VASCULAR SURG (10%)
37180-Revision of circulation	337,259	34	0%	3%	02-GHRL SURGERY (53%)	77-VASCULAR SURG (15%)	01,08-GP/FP (6%)
37181-Splice spleen/kidney veins	176,028	146	0%	1%	02-GHRL SURGERY (67%)	77-VASCULAR SURG (9%)	30-RADIOLOGY (8%)
37605-Ligation of neck artery	336,494	168	0%	1%	02-GHRL SURGERY (36%)	14-NEUROSURGERY (20%)	04-OTOLARYNG (16%)
37606-Ligation of neck artery	55,303	17	0%	0%	14-NEUROSURGERY (71%)	02-GHRL SURGERY (12%)	04-OTOLARYNG (12%)
37615-Ligation of neck artery	228,088	90	0%	10%	04-OTOLARYNG (31%)	02-GHRL SURGERY (29%)	33-THORACIC SURG (8%)
37616-Ligation of chest artery	21,803	67	0%	1%	33-THORACIC SURG (40%)	02-GHRL SURGERY (27%)	78-CARDIAC SURG (7%)

Procedure	1993 MC Units of Service	1993 MC Allowed Charges	Pct. of Family PrivPmts	Pct. of Family AllDchs	Global Period	Office	First Speciality	Second Speciality	Third Speciality
37617-Ligation of abdomen artery	631	\$286,725	.	0%	090	1%	02-GHRL SURGERY (58%)	16-OB-GYNECOLOGY (9%)	77-VASCULAR SURG (8%)
37660-Revision of major vein	60	\$18,701	.	0%	090	3%	02-GHRL SURGERY (48%)	33-THORACIC SURG (13%)	30-RADIOLOGY (10%)
1212-Removal and Revision of Pacemaker and Vascular Device									
Family Medicare Charges: \$5,337,933				0%					
Family Private Payments: \$11,067				0%					
Percent of CPEP Medicare Charges:									
Percent of CPEP Private Payments:									
36261-Removal of infusion pump	62	\$15,219	.	0%	090	2%	02-GHRL SURGERY (63%)	05-ANESTHESIA (6%)	70-GROUP PRAC (6%)
36262-Removal of infusion pump	592	\$108,670	100%	2%	090	11%	02-GHRL SURGERY (71%)	33-THORACIC SURG (7%)	77-VASCULAR SURG (4%)
36532-Removal of infusion pump	2,208	\$367,361	.	7%	010	22%	02-GHRL SURGERY (68%)	33-THORACIC SURG (10%)	77-VASCULAR SURG (6%)
36534-Revision of access port	2,091	\$484,604	.	9%	010	10%	02-GHRL SURGERY (72%)	33-THORACIC SURG (5%)	77-VASCULAR SURG (4%)
36535-Removal of access port	25,849	\$3,993,711	.	75%	010	24%	02-GHRL SURGERY (70%)	33-THORACIC SURG (8%)	77-VASCULAR SURG (7%)
37203-Transcatheter retrieval	768	\$197,392	.	4%	000	5%	30-RADIOLOGY (60%)	02-GHRL SURGERY (11%)	06-CARDIOLOGY (8%)
49428-Ligation of shunt	.	.	.	.	010	.	(.)	(.)	(.)
49429-Removal of shunt	.	.	.	.	010	.	(.)	(.)	(.)
75961-Retrieval, broken catheter	1,058	\$170,976	.	3%	XXX	2%	30-RADIOLOGY (51%)	05-ANESTHESIA (28%)	94-INTERVEN RAD (5%)
1216-Heart and Great Vessels									
Family Medicare Charges: \$11,927,456				9%					
Family Private Payments: \$1,892,015				8%					
Percent of CPEP Medicare Charges:									
Percent of CPEP Private Payments:									
33020-Incision of heart sac	396	\$275,076	.	0%	090	1%	33-THORACIC SURG (34%)	78-CARDIAC SURG (27%)	02-GHRL SURGERY (16%)
33025-Incision of heart sac	3,454	\$3,138,259	6%	3%	090	0%	33-THORACIC SURG (48%)	02-GHRL SURGERY (20%)	78-CARDIAC SURG (15%)
33030-Partial removal of heart sac	487	\$535,393	.	0%	090	1%	33-THORACIC SURG (54%)	78-CARDIAC SURG (19%)	02-GHRL SURGERY (11%)
33031-Partial removal of heart sac	224	\$121,841	.	0%	090	1%	33-THORACIC SURG (62%)	78-CARDIAC SURG (21%)	02-GHRL SURGERY (7%)
33050-Removal of heart sac lesion	94	\$35,448	.	0%	090	0%	33-THORACIC SURG (40%)	02-GHRL SURGERY (26%)	78-CARDIAC SURG (13%)
33120-Removal of heart lesion	578	\$716,903	.	1%	090	1%	33-THORACIC SURG (48%)	78-CARDIAC SURG (28%)	06-CARDIOLOGY (8%)
33130-Removal of heart lesion	42	\$17,586	.	0%	090	3%	33-THORACIC SURG (26%)	34-UROLOGY (17%)	78-CARDIAC SURG (14%)
33250-Ablate heart dysrhythm focus	36	\$31,342	.	0%	090	8%	06-CARDIOLOGY (61%)	33-THORACIC SURG (11%)	01,08-GP/FP (6%)
33251-Ablate heart dysrhythm focus	57	\$37,374	.	0%	090	0%	33-THORACIC SURG (61%)	78-CARDIAC SURG (26%)	02-GHRL SURGERY (4%)
33260-Ablate heart dysrhythm focus	11	\$6,515	.	0%	090	27%	06-CARDIOLOGY (36%)	34-UROLOGY (18%)	78-CARDIAC SURG (18%)
33261-Ablate heart dysrhythm focus	81	\$57,481	.	0%	090	0%	33-THORACIC SURG (51%)	78-CARDIAC SURG (23%)	06-CARDIOLOGY (16%)
33300-Repair of heart wound	228	\$165,374	1%	0%	090	3%	33-THORACIC SURG (42%)	78-CARDIAC SURG (19%)	02-GHRL SURGERY (17%)
33305-Repair of heart wound	263	\$156,975	.	0%	090	0%	33-THORACIC SURG (61%)	78-CARDIAC SURG (21%)	02-GHRL SURGERY (5%)
33310-Exploratory heart surgery	100	\$52,472	.	0%	090	13%	33-THORACIC SURG (37%)	78-CARDIAC SURG (28%)	66-RHEUMATOLOGY (12%)
33315-Exploratory heart surgery	276	\$159,076	.	0%	090	0%	33-THORACIC SURG (74%)	78-CARDIAC SURG (13%)	02-GHRL SURGERY (4%)
33320-Repair major blood vessel(s)	170	\$91,905	.	0%	090	7%	33-THORACIC SURG (31%)	78-CARDIAC SURG (22%)	02-GHRL SURGERY (21%)
33321-Repair major vessel	.	.	.	0%	090	.	(.)	(.)	(.)
33322-Repair major blood vessel(s)	194	\$131,700	.	0%	090	0%	33-THORACIC SURG (53%)	78-CARDIAC SURG (23%)	06-CARDIOLOGY (11%)
33330-Insert major vessel graft	41	\$32,139	.	0%	090	7%	33-THORACIC SURG (59%)	78-CARDIAC SURG (10%)	02-GHRL SURGERY (7%)
33332-Insert major vessel graft	.	.	.	0%	090	.	(.)	(.)	(.)
33335-Insert major vessel graft	140	\$113,467	.	0%	090	1%	33-THORACIC SURG (54%)	78-CARDIAC SURG (21%)	06-CARDIOLOGY (9%)
33350-Repair major blood vessel(s)	291	\$93,228	.	0%	090	1%	05-ANESTHESIA (57%)	33-THORACIC SURG (21%)	78-CARDIAC SURG (11%)
33400-Repair of aortic valve	461	\$508,177	.	0%	090	1%	33-THORACIC SURG (44%)	78-CARDIAC SURG (19%)	06-CARDIOLOGY (18%)
33404-Prepare heart-aorta conduit	19	\$21,380	.	0%	090	0%	33-THORACIC SURG (47%)	02-GHRL SURGERY (26%)	70-GROUP PRAC (16%)
33406-Replacement, aortic valve	37,299	\$46,937,746	46%	42%	090	0%	33-THORACIC SURG (52%)	78-CARDIAC SURG (24%)	02-GHRL SURGERY (7%)
33411-Replacement of aortic valve	256	\$474,907	.	0%	090	0%	33-THORACIC SURG (59%)	78-CARDIAC SURG (23%)	06-CARDIOLOGY (9%)
33412-Replacement of aortic valve	21	\$23,400	.	0%	090	0%	33-THORACIC SURG (52%)	78-CARDIAC SURG (19%)	02-GHRL SURGERY (10%)
33413-Replacement, aortic valve	.	.	.	0%	090	.	(.)	(.)	(.)
33415-Revision, subvalvular tissue	370	\$45,848	.	0%	090	7%	01,08-GP/FP (29%)	11-INTERNAL MED (26%)	33-THORACIC SURG (14%)
33416-Revise ventricle muscle	183	\$149,873	.	0%	090	0%	33-THORACIC SURG (43%)	78-CARDIAC SURG (39%)	06-CARDIOLOGY (4%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Allchgs	Family Pct.	PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
33417-Repair of aortic valve	\$64,920	51	090	0%	0%	0%	0%	33-THORACIC SURG (61%)	78-CARDIAC SURG (20%)	02-GNRL SURGERY (10%)
33420-Revision of mitral valve	\$119,825	379	090	0%	0%	0%	63%	01-08-GP/FP (32%)	11-INTERNAL MED (22%)	06-CARDIOLOGY (13%)
33422-Revision of mitral valve	\$408,309	336	090	0%	0%	0%	0%	33-THORACIC SURG (57%)	78-CARDIAC SURG (22%)	97-PHYS ASSISTANT (6%)
33425-Repair of mitral valve	\$2,181,563	1,574	090	2%	2%	0%	0%	33-THORACIC SURG (55%)	78-CARDIAC SURG (20%)	02-GNRL SURGERY (8%)
33426-Repair of mitral valve	\$2,669,174	2,292	090	2%	2%	0%	0%	33-THORACIC SURG (47%)	78-CARDIAC SURG (28%)	02-GNRL SURGERY (8%)
33427-Repair of mitral valve	\$1,857,321	1,224	090	2%	2%	0%	0%	33-THORACIC SURG (59%)	78-CARDIAC SURG (22%)	97-PHYS ASSISTANT (5%)
33430-Replacement of mitral valve	\$30,644,278	18,122	090	27%	27%	0%	0%	33-THORACIC SURG (53%)	78-CARDIAC SURG (23%)	02-GNRL SURGERY (7%)
33460-Revision of tricuspid valve	\$1,121,994	1,469	090	1%	1%	0%	0%	33-THORACIC SURG (56%)	78-CARDIAC SURG (23%)	02-GNRL SURGERY (6%)
33463-Valvuloplasty, tricuspid			090	.	.	.	.	(.)	(.)	(.)
33464-Valvuloplasty, tricuspid			090	.	.	.	.	(.)	(.)	(.)
33465-Replace tricuspid valve	\$482,396	411	090	0%	0%	0%	0%	33-THORACIC SURG (47%)	78-CARDIAC SURG (26%)	02-GNRL SURGERY (7%)
33475-Replacement, pulmonary valve			090	.	.	.	.	(.)	(.)	(.)
33542-Removal of heart lesion	\$2,728,408	2,190	090	2%	4%	0%	0%	33-THORACIC SURG (48%)	78-CARDIAC SURG (27%)	02-GNRL SURGERY (6%)
33545-Repair of heart damage	\$798,329	495	090	1%	1%	0%	0%	33-THORACIC SURG (48%)	78-CARDIAC SURG (26%)	06-CARDIOLOGY (8%)
33572-Open coronary endarterectomy		222	090	.	.	.	.	(.)	(.)	(.)
33641-Repair heart septum defect	\$809,050	1,186	090	1%	9%	0%	3%	33-THORACIC SURG (47%)	78-CARDIAC SURG (29%)	06-CARDIOLOGY (6%)
33702-Repair of heart defects	\$10,879	8	090	0%	0%	0%	0%	33-THORACIC SURG (75%)	02-GNRL SURGERY (13%)	78-CARDIAC SURG (13%)
33710-Repair of heart defects	\$487	1	090	0%	0%	0%	0%	78-CARDIAC SURG (100%)	(.)	(.)
33720-Repair of heart defect	\$62,179	50	090	0%	0%	0%	6%	33-THORACIC SURG (44%)	78-CARDIAC SURG (20%)	02-GNRL SURGERY (16%)
33722-Repair of heart defect			090	.	.	.	.	(.)	(.)	(.)
33824-Revise major vessel	\$5,702	6	090	0%	0%	0%	0%	33-THORACIC SURG (33%)	78-CARDIAC SURG (33%)	01-08-GP/FP (17%)
33860-Ascending aorta graft	\$3,073,171	1,966	090	3%	3%	0%	0%	33-THORACIC SURG (46%)	78-CARDIAC SURG (20%)	05-ANESTHESIA (12%)
33861-Ascending aorta graft			090	.	.	.	.	(.)	(.)	(.)
33863-Ascending aorta graft			090	.	.	.	.	(.)	(.)	(.)
33870-Transverse aortic arch graft	\$888,859	452	090	1%	1%	0%	0%	33-THORACIC SURG (57%)	78-CARDIAC SURG (23%)	02-GNRL SURGERY (8%)
33875-Thoracic aorta graft	\$1,998,170	1,371	090	2%	2%	0%	0%	33-THORACIC SURG (45%)	78-CARDIAC SURG (19%)	02-GNRL SURGERY (18%)
33877-Thoracoabdominal graft	\$2,774,334	1,136	090	2%	2%	0%	0%	33-THORACIC SURG (40%)	02-GNRL SURGERY (18%)	77-VASCULAR SURG (15%)
33910-Remove lung artery emboli	\$69,952	85	090	0%	0%	0%	1%	33-THORACIC SURG (9%)	78-CARDIAC SURG (29%)	70-GROUP PRAC (6%)
33915-Remove lung artery emboli	\$16,053	18	090	0%	0%	0%	0%	33-THORACIC SURG (36%)	30-RADIOLOGY (17%)	02-GNRL SURGERY (11%)
33916-Surgery of great vessel	\$45,159	101	090	0%	0%	0%	1%	33-THORACIC SURG (45%)	05-ANESTHESIA (31%)	02-GNRL SURGERY (8%)
33960-External circulation assist	\$101,117	177	xxx	0%	0%	0%	0%	33-THORACIC SURG (28%)	78-CARDIAC SURG (25%)	06-CARDIOLOGY (20%)
33961-External circulation assist			xxx	.	.	.	.	(.)	(.)	(.)
33970-Aortic circulation assist	\$3,453,234	9,619	000	3%	6%	0%	0%	33-THORACIC SURG (41%)	06-CARDIOLOGY (24%)	78-CARDIAC SURG (21%)
33971-Aortic circulation assist	\$1,411,708	3,684	090	1%	2%	0%	0%	33-THORACIC SURG (37%)	06-CARDIOLOGY (34%)	78-CARDIAC SURG (17%)
33973-Insert balloon device			000	.	.	.	.	(.)	(.)	(.)
33974-Remove intra-aortic balloon			090	.	.	.	.	(.)	(.)	(.)
33975-Implant ventricular device			090	.	.	.	.	(.)	(.)	(.)
33976-Implant ventricular device			090	.	.	.	.	(.)	(.)	(.)
33977-Remove ventricular device			090	.	.	.	.	(.)	(.)	(.)
33978-Remove ventricular device			090	.	.	.	.	(.)	(.)	(.)

1220-CABG

Family Medicare Charges:\$483,629,100
Family Private Payments:\$13,296,431

Percent of CPEP Medicare Charges: 41%
Percent of CPEP Private Payments: 58%

33510-CABG, vein, single	\$14,119,180	14,612	090	3%	7%	0%	0%	33-THORACIC SURG (50%)	78-CARDIAC SURG (24%)	02-GNRL SURGERY (8%)
33511-CABG, vein, two	\$39,872,066	28,127	090	8%	17%	0%	0%	33-THORACIC SURG (49%)	78-CARDIAC SURG (24%)	02-GNRL SURGERY (8%)
33512-CABG, vein, three	\$71,920,361	46,146	090	15%	32%	0%	0%	33-THORACIC SURG (47%)	78-CARDIAC SURG (24%)	02-GNRL SURGERY (9%)
33513-CABG, vein, four	\$54,302,363	32,925	090	11%	28%	0%	0%	33-THORACIC SURG (48%)	78-CARDIAC SURG (25%)	02-GNRL SURGERY (8%)
33514-CABG, vein, five	\$19,311,915	11,593	090	4%	12%	0%	0%	33-THORACIC SURG (47%)	78-CARDIAC SURG (26%)	02-GNRL SURGERY (8%)
33516-CABG, vein, six+	\$4,893,262	3,053	090	1%	3%	0%	0%	33-THORACIC SURG (42%)	78-CARDIAC SURG (27%)	02-GNRL SURGERY (10%)
33517-CABG, artery-vein, single	\$3,111,434	21,278	090	1%	3%	0%	0%	33-THORACIC SURG (49%)	78-CARDIAC SURG (25%)	02-GNRL SURGERY (7%)

Procedure

Procedure	1993 HC Allowed Charges	1993 HC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
33518-CABG, artery-vein, two	\$14,071,751	51,930	090	3%	.	0%	33-THORACIC SURG (50%)	78-CARDIAC SURG (24%)	02-GNRL SURGERY (8%)
33519-CABG, artery-vein, three	\$16,898,649	49,161	090	3%	.	0%	33-THORACIC SURG (51%)	78-CARDIAC SURG (24%)	02-GNRL SURGERY (7%)
33521-CABG, artery-vein, four	\$7,573,508	19,432	090	2%	.	0%	33-THORACIC SURG (50%)	78-CARDIAC SURG (24%)	02-GNRL SURGERY (8%)
33522-CABG, artery-vein, five	\$1,997,673	4,426	090	0%	.	0%	33-THORACIC SURG (50%)	78-CARDIAC SURG (24%)	97-PHYS ASSISTANT (8%)
33523-CABG, artery-vein, six+	\$452,316	1,034	090	0%	.	0%	33-THORACIC SURG (56%)	78-CARDIAC SURG (22%)	02-GNRL SURGERY (7%)
33530-Coronary artery, bypass/reop	\$14,411,371	30,788	222	3%	1%	0%	33-THORACIC SURG (51%)	78-CARDIAC SURG (26%)	02-GNRL SURGERY (7%)
33533-CABG, arterial, single	\$200,873,344	147,202	090	42%	.	0%	33-THORACIC SURG (50%)	78-CARDIAC SURG (24%)	02-GNRL SURGERY (8%)
33534-CABG, arterial, two	\$14,606,207	9,551	090	3%	.	0%	33-THORACIC SURG (45%)	78-CARDIAC SURG (25%)	06-CARDIOLOGY (11%)
33535-CABG, arterial, three	\$3,251,248	2,083	090	1%	.	0%	33-THORACIC SURG (39%)	78-CARDIAC SURG (25%)	06-CARDIOLOGY (10%)
33536-CABG, arterial, four+	\$1,962,452	1,248	090	0%	.	1%	33-THORACIC SURG (43%)	78-CARDIAC SURG (28%)	02-GNRL SURGERY (9%)
1224-Pediatric Cardiovascular Procedures									
Family Medicare Charges:	\$1,028,165					0%			
Family Private Payments:	.					.			
Percent of CPEP Medicare Charges:									
Percent of CPEP Private Payments:									
33401-Valvuloplasty, open	.	.	090	.	.	.	(.)	(.)	(.)
33403-Valvuloplasty, w/cp bypass	.	.	090	.	.	.	(.)	(.)	(.)
33414-Repair, aortic valve	.	.	090	.	.	.	(.)	(.)	(.)
33468-Revision of tricuspid valve	\$52,695	33	090	5%	.	0%	33-THORACIC SURG (64%)	70-GROUP PRAC (21%)	78-CARDIAC SURG (12%)
33470-Revision of pulmonary valve	\$6,619	4	090	1%	.	0%	78-CARDIAC SURG (50%)	33-THORACIC SURG (25%)	37-PEDIATRICS (25%)
33471-Valvotomy, pulmonary valve	.	.	090	.	.	.	(.)	(.)	(.)
33472-Revision of pulmonary valve	\$3,361	3	090	0%	.	0%	33-THORACIC SURG (100%)	(.)	(.)
33474-Revision of pulmonary valve	\$4,783	13	090	0%	.	0%	33-THORACIC SURG (54%)	78-CARDIAC SURG (23%)	70-GROUP PRAC (15%)
33476-Revision of heart chamber	\$13,370	5	090	1%	.	0%	33-THORACIC SURG (100%)	(.)	(.)
33478-Revision of heart chamber	\$12,972	11	090	1%	.	0%	33-THORACIC SURG (45%)	06-CARDIOLOGY (27%)	78-CARDIAC SURG (27%)
33500-Repair heart vessel fistula	\$55,581	83	090	5%	.	4%	78-CARDIAC SURG (30%)	33-THORACIC SURG (22%)	02-GNRL SURGERY (19%)
33501-Repair heart vessel fistula	\$29,651	60	090	3%	.	0%	33-THORACIC SURG (33%)	02-GNRL SURGERY (18%)	78-CARDIAC SURG (15%)
33502-Coronary artery correction	\$18,540	45	090	2%	.	0%	33-THORACIC SURG (49%)	78-CARDIAC SURG (22%)	06-CARDIOLOGY (13%)
33503-Coronary artery graft	\$18,039	27	090	2%	.	0%	06-CARDIOLOGY (44%)	33-THORACIC SURG (19%)	78-CARDIAC SURG (11%)
33504-Coronary artery graft	\$19,639	39	090	2%	.	0%	06-CARDIOLOGY (44%)	33-THORACIC SURG (38%)	78-CARDIAC SURG (8%)
33505-Repair artery w/tunnel	.	.	090	.	.	.	(.)	(.)	(.)
33506-Repair artery, translocation	.	.	090	.	.	.	(.)	(.)	(.)
33600-Closure of valve	.	.	090	.	.	.	(.)	(.)	(.)
33602-Closure of valve	.	.	090	.	.	.	(.)	(.)	(.)
33606-Anastomosis/artery-aorta	.	.	090	.	.	.	(.)	(.)	(.)
33608-Repair anomaly w/conduit	.	.	090	.	.	.	(.)	(.)	(.)
33610-Repair by enlargement	.	.	090	.	.	.	(.)	(.)	(.)
33611-Repair double ventricle	.	.	090	.	.	.	(.)	(.)	(.)
33612-Repair double ventricle	.	.	090	.	.	.	(.)	(.)	(.)
33615-Repair (simple fontan)	.	.	090	.	.	.	(.)	(.)	(.)
33617-Repair by modified fontan	.	.	090	.	.	.	(.)	(.)	(.)
33619-Repair single ventricle	.	.	090	.	.	.	(.)	(.)	(.)
33645-Revision of heart veins	\$42,613	59	090	4%	.	5%	33-THORACIC SURG (49%)	78-CARDIAC SURG (22%)	06-CARDIOLOGY (14%)
33647-Repair heart septum defects	\$35,424	23	090	3%	.	4%	33-THORACIC SURG (48%)	78-CARDIAC SURG (17%)	02-GNRL SURGERY (13%)
33660-Repair of heart defects	\$19,038	20	090	2%	.	10%	78-CARDIAC SURG (30%)	33-THORACIC SURG (20%)	01,08-GP/FP (15%)
33665-Repair of heart defects	\$29,155	11	090	3%	.	0%	33-THORACIC SURG (55%)	78-CARDIAC SURG (36%)	06-CARDIOLOGY (9%)
33670-Repair of heart chambers	\$16,793	10	090	2%	.	20%	01,08-GP/FP (20%)	34-UROLOGY (20%)	78-CARDIAC SURG (20%)
33681-Repair heart septum defect	\$500,761	356	090	49%	.	0%	33-THORACIC SURG (51%)	78-CARDIAC SURG (27%)	02-GNRL SURGERY (6%)
33684-Repair heart septum defect	\$9,174	5	090	1%	.	0%	33-THORACIC SURG (40%)	78-CARDIAC SURG (40%)	97-PHYS ASSISTANT (20%)
33688-Repair heart septum defect	.	.	090	.	.	.	(.)	(.)	(.)
33690-Reinforce pulmonary artery	\$2,491	4	090	0%	.	25%	33-THORACIC SURG (50%)	01,08-GP/FP (25%)	02-GNRL SURGERY (25%)
33692-Repair of heart defects	\$5,948	2	090	1%	.	0%	33-THORACIC SURG (100%)	(.)	(.)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Family Vol. In OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
33694-Repair of heart defects	\$8,425	3	090	1%	.	0%	02-GNRL SURGERY (33%)	33-THORACIC SURG (33%)	78-CARDIAC SURG (33%)
33696-Repair of heart defects	.	.	090	.	.	.	(.)	(.)	(.)
33697-Repair of heart defects	.	.	090	.	.	.	(.)	(.)	(.)
33698-Repair of heart defects	.	.	090	.	.	.	(.)	(.)	(.)
33730-Repair heart-vein defect(s)	\$6,988	8	090	1%	.	0%	02-GNRL SURGERY (63%)	33-THORACIC SURG (25%)	78-CARDIAC SURG (13%)
33732-Repair heart-vein defect	.	.	090	.	.	.	(.)	(.)	(.)
33735-Revision of heart chamber	\$1,250	1	090	0%	.	0%	78-CARDIAC SURG (100%)	(.)	(.)
33736-Revision of heart chamber	.	.	090	.	.	.	(.)	(.)	(.)
33737-Revision of heart chamber	\$11,630	10	090	1%	.	0%	02-GNRL SURGERY (90%)	33-THORACIC SURG (10%)	(.)
33750-Major vessel shunt	\$19,775	25	090	2%	.	0%	06-CARDIOLOGY (32%)	11-INTERNAL MED (32%)	33-THORACIC SURG (12%)
33755-Major vessel shunt	.	.	090	.	.	.	(.)	(.)	(.)
33762-Major vessel shunt	.	.	090	.	.	.	(.)	(.)	(.)
33764-Major vessel shunt & graft	\$6,068	6	090	1%	.	0%	02-GNRL SURGERY (50%)	06-CARDIOLOGY (50%)	(.)
33766-Major vessel shunt	\$12,784	12	090	1%	.	8%	02-GNRL SURGERY (25%)	33-THORACIC SURG (25%)	78-CARDIAC SURG (17%)
33767-Atrial septectomy/septostomy	.	.	090	.	.	.	(.)	(.)	(.)
33770-Repair great vessels defect	.	.	090	.	.	.	(.)	(.)	(.)
33771-Repair great vessels defect	\$1,840	1	090	0%	.	0%	05-ANESTHESIA (100%)	(.)	(.)
33774-Repair great vessels defect	.	.	090	.	.	.	(.)	(.)	(.)
33775-Repair great vessels defect	.	.	090	.	.	.	(.)	(.)	(.)
33776-Repair great vessels defect	.	.	090	.	.	.	(.)	(.)	(.)
33777-Repair great vessels defect	.	.	090	.	.	.	(.)	(.)	(.)
33778-Repair great vessels defect	\$106	1	090	0%	.	0%	77-VASCULAR SURG (100%)	(.)	(.)
33779-Repair great vessels defect	\$948	2	090	0%	.	0%	02-GNRL SURGERY (100%)	(.)	(.)
33780-Repair great vessels defect	\$274	1	090	0%	.	0%	05-ANESTHESIA (100%)	(.)	(.)
33781-Repair great vessels defect	.	.	090	.	.	.	(.)	(.)	(.)
33786-Repair arterial trunk	\$2,290	1	090	0%	.	0%	06-CARDIOLOGY (100%)	(.)	(.)
33788-Revision of pulmonary artery	\$152	1	090	0%	.	0%	02-GNRL SURGERY (100%)	(.)	(.)
33800-Aortic suspension	\$1,880	3	090	0%	.	0%	02-GNRL SURGERY (33%)	33-THORACIC SURG (33%)	39-NEPHROLOGY (33%)
33803-Repair vessel defect	\$2,770	5	090	0%	.	0%	33-THORACIC SURG (40%)	78-CARDIAC SURG (40%)	97-PHYS ASSISTANT (20%)
33813-Repair septal defect	\$3,528	3	090	0%	.	33%	78-CARDIAC SURG (67%)	01-08-GP/FP (33%)	(.)
33813-Repair septal defect	\$1,297	3	090	0%	.	0%	06-CARDIOLOGY (33%)	33-THORACIC SURG (33%)	78-CARDIAC SURG (33%)
33814-Repair septal defect	\$11,418	8	090	1%	.	0%	33-THORACIC SURG (38%)	78-CARDIAC SURG (38%)	70-GROUP PRAC (13%)
33820-Revise major vessel	\$18,030	17	090	2%	.	12%	78-CARDIAC SURG (47%)	33-THORACIC SURG (35%)	02-GNRL SURGERY (6%)
33822-Revise major vessel	\$1,058	1	090	0%	.	0%	33-THORACIC SURG (100%)	(.)	(.)
33840-Remove aorta constriction	\$9,599	11	090	1%	.	9%	78-CARDIAC SURG (55%)	06-CARDIOLOGY (18%)	03-ALLERGY/IMMUN (9%)
33845-Remove aorta constriction	\$3,675	3	090	0%	.	0%	06-CARDIOLOGY (67%)	78-CARDIAC SURG (33%)	(.)
33851-Remove aorta constriction	\$2,674	2	090	0%	.	0%	04-OTOLARYNG (50%)	46-ENDOCRINOLOGY (50%)	(.)
33852-Repair septal defect	\$3,059	4	090	0%	.	0%	33-THORACIC SURG (50%)	48-PODIATRY (25%)	78-CARDIAC SURG (25%)
33853-Repair septal defect	.	.	090	.	.	.	(.)	(.)	(.)
33917-Repair pulmonary artery	.	.	090	.	.	.	(.)	(.)	(.)
33918-Repair pulmonary atresia	.	.	090	.	.	.	(.)	(.)	(.)
33919-Repair pulmonary atresia	.	.	090	.	.	.	(.)	(.)	(.)
33920-Repair pulmonary atresia	.	.	090	.	.	.	(.)	(.)	(.)
33922-Transsect pulmonary artery	.	.	090	.	.	.	(.)	(.)	(.)
1228-Major Procedure - Respiratory									
Family Medicare Charges: \$61,249,966									
Family Private Payments: \$1,904,950									
Percent of CPEP Medicare Charges: 5%									
Percent of CPEP Private Payments: 8%									
19260-Removal of chest wall lesion	\$434,487	873	090	1%	.	5%	02-GNRL SURGERY (53%)	33-THORACIC SURG (20%)	49-ASC (6%)
19271-Revision of chest wall	\$151,917	191	090	0%	.	1%	02-GNRL SURGERY (44%)	33-THORACIC SURG (28%)	24-PLASTIC SURG (8%)
19272-Extensive chest wall surgery	\$32,453	62	090	0%	.	5%	02-GNRL SURGERY (45%)	33-THORACIC SURG (24%)	70-GROUP PRAC (16%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
21502-Drain chest lesion	\$9,364	31	090	0%	.	16%	33-THORACIC SURG (35%)	02-GNRL SURGERY (26%)	11-INTERNAL MED (13%)
21510-Drainage of bone lesion	\$21,244	85	090	0%	.	12%	33-THORACIC SURG (29%)	02-GNRL SURGERY (16%)	24-PLASTIC SURG (9%)
21557-Remove tumor, neck or chest	\$690,199	1,335	090	1%	.	5%	02-GNRL SURGERY (34%)	04-OTOLARYNG (33%)	24-PLASTIC SURG (13%)
21600-Partial removal of rib	\$223,958	810	090	0%	.	3%	33-THORACIC SURG (36%)	02-GNRL SURGERY (30%)	24-PLASTIC SURG (10%)
21615-Removal of rib	\$68,805	147	090	0%	4%	1%	33-THORACIC SURG (37%)	02-GNRL SURGERY (32%)	77-VASCULAR SURG (7%)
21616-Removal of rib and nerves	\$810	2	090	0%	.	0%	02-GNRL SURGERY (50%)	11-INTERNAL MED (50%)	(.)
21620-Partial removal of sternum	\$107,549	367	090	0%	.	2%	24-PLASTIC SURG (31%)	33-THORACIC SURG (27%)	02-GNRL SURGERY (20%)
21627-Sternal debridement	\$669,837	1,991	090	1%	.	1%	33-THORACIC SURG (39%)	24-PLASTIC SURG (24%)	78-CARDIAC SURG (20%)
21630-Extensive sternum surgery	\$39,947	63	090	0%	.	5%	33-THORACIC SURG (29%)	02-GNRL SURGERY (27%)	78-CARDIAC SURG (14%)
21632-Extensive sternum surgery	\$44,101	84	090	0%	.	1%	33-THORACIC SURG (65%)	02-GNRL SURGERY (13%)	78-CARDIAC SURG (8%)
21705-Revision of neck muscle/rib	\$3,284	11	090	0%	.	0%	02-GNRL SURGERY (45%)	33-THORACIC SURG (27%)	14-NEUROSURGERY (9%)
21740-Reconstruction of sternum	\$20,278	33	090	0%	.	3%	33-THORACIC SURG (42%)	06-CARDIOLOGY (18%)	78-CARDIAC SURG (12%)
21750-Repair of sternum separation	\$668,904	1,645	090	1%	.	1%	33-THORACIC SURG (48%)	78-CARDIAC SURG (26%)	06-CARDIOLOGY (6%)
21810-Treatment of rib fracture(s)	\$5,368	31	090	0%	.	58%	01-08-GP/FP (42%)	02-GNRL SURGERY (26%)	70-GROUP PRAC (13%)
31725-Clearance of airways	\$48,232	534	000	0%	.	10%	29-PULMONARY DIS (30%)	92-RAD ONCOLOGY (28%)	05-ANESTHESIA (16%)
31760-Repair of windpipe	\$8,035	29	090	0%	.	66%	01-08-GP/FP (48%)	11-INTERNAL MED (10%)	02-GNRL SURGERY (7%)
31766-Reconstruction of windpipe	\$23,901	18	090	0%	.	0%	33-THORACIC SURG (67%)	04-OTOLARYNG (17%)	02-GNRL SURGERY (11%)
31770-Repair/graft of bronchus	\$13,592	20	090	0%	.	0%	33-THORACIC SURG (55%)	02-GNRL SURGERY (20%)	78-CARDIAC SURG (15%)
31775-Reconstruct bronchus	\$7,184	9	090	0%	.	0%	33-THORACIC SURG (44%)	70-GROUP PRAC (22%)	01-08-GP/FP (11%)
31780-Reconstruct windpipe	\$74,464	75	090	0%	.	0%	04-OTOLARYNG (67%)	33-THORACIC SURG (12%)	78-CARDIAC SURG (9%)
31781-Reconstruct windpipe	\$33,421	15	090	0%	.	0%	33-THORACIC SURG (53%)	04-OTOLARYNG (33%)	02-GNRL SURGERY (7%)
31785-Remove windpipe lesion	\$55,601	88	090	0%	.	3%	04-OTOLARYNG (66%)	02-GNRL SURGERY (14%)	33-THORACIC SURG (8%)
31786-Remove windpipe lesion	\$33,643	39	090	0%	.	0%	04-OTOLARYNG (33%)	33-THORACIC SURG (23%)	02-GNRL SURGERY (18%)
31800-Repair of windpipe injury	\$17,457	54	090	0%	.	2%	02-GNRL SURGERY (46%)	04-OTOLARYNG (26%)	33-THORACIC SURG (9%)
31805-Repair of windpipe injury	\$4,687	18	090	0%	.	0%	02-GNRL SURGERY (44%)	33-THORACIC SURG (22%)	06-CARDIOLOGY (11%)
32005-Treat lung lining chemically	\$1,002,644	9,753	000	2%	1%	1%	29-PULMONARY DIS (33%)	33-THORACIC SURG (30%)	02-GNRL SURGERY (17%)
32035-Exploration of chest	\$185,892	585	090	0%	.	0%	33-THORACIC SURG (36%)	05-ANESTHESIA (25%)	02-GNRL SURGERY (24%)
32036-Exploration of chest	\$182,368	381	090	0%	.	1%	33-THORACIC SURG (58%)	02-GNRL SURGERY (20%)	78-CARDIAC SURG (9%)
32095-Biopsy through chest wall	\$2,456,034	4,536	090	4%	4%	4%	33-THORACIC SURG (66%)	02-GNRL SURGERY (26%)	78-CARDIAC SURG (12%)
32100-Exploration/biopsy of chest	\$4,720,900	7,762	090	8%	10%	1%	33-THORACIC SURG (44%)	02-GNRL SURGERY (28%)	78-CARDIAC SURG (9%)
32110-Explore/repair chest	\$431,642	686	090	1%	.	0%	33-THORACIC SURG (37%)	02-GNRL SURGERY (37%)	78-CARDIAC SURG (13%)
32120-Re-exploration of chest	\$467,008	944	090	1%	.	1%	33-THORACIC SURG (58%)	02-GNRL SURGERY (16%)	78-CARDIAC SURG (10%)
32124-Explore chest, free adhesions	\$211,098	394	090	0%	.	0%	33-THORACIC SURG (46%)	02-GNRL SURGERY (30%)	78-CARDIAC SURG (7%)
32160-Removal of lung lesion(s)	\$138,642	215	090	0%	.	1%	33-THORACIC SURG (43%)	02-GNRL SURGERY (33%)	78-CARDIAC SURG (10%)
32141-Remove/treat lung lesions	\$1,274,324	2,078	090	2%	3%	0%	33-THORACIC SURG (62%)	02-GNRL SURGERY (20%)	78-CARDIAC SURG (9%)
32150-Removal of lung lesion(s)	\$115,388	230	090	0%	.	5%	33-THORACIC SURG (48%)	02-GNRL SURGERY (26%)	78-CARDIAC SURG (10%)
32151-Remove lung foreign body	\$23,146	55	090	0%	.	0%	33-THORACIC SURG (47%)	02-GNRL SURGERY (35%)	06-CARDIOLOGY (5%)
32160-Open chest heart massage	\$192,806	435	090	0%	.	0%	02-GNRL SURGERY (28%)	33-THORACIC SURG (26%)	78-CARDIAC SURG (12%)
32200-Drainage of lung lesion	\$65,469	128	090	0%	.	0%	33-THORACIC SURG (38%)	02-GNRL SURGERY (28%)	78-CARDIAC SURG (19%)
32215-Treat chest lining	\$312,975	672	090	1%	.	0%	33-THORACIC SURG (55%)	02-GNRL SURGERY (19%)	78-CARDIAC SURG (12%)
32220-Release of lung	\$1,792,425	1,895	090	3%	3%	0%	33-THORACIC SURG (42%)	02-GNRL SURGERY (28%)	78-CARDIAC SURG (16%)
32225-Partial release of lung	\$452,952	674	090	1%	.	1%	33-THORACIC SURG (59%)	02-GNRL SURGERY (22%)	78-CARDIAC SURG (10%)
32310-Removal of chest lining	\$331,234	550	090	2%	.	0%	33-THORACIC SURG (51%)	02-GNRL SURGERY (27%)	78-CARDIAC SURG (7%)
32320-Free/remove chest lining	\$1,215,550	1,117	090	1%	.	1%	33-THORACIC SURG (51%)	02-GNRL SURGERY (23%)	78-CARDIAC SURG (10%)
32402-Open biopsy chest lining	\$370,994	682	090	1%	.	1%	33-THORACIC SURG (45%)	02-GNRL SURGERY (29%)	78-CARDIAC SURG (12%)
32442-Remove of lung	\$3,520,801	3,477	090	6%	11%	.	(.)	(.)	(.)
32442-Sleeve pneumonectomy	.	.	090	.	.	.	(.)	(.)	(.)
32465-Removal of lung	\$147,915	122	090	0%	.	0%	33-THORACIC SURG (52%)	02-GNRL SURGERY (25%)	78-CARDIAC SURG (8%)
32480-Partial removal of lung	\$24,401,121	26,124	090	40%	39%	0%	33-THORACIC SURG (47%)	02-GNRL SURGERY (30%)	78-CARDIAC SURG (10%)
32482-Biobectomy	.	.	090	.	.	.	(.)	(.)	(.)
32484-Segmentectomy	.	.	090	.	.	.	(.)	(.)	(.)
32485-Partial removal of lung	\$338,395	272	090	1%	.	0%	33-THORACIC SURG (43%)	02-GNRL SURGERY (32%)	78-CARDIAC SURG (9%)

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Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Global AlldChgs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
32486-Sleeve lobectomy	.	.	090	.	.	.	(.)	(.)	(.)
32488-Completion pneumonectomy	.	.	090	.	.	.	(.)	(.)	(.)
32500-Partial removal of lung	\$9,311,233	12,812	090	15%	18%	0%	33-THORACIC SURG (49%)	02-GNRL SURGERY (27%)	78-CARDIAC SURG (10%)
32520-Remove lung & revise chest	\$684,441	648	090	1%	.	0%	33-THORACIC SURG (52%)	02-GNRL SURGERY (21%)	78-CARDIAC SURG (9%)
32522-Remove lung & revise chest	\$140,517	123	090	0%	.	0%	33-THORACIC SURG (47%)	02-GNRL SURGERY (25%)	78-CARDIAC SURG (7%)
32525-Remove lung & revise chest	\$299,540	228	090	0%	.	1%	33-THORACIC SURG (51%)	02-GNRL SURGERY (26%)	78-CARDIAC SURG (10%)
32540-Removal of lung lesion	\$120,398	205	090	0%	.	2%	33-THORACIC SURG (50%)	02-GNRL SURGERY (21%)	78-CARDIAC SURG (8%)
32800-Repair lung hernia	\$20,171	39	090	0%	.	3%	33-THORACIC SURG (49%)	02-GNRL SURGERY (28%)	06-CARDIOLOGY (5%)
32810-Close chest after drainage	\$38,300	75	090	0%	.	4%	33-THORACIC SURG (57%)	78-CARDIAC SURG (15%)	02-GNRL SURGERY (9%)
32815-Close bronchial fistula	\$242,493	357	090	0%	.	0%	33-THORACIC SURG (44%)	02-GNRL SURGERY (20%)	02-GNRL SURGERY (11%)
32820-Reconstruct injured chest	\$58,648	54	090	0%	.	0%	33-THORACIC SURG (44%)	02-GNRL SURGERY (20%)	24-PLASTIC SURG (20%)
32900-Removal of rib(s)	\$145,447	251	090	0%	.	0%	33-THORACIC SURG (44%)	02-GNRL SURGERY (26%)	78-CARDIAC SURG (11%)
32905-Revise & repair chest wall	\$75,542	96	090	0%	.	1%	33-THORACIC SURG (45%)	78-CARDIAC SURG (21%)	02-GNRL SURGERY (19%)
32906-Revise & repair chest wall	\$63,999	65	090	0%	.	2%	33-THORACIC SURG (52%)	02-GNRL SURGERY (23%)	78-CARDIAC SURG (9%)
32940-Revision of lung	\$17,752	39	090	0%	.	3%	33-THORACIC SURG (59%)	02-GNRL SURGERY (23%)	78-CARDIAC SURG (8%)
38381-Thoracic duct procedure	\$27,935	76	090	0%	.	4%	33-THORACIC SURG (63%)	02-GNRL SURGERY (21%)	78-CARDIAC SURG (5%)
38382-Thoracic duct procedure	\$4,271	10	090	0%	.	0%	02-GNRL SURGERY (70%)	33-THORACIC SURG (10%)	34-UROLOGY (10%)
39000-Exploration of chest	\$303,641	902	090	0%	1%	5%	33-THORACIC SURG (48%)	02-GNRL SURGERY (22%)	78-CARDIAC SURG (13%)
39010-Exploration of chest	\$991,620	1,711	090	2%	3%	1%	33-THORACIC SURG (51%)	02-GNRL SURGERY (24%)	78-CARDIAC SURG (11%)
39200-Removal chest lesion	\$73,464	127	090	0%	.	2%	33-THORACIC SURG (46%)	02-GNRL SURGERY (21%)	78-CARDIAC SURG (14%)
39220-Removal chest lesion	\$766,129	983	090	1%	3%	1%	33-THORACIC SURG (55%)	02-GNRL SURGERY (25%)	78-CARDIAC SURG (8%)
1232-Thoracoscopy									
Family Medicare Charges:	\$3,611,855								
Family Private Payments:	\$183,105								
Percent of CPEP Medicare Charges:				0%					
Percent of CPEP Private Payments:				1%					
32601-Thoracoscopy, diagnostic	.	.	000	.	.	.	(.)	(.)	(.)
32602-Thoracoscopy, diagnostic	.	.	000	.	.	.	(.)	(.)	(.)
32603-Thoracoscopy, diagnostic	.	.	000	.	.	.	(.)	(.)	(.)
32604-Thoracoscopy, diagnostic	.	.	000	.	.	.	(.)	(.)	(.)
32605-Thoracoscopy, diagnostic	.	.	000	.	.	.	(.)	(.)	(.)
32606-Thoracoscopy, diagnostic	.	.	000	.	.	.	(.)	(.)	(.)
32650-Thoracoscopy, surgical	.	.	090	.	.	.	(.)	(.)	(.)
32651-Thoracoscopy, surgical	.	.	090	.	.	.	(.)	(.)	(.)
32652-Thoracoscopy, surgical	.	.	090	.	.	.	(.)	(.)	(.)
32653-Thoracoscopy, surgical	.	.	090	.	.	.	(.)	(.)	(.)
32654-Thoracoscopy, surgical	.	.	090	.	.	.	(.)	(.)	(.)
32655-Thoracoscopy, surgical	.	.	090	.	.	.	(.)	(.)	(.)
32656-Thoracoscopy, surgical	.	.	090	.	.	.	(.)	(.)	(.)
32657-Thoracoscopy, surgical	.	.	090	.	.	.	(.)	(.)	(.)
32658-Thoracoscopy, surgical	.	.	090	.	.	.	(.)	(.)	(.)
32659-Thoracoscopy, surgical	.	.	090	.	.	.	(.)	(.)	(.)
32660-Thoracoscopy, surgical	.	.	090	.	.	.	(.)	(.)	(.)
32661-Thoracoscopy, surgical	.	.	090	.	.	.	(.)	(.)	(.)
32662-Thoracoscopy, surgical	.	.	090	.	.	.	(.)	(.)	(.)
32663-Thoracoscopy, surgical	.	.	090	.	.	.	(.)	(.)	(.)
32664-Thoracoscopy, surgical	.	.	090	.	.	.	(.)	(.)	(.)
32665-Thoracoscopy, surgical	.	.	090	.	.	.	(.)	(.)	(.)
39400-Visualization of chest	\$3,611,855	10,410	010	100%	100%	1%	33-THORACIC SURG (57%)	02-GNRL SURGERY (21%)	78-CARDIAC SURG (11%)

CPEP 13 - CARDIOLOGY

C13

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 1300-Placement of Transvenous Catheters

Family Medicare Charges: \$49,134,219
 Family Private Payments: \$1,128,137

Procedure	1993 HC Allowed Charges	1993 HC Units of Service	Global Period	Pct. of Family Allchgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Speciality	Top Medicare Specialities (% of Procedure Volume)	Second Speciality	Third Speciality
Percent of CPEP Medicare Charges: 2%										
Percent of CPEP Private Payments: 3%										
36488-Insertion of catheter, vein	\$504,588	7,172	000	1%	4%	3%	05-ANESTHESIA (29%)	02-GNRL SURGERY (23%)	02-GNRL SURGERY (23%)	11-INTERNAL MED (9%)
36489-Insertion of catheter, vein	\$41,354,403	484,715	000	84%	55%	1%	05-ANESTHESIA (34%)	02-GNRL SURGERY (25%)	02-GNRL SURGERY (25%)	11-INTERNAL MED (7%)
36490-Insertion of catheter, vein	\$57,273	591	000	0%	4%	1%	05-ANESTHESIA (45%)	02-GNRL SURGERY (22%)	02-GNRL SURGERY (22%)	01,08-GP/FP (12%)
36491-Insertion of catheter, vein	\$6,858,029	50,615	000	14%	36%	1%	02-GNRL SURGERY (46%)	05-ANESTHESIA (20%)	05-ANESTHESIA (20%)	33-THORACIC SURG (8%)
36493-Repositioning of cvc	\$111,214	1,973	000	0%	.	3%	30-RADIOLOGY (57%)	02-GNRL SURGERY (17%)	02-GNRL SURGERY (17%)	70-GROUP PRAC (6%)
36500-Insertion of catheter, vein	\$248,712	4,458	000	1%	0%	37%	30-RADIOLOGY (39%)	83-HEMATL/ONCOL (14%)	83-HEMATL/ONCOL (14%)	06-CARDIOLOGY (11%)

