

**Medicare Part B Spending During Hospice, Top Services for Beneficiaries
Residing in Home, Hospice Episodes Ending During FY 2022**

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. A0425 - Ground mileage, per statute mile	93,087	4.6	\$64
2. 99214 - Established patient office or other outpatient visit, 30-39 minutes	75,011	3.7	\$94
3. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	74,071	3.6	\$58
4. 99213 - Established patient office or other outpatient visit, 20-29 minutes	58,194	2.8	\$67
5. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	56,967	2.8	\$82
6. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	44,533	2.2	\$168
7. 11721 - Removal of fingernails or toenails, 6 or more nails	38,669	1.9	\$36
8. 71045 - X-ray of chest, 1 view	37,842	1.9	\$8
9. 99285 - Emergency department visit for life threatening or functioning severity	34,507	1.7	\$149
10. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	32,267	1.6	\$7
11. 99348 - Established patient home visit, typically 25 minutes	30,305	1.5	\$66
12. 99349 - Established patient home visit, typically 40 minutes	29,766	1.5	\$96
13. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	28,934	1.4	\$358
14. 99223 - Initial hospital inpatient care per day, typically 70 minutes	28,743	1.4	\$157
15. 11042 - Removal of skin and tissue, 20.0 sq cm or less	26,426	1.3	\$96
16. U0003 - Infectious agent detection by nucleic acid (dna or rna); severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), amplified probe technique, making use of high throughput technologies as described by cms-2020-01-r	25,733	1.3	\$78
17. U0005 - Infectious agent detection by nucleic acid (dna or rna); severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), amplified probe technique, cdc or non-cdc, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (list separately in addition to either hcpcs code u0003 or u0004) as described by cms-2020-01-r2	25,398	1.2	\$25
18. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	24,788	1.2	\$51
19. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	24,151	1.2	\$34
20. 36415 - Insertion of needle into vein for collection of blood sample	23,516	1.2	\$3
Total	2,044,092	100.0	\$96

Notes:

1. This report serves as a supplement to PEPPER target areas related to average number of Medicare Part B claims.
2. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
3. The Place of Service was determined using the last claim in the hospice episode.
4. Source: Medicare Fee-for-Service Claims Date prepared: 21APR2023

Medicare Part B Spending During Hospice, Top Services for Beneficiaries Residing in Assisted Living Facility, Hospice Episodes Ending During FY 2022

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	131,082	8.4	\$94
2. U0005 - Infectious agent detection by nucleic acid (dna or rna); severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), amplified probe technique, cdc or non-cdc, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (list separately in addition to either hcpcs code u0003 or u0004) as described by cms-2020-01-r2	97,309	6.2	\$25
3. U0003 - Infectious agent detection by nucleic acid (dna or rna); severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), amplified probe technique, making use of high throughput technologies as described by cms-2020-01-r	96,889	6.2	\$78
4. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	90,856	5.8	\$69
5. 11721 - Removal of fingernails or toenails, 6 or more nails	56,752	3.6	\$35
6. U0004 - 2019-ncov coronavirus, sars-cov-2/2019-ncov (covid-19), any technique, multiple types or subtypes (includes all targets), non-cdc, making use of high throughput technologies as described by cms-2020-01-r	36,809	2.4	\$78
7. 99337 - Established patient custodial care facility, group care, or assisted living visit, typically 1 hour	36,579	2.3	\$136
8. A0425 - Ground mileage, per statute mile	36,202	2.3	\$44
9. 99334 - Established patient custodial care facility, group care, or assisted living visit, typically 15 minutes	30,633	2.0	\$46
10. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	27,918	1.8	\$32
11. 97530 - Therapy procedure using functional activities	27,660	1.8	\$46
12. G2023 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source	26,945	1.7	\$23
13. 11720 - Removal of fingernails or toenails, 1-5 nails	20,118	1.3	\$26
14. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	17,416	1.1	\$57
15. 97112 - Therapy procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes	15,704	1.0	\$34
16. G0127 - Trimming of dystrophic nails, any number	15,000	1.0	\$16
17. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	14,531	0.9	\$66
18. G0008 - Administration of influenza virus vaccine	14,312	0.9	\$14
19. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	14,153	0.9	\$183
20. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	13,466	0.9	\$51
Total	1,557,205	100.0	\$72

Notes:

1. This report serves as a supplement to PEPPER target areas related to average number of Medicare Part B claims.
2. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
3. The Place of Service was determined using the last claim in the hospice episode.
4. Source: Medicare Fee-for-Service Claims Date prepared: 21APR2023

**Medicare Part B Spending During Hospice, Top Services for Beneficiaries
Residing in Nursing Facility, Hospice Episodes Ending During FY 2022**