1304-Diagnostic Cardiac Catheterization

Family Medicare Charges: \$103,424,815
 Family Private Payments: \$2,242,539

Procedure	1993 HC Allowed Charges	1993 HC Units of Service	Global Period	Pct. of Family Allchgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Speciality	Top Medicare Specialities (% of Procedure Volume)	Second Speciality	Third Speciality
Percent of CPEP Medicare Charges: 5%										
Percent of CPEP Private Payments: 5%										
76932-Echo guide for heart biopsy	\$5,331	130	XXX	0%	.	19%	30-RADIOLOGY (72%)	34-UROLOGY (17%)	34-UROLOGY (17%)	01,08-GP/FP (4%)
93501-Right heart catheterization	\$9,743,609	40,795	000	9%	13%	1%	06-CARDIOLOGY (74%)	11-INTERNAL MED (9%)	11-INTERNAL MED (9%)	05-ANESTHESIA (5%)
93503-Insert/place heart catheter	\$63,623,376	354,786	000	62%	38%	0%	05-ANESTHESIA (60%)	06-CARDIOLOGY (18%)	06-CARDIOLOGY (18%)	11-INTERNAL MED (6%)
93505-Biopsy of heart lining	\$3,232,617	14,945	000	3%	13%	4%	06-CARDIOLOGY (74%)	11-INTERNAL MED (9%)	11-INTERNAL MED (9%)	33-THORACIC SURG (7%)
93510-Left heart catheterization	\$4,524,378	15,748	000	4%	7%	1%	06-CARDIOLOGY (82%)	11-INTERNAL MED (8%)	11-INTERNAL MED (8%)	70-GROUP PRAC (3%)
93511-Left heart catheterization	\$136,779	669	000	0%	.	11%	06-CARDIOLOGY (72%)	11-INTERNAL MED (17%)	11-INTERNAL MED (17%)	01,08-GP/FP (9%)
93514-Left heart catheterization	\$20,668	64	000	0%	.	0%	06-CARDIOLOGY (93%)	11-INTERNAL MED (4%)	11-INTERNAL MED (4%)	70-GROUP PRAC (3%)
93524-Left heart catheterization	\$77,168	254	000	0%	.	1%	06-CARDIOLOGY (83%)	70-GROUP PRAC (9%)	70-GROUP PRAC (9%)	11-INTERNAL MED (7%)
93526-Rt & Lt heart catheters	\$175,124	5,988	000	3%	7%	1%	06-CARDIOLOGY (90%)	70-GROUP PRAC (5%)	70-GROUP PRAC (5%)	11-INTERNAL MED (4%)
93527-Rt & Lt heart catheters	\$239,762	474	000	0%	.	0%	06-CARDIOLOGY (81%)	70-GROUP PRAC (13%)	70-GROUP PRAC (13%)	11-INTERNAL MED (3%)
93528-Rt & Lt heart catheters	\$13,439	31	000	0%	.	1%	06-CARDIOLOGY (89%)	11-INTERNAL MED (5%)	11-INTERNAL MED (5%)	37-PEDIATRICS (3%)
93529-Rt, Lt heart catheterization	\$34,086	97	000	0%	7%	0%	06-CARDIOLOGY (76%)	33-THORACIC SURG (8%)	33-THORACIC SURG (8%)	11-INTERNAL MED (7%)
93536-Insert circulation assist	\$7,893,586	18,420	000	8%	.	.	(.)	(.)	(.)	(.)
93539-Injection, cardiac cath	.	.	000	.	.	.	(.)	(.)	(.)	(.)
93540-Injection, cardiac cath	.	.	000	.	.	.	(.)	(.)	(.)	(.)
93541-Injection for lung angiogram	\$323,317	2,150	000	0%	1%	1%	06-CARDIOLOGY (78%)	30-RADIOLOGY (8%)	30-RADIOLOGY (8%)	11-INTERNAL MED (6%)
93542-Injection for heart x-rays	\$67,005	497	000	0%	1%	1%	06-CARDIOLOGY (75%)	70-GROUP PRAC (14%)	70-GROUP PRAC (14%)	11-INTERNAL MED (4%)
93543-Injection for heart x-rays	\$840,896	6,320	000	1%	2%	1%	06-CARDIOLOGY (79%)	70-GROUP PRAC (12%)	70-GROUP PRAC (12%)	11-INTERNAL MED (7%)
93544-Injection for aortography	\$1,254,423	10,289	000	1%	2%	1%	06-CARDIOLOGY (81%)	11-INTERNAL MED (6%)	11-INTERNAL MED (6%)	30-RADIOLOGY (5%)
93545-Injection for coronary xrays	\$6,556,334	31,070	000	6%	7%	1%	06-CARDIOLOGY (88%)	11-INTERNAL MED (7%)	11-INTERNAL MED (7%)	70-GROUP PRAC (5%)
93555-Imaging, cardiac cath	.	.	XXX	.	.	.	(.)	(.)	(.)	(.)
93556-Imaging, cardiac cath	.	.	XXX	.	.	.	(.)	(.)	(.)	(.)
93561-Cardiac output measurement	\$1,046,563	17,730	000	1%	1%	1%	05-ANESTHESIA (34%)	06-CARDIOLOGY (26%)	06-CARDIOLOGY (26%)	81-CRITICAL CARE (10%)
93562-Cardiac output measurement	\$1,016,354	30,519	000	1%	0%	1%	06-CARDIOLOGY (33%)	11-INTERNAL MED (15%)	11-INTERNAL MED (15%)	05-ANESTHESIA (14%)

1308-Coronary Angioplasty

Family Medicare Charges: \$22,390,556
 Family Private Payments: \$7,221,184

Procedure	1993 HC Allowed Charges	1993 HC Units of Service	Global Period	Pct. of Family Allchgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Speciality	Top Medicare Specialities (% of Procedure Volume)	Second Speciality	Third Speciality
Percent of CPEP Medicare Charges: 11%										
Percent of CPEP Private Payments: 16%										
92970-Cardioassist, internal	\$67,029	325	000	0%	.	5%	06-CARDIOLOGY (56%)	11-INTERNAL MED (10%)	11-INTERNAL MED (10%)	01,08-GP/FP (7%)
92971-Cardioassist, external	\$9,903	137	000	0%	.	1%	06-CARDIOLOGY (50%)	11-INTERNAL MED (15%)	11-INTERNAL MED (15%)	01,08-GP/FP (9%)
92975-Dissolve clot, heart vessel	\$1,394,126	4,929	000	1%	1%	0%	06-CARDIOLOGY (88%)	93-EMERGENCY MED (18%)	93-EMERGENCY MED (18%)	70-GROUP PRAC (2%)
92977-Dissolve clot, heart vessel	\$773,026	3,539	XXX	0%	2%	3%	06-CARDIOLOGY (50%)	(.)	(.)	(.)
92980-Insert intracoronary stent	.	.	000	.	.	.	(.)	(.)	(.)	(.)
92981-Insert intracoronary stent	.	.	ZZZ	.	.	.	(.)	(.)	(.)	(.)
92982-Coronary artery dilation	\$194,741,093	169,521	000	88%	93%	0%	06-CARDIOLOGY (88%)	11-INTERNAL MED (7%)	11-INTERNAL MED (7%)	70-GROUP PRAC (4%)
92984-Coronary artery dilation	\$10,681,224	28,313	ZZZ	5%	4%	0%	06-CARDIOLOGY (90%)	11-INTERNAL MED (6%)	11-INTERNAL MED (6%)	70-GROUP PRAC (3%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDChgs	Pct. of Family PvtPmts	Pct. of OFFICE	First Specialty	Second Specialty	Third Specialty
92986-Revision of aortic valve	\$688,314	690	090	0%	.	0%	06-CARDIOLOGY (85%)	70-GROUP PRAC (7%)	11-INTERNAL MED (6%)
92990-Revision of pulmonary valve	\$28,964	39	090	0%	.	13%	06-CARDIOLOGY (59%)	70-GROUP PRAC (15%)	01-OB-GP/FP (10%)
92992-Revision of heart chamber	.	.	090	.	.	.	(.)	(.)	(.)
92993-Revision of heart chamber	.	.	090	.	.	.	(.)	(.)	(.)
92995-Coronary atherectomy	\$13,771,329	12,489	000	6%	.	0%	06-CARDIOLOGY (87%)	11-INTERNAL MED (6%)	70-GROUP PRAC (4%)
92996-Coronary atherectomy	\$235,550	820	ZZZ	0%	.	1%	06-CARDIOLOGY (91%)	11-INTERNAL MED (6%)	70-GROUP PRAC (3%)
1312-Angioplasty and Transcatheter Procedures, other than Coronary									
Family Medicare Charges: \$65,222,470				3%					
Family Private Payments: \$250,494				1%					
Percent of CPEP Medicare Charges:									
Percent of CPEP Private Payments:									
35450-Repair arterial blockage	\$72,405	144	000	0%	.	1%	02-GNRL SURGERY (34%)	30-RADIOLOGY (17%)	33-THORACIC SURG (15%)
35452-Repair arterial blockage	\$18,075	59	000	0%	.	0%	02-GNRL SURGERY (36%)	33-THORACIC SURG (24%)	77-VASCULAR SURG (15%)
35454-Repair arterial blockage	\$1,058,055	2,439	000	2%	15%	0%	02-GNRL SURGERY (33%)	77-VASCULAR SURG (23%)	33-THORACIC SURG (23%)
35456-Repair arterial blockage	\$2,382,887	3,671	000	4%	18%	0%	02-GNRL SURGERY (37%)	33-THORACIC SURG (24%)	77-VASCULAR SURG (20%)
35458-Repair arterial blockage	\$206,593	370	000	0%	.	2%	02-GNRL SURGERY (40%)	33-THORACIC SURG (29%)	77-VASCULAR SURG (19%)
35459-Repair arterial blockage	\$187,954	626	000	0%	.	0%	02-GNRL SURGERY (39%)	33-THORACIC SURG (24%)	77-VASCULAR SURG (20%)
35460-Repair venous blockage	\$119,063	639	000	0%	.	1%	02-GNRL SURGERY (53%)	33-THORACIC SURG (22%)	77-VASCULAR SURG (9%)
35470-Repair arterial blockage	\$1,894,918	3,557	000	3%	.	1%	30-RADIOLOGY (55%)	06-CARDIOLOGY (25%)	94-INTERVEN RAD (4%)
35471-Repair arterial blockage	\$3,249,827	4,581	000	5%	.	1%	30-RADIOLOGY (65%)	06-CARDIOLOGY (22%)	94-INTERVEN RAD (5%)
35472-Repair arterial blockage	\$65,752	120	000	0%	.	0%	30-RADIOLOGY (46%)	06-CARDIOLOGY (28%)	33-THORACIC SURG (5%)
35473-Repair arterial blockage	\$7,655,942	12,495	000	12%	.	1%	30-RADIOLOGY (68%)	06-CARDIOLOGY (14%)	94-INTERVEN RAD (4%)
35474-Repair arterial blockage	\$13,194,074	17,847	000	20%	.	1%	30-RADIOLOGY (60%)	06-CARDIOLOGY (19%)	94-INTERVEN RAD (4%)
35475-Repair arterial blockage	\$1,642,222	2,361	000	3%	.	0%	30-RADIOLOGY (69%)	06-CARDIOLOGY (10%)	39-NEPHROLOGY (7%)
35476-Repair venous blockage	\$2,414,632	10,967	000	4%	.	0%	06-CARDIOLOGY (83%)	94-INTERVEN RAD (5%)	70-GROUP PRAC (4%)
35480-Atherectomy, open	\$8,145	16	000	0%	.	0%	06-CARDIOLOGY (44%)	70-GROUP PRAC (19%)	02-GNRL SURGERY (13%)
35481-Atherectomy, open	\$5,871	24	000	0%	.	0%	33-THORACIC SURG (58%)	02-GNRL SURGERY (21%)	06-CARDIOLOGY (13%)
35482-Atherectomy, open	\$22,290	56	000	0%	.	0%	33-THORACIC SURG (32%)	02-GNRL SURGERY (18%)	06-CARDIOLOGY (13%)
35483-Atherectomy, open	\$307,023	455	000	0%	.	0%	02-GNRL SURGERY (29%)	77-VASCULAR SURG (29%)	33-THORACIC SURG (24%)
35484-Atherectomy, open	\$12,066	19	000	0%	.	0%	06-CARDIOLOGY (37%)	02-GNRL SURGERY (26%)	70-GROUP PRAC (16%)
35485-Atherectomy, open	\$16,271	63	000	0%	.	0%	77-VASCULAR SURG (40%)	02-GNRL SURGERY (24%)	33-THORACIC SURG (24%)
35490-Atherectomy, percutaneous	\$30,045	43	000	0%	.	0%	06-CARDIOLOGY (51%)	30-RADIOLOGY (37%)	94-INTERVEN RAD (5%)
35491-Atherectomy, percutaneous	\$11,509	33	000	0%	.	0%	06-CARDIOLOGY (58%)	02-GNRL SURGERY (27%)	30-RADIOLOGY (6%)
35492-Atherectomy, percutaneous	\$32,592	51	000	0%	.	0%	06-CARDIOLOGY (39%)	30-RADIOLOGY (35%)	02-GNRL SURGERY (14%)
35493-Atherectomy, percutaneous	\$445,813	721	000	1%	.	0%	06-CARDIOLOGY (44%)	30-RADIOLOGY (24%)	77-VASCULAR SURG (7%)
35494-Atherectomy, percutaneous	\$25,625	37	000	0%	.	0%	30-RADIOLOGY (46%)	06-CARDIOLOGY (38%)	94-INTERVEN RAD (8%)
35495-Atherectomy, percutaneous	\$63,141	247	000	0%	.	0%	06-CARDIOLOGY (51%)	78-CARDIAC SURG (15%)	11-INTERNAL MED (9%)
37200-Transcatheter biopsy	\$83,142	489	000	0%	.	2%	30-RADIOLOGY (49%)	06-CARDIOLOGY (35%)	70-GROUP PRAC (5%)
37201-Transcatheter therapy infuse	\$6,085,348	17,451	000	9%	.	0%	30-RADIOLOGY (77%)	94-INTERVEN RAD (4%)	06-CARDIOLOGY (4%)
37202-Transcatheter therapy infuse	\$830,583	3,373	000	1%	.	1%	30-RADIOLOGY (46%)	06-CARDIOLOGY (34%)	11-INTERNAL MED (5%)
37204-Transcatheter occlusion	\$3,008,459	3,111	000	5%	.	0%	30-RADIOLOGY (85%)	70-GROUP PRAC (7%)	94-INTERVEN RAD (6%)
37205-Transcatheter stent	\$1,220,583	4,193	000	2%	.	1%	30-RADIOLOGY (51%)	06-CARDIOLOGY (23%)	94-INTERVEN RAD (5%)
37206-Transcatheter stent	\$196,417	944	ZZZ	0%	.	1%	30-RADIOLOGY (51%)	06-CARDIOLOGY (21%)	33-THORACIC SURG (7%)
37207-Transcatheter stent	\$85,905	480	000	0%	.	2%	02-GNRL SURGERY (25%)	33-THORACIC SURG (20%)	77-VASCULAR SURG (19%)
37208-Exchange arterial catheter	\$16,767	91	ZZZ	0%	.	1%	77-VASCULAR SURG (26%)	02-GNRL SURGERY (23%)	33-THORACIC SURG (19%)
37209-Exchange arterial catheter	.	.	000	.	.	.	(.)	(.)	(.)
37620-Revision of major vein	\$13,329,810	17,742	090	20%	57%	0%	30-RADIOLOGY (40%)	02-GNRL SURGERY (25%)	77-VASCULAR SURG (11%)
61624-Occlusion/embolization cath	\$662,208	615	000	1%	.	0%	30-RADIOLOGY (69%)	14-NEUROSURGERY (17%)	94-INTERVEN RAD (6%)
61626-Occlusion/embolization cath	\$390,942	448	000	1%	.	1%	30-RADIOLOGY (79%)	94-INTERVEN RAD (7%)	70-GROUP PRAC (6%)
75894-X-rays, transcatheter therapy	\$326,839	4,458	XXX	1%	.	1%	30-RADIOLOGY (84%)	70-GROUP PRAC (6%)	94-INTERVEN RAD (6%)
75896-X-rays, transcatheter therapy	\$1,253,005	17,629	XXX	2%	.	0%	30-RADIOLOGY (84%)	94-INTERVEN RAD (4%)	70-GROUP PRAC (4%)
75900-Arterial catheter exchange	.	.	XXX	.	.	.	(.)	(.)	(.)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
75940-X-ray placement, vein filter	\$281,004	9,377	XXX	0%	.	0%	30-RADIOLOGY (81%)	70-GROUP PRAC (5%)	94-INTERVEN RAD (5%)
75960-Transcatheter intro, stent	\$174,043	3,952	XXX	0%	.	1%	30-RADIOLOGY (60%)	06-CARDIOLOGY (20%)	94-INTERVEN RAD (6%)
75962-Repair arterial blockage	\$1,050,588	31,947	XXX	2%	9%	1%	30-RADIOLOGY (73%)	06-CARDIOLOGY (12%)	94-INTERVEN RAD (4%)
75964-Repair artery blockage, each	\$126,037	6,165	XXX	0%	.	1%	30-RADIOLOGY (68%)	06-CARDIOLOGY (19%)	94-INTERVEN RAD (4%)
75966-Repair arterial blockage	\$502,384	7,146	XXX	1%	.	0%	30-RADIOLOGY (62%)	06-CARDIOLOGY (19%)	94-INTERVEN RAD (10%)
75968-Repair artery blockage, each	\$15,478	801	XXX	0%	.	0%	30-RADIOLOGY (62%)	06-CARDIOLOGY (25%)	94-INTERVEN RAD (7%)
75970-Vascular biopsy	\$47,535	1,002	XXX	0%	.	1%	30-RADIOLOGY (67%)	06-CARDIOLOGY (22%)	94-INTERVEN RAD (5%)
75978-Repair venous blockage	\$361,663	10,456	XXX	1%	.	0%	30-RADIOLOGY (86%)	94-INTERVEN RAD (6%)	06-CARDIOLOGY (3%)
75992-Atherectomy, x-ray exam	\$39,290	755	XXX	0%	.	0%	30-RADIOLOGY (48%)	06-CARDIOLOGY (35%)	78-CARDIAC SURG (6%)
75993-Atherectomy, x-ray exam	\$6,212	164	XXX	0%	.	1%	06-CARDIOLOGY (67%)	30-RADIOLOGY (25%)	77-VASCULAR SURG (2%)
75994-Atherectomy, x-ray exam	\$1,048	14	XXX	0%	.	0%	30-RADIOLOGY (64%)	06-CARDIOLOGY (29%)	77-VASCULAR SURG (7%)
75995-Atherectomy, x-ray exam	\$3,965	60	XXX	0%	.	0%	11-INTERNAL MED (53%)	30-RADIOLOGY (30%)	06-CARDIOLOGY (10%)
75996-Atherectomy, x-ray exam	\$425	24	XXX	0%	.	0%	30-RADIOLOGY (96%)	70-GROUP PRAC (4%)	(.)
<p>1316-Resuscitation and Cardioversion Family Medicare Charges: \$47,771,259 Family Private Payments: \$601,581</p>									
<p>Percent of CPEP Medicare Charges: 2% Percent of CPEP Private Payments: 1%</p>									
31500-Insert emergency airway	\$20,196,478	215,267	000	42%	51%	0%	05-ANESTHESIA (31%)	93-EMERGENCY MED (22%)	29-PULMONARY DIS (12%)
92950-Heart/lung resuscitation(cpr	\$16,059,882	89,368	000	36%	23%	1%	93-EMERGENCY MED (38%)	01-OB-GP/FP (22%)	11-INTERNAL MED (15%)
92953-Temporary external pacing	\$216,434	2,236	000	0%	1%	2%	93-EMERGENCY MED (41%)	06-CARDIOLOGY (20%)	01-OB-GP/FP (15%)
92960-Heart electroconversion	\$11,298,465	81,262	000	2%	25%	1%	06-CARDIOLOGY (56%)	93-EMERGENCY MED (13%)	11-INTERNAL MED (12%)
<p>1320-Pacemaker Insertion Family Medicare Charges: \$108,112,019 Family Private Payments: \$1,095,114</p>									
<p>Percent of CPEP Medicare Charges: 5% Percent of CPEP Private Payments: 2%</p>									
33200-Insertion of heart pacemaker	\$764,946	882	090	1%	.	0%	33-THORACIC SURG (36%)	02-GNRL SURGERY (23%)	06-CARDIOLOGY (15%)
33201-Insertion of heart pacemaker	\$141,693	182	090	0%	.	2%	33-THORACIC SURG (45%)	02-GNRL SURGERY (16%)	78-CARDIAC SURG (14%)
33206-Insertion of heart pacemaker	\$2,967,288	4,650	090	3%	4%	1%	06-CARDIOLOGY (33%)	33-THORACIC SURG (27%)	02-GNRL SURGERY (22%)
33207-Insertion of heart pacemaker	\$28,954,860	44,760	090	27%	14%	0%	06-CARDIOLOGY (43%)	33-THORACIC SURG (23%)	02-GNRL SURGERY (20%)
33208-Insertion of heart pacemaker	\$42,653,777	53,410	090	39%	31%	0%	06-CARDIOLOGY (52%)	33-THORACIC SURG (20%)	02-GNRL SURGERY (13%)
33210-Insertion of heart electrode	\$10,399,821	49,535	000	10%	30%	0%	06-CARDIOLOGY (74%)	11-INTERNAL MED (13%)	70-GROUP PRAC (3%)
33211-Insertion of heart electrode			000	.	.	.	(.)	(.)	(.)
33212-Insertion of pulse generator	\$8,984,217	21,708	090	8%	5%	1%	06-CARDIOLOGY (34%)	33-THORACIC SURG (29%)	02-GNRL SURGERY (20%)
33214-Upgrade of pacemaker system			090	.	.	.	(.)	(.)	(.)
33216-Revision implanted electrode			090	.	.	.	(.)	(.)	(.)
33217-Insert/revise electrode			090	.	.	.	(.)	(.)	(.)
33218-Repair pacemaker electrodes	\$2,437,712	6,800	090	2%	2%	1%	06-CARDIOLOGY (55%)	33-THORACIC SURG (17%)	02-GNRL SURGERY (11%)
33220-Repair pacemaker electrode	\$364,370	1,237	090	0%	.	1%	06-CARDIOLOGY (40%)	33-THORACIC SURG (26%)	02-GNRL SURGERY (17%)
33222-Pacemaker aicd pocket	\$677,701	1,751	090	1%	.	2%	33-THORACIC SURG (31%)	06-CARDIOLOGY (30%)	02-GNRL SURGERY (20%)
33223-Pacemaker aicd pocket			090	.	.	.	(.)	(.)	(.)
33225-Removal of pacemaker system			090	.	.	.	(.)	(.)	(.)
33234-Removal of pacemaker system			090	.	.	.	(.)	(.)	(.)
33235-Removal pacemaker electrode			090	.	.	.	(.)	(.)	(.)
33236-Remove electrode/thoracotomy			090	.	.	.	(.)	(.)	(.)
33237-Remove electrode/thoracotomy			090	.	.	.	(.)	(.)	(.)
33238-Remove electrode/thoracotomy			090	.	.	.	(.)	(.)	(.)
33240-Insert/replace pulse gener			090	.	.	.	(.)	(.)	(.)
33241-Remove pulse generator only			090	.	.	.	(.)	(.)	(.)
33242-Repair pulse generator/leads			090	.	.	.	(.)	(.)	(.)

Procedure	1993 HC Allowed Charges	1993 HC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
33243-Remove generator/thoracotomy	.	.	090	.	.	.	(.)	(.)	(.)
33244-Remove generator	.	.	090	.	.	.	(.)	(.)	(.)
33245-Implant heart defibrillator	\$1,382,842	1,777	090	1%	.	2%	33-THORACIC SURG (48%)	78-CARDIAC SURG (18%)	06-CARDIOLOGY (17%)
33246-Implant heart defibrillator	\$7,909,689	6,054	090	7%	14%	0%	33-THORACIC SURG (44%)	06-CARDIOLOGY (21%)	78-CARDIAC SURG (18%)
33247-Insert/replace Leads	.	.	090	.	.	.	(.)	(.)	(.)
33249-Insert/replace Leads/gener	.	.	090	.	.	.	(.)	(.)	(.)
71090-X-ray & pacemaker insertion	\$473,103	15,903	XXX	0%	.	0%	06-CARDIOLOGY (54%)	30-RADIOLOGY (34%)	33-THORACIC SURG (4%)
1324-Cardiac Rehabilitation									
Family Medicare Charges: \$16,020,858			1%						
Family Private Payments: \$143,523			0%						
93797-Cardiac rehab	\$1,271,504	66,372	000	8%	8%	73%	06-CARDIOLOGY (61%)	11-INTERNAL MED (23%)	70-GROUP PRAC (11%)
93798-Cardiac rehab/monitor	\$14,749,354	444,467	000	92%	92%	86%	06-CARDIOLOGY (73%)	11-INTERNAL MED (14%)	70-GROUP PRAC (7%)
1328-Phonocardiogram									
Family Medicare Charges: \$275,981			0%						
Family Private Payments: \$3,456			0%						
93201-Phonocardiogram & ECG Lead	\$180,223	4,268	XXX	65%	100%	100%	01-08-GP/FP (70%)	06-CARDIOLOGY (18%)	11-INTERNAL MED (6%)
93202-Phonocardiogram & ECG Lead	\$12,192	430	XXX	4%	.	4%	69-INDEPEN LAB (47%)	01-08-GP/FP (32%)	11-INTERNAL MED (15%)
93204-Phonocardiogram & ECG Lead	\$19,349	1,021	XXX	7%	.	41%	01-08-GP/FP (43%)	06-CARDIOLOGY (38%)	11-INTERNAL MED (19%)
93205-Special phonocardiogram	\$28,535	617	XXX	10%	.	99%	11-INTERNAL MED (44%)	95-PHYSTOL LAB (28%)	01-08-GP/FP (18%)
93208-Special phonocardiogram	\$111	11	XXX	0%	.	91%	11-INTERNAL MED (45%)	01-08-GP/FP (36%)	18-OPHTHALMOLOGY (9%)
93209-Special phonocardiogram	\$27,262	846	XXX	10%	.	43%	06-CARDIOLOGY (84%)	01-08-GP/FP (14%)	11-INTERNAL MED (2%)
93210-Intracardiac phonocardiogram	\$8,309	153	XXX	3%	.	19%	06-CARDIOLOGY (88%)	01-08-GP/FP (8%)	41-OPTOMETRIST (2%)
1332-Cardiogram									
Family Medicare Charges: \$243,321,892			12%						
Family Private Payments: \$10,286,914			23%						
93000-Electrocardiogram, complete	\$8,182,272	456,318	XXX	3%	80%	98%	01-08-GP/FP (36%)	11-INTERNAL MED (35%)	06-CARDIOLOGY (17%)
93005-Electrocardiogram, tracing	\$204,067,488	10,462,096	XXX	84%	1%	95%	11-INTERNAL MED (41%)	06-CARDIOLOGY (27%)	01-08-GP/FP (18%)
93010-Electrocardiogram report	\$126,915	11,999	XXX	0%	16%	7%	93-EMERGENCY MED (34%)	06-CARDIOLOGY (33%)	11-INTERNAL MED (14%)
93012-Transmission of ecg	\$7,292,418	232,193	XXX	3%	0%	19%	95-PHYSTOL LAB (72%)	63-XRAY SUPPLIER (15%)	06-CARDIOLOGY (6%)
93014-Report on transmitted ecg	\$9,455,509	633,579	XXX	4%	0%	11%	06-CARDIOLOGY (67%)	11-INTERNAL MED (15%)	01-08-GP/FP (5%)
93040-Rhythm ECG with report	\$321,058	37,980	XXX	2%	2%	98%	06-CARDIOLOGY (31%)	11-INTERNAL MED (29%)	01-08-GP/FP (26%)
93041-Rhythm ECG, tracing	\$3,291,616	424,679	XXX	1%	0%	93%	06-CARDIOLOGY (35%)	11-INTERNAL MED (31%)	01-08-GP/FP (14%)
93042-Rhythm ECG, report	\$21,548	2,527	XXX	0%	1%	6%	93-EMERGENCY MED (62%)	06-CARDIOLOGY (14%)	01-08-GP/FP (10%)
93220-Vectorcardiogram	\$374,092	6,811	XXX	0%	0%	96%	06-CARDIOLOGY (62%)	11-INTERNAL MED (26%)	01-08-GP/FP (7%)
93221-Vectorcardiogram tracing	\$9,354	478	XXX	0%	0%	97%	06-CARDIOLOGY (45%)	02-GNRL SURGERY (34%)	11-INTERNAL MED (8%)
93222-Vectorcardiogram report	\$264,780	9,586	XXX	0%	0%	6%	06-CARDIOLOGY (70%)	11-INTERNAL MED (24%)	70-GROUP PRAC (2%)
93272-ECG/review, interpreted only	.	.	XXX	.	.	.	(.)	(.)	(.)
93278-ECG/signal-averaged	\$1,925,796	35,114	XXX	1%	.	33%	06-CARDIOLOGY (75%)	11-INTERNAL MED (17%)	01-08-GP/FP (2%)
00035-Cardiokymography	\$1,889	124	XXX	0%	.	50%	06-CARDIOLOGY (44%)	01-08-GP/FP (30%)	11-INTERNAL MED (23%)
R0076-Transport portable EKG	\$7,987,157	279,788	XXX	3%	.	0%	63-XRAY SUPPLIER (55%)	69-INDEPEN LAB (36%)	06-CARDIOLOGY (5%)
1336-Echocardiography									
Family Medicare Charges: \$761,065,589			37%						
Family Private Payments: \$9,624,553			22%						
76825-Echo exam of fetal heart	\$12,559	202	XXX	0%	1%	43%	16-08-GYNECOLOGY (36%)	30-RADIOLOGY (29%)	37-PEDIATRICS (13%)

76826-Echo exam of fetal heart	\$1,976	25	XXX	0%	52%	16-OB-GYNECOLOGY (40%)	30-RADIOLOGY (28%)	34-UROLOGY (12%)
76827-Echo exam of fetal heart	\$5,887	89	XXX	0%	39%	16-OB-GYNECOLOGY (37%)	30-RADIOLOGY (33%)	11-INTERNAL MED (12%)
76828-Echo exam of fetal heart	\$1,151	34	XXX	0%	29%	16-OB-GYNECOLOGY (56%)	06-CARDIOLOGY (38%)	01-OB-GP/FP (3%)
93307-Echo exam of heart	\$428,355,075	3,448,644	XXX	56%	64%	06-CARDIOLOGY (70%)	11-INTERNAL MED (17%)	70-GROUP PRAC (4%)
93308-Echo exam of heart	\$3,131,013	49,001	XXX	0%	23%	06-CARDIOLOGY (72%)	11-INTERNAL MED (15%)	70-GROUP PRAC (4%)
93312-Echo exam of heart	\$10,292,101	68,727	XXX	1%	2%	06-CARDIOLOGY (66%)	11-INTERNAL MED (15%)	11-INTERNAL MED (10%)
93313-Echo exam of heart	\$194,204	3,835	XXX	0%	3%	06-CARDIOLOGY (49%)	05-ANESTHESIA (32%)	11-INTERNAL MED (13%)
93314-Echo exam of heart	\$361,579	6,313	XXX	0%	5%	06-CARDIOLOGY (65%)	11-INTERNAL MED (19%)	05-ANESTHESIA (6%)
93320-Doppler echo exam, heart	\$173,169,320	2,556,944	XXX	23%	33%	06-CARDIOLOGY (70%)	11-INTERNAL MED (16%)	70-GROUP PRAC (4%)
93321-Doppler echo exam, heart	\$1,076,059	26,911	XXX	0%	34%	06-CARDIOLOGY (71%)	11-INTERNAL MED (17%)	70-GROUP PRAC (4%)
93325-Doppler color flow	\$104,131,072	1,439,785	XXX	14%	42%	06-CARDIOLOGY (70%)	11-INTERNAL MED (13%)	70-GROUP PRAC (5%)
93350-Echo exam of heart	\$40,313,593	159,420	XXX	5%	68%	06-CARDIOLOGY (78%)	11-INTERNAL MED (12%)	95-PHYSIOL LAB (3%)

1340-Exercise Tolerance Tests

Family Medicare Charges:\$133,600,268
Family Private Payments: \$7,564,844

Percent of CPEP Medicare Charges: 7%
Percent of CPEP Private Payments: 17%

93015-Cardiovascular stress test	\$101,416,006	1,089,155	XXX	76%	85%	06-CARDIOLOGY (68%)	11-INTERNAL MED (22%)	70-GROUP PRAC (4%)
93016-Cardiovascular stress test	\$3,109,431	42,448	XXX	2%	77%	06-CARDIOLOGY (45%)	95-PHYSIOL LAB (24%)	11-INTERNAL MED (10%)
93017-Cardiovascular stress test	\$28,818,766	586,242	XXX	22%	13%	06-CARDIOLOGY (64%)	11-INTERNAL MED (21%)	70-GROUP PRAC (7%)
93024-Cardiac drug stress test	\$256,065	2,977	XXX	0%	9%	06-CARDIOLOGY (80%)	11-INTERNAL MED (13%)	04-OTOLARYNG (3%)

1344-Minor Cardiac and Vascular Tests

Family Medicare Charges:\$170,946,458
Family Private Payments: \$3,030,780

Percent of CPEP Medicare Charges: 8%
Percent of CPEP Private Payments: 7%

93224-ECG monitor/report, 24 hrs	\$62,572,731	355,476	XXX	37%	58%	06-CARDIOLOGY (50%)	11-INTERNAL MED (28%)	01-OB-GP/FP (12%)
93225-ECG monitor/report, 24 hrs	\$3,397,957	83,431	XXX	2%	92%	11-INTERNAL MED (36%)	06-CARDIOLOGY (24%)	01-OB-GP/FP (23%)
93226-ECG monitor/report, 24 hrs	\$6,060,765	82,104	XXX	4%	57%	95-PHYSIOL LAB (47%)	06-CARDIOLOGY (26%)	11-INTERNAL MED (9%)
93227-ECG monitor/report, 24 hrs	\$24,567,952	445,125	XXX	14%	19%	06-CARDIOLOGY (60%)	11-INTERNAL MED (25%)	70-GROUP PRAC (7%)
93230-ECG monitor/report, 24 hrs	\$32,574,681	174,850	XXX	19%	16%	11-INTERNAL MED (36%)	06-CARDIOLOGY (35%)	01-OB-GP/FP (19%)
93231-ECG monitor/report, 24 hrs	\$694,160	12,632	XXX	0%	90%	06-CARDIOLOGY (29%)	11-INTERNAL MED (28%)	95-PHYSIOL LAB (17%)
93232-ECG monitor/report, 24 hrs	\$1,240,023	11,545	XXX	1%	79%	95-PHYSIOL LAB (34%)	06-CARDIOLOGY (19%)	11-INTERNAL MED (9%)
93233-ECG monitor/report, 24 hrs	\$5,492,981	91,087	XXX	3%	13%	06-CARDIOLOGY (66%)	11-INTERNAL MED (23%)	70-GROUP PRAC (4%)
93235-ECG monitor/report, 24 hrs	\$5,540,916	34,935	XXX	3%	98%	11-INTERNAL MED (39%)	06-CARDIOLOGY (8%)	06-CARDIOLOGY (26%)
93236-ECG monitor/report, 24 hrs	\$385,352	4,739	XXX	0%	23%	95-PHYSIOL LAB (73%)	11-INTERNAL MED (30%)	11-INTERNAL MED (7%)
93237-ECG monitor/report, 24 hrs	\$1,562,388	28,001	XXX	1%	11%	06-CARDIOLOGY (54%)	11-INTERNAL MED (30%)	01-OB-GP/FP (6%)
93268-ECG record/review	\$25,978,741	325,917	XXX	15%	3%	95-PHYSIOL LAB (52%)	06-CARDIOLOGY (17%)	11-INTERNAL MED (13%)
93270-ECG recording			XXX			(.)	(.)	(.)
93271-ECG/monitoring and analysis			XXX			(.)	(.)	(.)
93720-Total body plethysmography	\$484,283	11,202	XXX	0%	0%	29-PULMONARY DIS (59%)	11-INTERNAL MED (16%)	01-OB-GP/FP (10%)
93721-Plethysmography tracing	\$7,957	322	XXX	0%	99%	01-OB-GP/FP (28%)	06-CARDIOLOGY (24%)	11-INTERNAL MED (20%)
93722-Plethysmography report	\$244,705	9,850	XXX	0%	6%	29-PULMONARY DIS (62%)	11-INTERNAL MED (11%)	70-GROUP PRAC (10%)
93740-Temperature gradient studies	\$25,729	966	XXX	0%	82%	11-INTERNAL MED (47%)	48-PODIATRY (17%)	95-PHYSIOL LAB (13%)
93770-Measure venous pressure	\$115,137	15,106	XXX	0%	80%	11-INTERNAL MED (42%)	01-OB-GP/FP (29%)	29-PULMONARY DIS (9%)
G0004-ECG transm phys review & int			XXX			(.)	(.)	(.)
G0005-ECG 24 hour recording			XXX			(.)	(.)	(.)
G0006-ECG transmission & analysis			XXX			(.)	(.)	(.)
G0007-ECG phy review & interpret			XXX			(.)	(.)	(.)
G0015-Post symptom ECG tracing			XXX			(.)	(.)	(.)
G0016-Post symptom ECG md review			XXX			(.)	(.)	(.)

1348-Pacemaker Analysis
 Family Medicare Charges: \$75,077,684
 Family Private Payments: \$167,584

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	1993 MC Global Period	1993 MC Global Period	1993 MC Global Period	1993 MC Global Period	Pct. of Family AllChgs	Pct. of Family Vol. in	Pct. of Family AllChgs	Pct. of Family Vol. in	Pct. of Family AllChgs	Pct. of Family Vol. in	First Specialty	Second Specialty	Third Specialty
93724-Analyze pacemaker system	86,059,663	161,120	XXX	XXX	XXX	XXX	8%	19%	8%	19%	8%	19%	(.)	11-INTERNAL MED (11%)	(.)
93731-Analyze pacemaker system	4,885,031	96,781	XXX	XXX	XXX	XXX	7%	10%	7%	10%	7%	10%	06-CARDIOLOGY (76%)	11-INTERNAL MED (11%)	33-THORACIC SURG (6%)
93732-Analyze pacemaker system	16,914,171	478,934	XXX	XXX	XXX	XXX	23%	20%	23%	20%	23%	20%	06-CARDIOLOGY (79%)	11-INTERNAL MED (11%)	33-THORACIC SURG (5%)
93733-Telephone analysis, pacemaker	88,483,206	268,147	XXX	XXX	XXX	XXX	11%	17%	11%	17%	11%	17%	06-CARDIOLOGY (57%)	95-PHYSIOL LAB (21%)	69-INDEPND LAB (6%)
93734-Analyze pacemaker system	33,190,292	71,868	XXX	XXX	XXX	XXX	4%	6%	4%	6%	4%	6%	06-CARDIOLOGY (69%)	11-INTERNAL MED (14%)	33-THORACIC SURG (7%)
93735-Analyze pacemaker system	33,373,874	1,038,316	XXX	XXX	XXX	XXX	4%	8%	4%	8%	4%	8%	06-CARDIOLOGY (73%)	11-INTERNAL MED (11%)	33-THORACIC SURG (7%)
93736-Telephone analysis, pacemaker	1,602,066	45,480	XXX	XXX	XXX	XXX	2%	28%	2%	28%	2%	28%	06-CARDIOLOGY (48%)	95-PHYSIOL LAB (25%)	69-INDEPND LAB (7%)
93737-Analyze cardio/defibrillator	569,381	10,700	XXX	XXX	XXX	XXX	1%	7%	1%	7%	1%	7%	06-CARDIOLOGY (81%)	11-INTERNAL MED (11%)	70-GROUP PRAC (4%)
93738-Analyze cardio/defibrillator	569,381	10,700	XXX	XXX	XXX	XXX	1%	7%	1%	7%	1%	7%	06-CARDIOLOGY (87%)	11-INTERNAL MED (8%)	70-GROUP PRAC (3%)

1352-Cardiac Electrophysiologic Tests
 Family Medicare Charges: \$45,684,796
 Family Private Payments: \$582,455

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	1993 MC Global Period	1993 MC Global Period	1993 MC Global Period	1993 MC Global Period	Pct. of Family AllChgs	Pct. of Family Vol. in	Pct. of Family AllChgs	Pct. of Family Vol. in	Pct. of Family AllChgs	Pct. of Family Vol. in	First Specialty	Second Specialty	Third Specialty
93600-Bundle of His recording	531,277	2,591	000	000	000	000	1%	2%	1%	2%	1%	2%	06-CARDIOLOGY (86%)	11-INTERNAL MED (9%)	70-GROUP PRAC (4%)
93602-Intra-atrial recording	302,453	2,366	000	000	000	000	1%	1%	1%	1%	1%	1%	06-CARDIOLOGY (77%)	11-INTERNAL MED (12%)	33-THORACIC SURG (4%)
93603-Right ventricular recording	256,887	1,687	000	000	000	000	1%	3%	1%	3%	1%	3%	06-CARDIOLOGY (80%)	11-INTERNAL MED (8%)	33-THORACIC SURG (6%)
93607-Right ventricular recording	127,978	1,021	000	000	000	000	0%	1%	0%	1%	0%	1%	06-CARDIOLOGY (55%)	70-GROUP PRAC (34%)	11-INTERNAL MED (11%)
93609-Mapping of tachycardia	441,965	994	000	000	000	000	1%	8%	1%	8%	1%	8%	06-CARDIOLOGY (76%)	11-INTERNAL MED (16%)	70-GROUP PRAC (5%)
93610-Intra-atrial pacing	460,613	2,552	000	000	000	000	1%	1%	1%	1%	1%	1%	06-CARDIOLOGY (80%)	11-INTERNAL MED (10%)	70-GROUP PRAC (4%)
93612-Intraventricular pacing	361,495	1,897	000	000	000	000	0%	2%	0%	2%	0%	2%	06-CARDIOLOGY (81%)	11-INTERNAL MED (11%)	33-THORACIC SURG (4%)
93615-Esophageal recording	32,314	733	000	000	000	000	0%	7%	0%	7%	0%	7%	06-CARDIOLOGY (51%)	11-INTERNAL MED (15%)	01-08-GP/FP (14%)
93616-Esophageal recording	24,338	242	000	000	000	000	0%	3%	0%	3%	0%	3%	06-CARDIOLOGY (71%)	05-ANESTHESIA (22%)	70-GROUP PRAC (6%)
93618-Heart rhythm pacing	135,011	7,838	000	000	000	000	9%	5%	9%	5%	9%	5%	06-CARDIOLOGY (86%)	11-INTERNAL MED (8%)	70-GROUP PRAC (2%)
93619-Electrophysiology evaluation	768,342	22,319	000	000	000	000	4%	5%	4%	5%	4%	5%	06-CARDIOLOGY (83%)	11-INTERNAL MED (9%)	70-GROUP PRAC (5%)
93620-Electrophysiology evaluation	686,562	1,731	000	000	000	000	4%	0%	4%	0%	4%	0%	06-CARDIOLOGY (87%)	11-INTERNAL MED (6%)	70-GROUP PRAC (6%)
93622-Electrophysiology evaluation	386,652	422	000	000	000	000	1%	3%	1%	3%	1%	3%	06-CARDIOLOGY (87%)	11-INTERNAL MED (8%)	70-GROUP PRAC (5%)
93623-Stimulation, pacing heart	352,285	5,991	000	000	000	000	3%	0%	3%	0%	3%	0%	06-CARDIOLOGY (85%)	11-INTERNAL MED (9%)	70-GROUP PRAC (6%)
93624-Electrophysiologic study	3,090,386	8,493	000	000	000	000	7%	8%	7%	8%	7%	8%	06-CARDIOLOGY (73%)	11-INTERNAL MED (18%)	33-THORACIC SURG (10%)
93631-Heart pacing, mapping	478,056	753	000	000	000	000	1%	4%	1%	4%	1%	4%	06-CARDIOLOGY (70%)	11-INTERNAL MED (10%)	11-INTERNAL MED (8%)
93640-Evaluation heart device	118,671	10,762	000	000	000	000	1%	6%	1%	6%	1%	6%	06-CARDIOLOGY (81%)	11-INTERNAL MED (9%)	70-GROUP PRAC (7%)
93641-Electrophysiology evaluation	118,671	10,762	000	000	000	000	1%	6%	1%	6%	1%	6%	06-CARDIOLOGY (81%)	11-INTERNAL MED (9%)	70-GROUP PRAC (7%)
93642-Electrophysiology evaluation	257,096	3,523	000	000	000	000	9%	19%	9%	19%	9%	19%	06-CARDIOLOGY (86%)	11-INTERNAL MED (9%)	70-GROUP PRAC (3%)
93650-Ablate heart dysrhythm focus	257,096	3,523	000	000	000	000	9%	19%	9%	19%	9%	19%	06-CARDIOLOGY (86%)	11-INTERNAL MED (9%)	70-GROUP PRAC (3%)
93651-Ablate heart dysrhythm focus	257,096	3,523	000	000	000	000	9%	19%	9%	19%	9%	19%	06-CARDIOLOGY (86%)	11-INTERNAL MED (9%)	70-GROUP PRAC (3%)
93652-Ablate heart dysrhythm focus	257,096	3,523	000	000	000	000	9%	19%	9%	19%	9%	19%	06-CARDIOLOGY (86%)	11-INTERNAL MED (9%)	70-GROUP PRAC (3%)
93660-ilt table evaluation	892,415	8,339	000	000	000	000	2%	1%	2%	1%	2%	1%	06-CARDIOLOGY (79%)	11-INTERNAL MED (10%)	70-GROUP PRAC (5%)

CPEP 14 - ANESTHESIOLOGY / PATHOLOGY

Top Medicare Specialties (% of Procedure Volume)

C14 =====	Procedure	1993 MC		Pct. of Family Alltdhgs	Pct. of Family Privmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)	
		Allowed Charges	Units of Service				Global Period	Percent of CPEP Medicare Charges:	First Specialty	Second Specialty	Third Specialty
	1400-Pathology							
	Family Medicare Charges: \$20,463,811							
	Family Private Payments: \$758,535							
	Percent of CPEP Medicare Charges: 1%							
	Percent of CPEP Private Payments: 5%							
	80500-Lab pathology consultation	\$9,787,616	478,995	48%	14%	3%	22-PATHOLOGY (91%)	69-INDEPEND LAB (4%)
	80502-Lab pathology consultation	\$1,259,564	21,852	6%	1%	18%	22-PATHOLOGY (87%)	69-INDEPEND LAB (5%)
	83020-Assay hemoglobin	\$128,616	7,211	1%		1%	22-PATHOLOGY (90%)	88-UNKNOWN SUPPL (4%)
	83912-Genetic examination	\$34,999	1,923	0%		4%	22-PATHOLOGY (92%)	83-HEMATOL/ONCOL (6%)
	84165-Assay serum proteins	\$1,776,893	101,774	9%	8%	2%	22-PATHOLOGY (93%)	70-GROUP PRAC (3%)
	84181-Western blot test						(.)	(.)
	84182-Protein, western blot test						(.)	(.)
	85060-Blood smear interpretation	\$5,550,646	260,469	27%	9%	32%	22-PATHOLOGY (54%)	83-HEMATOL/ONCOL (23%)
	85390-Fibrinolytics screen	\$79,271	4,545	0%	0%	0%	22-PATHOLOGY (90%)	70-GROUP PRAC (9%)
	85576-Blood platelet aggregation	\$30,977	1,764	0%	0%	3%	22-PATHOLOGY (97%)	83-HEMATOL/ONCOL (2%)
	86077-Physician blood bank service	\$407,319	16,496	0%	0%	2%	22-PATHOLOGY (89%)	83-HEMATOL/ONCOL (4%)
	86078-Physician blood bank service	\$302,949	11,800	1%	1%	2%	22-PATHOLOGY (97%)	03-ALLERGY/IMMUN (4%)
	86079-Physician blood bank service	\$37,189	1,523	0%	0%	2%	22-PATHOLOGY (72%)	69-INDEPEND LAB (26%)
	86255-Fluorescent antibody; screen	\$263,739	16,677	0%	18%	2%	22-PATHOLOGY (95%)	70-GROUP PRAC (3%)
	86256-Fluorescent antibody; titer	\$192,544	11,469	1%	4%	2%	22-PATHOLOGY (94%)	01-08-GP/FP (1%)
	86320-Serum immunoelectrophoresis	\$185,122	10,484	1%	4%	2%	22-PATHOLOGY (90%)	83-HEMATOL/ONCOL (2%)
	86325-Other immunoelectrophoresis	\$80,700	4,562	0%	1%	2%	22-PATHOLOGY (90%)	69-INDEPEND LAB (3%)
	86327-Immunoelectrophoresis assay	\$652	37	0%		0%	22-PATHOLOGY (97%)	70-GROUP PRAC (3%)
	86334-Immunofixation procedure	\$216,086	12,756	1%	0%	3%	22-PATHOLOGY (94%)	70-GROUP PRAC (4%)
	87164-Dark field examination	\$419	25	0%	1%	28%	22-PATHOLOGY (52%)	01-08-GP/FP (20%)
	87207-Smear, stain & interpret	\$36,591	2,172	0%	3%	3%	22-PATHOLOGY (85%)	70-GROUP PRAC (8%)
	88371-Protein, western blot tissue						(.)	(.)
	88372-Protein analysis w/probe	\$91,617	5,321	0%	1%	7%	22-PATHOLOGY (83%)	66-RHEUMATOLOGY (10%)
	89060-Exam, synovial fluid crystals	\$302	26	0%	0%	35%	13-NEUROLOGY (50%)	70-GROUP PRAC (15%)
	89360-Collect sweat for test							
	1404-Complex Pathology							
	Family Medicare Charges: \$98,445,671							
	Family Private Payments: \$2,018,485							
	Percent of CPEP Medicare Charges: 5%							
	Percent of CPEP Private Payments: 13%							
	58972-Fertilization of oocyte	\$2,063,723	38,822	0%	3%	4%	22-PATHOLOGY (43%)	02-GNRL SURGERY (14%)
	88170-Fine needle aspiration	\$303,596	4,982	0%	4%	11%	30-RADIOLOGY (15%)	69-INDEPEND LAB (11%)
	88180-Cell marker study	\$5,945,410	218,417	6%	1%	12%	22-PATHOLOGY (50%)	90-HED ONCOLOGY (2%)
	88182-Cell marker study	\$3,495,562	47,642	4%	1%	7%	69-INDEPEND LAB (56%)	70-GROUP PRAC (1%)
	88307-Tissue exam by pathologist	\$45,269,688	542,494	46%	57%	6%	22-PATHOLOGY (81%)	69-INDEPEND LAB (10%)
	88309-Tissue exam by pathologist	\$30,197,801	264,495	31%	25%	3%	22-PATHOLOGY (85%)	70-GROUP PRAC (3%)
	88321-Microslide consultation	\$3,037,203	68,537	3%	4%	25%	22-PATHOLOGY (70%)	69-INDEPEND LAB (9%)
	88325-Comprehensive review of data	\$1,112,294	18,528	0%	4%	37%	22-PATHOLOGY (52%)	07-DERMATOLOGY (10%)
	88329-Pathology consult in surgery	\$2,639,355	71,833	3%	3%	4%	22-PATHOLOGY (89%)	69-INDEPEND LAB (8%)
	88348-Electron microscopy	\$802,845	6,689	0%	1%	7%	22-PATHOLOGY (85%)	70-GROUP PRAC (3%)
	88349-Scanning electron microscopy	\$15,810	294	0%		0%	22-PATHOLOGY (98%)	70-GROUP PRAC (1%)
	88355-Analysis, skeletal muscle	\$17,950	189	0%		22%	22-PATHOLOGY (87%)	69-INDEPEND LAB (7%)
	88356-Analysis, nerve	\$16,063	109	0%		7%	22-PATHOLOGY (89%)	70-GROUP PRAC (3%)
	88358-Analysis, tumor	\$3,497,020	22,862	4%	0%	2%	69-INDEPEND LAB (81%)	70-GROUP PRAC (1%)
	88365-Tissue hybridization	\$31,351	565	0%	0%	40%	22-PATHOLOGY (39%)	07-DERMATOLOGY (27%)
	1408-Surgical Pathology							

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Family AllDchs	PrivPmts	OFFICE	First Specialty	Second Specialty	Third Specialty
Family Medicare Charges: \$547,286,444			26%						
Family Private Payments: \$8,640,988			57%						
Percent of CPEP Medicare Charges: 26%									
Percent of CPEP Private Payments: 57%									
85097-Bone marrow interpretation	\$5,500,662	118,861	XXX	1%	0%	20%	22-PATHOLOGY (59%)	83-HEMATOL/ONCOL (18%)	11-INTERNAL MED (8%)
88172-Evaluation of smear	\$2,256,145	62,499	XXX	0%	0%	7%	22-PATHOLOGY (87%)	69-INDEPEND LAB (9%)	70-GROUP PRAC (1%)
88173-Interpretation of smear	\$7,811,651	148,667	XXX	1%	1%	14%	22-PATHOLOGY (81%)	69-INDEPEND LAB (13%)	70-GROUP PRAC (3%)
88300-Surg path, gross	\$4,014,436	378,541	XXX	1%	2%	5%	22-PATHOLOGY (86%)	69-INDEPEND LAB (6%)	70-GROUP PRAC (3%)
88302-Tissue exam by pathologist	\$7,961,585	342,988	XXX	1%	6%	9%	22-PATHOLOGY (75%)	69-INDEPEND LAB (16%)	70-GROUP PRAC (3%)
88304-Tissue exam by pathologist	\$54,901,549	1,741,356	XXX	10%	46%	15%	22-PATHOLOGY (67%)	69-INDEPEND LAB (19%)	07-DERMATOLOGY (7%)
88305-Tissue exam by pathologist	\$420,699,838	7,856,304	XXX	77%	39%	23%	22-PATHOLOGY (60%)	69-INDEPEND LAB (24%)	07-DERMATOLOGY (12%)
88311-Decalcify tissue	\$5,582,750	438,289	XXX	1%	0%	5%	22-PATHOLOGY (84%)	69-INDEPEND LAB (11%)	70-GROUP PRAC (2%)
88323-Microslide consultation	\$900,423	18,748	XXX	0%	0%	19%	22-PATHOLOGY (48%)	69-INDEPEND LAB (41%)	70-GROUP PRAC (2%)
88331-Pathology consult in surgery	\$31,833,584	528,264	XXX	6%	4%	7%	22-PATHOLOGY (87%)	69-INDEPEND LAB (7%)	70-GROUP PRAC (2%)
88332-Pathology consult in surgery	\$5,823,821	194,188	XXX	1%	0%	13%	22-PATHOLOGY (82%)	69-INDEPEND LAB (7%)	07-DERMATOLOGY (7%)
1412-Cytopathology									
Family Medicare Charges: \$33,306,821			2%						
Family Private Payments: \$293,813			2%						
Percent of CPEP Medicare Charges: 2%									
Percent of CPEP Private Payments: 2%									
88104-Microscopic exam of cells	\$17,385,453	679,085	XXX	52%	53%	7%	22-PATHOLOGY (79%)	69-INDEPEND LAB (15%)	70-GROUP PRAC (3%)
88106-Microscopic exam of cells	\$2,477,169	97,553	XXX	7%	7%	20%	22-PATHOLOGY (68%)	69-INDEPEND LAB (25%)	70-GROUP PRAC (3%)
88107-Microscopic exam of cells	\$2,433,499	78,528	XXX	7%	9%	9%	22-PATHOLOGY (73%)	69-INDEPEND LAB (22%)	70-GROUP PRAC (2%)
88108-Cytopathology	\$5,697,120	203,027	XXX	17%	7%	6%	22-PATHOLOGY (72%)	69-INDEPEND LAB (25%)	70-GROUP PRAC (1%)
88125-Forensic cytopathology	\$570	47	XXX	0%	0%	23%	22-PATHOLOGY (77%)	69-INDEPEND LAB (11%)	16-08-GYNECOLOGY (4%)
88160-Cytopathology	\$2,846,708	143,553	XXX	9%	15%	9%	22-PATHOLOGY (76%)	69-INDEPEND LAB (14%)	70-GROUP PRAC (3%)
88161-Cytopathology	\$1,411,528	63,810	XXX	4%	5%	20%	22-PATHOLOGY (56%)	69-INDEPEND LAB (28%)	70-GROUP PRAC (3%)
88162-Cytopathology, extensive	\$1,030,508	25,482	XXX	3%	3%	7%	22-PATHOLOGY (83%)	69-INDEPEND LAB (11%)	70-GROUP PRAC (4%)
89350-Sputum specimen collection	\$24,266	2,161	XXX	0%	1%	62%	69-INDEPEND LAB (37%)	01-08-GP/FP (19%)	03-ALLERGY/IMMUN (13%)
1416-Pap Smears									
Family Medicare Charges: \$1,812,999			0%						
Family Private Payments: \$153,359			1%						
Percent of CPEP Medicare Charges: 0%									
Percent of CPEP Private Payments: 1%									
88151-Cytopathology interpretation	\$925,458	54,327	XXX	51%	100%	14%	22-PATHOLOGY (90%)	69-INDEPEND LAB (5%)	70-GROUP PRAC (2%)
88157-TBS smear (bethesda system)	\$369,434	21,612	XXX	20%	0	26%	22-PATHOLOGY (72%)	69-INDEPEND LAB (25%)	70-GROUP PRAC (1%)
P3001-Screening pap smear by phys	\$518,107	29,133	XXX	29%	0	21%	22-PATHOLOGY (89%)	69-INDEPEND LAB (6%)	70-GROUP PRAC (4%)
Percent of CPEP Medicare Charges: 1%									
Percent of CPEP Private Payments: 1%									
1420-Special Stains									
Family Medicare Charges: \$29,997,811			1%						
Family Private Payments: \$166,477			1%						
88312-Special stains	\$7,583,908	394,427	XXX	25%	30%	8%	22-PATHOLOGY (79%)	69-INDEPEND LAB (16%)	70-GROUP PRAC (2%)
88313-Special stains	\$6,340,955	486,541	XXX	21%	26%	7%	22-PATHOLOGY (76%)	69-INDEPEND LAB (17%)	70-GROUP PRAC (3%)
88314-Histochemical stain	\$2,070,547	71,261	XXX	7%	5%	74%	22-PATHOLOGY (72%)	69-INDEPEND LAB (8%)	69-INDEPEND LAB (8%)
88318-Chemical histochemistry	\$81,894	4,684	XXX	0%	0	1%	22-PATHOLOGY (77%)	69-INDEPEND LAB (18%)	88-UNKNOWN SUPPL (1%)
88319-Enzyme histochemistry	\$300,455	11,449	XXX	1%	0	39%	22-PATHOLOGY (46%)	13-NEUROLOGY (12%)	69-INDEPEND LAB (15%)
88342-Immunocytochemistry	\$10,858,876	270,121	XXX	36%	19%	8%	22-PATHOLOGY (67%)	69-INDEPEND LAB (25%)	11-INTERNAL MED (11%)
88346-Immunofluorescent study	\$2,440,084	74,841	XXX	8%	20%	23%	22-PATHOLOGY (47%)	69-INDEPEND LAB (32%)	70-GROUP PRAC (5%)
88347-Immunofluorescent study	\$293,205	9,236	XXX	1%	0	24%	69-INDEPEND LAB (54%)	70-GROUP PRAC (24%)	07-DERMATOLOGY (7%)
88362-Nerve teasing preparations	\$27,887	270	XXX	0%	0	33%	22-PATHOLOGY (40%)	13-NEUROLOGY (35%)	70-GROUP PRAC (20%)
1424-Simple Immunology Tests									

Procedure Family Private Payments: Family Medicare Charges: \$1,327,570 Family Private Payments: \$262,452

Procedure	Family Private Payments:	Family Medicare Charges:	1993 MC Allowed Charges	1993 MC Units of Service	1993 MC Global Period	AllChgs	Family PrivPmts	Pct. of Vol. in Office	Pct. of Procedure Volume	First Specialty	Second Specialty	Third Specialty
Family Medicare Charges:		\$1,327,570										
Family Private Payments:	\$262,452											
Percent of CPEP Medicare Charges:		0%										
Percent of CPEP Private Payments:		2%										
86485-Skin test, candida	\$11,943	1,176	XXX	1%				98%	29-PULMONARY DIS (41%)	11-INTERNAL MED (25%)	66-RHEUMATOLOGY (7%)	
86490-Coccidioidomycosis skin test	\$68,562	7,016	XXX	5%				94%	01,08-GP/FP (28%)	29-PULMONARY DIS (25%)	11-INTERNAL MED (22%)	
86510-Histoplasmosis skin test	\$21,434	2,384	XXX	2%				81%	01,08-GP/FP (32%)	11-INTERNAL MED (20%)	69-INDEPEND LAB (19%)	
86580-18 intradermal test	\$760,065	95,262	XXX	57%				97%	11-INTERNAL MED (37%)	01,08-GP/FP (34%)	29-PULMONARY DIS (11%)	
86585-18 tine test	\$465,566	71,849	XXX	35%				98%	01,08-GP/FP (56%)	11-INTERNAL MED (29%)	70-GROUP PRAC (3%)	

1428-Anesthesia

Procedure	Family Private Payments:	Family Medicare Charges:	1993 MC Allowed Charges	1993 MC Units of Service	1993 MC Global Period	AllChgs	Family PrivPmts	Pct. of Vol. in Office	Pct. of Procedure Volume	First Specialty	Second Specialty	Third Specialty
Family Medicare Charges:		\$126720776										
Family Private Payments:	\$2,452											
Percent of CPEP Medicare Charges:		61%										
Percent of CPEP Private Payments:		0%										
00100-Anesth, skin surgery	\$11,475	87,566		1%				1%	05-ANESTHESIA (67%)	43-CRNA (29%)	88-UNKNOWN SUPPL (2%)	
00102-Anesth, repair of cleft lip	\$21,881	149		0%				3%	05-ANESTHESIA (61%)	43-CRNA (28%)	70-GROUP PRAC (4%)	
00104-Anesth for electroshock	\$11,518	363		1%				1%	05-ANESTHESIA (78%)	43-CRNA (14%)	26-PSYCHIATRY (3%)	
00120-Anesthesia for ear surgery	\$3,823	588		0%				0%	05-ANESTHESIA (68%)	43-CRNA (28%)	88-UNKNOWN SUPPL (2%)	
00124-Anesthesia for ear exam	\$45,233	26,566		0%				71%	01,08-GP/FP (31%)	11-INTERNAL MED (21%)	05-ANESTHESIA (18%)	
00126-Anesth, tympanotomy	\$376,143	4,448		0%				0%	05-ANESTHESIA (69%)	43-CRNA (28%)	88-UNKNOWN SUPPL (1%)	
00140-Anesth, procedures on eye	\$28,818	254	235,811	2%				1%	05-ANESTHESIA (64%)	43-CRNA (32%)	88-UNKNOWN SUPPL (2%)	
00142-Anesthesia for lens surgery	\$157,800	084	1,588,816	12%				0%	05-ANESTHESIA (63%)	43-CRNA (32%)	88-UNKNOWN SUPPL (2%)	
00144-Anesth, corneal transplant	\$3,610	948	22,929	0%				0%	05-ANESTHESIA (70%)	43-CRNA (26%)	88-UNKNOWN SUPPL (2%)	
00145-Anesth, vitrectomy	\$11,067	410	67,566	1%				1%	05-ANESTHESIA (72%)	43-CRNA (25%)	88-UNKNOWN SUPPL (1%)	
00147-Anesth, iridectomy	\$306,844	2,714		0%				0%	05-ANESTHESIA (72%)	43-CRNA (26%)	70-GROUP PRAC (1%)	
00148-Anesthesia for eye exam	\$50,341	475		0%				0%	05-ANESTHESIA (69%)	43-CRNA (27%)	88-UNKNOWN SUPPL (2%)	
00160-Anesth, nose, sinus surgery	\$8,011	286	61,396	1%				0%	05-ANESTHESIA (74%)	43-CRNA (23%)	88-UNKNOWN SUPPL (1%)	
00162-Anesth, nose, sinus surgery	\$352,576	2,883		0%				0%	05-ANESTHESIA (60%)	43-CRNA (36%)	88-UNKNOWN SUPPL (2%)	
00164-Anesth, biopsy of nose	\$156,094	1,481		0%				4%	05-ANESTHESIA (66%)	43-CRNA (29%)	19-ORAL SURGERY (3%)	
00170-Anesth, procedure on mouth	\$4,292	554	39,424	0%				0%	05-ANESTHESIA (68%)	43-CRNA (24%)	88-UNKNOWN SUPPL (2%)	
00172-Anesth, cleft palate repair	\$38,068	237		0%				0%	05-ANESTHESIA (73%)	43-CRNA (24%)	70-GROUP PRAC (1%)	
00174-Anesth, pharyngeal surgery	\$100,115	721		0%				0%	05-ANESTHESIA (74%)	43-CRNA (20%)	88-UNKNOWN SUPPL (2%)	
00176-Anesth, pharyngeal surgery	\$836,321	2,712		0%				2%	05-ANESTHESIA (74%)	43-CRNA (20%)	19-ORAL SURGERY (2%)	
00190-Anesth, facial bone surgery	\$1,759,077	11,308		0%				1%	05-ANESTHESIA (70%)	43-CRNA (25%)	88-UNKNOWN SUPPL (2%)	
00192-Anesth, facial bone surgery	\$406,364	1,530		0%				0%	05-ANESTHESIA (73%)	43-CRNA (23%)	70-GROUP PRAC (2%)	
00210-Anesth, open head surgery	\$10,661	742	35,632	1%				0%	05-ANESTHESIA (76%)	43-CRNA (20%)	88-UNKNOWN SUPPL (2%)	
00212-Anesth, skull drainage	\$63,053	462		0%				8%	05-ANESTHESIA (54%)	43-CRNA (31%)	70-GROUP PRAC (4%)	
00214-Anesth, skull drainage	\$2,100,500	10,714		0%				0%	05-ANESTHESIA (75%)	43-CRNA (20%)	70-GROUP PRAC (2%)	
00216-Anesth, head vessel surgery	\$1,864,979	4,561		0%				0%	05-ANESTHESIA (75%)	43-CRNA (21%)	70-GROUP PRAC (2%)	
00218-Anesth, special head surgery	\$2,134,549	6,891		0%				0%	05-ANESTHESIA (71%)	43-CRNA (23%)	70-GROUP PRAC (4%)	
00220-Anesth, spinal fluid shunt	\$1,124,772	5,217		0%				0%	05-ANESTHESIA (75%)	43-CRNA (21%)	88-UNKNOWN SUPPL (2%)	
00222-Anesth, head nerve surgery	\$185,417	1,360		0%				0%	05-ANESTHESIA (73%)	43-CRNA (21%)	88-UNKNOWN SUPPL (2%)	
00300-Anesth, skin surgery, neck	\$3,487,981	26,956		0%				0%	05-ANESTHESIA (70%)	43-CRNA (26%)	88-UNKNOWN SUPPL (5%)	
00320-Anesth, neck organ surgery	\$1,228,037	146,374		0%				0%	05-ANESTHESIA (72%)	43-CRNA (23%)	88-UNKNOWN SUPPL (2%)	
00322-Anesth, biopsy of thyroid	\$22,353	186		0%				1%	05-ANESTHESIA (75%)	43-CRNA (21%)	88-UNKNOWN SUPPL (2%)	
00350-Anesth, neck vessel surgery	\$23,236	406	98,131	2%				0%	05-ANESTHESIA (74%)	43-CRNA (22%)	88-UNKNOWN SUPPL (2%)	
00352-Anesth, neck vessel surgery	\$910,835	8,155		0%				0%	05-ANESTHESIA (75%)	43-CRNA (22%)	88-UNKNOWN SUPPL (1%)	
00400-Anesth, chest skin surgery	\$18,190,510	209,113		1%				0%	05-ANESTHESIA (67%)	43-CRNA (29%)	88-UNKNOWN SUPPL (2%)	
00402-Anesth, surgery of breast	\$1,522,948	8,659		0%				0%	05-ANESTHESIA (74%)	43-CRNA (22%)	70-GROUP PRAC (1%)	
00404-Anesth, surgery of breast	\$10,159,800	65,839		1%				0%	05-ANESTHESIA (68%)	43-CRNA (28%)	88-UNKNOWN SUPPL (2%)	
00406-Anesth, surgery of breast	\$677,421	2,721		0%				0%	05-ANESTHESIA (54%)	43-CRNA (37%)	88-UNKNOWN SUPPL (6%)	
00410-Anesth, correct heart rhythm	\$2,407,605	32,288		0%				0%	05-ANESTHESIA (77%)	43-CRNA (17%)	70-GROUP PRAC (2%)	
00420-Anesth, skin surgery, back	\$1,401,456	11,029		0%				0%	05-ANESTHESIA (73%)	43-CRNA (23%)	88-UNKNOWN SUPPL (2%)	

Top Medicare Specialties (% of Procedure Volume)

Pct. of Family Privlms
Pct. of Family Alldchs

1993 MC Units of Service

1993 MC Allowed Charges

Global Period

Procedure

First Specialty

Second Specialty

Third Specialty

Procedure	1993 MC Units of Service	1993 MC Allowed Charges	Global Period	Pct. of Family Alldchs	Pct. of Family Privlms	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
00450-Anesth, surgery of shoulder	3,683	\$484,053		0%		0%	05-ANESTHESIA (67%)	43-CRNA (28%)	88-UNKNOWN SUPPL (3%)
00452-Anesth, surgery of shoulder	257	\$48,398		0%		0%	05-ANESTHESIA (69%)	43-CRNA (30%)	11-INTERNAL MED (0%)
00454-Anesth, collarbone biopsy	302	\$30,597		0%		0%	05-ANESTHESIA (65%)	43-CRNA (30%)	88-UNKNOWN SUPPL (2%)
00470-Anesth, removal of rib	4,933	\$813,627		0%		0%	05-ANESTHESIA (76%)	43-CRNA (20%)	70-GROUP PRAC (2%)
00472-Anesth, chest wall repair	771	\$179,916		0%		0%	05-ANESTHESIA (76%)	43-CRNA (24%)	88-UNKNOWN SUPPL (1%)
00474-Anesth, surgery of ribs(s)	568	\$170,569		0%		0%	05-ANESTHESIA (78%)	43-CRNA (20%)	88-UNKNOWN SUPPL (1%)
00500-Anesth, esophageal surgery	5,120	\$2,041,307		0%		0%	05-ANESTHESIA (72%)	43-CRNA (25%)	06-CARDOLOGY (2%)
00520-Anesth, chest procedure	121,479	\$15,629,115		1%		0%	05-ANESTHESIA (68%)	43-CRNA (22%)	88-UNKNOWN SUPPL (3%)
00522-Anesth, chest lining biopsy	651	\$63,086		0%		0%	05-ANESTHESIA (48%)	43-CRNA (33%)	70-GROUP PRAC (15%)
00526-Anesth, chest drainage	852	\$86,017		0%		0%	05-ANESTHESIA (59%)	43-CRNA (33%)	29-PULMONARY DIS (3%)
00528-Anesth, chest partition view	10,118	\$1,790,326		0%		0%	05-ANESTHESIA (75%)	43-CRNA (21%)	88-UNKNOWN SUPPL (2%)
00530-Anesth, pacemaker insertion	73,742	\$8,092,899		1%		0%	05-ANESTHESIA (73%)	43-CRNA (22%)	88-UNKNOWN SUPPL (3%)
00532-Anesth, vascular access	55,290	\$5,548,318		0%		0%	05-ANESTHESIA (76%)	43-CRNA (21%)	70-GROUP PRAC (1%)
00540-Anesth, cardioverter/defib	57,397	\$17,232,517		1%		0%	05-ANESTHESIA (76%)	43-CRNA (20%)	70-GROUP PRAC (2%)
00542-Anesth, chest surgery	1,818	\$618,192		0%		0%	05-ANESTHESIA (79%)	43-CRNA (18%)	70-GROUP PRAC (1%)
00544-Anesth, release of lung	504	\$176,536		0%		0%	05-ANESTHESIA (77%)	43-CRNA (16%)	88-UNKNOWN SUPPL (3%)
00546-Anesth, chest lining removal	1,601	\$598,335		0%		0%	05-ANESTHESIA (79%)	43-CRNA (16%)	88-UNKNOWN SUPPL (2%)
00548-Anesth, lung, chest wall surg	332	\$116,225		0%		0%	05-ANESTHESIA (76%)	43-CRNA (20%)	70-GROUP PRAC (2%)
00560-Anesth, trachea, bronchi surg	24,302	\$7,269,727		1%		0%	05-ANESTHESIA (78%)	43-CRNA (18%)	70-GROUP PRAC (2%)
00562-Anesth, open heart surgery	234,788	\$117,359,795		9%		0%	05-ANESTHESIA (82%)	43-CRNA (15%)	70-GROUP PRAC (2%)
00580-Anesth, open heart surgery	744	\$386,599		0%		0%	05-ANESTHESIA (84%)	43-CRNA (8%)	70-GROUP PRAC (5%)
00600-Anesth, heart/lung transplant	22,917	\$5,995,839		0%		0%	05-ANESTHESIA (70%)	43-CRNA (26%)	88-UNKNOWN SUPPL (1%)
00604-Anesth, spine, cord surgery	2,054	\$619,872		0%		0%	05-ANESTHESIA (71%)	43-CRNA (24%)	88-UNKNOWN SUPPL (2%)
00620-Anesth, surgery of vertebra	5,631	\$1,582,354		0%		0%	05-ANESTHESIA (70%)	43-CRNA (25%)	70-GROUP PRAC (2%)
00622-Anesth, spine, cord surgery	126	\$35,097		0%		0%	05-ANESTHESIA (71%)	43-CRNA (27%)	07-DERMATOLOGY (1%)
00630-Anesth, removal of nerves	110,289	\$23,417,196		2%		0%	05-ANESTHESIA (70%)	43-CRNA (26%)	88-UNKNOWN SUPPL (1%)
00632-Anesth, spine, cord surgery	1,440	\$245,005		0%		0%	05-ANESTHESIA (73%)	43-CRNA (23%)	70-GROUP PRAC (2%)
00634-Anesth, removal of nerves	184	\$25,726		0%		0%	05-ANESTHESIA (78%)	43-CRNA (15%)	70-GROUP PRAC (6%)
00670-Anesth, for chemonucleolysis	10,968	\$4,295,678		0%		0%	05-ANESTHESIA (74%)	43-CRNA (22%)	70-GROUP PRAC (2%)
00700-Anesth, spine, cord surgery	14,979	\$1,487,515		0%		0%	05-ANESTHESIA (61%)	43-CRNA (31%)	88-UNKNOWN SUPPL (4%)
00702-Anesth, abdominal wall surg	826	\$100,680		0%		0%	05-ANESTHESIA (57%)	43-CRNA (35%)	88-UNKNOWN SUPPL (3%)
00730-Anesth, for liver biopsy	2,784	\$368,635		0%		0%	05-ANESTHESIA (64%)	43-CRNA (32%)	88-UNKNOWN SUPPL (2%)
00740-Anesth, abdominal wall surg	106,955	\$10,277,983		1%		4%	05-ANESTHESIA (56%)	43-CRNA (31%)	10-GASTROENTER (4%)
00750-Anesth, gi visualization	55,325	\$6,608,307		1%		0%	05-ANESTHESIA (68%)	43-CRNA (29%)	88-UNKNOWN SUPPL (1%)
00752-Anesth, repair of hernia	25,948	\$3,983,235		0%		0%	05-ANESTHESIA (71%)	43-CRNA (25%)	88-UNKNOWN SUPPL (1%)
00754-Anesth, repair of hernia	175	\$29,686		0%		0%	05-ANESTHESIA (65%)	43-CRNA (33%)	88-UNKNOWN SUPPL (1%)
00756-Anesth, repair of hernia	979	\$206,003		0%		0%	05-ANESTHESIA (65%)	43-CRNA (33%)	88-UNKNOWN SUPPL (1%)
00770-Anesth, repair of hernia	42,522	\$15,933,994		1%		0%	05-ANESTHESIA (76%)	43-CRNA (30%)	88-UNKNOWN SUPPL (3%)
00790-Anesth, blood vessel repair	381,534	\$73,147,195		6%		0%	05-ANESTHESIA (71%)	43-CRNA (25%)	88-UNKNOWN SUPPL (2%)
00792-Anesth, surg upper abdomen	1,887	\$712,620		0%		0%	05-ANESTHESIA (73%)	43-CRNA (19%)	88-UNKNOWN SUPPL (2%)
00794-Anesth, part liver removal	3,725	\$1,315,563		0%		0%	05-ANESTHESIA (87%)	43-CRNA (21%)	70-GROUP PRAC (2%)
00796-Anesth, pancreas removal	504	\$404,369		0%		0%	05-ANESTHESIA (63%)	88-UNKNOWN SUPPL (5%)	70-GROUP PRAC (4%)
00800-Anesth, for liver transplant	14,711	\$1,481,366		0%		1%	05-ANESTHESIA (64%)	43-CRNA (33%)	88-UNKNOWN SUPPL (2%)
00802-Anesth, abdominal wall surg	424	\$65,268		0%		0%	05-ANESTHESIA (61%)	43-CRNA (33%)	70-GROUP PRAC (2%)
00806-Anesth, fat layer removal	57,664	\$8,892,210		1%		0%	05-ANESTHESIA (61%)	43-CRNA (33%)	88-UNKNOWN SUPPL (3%)
00810-Anesth, intestine endoscopy	88,358	\$9,930,916		1%		5%	05-ANESTHESIA (52%)	43-CRNA (34%)	88-UNKNOWN SUPPL (5%)
00820-Anesth, abdominal wall surg	4,869	\$640,959		0%		0%	05-ANESTHESIA (67%)	43-CRNA (28%)	88-UNKNOWN SUPPL (2%)
00830-Anesth, repair of hernia	162,913	\$19,232,207		2%		0%	05-ANESTHESIA (68%)	43-CRNA (27%)	88-UNKNOWN SUPPL (2%)
00832-Anesth, repair of hernia	31,503	\$4,821,323		0%		0%	05-ANESTHESIA (69%)	43-CRNA (27%)	88-UNKNOWN SUPPL (2%)
00840-Anesth, surg lower abdomen	348,768	\$64,205,457		5%		0%	05-ANESTHESIA (71%)	43-CRNA (25%)	88-UNKNOWN SUPPL (2%)
00842-Anesth, amliocentesis	335	\$40,959		0%		0%	05-ANESTHESIA (67%)	43-CRNA (28%)	70-GROUP PRAC (2%)
00844-Anesth, pelvis surgery	12,176	\$3,027,162		0%		0%	05-ANESTHESIA (70%)	43-CRNA (25%)	88-UNKNOWN SUPPL (2%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Allchgs	Pct. of Family Privpmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
00846-Anesth, hysterectomy	\$1,735,522	7,482		0%	0%	0%	05-ANESTHESIA (64%)	43-CRNA (30%)	88-UNKNOWN SUPPL (3%)
00848-Anesth, pelvic organ surg	\$333,424	1,048		0%	0%	0%	05-ANESTHESIA (74%)	43-CRNA (24%)	70-GROUP PRAC (1%)
00850-Anesth, cesarean section	\$311,449	1,942		0%	0%	0%	05-ANESTHESIA (72%)	43-CRNA (24%)	70-GROUP PRAC (2%)
00855-Anesth, hysterectomy	\$135,385	620		0%	0%	0%	05-ANESTHESIA (61%)	43-CRNA (27%)	70-GROUP PRAC (3%)
00857-Analgesia, labor & c-section	\$69,223	382		1%	1%	1%	05-ANESTHESIA (70%)	43-CRNA (20%)	88-UNKNOWN SUPPL (2%)
00860-Anesth, surgery of abdomen	\$6,876,637	86,616		1%	1%	0%	05-ANESTHESIA (72%)	43-CRNA (24%)	88-UNKNOWN SUPPL (2%)
00862-Anesth, kidney, ureter surg	\$2,125,522	31,135		0%	0%	0%	05-ANESTHESIA (70%)	43-CRNA (25%)	70-GROUP PRAC (1%)
00864-Anesth, removal of bladder	\$286,586	1,124		0%	0%	0%	05-ANESTHESIA (64%)	43-CRNA (33%)	70-GROUP PRAC (2%)
00866-Anesth, removal of adrenal	\$3,110,291	10,313		0%	0%	0%	05-ANESTHESIA (81%)	43-CRNA (13%)	70-GROUP PRAC (4%)
00868-Anesth, kidney transplant	\$371,862	2,919		0%	0%	0%	05-ANESTHESIA (66%)	43-CRNA (30%)	88-UNKNOWN SUPPL (2%)
00872-Anesth, kidney stone destruct	\$4,126,707	25,812		4%	4%	4%	05-ANESTHESIA (71%)	43-CRNA (22%)	70-GROUP PRAC (3%)
00873-Anesth, kidney stone destruct	\$723,628	5,178		2%	2%	2%	05-ANESTHESIA (75%)	43-CRNA (22%)	70-GROUP PRAC (2%)
00880-Anesth, abdomen vessel surg	\$9,341,607	24,343		1%	1%	1%	05-ANESTHESIA (74%)	43-CRNA (22%)	88-UNKNOWN SUPPL (2%)
00882-Anesth, major vein ligation	\$390,867	2,143		0%	0%	0%	05-ANESTHESIA (78%)	43-CRNA (16%)	88-UNKNOWN SUPPL (6%)
00884-Anesth, major vein revision	\$650,823	5,178		0%	0%	0%	05-ANESTHESIA (78%)	43-CRNA (18%)	88-UNKNOWN SUPPL (2%)
00900-Anesth, perineal procedure	\$2,163,729	24,954		0%	0%	0%	05-ANESTHESIA (65%)	43-CRNA (30%)	88-UNKNOWN SUPPL (2%)
00902-Anesth, anorectal surgery	\$11,016,926	115,602		1%	1%	1%	05-ANESTHESIA (65%)	43-CRNA (28%)	88-UNKNOWN SUPPL (3%)
00904-Anesth, perineal surgery	\$4,006,293	16,537		0%	0%	0%	05-ANESTHESIA (73%)	43-CRNA (24%)	88-UNKNOWN SUPPL (1%)
00906-Anesth, removal of vulva	\$257,110	1,927		0%	0%	0%	05-ANESTHESIA (72%)	43-CRNA (24%)	70-GROUP PRAC (2%)
00908-Anesth, removal of prostate	\$1,326,507	6,204		0%	0%	0%	05-ANESTHESIA (65%)	43-CRNA (26%)	88-UNKNOWN SUPPL (5%)
00910-Anesth, bladder surgery	\$28,203,345	361,250		2%	2%	2%	05-ANESTHESIA (67%)	43-CRNA (28%)	88-UNKNOWN SUPPL (3%)
00912-Anesth, bladder tumor surg	\$9,921,341	86,492		1%	1%	1%	05-ANESTHESIA (70%)	43-CRNA (26%)	88-UNKNOWN SUPPL (2%)
00914-Anesth, removal of prostate	\$30,186,130	236,604		2%	2%	2%	05-ANESTHESIA (73%)	43-CRNA (26%)	88-UNKNOWN SUPPL (2%)
00916-Anesth, bleeding control	\$239,381	1,936		0%	0%	0%	05-ANESTHESIA (71%)	43-CRNA (23%)	88-UNKNOWN SUPPL (2%)
00918-Anesth, stone removal	\$1,432,331	11,604		0%	0%	0%	05-ANESTHESIA (67%)	43-CRNA (29%)	88-UNKNOWN SUPPL (2%)
00920-Anesth, genitalia surgery	\$4,250,587	47,542		0%	0%	0%	05-ANESTHESIA (64%)	43-CRNA (20%)	88-UNKNOWN SUPPL (13%)
00922-Anesth, sperm duct surgery	\$82,245	574		0%	0%	0%	05-ANESTHESIA (78%)	43-CRNA (16%)	88-UNKNOWN SUPPL (4%)
00924-Anesth, testis exploration	\$76,740	711		0%	0%	0%	05-ANESTHESIA (69%)	43-CRNA (26%)	88-UNKNOWN SUPPL (3%)
00926-Anesth, removal of testis	\$1,042,721	10,088		0%	0%	0%	05-ANESTHESIA (70%)	43-CRNA (25%)	88-UNKNOWN SUPPL (3%)
00928-Anesth, removal of testis	\$116,957	805		0%	0%	0%	05-ANESTHESIA (61%)	43-CRNA (35%)	88-UNKNOWN SUPPL (2%)
00930-Anesth, testis suspension	\$163,258	1,638		0%	0%	0%	05-ANESTHESIA (66%)	43-CRNA (30%)	70-GROUP PRAC (1%)
00932-Anesth, amputation of penis	\$34,164	229		0%	0%	0%	05-ANESTHESIA (71%)	43-CRNA (25%)	70-GROUP PRAC (2%)
00934-Anesth, penis, nodes removal	\$21,900	101		1%	1%	1%	05-ANESTHESIA (72%)	43-CRNA (24%)	88-UNKNOWN SUPPL (3%)
00936-Anesth, penis, nodes removal	\$36,587	144		0%	0%	0%	05-ANESTHESIA (67%)	43-CRNA (25%)	88-UNKNOWN SUPPL (1%)
00938-Anesth, insert penis device	\$1,838,813	12,522		0%	0%	0%	05-ANESTHESIA (68%)	43-CRNA (28%)	88-UNKNOWN SUPPL (2%)
00940-Anesth, vaginal procedures	\$6,105,245	79,516		0%	0%	0%	05-ANESTHESIA (68%)	43-CRNA (28%)	88-UNKNOWN SUPPL (2%)
00942-Anesth, surgery on vagina	\$3,462,289	26,452		0%	0%	0%	05-ANESTHESIA (76%)	43-CRNA (20%)	01-08-GP/FP (1%)
00944-Anesth, vaginal hysterectomy	\$6,140,182	34,650		0%	0%	0%	05-ANESTHESIA (50%)	43-CRNA (36%)	88-UNKNOWN SUPPL (12%)
00946-Anesth, vaginal delivery	\$101,823	556		0%	0%	0%	05-ANESTHESIA (63%)	43-CRNA (32%)	88-UNKNOWN SUPPL (3%)
00948-Anesth, repair of cervix	\$52,664	568		0%	0%	0%	05-ANESTHESIA (73%)	43-CRNA (23%)	88-UNKNOWN SUPPL (2%)
00950-Anesth, vaginal endoscopy	\$26,617	235		0%	0%	0%	05-ANESTHESIA (77%)	43-CRNA (19%)	70-GROUP PRAC (2%)
00952-Anesth, uterine endoscopy	\$1,886,828	20,837		0%	0%	0%	05-ANESTHESIA (71%)	43-CRNA (24%)	70-GROUP PRAC (1%)
00955-Analgesia, vaginal delivery	\$141,269	693		0%	0%	0%	05-ANESTHESIA (76%)	43-CRNA (24%)	70-GROUP PRAC (2%)
01000-Anesth, skin surgery, pelvis	\$757,237	7,463		1%	1%	1%	05-ANESTHESIA (73%)	43-CRNA (24%)	70-GROUP PRAC (2%)
01110-Anesth, skin surgery, pelvis	\$2,355,334	17,281		0%	0%	0%	05-ANESTHESIA (76%)	43-CRNA (21%)	70-GROUP PRAC (1%)
01120-Anesth, pelvis surgery	\$906,719	5,416		0%	0%	0%	05-ANESTHESIA (65%)	43-CRNA (27%)	70-GROUP PRAC (5%)
01130-Anesth, body cast procedure	\$18,194	187		1%	1%	1%	05-ANESTHESIA (64%)	43-CRNA (33%)	70-GROUP PRAC (2%)
01140-Anesth, amputation at pelvis	\$60,917	168		0%	0%	0%	05-ANESTHESIA (74%)	43-CRNA (23%)	88-UNKNOWN SUPPL (1%)
01150-Anesth, pelvic tumor surgery	\$219,251	831		0%	0%	0%	05-ANESTHESIA (72%)	43-CRNA (24%)	88-UNKNOWN SUPPL (3%)
01160-Anesth, pelvis procedure	\$42,666	356		2%	2%	2%	05-ANESTHESIA (72%)	43-CRNA (24%)	88-UNKNOWN SUPPL (2%)
01170-Anesth, pelvis surgery	\$148,963	708		0%	0%	0%			

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Allchgs	Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
01622-Anesth, shoulder arthroscopy	\$1,329,710	9,629		0%	0%	05-ANESTHESIA (70%)	43-CRNA (26%)	88-UNKNOWN SUPPL (2%)
01630-Anesth, surgery of shoulder	\$4,034,295	25,342		0%	0%	05-ANESTHESIA (70%)	43-CRNA (26%)	88-UNKNOWN SUPPL (2%)
01632-Anesth, surgery of shoulder	\$53,144	276		0%	0%	05-ANESTHESIA (76%)	43-CRNA (16%)	88-UNKNOWN SUPPL (5%)
01634-Anesth, shoulder joint amput	\$24,218	100		0%	0%	05-ANESTHESIA (73%)	43-CRNA (26%)	88-UNKNOWN SUPPL (1%)
01636-Anesth, forearm amput	\$11,960	42		0%	0%	05-ANESTHESIA (64%)	43-CRNA (31%)	70-GROUP PRAC (2%)
01638-Anesth, shoulder replacement	\$1,730,084	6,621		0%	0%	05-ANESTHESIA (71%)	43-CRNA (27%)	88-UNKNOWN SUPPL (1%)
01650-Anesth, shoulder artery surg	\$1,376,099	8,530		0%	0%	05-ANESTHESIA (71%)	43-CRNA (26%)	88-UNKNOWN SUPPL (2%)
01652-Anesth, shoulder vessel surg	\$95,635	410		0%	0%	05-ANESTHESIA (80%)	43-CRNA (18%)	70-GROUP PRAC (1%)
01654-Anesth, shoulder vessel surg	\$215,835	778		0%	0%	05-ANESTHESIA (87%)	43-CRNA (10%)	88-UNKNOWN SUPPL (2%)
01656-Anesth, arm-leg vessel surg	\$675,124	2,146		0%	0%	05-ANESTHESIA (76%)	43-CRNA (20%)	88-UNKNOWN SUPPL (3%)
01670-Anesth, shoulder vein surg	\$909,403	8,738		0%	0%	05-ANESTHESIA (69%)	43-CRNA (28%)	88-UNKNOWN SUPPL (3%)
01680-Anesth, shoulder casting	\$10,498	124		0%	0%	05-ANESTHESIA (56%)	43-CRNA (40%)	88-UNKNOWN SUPPL (2%)
01682-Anesth, airplane cast	\$6,107	52		0%	0%	05-ANESTHESIA (79%)	43-CRNA (21%)	(.)
01700-Anesth, elbow area skin surg	\$746,499	7,841		0%	0%	05-ANESTHESIA (70%)	43-CRNA (26%)	88-UNKNOWN SUPPL (2%)
01710-Anesth, elbow area surgery	\$702,139	7,000		3%	3%	05-ANESTHESIA (70%)	43-CRNA (25%)	88-UNKNOWN SUPPL (2%)
01712-Anesth, upperarm tendon surg	\$11,869	76		0%	0%	05-ANESTHESIA (80%)	43-CRNA (20%)	(.)
01714-Anesth, upperarm tendon surg	\$9,106	50		0%	0%	05-ANESTHESIA (66%)	43-CRNA (28%)	88-UNKNOWN SUPPL (6%)
01716-Anesth, biceps tendon repair	\$27,228	183		0%	0%	05-ANESTHESIA (69%)	43-CRNA (28%)	88-UNKNOWN SUPPL (2%)
01730-Anesth, upperarm procedure	\$293,863	3,051		0%	0%	05-ANESTHESIA (69%)	43-CRNA (27%)	88-UNKNOWN SUPPL (3%)
01732-Anesth, elbow arthroscopy	\$42,698	341		0%	0%	05-ANESTHESIA (72%)	43-CRNA (26%)	70-GROUP PRAC (1%)
01740-Anesth, upper arm surgery	\$2,801,139	20,385		0%	0%	05-ANESTHESIA (71%)	43-CRNA (25%)	88-UNKNOWN SUPPL (2%)
01742-Anesth, humerus surgery	\$61,875	357		0%	0%	05-ANESTHESIA (77%)	43-CRNA (17%)	88-UNKNOWN SUPPL (4%)
01744-Anesth, humerus repair	\$146,610	740		0%	0%	05-ANESTHESIA (61%)	43-CRNA (21%)	70-GROUP PRAC (17%)
01756-Anesth, radical humerus surg	\$64,131	353		0%	0%	05-ANESTHESIA (72%)	43-CRNA (24%)	70-GROUP PRAC (2%)
01758-Anesth, humeral lesion surg	\$28,098	205		0%	0%	05-ANESTHESIA (63%)	43-CRNA (31%)	01,08-GP/FP (1%)
01760-Anesth, elbow replacement	\$140,009	586		0%	0%	05-ANESTHESIA (70%)	43-CRNA (25%)	70-GROUP PRAC (2%)
01770-Anesth, upperarm artery surg	\$5,774,790	29,672		0%	0%	05-ANESTHESIA (76%)	43-CRNA (20%)	88-UNKNOWN SUPPL (1%)
01772-Anesth, upperarm embolotomy	\$703,474	4,568		0%	0%	05-ANESTHESIA (76%)	43-CRNA (20%)	01,08-GP/FP (2%)
01780-Anesth, upper arm vein surg	\$495,247	4,762		0%	0%	05-ANESTHESIA (63%)	43-CRNA (27%)	70-GROUP PRAC (7%)
01782-Anesth, upperarm vein repair	\$35,457	247		0%	0%	05-ANESTHESIA (72%)	43-CRNA (22%)	01,08-GP/FP (2%)
01784-Anesth, av fistula repair	\$1,686,907	10,524		0%	0%	05-ANESTHESIA (78%)	43-CRNA (19%)	88-UNKNOWN SUPPL (1%)
01800-Anesth, lower arm skin surg	\$2,242,615	24,380		0%	0%	05-ANESTHESIA (68%)	43-CRNA (28%)	88-UNKNOWN SUPPL (2%)
01810-Anesth, lower arm surgery	\$12,309,207	137,460		1%	1%	05-ANESTHESIA (69%)	43-CRNA (27%)	88-UNKNOWN SUPPL (2%)
01820-Anesth, lower arm procedure	\$1,832,112	20,673		0%	0%	05-ANESTHESIA (68%)	43-CRNA (27%)	88-UNKNOWN SUPPL (2%)
01830-Anesth, lower arm surgery	\$4,825,542	41,316		0%	0%	05-ANESTHESIA (71%)	43-CRNA (26%)	88-UNKNOWN SUPPL (2%)
01832-Anesth, wrist replacement	\$61,125	336		0%	0%	05-ANESTHESIA (71%)	43-CRNA (25%)	88-UNKNOWN SUPPL (1%)
01840-Anesth, lowerarm artery surg	\$1,413,465	8,733		0%	0%	05-ANESTHESIA (72%)	43-CRNA (24%)	70-GROUP PRAC (2%)
01842-Anesth, lowerarm embolotomy	\$683,315	4,390		0%	0%	05-ANESTHESIA (72%)	43-CRNA (22%)	70-GROUP PRAC (6%)
01844-Anesth, vascular shunt surg	\$20,009,427	124,785		2%	2%	05-ANESTHESIA (72%)	43-CRNA (24%)	88-UNKNOWN SUPPL (1%)
01850-Anesth, lower arm vein surg	\$200,762	2,089		0%	0%	05-ANESTHESIA (61%)	43-CRNA (41%)	88-UNKNOWN SUPPL (4%)
01852-Anesth, lowerarm vein repair	\$12,255	108		0%	0%	05-ANESTHESIA (78%)	43-CRNA (22%)	(.)
01860-Anesth, lower arm casting	\$40,462	472		0%	1%	05-ANESTHESIA (68%)	43-CRNA (24%)	88-UNKNOWN SUPPL (5%)
01900-Anesth, uterus/tube inject	\$16,560	181		0%	6%	05-ANESTHESIA (73%)	43-CRNA (26%)	01,08-GP/FP (1%)
01902-Anesth, burr holes, skull	\$28,025	145		0%	0%	05-ANESTHESIA (58%)	43-CRNA (26%)	88-UNKNOWN SUPPL (14%)
01904-Anesth, skull x-ray inject	\$25,874	216		0%	0%	05-ANESTHESIA (38%)	88-UNKNOWN SUPPL (23%)	43-CRNA (23%)
01906-Anesth, lumbar myelography	\$46,203	473		0%	26%	05-ANESTHESIA (50%)	43-CRNA (40%)	30-RADIOLOGY (7%)
01908-Anesth, cervical myelography	\$10,486	87		0%	30%	43-CRNA (47%)	05-ANESTHESIA (45%)	30-RADIOLOGY (3%)
01910-Anesth, skull myelography	\$46,503	291		0%	1%	05-ANESTHESIA (73%)	43-CRNA (23%)	88-UNKNOWN SUPPL (2%)
01912-Anesth, lumbar discography	\$80,910	801		0%	8%	05-ANESTHESIA (58%)	43-CRNA (38%)	88-UNKNOWN SUPPL (2%)
01914-Anesth, cervical discography	\$11,586	93		0%	5%	05-ANESTHESIA (66%)	43-CRNA (32%)	70-GROUP PRAC (1%)
01916-Anesth, head arteriogram	\$916,568	7,446		0%	0%	05-ANESTHESIA (59%)	43-CRNA (38%)	88-UNKNOWN SUPPL (1%)
01918-Anesth, limb arteriogram	\$920,522	8,412		0%	0%	05-ANESTHESIA (52%)	43-CRNA (28%)	30-RADIOLOGY (18%)