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	326,556	16.0	\$50
2. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	290,158	14.2	\$66
3. U0005 - Infectious agent detection by nucleic acid (dna or rna); severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), amplified probe technique, cdc or non-cdc, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (list separately in addition to either hcpcs code u0003 or u0004) as described by cms-2020-01-r2	128,446	6.3	\$25
4. U0003 - Infectious agent detection by nucleic acid (dna or rna); severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), amplified probe technique, making use of high throughput technologies as described by cms-2020-01-r	126,876	6.2	\$79
5. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	64,780	3.2	\$33
6. U0004 - 2019-ncov coronavirus, sars-cov-2/2019-ncov (covid-19), any technique, multiple types or subtypes (includes all targets), non-cdc, making use of high throughput technologies as described by cms-2020-01-r	49,803	2.4	\$78
7. 11721 - Removal of fingernails or toenails, 6 or more nails	44,370	2.2	\$33
8. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	41,670	2.0	\$96
9. G0471 - Collection of venous blood by venipuncture or urine sample by catheterization from an individual in a skilled nursing facility (snf) or by a laboratory on behalf of a home health agency (hha)	36,893	1.8	\$5
10. 11042 - Removal of skin and tissue, 20.0 sq cm or less	32,895	1.6	\$79
11. P9603 - Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated miles actually travelled	31,483	1.5	\$14
12. A0425 - Ground mileage, per statute mile	31,260	1.5	\$56
13. 11043 - Removal of muscle and/or tissue, 20.0 sq cm or less	28,653	1.4	\$172
14. G2023 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source	26,165	1.3	\$23
15. 90832 - Psychotherapy, 30 minutes	24,731	1.2	\$52
16. 11720 - Removal of fingernails or toenails, 1-5 nails	21,942	1.1	\$25
17. 85025 - Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	20,285	1.0	\$8
18. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	19,469	1.0	\$57
19. G0127 - Trimming of dystrophic nails, any number	18,954	0.9	\$15
20. 99305 - Initial nursing facility visit per day, typically 35 minutes	16,440	0.8	\$97
Total	2,044,268	100.0	\$60

Notes:

- 1. This report serves as a supplement to PEPPER target areas related to average number of Medicare Part B claims.**
- 2. Medicare Part B services were counted only if the payment amount was greater than zero dollars.**
- 3. The Place of Service was determined using the last claim in the hospice episode.**
- 4. Source: Medicare Fee-for-Service Claims Date prepared: 21APR2023**

**Medicare Part B Spending During Hospice, Top Services for Beneficiaries
Residing in Skilled Nursing Facility, Hospice Episodes Ending During FY 2022**

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	107,569	16.1	\$52
2. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	94,012	14.1	\$67
3. U0003 - Infectious agent detection by nucleic acid (dna or rna); severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), amplified probe technique, making use of high throughput technologies as described by cms-2020-01-r	45,083	6.8	\$78
4. U0005 - Infectious agent detection by nucleic acid (dna or rna); severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), amplified probe technique, cdc or non-cdc, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (list separately in addition to either hcpcs code u0003 or u0004) as described by cms-2020-01-r2	42,663	6.4	\$25
5. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	24,210	3.6	\$34
6. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	16,477	2.5	\$99
7. 11721 - Removal of fingernails or toenails, 6 or more nails	14,278	2.1	\$34
8. U0004 - 2019-ncov coronavirus, sars-cov-2/2019-ncov (covid-19), any technique, multiple types or subtypes (includes all targets), non-cdc, making use of high throughput technologies as described by cms-2020-01-r	13,250	2.0	\$78
9. A0425 - Ground mileage, per statute mile	10,122	1.5	\$56
10. 11042 - Removal of skin and tissue, 20.0 sq cm or less	9,822	1.5	\$81
11. 11043 - Removal of muscle and/or tissue, 20.0 sq cm or less	9,282	1.4	\$173
12. G0471 - Collection of venous blood by venipuncture or urine sample by catheterization from an individual in a skilled nursing facility (snf) or by a laboratory on behalf of a home health agency (hha)	9,087	1.4	\$5
13. P9603 - Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated miles actually travelled	8,319	1.2	\$18
14. G2023 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source	7,649	1.1	\$23
15. 90832 - Psychotherapy, 30 minutes	7,199	1.1	\$53
16. G2024 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) from an individual in a snf or by a laboratory on behalf of a hha, any specimen source	7,111	1.1	\$25
17. 11720 - Removal of fingernails or toenails, 1-5 nails	6,715	1.0	\$25
18. 99306 - Initial nursing facility visit per day, typically 45 minutes	6,536	1.0	\$128
19. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	6,382	1.0	\$58
20. 99305 - Initial nursing facility visit per day, typically 35 minutes	6,074	0.9	\$99
Total	667,145	100.0	\$63

Notes:

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4. Source: Medicare Fee-for-Service Claims Date prepared: 21APR2023