Procedure	1993 HC Units of Service	1993 HC Allowed Charges	Pct. of Family AllDchgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
01180-Anesth, pelvis nerve removal	78	\$6,196	0%	0%	0%	05-ANESTHESIA (64%)	43-CRNA (35%)	01-08-GP/FP (1%)
01190-Anesth, pelvis nerve removal	97	\$9,871	0%	0%	0%	05-ANESTHESIA (58%)	43-CRNA (39%)	88-UNKNOWN SUPPL (2%)
01200-Anesth, hip joint procedure	14,165	\$1,389,347	0%	0%	0%	05-ANESTHESIA (73%)	43-CRNA (23%)	88-UNKNOWN SUPPL (2%)
01202-Anesth, arthroscopy of hip	694	\$98,025	0%	0%	0%	05-ANESTHESIA (61%)	43-CRNA (31%)	88-UNKNOWN SUPPL (6%)
01210-Anesth, hip joint surgery	157,452	\$26,446,913	2%	0%	0%	05-ANESTHESIA (71%)	43-CRNA (25%)	88-UNKNOWN SUPPL (2%)
01212-Anesth, hip disarticulation	1,517	\$363,506	0%	0%	0%	05-ANESTHESIA (69%)	43-CRNA (26%)	88-UNKNOWN SUPPL (4%)
01214-Anesth, replacement of hip	140,048	\$35,230,959	3%	0%	0%	05-ANESTHESIA (70%)	43-CRNA (26%)	88-UNKNOWN SUPPL (2%)
01220-Anesth, procedure on femur	5,390	\$642,881	0%	0%	0%	05-ANESTHESIA (64%)	43-CRNA (31%)	88-UNKNOWN SUPPL (3%)
01230-Anesth, surgery of femur	141,415	\$23,853,603	2%	0%	0%	05-ANESTHESIA (73%)	43-CRNA (23%)	70-GROUP PRAC (1%)
01232-Anesth, amputation of femur	34,573	\$4,598,843	0%	0%	0%	05-ANESTHESIA (67%)	43-CRNA (27%)	88-UNKNOWN SUPPL (1%)
01234-Anesth, radical femur surg	399	\$77,165	0%	2%	2%	05-ANESTHESIA (66%)	43-CRNA (28%)	88-UNKNOWN SUPPL (3%)
01240-Anesth, upper leg skin surg	16,462	\$1,606,283	0%	0%	0%	05-ANESTHESIA (69%)	43-CRNA (26%)	88-UNKNOWN SUPPL (2%)
01250-Anesth, upper leg surgery	987,394	\$987,394	0%	0%	0%	05-ANESTHESIA (73%)	43-CRNA (24%)	88-UNKNOWN SUPPL (1%)
01260-Anesth, upper leg vein surg	8,513	\$992,699	0%	0%	0%	05-ANESTHESIA (70%)	43-CRNA (24%)	70-GROUP PRAC (3%)
01270-Anesth, thigh arteries surg	7,238	\$97,082	2%	0%	0%	05-ANESTHESIA (73%)	43-CRNA (21%)	88-UNKNOWN SUPPL (3%)
01272-Anesth, femoral artery surg	460	\$60,704	0%	0%	0%	05-ANESTHESIA (75%)	43-CRNA (21%)	88-UNKNOWN SUPPL (3%)
01274-Anesth, femoral embolotomy	15,744	\$2,786,488	0%	0%	0%	05-ANESTHESIA (68%)	43-CRNA (28%)	88-UNKNOWN SUPPL (2%)
01300-Anesth, skin surgery, knee	6,439	\$619,656	0%	0%	0%	05-ANESTHESIA (68%)	43-CRNA (28%)	88-UNKNOWN SUPPL (2%)
01320-Anesth, knee area surgery	8,371	\$1,024,853	0%	0%	0%	05-ANESTHESIA (73%)	43-CRNA (23%)	88-UNKNOWN SUPPL (2%)
01340-Anesth, knee area procedure	1,394	\$173,953	0%	0%	0%	05-ANESTHESIA (70%)	43-CRNA (26%)	70-GROUP PRAC (2%)
01360-Anesth, knee area surgery	13,931	\$2,349,202	0%	0%	0%	05-ANESTHESIA (70%)	43-CRNA (26%)	88-UNKNOWN SUPPL (2%)
01380-Anesth, knee joint procedure	5,318	\$376,064	0%	0%	0%	05-ANESTHESIA (71%)	43-CRNA (25%)	70-GROUP PRAC (1%)
01382-Anesth, knee arthroscopy	103,459	\$10,259,129	1%	0%	0%	05-ANESTHESIA (70%)	43-CRNA (26%)	88-UNKNOWN SUPPL (2%)
01390-Anesth, knee area procedure	1,312	\$132,425	0%	0%	0%	05-ANESTHESIA (70%)	43-CRNA (27%)	88-UNKNOWN SUPPL (2%)
01392-Anesth, knee area surgery	17,977	\$2,530,624	0%	0%	0%	05-ANESTHESIA (71%)	43-CRNA (25%)	70-GROUP PRAC (1%)
01400-Anesth, knee joint surgery	12,064	\$1,597,658	0%	0%	0%	05-ANESTHESIA (69%)	43-CRNA (26%)	88-UNKNOWN SUPPL (3%)
01402-Anesth, replacement of knee	189,938	\$38,442,140	3%	0%	0%	05-ANESTHESIA (68%)	43-CRNA (28%)	88-UNKNOWN SUPPL (2%)
01404-Anesth, amputation at knee	2,913	\$417,966	0%	0%	0%	05-ANESTHESIA (70%)	43-CRNA (25%)	70-GROUP PRAC (1%)
01420-Anesth, knee joint casting	956	\$102,758	0%	0%	0%	05-ANESTHESIA (56%)	43-CRNA (37%)	88-UNKNOWN SUPPL (4%)
01430-Anesth, knee vein surgery	712	\$126,646	0%	0%	0%	05-ANESTHESIA (67%)	43-CRNA (30%)	88-UNKNOWN SUPPL (2%)
01432-Anesth, knee vessel surg	2,921	\$458,828	0%	0%	0%	05-ANESTHESIA (80%)	43-CRNA (18%)	70-GROUP PRAC (1%)
01440-Anesth, knee arteries surg	2,748	\$539,458	0%	0%	0%	05-ANESTHESIA (70%)	43-CRNA (25%)	88-UNKNOWN SUPPL (3%)
01442-Anesth, knee artery surg	1,177	\$304,677	0%	0%	0%	05-ANESTHESIA (82%)	43-CRNA (16%)	88-UNKNOWN SUPPL (2%)
01444-Anesth, knee artery repair	4,466	\$1,267,872	0%	0%	0%	05-ANESTHESIA (72%)	43-CRNA (22%)	88-UNKNOWN SUPPL (3%)
01460-Anesth, lower leg skin surg	69,990	\$6,397,771	1%	0%	0%	05-ANESTHESIA (70%)	43-CRNA (26%)	88-UNKNOWN SUPPL (2%)
01462-Anesth, lower leg procedure	7,107	\$664,486	0%	0%	0%	05-ANESTHESIA (69%)	43-CRNA (28%)	88-UNKNOWN SUPPL (2%)
01464-Anesth, ankle arthroscopy	1,208	\$145,266	0%	2%	2%	05-ANESTHESIA (71%)	43-CRNA (25%)	88-UNKNOWN SUPPL (2%)
01470-Anesth, lower leg surgery	49,807	\$4,871,417	0%	0%	1%	05-ANESTHESIA (71%)	43-CRNA (25%)	70-GROUP PRAC (1%)
01472-Anesth, achilles tendon surg	1,142	\$170,867	0%	0%	0%	05-ANESTHESIA (82%)	43-CRNA (24%)	88-UNKNOWN SUPPL (1%)
01474-Anesth, lower leg surgery	72	\$12,732	0%	0%	0%	05-ANESTHESIA (74%)	43-CRNA (26%)	02-GNRL SURGERY (1%)
01480-Anesth, lower leg bone surg	173,994	\$19,256,974	2%	0%	1%	05-ANESTHESIA (77%)	43-CRNA (22%)	88-UNKNOWN SUPPL (2%)
01482-Anesth, radical leg surgery	10,008	\$1,255,071	0%	0%	1%	05-ANESTHESIA (74%)	43-CRNA (26%)	88-UNKNOWN SUPPL (3%)
01484-Anesth, lower leg revision	2,773	\$389,019	0%	0%	0%	05-ANESTHESIA (75%)	43-CRNA (21%)	88-UNKNOWN SUPPL (2%)
01486-Anesth, ankle replacement	227	\$45,569	0%	0%	0%	05-ANESTHESIA (60%)	43-CRNA (36%)	70-GROUP PRAC (2%)
01490-Anesth, lower leg casting	575	\$50,579	0%	0%	1%	05-ANESTHESIA (62%)	43-CRNA (30%)	88-UNKNOWN SUPPL (3%)
01500-Anesth, leg arteries surg	7,223	\$1,899,184	0%	0%	0%	05-ANESTHESIA (67%)	43-CRNA (24%)	88-UNKNOWN SUPPL (4%)
01502-Anesth, lowerleg embolotomy	1,409	\$255,406	0%	0%	0%	05-ANESTHESIA (72%)	43-CRNA (26%)	88-UNKNOWN SUPPL (2%)
01520-Anesth, lower leg vein surg	2,573	\$352,184	0%	0%	0%	05-ANESTHESIA (67%)	43-CRNA (28%)	88-UNKNOWN SUPPL (3%)
01522-Anesth, lower leg vein surg	5,730	\$818,805	0%	0%	0%	05-ANESTHESIA (66%)	43-CRNA (28%)	70-GROUP PRAC (6%)
01600-Anesth, shoulder skin surg	9,124	\$844,073	0%	0%	0%	05-ANESTHESIA (66%)	43-CRNA (29%)	88-UNKNOWN SUPPL (3%)
01610-Anesth, surgery of shoulder	36,826	\$5,370,136	0%	0%	0%	05-ANESTHESIA (72%)	43-CRNA (24%)	88-UNKNOWN SUPPL (1%)
01620-Anesth, shoulder procedure	6,929	\$644,570	0%	0%	0%	05-ANESTHESIA (70%)	43-CRNA (27%)	88-UNKNOWN SUPPL (2%)

Procedure	1993 HC Allowed Charges	1993 HC Units of Service	Global Period	Pct. of Family Allchgs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
01920-Anesth, catheterize heart	\$1,268,497	9,810		0%		0%	05-ANESTHESIA (68%)	43-CRNA (23%)	06-CARDIOLOGY (7%)
01921-Anesth, vessel surgery	\$4,708,992	30,111		0%		0%	05-ANESTHESIA (87%)	43-CRNA (10%)	30-RADIOLOGY (1%)
01922-Anesth, cat or MRI scan	\$679,287	4,865		0%		7%	05-ANESTHESIA (65%)	43-CRNA (26%)	30-RADIOLOGY (6%)
01990-Support for organ donor	\$11,085	5,272		0%		0%	05-ANESTHESIA (94%)	43-CRNA (6%)	30-RADIOLOGY (0%)
01995-Regional anesthesia, limb	\$336,183	124,298		0%		0%	05-ANESTHESIA (56%)	43-CRNA (37%)	88-UNKNOWN SUPPL (6%)
01996-Manage daily drug therapy	\$7,840,918	737,829		1%		0%	05-ANESTHESIA (97%)	43-CRNA (2%)	70-GROUP PRAC (0%)
99186-Total body hypothermia	\$49,675	1,214	XXX	0%	100%	0%	05-ANESTHESIA (98%)	33-THORACIC SURG (2%)	93-EMERGENCY MED (0%)
<p>1432-Other Anesthesia Services Family Medicare Charges: \$90,090,548 Family Private Payments: \$2,870,351</p>									
Percent of CPEP Medicare Charges: 4%									
Percent of CPEP Private Payments: 19%									
62274-Inject spinal anesthetic	\$1,651,534	22,589	000	2%	2%	9%	05-ANESTHESIA (75%)	43-CRNA (6%)	01,08-GP/FP (3%)
62275-Inject spinal anesthetic	\$1,081,700	11,555	000	1%		10%	05-ANESTHESIA (87%)	70-GROUP PRAC (4%)	43-CRNA (2%)
62276-Inject spinal anesthetic	\$165,152	1,458	000	0%	0%	11%	05-ANESTHESIA (83%)	34-UROLOGY (5%)	49-ASC (5%)
62277-Inject spinal anesthetic	\$139,250	1,495	000	0%	0%	25%	05-ANESTHESIA (67%)	14-NEUROSURGERY (26%)	49-ASC (2%)
62278-Inject spinal anesthetic	\$16,626,807	144,418	000	18%	17%	13%	05-ANESTHESIA (76%)	49-ASC (8%)	20-ORTHOPEID SURG (5%)
62279-Inject spinal anesthetic	\$11,057,523	114,178	000	12%	27%	1%	05-ANESTHESIA (95%)	43-CRNA (2%)	70-GROUP PRAC (1%)
62280-Treat spinal cord lesion	\$44,921	432	010	0%	0%	19%	05-ANESTHESIA (53%)	70-GROUP PRAC (9%)	14-NEUROSURGERY (8%)
62281-Treat spinal cord lesion	\$121,818	816	010	0%		20%	05-ANESTHESIA (88%)	01,08-GP/FP (2%)	14-NEUROSURGERY (2%)
62282-Treat spinal canal lesion	\$924,684	5,454	010	1%	1%	34%	05-ANESTHESIA (56%)	20-ORTHOPEID SURG (8%)	11-INTERNAL MED (8%)
62288-Injection into spinal canal	\$716,436	6,396	000	1%	2%	11%	05-ANESTHESIA (65%)	30-RADIOLOGY (10%)	20-ORTHOPEID SURG (7%)
62289-Injection into spinal canal	\$29,526,740	226,289	000	33%	23%	11%	05-ANESTHESIA (78%)	49-ASC (11%)	20-ORTHOPEID SURG (4%)
62298-Injection into spinal canal	\$1,111,115	9,432	000	1%	1%	17%	05-ANESTHESIA (90%)	25-PHYSICL-REHAB (2%)	70-GROUP PRAC (1%)
64400-Injection for nerve block	\$407,134	9,109	000	0%	1%	67%	05-ANESTHESIA (25%)	11-INTERNAL MED (10%)	01,08-GP/FP (9%)
64402-Injection for nerve block	\$152,127	3,018	000	0%	0%	41%	18-OPHTHALMOLOGY (42%)	05-ANESTHESIA (22%)	19-ORAL SURGERY (17%)
64405-Injection for nerve block	\$727,936	14,964	000	1%	2%	63%	13-NEUROLOGY (43%)	13-NEUROLOGY (23%)	01,08-GP/FP (12%)
64408-Injection for nerve block	\$11,912	150	000	0%		83%	04-OTOLARYNG (69%)	05-ANESTHESIA (11%)	05-ANESTHESIA (11%)
64410-Injection for nerve block	\$19,089	114	000	0%		9%	49-ASC (44%)	05-ANESTHESIA (36%)	01,08-GP/FP (5%)
64412-Injection for nerve block	\$45,932	887	000	0%	0%	63%	05-ANESTHESIA (43%)	01,08-GP/FP (18%)	70-GROUP PRAC (12%)
64413-Injection for nerve block	\$217,772	3,258	000	0%	0%	67%	05-ANESTHESIA (36%)	01,08-GP/FP (16%)	13-NEUROLOGY (14%)
64415-Injection for nerve block	\$296,757	4,496	000	0%	0%	21%	05-ANESTHESIA (60%)	01,08-GP/FP (7%)	20-ORTHOPEID SURG (4%)
64417-Injection for nerve block	\$107,839	1,505	000	0%		16%	05-ANESTHESIA (60%)	20-ORTHOPEID SURG (14%)	02-GHRL SURGERY (8%)
64418-Injection for nerve block	\$276,991	4,628	000	0%	0%	73%	05-ANESTHESIA (56%)	25-PHYSICL-REHAB (8%)	01,08-GP/FP (8%)
64420-Injection for nerve block	\$678,590	9,419	000	1%	1%	52%	05-ANESTHESIA (39%)	01,08-GP/FP (14%)	11-INTERNAL MED (10%)
64421-Injection for nerve block	\$1,683,348	17,116	000	2%	1%	32%	05-ANESTHESIA (68%)	01,08-GP/FP (7%)	49-ASC (6%)
64425-Injection for nerve block	\$222,979	4,007	000	0%	0%	41%	05-ANESTHESIA (53%)	02-GHRL SURGERY (25%)	34-UROLOGY (7%)
64430-Injection for nerve block	\$29,069	388	000	0%	0%	42%	05-ANESTHESIA (30%)	16-OB-GYNECOLOGY (19%)	34-UROLOGY (15%)
64435-Injection for nerve block	\$115,634	2,853	000	0%	1%	85%	16-OB-GYNECOLOGY (91%)	01,08-GP/FP (2%)	05-ANESTHESIA (2%)
64440-Injection for nerve block	\$2,173,173	33,286	000	2%	2%	79%	01,08-GP/FP (20%)	05-ANESTHESIA (20%)	20-ORTHOPEID SURG (14%)
64441-Injection for nerve block	\$2,348,187	25,258	000	3%	2%	73%	05-ANESTHESIA (33%)	01,08-GP/FP (19%)	66-RHEUMATOLOGY (12%)
64442-Injection for nerve block	\$3,901,987	36,538	000	4%	3%	44%	05-ANESTHESIA (37%)	20-ORTHOPEID SURG (20%)	14-NEUROSURGERY (8%)
64443-Injection for nerve block	\$3,171,634	43,133	222	4%	4%	28%	05-ANESTHESIA (50%)	14-NEUROSURGERY (11%)	20-ORTHOPEID SURG (10%)
64445-Injection for nerve block	\$509,120	10,899	000	1%	1%	83%	01,08-GP/FP (23%)	05-ANESTHESIA (23%)	66-RHEUMATOLOGY (18%)
64450-Injection for nerve block	\$5,325,968	113,212	000	6%	7%	77%	48-PODIATRY (6%)	05-ANESTHESIA (15%)	01,08-GP/FP (5%)
64505-Injection for nerve block	\$280,416	4,014	000	0%	0%	90%	04-OTOLARYNG (33%)	05-ANESTHESIA (29%)	11-INTERNAL MED (20%)
64508-Injection for nerve block	\$1,932	28	000	0%		57%	06-CARDIOLOGY (54%)	05-ANESTHESIA (18%)	13-NEUROLOGY (14%)
64510-Injection for nerve block	\$1,529,752	15,181	000	2%	2%	17%	05-ANESTHESIA (78%)	49-ASC (11%)	13-NEUROLOGY (4%)
64520-Injection for nerve block	\$1,025,129	12,653	000	1%	1%	37%	05-ANESTHESIA (70%)	25-PHYSICL-REHAB (9%)	49-ASC (8%)
64530-Injection for nerve block	\$157,465	1,286	000	0%	0%	18%	05-ANESTHESIA (82%)	30-RADIOLOGY (5%)	49-ASC (4%)
64620-Injection treatment of nerve	\$133,926	1,180	010	0%		14%	05-ANESTHESIA (73%)	14-NEUROSURGERY (7%)	49-ASC (5%)
64622-Injection treatment of nerve	\$435,224	2,297	010	0%	1%	20%	05-ANESTHESIA (56%)	14-NEUROSURGERY (12%)	49-ASC (10%)

1993 MC Allowed Charges

1993 MC Units of Service

Global Period

Pct. of Family AllChgs

Pct. of Family Privmts

Pct. of Vol. in OFFICE

First Specialty

Second Specialty

Third Specialty

Procedure
 64623-Injection treatment of nerve
 64630-Injection treatment of nerve
 64640-Injection treatment of nerve
 64680-Injection treatment of nerve

\$282,128
 \$2,998
 \$337,739
 \$312,981

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 3,662
 1,304

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8%
 43%
 46%
 6%

05-ANESTHESIA (65%)
 20-ORTHOPEID SURG (38%)
 25-PHYSICL-REHAB (33%)
 05-ANESTHESIA (84%)

14-NEUROSURGERY (13%)
 05-ANESTHESIA (29%)
 05-ANESTHESIA (32%)
 30-RADIOLOGY (5%)

20-ORTHOPEID SURG (7%)
 25-PHYSICL-REHAB (10%)
 48-PODIATRY (11%)
 02-GNRL SURGERY (5%)

CPEP 15 - NEUROSURGERY

Procedure First Specialty Second Specialty Third Specialty

C15 1500-Major Procedure - Twist Drill, Burr Hole, Trephine

Family Medicare Charges: \$11,616,956
 Family Private Payments: \$280,400

61105-Drill skull for examination	\$109,929	218	090	1%	0%	14-NEUROSURGERY (93%)	13-NEUROLOGY (3%)	01,08-GP/FP (0%)
61106-Drill skull for exam/surgery	\$46,206	101	ZZZ	0%	1%	14-NEUROSURGERY (95%)	13-NEUROLOGY (3%)	70-GROUP PRAC (1%)
61107-Drill skull for implantation	\$1,093,928	2,454	000	9%	33%	14-NEUROSURGERY (88%)	70-GROUP PRAC (4%)	13-NEUROLOGY (3%)
61108-Drill skull for drainage	\$553,378	835	090	5%	1%	14-NEUROSURGERY (74%)	05-ANESTHESIA (18%)	11-INTERNAL MED (1%)
61120-Pierce skull for examination	\$41,358	90	090	0%	0%	14-NEUROSURGERY (97%)	02-GNRL SURGERY (5%)	70-GROUP PRAC (4%)
61130-Pierce skull, exam/surgery	\$44,447	126	ZZZ	0%	2%	14-NEUROSURGERY (88%)	13-NEUROLOGY (7%)	70-GROUP PRAC (4%)
61140-Pierce skull for biopsy	\$463,545	418	090	4%	1%	14-NEUROSURGERY (86%)	02-GNRL SURGERY (7%)	70-GROUP PRAC (4%)
61150-Pierce skull for drainage	\$110,376	119	090	1%	3%	14-NEUROSURGERY (87%)	30-RADIOLOGY (6%)	70-GROUP PRAC (3%)
61151-Pierce skull for drainage	\$13,035	50	090	0%	2%	14-NEUROSURGERY (88%)	13-NEUROLOGY (3%)	70-GROUP PRAC (3%)
61154-Pierce skull, remove clot	\$7,625,423	6,470	090	66%	25%	14-NEUROSURGERY (91%)	02-GNRL SURGERY (3%)	70-GROUP PRAC (3%)
61156-Pierce skull for drainage	\$206,544	185	090	2%	0%	14-NEUROSURGERY (90%)	70-GROUP PRAC (4%)	13-NEUROLOGY (2%)
61210-Pierce skull; implant device	\$1,077,933	2,208	000	9%	42%	14-NEUROSURGERY (90%)	13-NEUROLOGY (3%)	13-NEUROLOGY (3%)
61215-Insert brain-fluid device	\$192,635	324	090	2%	1%	14-NEUROSURGERY (86%)	24-PLASTIC SURG (12%)	70-GROUP PRAC (2%)
61250-Pierce skull & explore	\$26,902	50	090	0%	2%	14-NEUROSURGERY (70%)	02-GNRL SURGERY (6%)	70-GROUP PRAC (6%)
61253-Pierce skull & explore	\$11,317	16	090	0%	0%	14-NEUROSURGERY (88%)	02-GNRL SURGERY (6%)	70-GROUP PRAC (6%)

1504-Major Procedure - Craniectomy or Craniotomy

Family Medicare Charges: \$49,045,066
 Family Private Payments: \$2,724,446

61304-Open skull for exploration	\$605,722	411	090	1%	0%	14-NEUROSURGERY (81%)	70-GROUP PRAC (5%)	02-GNRL SURGERY (5%)
61305-Open skull for exploration	\$148,904	105	090	0%	4%	14-NEUROSURGERY (76%)	02-GNRL SURGERY (9%)	01,08-GP/FP (4%)
61312-Open skull for drainage	\$11,263,081	7,490	090	23%	9%	14-NEUROSURGERY (86%)	02-GNRL SURGERY (4%)	13-NEUROLOGY (3%)
61313-Open skull for drainage	\$3,643,904	2,375	090	7%	5%	14-NEUROSURGERY (84%)	02-GNRL SURGERY (5%)	70-GROUP PRAC (3%)
61314-Open skull for drainage	\$1,173,196	760	090	2%	0%	14-NEUROSURGERY (81%)	13-NEUROLOGY (7%)	02-GNRL SURGERY (4%)
61315-Open skull for drainage	\$1,174,695	734	090	2%	0%	14-NEUROSURGERY (85%)	02-GNRL SURGERY (4%)	70-GROUP PRAC (4%)
61320-Open skull for drainage	\$237,278	194	090	0%	0%	14-NEUROSURGERY (78%)	02-GNRL SURGERY (5%)	01,08-GP/FP (4%)
61321-Open skull for drainage	\$20,376	18	090	0%	2%	14-NEUROSURGERY (83%)	02-GNRL SURGERY (6%)	04-OTOLARYNG (6%)
61333-Explore orbit; remove lesion	\$82,842	66	090	0%	0%	14-NEUROSURGERY (44%)	18-OPHTHALMOLOGY (27%)	04-OTOLARYNG (11%)
61334-Explore orbit; remove object	\$5,146	11	090	0%	0%	14-NEUROSURGERY (45%)	70-GROUP PRAC (36%)	18-OPHTHALMOLOGY (18%)
61340-Relieve cranial pressure	\$53,871	94	090	0%	1%	14-NEUROSURGERY (67%)	02-GNRL SURGERY (11%)	04-OTOLARYNG (5%)
61343-Relieve skull,pressure relief	\$408,425	234	090	1%	4%	14-NEUROSURGERY (82%)	70-GROUP PRAC (8%)	02-GNRL SURGERY (3%)
61345-Relieve cranial pressure	\$57,342	51	090	0%	2%	14-NEUROSURGERY (94%)	02-GNRL SURGERY (2%)	13-NEUROLOGY (2%)
61440-Incise skull for surgery	\$5,945	14	090	0%	0%	14-NEUROSURGERY (57%)	04-OTOLARYNG (14%)	30-RADIOLOGY (14%)
61450-Incise skull for surgery	\$80,868	71	090	0%	1%	14-NEUROSURGERY (85%)	02-GNRL SURGERY (7%)	97-PHYS ASSISTANT (4%)
61458-Incise skull for brain wound	\$1,284,463	770	090	3%	4%	14-NEUROSURGERY (84%)	70-GROUP PRAC (6%)	13-NEUROLOGY (3%)
61460-Incise skull for surgery	\$272,290	195	090	1%	0%	14-NEUROSURGERY (75%)	04-OTOLARYNG (20%)	13-NEUROLOGY (2%)
61470-Incise skull for surgery	\$9,760	9	090	0%	0%	14-NEUROSURGERY (67%)	70-GROUP PRAC (33%)	(.)
61480-Incise skull for surgery	\$1,744	2	090	0%	0%	70-GROUP PRAC (100%)	(.)	(.)
61490-Incise skull for surgery	\$11,668	36	090	0%	0%	14-NEUROSURGERY (61%)	01,08-GP/FP (28%)	13-NEUROLOGY (3%)
61500-Removal of skull lesion	\$641,112	533	090	1%	2%	14-NEUROSURGERY (65%)	24-PLASTIC SURG (9%)	02-GNRL SURGERY (7%)
61501-Remove infected skull bone	\$89,240	94	090	0%	6%	14-NEUROSURGERY (66%)	24-PLASTIC SURG (14%)	02-GNRL SURGERY (5%)
61510-Removal of brain lesion	\$9,899,295	6,434	090	20%	33%	14-NEUROSURGERY (85%)	02-GNRL SURGERY (4%)	70-GROUP PRAC (3%)
61512-Remove brain lining lesion	\$5,831,427	3,574	090	12%	1%	14-NEUROSURGERY (86%)	70-GROUP PRAC (4%)	02-GNRL SURGERY (3%)
61514-Removal of brain abscess	\$188,409	116	090	0%	0%	14-NEUROSURGERY (89%)	02-GNRL SURGERY (4%)	70-GROUP PRAC (3%)
61516-Removal of brain lesion	\$216,446	158	090	0%	0%	14-NEUROSURGERY (82%)	02-GNRL SURGERY (6%)	13-NEUROLOGY (4%)
61518-Removal of brain lesion	\$2,699,533	1,469	090	6%	1%	14-NEUROSURGERY (85%)	02-GNRL SURGERY (3%)	70-GROUP PRAC (3%)
61519-Remove brain lining lesion	\$1,714,209	894	090	3%	0%	14-NEUROSURGERY (84%)	02-GNRL SURGERY (3%)	13-NEUROLOGY (3%)

Procedure	1993 MC Allowed Charges	1993 MC Service Period	Global Pct. of Family AllDChgs	Pct. of Family Vol. In Pct. of Pct. of Top Medicare Specialties (% of Procedure Volume)	Third Specialty			
61520-Removal of brain lesion	\$1,499,675	712	090	3%	1%	14-NEUROSURGERY (71%)	04-OTOLARYNG (19%)	70-GROUP PRAC (4%)
61521-Removal of brain lesion	\$476,951	234	090	1%	0%	14-NEUROSURGERY (80%)	04-OTOLARYNG (8%)	70-GROUP PRAC (4%)
61522-Removal of brain abscess	\$31,831	24	090	0%	0%	14-NEUROSURGERY (71%)	70-GROUP PRAC (8%)	01,08-GP/FP (4%)
61524-Removal of brain lesion	\$91,529	65	090	0%	0%	14-NEUROSURGERY (83%)	01,08-GP/FP (3%)	02-GNRL SURGERY (3%)
61526-Removal of brain lesion	\$566,704	308	090	1%	3%	04-OTOLARYNG (61%)	14-NEUROSURGERY (32%)	70-GROUP PRAC (4%)
61530-Removal of brain lesion	\$362,203	166	090	1%	1%	14-NEUROSURGERY (56%)	04-OTOLARYNG (40%)	70-GROUP PRAC (2%)
61534-Removal of brain lesion	\$9,422	15	090	0%	0%	14-NEUROSURGERY (87%)	70-GROUP PRAC (13%)	(.)
61535-Remove brain electrodes	\$18,431	45	090	0%	0%	14-NEUROSURGERY (82%)	05-ANESTHESIA (9%)	02-GNRL SURGERY (4%)
61536-Removal of brain lesion	\$52,980	38	090	0%	0%	14-NEUROSURGERY (86%)	13-NEUROLOGY (11%)	04-OTOLARYNG (3%)
61538-Removal of brain tissue	\$476,215	269	090	1%	0%	14-NEUROSURGERY (84%)	70-GROUP PRAC (6%)	05-ANESTHESIA (4%)
61539-Removal of brain tissue	\$79,466	63	090	0%	2%	14-NEUROSURGERY (75%)	70-GROUP PRAC (8%)	01,08-GP/FP (6%)
61541-Incision of brain tissue	\$35,202	26	090	0%	0%	14-NEUROSURGERY (73%)	70-GROUP PRAC (12%)	04-OTOLARYNG (8%)
61542-Removal of brain tissue	\$8,055	7	090	0%	0%	14-NEUROSURGERY (86%)	70-GROUP PRAC (14%)	(.)
61543-Removal of brain tissue	\$15,513	22	090	0%	5%	14-NEUROSURGERY (91%)	01,08-GP/FP (5%)	11-INTERNAL MED (5%)
61544-Remove & treat brain lesion	\$847	1	090	0%	0%	14-NEUROSURGERY (100%)	(.)	(.)
61545-Excision of brain tumor	\$87,466	52	090	0%	2%	14-NEUROSURGERY (88%)	70-GROUP PRAC (6%)	02-GNRL SURGERY (2%)
61546-Removal of pituitary gland	\$293,644	183	090	1%	2%	14-NEUROSURGERY (87%)	13-NEUROLOGY (3%)	70-GROUP PRAC (3%)
61548-Removal of pituitary gland	\$2,657,908	1,870	090	5%	11%	14-NEUROSURGERY (67%)	04-OTOLARYNG (27%)	70-GROUP PRAC (2%)
61550-Release of skull seams	\$584	2	090	0%	0%	14-NEUROSURGERY (50%)	33-THORACIC SURG (50%)	(.)
61552-Release of skull seams	\$495	2	090	0%	100%	11-INTERNAL MED (100%)	(.)	(.)
61556-Incise skull/sutures	\$8,907	3	090	0%	0%	14-NEUROSURGERY (100%)	(.)	(.)
61557-Incise skull/sutures	\$7,219	4	090	0%	0%	14-NEUROSURGERY (100%)	(.)	(.)
61558-Excision of skull/sutures	-	-	090	0%	0%	(.)	(.)	(.)
61559-Excision of skull/sutures	\$5,112	2	090	0%	0%	14-NEUROSURGERY (100%)	(.)	(.)
61563-Excision of skull tumor	\$11,828	5	090	0%	0%	14-NEUROSURGERY (80%)	24-PLASTIC SURG (20%)	(.)
61564-Excision of skull tumor	\$24,031	13	090	0%	0%	14-NEUROSURGERY (62%)	70-GROUP PRAC (15%)	01,08-GP/FP (8%)
61570-Remove brain foreign body	\$38,449	46	090	0%	0%	14-NEUROSURGERY (70%)	88-UNKNOWN SUPPL (17%)	01,08-GP/FP (7%)
61571-Incise skull for brain wound	\$45,916	38	090	0%	0%	14-NEUROSURGERY (87%)	13-NEUROLOGY (5%)	04-OTOLARYNG (3%)
61575-Skull base/brainstem surgery	\$295,712	179	090	1%	11%	14-NEUROSURGERY (50%)	04-OTOLARYNG (34%)	70-GROUP PRAC (4%)
61576-Skull base/brainstem surgery	\$22,580	15	090	0%	0%	04-OTOLARYNG (60%)	14-NEUROSURGERY (20%)	01,08-GP/FP (7%)

1508-Major Procedure - Intracranial Surgery and Skull Procedures
 Family Medicare Charges: \$22,341,697 Percent of CPEP Medicare Charges: 7%
 Family Private Payments: \$1,248,111 Percent of CPEP Private Payments: 6%

61580-Craniofacial approach, skull	-	-	090	-	(.)	(.)	(.)	(.)
61581-Craniofacial approach, skull	-	-	090	-	(.)	(.)	(.)	(.)
61582-Craniofacial approach, skull	-	-	090	-	(.)	(.)	(.)	(.)
61583-Craniofacial approach, skull	-	-	090	-	(.)	(.)	(.)	(.)
61584-Orbitocranial approach/skull	-	-	090	-	(.)	(.)	(.)	(.)
61585-Orbitocranial approach/skull	-	-	090	-	(.)	(.)	(.)	(.)
61590-Infratemporal approach/skull	-	-	090	-	(.)	(.)	(.)	(.)
61591-Infratemporal approach/skull	-	-	090	-	(.)	(.)	(.)	(.)
61592-Orbitocranial approach/skull	-	-	090	-	(.)	(.)	(.)	(.)
61595-Transcranial approach/skull	-	-	090	-	(.)	(.)	(.)	(.)
61596-Transcondylar approach/skull	-	-	090	-	(.)	(.)	(.)	(.)
61597-Transcondylar approach/skull	-	-	090	-	(.)	(.)	(.)	(.)
61598-Transpetrosal approach/skull	-	-	090	-	(.)	(.)	(.)	(.)
61600-Resect/excise cranial lesion	-	-	090	-	(.)	(.)	(.)	(.)
61601-Resect/excise cranial lesion	-	-	090	-	(.)	(.)	(.)	(.)
61605-Resect/excise cranial lesion	-	-	090	-	(.)	(.)	(.)	(.)
61606-Resect/excise cranial lesion	-	-	090	-	(.)	(.)	(.)	(.)

1993 MC Allowed Charges 1993 MC Units of Service 1993 MC Global Period Pct. of Family AltdChgs Pct. of Family PrivPmts Pct. of Vol. in OFFICE First Specialty Second Specialty Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	1993 MC Global Period	Pct. of Family AltdChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
61607-Resect/excise cranial lesion	.	.	090	.	.	.	(.)	(.)	(.)
61608-Resect/excise cranial lesion	.	.	090	.	.	.	(.)	(.)	(.)
61609-Transsect, artery, sinus	.	.	ZZZ	.	.	.	(.)	(.)	(.)
61610-Transsect, artery, sinus	.	.	ZZZ	.	.	.	(.)	(.)	(.)
61611-Transsect, artery, sinus	.	.	ZZZ	.	.	.	(.)	(.)	(.)
61612-Transsect, artery, sinus	.	.	ZZZ	.	.	.	(.)	(.)	(.)
61613-Remove aneurysm, sinus	.	.	090	.	.	.	(.)	(.)	(.)
61615-Resect/excise lesion, skull	.	.	090	.	.	.	(.)	(.)	(.)
61616-Resect/excise lesion, skull	.	.	090	.	.	.	(.)	(.)	(.)
61618-Repair dura	.	.	090	.	.	.	(.)	(.)	(.)
61619-Repair dura	.	.	090	.	.	.	(.)	(.)	(.)
61680-Intracranial vessel surgery	\$235,261	132	090	1%	.	1%	14-NEUROSURGERY (86%)	01,08-GP/FP (6%)	70-GROUP PRAC (3%)
61682-Intracranial vessel surgery	\$368,469	167	090	2%	.	1%	14-NEUROSURGERY (80%)	70-GROUP PRAC (14%)	13-NEUROLOGY (3%)
61684-Intracranial vessel surgery	\$40,418	18	090	0%	.	0%	14-NEUROSURGERY (83%)	13-NEUROLOGY (11%)	70-GROUP PRAC (6%)
61686-Intracranial vessel surgery	\$142,717	63	090	1%	.	3%	14-NEUROSURGERY (78%)	70-GROUP PRAC (6%)	13-NEUROLOGY (5%)
61690-Intracranial vessel surgery	\$15,591	9	090	0%	.	0%	14-NEUROSURGERY (96%)	70-GROUP PRAC (4%)	(.)
61692-Intracranial vessel surgery	\$53,611	26	090	0%	40%	0%	14-NEUROSURGERY (84%)	05-ANESTHESIA (5%)	70-GROUP PRAC (3%)
61700-Inner skull vessel surgery	\$6,503,488	3,654	090	29%	.	0%	14-NEUROSURGERY (89%)	13-NEUROLOGY (4%)	70-GROUP PRAC (3%)
61702-Inner skull vessel surgery	\$584,301	298	090	3%	.	0%	14-NEUROSURGERY (81%)	02-GHRL SURGERY (6%)	70-GROUP PRAC (3%)
61703-Clamp neck artery	\$25,223	36	090	0%	.	0%	14-NEUROSURGERY (81%)	02-GHRL SURGERY (6%)	70-GROUP PRAC (3%)
61705-Revise circulation to head	\$87,096	51	090	0%	.	4%	14-NEUROSURGERY (63%)	13-NEUROLOGY (20%)	05-ANESTHESIA (3%)
61708-Revise circulation to head	\$81,437	43	090	0%	.	0%	30-RADIOLOGY (77%)	14-NEUROSURGERY (9%)	02-GHRL SURGERY (3%)
61710-Revise circulation to head	\$279,626	201	090	1%	.	6%	30-RADIOLOGY (53%)	14-NEUROSURGERY (30%)	94-INTERVEN RAD (9%)
61711-Fusion of skull arteries	\$129,094	60	090	1%	.	0%	14-NEUROSURGERY (75%)	70-GROUP PRAC (18%)	01,08-GP/FP (5%)
61712-Skull or spine microsurgery	\$4,450,253	15,986	ZZZ	20%	30%	1%	14-NEUROSURGERY (82%)	20-ORTHOPOD SURG (7%)	13-NEUROLOGY (3%)
61720-Incise skull/brain surgery	\$353,214	217	090	2%	.	7%	14-NEUROSURGERY (82%)	34-UROLOGY (6%)	70-GROUP PRAC (5%)
61735-Incise skull/brain surgery	\$44,000	36	090	0%	.	0%	14-NEUROSURGERY (94%)	70-GROUP PRAC (3%)	97-PHYS ASSISTANT (3%)
61750-Incise skull; brain biopsy	\$1,128,190	983	090	5%	6%	1%	14-NEUROSURGERY (78%)	05-ANESTHESIA (15%)	70-GROUP PRAC (5%)
61751-Brain biopsy with cat scan	\$3,737,535	2,438	090	17%	12%	1%	14-NEUROSURGERY (88%)	70-GROUP PRAC (4%)	30-RADIOLOGY (3%)
61791-Treat trigeminal tract	\$231,862	269	090	1%	.	0%	14-NEUROSURGERY (69%)	92-RAD ONCOLOGY (10%)	70-GROUP PRAC (3%)
61793-Focus radiation beam	\$1,938,657	1,430	090	9%	12%	1%	14-NEUROSURGERY (67%)	92-RAD ONCOLOGY (10%)	30-RADIOLOGY (10%)
61795-Brain surgery using computer	\$194,540	786	000	1%	.	2%	14-NEUROSURGERY (91%)	70-GROUP PRAC (6%)	13-NEUROLOGY (1%)
62000-Repair of skull fracture	\$25,964	86	090	0%	.	4%	34-UROLOGY (56%)	14-NEUROSURGERY (20%)	93-EMERGENCY MED (10%)
62005-Repair of skull fracture	\$31,172	55	090	0%	.	0%	14-NEUROSURGERY (56%)	05-ANESTHESIA (33%)	34-UROLOGY (5%)
62010-Treatment of head injury	\$177,104	201	090	1%	.	1%	14-NEUROSURGERY (84%)	02-GHRL SURGERY (3%)	34-UROLOGY (3%)
62100-Repair brain fluid leakage	\$466,447	445	090	2%	.	2%	14-NEUROSURGERY (72%)	04-OTOLARYNG (14%)	70-GROUP PRAC (4%)
62115-Reduction of skull defect	.	.	090	.	.	.	(.)	(.)	(.)
62116-Reduction of skull defect	\$1,167	4	090	0%	.	25%	14-NEUROSURGERY (75%)	20-ORTHOPOD SURG (25%)	(.)
62117-Reduction of skull defect	\$1,634	2	090	0%	.	0%	02-GHRL SURGERY (50%)	24-PLASTIC SURG (50%)	(.)
62120-Repair skull cavity lesion	\$13,912	12	090	0%	.	0%	14-NEUROSURGERY (50%)	04-OTOLARYNG (33%)	02-GHRL SURGERY (8%)
62121-Incise skull repair	\$16,443	18	090	0%	.	0%	14-NEUROSURGERY (72%)	04-OTOLARYNG (22%)	24-PLASTIC SURG (6%)
62140-Repair of skull defect	\$213,658	388	090	1%	.	1%	14-NEUROSURGERY (82%)	70-GROUP PRAC (4%)	02-GHRL SURGERY (3%)
62141-Repair of skull defect	\$361,183	477	090	2%	.	0%	14-NEUROSURGERY (79%)	02-GHRL SURGERY (5%)	24-PLASTIC SURG (5%)
62142-Remove skull plate/flap	\$126,154	165	090	1%	.	1%	14-NEUROSURGERY (82%)	70-GROUP PRAC (6%)	24-PLASTIC SURG (4%)
62143-Replace skull plate/flap	\$28,550	64	090	0%	.	1%	14-NEUROSURGERY (59%)	70-GROUP PRAC (10%)	02-GHRL SURGERY (7%)
62145-Repair of skull & brain	\$44,326	60	090	0%	.	0%	14-NEUROSURGERY (81%)	01,08-GP/FP (3%)	34-UROLOGY (3%)
62146-Repair of skull with graft	\$30,594	85	090	0%	.	1%	14-NEUROSURGERY (51%)	34-UROLOGY (21%)	24-PLASTIC SURG (18%)
62147-Repair of skull with graft	\$43,473	67	090	0%	.	1%	14-NEUROSURGERY (52%)	24-PLASTIC SURG (25%)	70-GROUP PRAC (13%)
69950-Incise inner ear nerve	\$32,859	35	090	0%	.	11%	04-OTOLARYNG (51%)	14-NEUROSURGERY (29%)	13-NEUROLOGY (9%)
69970-Remove inner ear lesion	\$102,494	80	090	0%	.	1%	04-OTOLARYNG (79%)	02-GHRL SURGERY (6%)	70-GROUP PRAC (4%)

1512-Major Procedure - Spine and Spinal Cord
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Procedure

Procedure	1993 HC Allowed Charges	1993 HC Units of Service	Global Period	Pct. of Family All'd Chgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
49215-Excise sacral spine tumor	\$120,206	209	090	1%	..	16%	02-GNRL SURGERY (56%)	11-INTERNAL MED (9%)	20-ORTHOPE SURG (9%)
63012-Removal of spinal lamina	\$703,877	914	090	8%	48%	1%	14-NEUROSURGERY (45%)	20-ORTHOPE SURG (43%)	20-GNRL SURGERY (3%)
63250-Revise spinal cord vessels	\$23,168	13	090	0%	..	0%	14-NEUROSURGERY (85%)	70-GROUP PRAC (15%)	(.)
63251-Revise spinal cord vessels	\$33,056	21	090	0%	..	0%	14-NEUROSURGERY (52%)	70-GROUP PRAC (38%)	02-GNRL SURGERY (10%)
63252-Revise spinal cord vessels	\$47,252	27	090	1%	..	4%	14-NEUROSURGERY (89%)	13-NEUROLOGY (7%)	02-GNRL SURGERY (4%)
63265-Excise intraspinal lesion	\$159,945	150	090	2%	..	1%	14-NEUROSURGERY (77%)	02-GNRL SURGERY (5%)	20-ORTHOPE SURG (3%)
63266-Excise intraspinal lesion	\$323,045	259	090	4%	..	1%	14-NEUROSURGERY (83%)	20-ORTHOPE SURG (4%)	20-GROUP PRAC (4%)
63267-Excise intraspinal lesion	\$831,147	798	090	10%	..	0%	14-NEUROSURGERY (73%)	20-ORTHOPE SURG (13%)	02-GNRL SURGERY (5%)
63268-Excise intraspinal lesion	\$19,007	25	090	0%	..	0%	14-NEUROSURGERY (60%)	70-GROUP PRAC (20%)	01,08-GP/FP (4%)
63270-Excise intraspinal lesion	\$59,626	59	090	1%	..	2%	14-NEUROSURGERY (86%)	97-PHYS ASSISTANT (5%)	20-ORTHOPE SURG (3%)
63271-Excise intraspinal lesion	\$171,337	124	090	2%	..	0%	14-NEUROSURGERY (87%)	70-GROUP PRAC (4%)	20-ORTHOPE SURG (3%)
63272-Excise intraspinal lesion	\$220,830	183	090	3%	..	0%	14-NEUROSURGERY (75%)	20-ORTHOPE SURG (10%)	70-GROUP PRAC (4%)
63273-Excise intraspinal lesion	\$12,383	10	090	0%	..	0%	14-NEUROSURGERY (70%)	02-GNRL SURGERY (10%)	20-ORTHOPE SURG (10%)
63275-Biopsy/excise spinal tumor	\$297,151	225	090	3%	..	0%	14-NEUROSURGERY (82%)	20-ORTHOPE SURG (8%)	13-NEUROLOGY (3%)
63276-Biopsy/excise spinal tumor	\$1,260,407	893	090	15%	52%	1%	14-NEUROSURGERY (81%)	20-ORTHOPE SURG (11%)	02-GNRL SURGERY (3%)
63277-Biopsy/excise spinal tumor	\$711,487	606	090	8%	..	0%	14-NEUROSURGERY (73%)	20-ORTHOPE SURG (4%)	02-GNRL SURGERY (4%)
63278-Biopsy/excise spinal tumor	\$86,953	79	090	1%	..	0%	14-NEUROSURGERY (80%)	20-ORTHOPE SURG (10%)	01,08-GP/FP (3%)
63280-Biopsy/excise spinal tumor	\$267,109	200	090	3%	..	1%	14-NEUROSURGERY (87%)	70-GROUP PRAC (6%)	02-GNRL SURGERY (3%)
63281-Biopsy/excise spinal tumor	\$770,677	507	090	9%	..	1%	14-NEUROSURGERY (82%)	70-GROUP PRAC (4%)	02-GNRL SURGERY (4%)
63282-Biopsy/excise spinal tumor	\$403,279	302	090	5%	..	1%	14-NEUROSURGERY (79%)	70-GROUP PRAC (5%)	13-NEUROLOGY (4%)
63283-Biopsy/excise spinal tumor	\$25,839	26	090	0%	..	0%	14-NEUROSURGERY (65%)	20-ORTHOPE SURG (19%)	02-GNRL SURGERY (4%)
63285-Biopsy/excise spinal tumor	\$121,608	83	090	1%	..	0%	14-NEUROSURGERY (76%)	02-GNRL SURGERY (6%)	70-GROUP PRAC (6%)
63286-Biopsy/excise spinal tumor	\$225,010	142	090	3%	..	1%	14-NEUROSURGERY (89%)	02-GNRL SURGERY (3%)	70-GROUP PRAC (2%)
63287-Biopsy/excise spinal tumor	\$116,819	74	090	1%	..	0%	14-NEUROSURGERY (85%)	13-NEUROLOGY (3%)	20-ORTHOPE SURG (3%)
63290-Biopsy/excise spinal tumor	\$133,530	88	090	2%	..	0%	14-NEUROSURGERY (81%)	01,08-GP/FP (7%)	02-GNRL SURGERY (6%)
63300-Removal of vertebral body	\$116,194	117	090	1%	..	4%	14-NEUROSURGERY (68%)	20-ORTHOPE SURG (16%)	70-GROUP PRAC (5%)
63301-Removal of vertebral body	\$86,754	67	090	1%	..	1%	14-NEUROSURGERY (78%)	20-ORTHOPE SURG (9%)	33-THORACIC SURG (3%)
63302-Removal of vertebral body	\$35,914	37	090	0%	..	0%	14-NEUROSURGERY (78%)	20-ORTHOPE SURG (14%)	33-THORACIC SURG (5%)
63303-Removal of vertebral body	\$79,664	60	090	1%	..	0%	14-NEUROSURGERY (45%)	20-ORTHOPE SURG (42%)	02-GNRL SURGERY (10%)
63304-Removal of vertebral body	\$15,347	10	090	0%	..	0%	14-NEUROSURGERY (100%)	(.)	(.)
63305-Removal of vertebral body	\$17,994	21	090	0%	..	10%	14-NEUROSURGERY (52%)	02-GNRL SURGERY (14%)	01,08-GP/FP (10%)
63306-Removal of vertebral body	\$4,034	3	090	0%	..	0%	14-NEUROSURGERY (67%)	02-GNRL SURGERY (33%)	(.)
63307-Removal of vertebral body	\$25,607	26	090	0%	..	0%	14-NEUROSURGERY (46%)	06-CARDIOLOGY (27%)	20-ORTHOPE SURG (15%)
63308-Removal of vertebral body	\$32,734	100	ZZZ	0%	..	0%	14-NEUROSURGERY (89%)	20-ORTHOPE SURG (6%)	13-NEUROLOGY (2%)
63700-Repair of spinal herniation	\$17,066	34	090	0%	..	0%	20-ORTHOPE SURG (41%)	14-NEUROSURGERY (32%)	30-RADIOLOGY (12%)
63702-Repair of spinal herniation	\$9,814	14	090	0%	..	0%	14-NEUROSURGERY (79%)	20-ORTHOPE SURG (21%)	(.)
63704-Repair of spinal herniation	\$5,179	7	090	0%	..	0%	14-NEUROSURGERY (29%)	20-ORTHOPE SURG (29%)	70-GROUP PRAC (29%)
63706-Repair of spinal herniation	\$2,621	4	090	0%	..	0%	14-NEUROSURGERY (75%)	02-GNRL SURGERY (25%)	(.)
63707-Repair spinal fluid leakage	\$555,420	894	090	6%	..	1%	14-NEUROSURGERY (45%)	20-ORTHOPE SURG (41%)	04-OTOLARYNG (4%)
63709-Repair spinal fluid leakage	\$397,870	647	090	5%	..	1%	14-NEUROSURGERY (45%)	20-ORTHOPE SURG (44%)	01,08-GP/FP (3%)
63710-Graft repair of spine defect	\$113,830	290	090	1%	..	0%	14-NEUROSURGERY (68%)	20-ORTHOPE SURG (20%)	70-GROUP PRAC (4%)

1516-Major Procedure - Explor/Decomp/Excise Oisc
 Family Medicare Charges: \$167,536,130
 Family Private Payments: \$12,630,728
 Percent of CPEP Medicare Charges: 52%
 Percent of CPEP Private Payments: 59%

63001-Removal of spinal lamina	\$757,639	853	090	0%	1%	1%	14-NEUROSURGERY (66%)	20-ORTHOPE SURG (11%)	02-GNRL SURGERY (6%)
63003-Removal of spinal lamina	\$246,186	294	090	0%	..	1%	14-NEUROSURGERY (69%)	20-ORTHOPE SURG (18%)	02-GNRL SURGERY (3%)
63005-Removal of spinal lamina	\$4,241,904	5,057	090	3%	4%	1%	14-NEUROSURGERY (49%)	20-ORTHOPE SURG (31%)	01,08-GP/FP (4%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
63011-Removal of spinal lamina	\$9,948	31	090	0%	1%	3%	20-ORTHOPEID SURG (45%)	14-NEUROSURGERY (26%)	05-ANESTHESIA (13%)
63015-Removal of spinal lamina	\$2,051,166	1,609	090	0%	1%	1%	14-NEUROSURGERY (75%)	20-ORTHOPEID SURG (8%)	70-GROUP PRAC (5%)
63016-Removal of spinal lamina	\$272,264	247	090	0%	0%	0%	14-NEUROSURGERY (70%)	20-ORTHOPEID SURG (15%)	02-GHRL SURGERY (6%)
63017-Removal of spinal lamina	\$5,832,448	4,853	090	3%	3%	1%	14-NEUROSURGERY (55%)	20-ORTHOPEID SURG (31%)	02-GHRL SURGERY (4%)
63020-Neck spine disk surgery	\$2,075,796	2,052	090	1%	5%	1%	14-NEUROSURGERY (77%)	20-ORTHOPEID SURG (9%)	02-GHRL SURGERY (3%)
63030-Low back disk surgery	\$27,176,648	33,712	090	16%	48%	1%	14-NEUROSURGERY (57%)	20-ORTHOPEID SURG (29%)	01,08-GP/FP (4%)
63035-Added spinal disk surgery	\$4,051,927	14,545	222	2%	2%	1%	14-NEUROSURGERY (53%)	20-ORTHOPEID SURG (33%)	01,08-GP/FP (4%)
63040-Neck spine disk surgery	\$416,212	372	090	0%	0%	2%	14-NEUROSURGERY (61%)	20-ORTHOPEID SURG (25%)	01,08-GP/FP (4%)
63042-Low back disk surgery	\$9,935,145	9,039	090	6%	8%	1%	14-NEUROSURGERY (51%)	20-ORTHOPEID SURG (34%)	01,08-GP/FP (4%)
63045-Removal of spinal lamina	\$4,702,648	3,606	090	3%	2%	1%	14-NEUROSURGERY (71%)	20-ORTHOPEID SURG (13%)	02-GHRL SURGERY (4%)
63046-Removal of spinal lamina	\$671,909	631	090	0%	0%	1%	14-NEUROSURGERY (68%)	20-ORTHOPEID SURG (16%)	02-GHRL SURGERY (6%)
63047-Removal of spinal lamina	\$62,195,082	46,159	090	37%	11%	1%	14-NEUROSURGERY (50%)	20-ORTHOPEID SURG (38%)	02-GHRL SURGERY (3%)
63048-Removal of spinal lamina	\$26,180,992	63,696	222	16%	2%	1%	14-NEUROSURGERY (53%)	20-ORTHOPEID SURG (34%)	02-GHRL SURGERY (4%)
63055-Decompress spinal cord	\$377,521	347	090	0%	0%	1%	14-NEUROSURGERY (65%)	20-ORTHOPEID SURG (18%)	70-GROUP PRAC (5%)
63056-Decompress spinal cord	\$793,420	678	090	0%	0%	1%	20-ORTHOPEID SURG (53%)	14-NEUROSURGERY (35%)	02-GHRL SURGERY (3%)
63057-Decompress spinal cord	\$48,479	188	222	0%	0%	4%	14-NEUROSURGERY (51%)	20-ORTHOPEID SURG (34%)	70-GROUP PRAC (5%)
63064-Decompress spinal cord	\$196,715	158	090	0%	0%	0%	14-NEUROSURGERY (74%)	20-ORTHOPEID SURG (12%)	70-GROUP PRAC (4%)
63066-Decompress spinal cord	\$10,166	52	222	0%	0%	0%	14-NEUROSURGERY (83%)	20-ORTHOPEID SURG (12%)	02-GHRL SURGERY (2%)
63075-Neck spine disk surgery	\$7,845,930	9,228	090	5%	12%	1%	14-NEUROSURGERY (73%)	20-ORTHOPEID SURG (14%)	02-GHRL SURGERY (3%)
63076-Neck spine disk surgery	\$1,455,841	4,487	222	1%	1%	1%	14-NEUROSURGERY (72%)	20-ORTHOPEID SURG (17%)	02-GHRL SURGERY (3%)
63077-Spine disk surgery, thorax	\$112,824	178	090	0%	0%	1%	20-ORTHOPEID SURG (50%)	14-NEUROSURGERY (31%)	02-GHRL SURGERY (6%)
63078-Spine disk surgery, thorax	\$31,508	129	222	0%	0%	2%	20-ORTHOPEID SURG (61%)	14-NEUROSURGERY (22%)	33-THORACIC SURG (6%)
63081-Removal of vertebral body	\$2,699,148	1,932	090	2%	2%	1%	14-NEUROSURGERY (65%)	20-ORTHOPEID SURG (21%)	13-NEUROLOGY (5%)
63082-Removal of vertebral body	\$497,211	1,377	222	0%	0%	0%	14-NEUROSURGERY (64%)	20-ORTHOPEID SURG (22%)	13-NEUROLOGY (7%)
63085-Removal of vertebral body	\$783,671	504	090	0%	0%	1%	14-NEUROSURGERY (46%)	20-ORTHOPEID SURG (38%)	02-GHRL SURGERY (4%)
63086-Removal of vertebral body	\$74,608	205	222	0%	0%	1%	14-NEUROSURGERY (46%)	20-ORTHOPEID SURG (42%)	33-THORACIC SURG (5%)
63087-Removal of vertebral body	\$486,145	340	090	0%	0%	1%	20-ORTHOPEID SURG (48%)	14-NEUROSURGERY (35%)	02-GHRL SURGERY (6%)
63088-Removal of vertebral body	\$26,036	90	222	0%	0%	2%	20-ORTHOPEID SURG (61%)	14-NEUROSURGERY (32%)	02-GHRL SURGERY (6%)
63090-Removal of vertebral body	\$587,725	429	090	0%	0%	0%	20-ORTHOPEID SURG (46%)	14-NEUROSURGERY (28%)	02-GHRL SURGERY (11%)
63091-Removal of vertebral body	\$30,441	145	222	0%	0%	0%	20-ORTHOPEID SURG (46%)	14-NEUROSURGERY (22%)	02-GHRL SURGERY (14%)
63170-Incise spinal cord tract(s)	\$93,932	96	090	0%	0%	8%	14-NEUROSURGERY (68%)	88-UNKNOWN SUPPL (10%)	01,08-GP/FP (9%)
63172-Drainage of spinal cyst	\$191,231	162	090	0%	0%	2%	14-NEUROSURGERY (83%)	13-NEUROLOGY (5%)	70-GROUP PRAC (4%)
63173-Drainage of spinal cyst	\$50,625	49	090	0%	0%	0%	14-NEUROSURGERY (88%)	13-NEUROLOGY (8%)	01,08-GP/FP (2%)
63180-Revise spinal cord ligaments	\$3,775	5	090	0%	0%	0%	14-NEUROSURGERY (80%)	34-UROLOGY (20%)	(.)
63182-Revise spinal cord ligaments	\$25,071	28	090	0%	0%	0%	14-NEUROSURGERY (96%)	02-GHRL SURGERY (4%)	(.)
63185-Incise spinal column/nerves	\$89,280	103	090	0%	0%	7%	14-NEUROSURGERY (80%)	20-ORTHOPEID SURG (7%)	05-ANESTHESIA (3%)
63190-Incise spinal column/nerves	\$110,507	110	090	0%	0%	1%	14-NEUROSURGERY (80%)	20-ORTHOPEID SURG (5%)	70-GROUP PRAC (5%)
63191-Incise spinal column/nerves	\$1,673	2	090	0%	0%	0%	11-INTERNAL MED (50%)	14-NEUROSURGERY (50%)	(.)
63194-Incise spinal column & cord	\$8,211	8	090	0%	0%	0%	14-NEUROSURGERY (88%)	13-NEUROLOGY (13%)	(.)
63195-Incise spinal column & cord	\$20,767	29	090	0%	0%	0%	14-NEUROSURGERY (83%)	02-GHRL SURGERY (7%)	01,08-GP/FP (3%)
63196-Incise spinal column & cord	\$1,421	2	090	0%	0%	0%	01,08-GP/FP (50%)	14-NEUROSURGERY (50%)	(.)
63197-Incise spinal column & cord	\$19,265	18	090	0%	0%	0%	14-NEUROSURGERY (83%)	02-GHRL SURGERY (6%)	33-THORACIC SURG (6%)
63198-Incise spinal column & cord	\$3,639	3	090	0%	0%	0%	(.)	(.)	(.)
63199-Incise spinal column & cord	\$41,450	59	090	0%	0%	2%	05-ANESTHESIA (33%)	14-NEUROSURGERY (33%)	70-GROUP PRAC (33%)
63200-Release of spinal cord				0%	0%	2%	14-NEUROSURGERY (71%)	93-EMERGENCY MED (8%)	04-OTOLARYNG (3%)

1520-Major Procedure - Other Nerve
 Family Medicare Charges: \$1,246,177
 Family Private Payments:

Percent of CREP Medicare Charges: 0%

Percent of CREP Private Payments:

64752-Incision of vagus nerve \$14,308
 64755-Incision of stomach nerves \$45,635

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Allotments	Pct. of Family Privlms	Pct. in OFFICE	Top Medicare Specialties (% of Procedure Volume)
64760-Incision of vagus nerve	\$30,022	193	090	2%	.	8%	02-GNRL SURGERY (65%)
64763-Incise hip/thigh nerve	\$3,715	15	090	0%	.	7%	24-PLASTIC SURG (33%)
64766-Incise hip/thigh nerve	\$6,052	13	090	0%	.	0%	14-NEUROSURGERY (23%)
64802-Remove sympathetic nerves	\$21,400	50	090	2%	.	2%	02-GNRL SURGERY (30%)
64804-Remove sympathetic nerves	\$95,859	133	090	8%	.	0%	33-THORACIC SURG (39%)
64809-Remove sympathetic nerves	\$36,151	48	090	3%	.	2%	02-GNRL SURGERY (33%)
64818-Remove sympathetic nerves	\$978,393	2,240	090	79%	.	1%	02-GNRL SURGERY (36%)
64820-Remove sympathetic nerves	.	.	090	.	.	.	(.)
64861-Repair of arm nerves	\$8,612	12	090	1%	.	0%	02-GNRL SURGERY (33%)
64862-Repair of low back nerves	\$8,030	7	090	1%	.	14%	14-NEUROSURGERY (71%)

1524-Nerve Repair and Destruction

Family Medicare Charges: \$35,802,498
Family Private Payments: \$3,436,920

Percent of CPEP Medicare Charges: 11%
Percent of CPEP Private Payments: 16%

27315-Partial removal, thigh nerve	\$1,982	7	090	0%	.	14%	20-ORTHOPE SURG (86%)
27320-Partial removal, thigh nerve	\$3,965	24	090	0%	.	8%	20-ORTHOPE SURG (79%)
28030-Removal of foot nerve	\$64,285	231	090	0%	.	31%	48-PODIATRY (71%)
28035-Decompression of tibia nerve	\$383,814	965	090	1%	2%	8%	48-PODIATRY (40%)
61790-Treat trigeminal nerve	\$2,165,639	1,716	090	6%	.	7%	14-NEUROSURGERY (90%)
62269-Needle biopsy spinal cord	\$36,621	187	000	0%	.	0%	30-RADIOLOGY (40%)
62287-Percutaneous disectomy	\$312,818	419	090	1%	3%	3%	20-ORTHOPE SURG (51%)
64702-Revise finger/toe nerve	\$189,710	890	090	1%	1%	6%	20-ORTHOPE SURG (39%)
64704-Revise hand/foot nerve	\$561,922	1,586	090	2%	2%	10%	48-PODIATRY (33%)
64708-Revise arm/leg nerve	\$614,361	1,540	090	2%	2%	2%	20-ORTHOPE SURG (46%)
64712-Revision of sciatic nerve	\$124,700	360	090	0%	.	2%	20-ORTHOPE SURG (72%)
64713-Revision of arm nerve(s)	\$73,453	159	090	0%	.	1%	14-NEUROSURGERY (24%)
64714-Revise low back nerve(s)	\$100,486	398	090	0%	.	2%	20-ORTHOPE SURG (55%)
64716-Revision of cranial nerve	\$29,618	112	090	0%	.	16%	04-OTOLARYNG (24%)
64718-Revise ulnar nerve at elbow	\$2,278,814	5,619	090	6%	8%	1%	20-ORTHOPE SURG (57%)
64719-Revise ulnar nerve at wrist	\$1,054,809	3,627	090	3%	2%	2%	20-ORTHOPE SURG (56%)
64721-Carpal tunnel surgery	\$23,345,644	77,446	090	63%	68%	3%	20-ORTHOPE SURG (55%)
64722-Relieve pressure on nerve(s)	\$745,248	2,061	090	2%	2%	5%	20-ORTHOPE SURG (39%)
64726-Release foot/toe nerve	\$13,633	113	090	0%	.	27%	48-PODIATRY (47%)
64727-Internal nerve revision	\$814,509	3,072	222	2%	2%	2%	20-ORTHOPE SURG (46%)
64732-Incision of brow nerve	\$20,709	82	090	0%	.	22%	14-NEUROSURGERY (56%)
64734-Incision of cheek nerve	\$48,059	155	090	0%	.	26%	14-NEUROSURGERY (46%)
64736-Incision of chin nerve	\$18,513	77	090	0%	.	61%	19-ORAL SURGERY (58%)
64738-Incision of jaw nerve	\$18,445	56	090	0%	.	39%	19-ORAL SURGERY (68%)
64740-Incision of tongue nerve	\$1,952	9	090	0%	.	11%	02-OTOLARYNG (26%)
64742-Incision of facial nerve	\$13,515	47	090	0%	.	9%	02-OTOLARYNG (22%)
64744-Incise nerve, back of head	\$33,981	99	090	0%	.	8%	14-NEUROSURGERY (80%)
64746-Incise diaphragm nerve	\$2,702	10	090	0%	.	0%	33-THORACIC SURG (30%)
64761-Incision of pelvis nerve	\$907	14	090	0%	.	50%	05-ANESTHESIA (29%)
64771-Sever cranial nerve	\$15,266	47	090	0%	.	11%	14-NEUROSURGERY (45%)
64772-Incision of spinal nerve	\$71,666	247	090	0%	.	0%	14-NEUROSURGERY (57%)
64774-Remove skin nerve lesion	\$114,460	500	090	0%	.	11%	20-ORTHOPE SURG (24%)
64776-Remove digit nerve lesion	\$71,527	339	090	0%	.	14%	20-ORTHOPE SURG (29%)
64778-Added digit nerve surgery	\$5,110	27	222	0%	.	11%	20-ORTHOPE SURG (48%)
64782-Remove limb nerve lesion	\$414,853	1,531	090	1%	1%	29%	48-PODIATRY (70%)
64783-Added limb nerve surgery	\$11,167	48	222	0%	.	2%	48-PODIATRY (29%)
64784-Remove nerve lesion	\$152,870	499	090	0%	.	5%	05-ANESTHESIA (28%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Specialty		
							First Specialty	Second Specialty	Third Specialty
64786-Remove sciatic nerve lesion	\$47,908	58	090	0%	0%	0%	20-ORTHOPEID SURG (38%)	14-NEUROSURGERY (21%)	24-PLASTIC SURG (16%)
64787-Implant nerve end	\$31,360	130	222	0%	0%	5%	24-PLASTIC SURG (38%)	20-ORTHOPEID SURG (26%)	48-PODIATRY (12%)
64788-Remove skin nerve lesion	\$81,970	337	090	0%	0%	2%	02-GNRL SURGERY (23%)	48-PODIATRY (23%)	20-ORTHOPEID SURG (17%)
64790-Removal of nerve lesion	\$92,892	181	090	0%	0%	2%	02-GNRL SURGERY (23%)	14-NEUROSURGERY (22%)	20-ORTHOPEID SURG (19%)
64792-Removal of nerve	\$72,143	117	090	0%	0%	8%	14-NEUROSURGERY (25%)	02-GNRL SURGERY (15%)	20-ORTHOPEID SURG (13%)
64795-Biopsy of nerve	\$376,289	1,974	000	1%	0%	10%	02-GNRL SURGERY (35%)	14-NEUROSURGERY (26%)	13-NEUROLOGY (15%)
64830-Microrepair of nerve	\$204,700	1,115	222	1%	2%	2%	24-PLASTIC SURG (44%)	20-ORTHOPEID SURG (25%)	40-HAND SURGERY (16%)
64831-Repair of digit nerve	\$344,045	1,668	090	1%	2%	4%	24-PLASTIC SURG (40%)	20-ORTHOPEID SURG (36%)	40-HAND SURGERY (12%)
64832-Repair additional nerve	\$54,788	291	090	1%	1%	2%	24-PLASTIC SURG (45%)	20-ORTHOPEID SURG (38%)	40-HAND SURGERY (8%)
64834-Repair of hand or foot nerve	\$66,513	194	090	0%	1%	7%	24-PLASTIC SURG (46%)	20-ORTHOPEID SURG (27%)	40-HAND SURGERY (11%)
64835-Repair of hand or foot nerve	\$26,539	64	090	0%	0%	3%	20-ORTHOPEID SURG (41%)	24-PLASTIC SURG (28%)	40-HAND SURGERY (10%)
64836-Repair of hand or foot nerve	\$31,299	75	090	0%	0%	7%	20-ORTHOPEID SURG (41%)	24-PLASTIC SURG (31%)	02-GNRL SURGERY (12%)
64837-Repair additional nerve	\$4,355	13	222	0%	0%	8%	20-ORTHOPEID SURG (31%)	24-PLASTIC SURG (31%)	40-HAND SURGERY (23%)
64840-Repair of leg nerve	\$3,115	8	090	0%	0%	0%	18-OPHTHALMOLOGY (38%)	20-ORTHOPEID SURG (25%)	24-PLASTIC SURG (25%)
64856-Repair/transpose nerve	\$99,153	176	090	0%	1%	2%	20-ORTHOPEID SURG (41%)	24-PLASTIC SURG (32%)	40-HAND SURGERY (7%)
64857-Repair arm/leg nerve	\$55,178	90	090	0%	0%	0%	20-ORTHOPEID SURG (38%)	24-PLASTIC SURG (31%)	40-HAND SURGERY (16%)
64858-Repair sciatic nerve	\$1,279	3	090	0%	0%	0%	20-ORTHOPEID SURG (67%)	14-NEUROSURGERY (33%)	(.)
64859-Additional nerve surgery	\$3,526	15	222	0%	0%	0%	24-PLASTIC SURG (47%)	40-HAND SURGERY (20%)	02-GNRL SURGERY (13%)
64864-Repair of facial nerve	\$29,374	88	090	0%	0%	6%	04-OTOLARYNG (45%)	24-PLASTIC SURG (41%)	02-GNRL SURGERY (3%)
64865-Repair of facial nerve	\$3,927	14	090	0%	0%	0%	04-OTOLARYNG (64%)	02-GNRL SURGERY (14%)	24-PLASTIC SURG (14%)
64866-Fusion of facial/other nerve	\$2,104	7	090	0%	0%	43%	01,08-GP/FP (63%)	04-OTOLARYNG (29%)	02-GNRL SURGERY (14%)
64868-Fusion of facial/other nerve	\$45,894	63	090	0%	0%	0%	04-OTOLARYNG (51%)	14-NEUROSURGERY (35%)	01,08-GP/FP (5%)
64870-Fusion of facial/other nerve	\$565	1	090	0%	0%	0%	20-ORTHOPEID SURG (100%)	(.)	(.)
64872-Subsequent repair of nerve	\$6,347	20	222	0%	0%	15%	24-PLASTIC SURG (60%)	20-ORTHOPEID SURG (25%)	02-GNRL SURGERY (15%)
64874-Repair & revise nerve	\$7,406	16	222	0%	0%	0%	24-PLASTIC SURG (38%)	20-ORTHOPEID SURG (31%)	04-OTOLARYNG (6%)
64876-Repair nerve; shorten bone			222	0%	0%	0%	(.)	(.)	(.)
64885-Nerve graft, head or neck	\$40,832	80	090	0%	0%	3%	04-OTOLARYNG (63%)	24-PLASTIC SURG (23%)	14-NEUROSURGERY (6%)
64886-Nerve graft, head or neck	\$44,893	61	090	0%	0%	2%	04-OTOLARYNG (56%)	24-PLASTIC SURG (28%)	02-GNRL SURGERY (13%)
64890-Nerve graft, hand or foot	\$31,150	36	090	0%	0%	3%	24-PLASTIC SURG (53%)	20-ORTHOPEID SURG (28%)	40-HAND SURGERY (19%)
64891-Nerve graft, hand or foot	\$5,493	9	090	0%	0%	0%	20-ORTHOPEID SURG (33%)	04-OTOLARYNG (22%)	24-PLASTIC SURG (22%)
64892-Nerve graft, arm or leg	\$6,272	12	090	0%	0%	0%	04-OTOLARYNG (33%)	14-NEUROSURGERY (17%)	24-PLASTIC SURG (17%)
64893-Nerve graft, arm or leg	\$10,342	13	090	0%	0%	0%	24-PLASTIC SURG (54%)	04-OTOLARYNG (25%)	14-NEUROSURGERY (8%)
64895-Nerve graft, hand or foot	\$9,906	12	090	0%	0%	8%	24-PLASTIC SURG (50%)	20-ORTHOPEID SURG (33%)	40-HAND SURGERY (17%)
64896-Nerve graft, hand or foot	\$7,512	9	090	0%	0%	0%	24-PLASTIC SURG (44%)	04-OTOLARYNG (22%)	40-HAND SURGERY (11%)
64897-Nerve graft, arm or leg	\$3,191	4	090	0%	0%	0%	24-PLASTIC SURG (75%)	04-OTOLARYNG (25%)	(.)
64898-Nerve graft, arm or leg	\$14,293	19	090	0%	0%	11%	14-NEUROSURGERY (32%)	40-HAND SURGERY (21%)	24-PLASTIC SURG (16%)
64901-Additional nerve graft	\$4,586	9	222	0%	0%	22%	24-PLASTIC SURG (67%)	14-NEUROSURGERY (33%)	(.)
64902-Additional nerve graft	\$8,857	12	222	0%	0%	0%	24-PLASTIC SURG (67%)	04-OTOLARYNG (25%)	(.)
64905-Nerve pedicle transfer	\$1,467	2	090	0%	0%	0%	24-PLASTIC SURG (50%)	34-UROLOGY (50%)	(.)
64907-Nerve pedicle transfer	\$1,302	2	090	0%	0%	0%	18-OPHTHALMOLOGY (100%)	(.)	(.)

1528-Neurostimulator and Ventricular Shunt Implantation

Family Medicare Charges:	Percent of CPEP Private Payments:
\$12,269,258	4%
\$702,097	3%

62180-Establish brain cavity shunt	\$61,398	75	090	1%	0%	14-NEUROSURGERY (95%)	04-OTOLARYNG (1%)	05-ANESTHESIA (1%)
62190-Establish brain cavity shunt	\$65,920	69	090	1%	1%	14-NEUROSURGERY (78%)	02-GNRL SURGERY (4%)	01,08-GP/FP (3%)
62192-Establish brain cavity shunt	\$326,000	421	090	3%	0%	14-NEUROSURGERY (78%)	02-GNRL SURGERY (6%)	70-GROUP PRAC (5%)
62194-Replace/irrigate catheter	\$10,331	72	010	0%	0%	14-NEUROSURGERY (38%)	05-ANESTHESIA (19%)	02-GNRL SURGERY (18%)
62200-Establish brain cavity shunt	\$57,885	66	090	0%	0%	14-NEUROSURGERY (94%)	04-OTOLARYNG (2%)	07-DERMATOLOGY (2%)
62201-Establish brain cavity shunt	\$8,843	14	090	0%	0%	14-NEUROSURGERY (93%)	70-GROUP PRAC (7%)	(.)
62220-Establish brain cavity shunt	\$356,634	383	090	3%	0%	14-NEUROSURGERY (83%)	13-NEUROLOGY (4%)	01,08-GP/FP (3%)

Procedure	1993 HC			Pct. of Family			Top Medicare Specialties (% of Procedure Volume)		
	Allowed Charges	Units of Service	Global Period	AllChgs	PrivPmts	OFFICE	First Specialty	Second Specialty	Third Specialty

62223-Establish brain cavity shunt	\$5,603,890	5,687	090	46%	51%	1%	14-NEUROSURGERY (81%)	02-GNRL SURGERY (9%)	70-GROUP PRAC (3%)
62225-Replace/irrigate catheter	\$95,703	293	090	1%	5%	5%	14-NEUROSURGERY (85%)	70-GROUP PRAC (5%)	13-NEUROLOGY (2%)
62230-Replace/revise brain shunt	\$948,502	1,516	090	8%	32%	0%	14-NEUROSURGERY (81%)	02-GNRL SURGERY (8%)	13-NEUROLOGY (4%)
62256-Remove brain cavity shunt	\$152,173	362	090	1%	0%	0%	14-NEUROSURGERY (83%)	13-NEUROLOGY (4%)	70-GROUP PRAC (4%)
62258-Replace brain cavity shunt	\$333,139	402	090	3%	0%	1%	14-NEUROSURGERY (75%)	70-GROUP PRAC (7%)	02-GNRL SURGERY (7%)
63740-Install spinal shunt	\$250,750	270	090	2%	0%	1%	14-NEUROSURGERY (81%)	02-GNRL SURGERY (7%)	13-NEUROLOGY (4%)
63741-Install spinal shunt	\$170,638	288	090	1%	0%	0%	14-NEUROSURGERY (54%)	05-ANESTHESIA (36%)	02-GNRL SURGERY (2%)
63744-Revision of spinal shunt	\$102,161	174	090	0%	0%	2%	14-NEUROSURGERY (72%)	05-ANESTHESIA (10%)	30-RADIOLOGY (6%)
63746-Removal of spinal shunt	\$38,069	108	090	0%	0%	6%	14-NEUROSURGERY (51%)	05-ANESTHESIA (34%)	02-GNRL SURGERY (6%)
63780-Insert spinal canal catheter	\$3,667,222	12,473	090	30%	12%	2%	05-ANESTHESIA (78%)	70-GROUP PRAC (8%)	14-NEUROSURGERY (5%)

1532-Revision and Removal of Neurological Device

Family Medicare Charges: \$3,619,818 Percent of CPEP Medicare Charges: 1%

Family Private Payments: \$10,206 Percent of CPEP Private Payments: 0%

61531-Implant brain electrodes	\$48,153	55	090	1%	0%	0%	14-NEUROSURGERY (71%)	70-GROUP PRAC (11%)	05-ANESTHESIA (9%)
61533-Implant brain electrodes	\$85,975	78	090	2%	0%	1%	14-NEUROSURGERY (79%)	70-GROUP PRAC (9%)	05-ANESTHESIA (6%)
61760-Implant brain electrodes	\$100,650	92	090	3%	0%	0%	14-NEUROSURGERY (76%)	70-GROUP PRAC (15%)	05-ANESTHESIA (3%)
61770-Incise skull for treatment	\$81,512	81	090	2%	0%	1%	14-NEUROSURGERY (80%)	13-NEUROLOGY (7%)	10-GASTROENTER (2%)
61850-Implant neuroelectrodes	\$5,337	7	090	0%	0%	14%	14-NEUROSURGERY (86%)	18-OPHTHALMOLOGY (14%)	(.)
61855-Implant neuroelectrodes	\$8,133	9	090	0%	0%	0%	14-NEUROSURGERY (100%)	(.)	(.)
61860-Implant neuroelectrodes	\$799	1	090	0%	0%	0%	14-NEUROSURGERY (100%)	(.)	(.)
61865-Implant neuroelectrodes	\$1,430	1	090	0%	0%	0%	14-NEUROSURGERY (100%)	(.)	(.)
61870-Implant neuroelectrodes	\$1,964	3	090	0%	0%	0%	14-NEUROSURGERY (100%)	(.)	(.)
61875-Implant neuroelectrodes	.	090	090	0%	0%	0%	(.)	(.)	(.)
61880-Revise/remove neuroelectrode	\$12,022	32	090	0%	0%	0%	14-NEUROSURGERY (81%)	70-GROUP PRAC (16%)	13-NEUROLOGY (3%)
61885-Implant neuroreceiver	\$4,265	17	090	0%	0%	0%	14-NEUROSURGERY (71%)	70-GROUP PRAC (18%)	13-NEUROLOGY (12%)
61888-Revise/remove neuroreceiver	\$5,793	25	010	0%	0%	12%	14-NEUROSURGERY (60%)	13-NEUROLOGY (12%)	11-INTERNAL MED (8%)
63650-Implant neuroelectrodes	\$1,103,985	1,628	090	30%	0%	4%	05-ANESTHESIA (67%)	14-NEUROSURGERY (16%)	49-ASC (5%)
63655-Implant neuroelectrodes	\$444,224	477	090	12%	0%	2%	14-NEUROSURGERY (65%)	20-ORTHOPEDE SURG (22%)	05-ANESTHESIA (4%)
63660-Revise/remove neuroelectrode	\$369,552	749	090	10%	0%	5%	14-NEUROSURGERY (39%)	05-ANESTHESIA (35%)	20-ORTHOPEDE SURG (12%)
63685-Implant neuroreceiver	\$462,316	1,009	090	13%	0%	2%	14-NEUROSURGERY (37%)	05-ANESTHESIA (29%)	20-ORTHOPEDE SURG (16%)
63688-Revise/remove neuroreceiver	\$247,637	518	090	7%	0%	4%	14-NEUROSURGERY (47%)	05-ANESTHESIA (28%)	20-ORTHOPEDE SURG (14%)
63690-Analysis of neuroreceiver	\$16,833	393	xxx	0%	0%	61%	05-ANESTHESIA (44%)	14-NEUROSURGERY (40%)	20-ORTHOPEDE SURG (18%)
63691-Analysis of neuroreceiver	\$61,081	1,823	xxx	2%	0%	61%	05-ANESTHESIA (65%)	14-NEUROSURGERY (19%)	70-GROUP PRAC (7%)
63750-Insert spinal canal catheter	\$257,480	311	090	7%	0%	0%	14-NEUROSURGERY (47%)	05-ANESTHESIA (28%)	20-ORTHOPEDE SURG (14%)
64553-Implant neuroelectrodes	\$9,426	136	010	0%	0%	95%	20-ORTHOPEDE SURG (69%)	01,08-GP/FP (18%)	11-INTERNAL MED (4%)
64555-Implant neuroelectrodes	\$127,924	2,018	010	4%	34%	94%	11-INTERNAL MED (39%)	01,08-GP/FP (28%)	05-ANESTHESIA (16%)
64560-Implant neuroelectrodes	\$37,409	275	010	1%	0%	99%	25-PHYSICL-REHAB (75%)	05-ANESTHESIA (24%)	34-UROLOGY (1%)
64565-Implant neuroelectrodes	\$102,170	1,449	010	3%	66%	58%	05-ANESTHESIA (55%)	01,08-GP/FP (19%)	25-PHYSICL-REHAB (16%)
64573-Implant neuroelectrodes	\$867	4	090	0%	0%	25%	14-NEUROSURGERY (50%)	05-ANESTHESIA (25%)	18-OPHTHALMOLOGY (25%)
64575-Implant neuroelectrodes	\$6,026	30	090	0%	0%	0%	25-PHYSICL-REHAB (23%)	14-NEUROSURGERY (23%)	20-ORTHOPEDE SURG (20%)
64577-Implant neuroelectrodes	\$529	2	090	0%	0%	0%	33-THORACIC SURG (50%)	(.)	(.)
64580-Implant neuroelectrodes	\$2,234	15	090	0%	0%	20%	05-ANESTHESIA (27%)	14-NEUROSURGERY (20%)	19-ORAL SURGERY (20%)
64585-Revise/remove neuroelectrode	\$3,393	39	010	0%	0%	26%	05-ANESTHESIA (28%)	14-NEUROSURGERY (18%)	20-ORTHOPEDE SURG (15%)
64590-Implant neuroreceiver	\$5,034	42	010	0%	0%	19%	14-NEUROSURGERY (31%)	05-ANESTHESIA (19%)	18-OPHTHALMOLOGY (14%)
64595-Revise/remove neuroreceiver	\$5,665	40	010	0%	0%	0%	14-NEUROSURGERY (33%)	20-ORTHOPEDE SURG (20%)	02-GNRL SURGERY (13%)

1536-Nervous System Injections, Stimulations or Cranial Tap

Family Medicare Charges: \$7,879,324 Percent of CPEP Medicare Charges: 2%

Family Private Payments: \$131,285 Percent of CPEP Private Payments: 1%

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
61000-Remove cranial cavity fluid	\$15,570	937	000	0%	.	93%	34-UROLOGY (39%)	11-INTERNAL MED (23%)	01-08-GP/FP (21%)
61001-Remove cranial cavity fluid	\$1,445	24	000	0%	.	50%	14-NEUROSURGERY (83%)	01-08-GP/FP (4%)	11-INTERNAL MED (4%)
61020-Remove brain cavity fluid	\$43,533	422	000	1%	.	12%	14-NEUROSURGERY (73%)	70-GROUP PRAC (7%)	11-INTERNAL MED (5%)
61026-Injection into brain canal	\$50,462	445	000	1%	.	24%	14-NEUROSURGERY (32%)	11-INTERNAL MED (16%)	44-INFECT DISEAS (13%)
61050-Remove brain canal fluid	\$18,376	201	000	0%	.	11%	30-RADIOLOGY (33%)	14-NEUROSURGERY (30%)	70-GROUP PRAC (15%)
61055-Injection into brain canal	\$475,456	3,591	000	6%	7%	9%	30-RADIOLOGY (71%)	14-NEUROSURGERY (8%)	70-GROUP PRAC (7%)
62268-Drain spinal cord cyst	\$16,628	83	000	0%	.	13%	30-RADIOLOGY (52%)	14-NEUROSURGERY (13%)	20-ORTHOPED SURG (11%)
62273-Treat lumbar spine lesion	\$342,938	3,026	000	4%	4%	13%	05-ANESTHESIA (77%)	20-ORTHOPED SURG (5%)	11-INTERNAL MED (4%)
62292-Injection into disk lesion	\$50,980	92	090	1%	.	26%	20-ORTHOPED SURG (50%)	11-INTERNAL MED (22%)	14-NEUROSURGERY (13%)
62294-Injection into spinal artery	\$6,495	21	090	0%	.	0%	30-RADIOLOGY (57%)	05-ANESTHESIA (14%)	14-NEUROSURGERY (10%)
63600-Remove spinal cord lesion	\$155,301	199	090	2%	.	35%	05-ANESTHESIA (44%)	49-ASC (31%)	14-NEUROSURGERY (18%)
63610-Stimulation of spinal cord	\$20,690	79	000	0%	.	3%	49-ASC (52%)	05-ANESTHESIA (33%)	14-NEUROSURGERY (13%)
63615-Remove lesion of spinal cord	\$9,529	15	090	0%	.	7%	14-NEUROSURGERY (60%)	05-ANESTHESIA (13%)	70-GROUP PRAC (13%)
64550-Apply neurostimulator	\$3,989,760	186,238	000	51%	44%	98%	01-08-GP/FP (26%)	25-PHYSICL-REHAB (20%)	06-CARDIOLOGY (10%)
64600-Injection treatment of nerve	\$122,325	884	010	2%	.	48%	05-ANESTHESIA (27%)	13-NEUROLOGY (16%)	14-NEUROSURGERY (16%)
64605-Injection treatment of nerve	\$48,104	177	010	1%	.	21%	14-NEUROSURGERY (45%)	05-ANESTHESIA (36%)	04-OTOLARYNG (15%)
64610-Injection treatment of nerve	\$242,190	530	010	3%	.	2%	14-NEUROSURGERY (68%)	05-ANESTHESIA (23%)	13-NEUROLOGY (3%)
64612-Destroy nerve, face muscle	\$1,798,197	18,575	010	23%	.	85%	18-OPHTHALMOLOGY (83%)	13-NEUROLOGY (12%)	70-GROUP PRAC (2%)
64613-Destroy nerve, spine muscle	\$471,345	5,238	010	6%	.	81%	13-NEUROLOGY (85%)	25-PHYSICL-REHAB (4%)	70-GROUP PRAC (3%)

Summary of Services Assigned to Multiple CPEPs

<i>HCPCS</i> Description	<i>CPEP</i> * indicates the primary assignment R indicates a reference service	<i>Sites Profiled</i>	
15820 Revision of lower eyelid	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN	OUT OUT
15821 Revision of lower eyelid	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN	OUT OUT
15822 Revision of upper eyelid	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN	OUT OUT
15823 Revision of upper eyelid	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN	OUT OUT
19000 Drainage of breast lesion	CPEP 6 - Radiology * CPEP 8 - General Surgery	IN	OUT IN
19001 Drain added breast lesion	CPEP 6 - Radiology * CPEP 8 - General Surgery	IN	OUT IN
19020 Incision of breast lesion	* CPEP 1 - Integumentary and Physical Medicine CPEP 8 - General Surgery	IN	OUT IN OUT
19100 Biopsy of breast	CPEP 6 - Radiology * CPEP 8 - General Surgery	IN	OUT IN OUT
19110 Nipple exploration	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery		OUT IN OUT
19112 Excise breast duct fistula	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery		OUT IN OUT
19140 Removal of breast tissue	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery		OUT IN OUT
19160 Removal of breast tissue	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery		OUT OUT
19162 Remove breast tissue, nodes	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery		OUT OUT
19180 Removal of breast	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery		OUT OUT

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
19182	CPEP 1 - Integumentary and Physical Medicine	OUT
Removal of breast	* CPEP 8 - General Surgery	OUT
19200	CPEP 1 - Integumentary and Physical Medicine	OUT
Removal of breast	* CPEP 8 - General Surgery	OUT
19220	CPEP 1 - Integumentary and Physical Medicine	OUT
Removal of breast	* CPEP 8 - General Surgery	OUT
19240	R CPEP 1 - Integumentary and Physical Medicine	OUT
Removal of breast	* R CPEP 8 - General Surgery	OUT
19260	CPEP 8 - General Surgery	NOT PROFILED
Removal of chest wall lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
19271	CPEP 8 - General Surgery	NOT PROFILED
Revision of chest wall	* CPEP 12 - Cardiothoracic and Vascular	OUT
19272	CPEP 8 - General Surgery	NOT PROFILED
Extensive chest wall surgery	* CPEP 12 - Cardiothoracic and Vascular	OUT
19290	CPEP 6 - Radiology	IN OUT
Place needle wire, breast	* CPEP 8 - General Surgery	NOT PROFILED
19291	CPEP 6 - Radiology	IN OUT
Place needle wire, breast	* CPEP 8 - General Surgery	NOT PROFILED
19316	CPEP 1 - Integumentary and Physical Medicine	OUT
Suspension of breast	* CPEP 8 - General Surgery	NOT PROFILED
19318	CPEP 1 - Integumentary and Physical Medicine	OUT
Reduction of large breast	* CPEP 8 - General Surgery	NOT PROFILED
19324	CPEP 1 - Integumentary and Physical Medicine	OUT
Enlarge breast	* CPEP 8 - General Surgery	NOT PROFILED
19325	CPEP 1 - Integumentary and Physical Medicine	OUT
Enlarge breast with implant	* CPEP 8 - General Surgery	NOT PROFILED
19328	CPEP 1 - Integumentary and Physical Medicine	OUT
Removal of breast implant	* CPEP 8 - General Surgery	NOT PROFILED
19330	CPEP 1 - Integumentary and Physical Medicine	OUT
Removal of implant material	* CPEP 8 - General Surgery	NOT PROFILED

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
19340 Immediate breast prosthesis	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	OUT NOT PROFILED
19342 Delayed breast prosthesis	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	OUT NOT PROFILED
19350 Breast reconstruction	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	IN OUT NOT PROFILED
19355 Correct inverted nipple(s)	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	IN OUT IN OUT
19357 Breast reconstruction	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	OUT NOT PROFILED
19361 Breast reconstruction	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	OUT NOT PROFILED
19364 Breast reconstruction	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	OUT NOT PROFILED
19366 Breast reconstruction	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	OUT NOT PROFILED
19367 Breast reconstruction	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	OUT NOT PROFILED
19368 Breast reconstruction	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	OUT NOT PROFILED
19369 Breast reconstruction	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	OUT NOT PROFILED
19370 Surgery of breast capsule	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	OUT NOT PROFILED
19371 Removal of breast capsule	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	OUT NOT PROFILED
19380 Revise breast reconstruction	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	OUT NOT PROFILED
20205 Deep muscle biopsy	* CPEP 1 - Integumentary and Physical Medicine CPEP 8 - General Surgery	IN OUT IN OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>	
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>		
20206	CPEP 6 - Radiology	IN	OUT
Needle biopsy, muscle	* CPEP 8 - General Surgery	IN	OUT
20250	* CPEP 3 - Orthopaedics		OUT
Open bone biopsy	CPEP 15 - Neurosurgery		OUT
20251	* CPEP 3 - Orthopaedics		OUT
Open bone biopsy	CPEP 15 - Neurosurgery		OUT
20660	* CPEP 3 - Orthopaedics		OUT
Apply,remove fixation device	CPEP 7 - Evaluation and Management	NOT PROFILED	
20661	* CPEP 3 - Orthopaedics		OUT
Application of head brace	CPEP 15 - Neurosurgery		OUT
20662	* CPEP 3 - Orthopaedics		OUT
Application of pelvis brace	CPEP 7 - Evaluation and Management	NOT PROFILED	
20663	* CPEP 3 - Orthopaedics		OUT
Application of thigh brace	CPEP 7 - Evaluation and Management	NOT PROFILED	
20665	* CPEP 3 - Orthopaedics	IN	OUT
Removal of fixation device	CPEP 7 - Evaluation and Management	NOT PROFILED	
20974	* CPEP 1 - Integumentary and Physical Medicine	IN	
Electrical bone stimulation	CPEP 3 - Orthopaedics	IN	
21502	CPEP 8 - General Surgery		NOT PROFILED
Drain chest lesion	* CPEP 12 - Cardiothoracic and Vascular		OUT
21510	CPEP 8 - General Surgery		NOT PROFILED
Drainage of bone lesion	* CPEP 12 - Cardiothoracic and Vascular		OUT
21557	CPEP 8 - General Surgery		NOT PROFILED
Remove tumor, neck or chest	* CPEP 12 - Cardiothoracic and Vascular		OUT
21600	CPEP 8 - General Surgery		NOT PROFILED
Partial removal of rib	* CPEP 12 - Cardiothoracic and Vascular		OUT
21610	* CPEP 3 - Orthopaedics		OUT
Partial removal of rib	CPEP 15 - Neurosurgery		OUT
21615	CPEP 8 - General Surgery		NOT PROFILED
Removal of rib	* CPEP 12 - Cardiothoracic and Vascular		OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment R indicates a reference service</i>	
21616	CPEP 8 - General Surgery	NOT PROFILED
Removal of rib and nerves	* CPEP 12 - Cardiothoracic and Vascular	OUT
21620	CPEP 8 - General Surgery	NOT PROFILED
Partial removal of sternum	* CPEP 12 - Cardiothoracic and Vascular	OUT
21627	CPEP 8 - General Surgery	NOT PROFILED
Sternal debridement	* CPEP 12 - Cardiothoracic and Vascular	OUT
21630	CPEP 8 - General Surgery	NOT PROFILED
Extensive sternum surgery	* CPEP 12 - Cardiothoracic and Vascular	OUT
21632	CPEP 8 - General Surgery	NOT PROFILED
Extensive sternum surgery	* CPEP 12 - Cardiothoracic and Vascular	OUT
21705	CPEP 8 - General Surgery	NOT PROFILED
Revision of neck muscle/rib	* CPEP 12 - Cardiothoracic and Vascular	OUT
21740	CPEP 8 - General Surgery	NOT PROFILED
Reconstruction of sternum	* CPEP 12 - Cardiothoracic and Vascular	OUT
21750	CPEP 8 - General Surgery	NOT PROFILED
Repair of sternum separation	* CPEP 12 - Cardiothoracic and Vascular	OUT
21810	CPEP 8 - General Surgery	NOT PROFILED
Treatment of rib fracture(s)	* CPEP 12 - Cardiothoracic and Vascular	OUT
21825	* CPEP 3 - Orthopaedics	OUT
Repair sternum fracture	CPEP 12 - Cardiothoracic and Vascular	OUT
21925	* CPEP 3 - Orthopaedics	IN OUT
Biopsy soft tissue of back	CPEP 15 - Neurosurgery	OUT
21935	* CPEP 3 - Orthopaedics	OUT
Remove tumor of back	CPEP 15 - Neurosurgery	OUT
22100	* CPEP 3 - Orthopaedics	OUT
Remove part of neck vertebra	CPEP 15 - Neurosurgery	OUT
22101	* CPEP 3 - Orthopaedics	OUT
Remove part, thorax vertebra	CPEP 15 - Neurosurgery	OUT
22102	* CPEP 3 - Orthopaedics	OUT
Remove part, lumbar vertebra	CPEP 15 - Neurosurgery	OUT

Description
** indicates the primary assignment*
R indicates a reference service

22105	*	CPEP 3 - Orthopaedics	OUT
Remove part of neck vertebra		CPEP 15 - Neurosurgery	OUT
22106	*	CPEP 3 - Orthopaedics	OUT
Remove part, thorax vertebra		CPEP 15 - Neurosurgery	OUT
22107	*	CPEP 3 - Orthopaedics	OUT
Remove part, lumbar vertebra		CPEP 15 - Neurosurgery	OUT
22110	*	CPEP 3 - Orthopaedics	OUT
Remove part of neck vertebra		CPEP 15 - Neurosurgery	OUT
22112	*	CPEP 3 - Orthopaedics	OUT
Remove part, thorax vertebra		CPEP 15 - Neurosurgery	OUT
22114	*	CPEP 3 - Orthopaedics	OUT
Remove part, lumbar vertebra		CPEP 15 - Neurosurgery	OUT
22140	*	CPEP 3 - Orthopaedics	OUT
Reconstruct neck spine		CPEP 15 - Neurosurgery	OUT
22141	*	CPEP 3 - Orthopaedics	OUT
Reconstruct thorax spine		CPEP 15 - Neurosurgery	OUT
22142	*	CPEP 3 - Orthopaedics	OUT
Reconstruct lumbar spine		CPEP 15 - Neurosurgery	OUT
22145	*	CPEP 3 - Orthopaedics	OUT
Reconstruct vertebra(e)		CPEP 15 - Neurosurgery	OUT
22150	*	CPEP 3 - Orthopaedics	OUT
Reconstruct neck spine		CPEP 15 - Neurosurgery	OUT
22151	*	CPEP 3 - Orthopaedics	OUT
Reconstruct thorax spine		CPEP 15 - Neurosurgery	OUT
22152	*	CPEP 3 - Orthopaedics	OUT
Reconstruct lumbar spine		CPEP 15 - Neurosurgery	OUT
22210	*	CPEP 3 - Orthopaedics	OUT
Revision of neck spine		CPEP 15 - Neurosurgery	OUT
22212	*	CPEP 3 - Orthopaedics	OUT
Revision of thorax spine		CPEP 15 - Neurosurgery	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
22214	* CPEP 3 - Orthopaedics	OUT
Revision of lumbar spine	CPEP 15 - Neurosurgery	OUT
22220	* CPEP 3 - Orthopaedics	OUT
Revision of neck spine	CPEP 15 - Neurosurgery	OUT
22222	* CPEP 3 - Orthopaedics	OUT
Revision of thorax spine	CPEP 15 - Neurosurgery	OUT
22224	* CPEP 3 - Orthopaedics	OUT
Revision of lumbar spine	CPEP 15 - Neurosurgery	OUT
22230	* CPEP 3 - Orthopaedics	OUT
Additional revision of spine	CPEP 15 - Neurosurgery	OUT
22315	* CPEP 3 - Orthopaedics	IN OUT
Treat spine fracture	CPEP 15 - Neurosurgery	OUT
22325	* CPEP 3 - Orthopaedics	OUT
Repair of spine fracture	CPEP 15 - Neurosurgery	OUT
22326	* CPEP 3 - Orthopaedics	OUT
Repair neck spine fracture	CPEP 15 - Neurosurgery	OUT
22327	* CPEP 3 - Orthopaedics	OUT
Repair thorax spine fracture	CPEP 15 - Neurosurgery	OUT
22548	* CPEP 3 - Orthopaedics	OUT
Neck spine fusion	CPEP 15 - Neurosurgery	OUT
22554	* CPEP 3 - Orthopaedics	OUT
Neck spine fusion	CPEP 15 - Neurosurgery	OUT
22556	* CPEP 3 - Orthopaedics	OUT
Thorax spine fusion	CPEP 15 - Neurosurgery	OUT
22558	* CPEP 3 - Orthopaedics	OUT
Lumbar spine fusion	CPEP 15 - Neurosurgery	OUT
22585	* CPEP 3 - Orthopaedics	OUT
Additional spinal fusion	CPEP 15 - Neurosurgery	OUT
22590	* CPEP 3 - Orthopaedics	OUT
Spine & skull spinal fusion	CPEP 15 - Neurosurgery	OUT

<i>HCPCS</i> <i>Description</i>	<i>CPEP</i> <i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	<i>Sites Profiled</i>
22595 Neck spinal fusion	* CPEP 3 - Orthopaedics CPEP 15 - Neurosurgery	OUT OUT
22600 Neck spine fusion	* CPEP 3 - Orthopaedics CPEP 15 - Neurosurgery	OUT OUT
22610 Thorax spine fusion	* CPEP 3 - Orthopaedics CPEP 15 - Neurosurgery	OUT OUT
22612 Lumbar spine fusion	* CPEP 3 - Orthopaedics CPEP 15 - Neurosurgery	OUT OUT
22625 Lumbar spine fusion	* CPEP 3 - Orthopaedics CPEP 15 - Neurosurgery	OUT OUT
22630 Lumbar spine fusion	* CPEP 3 - Orthopaedics CPEP 15 - Neurosurgery	OUT OUT
22650 Additional spinal fusion	* CPEP 3 - Orthopaedics CPEP 15 - Neurosurgery	OUT OUT
22800 Fusion of spine	* CPEP 3 - Orthopaedics CPEP 15 - Neurosurgery	OUT OUT
22802 Fusion of spine	* CPEP 3 - Orthopaedics CPEP 15 - Neurosurgery	OUT OUT
22810 Fusion of spine	* CPEP 3 - Orthopaedics CPEP 15 - Neurosurgery	OUT OUT
22812 Fusion of spine	* CPEP 3 - Orthopaedics CPEP 15 - Neurosurgery	OUT OUT
22830 Exploration of spinal fusion	* CPEP 3 - Orthopaedics CPEP 15 - Neurosurgery	OUT OUT
22840 Insert spine fixation device	* CPEP 3 - Orthopaedics CPEP 15 - Neurosurgery	OUT OUT
22842 Insert spine fixation device	* <i>R</i> CPEP 3 - Orthopaedics <i>R</i> CPEP 15 - Neurosurgery	NOT PROFILED OUT
22845 Insert spine fixation device	* CPEP 3 - Orthopaedics CPEP 15 - Neurosurgery	OUT OUT

HCPCS <i>Description</i>	CPEP <i>* indicates the primary assignment R indicates a reference service</i>	Sites Profiled	
22849 Reinsert spinal fixation	* CPEP 3 - Orthopaedics CPEP 15 - Neurosurgery	OUT	OUT
22850 Remove spine fixation device	* CPEP 3 - Orthopaedics CPEP 15 - Neurosurgery	OUT	OUT
22852 Remove spine fixation device	* CPEP 3 - Orthopaedics CPEP 15 - Neurosurgery	OUT	OUT
22855 Remove spine fixation device	* CPEP 3 - Orthopaedics CPEP 15 - Neurosurgery	OUT	OUT
25065 Biopsy forearm soft tissues	CPEP 1 - Integumentary and Physical Medicine * CPEP 3 - Orthopaedics	IN	OUT OUT
27613 Biopsy lower leg soft tissue	CPEP 1 - Integumentary and Physical Medicine * CPEP 3 - Orthopaedics	IN	OUT OUT
28035 Decompression of tibia nerve	CPEP 3 - Orthopaedics * CPEP 15 - Neurosurgery	IN	OUT OUT
29000 Application of body cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN	OUT NOT PROFILED
29010 Application of body cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN	OUT NOT PROFILED
29015 Application of body cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN	OUT NOT PROFILED
29020 Application of body cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN	OUT NOT PROFILED
29025 Application of body cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN	OUT NOT PROFILED
29035 Application of body cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN	OUT NOT PROFILED
29040 Application of body cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN	OUT NOT PROFILED
29044 Application of body cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN	OUT NOT PROFILED

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
29046	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT NOT PROFILED
Application of body cast		
29049	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT NOT PROFILED
Application of shoulder cast		
29055	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT NOT PROFILED
Application of shoulder cast		
29058	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT NOT PROFILED
Application of shoulder cast		
29065	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
Application of long arm cast		
29075	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
Application of forearm cast		
29085	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
Apply hand/wrist cast		
29105	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
Apply long arm splint		
29125	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
Apply forearm splint		
29126	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT NOT PROFILED
Apply forearm splint		
29130	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
Application of finger splint		
29131	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT NOT PROFILED
Application of finger splint		
29200	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
Strapping of chest		
29220	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
Strapping of low back		
29240	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
Strapping of shoulder		

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment R indicates a reference service</i>	
29260 Strapping of elbow or wrist	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
29280 Strapping of hand or finger	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
29305 Application of hip cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT NOT PROFILED
29325 Application of hip casts	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT NOT PROFILED
29345 Application of long leg cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
29355 Application of long leg cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
29358 Apply long leg cast brace	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT NOT PROFILED
29365 Application of long leg cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
29405 Apply short leg cast	* R CPEP 3 - Orthopaedics R CPEP 7 - Evaluation and Management	IN OUT IN OUT
29425 Apply short leg cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
29435 Apply short leg cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT NOT PROFILED
29440 Addition of walker to cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
29445 Apply rigid leg cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT NOT PROFILED
29450 Application of leg cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT NOT PROFILED
29505 Application long leg splint	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT NOT PROFILED

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment R indicates a reference service</i>	
29515 Application lower leg splint	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT NOT PROFILED
29520 Strapping of hip	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
29530 Strapping of knee	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
29540 Strapping of ankle	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
29550 Strapping of toes	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
29580 Application of paste boot	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
29590 Application of foot splint	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT NOT PROFILED
29700 Removal/revision of cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
29705 Removal/revision of cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
29710 Removal/revision of cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT NOT PROFILED
29715 Removal/revision of cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT NOT PROFILED
29720 Repair of body cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT NOT PROFILED
29730 Windowing of cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
29740 Wedging of cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
29750 Wedging of clubfoot cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT NOT PROFILED

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
30915	CPEP 9 - Otolaryngology	OUT
Ligation nasal sinus artery	* CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
30920	CPEP 9 - Otolaryngology	OUT
Ligation upper jaw artery	* CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
31612	* CPEP 8 - General Surgery	IN OUT
Puncture/clear windpipe	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
31615	* CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
Visualization of windpipe	CPEP 12 - Cardiothoracic and Vascular	OUT
31622	* <i>R</i> CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
Diagnostic bronchoscopy	<i>R</i> CPEP 12 - Cardiothoracic and Vascular	OUT
31625	* CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
Bronchoscopy with biopsy	CPEP 12 - Cardiothoracic and Vascular	OUT
31628	* CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
Bronchoscopy with biopsy	CPEP 12 - Cardiothoracic and Vascular	OUT
31629	* CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
Bronchoscopy with biopsy	CPEP 12 - Cardiothoracic and Vascular	OUT
31630	* CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
Bronchoscopy with repair	CPEP 12 - Cardiothoracic and Vascular	OUT
31631	* CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
Bronchoscopy with dilation	CPEP 12 - Cardiothoracic and Vascular	OUT
31635	* CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
Remove foreign body, airway	CPEP 12 - Cardiothoracic and Vascular	OUT
31640	* CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
Bronchoscopy & remove lesion	CPEP 12 - Cardiothoracic and Vascular	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment R indicates a reference service</i>	
31641 Bronchoscopy, treat blockage	* CPEP 10 - Miscellaneous Internal Medicine and Other Services CPEP 12 - Cardiothoracic and Vascular	OUT OUT
31645 Bronchoscopy, clear airways	* CPEP 10 - Miscellaneous Internal Medicine and Other Services CPEP 12 - Cardiothoracic and Vascular	OUT OUT
31646 Bronchoscopy, reclear airways	* CPEP 10 - Miscellaneous Internal Medicine and Other Services CPEP 12 - Cardiothoracic and Vascular	OUT OUT
31656 Bronchoscopy, inject for xray	* CPEP 10 - Miscellaneous Internal Medicine and Other Services CPEP 12 - Cardiothoracic and Vascular	OUT OUT
31700 Insertion of airway catheter	* CPEP 10 - Miscellaneous Internal Medicine and Other Services CPEP 12 - Cardiothoracic and Vascular	IN OUT OUT
31710 Insertion of airway catheter	* CPEP 10 - Miscellaneous Internal Medicine and Other Services CPEP 12 - Cardiothoracic and Vascular	OUT OUT
31715 Injection for bronchus x-ray	* CPEP 10 - Miscellaneous Internal Medicine and Other Services CPEP 12 - Cardiothoracic and Vascular	OUT OUT
31717 Bronchial brush biopsy	* CPEP 10 - Miscellaneous Internal Medicine and Other Services CPEP 12 - Cardiothoracic and Vascular	IN OUT OUT
31720 Clearance of airways	* CPEP 8 - General Surgery CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT IN OUT
31725 Clearance of airways	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
31730 Intro windpipe wire/tube	* CPEP 8 - General Surgery CPEP 10 - Miscellaneous Internal Medicine and Other Services	NOT PROFILED IN OUT
31760 Repair of windpipe	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
31766 Reconstruction of windpipe	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
31770	CPEP 8 - General Surgery	NOT PROFILED
Repair/graft of bronchus	* CPEP 12 - Cardiothoracic and Vascular	OUT
31775	CPEP 8 - General Surgery	NOT PROFILED
Reconstruct bronchus	* CPEP 12 - Cardiothoracic and Vascular	OUT
31780	CPEP 8 - General Surgery	NOT PROFILED
Reconstruct windpipe	* CPEP 12 - Cardiothoracic and Vascular	OUT
31781	CPEP 8 - General Surgery	NOT PROFILED
Reconstruct windpipe	* CPEP 12 - Cardiothoracic and Vascular	OUT
31785	CPEP 8 - General Surgery	NOT PROFILED
Remove windpipe lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
31786	CPEP 8 - General Surgery	NOT PROFILED
Remove windpipe lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
31800	CPEP 8 - General Surgery	NOT PROFILED
Repair of windpipe injury	* CPEP 12 - Cardiothoracic and Vascular	OUT
31805	CPEP 8 - General Surgery	NOT PROFILED
Repair of windpipe injury	* CPEP 12 - Cardiothoracic and Vascular	OUT
32000	* CPEP 8 - General Surgery	OUT
Drainage of chest	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
32002	* CPEP 8 - General Surgery	OUT
Treatment of collapsed lung	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
32005	CPEP 8 - General Surgery	NOT PROFILED
Treat lung lining chemically	* CPEP 12 - Cardiothoracic and Vascular	OUT
32020	* R CPEP 8 - General Surgery	OUT
Insertion of chest tube	R CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
32035	CPEP 8 - General Surgery	NOT PROFILED
Exploration of chest	* CPEP 12 - Cardiothoracic and Vascular	OUT
32036	CPEP 8 - General Surgery	NOT PROFILED
Exploration of chest	* CPEP 12 - Cardiothoracic and Vascular	OUT

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
32095	CPEP 8 - General Surgery	NOT PROFILED
Biopsy through chest wall	* CPEP 12 - Cardiothoracic and Vascular	OUT
32100	CPEP 8 - General Surgery	NOT PROFILED
Exploration/biopsy of chest	* CPEP 12 - Cardiothoracic and Vascular	OUT
32110	CPEP 8 - General Surgery	NOT PROFILED
Explore/repair chest	* CPEP 12 - Cardiothoracic and Vascular	OUT
32120	CPEP 8 - General Surgery	NOT PROFILED
Re-exploration of chest	* CPEP 12 - Cardiothoracic and Vascular	OUT
32124	CPEP 8 - General Surgery	NOT PROFILED
Explore chest,free adhesions	* CPEP 12 - Cardiothoracic and Vascular	OUT
32140	CPEP 8 - General Surgery	NOT PROFILED
Removal of lung lesion(s)	* CPEP 12 - Cardiothoracic and Vascular	OUT
32141	CPEP 8 - General Surgery	NOT PROFILED
Remove/treat lung lesions	* CPEP 12 - Cardiothoracic and Vascular	OUT
32150	CPEP 8 - General Surgery	NOT PROFILED
Removal of lung lesion(s)	* CPEP 12 - Cardiothoracic and Vascular	OUT
32151	CPEP 8 - General Surgery	NOT PROFILED
Remove lung foreign body	* CPEP 12 - Cardiothoracic and Vascular	OUT
32160	CPEP 8 - General Surgery	NOT PROFILED
Open chest heart massage	* CPEP 12 - Cardiothoracic and Vascular	OUT
32200	CPEP 8 - General Surgery	NOT PROFILED
Drainage of lung lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
32215	CPEP 8 - General Surgery	NOT PROFILED
Treat chest lining	* CPEP 12 - Cardiothoracic and Vascular	OUT
32220	CPEP 8 - General Surgery	NOT PROFILED
Release of lung	* CPEP 12 - Cardiothoracic and Vascular	OUT
32225	CPEP 8 - General Surgery	NOT PROFILED
Partial release of lung	* CPEP 12 - Cardiothoracic and Vascular	OUT
32310	CPEP 8 - General Surgery	NOT PROFILED
Removal of chest lining	* CPEP 12 - Cardiothoracic and Vascular	OUT

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
32320 Free/remove chest lining	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
32400 Needle biopsy chest lining	CPEP 6 - Radiology * CPEP 8 - General Surgery	OUT OUT
32402 Open biopsy chest lining	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
32405 Biopsy, lung or mediastinum	CPEP 6 - Radiology * CPEP 8 - General Surgery	OUT OUT
32420 Puncture/clear lung	* CPEP 8 - General Surgery CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT OUT
32440 Removal of lung	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
32442 Sleeve pneumonectomy	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
32445 Removal of lung	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
32480 Partial removal of lung	R CPEP 8 - General Surgery * R CPEP 12 - Cardiothoracic and Vascular	OUT OUT
32482 Bilobectomy	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
32484 Segmentectomy	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
32485 Partial removal of lung	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
32486 Sleeve lobectomy	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
32488 Completion pneumonectomy	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
32500 Partial removal of lung	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
32520	CPEP 8 - General Surgery	NOT PROFILED
Remove lung & revise chest	* CPEP 12 - Cardiothoracic and Vascular	OUT
32522	CPEP 8 - General Surgery	NOT PROFILED
Remove lung & revise chest	* CPEP 12 - Cardiothoracic and Vascular	OUT
32525	CPEP 8 - General Surgery	NOT PROFILED
Remove lung & revise chest	* CPEP 12 - Cardiothoracic and Vascular	OUT
32540	CPEP 8 - General Surgery	NOT PROFILED
Removal of lung lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
32800	CPEP 8 - General Surgery	NOT PROFILED
Repair lung hernia	* CPEP 12 - Cardiothoracic and Vascular	OUT
32810	CPEP 8 - General Surgery	NOT PROFILED
Close chest after drainage	* CPEP 12 - Cardiothoracic and Vascular	OUT
32815	CPEP 8 - General Surgery	NOT PROFILED
Close bronchial fistula	* CPEP 12 - Cardiothoracic and Vascular	OUT
32820	CPEP 8 - General Surgery	NOT PROFILED
Reconstruct injured chest	* CPEP 12 - Cardiothoracic and Vascular	OUT
32900	CPEP 8 - General Surgery	NOT PROFILED
Removal of rib(s)	* CPEP 12 - Cardiothoracic and Vascular	OUT
32905	CPEP 8 - General Surgery	NOT PROFILED
Revise & repair chest wall	* CPEP 12 - Cardiothoracic and Vascular	OUT
32906	CPEP 8 - General Surgery	NOT PROFILED
Revise & repair chest wall	* CPEP 12 - Cardiothoracic and Vascular	OUT
32940	CPEP 8 - General Surgery	NOT PROFILED
Revision of lung	* CPEP 12 - Cardiothoracic and Vascular	OUT
32960	* CPEP 8 - General Surgery	OUT
Therapeutic pneumothorax	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
33010	* CPEP 8 - General Surgery	OUT
Drainage of heart sac	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
33011	* CPEP 8 - General Surgery	OUT
Repeat drainage of heart sac	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
33015	* CPEP 8 - General Surgery	OUT
Incision of heart sac	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
33200	CPEP 12 - Cardiothoracic and Vascular	OUT
Insertion of heart pacemaker	* CPEP 13 - Cardiology	OUT
33201	CPEP 12 - Cardiothoracic and Vascular	OUT
Insertion of heart pacemaker	* CPEP 13 - Cardiology	OUT
33206	CPEP 12 - Cardiothoracic and Vascular	OUT
Insertion of heart pacemaker	* CPEP 13 - Cardiology	OUT
33207	CPEP 12 - Cardiothoracic and Vascular	OUT
Insertion of heart pacemaker	* CPEP 13 - Cardiology	OUT
33208	R CPEP 12 - Cardiothoracic and Vascular	OUT
Insertion of heart pacemaker	* R CPEP 13 - Cardiology	OUT
33210	CPEP 12 - Cardiothoracic and Vascular	OUT
Insertion of heart electrode	* CPEP 13 - Cardiology	OUT
33211	CPEP 12 - Cardiothoracic and Vascular	OUT
Insertion of heart electrode	* CPEP 13 - Cardiology	OUT
33212	CPEP 12 - Cardiothoracic and Vascular	OUT
Insertion of pulse generator	* CPEP 13 - Cardiology	OUT
33213	CPEP 12 - Cardiothoracic and Vascular	OUT
Insertion of pulse generator	* CPEP 13 - Cardiology	OUT
33214	CPEP 12 - Cardiothoracic and Vascular	OUT
Upgrade of pacemaker system	* CPEP 13 - Cardiology	OUT
33216	CPEP 12 - Cardiothoracic and Vascular	OUT
Revision implanted electrode	* CPEP 13 - Cardiology	OUT
33217	CPEP 12 - Cardiothoracic and Vascular	OUT
Insert/revise electrode	* CPEP 13 - Cardiology	OUT
33218	CPEP 12 - Cardiothoracic and Vascular	OUT
Repair pacemaker electrodes	* CPEP 13 - Cardiology	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
33220	CPEP 12 - Cardiothoracic and Vascular	OUT
Repair pacemaker electrode	* CPEP 13 - Cardiology	OUT
33222	CPEP 12 - Cardiothoracic and Vascular	OUT
Pacemaker acid pocket	* CPEP 13 - Cardiology	OUT
33223	CPEP 12 - Cardiothoracic and Vascular	OUT
Pacemaker acid pocket	* CPEP 13 - Cardiology	OUT
33233	CPEP 12 - Cardiothoracic and Vascular	OUT
Removal of pacemaker system	* CPEP 13 - Cardiology	OUT
33234	CPEP 12 - Cardiothoracic and Vascular	OUT
Removal of pacemaker system	* CPEP 13 - Cardiology	OUT
33235	CPEP 12 - Cardiothoracic and Vascular	OUT
Removal pacemaker electrode	* CPEP 13 - Cardiology	OUT
33236	CPEP 12 - Cardiothoracic and Vascular	OUT
Remove electrode/thoracotomy	* CPEP 13 - Cardiology	OUT
33237	CPEP 12 - Cardiothoracic and Vascular	OUT
Remove electrode/thoracotomy	* CPEP 13 - Cardiology	OUT
33238	CPEP 12 - Cardiothoracic and Vascular	OUT
Remove electrode/thoracotomy	* CPEP 13 - Cardiology	OUT
33240	CPEP 12 - Cardiothoracic and Vascular	OUT
Insert/replace pulse gener	* CPEP 13 - Cardiology	OUT
33241	CPEP 12 - Cardiothoracic and Vascular	OUT
Remove pulse generator only	* CPEP 13 - Cardiology	OUT
33242	CPEP 12 - Cardiothoracic and Vascular	OUT
Repair pulse generator/leads	* CPEP 13 - Cardiology	OUT
33243	CPEP 12 - Cardiothoracic and Vascular	OUT
Remove generator/thoracotomy	* CPEP 13 - Cardiology	OUT
33244	CPEP 12 - Cardiothoracic and Vascular	OUT
Remove generator	* CPEP 13 - Cardiology	OUT
33245	CPEP 12 - Cardiothoracic and Vascular	OUT
Implant heart defibrillator	* CPEP 13 - Cardiology	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
33246	CPEP 12 - Cardiothoracic and Vascular	OUT
Implant heart defibrillator	* CPEP 13 - Cardiology	OUT
33247	CPEP 12 - Cardiothoracic and Vascular	OUT
Insert/replace leads	* CPEP 13 - Cardiology	OUT
33249	CPEP 12 - Cardiothoracic and Vascular	OUT
Insert/replace leads/gener	* CPEP 13 - Cardiology	OUT
34001	CPEP 8 - General Surgery	NOT PROFILED
Removal of artery clot	* CPEP 12 - Cardiothoracic and Vascular	OUT
34051	CPEP 8 - General Surgery	NOT PROFILED
Removal of artery clot	* CPEP 12 - Cardiothoracic and Vascular	OUT
34101	CPEP 8 - General Surgery	NOT PROFILED
Removal of artery clot	* CPEP 12 - Cardiothoracic and Vascular	OUT
34111	CPEP 8 - General Surgery	NOT PROFILED
Removal of arm artery clot	* CPEP 12 - Cardiothoracic and Vascular	OUT
34151	CPEP 8 - General Surgery	NOT PROFILED
Removal of artery clot	* CPEP 12 - Cardiothoracic and Vascular	OUT
34201	CPEP 8 - General Surgery	NOT PROFILED
Removal of artery clot	* CPEP 12 - Cardiothoracic and Vascular	OUT
34203	CPEP 8 - General Surgery	NOT PROFILED
Removal of leg artery clot	* CPEP 12 - Cardiothoracic and Vascular	OUT
34401	CPEP 8 - General Surgery	NOT PROFILED
Removal of vein clot	* CPEP 12 - Cardiothoracic and Vascular	OUT
34421	CPEP 8 - General Surgery	NOT PROFILED
Removal of vein clot	* CPEP 12 - Cardiothoracic and Vascular	OUT
34451	CPEP 8 - General Surgery	NOT PROFILED
Removal of vein clot	* CPEP 12 - Cardiothoracic and Vascular	OUT
34471	CPEP 8 - General Surgery	NOT PROFILED
Removal of vein clot	* CPEP 12 - Cardiothoracic and Vascular	OUT
34490	CPEP 8 - General Surgery	OUT
Removal of vein clot	* CPEP 12 - Cardiothoracic and Vascular	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
34501	CPEP 8 - General Surgery	OUT
Repair valve, femoral vein	* CPEP 12 - Cardiothoracic and Vascular	OUT
34502	CPEP 8 - General Surgery	NOT PROFILED
Reconstruct, vena cava	* CPEP 12 - Cardiothoracic and Vascular	OUT
34510	CPEP 8 - General Surgery	OUT
Transposition of vein valve	* CPEP 12 - Cardiothoracic and Vascular	OUT
34520	CPEP 8 - General Surgery	OUT
Cross-over vein graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
34530	CPEP 8 - General Surgery	OUT
Leg vein fusion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35001	CPEP 8 - General Surgery	NOT PROFILED
Repair defect of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35002	CPEP 8 - General Surgery	NOT PROFILED
Repair artery rupture, neck	* CPEP 12 - Cardiothoracic and Vascular	OUT
35005	CPEP 8 - General Surgery	NOT PROFILED
Repair defect of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35011	CPEP 8 - General Surgery	NOT PROFILED
Repair defect of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35013	CPEP 8 - General Surgery	NOT PROFILED
Repair artery rupture, arm	* CPEP 12 - Cardiothoracic and Vascular	OUT
35021	CPEP 8 - General Surgery	NOT PROFILED
Repair defect of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35022	CPEP 8 - General Surgery	NOT PROFILED
Repair artery rupture, chest	* CPEP 12 - Cardiothoracic and Vascular	OUT
35045	CPEP 8 - General Surgery	OUT
Repair defect of arm artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35081	CPEP 8 - General Surgery	NOT PROFILED
Repair defect of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35082	CPEP 8 - General Surgery	NOT PROFILED
Repair artery rupture, aorta	* CPEP 12 - Cardiothoracic and Vascular	OUT

35091	CPEP 8 - General Surgery	NOT PROFILED
Repair defect of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35092	CPEP 8 - General Surgery	NOT PROFILED
Repair artery rupture, aorta	* CPEP 12 - Cardiothoracic and Vascular	OUT
35102	CPEP 8 - General Surgery	NOT PROFILED
Repair defect of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35103	CPEP 8 - General Surgery	NOT PROFILED
Repair artery rupture, groin	* CPEP 12 - Cardiothoracic and Vascular	OUT
35111	CPEP 8 - General Surgery	NOT PROFILED
Repair defect of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35112	CPEP 8 - General Surgery	NOT PROFILED
Repair artery rupture, spleen	* CPEP 12 - Cardiothoracic and Vascular	OUT
35121	CPEP 8 - General Surgery	NOT PROFILED
Repair defect of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35122	CPEP 8 - General Surgery	NOT PROFILED
Repair artery rupture, belly	* CPEP 12 - Cardiothoracic and Vascular	OUT
35131	CPEP 8 - General Surgery	NOT PROFILED
Repair defect of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35132	CPEP 8 - General Surgery	NOT PROFILED
Repair artery rupture, groin	* CPEP 12 - Cardiothoracic and Vascular	OUT
35141	CPEP 8 - General Surgery	NOT PROFILED
Repair defect of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35142	CPEP 8 - General Surgery	NOT PROFILED
Repair artery rupture, thigh	* CPEP 12 - Cardiothoracic and Vascular	OUT
35151	CPEP 8 - General Surgery	NOT PROFILED
Repair defect of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35152	CPEP 8 - General Surgery	NOT PROFILED
Repair artery rupture, knee	* CPEP 12 - Cardiothoracic and Vascular	OUT
35161	CPEP 8 - General Surgery	NOT PROFILED
Repair defect of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment R indicates a reference service</i>	
35162	CPEP 8 - General Surgery	NOT PROFILED
Repair artery rupture	* CPEP 12 - Cardiothoracic and Vascular	OUT
35180	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35182	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35184	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35188	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35189	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35190	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35201	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35206	CPEP 8 - General Surgery	OUT
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35207	CPEP 8 - General Surgery	OUT
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
35211	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35216	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35221	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35226	CPEP 8 - General Surgery	OUT
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35231	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
35236	CPEP 8 - General Surgery	OUT
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35241	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35246	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35251	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35256	CPEP 8 - General Surgery	OUT
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35261	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35266	CPEP 8 - General Surgery	OUT
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35271	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35276	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35281	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35286	CPEP 8 - General Surgery	OUT
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35301	<i>R</i> CPEP 8 - General Surgery	OUT
Rechanneling of artery	* <i>R</i> CPEP 12 - Cardiothoracic and Vascular	OUT
35311	CPEP 8 - General Surgery	NOT PROFILED
Rechanneling of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35321	CPEP 8 - General Surgery	NOT PROFILED
Rechanneling of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35331	CPEP 8 - General Surgery	NOT PROFILED
Rechanneling of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment R indicates a reference service</i>	
35341	CPEP 8 - General Surgery	NOT PROFILED
Rechanneling of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35351	CPEP 8 - General Surgery	NOT PROFILED
Rechanneling of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35355	CPEP 8 - General Surgery	NOT PROFILED
Rechanneling of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35361	CPEP 8 - General Surgery	NOT PROFILED
Rechanneling of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35363	CPEP 8 - General Surgery	NOT PROFILED
Rechanneling of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35371	CPEP 8 - General Surgery	NOT PROFILED
Rechanneling of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35372	CPEP 8 - General Surgery	NOT PROFILED
Rechanneling of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35381	CPEP 8 - General Surgery	NOT PROFILED
Rechanneling of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35390	CPEP 8 - General Surgery	NOT PROFILED
Reoperation, carotid	* CPEP 12 - Cardiothoracic and Vascular	OUT
35450	CPEP 6 - Radiology	OUT
Repair arterial blockage	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED
35452	CPEP 6 - Radiology	OUT
Repair arterial blockage	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED
35454	CPEP 6 - Radiology	OUT
Repair arterial blockage	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED
35456	CPEP 6 - Radiology	OUT
Repair arterial blockage	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED

<i>HCPCS</i> <i>Description</i>	<i>CPEP</i> <i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	<i>Sites Profiled</i>
35458	CPEP 6 - Radiology	OUT
Repair arterial blockage	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED
35459	CPEP 6 - Radiology	OUT
Repair arterial blockage	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED
35460	CPEP 6 - Radiology	OUT
Repair venous blockage	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED
35470	CPEP 6 - Radiology	OUT
Repair arterial blockage	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	OUT
35471	CPEP 6 - Radiology	OUT
Repair arterial blockage	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	OUT
35472	CPEP 6 - Radiology	OUT
Repair arterial blockage	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	OUT
35473	CPEP 6 - Radiology	OUT
Repair arterial blockage	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	OUT
35474	<i>R</i> CPEP 6 - Radiology	OUT
Repair arterial blockage	<i>R</i> CPEP 12 - Cardiothoracic and Vascular	OUT
	* <i>R</i> CPEP 13 - Cardiology	OUT
35475	CPEP 6 - Radiology	OUT
Repair arterial blockage	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	OUT
35476	CPEP 6 - Radiology	OUT
Repair venous blockage	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	OUT
35480	CPEP 6 - Radiology	OUT
Atherectomy, open	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
35481	CPEP 6 - Radiology	OUT
Atherectomy, open	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED
35482	CPEP 6 - Radiology	OUT
Atherectomy, open	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED
35483	CPEP 6 - Radiology	OUT
Atherectomy, open	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED
35484	CPEP 6 - Radiology	OUT
Atherectomy, open	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED
35485	CPEP 6 - Radiology	OUT
Atherectomy, open	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED
35490	CPEP 6 - Radiology	OUT
Atherectomy, percutaneous	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	OUT
35491	CPEP 6 - Radiology	OUT
Atherectomy, percutaneous	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	OUT
35492	CPEP 6 - Radiology	OUT
Atherectomy, percutaneous	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	OUT
35493	CPEP 6 - Radiology	OUT
Atherectomy, percutaneous	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	OUT
35494	CPEP 6 - Radiology	OUT
Atherectomy, percutaneous	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	OUT
35495	CPEP 6 - Radiology	OUT
Atherectomy, percutaneous	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	OUT

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
35501	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35506	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35507	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35508	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35509	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35511	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35515	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35516	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35518	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35521	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35526	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35531	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35533	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35536	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35541	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
35546	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35548	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35549	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35551	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35556	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35558	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35560	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35563	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35565	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35566	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35571	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35582	CPEP 8 - General Surgery	NOT PROFILED
Vein bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35583	CPEP 8 - General Surgery	NOT PROFILED
Vein bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35585	R CPEP 8 - General Surgery	OUT
Vein bypass graft	* R CPEP 12 - Cardiothoracic and Vascular	OUT
35587	CPEP 8 - General Surgery	NOT PROFILED
Vein bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT

HCPCS

CPEP

Sites Profiled

Description

* indicates the primary assignment
R indicates a reference service

HCPCS	CPEP	Sites Profiled
35601	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35606	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35612	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35616	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35621	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35623	CPEP 8 - General Surgery	NOT PROFILED
Bypass graft, not vein	* CPEP 12 - Cardiothoracic and Vascular	OUT
35626	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35631	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35636	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35641	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35642	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35645	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35646	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35650	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35651	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
35654	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35656	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35661	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35663	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35665	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35666	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35671	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35681	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35691	CPEP 8 - General Surgery	NOT PROFILED
Arterial transposition	* CPEP 12 - Cardiothoracic and Vascular	OUT
35693	CPEP 8 - General Surgery	NOT PROFILED
Arterial transposition	* CPEP 12 - Cardiothoracic and Vascular	OUT
35694	CPEP 8 - General Surgery	NOT PROFILED
Arterial transposition	* CPEP 12 - Cardiothoracic and Vascular	OUT
35695	CPEP 8 - General Surgery	NOT PROFILED
Arterial transposition	* CPEP 12 - Cardiothoracic and Vascular	OUT
35700	CPEP 8 - General Surgery	NOT PROFILED
Reoperation, bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35701	CPEP 8 - General Surgery	NOT PROFILED
Exploration, carotid artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35721	CPEP 8 - General Surgery	OUT
Exploration, femoral artery	* CPEP 12 - Cardiothoracic and Vascular	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
35741	CPEP 8 - General Surgery	OUT
Exploration popliteal artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35761	CPEP 8 - General Surgery	OUT
Exploration of artery/vein	* CPEP 12 - Cardiothoracic and Vascular	OUT
35800	CPEP 8 - General Surgery	NOT PROFILED
Explore neck vessels	* CPEP 12 - Cardiothoracic and Vascular	OUT
35820	CPEP 8 - General Surgery	NOT PROFILED
Explore chest vessels	* CPEP 12 - Cardiothoracic and Vascular	OUT
35840	CPEP 8 - General Surgery	NOT PROFILED
Explore abdominal vessels	* CPEP 12 - Cardiothoracic and Vascular	OUT
35860	CPEP 8 - General Surgery	NOT PROFILED
Explore limb vessels	* CPEP 12 - Cardiothoracic and Vascular	OUT
35870	CPEP 8 - General Surgery	NOT PROFILED
Repair vessel graft defect	* CPEP 12 - Cardiothoracic and Vascular	OUT
35875	CPEP 8 - General Surgery	OUT
Removal of clot in graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35876	CPEP 8 - General Surgery	OUT
Removal of clot in graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35901	CPEP 8 - General Surgery	OUT
Excision, graft, neck	* CPEP 12 - Cardiothoracic and Vascular	OUT
35903	CPEP 8 - General Surgery	OUT
Excision, graft, extremity	* CPEP 12 - Cardiothoracic and Vascular	OUT
35905	CPEP 8 - General Surgery	NOT PROFILED
Excision, graft, thorax	* CPEP 12 - Cardiothoracic and Vascular	OUT
35907	CPEP 8 - General Surgery	NOT PROFILED
Excision, graft, abdomen	* CPEP 12 - Cardiothoracic and Vascular	OUT
36260	CPEP 8 - General Surgery	OUT
Insertion of infusion pump	* CPEP 12 - Cardiothoracic and Vascular	OUT
36470	CPEP 6 - Radiology	IN
Injection therapy of vein	* CPEP 8 - General Surgery	IN

Description ** indicates the primary assignment*
R indicates a reference service

36471	CPEP 6 - Radiology	IN
Injection therapy of veins	* CPEP 8 - General Surgery	IN
	CPEP 12 - Cardiothoracic and Vascular	IN
36530	CPEP 8 - General Surgery	OUT
Insertion of infusion pump	* CPEP 12 - Cardiothoracic and Vascular	OUT
36531	CPEP 8 - General Surgery	OUT
Revision of infusion pump	* CPEP 12 - Cardiothoracic and Vascular	OUT
36533	CPEP 8 - General Surgery	OUT
Insertion of access port	* CPEP 12 - Cardiothoracic and Vascular	OUT
36620	* CPEP 6 - Radiology	OUT
Insertion catheter, artery	CPEP 14 - Anesthesiology/Pathology	OUT
36800	CPEP 8 - General Surgery	OUT
Insertion of cannula	* CPEP 12 - Cardiothoracic and Vascular	OUT
36810	CPEP 8 - General Surgery	OUT
Insertion of cannula	* CPEP 12 - Cardiothoracic and Vascular	OUT
36815	CPEP 8 - General Surgery	NOT PROFILED
Insertion of cannula	* CPEP 12 - Cardiothoracic and Vascular	OUT
36821	CPEP 8 - General Surgery	OUT
Artery-vein fusion	* CPEP 12 - Cardiothoracic and Vascular	OUT
36822	CPEP 8 - General Surgery	NOT PROFILED
Insertion of cannula(s)	* CPEP 12 - Cardiothoracic and Vascular	OUT
36825	CPEP 8 - General Surgery	OUT
Artery-vein graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
36830	R CPEP 8 - General Surgery	OUT
Artery-vein graft	* R CPEP 12 - Cardiothoracic and Vascular	OUT
36832	CPEP 8 - General Surgery	OUT
Revise artery-vein fistula	* CPEP 12 - Cardiothoracic and Vascular	OUT
36834	CPEP 8 - General Surgery	NOT PROFILED
Repair A-V aneurysm	* CPEP 12 - Cardiothoracic and Vascular	OUT
36835	CPEP 8 - General Surgery	OUT
Artery to vein shunt	* CPEP 12 - Cardiothoracic and Vascular	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment R indicates a reference service</i>	
36860	CPEP 8 - General Surgery	OUT
Cannula declotting	* CPEP 12 - Cardiothoracic and Vascular	OUT
36861	CPEP 8 - General Surgery	OUT
Cannula declotting	* CPEP 12 - Cardiothoracic and Vascular	OUT
37140	CPEP 8 - General Surgery	NOT PROFILED
Revision of circulation	* CPEP 12 - Cardiothoracic and Vascular	OUT
37145	CPEP 8 - General Surgery	NOT PROFILED
Revision of circulation	* CPEP 12 - Cardiothoracic and Vascular	OUT
37160	CPEP 8 - General Surgery	NOT PROFILED
Revision of circulation	* CPEP 12 - Cardiothoracic and Vascular	OUT
37180	CPEP 8 - General Surgery	NOT PROFILED
Revision of circulation	* CPEP 12 - Cardiothoracic and Vascular	OUT
37181	CPEP 8 - General Surgery	NOT PROFILED
Splice spleen/kidney veins	* CPEP 12 - Cardiothoracic and Vascular	OUT
37200	CPEP 6 - Radiology	OUT
Transcatheter biopsy	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
	* CPEP 13 - Cardiology	OUT
37201	CPEP 6 - Radiology	OUT
Transcatheter therapy infuse	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	OUT
37202	CPEP 6 - Radiology	OUT
Transcatheter therapy infuse	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	OUT
37203	CPEP 6 - Radiology	OUT
Transcatheter retrieval	* CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
37204	CPEP 6 - Radiology	OUT
Transcatheter occlusion	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
	* CPEP 13 - Cardiology	OUT
37205	CPEP 6 - Radiology	OUT
Transcatheter stent	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
37206	CPEP 6 - Radiology	OUT
Transcatheter stent	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	OUT
37207	CPEP 6 - Radiology	OUT
Transcatheter stent	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED
37208	CPEP 6 - Radiology	OUT
Transcatheter stent	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED
37209	CPEP 6 - Radiology	OUT
Exchange arterial catheter	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
	* CPEP 13 - Cardiology	OUT
37605	CPEP 8 - General Surgery	NOT PROFILED
Ligation of neck artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
37606	CPEP 8 - General Surgery	NOT PROFILED
Ligation of neck artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
37607	CPEP 8 - General Surgery	OUT
Ligation of fistula	* CPEP 12 - Cardiothoracic and Vascular	OUT
37609	CPEP 8 - General Surgery	IN OUT
Temporal artery procedure	* CPEP 12 - Cardiothoracic and Vascular	OUT
37615	CPEP 8 - General Surgery	NOT PROFILED
Ligation of neck artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
37616	CPEP 8 - General Surgery	NOT PROFILED
Ligation of chest artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
37617	CPEP 8 - General Surgery	NOT PROFILED
Ligation of abdomen artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
37620	CPEP 6 - Radiology	OUT
Revision of major vein	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED
37660	CPEP 8 - General Surgery	NOT PROFILED
Revision of major vein	* CPEP 12 - Cardiothoracic and Vascular	OUT

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
38381 Thoracic duct procedure	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
38382 Thoracic duct procedure	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
39000 Exploration of chest	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
39010 Exploration of chest	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
39200 Removal chest lesion	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
39220 Removal chest lesion	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
39501 Repair diaphragm laceration	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT
39502 Repair paraesophageal hernia	* <i>R</i> CPEP 8 - General Surgery <i>R</i> CPEP 12 - Cardiothoracic and Vascular	OUT OUT
39503 Repair of diaphragm hernia	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT
39520 Repair of diaphragm hernia	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT
39530 Repair of diaphragm hernia	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT
39531 Repair of diaphragm hernia	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT
39540 Repair of diaphragm hernia	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT
39541 Repair of diaphragm hernia	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT
39545 Revision of diaphragm	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>	
40490	CPEP 1 - Integumentary and Physical Medicine	IN	
Biopsy of lip	* CPEP 9 - Otolaryngology	IN	
42400	CPEP 6 - Radiology	IN	OUT
Biopsy of salivary gland	* CPEP 8 - General Surgery	IN	OUT
43045	* CPEP 8 - General Surgery		OUT
Incision of esophagus	CPEP 12 - Cardiothoracic and Vascular		OUT
43100	* CPEP 8 - General Surgery		OUT
Excision of esophagus lesion	CPEP 12 - Cardiothoracic and Vascular		OUT
43101	* CPEP 8 - General Surgery		OUT
Excision of esophagus lesion	CPEP 12 - Cardiothoracic and Vascular		OUT
43107	* CPEP 8 - General Surgery		OUT
Removal of esophagus	CPEP 12 - Cardiothoracic and Vascular		OUT
43108	* CPEP 8 - General Surgery		OUT
Removal of esophagus	CPEP 12 - Cardiothoracic and Vascular		OUT
43112	* CPEP 8 - General Surgery		OUT
Removal of esophagus	CPEP 12 - Cardiothoracic and Vascular		OUT
43113	* CPEP 8 - General Surgery		OUT
Removal of esophagus	CPEP 12 - Cardiothoracic and Vascular		OUT
43116	* CPEP 8 - General Surgery		OUT
Partial removal of esophagus	CPEP 12 - Cardiothoracic and Vascular		OUT
43117	* CPEP 8 - General Surgery		OUT
Partial removal of esophagus	CPEP 12 - Cardiothoracic and Vascular		OUT
43118	* CPEP 8 - General Surgery		OUT
Partial removal of esophagus	CPEP 12 - Cardiothoracic and Vascular		OUT
43121	* CPEP 8 - General Surgery		OUT
Partial removal of esophagus	CPEP 12 - Cardiothoracic and Vascular		OUT
43122	* CPEP 8 - General Surgery		OUT
Partial removal of esophagus	CPEP 12 - Cardiothoracic and Vascular		OUT
43123	* CPEP 8 - General Surgery		OUT
Partial removal of esophagus	CPEP 12 - Cardiothoracic and Vascular		OUT

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
43124 Removal of esophagus	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT
43130 Removal of esophagus pouch	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT
43135 Removal of esophagus pouch	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT
43300 Repair of esophagus	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT NOT PROFILED
43305 Repair esophagus and fistula	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
43310 Repair of esophagus	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
43312 Repair esophagus and fistula	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
43320 Fuse esophagus & stomach	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT
43324 Revise esophagus & stomach	* <i>R</i> CPEP 8 - General Surgery <i>R</i> CPEP 12 - Cardiothoracic and Vascular	OUT OUT
43325 Revise esophagus & stomach	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT
43326 Revise esophagus & stomach	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT
43330 Repair of esophagus	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT
43331 Repair of esophagus	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT
43340 Fuse esophagus & intestine	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT
43341 Fuse esophagus & intestine	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment R indicates a reference service</i>	
43350	* CPEP 8 - General Surgery	OUT
Surgical opening, esophagus	CPEP 12 - Cardiothoracic and Vascular	OUT
43351	* CPEP 8 - General Surgery	OUT
Surgical opening, esophagus	CPEP 12 - Cardiothoracic and Vascular	OUT
43352	* CPEP 8 - General Surgery	OUT
Surgical opening, esophagus	CPEP 12 - Cardiothoracic and Vascular	OUT
43360	* CPEP 8 - General Surgery	OUT
Gastrointestinal repair	CPEP 12 - Cardiothoracic and Vascular	OUT
43361	* CPEP 8 - General Surgery	OUT
Gastrointestinal repair	CPEP 12 - Cardiothoracic and Vascular	OUT
43400	* CPEP 8 - General Surgery	OUT
Ligate esophagus veins	CPEP 12 - Cardiothoracic and Vascular	OUT
43401	* CPEP 8 - General Surgery	OUT
Esophagus surgery for veins	CPEP 12 - Cardiothoracic and Vascular	OUT
43405	* CPEP 8 - General Surgery	OUT
Ligate/staple esophagus	CPEP 12 - Cardiothoracic and Vascular	OUT
43410	* CPEP 8 - General Surgery	OUT
Repair esophagus wound	CPEP 12 - Cardiothoracic and Vascular	OUT
43415	* CPEP 8 - General Surgery	OUT
Repair esophagus wound	CPEP 12 - Cardiothoracic and Vascular	OUT
43420	* CPEP 8 - General Surgery	OUT
Repair esophagus opening	CPEP 12 - Cardiothoracic and Vascular	OUT
43425	* CPEP 8 - General Surgery	OUT
Repair esophagus opening	CPEP 12 - Cardiothoracic and Vascular	OUT
43460	* CPEP 8 - General Surgery	OUT
Pressure treatment esophagus	CPEP 12 - Cardiothoracic and Vascular	OUT
43750	CPEP 8 - General Surgery	OUT
Place gastrostomy tube	* CPEP 11 - Gastroenterology	OUT
43760	* R CPEP 8 - General Surgery	IN OUT
Change gastrostomy tube	CPEP 11 - Gastroenterology	IN OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>	
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>		
43761	CPEP 6 - Radiology		OUT
Reposition gastrostomy tube	* CPEP 11 - Gastroenterology		OUT
44385	CPEP 8 - General Surgery	IN	OUT
Endoscopy of bowel pouch	* CPEP 11 - Gastroenterology		OUT
44386	CPEP 8 - General Surgery	IN	OUT
Endoscopy,bowel pouch,biopsy	* CPEP 11 - Gastroenterology		OUT
44388	CPEP 8 - General Surgery	IN	OUT
Colon endoscopy	* CPEP 11 - Gastroenterology		OUT
44389	CPEP 8 - General Surgery	IN	OUT
Colonoscopy with biopsy	* CPEP 11 - Gastroenterology		OUT
44390	CPEP 8 - General Surgery	IN	OUT
Colonoscopy for foreign body	* CPEP 11 - Gastroenterology		OUT
44391	CPEP 8 - General Surgery	IN	OUT
Colonoscopy for bleeding	* CPEP 11 - Gastroenterology		OUT
44392	CPEP 8 - General Surgery	IN	OUT
Colonoscopy & polypectomy	* CPEP 11 - Gastroenterology		OUT
44393	CPEP 8 - General Surgery	IN	OUT
Colonoscopy, lesion removal	* CPEP 11 - Gastroenterology		OUT
44394	CPEP 8 - General Surgery	IN	OUT
Colonoscopy w/snare	* CPEP 11 - Gastroenterology		OUT
45355	CPEP 8 - General Surgery	IN	OUT
Surgical colonoscopy	* CPEP 11 - Gastroenterology		NOT PROFILED
45378	R CPEP 8 - General Surgery		OUT
Diagnostic colonoscopy	* R CPEP 11 - Gastroenterology		OUT
45379	CPEP 8 - General Surgery	IN	OUT
Colonoscopy	* CPEP 11 - Gastroenterology		OUT
45380	CPEP 8 - General Surgery	IN	OUT
Colonoscopy and biopsy	* CPEP 11 - Gastroenterology		OUT
45382	CPEP 8 - General Surgery	IN	OUT
Colonoscopy,control bleeding	* CPEP 11 - Gastroenterology		OUT

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>	
45383 Colonoscopy, lesion removal	CPEP 8 - General Surgery * CPEP 11 - Gastroenterology	IN	OUT OUT
45384 Colonoscopy	CPEP 8 - General Surgery * CPEP 11 - Gastroenterology	IN	OUT OUT
45385 Colonoscopy, lesion removal	CPEP 8 - General Surgery * CPEP 11 - Gastroenterology	IN	OUT OUT
46916 Cryosurgery, anal lesion(s)	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	IN IN	OUT OUT
47000 Needle biopsy of liver	R CPEP 6 - Radiology * R CPEP 8 - General Surgery	IN IN	OUT OUT
47001 Needle biopsy, liver	CPEP 6 - Radiology * CPEP 8 - General Surgery		OUT OUT
47510 Insert catheter, bile duct	CPEP 6 - Radiology * CPEP 11 - Gastroenterology		OUT OUT
47511 Insert bile duct drain	CPEP 6 - Radiology * CPEP 11 - Gastroenterology		OUT OUT
47550 Bile duct endoscopy	CPEP 8 - General Surgery * CPEP 11 - Gastroenterology		OUT OUT
47555 Biliary endoscopy, thru skin	CPEP 6 - Radiology * CPEP 11 - Gastroenterology		OUT OUT
47556 Biliary endoscopy, thru skin	CPEP 6 - Radiology * CPEP 11 - Gastroenterology		OUT OUT
48102 Needle biopsy, pancreas	CPEP 6 - Radiology * CPEP 8 - General Surgery	IN	OUT OUT
49080 Puncture, peritoneal cavity	* CPEP 8 - General Surgery CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN IN	OUT OUT
49081 Removal of abdominal fluid	* CPEP 8 - General Surgery CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN IN	OUT OUT
49180 Biopsy, abdominal mass	CPEP 6 - Radiology * CPEP 8 - General Surgery	IN	OUT OUT

<i>HCPCS</i> <i>Description</i>	<i>CPEP</i> <i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	<i>Sites Profiled</i>
49400	* CPEP 8 - General Surgery	OUT
Air injection into abdomen	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
49427	* CPEP 8 - General Surgery	OUT
Injection, abdominal shunt	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
50392	* CPEP 2 - Male Genital and Urinary	OUT
Insert kidney drain	CPEP 6 - Radiology	OUT
51500	* CPEP 2 - Male Genital and Urinary	OUT
Removal of bladder cyst	CPEP 8 - General Surgery	OUT
51840	* CPEP 2 - Male Genital and Urinary	OUT
Attach bladder/urethra	CPEP 4 - OB/GYN	OUT
54056	CPEP 1 - Integumentary and Physical Medicine	IN
Cryosurgery, penis lesion(s)	* CPEP 2 - Male Genital and Urinary	IN
54505	* CPEP 2 - Male Genital and Urinary	OUT
Biopsy of testis	CPEP 8 - General Surgery	OUT
54510	* CPEP 2 - Male Genital and Urinary	OUT
Removal of testis lesion	CPEP 8 - General Surgery	OUT
54520	* <i>R</i> CPEP 2 - Male Genital and Urinary	OUT
Removal of testis	<i>R</i> CPEP 8 - General Surgery	OUT
54530	* CPEP 2 - Male Genital and Urinary	OUT
Removal of testis	CPEP 8 - General Surgery	OUT
54550	* CPEP 2 - Male Genital and Urinary	OUT
Exploration for testis	CPEP 8 - General Surgery	OUT
54600	* CPEP 2 - Male Genital and Urinary	OUT
Reduce testis torsion	CPEP 8 - General Surgery	OUT
54620	* CPEP 2 - Male Genital and Urinary	OUT
Suspension of testis	CPEP 8 - General Surgery	OUT
54640	* CPEP 2 - Male Genital and Urinary	OUT
Suspension of testis	CPEP 8 - General Surgery	OUT
54660	* CPEP 2 - Male Genital and Urinary	OUT
Revision of testis	CPEP 8 - General Surgery	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
54670	* CPEP 2 - Male Genital and Urinary	OUT
Repair testis injury	CPEP 8 - General Surgery	OUT
54680	* CPEP 2 - Male Genital and Urinary	OUT
Relocation of testis(es)	CPEP 8 - General Surgery	OUT
54700	* CPEP 2 - Male Genital and Urinary	IN OUT
Drainage of scrotum	CPEP 8 - General Surgery	IN OUT
54820	* CPEP 2 - Male Genital and Urinary	OUT
Exploration of epididymis	CPEP 8 - General Surgery	OUT
54830	* CPEP 2 - Male Genital and Urinary	OUT
Remove epididymis lesion	CPEP 8 - General Surgery	OUT
54840	* CPEP 2 - Male Genital and Urinary	OUT
Remove epididymis lesion	CPEP 8 - General Surgery	OUT
54860	* CPEP 2 - Male Genital and Urinary	OUT
Removal of epididymis	CPEP 8 - General Surgery	OUT
54861	* CPEP 2 - Male Genital and Urinary	OUT
Removal of epididymis	CPEP 8 - General Surgery	OUT
54900	* CPEP 2 - Male Genital and Urinary	OUT
Fusion of spermatic ducts	CPEP 8 - General Surgery	OUT
54901	* CPEP 2 - Male Genital and Urinary	OUT
Fusion of spermatic ducts	CPEP 8 - General Surgery	OUT
55040	* CPEP 2 - Male Genital and Urinary	OUT
Removal of hydrocele	CPEP 8 - General Surgery	OUT
55041	* CPEP 2 - Male Genital and Urinary	OUT
Removal of hydroceles	CPEP 8 - General Surgery	OUT
55060	* CPEP 2 - Male Genital and Urinary	OUT
Repair of hydrocele	CPEP 8 - General Surgery	OUT
55100	* CPEP 2 - Male Genital and Urinary	IN OUT
Drainage of scrotum abscess	CPEP 8 - General Surgery	IN OUT
55110	* CPEP 2 - Male Genital and Urinary	OUT
Explore scrotum	CPEP 8 - General Surgery	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>	
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>		
55120 Removal of scrotum lesion	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery	IN	OUT
55150 Removal of scrotum	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery		OUT
55175 Revision of scrotum	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery		OUT
55180 Revision of scrotum	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery		OUT
55200 Incision of sperm duct	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery	IN	OUT
55250 Removal of sperm duct(s)	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery	IN	OUT
55300 Preparation, sperm duct x-ray	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery		OUT
55400 Repair of sperm duct	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery		OUT
55450 Ligation of sperm duct	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery	IN	OUT
55500 Removal of hydrocele	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery		OUT
55520 Removal of sperm cord lesion	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery		OUT
55530 Revise spermatic cord veins	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery		OUT
55535 Revise spermatic cord veins	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery		OUT
55540 Revise hernia & sperm veins	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery		OUT
55600 Incise sperm duct pouch	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery		OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
55605	* CPEP 2 - Male Genital and Urinary	OUT
Incise sperm duct pouch	CPEP 8 - General Surgery	OUT
55650	* CPEP 2 - Male Genital and Urinary	OUT
Remove sperm duct pouch	CPEP 8 - General Surgery	OUT
55680	* CPEP 2 - Male Genital and Urinary	OUT
Remove sperm pouch lesion	CPEP 8 - General Surgery	OUT
56300	* <i>R</i> CPEP 4 - OB/GYN	OUT
Pelvis laparoscopy, dx	<i>R</i> CPEP 8 - General Surgery	OUT
56301	* CPEP 4 - OB/GYN	OUT
Laparoscopy; tubal cauterly	CPEP 8 - General Surgery	OUT
56302	* CPEP 4 - OB/GYN	OUT
Laparoscopy; tubal block	CPEP 8 - General Surgery	OUT
56304	* CPEP 4 - OB/GYN	OUT
Laparoscopy; lysis	CPEP 8 - General Surgery	OUT
56305	* CPEP 4 - OB/GYN	OUT
Pelvic laparoscopy; biopsy	CPEP 8 - General Surgery	OUT
56306	* CPEP 4 - OB/GYN	OUT
Laparoscopy; aspiration	CPEP 8 - General Surgery	OUT
56360	* CPEP 4 - OB/GYN	OUT
Peritoneoscopy	CPEP 8 - General Surgery	OUT
56361	* CPEP 4 - OB/GYN	OUT
Peritoneoscopy w/biopsy	CPEP 8 - General Surgery	OUT
57230	CPEP 2 - Male Genital and Urinary	OUT
Repair of urethral lesion	* CPEP 4 - OB/GYN	OUT
57240	<i>R</i> CPEP 2 - Male Genital and Urinary	OUT
Repair bladder & vagina	* <i>R</i> CPEP 4 - OB/GYN	OUT
57265	CPEP 2 - Male Genital and Urinary	OUT
Extensive repair of vagina	* CPEP 4 - OB/GYN	OUT
57288	CPEP 2 - Male Genital and Urinary	OUT
Repair bladder defect	* CPEP 4 - OB/GYN	OUT

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>	
57289 Repair bladder & vagina	CPEP 2 - Male Genital and Urinary * CPEP 4 - OB/GYN		OUT OUT
57300 Repair rectum-vagina fistula	* CPEP 4 - OB/GYN CPEP 8 - General Surgery		OUT OUT
57310 Repair urethrovaginal lesion	CPEP 2 - Male Genital and Urinary * CPEP 4 - OB/GYN		OUT OUT
57311 Repair urethrovaginal lesion	CPEP 2 - Male Genital and Urinary * CPEP 4 - OB/GYN		OUT OUT
57320 Repair bladder-vagina lesion	CPEP 2 - Male Genital and Urinary * CPEP 4 - OB/GYN		OUT OUT
57330 Repair bladder-vagina lesion	CPEP 2 - Male Genital and Urinary * CPEP 4 - OB/GYN		OUT OUT
57555 Remove cervix, repair vagina	CPEP 2 - Male Genital and Urinary * CPEP 4 - OB/GYN		OUT OUT
58800 Drainage of ovarian cyst(s)	CPEP 2 - Male Genital and Urinary * CPEP 4 - OB/GYN	IN	OUT OUT
58972 Fertilization of oocyte	CPEP 4 - OB/GYN * CPEP 14 - Anesthesiology/Pathology	IN	IN OUT
59150 Treat ectopic pregnancy	* CPEP 4 - OB/GYN CPEP 8 - General Surgery		OUT OUT
60001 Aspirate/inject thyroid cyst	CPEP 6 - Radiology * CPEP 8 - General Surgery	IN	OUT IN
60100 Biopsy of thyroid	CPEP 6 - Radiology * CPEP 8 - General Surgery	IN	OUT IN OUT
60200 Remove thyroid lesion	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology		OUT OUT
60210 Partial excision thyroid	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology		OUT OUT
60212 Partial thyroid excision	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology		OUT OUT

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
60220 Partial removal of thyroid	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology	OUT OUT
60225 Partial removal of thyroid	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology	OUT OUT
60240 Removal of thyroid	* R CPEP 8 - General Surgery R CPEP 9 - Otolaryngology	OUT OUT
60252 Removal of thyroid	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology	OUT OUT
60254 Extensive thyroid surgery	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology	OUT OUT
60260 Repeat thyroid surgery	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology	OUT OUT
60270 Removal of thyroid	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology	OUT OUT
60271 Removal of thyroid	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology	OUT OUT
60280 Remove thyroid duct lesion	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology	OUT OUT
60281 Remove thyroid duct lesion	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology	OUT OUT
60500 Explore parathyroid glands	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology	OUT OUT
60502 Re-explore parathyroids	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology	OUT OUT
60505 Explore parathyroid glands	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology	OUT OUT
60512 Autotransplant, parathyroid	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology	OUT OUT
60520 Removal of thymus gland	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology	OUT NOT PROFILED

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
60521 Removal thymus gland	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology	OUT NOT PROFILED
60522 Removal of thymus gland	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology	OUT NOT PROFILED
60540 Explore adrenal gland	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology	OUT NOT PROFILED
60545 Explore adrenal gland	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology	OUT NOT PROFILED
60600 Remove carotid body lesion	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology	OUT OUT
61070 Brain canal shunt procedure	* CPEP 6 - Radiology CPEP 15 - Neurosurgery	IN OUT IN OUT
61330 Decompress eye socket	* CPEP 5 - Ophthalmology CPEP 15 - Neurosurgery	OUT OUT
61332 Explore/biopsy eye socket	* CPEP 5 - Ophthalmology CPEP 15 - Neurosurgery	OUT OUT
61624 Occlusion/embolization cath	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT NOT PROFILED NOT PROFILED
61626 Occlusion/embolization cath	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT NOT PROFILED NOT PROFILED
62284 Injection for myelogram	* R CPEP 6 - Radiology R CPEP 15 - Neurosurgery	IN OUT OUT
62290 Inject for spine disk x-ray	* CPEP 6 - Radiology CPEP 15 - Neurosurgery	IN OUT OUT
62291 Inject for spine disk x-ray	* CPEP 6 - Radiology CPEP 15 - Neurosurgery	IN OUT OUT
63001 Removal of spinal lamina	CPEP 3 - Orthopaedics * CPEP 15 - Neurosurgery	OUT OUT

Description ** indicates the primary assignment*
R indicates a reference service

63003	CPEP 3 - Orthopaedics	OUT
Removal of spinal lamina	* CPEP 15 - Neurosurgery	OUT
63005	CPEP 3 - Orthopaedics	OUT
Removal of spinal lamina	* CPEP 15 - Neurosurgery	OUT
63011	CPEP 3 - Orthopaedics	OUT
Removal of spinal lamina	* CPEP 15 - Neurosurgery	OUT
63015	CPEP 3 - Orthopaedics	OUT
Removal of spinal lamina	* CPEP 15 - Neurosurgery	OUT
63016	CPEP 3 - Orthopaedics	OUT
Removal of spinal lamina	* CPEP 15 - Neurosurgery	OUT
63017	CPEP 3 - Orthopaedics	OUT
Removal of spinal lamina	* CPEP 15 - Neurosurgery	OUT
63020	CPEP 3 - Orthopaedics	OUT
Neck spine disk surgery	* CPEP 15 - Neurosurgery	OUT
63030	<i>R</i> CPEP 3 - Orthopaedics	OUT
Low back disk surgery	* <i>R</i> CPEP 15 - Neurosurgery	OUT
63035	CPEP 3 - Orthopaedics	OUT
Added spinal disk surgery	* CPEP 15 - Neurosurgery	OUT
63040	CPEP 3 - Orthopaedics	OUT
Neck spine disk surgery	* CPEP 15 - Neurosurgery	OUT
63042	CPEP 3 - Orthopaedics	OUT
Low back disk surgery	* CPEP 15 - Neurosurgery	OUT
63045	CPEP 3 - Orthopaedics	OUT
Removal of spinal lamina	* CPEP 15 - Neurosurgery	OUT
63046	CPEP 3 - Orthopaedics	OUT
Removal of spinal lamina	* CPEP 15 - Neurosurgery	OUT
63047	CPEP 3 - Orthopaedics	OUT
Removal of spinal lamina	* CPEP 15 - Neurosurgery	OUT
63048	CPEP 3 - Orthopaedics	OUT
Removal of spinal lamina	* CPEP 15 - Neurosurgery	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
63055	CPEP 3 - Orthopaedics	OUT
Decompress spinal cord	* CPEP 15 - Neurosurgery	OUT
63056	CPEP 3 - Orthopaedics	OUT
Decompress spinal cord	* CPEP 15 - Neurosurgery	OUT
63057	CPEP 3 - Orthopaedics	OUT
Decompress spinal cord	* CPEP 15 - Neurosurgery	OUT
63064	CPEP 3 - Orthopaedics	OUT
Decompress spinal cord	* CPEP 15 - Neurosurgery	OUT
63066	CPEP 3 - Orthopaedics	OUT
Decompress spinal cord	* CPEP 15 - Neurosurgery	OUT
63075	CPEP 3 - Orthopaedics	OUT
Neck spine disk surgery	* CPEP 15 - Neurosurgery	OUT
63076	CPEP 3 - Orthopaedics	OUT
Neck spine disk surgery	* CPEP 15 - Neurosurgery	OUT
63077	CPEP 3 - Orthopaedics	OUT
Spine disk surgery, thorax	* CPEP 15 - Neurosurgery	OUT
63078	CPEP 3 - Orthopaedics	OUT
Spine disk surgery, thorax	* CPEP 15 - Neurosurgery	OUT
63081	CPEP 3 - Orthopaedics	OUT
Removal of vertebral body	* CPEP 15 - Neurosurgery	OUT
63082	CPEP 3 - Orthopaedics	OUT
Removal of vertebral body	* CPEP 15 - Neurosurgery	OUT
63085	CPEP 3 - Orthopaedics	OUT
Removal of vertebral body	* CPEP 15 - Neurosurgery	OUT
63086	CPEP 3 - Orthopaedics	OUT
Removal of vertebral body	* CPEP 15 - Neurosurgery	OUT
63087	CPEP 3 - Orthopaedics	OUT
Removal of vertebral body	* CPEP 15 - Neurosurgery	OUT
63088	CPEP 3 - Orthopaedics	OUT
Removal of vertebral body	* CPEP 15 - Neurosurgery	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
63090	CPEP 3 - Orthopaedics	OUT
Removal of vertebral body	* CPEP 15 - Neurosurgery	OUT
63091	CPEP 3 - Orthopaedics	OUT
Removal of vertebral body	* CPEP 15 - Neurosurgery	OUT
63170	CPEP 3 - Orthopaedics	OUT
Incise spinal cord tract(s)	* CPEP 15 - Neurosurgery	OUT
63172	CPEP 3 - Orthopaedics	OUT
Drainage of spinal cyst	* CPEP 15 - Neurosurgery	OUT
63173	CPEP 3 - Orthopaedics	OUT
Drainage of spinal cyst	* CPEP 15 - Neurosurgery	OUT
63180	CPEP 3 - Orthopaedics	OUT
Revise spinal cord ligaments	* CPEP 15 - Neurosurgery	OUT
63182	CPEP 3 - Orthopaedics	OUT
Revise spinal cord ligaments	* CPEP 15 - Neurosurgery	OUT
63185	CPEP 3 - Orthopaedics	OUT
Incise spinal column/nerves	* CPEP 15 - Neurosurgery	OUT
63190	CPEP 3 - Orthopaedics	OUT
Incise spinal column/nerves	* CPEP 15 - Neurosurgery	OUT
63191	CPEP 3 - Orthopaedics	OUT
Incise spinal column/nerves	* CPEP 15 - Neurosurgery	OUT
63194	CPEP 3 - Orthopaedics	OUT
Incise spinal column & cord	* CPEP 15 - Neurosurgery	OUT
63195	CPEP 3 - Orthopaedics	OUT
Incise spinal column & cord	* CPEP 15 - Neurosurgery	OUT
63196	CPEP 3 - Orthopaedics	OUT
Incise spinal column & cord	* CPEP 15 - Neurosurgery	OUT
63197	CPEP 3 - Orthopaedics	OUT
Incise spinal column & cord	* CPEP 15 - Neurosurgery	OUT
63198	CPEP 3 - Orthopaedics	OUT
Incise spinal column & cord	* CPEP 15 - Neurosurgery	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment R indicates a reference service</i>	
63199	CPEP 3 - Orthopaedics	OUT
Incise spinal column & cord	* CPEP 15 - Neurosurgery	OUT
63200	CPEP 3 - Orthopaedics	OUT
Release of spinal cord	* CPEP 15 - Neurosurgery	OUT
63780	CPEP 14 - Anesthesiology/Pathology	OUT
Insert spinal canal catheter	* CPEP 15 - Neurosurgery	OUT
64402	CPEP 5 - Ophthalmology	IN OUT
Injection for nerve block	* CPEP 14 - Anesthesiology/Pathology	IN OUT
64612	CPEP 5 - Ophthalmology	IN
Destroy nerve, face muscle	* CPEP 15 - Neurosurgery	IN OUT
64613	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
Destroy nerve, spine muscle	* CPEP 15 - Neurosurgery	IN OUT
64721	CPEP 3 - Orthopaedics	OUT
Carpal tunnel surgery	* R CPEP 15 - Neurosurgery	OUT
65091	* CPEP 5 - Ophthalmology	OUT
Revise eye	CPEP 9 - Otolaryngology	NOT PROFILED
65093	* CPEP 5 - Ophthalmology	OUT
Revise eye with implant	CPEP 9 - Otolaryngology	NOT PROFILED
65101	* CPEP 5 - Ophthalmology	OUT
Removal of eye	CPEP 9 - Otolaryngology	NOT PROFILED
65103	* CPEP 5 - Ophthalmology	OUT
Remove eye/insert implant	CPEP 9 - Otolaryngology	NOT PROFILED
65105	* CPEP 5 - Ophthalmology	OUT
Remove eye/attach implant	CPEP 9 - Otolaryngology	NOT PROFILED
65110	* CPEP 5 - Ophthalmology	OUT
Removal of eye	CPEP 9 - Otolaryngology	NOT PROFILED
65112	* CPEP 5 - Ophthalmology	OUT
Remove eye, revise socket	CPEP 9 - Otolaryngology	NOT PROFILED
65114	* CPEP 5 - Ophthalmology	OUT
Remove eye, revise socket	CPEP 9 - Otolaryngology	NOT PROFILED

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment R indicates a reference service</i>	
65125 Revise ocular implant	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN NOT PROFILED
65130 Insert ocular implant	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
65135 Insert ocular implant	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
65140 Attach ocular implant	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
65150 Revise ocular implant	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
65155 Reinsert ocular implant	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
65175 Removal of ocular implant	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
67250 Reinforce eye wall	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
67255 Reinforce/graft eye wall	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
67400 Explore/biopsy eye socket	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
67405 Explore/drain eye socket	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
67412 Explore/treat eye socket	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
67413 Explore/treat eye socket	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
67414 Explore/decompress eye socke	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
67415 Aspiration orbital contents	CPEP 5 - Ophthalmology CPEP 6 - Radiology * CPEP 8 - General Surgery	OUT NOT PROFILED NOT PROFILED

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
67445	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
Explore/decompress eye socket		
67500	* CPEP 5 - Ophthalmology CPEP 14 - Anesthesiology/Pathology	IN OUT IN OUT
Inject/treat eye socket		
67550	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
Insert eye socket implant		
67560	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
Revise eye socket implant		
67570	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
Decompress optic nerve		
67835	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
Revise eyelashes		
67900	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN OUT OUT
Repair brow defect		
67901	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT OUT
Repair eyelid defect		
67902	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT OUT
Repair eyelid defect		
67903	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN OUT OUT
Repair eyelid defect		
67904	* <i>R</i> CPEP 5 - Ophthalmology <i>R</i> CPEP 9 - Otolaryngology	IN OUT OUT
Repair eyelid defect		
67906	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN OUT OUT
Repair eyelid defect		
67908	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN OUT OUT
Repair eyelid defect		
67909	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN OUT OUT
Revise eyelid defect		
67911	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT OUT
Revise eyelid defect		

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>	
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>		
67917 Repair eyelid defect	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN	OUT OUT
67924 Repair eyelid defect	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN	OUT OUT
67950 Revision of eyelid	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology		OUT OUT
67961 Revision of eyelid	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN	OUT OUT
67966 Revision of eyelid	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology		OUT OUT
67971 Reconstruction of eyelid	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology		OUT OUT
67973 Reconstruction of eyelid	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology		OUT OUT
67974 Reconstruction of eyelid	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology		OUT OUT
67975 Reconstruction of eyelid	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology		OUT OUT
68320 Revise/graft eyelid lining	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN	OUT OUT
68325 Revise/graft eyelid lining	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology		OUT OUT
68326 Revise/graft eyelid lining	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology		OUT OUT
68328 Revise/graft eyelid lining	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology		OUT OUT
68335 Revise/graft eyelid lining	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology		OUT NOT PROFILED
68500 Removal of tear gland	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology		OUT NOT PROFILED

<i>HCPCS</i> Description	<i>CPEP</i> * indicates the primary assignment R indicates a reference service	<i>Sites Profiled</i>
68505 Partial removal tear gland	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
68520 Removal of tear sac	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
68540 Remove tear gland lesion	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
68550 Remove tear gland lesion	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
68700 Repair tear ducts	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
68720 Create tear sac drain	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
68745 Create tear duct drain	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
68750 Create tear duct drain	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
70010 Contrast x-ray of brain	* CPEP 6 - Radiology CPEP 15 - Neurosurgery	IN OUT NOT PROFILED
70015 Contrast x-ray of brain	* CPEP 6 - Radiology CPEP 15 - Neurosurgery	IN OUT NOT PROFILED
71036 X-ray guidance for biopsy	CPEP 6 - Radiology * CPEP 8 - General Surgery	OUT NOT PROFILED
71090 X-ray & pacemaker insertion	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT NOT PROFILED OUT
72240 Contrast x-ray of neck spine	* CPEP 6 - Radiology CPEP 15 - Neurosurgery	IN OUT NOT PROFILED
72255 Contrast x-ray thorax spine	* CPEP 6 - Radiology CPEP 15 - Neurosurgery	IN OUT NOT PROFILED
72265 Contrast x-ray lower spine	* R CPEP 6 - Radiology R CPEP 15 - Neurosurgery	IN OUT NOT PROFILED

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
72270 Contrast x-ray of spine	* CPEP 6 - Radiology CPEP 15 - Neurosurgery	IN OUT NOT PROFILED
72285 X-ray of neck spine disk	* CPEP 6 - Radiology CPEP 15 - Neurosurgery	IN OUT NOT PROFILED
72295 X-ray of lower spine disk	* CPEP 6 - Radiology CPEP 15 - Neurosurgery	IN OUT NOT PROFILED
73100 X-ray exam of wrist	CPEP 3 - Orthopaedics * CPEP 6 - Radiology	NOT PROFILED IN OUT
73560 X-ray exam of knee	CPEP 3 - Orthopaedics * CPEP 6 - Radiology	NOT PROFILED IN OUT
73600 X-ray exam of ankle	CPEP 3 - Orthopaedics * CPEP 6 - Radiology	NOT PROFILED IN OUT
74235 Remove esophagus obstruction	CPEP 6 - Radiology * CPEP 11 - Gastroenterology	OUT NOT PROFILED
74327 X-ray for bile stone removal	CPEP 6 - Radiology * CPEP 11 - Gastroenterology	OUT NOT PROFILED
74328 Xray for bile duct endoscopy	CPEP 6 - Radiology * CPEP 11 - Gastroenterology	OUT NOT PROFILED
74329 X-ray for pancreas endoscopy	CPEP 6 - Radiology * CPEP 11 - Gastroenterology	OUT NOT PROFILED
74330 Xray,bile/pancreas endoscopy	CPEP 6 - Radiology * CPEP 11 - Gastroenterology	OUT NOT PROFILED
74340 X-ray guide for GI tube	CPEP 6 - Radiology * CPEP 11 - Gastroenterology	OUT NOT PROFILED
74350 X-ray guide, stomach tube	CPEP 6 - Radiology * CPEP 11 - Gastroenterology	OUT NOT PROFILED
74355 X-ray guide, intestinal tube	CPEP 6 - Radiology * CPEP 8 - General Surgery	OUT NOT PROFILED
74360 X-ray guide, GI dilation	CPEP 6 - Radiology * CPEP 11 - Gastroenterology	OUT NOT PROFILED

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
74363 X-ray, bile duct dilation	CPEP 6 - Radiology * CPEP 11 - Gastroenterology	OUT NOT PROFILED
74470 X-ray exam of kidney lesion	* CPEP 2 - Male Genital and Urinary CPEP 6 - Radiology	NOT PROFILED IN OUT
74475 Xray control catheter insert	* CPEP 2 - Male Genital and Urinary CPEP 6 - Radiology	IN OUT OUT
75756 Artery x-rays, chest	* CPEP 6 - Radiology CPEP 13 - Cardiology	OUT OUT
75809 Nonvascular shunt, x-ray	* CPEP 8 - General Surgery CPEP 10 - Miscellaneous Internal Medicine and Other Services	NOT PROFILED OUT
75894 Xrays, transcatheter therapy	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT NOT PROFILED OUT
75896 Xrays, transcatheter therapy	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT NOT PROFILED OUT
75900 Arterial catheter exchange	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT NOT PROFILED OUT
75940 X-ray placement, vein filter	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT NOT PROFILED OUT
75960 Transcatheter intro, stent	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT NOT PROFILED OUT
75961 Retrieval, broken catheter	CPEP 6 - Radiology * CPEP 12 - Cardiothoracic and Vascular	OUT NOT PROFILED
75962 Repair arterial blockage	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT NOT PROFILED OUT
75964 Repair artery blockage, each	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT NOT PROFILED OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
75966	CPEP 6 - Radiology	OUT
Repair arterial blockage	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
	* CPEP 13 - Cardiology	OUT
75968	CPEP 6 - Radiology	OUT
Repair artery blockage, each	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
	* CPEP 13 - Cardiology	OUT
75970	CPEP 6 - Radiology	OUT
Vascular biopsy	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
	* CPEP 13 - Cardiology	OUT
75978	CPEP 6 - Radiology	OUT
Repair venous blockage	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
	* CPEP 13 - Cardiology	OUT
75980	CPEP 6 - Radiology	OUT
Contrast xray exam bile duct	* CPEP 11 - Gastroenterology	NOT PROFILED
75982	CPEP 6 - Radiology	OUT
Contrast xray exam bile duct	* CPEP 11 - Gastroenterology	NOT PROFILED
75984	CPEP 6 - Radiology	IN OUT
Xray control catheter change	* CPEP 8 - General Surgery	NOT PROFILED
75992	CPEP 6 - Radiology	OUT
Atherectomy, x-ray exam	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
	* CPEP 13 - Cardiology	OUT
75993	CPEP 6 - Radiology	OUT
Atherectomy, x-ray exam	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
	* CPEP 13 - Cardiology	OUT
75994	CPEP 6 - Radiology	OUT
Atherectomy, x-ray exam	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
	* CPEP 13 - Cardiology	OUT
75995	CPEP 6 - Radiology	OUT
Atherectomy, x-ray exam	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
	* CPEP 13 - Cardiology	OUT
75996	CPEP 6 - Radiology	OUT
Atherectomy, x-ray exam	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
	* CPEP 13 - Cardiology	OUT

Description ** indicates the primary assignment*
R indicates a reference service

76095	CPEP 6 - Radiology	OUT
Stereotactic breast biopsy	* CPEP 8 - General Surgery	NOT PROFILED
76096	CPEP 6 - Radiology	IN OUT
X-ray of needle wire, breast	* CPEP 8 - General Surgery	NOT PROFILED
76805	R CPEP 4 - OB/GYN	IN OUT
Echo exam of pregnant uterus	* R CPEP 6 - Radiology	IN OUT
76810	CPEP 4 - OB/GYN	IN OUT
Echo exam of pregnant uterus	* CPEP 6 - Radiology	IN OUT
76815	CPEP 4 - OB/GYN	IN OUT
Echo exam of pregnant uterus	* CPEP 6 - Radiology	IN OUT
76816	CPEP 4 - OB/GYN	IN OUT
Echo exam followup or repeat	* CPEP 6 - Radiology	IN OUT
76818	CPEP 4 - OB/GYN	IN OUT
Fetal biophysical profile	* CPEP 6 - Radiology	IN OUT
76825	CPEP 4 - OB/GYN	IN OUT
Echo exam of fetal heart	* CPEP 13 - Cardiology	NOT PROFILED
76930	* CPEP 8 - General Surgery	NOT PROFILED
Echo guide for heart sac tap	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
76934	* CPEP 8 - General Surgery	NOT PROFILED
Echo guide for chest tap	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
76942	CPEP 2 - Male Genital and Urinary	IN OUT
Echo guide for biopsy	* CPEP 6 - Radiology	IN OUT
76975	CPEP 6 - Radiology	IN OUT
GI endoscopic ultrasound	* CPEP 11 - Gastroenterology	NOT PROFILED
78414	* CPEP 6 - Radiology	IN OUT
Non-imaging heart function	CPEP 13 - Cardiology	IN OUT
78428	* CPEP 6 - Radiology	IN OUT
Cardiac shunt imaging	CPEP 13 - Cardiology	IN OUT
78460	* CPEP 6 - Radiology	IN OUT
Heart muscle blood single	CPEP 13 - Cardiology	IN OUT

<i>Description</i>	<i>* indicates the primary assignment R indicates a reference service</i>		
78461	*	CPEP 6 - Radiology	IN OUT
Heart muscle blood multiple		CPEP 13 - Cardiology	IN OUT
78464	*	CPEP 6 - Radiology	IN OUT
Heart image (3D) single		CPEP 13 - Cardiology	IN OUT
78465	* R	CPEP 6 - Radiology	IN OUT
Heart image (3D) multiple	R	CPEP 13 - Cardiology	IN OUT
78466	*	CPEP 6 - Radiology	IN OUT
Heart infarct image		CPEP 13 - Cardiology	IN OUT
78468	*	CPEP 6 - Radiology	IN OUT
Heart infarct image, EF		CPEP 13 - Cardiology	IN OUT
78469	*	CPEP 6 - Radiology	IN OUT
Heart infarct image (3D)		CPEP 13 - Cardiology	IN OUT
78472	*	CPEP 6 - Radiology	IN OUT
Gated heart, resting		CPEP 13 - Cardiology	IN OUT
78473	*	CPEP 6 - Radiology	IN OUT
Gated heart, multiple		CPEP 13 - Cardiology	IN OUT
78478	*	CPEP 6 - Radiology	IN OUT
Heart wall motion (add-on)		CPEP 13 - Cardiology	IN OUT
78480	*	CPEP 6 - Radiology	IN OUT
Heart function, (add-on)		CPEP 13 - Cardiology	IN OUT
78481	*	CPEP 6 - Radiology	IN OUT
Heart first pass single		CPEP 13 - Cardiology	IN OUT
78483	*	CPEP 6 - Radiology	IN OUT
Heart first pass multiple		CPEP 13 - Cardiology	IN OUT
86485		CPEP 7 - Evaluation and Management	IN
Skin test, candida	*	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN
86490		CPEP 7 - Evaluation and Management	IN
Coccidioidomycosis skin test	*	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN

<i>Description</i>	<i>* indicates the primary assignment R indicates a reference service</i>		
86510	CPEP 7 - Evaluation and Management	IN	
Histoplasmosis skin test	* CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN	OUT
86580	R CPEP 7 - Evaluation and Management	IN	
TB intradermal test	* R CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN	
86585	CPEP 7 - Evaluation and Management	IN	
TB tine test	* CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN	
88314	CPEP 1 - Integumentary and Physical Medicine		NOT PROFILED
Histochemical stain	* CPEP 14 - Anesthesiology/Pathology	IN	OUT
89350	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN	OUT
Sputum specimen collection	* CPEP 14 - Anesthesiology/Pathology	IN	OUT
92280	CPEP 5 - Ophthalmology	IN	
Special eye evaluation	* CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN	OUT
93000	R CPEP 7 - Evaluation and Management	IN	
Electrocardiogram, complete	* R CPEP 13 - Cardiology	IN	
93005	CPEP 7 - Evaluation and Management	IN	OUT
Electrocardiogram, tracing	* CPEP 13 - Cardiology	IN	
93010	CPEP 7 - Evaluation and Management		OUT
Electrocardiogram report	* CPEP 13 - Cardiology		OUT
93012	CPEP 7 - Evaluation and Management	IN	OUT
Transmission of ecg	* CPEP 13 - Cardiology	IN	
93014	CPEP 7 - Evaluation and Management		OUT
Report on transmitted ecg	* CPEP 13 - Cardiology	IN	OUT
93015	R CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN	OUT
Cardiovascular stress test	* R CPEP 13 - Cardiology	IN	
93016	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN	OUT
Cardiovascular stress test	* CPEP 13 - Cardiology		OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
93017	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
Cardiovascular stress test	* CPEP 13 - Cardiology	IN OUT
93018	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
Cardiovascular stress test	* CPEP 13 - Cardiology	OUT
93024	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
Cardiac drug stress test	* CPEP 13 - Cardiology	IN OUT
93040	CPEP 7 - Evaluation and Management	IN
Rhythm ECG with report	* CPEP 13 - Cardiology	IN
93041	CPEP 7 - Evaluation and Management	IN OUT
Rhythm ECG, tracing	* CPEP 13 - Cardiology	IN
93042	CPEP 7 - Evaluation and Management	OUT
Rhythm ECG, report	* CPEP 13 - Cardiology	OUT
93220	CPEP 7 - Evaluation and Management	IN
Vectorcardiogram	* CPEP 13 - Cardiology	IN
93221	CPEP 7 - Evaluation and Management	IN
Vectorcardiogram tracing	* CPEP 13 - Cardiology	IN
93222	CPEP 7 - Evaluation and Management	OUT
Vectorcardiogram report	* CPEP 13 - Cardiology	OUT
93272	CPEP 7 - Evaluation and Management	OUT
ECG/review, interpret only	* CPEP 13 - Cardiology	IN
93278	CPEP 7 - Evaluation and Management	IN OUT
ECG/signal-averaged	* CPEP 13 - Cardiology	IN OUT
93740	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
Temperature gradient studies	* CPEP 13 - Cardiology	NOT PROFILED
93770	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
Measure venous pressure	* CPEP 13 - Cardiology	NOT PROFILED
94640	CPEP 7 - Evaluation and Management	IN OUT
Airway inhalation treatment	* CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
94642 Aerosol inhalation treatment	CPEP 7 - Evaluation and Management * CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN IN OUT
94650 Pressure breathing (IPPB)	CPEP 7 - Evaluation and Management * CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN IN OUT
94651 Pressure breathing (IPPB)	CPEP 7 - Evaluation and Management * CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT IN OUT
94652 Pressure breathing (IPPB)	CPEP 7 - Evaluation and Management * CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT IN OUT
94664 Aerosol or vapor inhalations	R CPEP 7 - Evaluation and Management * R CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN IN OUT
94665 Aerosol or vapor inhalations	CPEP 7 - Evaluation and Management * CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT IN OUT
94667 Chest wall manipulation	CPEP 7 - Evaluation and Management * CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT IN OUT
94668 Chest wall manipulation	CPEP 7 - Evaluation and Management * CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT IN OUT
95060 Eye allergy tests	CPEP 5 - Ophthalmology * CPEP 10 - Miscellaneous Internal Medicine and Other Services	NOT PROFILED IN
95834 Body muscle testing, manual	* CPEP 1 - Integumentary and Physical Medicine CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN IN
97010 Hot or cold packs therapy	* CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics	IN IN
97012 Mechanical traction therapy	* CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics	IN IN
97014 Electric stimulation therapy	* CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics	IN IN

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment R indicates a reference service</i>	
97016	* CPEP 1 - Integumentary and Physical Medicine	IN
Vasopneumatic device therapy	CPEP 3 - Orthopaedics	IN
97018	* CPEP 1 - Integumentary and Physical Medicine	IN
Paraffin bath therapy	CPEP 3 - Orthopaedics	IN
97020	* CPEP 1 - Integumentary and Physical Medicine	IN
Microwave therapy	CPEP 3 - Orthopaedics	IN
97022	* CPEP 1 - Integumentary and Physical Medicine	IN
Whirlpool therapy	CPEP 3 - Orthopaedics	IN
97024	* CPEP 1 - Integumentary and Physical Medicine	IN
Diathermy treatment	CPEP 3 - Orthopaedics	IN
97026	* CPEP 1 - Integumentary and Physical Medicine	IN
Infrared therapy	CPEP 3 - Orthopaedics	IN
97028	* CPEP 1 - Integumentary and Physical Medicine	IN
Ultraviolet therapy	CPEP 3 - Orthopaedics	IN
97032	* CPEP 1 - Integumentary and Physical Medicine	IN
Electrical stimulation	CPEP 3 - Orthopaedics	IN
97033	* CPEP 1 - Integumentary and Physical Medicine	IN
Electric current therapy	CPEP 3 - Orthopaedics	IN
97034	* CPEP 1 - Integumentary and Physical Medicine	IN
Contrast bath therapy	CPEP 3 - Orthopaedics	IN
97035	* CPEP 1 - Integumentary and Physical Medicine	IN
Ultrasound therapy	CPEP 3 - Orthopaedics	IN
97036	* CPEP 1 - Integumentary and Physical Medicine	IN
Hydrotherapy	CPEP 3 - Orthopaedics	IN
97039	* CPEP 1 - Integumentary and Physical Medicine	IN
Physical therapy treatment	CPEP 3 - Orthopaedics	IN
97110	* R CPEP 1 - Integumentary and Physical Medicine	IN
Therapeutic exercises	R CPEP 3 - Orthopaedics	IN
97112	* CPEP 1 - Integumentary and Physical Medicine	IN
Neuromuscular reeducation	CPEP 3 - Orthopaedics	IN

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
97113	* CPEP 1 - Integumentary and Physical Medicine	IN
Aquatic therapy/exercises	CPEP 3 - Orthopaedics	IN
97116	* CPEP 1 - Integumentary and Physical Medicine	IN
Gait training therapy	CPEP 3 - Orthopaedics	IN
97122	* CPEP 1 - Integumentary and Physical Medicine	IN
Manual traction therapy	CPEP 3 - Orthopaedics	IN
97124	* CPEP 1 - Integumentary and Physical Medicine	IN
Massage therapy	CPEP 3 - Orthopaedics	IN
97139	* CPEP 1 - Integumentary and Physical Medicine	IN
Physical medicine procedure	CPEP 3 - Orthopaedics	IN
97150	* CPEP 1 - Integumentary and Physical Medicine	IN
Group therapeutic procedures	CPEP 3 - Orthopaedics	IN
97250	* CPEP 1 - Integumentary and Physical Medicine	IN
Myofascial release	CPEP 3 - Orthopaedics	IN
97260	* CPEP 1 - Integumentary and Physical Medicine	IN
Regional manipulation	CPEP 3 - Orthopaedics	IN
97261	* CPEP 1 - Integumentary and Physical Medicine	IN
Supplemental manipulations	CPEP 3 - Orthopaedics	IN
97265	* CPEP 1 - Integumentary and Physical Medicine	IN
Joint mobilization	CPEP 3 - Orthopaedics	IN
97500	* CPEP 1 - Integumentary and Physical Medicine	IN
Orthotics training	CPEP 3 - Orthopaedics	IN
97501	* CPEP 1 - Integumentary and Physical Medicine	IN
Supplemental training	CPEP 3 - Orthopaedics	IN
97520	* CPEP 1 - Integumentary and Physical Medicine	IN
Prosthetic training	CPEP 3 - Orthopaedics	IN
97521	* CPEP 1 - Integumentary and Physical Medicine	IN
Supplemental training	CPEP 3 - Orthopaedics	IN
97530	* CPEP 1 - Integumentary and Physical Medicine	IN
Therapeutic activities	CPEP 3 - Orthopaedics	IN

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
97700	* CPEP 1 - Integumentary and Physical Medicine	IN
Training checkout	CPEP 3 - Orthopaedics	IN
97701	* CPEP 1 - Integumentary and Physical Medicine	IN
Supplemental checkout	CPEP 3 - Orthopaedics	IN
97750	* CPEP 1 - Integumentary and Physical Medicine	IN
Physical performance test	CPEP 3 - Orthopaedics	IN
98925	* CPEP 1 - Integumentary and Physical Medicine	IN
Osteopathic manipulation	CPEP 3 - Orthopaedics	IN
98926	* CPEP 1 - Integumentary and Physical Medicine	IN
Osteopathic manipulation	CPEP 3 - Orthopaedics	IN
98927	* CPEP 1 - Integumentary and Physical Medicine	IN
Osteopathic manipulation	CPEP 3 - Orthopaedics	IN
98928	* CPEP 1 - Integumentary and Physical Medicine	IN
Osteopathic manipulation	CPEP 3 - Orthopaedics	IN
98929	* CPEP 1 - Integumentary and Physical Medicine	IN
Osteopathic manipulation	CPEP 3 - Orthopaedics	IN
99183	CPEP 7 - Evaluation and Management	OUT
Hyperbaric oxygen therapy	* CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
99201	CPEP 1 - Integumentary and Physical Medicine	IN
Office/outpatient visit, new	CPEP 3 - Orthopaedics	IN
	CPEP 4 - OB/GYN	IN
	CPEP 5 - Ophthalmology	IN
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	IN
99202	CPEP 1 - Integumentary and Physical Medicine	IN
Office/outpatient visit, new	CPEP 3 - Orthopaedics	IN
	CPEP 4 - OB/GYN	IN
	CPEP 5 - Ophthalmology	IN
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	IN

<i>HCPCS</i> <i>Description</i>	<i>CPEP</i> <i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	<i>Sites Profiled</i>	
99203 Office/outpatient visit, new	<i>R</i> CPEP 1 - Integumentary and Physical Medicine	IN	
	<i>R</i> CPEP 3 - Orthopaedics	IN	
	<i>R</i> CPEP 4 - OB/GYN	IN	
	<i>R</i> CPEP 5 - Ophthalmology	IN	
	* <i>R</i> CPEP 7 - Evaluation and Management	IN	
	<i>R</i> CPEP 8 - General Surgery	IN	
	<i>R</i> CPEP 9 - Otolaryngology	IN	
99204 Office/outpatient visit, new	CPEP 1 - Integumentary and Physical Medicine	IN	
	CPEP 3 - Orthopaedics	IN	
	CPEP 4 - OB/GYN	IN	
	CPEP 5 - Ophthalmology	IN	
	* CPEP 7 - Evaluation and Management	IN	
	CPEP 8 - General Surgery	IN	
	CPEP 9 - Otolaryngology	IN	
99205 Office/outpatient visit, new	CPEP 1 - Integumentary and Physical Medicine	IN	
	CPEP 3 - Orthopaedics	IN	
	CPEP 4 - OB/GYN	IN	
	CPEP 5 - Ophthalmology	IN	
	* CPEP 7 - Evaluation and Management	IN	
	CPEP 8 - General Surgery	IN	
	CPEP 9 - Otolaryngology	IN	
99211 Office/outpatient visit, est	CPEP 1 - Integumentary and Physical Medicine	IN	
	CPEP 2 - Male Genital and Urinary	IN	
	CPEP 3 - Orthopaedics	IN	
	CPEP 4 - OB/GYN	IN	
	CPEP 5 - Ophthalmology	IN	
	* CPEP 7 - Evaluation and Management	IN	
	CPEP 8 - General Surgery	IN	
	CPEP 9 - Otolaryngology	IN	
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN	
	CPEP 11 - Gastroenterology	IN	OUT
	CPEP 12 - Cardiothoracic and Vascular	IN	OUT
	CPEP 13 - Cardiology	IN	OUT
	CPEP 15 - Neurosurgery	IN	OUT

99212	CPEP 1 - Integumentary and Physical Medicine	IN	
Office/outpatient visit, est	CPEP 2 - Male Genital and Urinary	IN	
	CPEP 3 - Orthopaedics	IN	
	CPEP 4 - OB/GYN	IN	
	CPEP 5 - Ophthalmology	IN	
	* CPEP 7 - Evaluation and Management	IN	
	CPEP 8 - General Surgery	IN	
	CPEP 9 - Otolaryngology	IN	
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN	
	CPEP 11 - Gastroenterology	IN	OUT
	CPEP 12 - Cardiothoracic and Vascular	IN	OUT
	CPEP 13 - Cardiology	IN	OUT
	CPEP 15 - Neurosurgery	IN	OUT
99213	R CPEP 1 - Integumentary and Physical Medicine	IN	
Office/outpatient visit, est	R CPEP 2 - Male Genital and Urinary	IN	
	R CPEP 3 - Orthopaedics	IN	
	R CPEP 4 - OB/GYN	IN	OUT
	R CPEP 5 - Ophthalmology	IN	
	* R CPEP 7 - Evaluation and Management	IN	
	R CPEP 8 - General Surgery	IN	
	R CPEP 9 - Otolaryngology	IN	
	R CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN	
	R CPEP 11 - Gastroenterology	IN	OUT
	R CPEP 12 - Cardiothoracic and Vascular	IN	OUT
	R CPEP 13 - Cardiology	IN	OUT
	R CPEP 15 - Neurosurgery	IN	OUT
99214	CPEP 1 - Integumentary and Physical Medicine	IN	
Office/outpatient visit, est	CPEP 2 - Male Genital and Urinary	IN	
	CPEP 3 - Orthopaedics	IN	
	CPEP 4 - OB/GYN	IN	
	CPEP 5 - Ophthalmology	IN	
	* CPEP 7 - Evaluation and Management	IN	
	CPEP 8 - General Surgery	IN	
	CPEP 9 - Otolaryngology	IN	
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN	
	CPEP 11 - Gastroenterology	IN	OUT
	CPEP 12 - Cardiothoracic and Vascular	IN	OUT
	CPEP 13 - Cardiology	IN	OUT
	CPEP 15 - Neurosurgery	IN	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
99215	CPEP 1 - Integumentary and Physical Medicine	IN
Office/outpatient visit, est	CPEP 2 - Male Genital and Urinary	IN
	CPEP 3 - Orthopaedics	IN
	CPEP 4 - OB/GYN	IN
	CPEP 5 - Ophthalmology	IN
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	IN
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN
	CPEP 11 - Gastroenterology	IN OUT
	CPEP 12 - Cardiothoracic and Vascular	IN OUT
	CPEP 13 - Cardiology	IN OUT
	CPEP 15 - Neurosurgery	IN OUT
99217	* CPEP 7 - Evaluation and Management	OUT
Observation care discharge	CPEP 8 - General Surgery	OUT
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
	CPEP 11 - Gastroenterology	OUT
	CPEP 13 - Cardiology	OUT
99231	* CPEP 7 - Evaluation and Management	OUT
Subsequent hospital care	CPEP 8 - General Surgery	OUT
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
	CPEP 11 - Gastroenterology	OUT
	CPEP 13 - Cardiology	OUT
99232	* R CPEP 7 - Evaluation and Management	OUT
Subsequent hospital care	R CPEP 8 - General Surgery	OUT
	R CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
	R CPEP 11 - Gastroenterology	OUT
	R CPEP 13 - Cardiology	OUT
99233	* CPEP 7 - Evaluation and Management	OUT
Subsequent hospital care	CPEP 8 - General Surgery	OUT
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
	CPEP 11 - Gastroenterology	OUT
	CPEP 13 - Cardiology	OUT

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>	
99238	* CPEP 7 - Evaluation and Management		OUT
Hospital discharge day	CPEP 8 - General Surgery		OUT
	CPEP 10 - Miscellaneous Internal Medicine and Other Services		OUT
	CPEP 11 - Gastroenterology		OUT
	CPEP 13 - Cardiology		OUT
99241	CPEP 1 - Integumentary and Physical Medicine	IN	OUT
Office consultation	CPEP 2 - Male Genital and Urinary	IN	OUT
	CPEP 3 - Orthopaedics	IN	OUT
	CPEP 5 - Ophthalmology	IN	
	* CPEP 7 - Evaluation and Management	IN	OUT
	CPEP 8 - General Surgery	IN	
	CPEP 9 - Otolaryngology	IN	
	CPEP 11 - Gastroenterology	IN	
	CPEP 12 - Cardiothoracic and Vascular	IN	OUT
	CPEP 13 - Cardiology	IN	OUT
	CPEP 15 - Neurosurgery	IN	OUT
99242	CPEP 1 - Integumentary and Physical Medicine	IN	OUT
Office consultation	CPEP 2 - Male Genital and Urinary	IN	OUT
	CPEP 3 - Orthopaedics	IN	OUT
	CPEP 5 - Ophthalmology	IN	
	* CPEP 7 - Evaluation and Management	IN	OUT
	CPEP 8 - General Surgery	IN	
	CPEP 9 - Otolaryngology	IN	
	CPEP 11 - Gastroenterology	IN	
	CPEP 12 - Cardiothoracic and Vascular	IN	OUT
	CPEP 13 - Cardiology	IN	OUT
	CPEP 15 - Neurosurgery	IN	OUT
99243	R CPEP 1 - Integumentary and Physical Medicine	IN	OUT
Office consultation	R CPEP 2 - Male Genital and Urinary	IN	OUT
	R CPEP 3 - Orthopaedics	IN	OUT
	R CPEP 5 - Ophthalmology	IN	
	* R CPEP 7 - Evaluation and Management	IN	OUT
	R CPEP 8 - General Surgery	IN	
	R CPEP 9 - Otolaryngology	IN	
	R CPEP 11 - Gastroenterology	IN	
	R CPEP 12 - Cardiothoracic and Vascular	IN	OUT
	R CPEP 13 - Cardiology	IN	OUT
	R CPEP 15 - Neurosurgery	IN	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
99244	CPEP 1 - Integumentary and Physical Medicine	IN OUT
Office consultation	CPEP 2 - Male Genital and Urinary	IN OUT
	CPEP 3 - Orthopaedics	IN OUT
	CPEP 5 - Ophthalmology	IN
	* CPEP 7 - Evaluation and Management	IN OUT
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	IN
	CPEP 11 - Gastroenterology	IN
	CPEP 12 - Cardiothoracic and Vascular	IN OUT
	CPEP 13 - Cardiology	IN OUT
	CPEP 15 - Neurosurgery	IN OUT
99245	CPEP 1 - Integumentary and Physical Medicine	IN OUT
Office consultation	CPEP 2 - Male Genital and Urinary	IN OUT
	CPEP 3 - Orthopaedics	IN OUT
	CPEP 5 - Ophthalmology	IN
	* CPEP 7 - Evaluation and Management	IN OUT
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	IN
	CPEP 11 - Gastroenterology	IN
	CPEP 12 - Cardiothoracic and Vascular	IN OUT
	CPEP 13 - Cardiology	IN OUT
	CPEP 15 - Neurosurgery	IN OUT
99251	CPEP 2 - Male Genital and Urinary	OUT
Initial inpatient consult	* CPEP 7 - Evaluation and Management	OUT
	CPEP 8 - General Surgery	OUT
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
	CPEP 11 - Gastroenterology	OUT
	CPEP 12 - Cardiothoracic and Vascular	OUT
	CPEP 13 - Cardiology	OUT
	CPEP 15 - Neurosurgery	OUT
99252	CPEP 2 - Male Genital and Urinary	OUT
Initial inpatient consult	* CPEP 7 - Evaluation and Management	OUT
	CPEP 8 - General Surgery	OUT
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
	CPEP 11 - Gastroenterology	OUT
	CPEP 12 - Cardiothoracic and Vascular	OUT
	CPEP 13 - Cardiology	OUT
	CPEP 15 - Neurosurgery	OUT

Description

* indicates the primary assignment
R indicates a reference service

99253	R CPEP 2 - Male Genital and Urinary	OUT
Initial inpatient consult	* R CPEP 7 - Evaluation and Management	OUT
	R CPEP 8 - General Surgery	OUT
	R CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
	R CPEP 11 - Gastroenterology	OUT
	R CPEP 12 - Cardiothoracic and Vascular	OUT
	R CPEP 13 - Cardiology	OUT
	R CPEP 15 - Neurosurgery	OUT
99254	CPEP 2 - Male Genital and Urinary	OUT
Initial inpatient consult	* CPEP 7 - Evaluation and Management	OUT
	CPEP 8 - General Surgery	OUT
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
	CPEP 11 - Gastroenterology	OUT
	CPEP 12 - Cardiothoracic and Vascular	OUT
	CPEP 13 - Cardiology	OUT
	CPEP 15 - Neurosurgery	OUT
99255	CPEP 2 - Male Genital and Urinary	OUT
Initial inpatient consult	* CPEP 7 - Evaluation and Management	OUT
	CPEP 8 - General Surgery	OUT
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
	CPEP 11 - Gastroenterology	OUT
	CPEP 12 - Cardiothoracic and Vascular	OUT
	CPEP 13 - Cardiology	OUT
	CPEP 15 - Neurosurgery	OUT
99261	CPEP 2 - Male Genital and Urinary	OUT
Follow-up inpatient consult	* CPEP 7 - Evaluation and Management	OUT
	CPEP 8 - General Surgery	OUT
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
	CPEP 11 - Gastroenterology	OUT
	CPEP 12 - Cardiothoracic and Vascular	OUT
	CPEP 13 - Cardiology	OUT
	CPEP 15 - Neurosurgery	OUT

99262	CPEP 2 - Male Genital and Urinary	OUT
Follow-up inpatient consult	* CPEP 7 - Evaluation and Management	OUT
	CPEP 8 - General Surgery	OUT
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
	CPEP 11 - Gastroenterology	OUT
	CPEP 12 - Cardiothoracic and Vascular	OUT
	CPEP 13 - Cardiology	OUT
	CPEP 15 - Neurosurgery	OUT

99263	CPEP 2 - Male Genital and Urinary	OUT
Follow-up inpatient consult	* CPEP 7 - Evaluation and Management	OUT
	CPEP 8 - General Surgery	OUT
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
	CPEP 11 - Gastroenterology	OUT
	CPEP 12 - Cardiothoracic and Vascular	OUT
	CPEP 13 - Cardiology	OUT
	CPEP 15 - Neurosurgery	OUT

99271	CPEP 2 - Male Genital and Urinary	IN	OUT
Confirmatory consultation	* CPEP 7 - Evaluation and Management	IN	OUT
	CPEP 8 - General Surgery	IN	
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN	OUT
	CPEP 11 - Gastroenterology	IN	OUT
	CPEP 12 - Cardiothoracic and Vascular	IN	OUT
	CPEP 13 - Cardiology		OUT
	CPEP 15 - Neurosurgery	IN	OUT

99272	CPEP 2 - Male Genital and Urinary	IN	OUT
Confirmatory consultation	* CPEP 7 - Evaluation and Management	IN	OUT
	CPEP 8 - General Surgery	IN	
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN	OUT
	CPEP 11 - Gastroenterology	IN	OUT
	CPEP 12 - Cardiothoracic and Vascular	IN	OUT
	CPEP 13 - Cardiology		OUT
	CPEP 15 - Neurosurgery	IN	OUT

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>	
99273	CPEP 2 - Male Genital and Urinary	IN	OUT
Confirmatory consultation	* CPEP 7 - Evaluation and Management	IN	OUT
	CPEP 8 - General Surgery	IN	
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN	OUT
	CPEP 11 - Gastroenterology	IN	OUT
	CPEP 12 - Cardiothoracic and Vascular	IN	OUT
	CPEP 13 - Cardiology		OUT
	CPEP 15 - Neurosurgery	IN	OUT
99274	CPEP 2 - Male Genital and Urinary	IN	OUT
Confirmatory consultation	* CPEP 7 - Evaluation and Management	IN	OUT
	CPEP 8 - General Surgery	IN	
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN	OUT
	CPEP 11 - Gastroenterology	IN	OUT
	CPEP 12 - Cardiothoracic and Vascular	IN	OUT
	CPEP 13 - Cardiology		OUT
	CPEP 15 - Neurosurgery	IN	OUT
99275	CPEP 2 - Male Genital and Urinary	IN	OUT
Confirmatory consultation	* CPEP 7 - Evaluation and Management	IN	OUT
	CPEP 8 - General Surgery	IN	
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN	OUT
	CPEP 11 - Gastroenterology	IN	OUT
	CPEP 12 - Cardiothoracic and Vascular	IN	OUT
	CPEP 13 - Cardiology		OUT
	CPEP 15 - Neurosurgery	IN	OUT
99291	* <i>R</i> CPEP 7 - Evaluation and Management		OUT
Critical care, first hour	<i>R</i> CPEP 14 - Anesthesiology/Pathology		OUT
99292	* CPEP 7 - Evaluation and Management		OUT
Critical care, addl 30 min	CPEP 14 - Anesthesiology/Pathology		OUT
99295	* CPEP 7 - Evaluation and Management		OUT
Neonatal critical care	CPEP 14 - Anesthesiology/Pathology		NOT PROFILED
99296	* CPEP 7 - Evaluation and Management		OUT
Neonatal critical care	CPEP 14 - Anesthesiology/Pathology		NOT PROFILED
99297	* CPEP 7 - Evaluation and Management		OUT
Neonatal critical care	CPEP 14 - Anesthesiology/Pathology		NOT PROFILED
99311	CPEP 1 - Integumentary and Physical Medicine		OUT
Nursing facility care,subseq	* CPEP 7 - Evaluation and Management		OUT

99312	R CPEP 1 - Integumentary and Physical Medicine	OUT
Nursing facility care,subseq	* R CPEP 7 - Evaluation and Management	OUT
99313	CPEP 1 - Integumentary and Physical Medicine	OUT
Nursing facility care,subseq	* CPEP 7 - Evaluation and Management	OUT
99354	CPEP 1 - Integumentary and Physical Medicine	IN OUT
Prolonged service, office	CPEP 2 - Male Genital and Urinary	IN OUT
	CPEP 3 - Orthopaedics	IN
	CPEP 4 - OB/GYN	IN OUT
	CPEP 5 - Ophthalmology	NOT PROFILED
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	NOT PROFILED
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
	CPEP 11 - Gastroenterology	IN OUT
	CPEP 12 - Cardiothoracic and Vascular	IN OUT
	CPEP 13 - Cardiology	IN OUT
	CPEP 15 - Neurosurgery	IN OUT
99355	CPEP 1 - Integumentary and Physical Medicine	IN OUT
Prolonged service, office	CPEP 2 - Male Genital and Urinary	IN OUT
	CPEP 3 - Orthopaedics	IN
	CPEP 4 - OB/GYN	IN OUT
	CPEP 5 - Ophthalmology	NOT PROFILED
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	NOT PROFILED
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
	CPEP 11 - Gastroenterology	IN OUT
	CPEP 12 - Cardiothoracic and Vascular	IN OUT
	CPEP 13 - Cardiology	IN OUT
	CPEP 15 - Neurosurgery	IN OUT
99356	* CPEP 7 - Evaluation and Management	OUT
Prolonged service, inpatient	CPEP 8 - General Surgery	OUT
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
	CPEP 11 - Gastroenterology	OUT
	CPEP 13 - Cardiology	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
99357	* CPEP 7 - Evaluation and Management	OUT
Prolonged service, inpatient	CPEP 8 - General Surgery	OUT
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
	CPEP 11 - Gastroenterology	OUT
	CPEP 13 - Cardiology	OUT
99375	CPEP 2 - Male Genital and Urinary	IN
Care plan oversight/30-60	* CPEP 7 - Evaluation and Management	IN OUT
	CPEP 8 - General Surgery	IN
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
	CPEP 11 - Gastroenterology	OUT
	CPEP 12 - Cardiothoracic and Vascular	IN OUT
	CPEP 13 - Cardiology	IN
	CPEP 15 - Neurosurgery	IN OUT
99381	CPEP 1 - Integumentary and Physical Medicine	IN
Preventive visit,new,infant	CPEP 3 - Orthopaedics	IN
	CPEP 4 - OB/GYN	NOT PROFILED
	CPEP 5 - Ophthalmology	NOT PROFILED
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	NOT PROFILED
99382	CPEP 1 - Integumentary and Physical Medicine	IN
Preventive visit,new,age 1-4	CPEP 3 - Orthopaedics	IN
	CPEP 4 - OB/GYN	NOT PROFILED
	CPEP 5 - Ophthalmology	NOT PROFILED
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	NOT PROFILED
99383	CPEP 1 - Integumentary and Physical Medicine	IN
Preventive visit,new,age5-11	CPEP 3 - Orthopaedics	IN
	CPEP 4 - OB/GYN	IN
	CPEP 5 - Ophthalmology	NOT PROFILED
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	NOT PROFILED

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
99384 Preventive visit,new,12-17	CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics CPEP 4 - OB/GYN CPEP 5 - Ophthalmology * CPEP 7 - Evaluation and Management CPEP 8 - General Surgery CPEP 9 - Otolaryngology	IN IN IN NOT PROFILED IN IN NOT PROFILED
99385 Preventive visit,new,18-39	CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics CPEP 4 - OB/GYN CPEP 5 - Ophthalmology * CPEP 7 - Evaluation and Management CPEP 8 - General Surgery CPEP 9 - Otolaryngology	IN IN IN NOT PROFILED IN IN NOT PROFILED
99386 Preventive visit,new,40-64	CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics CPEP 4 - OB/GYN CPEP 5 - Ophthalmology * CPEP 7 - Evaluation and Management CPEP 8 - General Surgery CPEP 9 - Otolaryngology	IN IN IN NOT PROFILED IN IN NOT PROFILED
99387 Preventive visit,new,65&over	CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics CPEP 4 - OB/GYN CPEP 5 - Ophthalmology * CPEP 7 - Evaluation and Management CPEP 8 - General Surgery CPEP 9 - Otolaryngology	IN IN IN NOT PROFILED IN IN NOT PROFILED
99391 Preventive visit,est,infant	CPEP 1 - Integumentary and Physical Medicine CPEP 2 - Male Genital and Urinary CPEP 3 - Orthopaedics CPEP 4 - OB/GYN CPEP 5 - Ophthalmology * CPEP 7 - Evaluation and Management CPEP 8 - General Surgery CPEP 9 - Otolaryngology CPEP 10 - Miscellaneous Internal Medicine and Other Services CPEP 11 - Gastroenterology CPEP 12 - Cardiothoracic and Vascular CPEP 13 - Cardiology CPEP 15 - Neurosurgery	IN NOT PROFILED NOT PROFILED NOT PROFILED NOT PROFILED IN IN NOT PROFILED IN OUT NOT PROFILED IN OUT NOT PROFILED NOT PROFILED

Description

* indicates the primary assignment
R indicates a reference service

99392 Preventive visit,est,age 1-4	CPEP 1 - Integumentary and Physical Medicine	IN
	CPEP 2 - Male Genital and Urinary	NOT PROFILED
	CPEP 3 - Orthopaedics	NOT PROFILED
	CPEP 4 - OB/GYN	NOT PROFILED
	CPEP 5 - Ophthalmology	NOT PROFILED
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	NOT PROFILED
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN
	CPEP 11 - Gastroenterology	NOT PROFILED
	CPEP 12 - Cardiothoracic and Vascular	IN OUT
	CPEP 13 - Cardiology	NOT PROFILED
	CPEP 15 - Neurosurgery	NOT PROFILED
99393 Preventive visit,est,age5-11	CPEP 1 - Integumentary and Physical Medicine	IN
	CPEP 2 - Male Genital and Urinary	NOT PROFILED
	CPEP 3 - Orthopaedics	NOT PROFILED
	CPEP 4 - OB/GYN	IN
	CPEP 5 - Ophthalmology	NOT PROFILED
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	NOT PROFILED
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN
	CPEP 11 - Gastroenterology	NOT PROFILED
	CPEP 12 - Cardiothoracic and Vascular	IN OUT
	CPEP 13 - Cardiology	NOT PROFILED
	CPEP 15 - Neurosurgery	NOT PROFILED
99394 Preventive visit,est,12-17	CPEP 1 - Integumentary and Physical Medicine	IN
	CPEP 2 - Male Genital and Urinary	NOT PROFILED
	CPEP 3 - Orthopaedics	NOT PROFILED
	CPEP 4 - OB/GYN	IN
	CPEP 5 - Ophthalmology	NOT PROFILED
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	NOT PROFILED
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN
	CPEP 11 - Gastroenterology	NOT PROFILED
	CPEP 12 - Cardiothoracic and Vascular	IN OUT
	CPEP 13 - Cardiology	NOT PROFILED
	CPEP 15 - Neurosurgery	NOT PROFILED

Description

* indicates the primary assignment
R indicates a reference service

99395 Preventive visit,est,18-39	CPEP 1 - Integumentary and Physical Medicine	IN
	CPEP 2 - Male Genital and Urinary	NOT PROFILED
	CPEP 3 - Orthopaedics	NOT PROFILED
	CPEP 4 - OB/GYN	IN
	CPEP 5 - Ophthalmology	NOT PROFILED
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	NOT PROFILED
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN
	CPEP 11 - Gastroenterology	NOT PROFILED
	CPEP 12 - Cardiothoracic and Vascular	IN OUT
	CPEP 13 - Cardiology	IN OUT
	CPEP 15 - Neurosurgery	NOT PROFILED
99396 Preventive visit,est,40-64	CPEP 1 - Integumentary and Physical Medicine	IN
	CPEP 2 - Male Genital and Urinary	NOT PROFILED
	CPEP 3 - Orthopaedics	NOT PROFILED
	CPEP 4 - OB/GYN	IN
	CPEP 5 - Ophthalmology	NOT PROFILED
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	NOT PROFILED
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN
	CPEP 11 - Gastroenterology	NOT PROFILED
	CPEP 12 - Cardiothoracic and Vascular	IN OUT
	CPEP 13 - Cardiology	IN OUT
	CPEP 15 - Neurosurgery	NOT PROFILED
99397 Preventive visit,est,65&over	CPEP 1 - Integumentary and Physical Medicine	IN
	CPEP 2 - Male Genital and Urinary	NOT PROFILED
	CPEP 3 - Orthopaedics	NOT PROFILED
	CPEP 4 - OB/GYN	IN
	CPEP 5 - Ophthalmology	NOT PROFILED
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	NOT PROFILED
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
	CPEP 11 - Gastroenterology	NOT PROFILED
	CPEP 12 - Cardiothoracic and Vascular	IN OUT
	CPEP 13 - Cardiology	IN OUT
	CPEP 15 - Neurosurgery	NOT PROFILED

99401 Preventive counseling, indiv	CPEP 1 - Integumentary and Physical Medicine	IN
	CPEP 2 - Male Genital and Urinary	NOT PROFILED
	CPEP 3 - Orthopaedics	NOT PROFILED
	CPEP 4 - OB/GYN	IN OUT
	CPEP 5 - Ophthalmology	NOT PROFILED
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	NOT PROFILED
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
	CPEP 11 - Gastroenterology	NOT PROFILED
	CPEP 12 - Cardiothoracic and Vascular	IN OUT
	CPEP 13 - Cardiology	IN OUT
	CPEP 15 - Neurosurgery	NOT PROFILED
	99402 Preventive counseling, indiv	CPEP 1 - Integumentary and Physical Medicine	IN
CPEP 2 - Male Genital and Urinary		NOT PROFILED
CPEP 3 - Orthopaedics		NOT PROFILED
CPEP 4 - OB/GYN		IN OUT
CPEP 5 - Ophthalmology		NOT PROFILED
* CPEP 7 - Evaluation and Management		IN
CPEP 8 - General Surgery		IN
CPEP 9 - Otolaryngology		NOT PROFILED
CPEP 10 - Miscellaneous Internal Medicine and Other Services		IN OUT
CPEP 11 - Gastroenterology		NOT PROFILED
CPEP 12 - Cardiothoracic and Vascular		IN OUT
CPEP 13 - Cardiology		IN OUT
CPEP 15 - Neurosurgery		NOT PROFILED
99403 Preventive counseling, indiv		CPEP 1 - Integumentary and Physical Medicine	IN
	CPEP 2 - Male Genital and Urinary	NOT PROFILED
	CPEP 3 - Orthopaedics	NOT PROFILED
	CPEP 4 - OB/GYN	IN OUT
	CPEP 5 - Ophthalmology	NOT PROFILED
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	NOT PROFILED
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
	CPEP 11 - Gastroenterology	NOT PROFILED
	CPEP 12 - Cardiothoracic and Vascular	IN OUT
	CPEP 13 - Cardiology	IN OUT
	CPEP 15 - Neurosurgery	NOT PROFILED

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
99404 Preventive counseling, indiv	CPEP 1 - Integumentary and Physical Medicine CPEP 2 - Male Genital and Urinary CPEP 3 - Orthopaedics CPEP 4 - OB/GYN CPEP 5 - Ophthalmology * CPEP 7 - Evaluation and Management CPEP 8 - General Surgery CPEP 9 - Otolaryngology CPEP 10 - Miscellaneous Internal Medicine and Other Services CPEP 11 - Gastroenterology CPEP 12 - Cardiothoracic and Vascular CPEP 13 - Cardiology CPEP 15 - Neurosurgery	IN NOT PROFILED NOT PROFILED IN OUT NOT PROFILED IN IN NOT PROFILED IN OUT NOT PROFILED IN OUT IN OUT NOT PROFILED
99432 Newborn care not in hospital	CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics CPEP 4 - OB/GYN CPEP 5 - Ophthalmology * CPEP 7 - Evaluation and Management CPEP 8 - General Surgery CPEP 9 - Otolaryngology	OUT NOT PROFILED NOT PROFILED NOT PROFILED IN NOT PROFILED NOT PROFILED
99433 Normal newborn care,hospital	* CPEP 7 - Evaluation and Management CPEP 8 - General Surgery CPEP 10 - Miscellaneous Internal Medicine and Other Services CPEP 11 - Gastroenterology CPEP 13 - Cardiology	OUT NOT PROFILED OUT NOT PROFILED NOT PROFILED
99440 Newborn resuscitation	* CPEP 7 - Evaluation and Management CPEP 14 - Anesthesiology/Pathology	OUT NOT PROFILED
A2000 Chiropractor manip of spine	* CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics	IN IN
M0005 Off visit 2/more modalities	* CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics	NOT PROFILED IN
M0006 One phys therapy modality	* CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics	NOT PROFILED IN
M0007 Combined phys ther mod & tx	* CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics	NOT PROFILED IN

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
M0008 Combined phys ther mod & tx	* CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics	NOT PROFILED IN
Q0035 Cardiokymography	CPEP 7 - Evaluation and Management * CPEP 13 - Cardiology	NOT PROFILED NOT PROFILED
Q0103 Physical therapy evaluation	* CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics	IN IN
Q0104 Phys therapy re-evaluation	* CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics	IN IN
Q0110 Occupational therap re-eval	* CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics	IN NOT PROFILED
R0076 Transport portable EKG	CPEP 7 - Evaluation and Management * CPEP 13 - Cardiology	NOT PROFILED OUT

List of Reference Service Assignments

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CPEP C 1 - Integumentary and Physical Medicine

Service Family*Reference Service*

Global

Post-Proc.
Office E&M
Equiv.
Svcs

Worksheet Packages to Complete

Incision and Drainage

10060 Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single

010

n/a

G E

Simple Excision and Biopsy

11642 Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 1.1 to 2.0 cm

010

n/a

G E

Complex Excision and Debridement

11643 Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 2.1 to 3.0 cm

010

n/a

G E

Nail Procedures

11730 Avulsion of nail plate, partial or complete, simple; single

000

P E

Simple Skin Repair

12002 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm

010

n/a

G E

Complex Skin Repairs Including Integument Grafts, Transfer and Rearrangement

15100 Split graft, trunk, scalp, arms, legs, hands, and/or feet (except multiple digits); 100 sq cm or less, or each one percent of body area of infants and children (except 15050)

090

n/a

G E

Simple Debridement, Excision and Destruction

17000 Destruction by any method, including laser, with or without surgical curettage, all benign facial lesions or premalignant lesions in any location, or benign lesions other than cutaneous vascular proliferative lesions, including local anesthesia; one les

010

n/a

G E

Dermabrasion and Cryotherapy

17340 Cryotherapy (CO2 slush, liquid N2) for acne

010

n/a

G E

Breast Procedures

19240 Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle

090

n/a

G E

Muscle Strength and Range of Motion Testing

95851 Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)

XXX

P E

Photochemotherapy

96910 Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B

XXX

P E

Physical Therapy

97110 Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

XXX

P E

Office Visits - New Patient

99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c

XXX

M E

Office Visits - Established Patient

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making

XXX

M E

CPEP C 1 - Integumentary and Physical Medicine

Service Family

Post-Proc.
Office E&M
Equiv.
Svcs.

Reference Service

Global

Worksheet Packages to Complete

Consultation - Office

99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age XXX

M E

Nursing Facility Care, Subsequent

99312 Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; XXX

M E

Occupational Therapy

Q0109 Occupational therapy evaluation XXX

P E

CPEP C 2 - Male Genital and Urinary

Service Family

Reference Service

Global Post-Proc. Office E&M
Equiv. Svcs

Worksheet Packages to Complete

Urinary Tract Biopsy

50200 Renal biopsy; percutaneous, by trocar or needle 000 P E

Major Procedure - Renal

50230 Nephrectomy, including partial ureterectomy, any approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy 090 n/a G E

Renal Extracorporeal Shock Wave Lithotripsy

50590 Lithotripsy, extracorporeal shock wave 090 n/a G E

Renal/Urinary Tract Endoscopy

50980 Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus 000 P E

Urinary Tract Motility Studies - Simple

51725 Simple cystometrogram (CMG) (eg, spinal manometer) 000 P E

Urinary Tract Motility Studies - Complex

51795 Voiding pressure studies (VP); bladder voiding pressure, any technique 000 P E

Simple Cystourethroscopy

52000 Cystourethroscopy (separate procedure) 000 P E

Moderate Cystourethroscopy

52005 Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service: 000 P E

Nephrostomy, Complex Cystourethroscopy, and Litholapaxy

52240 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s) 000 P E

Major Transurethral Procedure

52601 Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) 090 n/a G E

Simple Urethral Procedures

53265 Excision or fulguration; urethral caruncle 010 n/a G E

Complex Urethral Procedures

53420 Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; first stage 090 n/a G E

Urethral Catherization and Dilation - Complex

53620 Dilation of urethral stricture by passage of filiform and follower, male; initial 000 P E

Urethral Catherization and Dilation -Simple

53670 Catheterization, urethra; simple 000 P E

Simple Penile Procedures

54161 Circumcision, surgical excision other than clamp, device or dorsal slit, except newborn 010 n/a G E

Complex Penile Procedures

54332 One stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap 090 n/a G E

CPEP C 2 - Male Genital and Urinary

Service Family**Reference Service**

Global Post-Proc.
Office E&M
Equiv.
Svcs.

Worksheet Packages to Complete

Insertion of Penile Prosthesis

54405 Insertion of inflatable (multi-component) penile prosthesis, including placement of pump, cylinders, and/or reservoir 090

n/a

G E

Testicular and Epididymal Procedures

54520 Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach 090

n/a

G E

Major Procedure -Urinary tract except kidney

55845 Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes 090

n/a

G E

Hysterectomy - Urology

57240 Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele 090

n/a

G E

Office Visits - Established Patient

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making XXX

M E

Consultation - Office

99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age XXX

M E

Consultation - Inpatient

99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi XXX

M E

CPEP C 3 - Orthopaedics

Service Family		Global	Post-Proc. Office E&M Equiv. Svcs.	Worksheet Packages to Complete
Reference Service				
Arthrocentesis and Ligament or Tendon Injection				
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)	000		P E
Orthopaedics - Miscellaneous				
20680	Removal of implant: deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	090	n/a	G E
Orthopaedics - Spine				
22842	Posterior instrumentation; segmental fixation (eg, pedicle fixation, dual rods with multiple nooks and sublaminar wires)	000		P E
Orthopaedics - Shoulder Joint and Surrounding Structures				
23420	Repair of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	090	5	G E
Closed Treatment of Fracture and Dislocation of Finger, Toe and Trunk				
23500	Closed treatment of clavicular fracture: without manipulation	090	n/a	G E
Bone or Joint Manipulation under Anesthesia				
23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	090	n/a	G E
Orthopaedics - Elbow Joint and Surrounding Structures				
24105	Excision, olecranon bursa	090	n/a	G E
Orthopaedics - Upper Arm				
24516	Open treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws	090	n/a	G E
Orthopaedics - Forearm				
25000	Tendon sheath incision; at radial styloid (eg, for deQuervain's disease)	090	n/a	G E
Orthopaedics - Wrist Joint and Surrounding Structures				
25111	Excision of ganglion, wrist (dorsal or volar); primary	090	n/a	G E
Closed Treatment of Fracture and Dislocation except Finger, Toe and Trunk				
25605	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; with manipulation	090	n/a	G E
Orthopaedics - Hand				
26055	Tendon sheath incision (eg, for trigger finger)	090	n/a	G E
Orthopaedics - Pelvis				
26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	090	n/a	G E
Hip Replacement				
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	090	3	G E
Hip Fracture Repair				
27244	Open treatment of intertrochanteric, pertrochanteric or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	090	n/a	G E
Orthopaedics - Hip Procedures (except hip replacement or hip fracture repair)				
27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia	090	n/a	G E

CPEP C 3 - Orthopaedics

Service Family**Reference Service**

Global	Post-Proc. Office E&M Equiv. Svcs.
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Worksheet Packages to Complete

Knee Replacement

27447	Arthroplasty, knee, condyle and plateau: medial AND lateral compartments with or without patella resurfacing ("total knee reoicement")	090	n/a	G	E
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Orthopaedics - Thigh

27590	Amputation, thigh, through femur, any level:	090	n/a	G	E
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Orthopaedics - Lower Leg/Ankle

27814	Open treatment of bimalleolar ankle fracture, with or without internal or external fixation	090	n/a	G	E
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Open or Percutaneous Treatment of Fractures

27822	Open treatment of trimalleolar ankle fracture, with or without internal or external fixation, medial and/or lateral malleolus; without fixation of posterior lip	090	n/a	G	E
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Orthopaedics - Lower Leg

27880	Amputation, leg, through tibia and fibula:	090	n/a	G	E
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Orthopaedics - Foot

28292	Hallux valgus (bunion) correction, with or without sesamoidectomy; Keller, McBride or Mayo type procedure	090	6	G	E
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Cast and Strapping

29405	Application of short leg cast (below knee to toes):	000		P	E
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Orthopaedics - Knee Joint and Surrounding Structures (except knee replacement)

29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving)	090	n/a	G	E
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Major Procedure - Expior/Decompr/Excis Disc

63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, lumbar	090	3	G	E
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Physical Therapy

97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	XXX		P	E
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Office Visits - New Patient

99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c	XXX		M	E
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Office Visits - Established Patient

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	XXX		M	E
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Consultation - Office

99243	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age	XXX		M	E
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CPEP C 4 - OB/GYN

Service Family

Reference Service

Global Post-Proc. Office E&M Equiv. Svcs.

Worksheet Packages to Complete

Simple Urethral Procedures

53265	Excision or fulguration: urethral caruncle	010	n/a	G E
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Simple Laparoscopic Procedures

56300	Laparoscopy, diagnostic (separate procedure)	010	1	G E
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Complex Laparoscopic Procedures

56308	Laparoscopy, surgical: with vaginal hysterectomy with or without removal of tube(s), with or without removal of ovary(s) (laparoscopic assisted vaginal hysterectomy)	010	n/a	G E
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Hysteroscopy

56351	Hysteroscopy, surgical: with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	000		P E
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Intrauterine Insertion and Removal

57160	Insertion of pessary	000		P E
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Hysterectomy - Urology

57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele	090	n/a	G E
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Complex Female Reproductive Procedures

57260	Combined anteroposterior colporrhaphy:	090	n/a	G E
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Colposcopy

57454	Colposcopy (vaginocopy); with biopsy(s) of the cervix and/or endocervical curettage	000		P E
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Simple Female Reproductive Procedures

57500	Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	000		P E
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Miscellaneous Female Reproductive

58100	Endometrial and/or endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	000		P E
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Dilation and Curettage

58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	010	1	G E
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Hysterectomy

58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	090	2	G E
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Major Procedure - Female Reproductive

58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	090	n/a	G E
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Hysterectomy - Oncology

58951	Resection of ovarian malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy	090	n/a	G E
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Artificial Fertilization

58970	Follicle puncture for oocyte retrieval, any method	000		P E
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Pregnancy Related Tests

59025	Fetal non-stress test	000		P E
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CPEP C 4 - OB/GYN

Service Family

Reference Service

Global Post-Proc.
Office E&M
Equiv.
Svcs.

Worksheet Packages to Complete

Pregnancy Hospital Procedures

59300	Episiotomy or vaginal repair, by other than attending physician	000		P E
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Delivery Services and Postpartum Care

59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	MMM		G
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Spontaneous and Therapeutic Abortion

59812	Treatment of incomplete abortion, any trimester, completed surgically	090	n/a	G E
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Obstetrical Ultrasound

76805	Echography, pregnant uterus, B-scan and/or real time with image documentation; complete (complete fetal and maternal evaluation)	XXX		P E
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Office Visits - New Patient

99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c	XXX		M E
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Office Visits - Established Patient

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	XXX		M E
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CPEP C 5 - Ophthalmology

Service Family*Reference Service*

Global

Post-Proc.
Office E&M
Equiv.
Svcs.

Worksheet Packages to Complete

Minor Ophthalmological Injection, Scraping and Tests

65222 Removal of foreign body, external eye; corneal, with slit lamp

000

P E

Simple Anterior Segment Eye Procedures

65420 Excision or transposition of pterygium; without graft

090

n/a

G E

Complex Anterior Segment Eye Procedures

65755 Keratoplasty (corneal transplant); penetrating (in pseudopnaxia)

090

n/a

G E

Moderate Anterior Segment Eye Procedures

66170 Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery

090

9

G E

Laser Eye Procedures

66821 Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (one or more stages)

090

2

G E

Cataract Procedures

66984 Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)

090

4

G E

Vitrectomy

67010 Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy

090

n/a

G E

Complex Posterior Segment Eye Procedures

67108 Repair of retinal detachment, one or more sessions; with vitrectomy, any method, with or without air or gas tamponade, with or without focal endolaser photocoagulation, may include procedures 67101-67107 and/or removal of lens by same technique

090

n/a

G E

Simple Posterior Segment Eye Procedures

67141 Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, one or more sessions; cryotherapy, diathermy

090

n/a

G E

Strabismus, Eye and Muscle Procedures

67314 Strabismus surgery, recession or resection procedure (patient not previously operated on); one vertical muscle (excluding superior oblique)

090

n/a

G E

Simple Repair and Plastic Procedures of Eye

67840 Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure

010

n/a

G E

Complex Repair and Plastic Procedures of Eye

67904 Repair of blepharoptosis; (tarso)levator resection or advancement, external approach

090

3

G E

Minor Ophthalmological Tests and Procedures

76519 Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation

XXX

P E

Ophthalmology Evaluation and Management

92012 Ophthalmological services; medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient

XXX

P E

Fitting of Contact Lenses and Spectacles

92353 Fitting of spectacle prosthesis for aphakia; multifocal

XXX

P E

CPEP C 5 - Ophthalmology

Service Family

Reference Service

Global Post-Proc. Office E&M
Equiv. Svcs.

Worksheet Packages to Complete

Provision of Vision Aids

92358 Prosthesis service for aphakia, temporary (disposable or loan, including materials)

XXX

P E

Office Visits - New Patient

99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c

XXX

M E

Office Visits - Established Patient

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making

XXX

M E

Consultation - Office

99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age

XXX

M E

CPEP C 6 - Radiology

Service Family

Reference Service

Global Post-Proc. Office E&M Equiv. Svcs

Worksheet Packages to Complete

Angioplasty and Transcatheter Procedures, other than Coronary

35474 Transluminal balloon angioplasty, percutaneous; femoral-popliteal 000 P E

Vascular Radiology except for Venography of Extremity

36200 introduction of catheter, aorta XXX P E

75625 Aortography, abdominal, by serialography, radiological supervision and interpretation XXX P E

Superficial Needle Biopsy and Aspiration

47000 Biopsy of liver, needle; percutaneous 000 P E

Myelography and Diskography

62284 Injection procedure for myelography and/or computerized axial tomography, spinal (other than C1-C2 and posterior fossa) 000 P E

72265 Myelography, lumbosacral, radiological supervision and interpretation XXX P E

Computerized Axial Tomography

70470 Computerized axial tomography, head or brain; without contrast material, followed by contrast material(s) and further sections XXX P E

Plain Film

71020 Radiologic examination, chest, two views, frontal and lateral; XXX P E

Magnetic Resonance Imaging

72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material XXX P E

Digestive Radiology

74280 Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon XXX P E

Miscellaneous Radiological Procedures with Contrast

74400 Urography (pyelography), intravenous, with or without KUB, with or without tomography; XXX P E

Mammography

76091 Mammography; bilateral XXX P E

Diagnostic Ultrasound except Obstetrical

76700 Echography, abdominal, B-scan and/or real time with image documentation; complete XXX P E

Obstetrical Ultrasound

76805 Echography, pregnant uterus, B-scan and/or real time with image documentation; complete (Complete fetal and maternal evaluation) XXX P E

Therapeutic Radiation Treatment Preparation

77290 Therapeutic radiology simulation-aided field setting; complex XXX P E

Radiation Therapy and Hyperthermia

77413 Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (eg, electron or neutrons); 6-10 MeV XXX P E

77430 Weekly radiation therapy management; complex XXX P E

Simple Diagnostic Nuclear Medicine

78215 Liver and spleen imaging; static only XXX P E

CPEP C 6 - Radiology

Service Family

Reference Service

Global Post-Proc.
Office E&M
Equiv.
Svcs.

Worksheet Packages to Complete

Intermediate Diagnostic Nuclear Medicine

78306 Bone and/or joint imaging; whole body

XXX

P E

Nuclear Cardiology

78465 Myocardial perfusion imaging; tomographic (SPECT), multiple studies, at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, qualitative or quantitative

XXX

P E

Complex Diagnostic Nuclear Medicine

78596 Pulmonary quantitative differential function (ventilation/perfusion) study

XXX

P E

Therapeutic Nuclear Medicine

79000 Radiopharmaceutical therapy, hyperthyroidism: initial, including evaluation of patient

XXX

P E

CPEP C 7 - Evaluation and Management

Service Family

Reference Service

Global Post-Proc. Office E&M Equiv. Svcs

Worksheet Packages to Complete

Cast and Strapping

29405 Application of short leg cast (below knee to toes); 000

Simple Immunology Tests

86580 Skin test: tuberculosis, intradermal XXX

Neuropsychological Testing

90830 Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, eg, WAIS-R, Rorschach, MMPI) with interpretation and report, per hour XXX

Specialist - Psychiatry

90844 Individual medical psychotherapy by a physician, with continuing medical diagnostic evaluation, and drug management when indicated, including insight oriented, behavior modifying or supportive psychotherapy; approximately 45 to 50 minutes XXX

Electroconvulsive Therapy

90870 Electroconvulsive therapy (includes necessary monitoring); single seizure 000

Cardiogram

93000 Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report XXX

Respiratory Therapy

94664 Aerosol or vapor inhalations for sputum mobilization, bronchodilation, or sputum induction for diagnostic purposes; initial demonstration and/or evaluation XXX

Office Visits - New Patient

99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c XXX

Office Visits - Established Patient

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making XXX

Hospital Visit - Initial

99222 Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordin XXX

Hospital Visit - Subsequent

99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of XXX

Consultation - Office

99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age XXX

Consultation - Inpatient

99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi XXX

CPEP C 7 - Evaluation and Management

Service Family

Reference Service

Global Post-Proc.
Office E&M
Equiv.
Svcs

Worksheet Packages to Complete

Emergency Room Visit

99283	Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Counse	XXX	M	E
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Hospital Visit - Critical Care

99291	Critical care, evaluation and management of the critically ill or critically injured patient, requiring the constant attendance of the physician: first hour	XXX	M	E
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Nursing Facility Care, Initial

99302	Evaluation and management of a new or established patient involving a nursing facility assessment which requires these three key components: a detailed interval history; a comprehensive examination; and medical decision making of moderate to high complex	XXX	M	E
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Nursing Facility Care, Subsequent

99312	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination;	XXX	M	E
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Home Visit, New Patient

99342	Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Counseling and/or	XXX	M	E
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Home Visit, Established Patient

99352	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate c	XXX	M	E
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CPEP C 8 - General Surgery

Service Family

Reference Service

Global

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Office E&M
Equiv.
Svcs.

Worksheet Packages to Complete

Simple Incision and Excision of Breast

19120 Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion (except 19140), male or female, one or more lesions

090

2

G E

Breast Procedures

19240 Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle

090

n/a

G E

Needle and Catheter Biopsy, Aspiration, Lavage and Intubation

32020 Tube thoracostomy with or without water seal (eg, for abscess, hemothorax, empyema) (separate procedure)

000

P E

Major Procedure - Respiratory

32480 Removal of lung, other than total pneumonectomy; single lobe (lobectomy)

090

2

G E

Transplants

33945 Heart transplant, with or without recipient cardiectomy

090

3

G E

Major Vascular Procedures

35301 Thromboendarterectomy, with or without patch graft; carotid, vertebral, subclavian, by neck incision

090

2

G E

35585 In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery

090

n/a

G E

Minor Vascular Repair and Fistula Construction

36830 Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft

090

n/a

G E

Deep Lymph Structure Procedures

38745 Axillary lymphadenectomy; complete

090

n/a

G E

Spleen and Lymph Nodes

38770 Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)

090

n/a

G E

Diaphragm

39530 Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal

090

n/a

G E

Esophagus

43324 Esophagogastric fundoplasty (eg, Nissen, Belsey IV, Hill procedures)

090

n/a

G E

Gastric Procedures

43610 Excision, local; ulcer or benign tumor of stomach

090

3

G E

Tube Change

43760 Change of gastrostomy tube

000

P E

Small Intestinal Procedures

44120 Enterectomy, resection of small intestine; single resection and anastomosis

090

n/a

G E

Colectomy

44140 Colectomy, partial; with anastomosis

090

3

G E

Colectomy, Complex

44143 Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)

090

4

G E

CPEP C 8 - General Surgery

Service Family

Reference Service

Global Post-Proc.
Office E&M
Equiv.
Svcs.

Worksheet Packages to Complete

Appendectomy and Miscellaneous Abdominal Procedures

44950	Appendectomy;	090	2	G E
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Proctectomy and Rectal Repairs

45110	Proctectomy; complete, combined abdominoperineal, with colostomy	090	n/a	G E
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Lower Gastrointestinal Endoscopy

45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	000		P E
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Simple Anal and Rectal Procedures

46221	Hemorrhoidectomy, by simple ligature (eg, rubber band)	010	n/a	G E
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Complex Anal and Rectal Procedures

46260	Hemorrhoidectomy, internal and external, complex or extensive;	090	3	G E
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Superficial Needle Biopsy and Aspiration

47000	Biopsy of liver, needle; percutaneous	000		P E
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Cholecystectomy

47610	Cholecystectomy with exploration of common duct;	090	n/a	G E
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Hepatic and Bile Duct Procedures Except Cholecystectomy

47780	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract	090	n/a	G E
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Pancreatic Procedures

48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy	090	n/a	G E
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Hepatectomy and Pancreatectomy

48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreaticojejunostomy	090	5	G E
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Hernia Procedures

49505	Repair initial inguinal hernia, age 5 years or over; reducible	090	1	G E
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Testicular and Epididymal Procedures

54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	090	n/a	G E
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Simple Laparoscopic Procedures

56300	Laparoscopy, diagnostic (separate procedure)	010	1	G E
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General Complex Laparoscopic

56341	Laparoscopy, surgical; cholecystectomy with cholangiography	090	n/a	G E
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Major Procedure - Endocrine

60240	Thyroidectomy, total or complete	090	2	G E
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Office Visits - New Patient

99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c	XXX		M E
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CPEP C 8 - General Surgery

Service Family

Reference Service

Global Post-Proc.
Office E&M
Equiv.
Svcs

Worksheet Packages to Complete

Office Visits - Established Patient

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	XXX	M E
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Hospital Visit - Subsequent

99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of	XXX	M E
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Consultation - Office

99243	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age	XXX	M E
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Consultation - Inpatient

99253	Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi	XXX	M E
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CPEP C 9 - Otolaryngology

Service Family

Reference Service	Global	Post-Proc. Office E&M Equiv. Svcs.	Worksheet Packages to Complete
Complex Facial Procedures (exc. nose and sinus)			
21015 Radical resection of tumor (eg, malignant neoplasm) soft tissue of face or scalp	090	n/a	G E
Simple Facial Procedures (exc. nose and sinus)			
21320 Closed treatment of nasal bone fracture: with stabilization	010	n/a	G E
Simple Nose and Sinus Procedures			
30200 Injection into turbinate(s), therapeutic	000		P E
Complex Nose and Sinus Procedures			
30520 Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	090	n/a	G E
Laryngeal and Tracheal Procedures			
31360 Laryngectomy; total, without radical neck dissection	090	4	G E
Endoscopy of Upper Airway			
31575 Laryngoscopy, flexible fiberoptic; diagnostic	000		P E
Other ENT Procedures			
38500 Biopsy or excision of lymph node(s); superficial (separate procedure)	010	n/a	G E
Deep Lymph Structure Procedures			
38745 Axillary lymphadenectomy; complete	090	n/a	G E
Simple Oral and Pharyngeal Procedures			
40520 Excision of lip; V-excision with primary direct linear closure	090	n/a	G E
Complex Oral and Pharyngeal Procedures			
40525 Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)	090	n/a	G E
Salivary Gland and Duct Procedures			
42415 Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	090	n/a	G E
Major Procedure - Endocrine			
60240 Thyroidectomy, total or complete	090	2	G E
Complex Repair and Plastic Procedures of Eye			
67904 Repair of blepharoptosis; (tarso)levator resection or advancement, external approach	090	3	G E
Simple Ear Procedures			
69433 Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	010	n/a	G E
Complex Ear Procedures			
69641 Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction	090	n/a	G E
Cochlear Device Implantation			
69930 Cochlear device implantation, with or without mastoidectomy	090	3	G E
Speech Therapy			
92507 Speech, language or hearing therapy, with continuing medical supervision; individual	XXX		P E

CPEP C 9 - Otolaryngology

Service Family

Reference Service

Global Post-Proc.
Office E&M
Equiv
Svcs.

Worksheet Packages to Complete

Otorhinolaryngologic Function Tests

92542	Positional nystagmus test, minimum of 4 positions, with recording	XXX	P E
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Simple Audiometry

92557	Basic comprehensive audiometry (92553 and 92556 combined), (pure tone, air and bone, and speech, threshold and discrimination)	XXX	P E
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Office Visits - New Patient

99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c	XXX	M E
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Office Visits - Established Patient

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	XXX	M E
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Consultation - Office

99243	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age	XXX	M E
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CPEP C10 - Miscellaneous Internal Medicine and Other Services

Service Family**Reference Service**Global
Post-Proc.
Office E&M
Equiv
Svcs.

Worksheet Packages to Complete

Endoscopy of the Lower Airway

31622 Bronchoscopy; diagnostic. (flexible or rigid), with or without cell washing or brushing

000

P E

Needle and Catheter Biopsy, Aspiration, Lavage and Intubation

32020 Tube thoracostomy with or without water seal (eg, for abscess, hemothorax, empyema) (separate procedure)

000

P E

Introduction of Needle and Catheter

36000 Introduction of needle or intracatheter, vein

XXX

P E

Blood and Transfusion

36430 Transfusion, blood or blood components

XXX

P E

Spinal Tap

62270 Spinal puncture, lumbar, diagnostic

000

P E

Bone Marrow Procedures

85095 Bone marrow; aspiration only

XXX

P E

Infusion Therapy except Chemotherapy

90780 IV infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; up to one hour

XXX

P E

Hemodialysis and Peritoneal Dialysis

90921 End stage renal disease (ESRD) related services per full month; for patients twenty years of age and over

XXX

P E

Exercise Tolerance Tests

93015 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report

XXX

P E

Pulmonary Services

94010 Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), and/or maximal voluntary ventilation

XXX

P E

Ventilator Management

94656 Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; first day

XXX

P E

Respiratory Therapy

94664 Aerosol or vapor inhalations for sputum mobilization, bronchodilation, or sputum induction for diagnostic purposes; initial demonstration and/or evaluation

XXX

P E

Allergy Tests

95024 Intracutaneous (intra-dermal) tests with allergenic extracts, immediate type reaction, specify number of tests

XXX

P E

Immunotherapy

95115 Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection

XXX

P E

Allergy Immunotherapy

95165 Professional services for the supervision and provision of antigens for allergen immunotherapy; single or multiple antigens, multiple dose vial(s), (specify number of doses)

XXX

P E

Electroencephalogram

95819 Electroencephalogram (EEG) including recording awake and asleep, with hyperventilation and/or photic stimulation

XXX

P E

CPEP C10 - Miscellaneous Internal Medicine and Other Services

Service Family

Reference Service

Global Post-Proc.
Office E&M
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Svc.

Worksheet Packages to Complete

Nerve and Muscle Tests

95900 Nerve conduction, velocity and/or latency study; motor, each nerve XXX

P	E
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Extended EEG Studies

95951 Monitoring for identification and lateralization of cerebral seizure focus by attached electrodes; combined electroencephalographic (EEG) and video recording and interpretation, each 24 hours XXX

P	E
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Chemotherapy

96410 Chemotherapy administration, intravenous; infusion technique, up to one hour XXX

P	E
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Office Visits - Established Patient

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making XXX

M	E
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Hospital Visit - Subsequent

99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of XXX

M	E
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Consultation - Inpatient

99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi XXX

M	E
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CPEP C11 - Gastroenterology

Service Family

Reference Service

Global
Post-Proc.
Office E&M
Equiv.
Svcs.

Worksheet Packages to Complete

Diagnostic Upper GI Endoscopy or Intubation

43239 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple 000

P E

Therapeutic Upper GI Endoscopy or Intubation

43246 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed placement of percutaneous gastrostomy tube 000

P E

ERCP and Miscellaneous GI Endoscopy Procedures

43260 Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) 000

P E

Esophageal Dilatation without Endoscopy

43450 Dilatation of esophagus, by unguided sound or bougie, single or multiple passes 000

P E

Proctosigmoidoscopy and Sigmoidoscopy

45330 Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) 000

P E

Lower Gastrointestinal Endoscopy

45378 Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure) 000

P E

Anoscopy

46600 Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) 000

P E

Alimentary Tests and Simple Tube Placement

91010 Esophageal motility study; 000

P E

Office Visits - Established Patient

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making XXX

M E

Hospital Visit - Subsequent

99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of XXX

M E

Consultation - Office

99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age XXX

M E

Consultation - Inpatient

99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi XXX

M E

CPEP C12 - Cardiothoracic and Vascular

Service Family

Reference Service

Global Post-Proc. Office E&M
Equiv. Svcs.

Worksheet Packages to Complete

Endoscopy of the Lower Airway

31622	Bronchoscopy; diagnostic. (flexible or rigid), with or without cell washing or brushing	000		P E
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Major Procedure - Respiratory

32480	Removal of lung, other than total pneumonectomy; single lobe (lobectomy)	090	2	G E
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Thoracoscopy

32602	Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, with biopsy	000		P E
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Pacemaker Insertion

33208	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	090	n/a	G E
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Heart and Great Vessels

33405	Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft	090	n/a	G E
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CABG

33533	Coronary artery bypass, using arterial graft(s); single arterial graft	090	n/a	G E
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Pediatric Cardiovascular Procedures

33692	Complete repair tetralogy of Fallot without pulmonary atresia;	090	2	G E
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Major Vascular Procedures

35301	Thromboendarterectomy, with or without patch graft; carotid, vertebral, subclavian, by neck incision	090	2	G E
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35585	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery	090	n/a	G E
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Removal and Revision of Vascular Devices

36535	Removal of implantable venous access port and/or subcutaneous reservoir	010	n/a	G E
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Minor Vascular Repair and Fistula Construction

36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft	090	n/a	G E
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Vascular Ligation

37720	Ligation and division and complete stripping of long or short saphenous veins	090	n/a	G E
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Diaphragm

39530	Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal	090	n/a	G E
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Esophagus

43324	Esophagogastric fundoplasty (eg, Nissen, Belsey IV, Hill procedures)	090	n/a	G E
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Office Visits - Established Patient

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	XXX		M E
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Consultation - Office

99243	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age	XXX		M E
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CPEP C12 - Cardiothoracic and Vascular

Service Family

Reference Service

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Svcs.

Worksheet Packages to Complete

Consultation - Inpatient

99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi XXX

M E

CPEP C13 - Cardiology

Service Family*Reference Service**Global**Post-Proc.
Office E&M
Equiv.
Svcs.**Worksheet Packages to Complete***Resuscitation and Cardioversion**

31500 Intubation, endotracheal, emergency procedure

000

P E

Pacemaker Insertion

33208 Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular

090

n/a

G E

Angioplasty and Transcatheter Procedures, other than Coronary

35474 Transluminal balloon angioplasty, percutaneous; femoral-popliteal

000

P E

Placement of Transvenous Catheters

36489 Placement of central venous catheter (subclavian, jugular, or other vein) (eg, for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); percutaneous, over age 2

000

P E

Nuclear Cardiology

78465 Myocardial perfusion imaging; tomographic (SPECT), multiple studies, at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, qualitative or quantitative

XXX

P E

Coronary Angioplasty

92982 Percutaneous transluminal coronary balloon angioplasty; single vessel

000

P E

Cardiogram

93000 Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report

XXX

P E

Exercise Tolerance Tests

93015 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report

XXX

P E

Phonocardiogram

93201 Phonocardiogram with or without ECG lead; with supervision during recording with interpretation and report (when equipment is supplied by the physician)

XXX

P E

Minor Cardiac and Vascular Tests

93230 Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; includes recording, microprocessor-based analysis

XXX

P E

Echocardiography

93307 Echocardiography, real-time with image documentation (2D) with or without M-mode recording; complete

XXX

P E

Diagnostic Cardiac Catheterization

93510 Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous

000

P E

Cardiac Electrophysiologic Tests

93620 Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters; with induction of arrhythmia (This cod

000

P E

Pacemaker Analysis

93736 Electronic analysis of single chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis

XXX

P E

CPEP C13 - Cardiology

Service Family

Reference Service

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Svcs.

Worksheet Packages to Complete

Cardiac Rehabilitation

93798	Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	000	P E
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Office Visits - Established Patient

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	XXX	M E
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Hospital Visit - Subsequent

99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of	XXX	M E
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Consultation - Office

99243	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age	XXX	M E
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Consultation - Inpatient

99253	Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi	XXX	M E
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CPEP C14 - Anesthesiology/Pathology

Service Family**Reference Service**

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Worksheet Packages to Complete

Anesthesia

- 00562 Anesthesia for procedures on heart, pericardium, and great vessels of chest; with pump oxygenator
- 01210 Anesthesia for open procedures involving hip joint; not otherwise specified

P E

P E

Other Anesthesia Services

- 62278 Injection of anesthetic substance (including narcotics), diagnostic or therapeutic; epidural, lumbar or caudal, single 000

P E

Pathology

- 85060 Blood smear, peripheral, interpretation by physician with written report XXX

PA E

Simple Immunology Tests

- 86580 Skin test; tuberculosis, intradermal XXX

P E

Cytopathology

- 88108 Cytopathology, fluids, washings or brushings, except cervical or vaginal; concentration technique, smears and interpretation (eg, Saccomanno technique) XXX

PA E

Pap Smears

- 88151 Cytopathology, smears, cervical or vaginal, up to three smears; requiring interpretation by physician XXX

PA E

Surgical Pathology

- 88305 LEVEL IV - Surgical pathology, gross and microscopic examination Abortion - Spontaneous/Missed Artery, Biopsy Bone Marrow, Biopsy Bone Exostosis Brain/Meninges, Other than for Tumor Resection Breast, Biopsy Breast, Reduction Mammoplasty Bronchus, Biopsy C XXX

PA E

Complex Pathology

- 88307 LEVEL V - Surgical pathology, gross and microscopic examination Adrenal, Resection Bone - Biopsy/Curetings Bone Fragment(s), Pathologic Fracture Brain, Biopsy Brain/Meninges, Tumor Resection Breast, Mastectomy - Partial/Simple Cervix, Conization Colon, S XXX

PA E

Special Stains

- 88342 Immunocytochemistry (including tissue immunoperoxidase), each antibody XXX

PA E

Hospital Visit - Critical Care

- 99291 Critical care, evaluation and management of the critically ill or critically injured patient, requiring the constant attendance of the physician; first hour XXX

M E

CPEP C15 - Neurosurgery

Service Family

Reference Service

Global

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Svcs

Worksheet Packages to Complete

Orthopaedics - Spine

22842 Posterior instrumentation; segmental fixation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires) 000 P E

Nervous System Injections, Stimulations or Cranial Tap

61055 Cisternal or lateral cervical (C1-C2) puncture; with injection of drug or other substance for diagnosis or treatment (eg, C1-C2) 000 P E

Major Procedure - Twist Drill, Burr Hole, Trephine

61154 Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural 090 n/a G E

Major Procedure - Craniectomy or Craniotomy

61312 Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural 090 4 G E

Major Procedure - Intracranial Surgery and Skull Procedures

61700 Surgery of intracranial aneurysm, intracranial approach; carotid circulation 090 4 G E

Neurostimulator and Ventricular Shunt Implantation

62223 Creation of shunt; ventriculo-pentoneal, -pleural, other terminus 090 3 G E

Major Procedure - Expior/Decompr/Excis Disc

63030 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, lumbar 090 3 G E

Major Procedure - Spine and Spinal Cord

63276 Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic 090 n/a G E

Revision and Removal of Neurological Device

63685 Incision and subcutaneous placement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling 090 n/a G E

Nerve Repair and Destruction

64721 Neuroplasty and/or transposition; median nerve at carpal tunnel 090 3 G E

Major Procedure - Other Nerve

64818 Sympathectomy, lumbar 090 n/a G E

Office Visits - Established Patient

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making XXX M E

Consultation - Office

99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age XXX M E

Consultation - Inpatient

99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi XXX M E



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