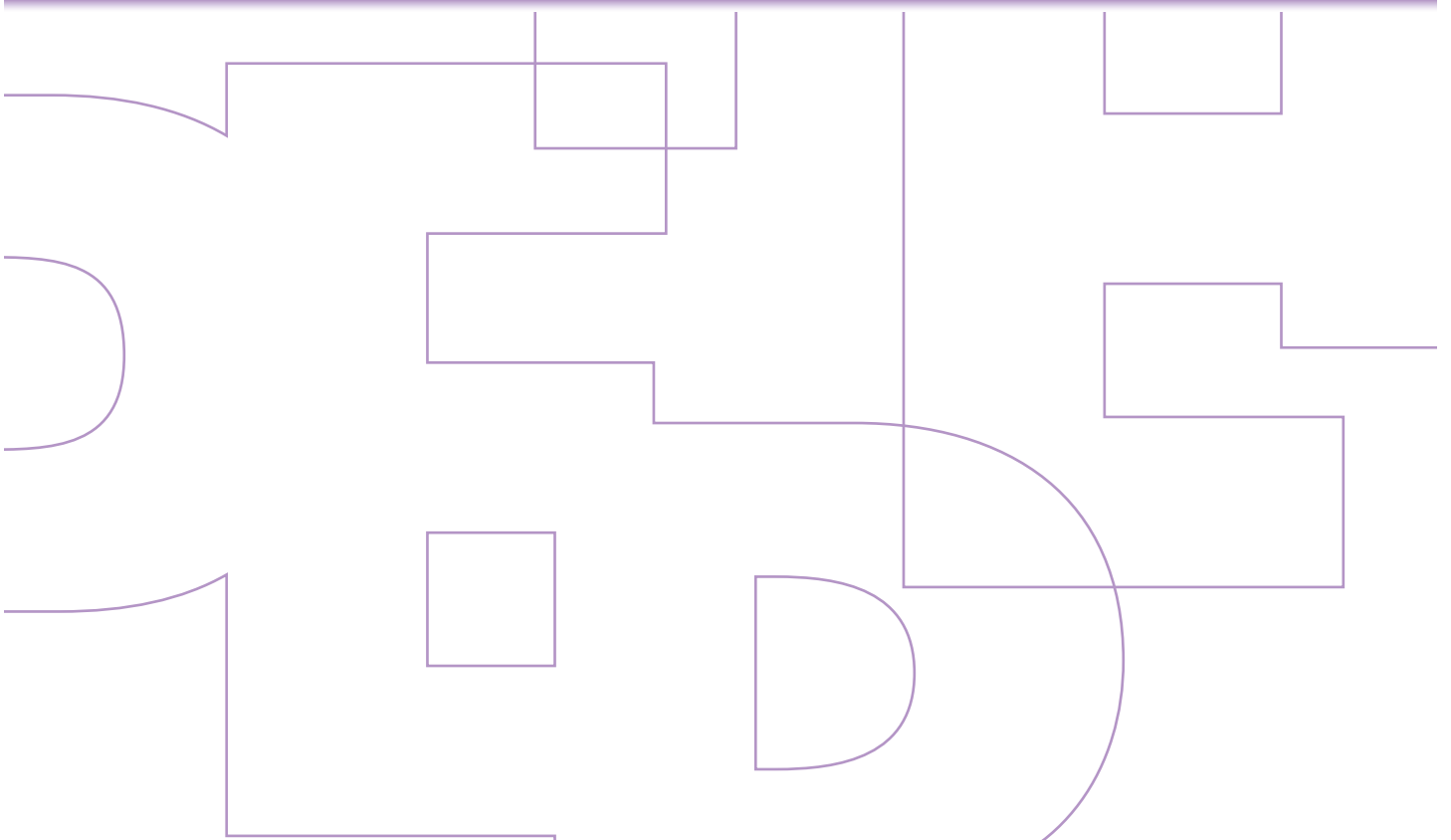




Hospice State-Level Top Medicare Part B Services, Home



Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Alaska, 5 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
2. A0425 - Ground mileage, per statute mile	27	8.2	\$45
1. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	27	8.2	\$113
3. 99285 - Emergency department visit for life threatening or functioning severity	14	4.2	\$212
5. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	13	3.9	\$186
4. 99213 - Established patient office or other outpatient visit, 20-29 minutes	13	3.9	\$83
6. 97530 - Therapy procedure using functional activities	12	3.6	\$63
Total	331	100.0	\$104

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Alabama, 88 Hospices

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	5,553	7.5	\$80
2. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	4,661	6.3	\$57
3. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	3,144	4.2	\$158
4. 99214 - Established patient office or other outpatient visit, 30-39 minutes	3,141	4.2	\$91
5. 71045 - X-ray of chest, 1 view	3,133	4.2	\$7
6. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	3,099	4.2	\$80
7. 99213 - Established patient office or other outpatient visit, 20-29 minutes	2,238	3.0	\$63
8. 99285 - Emergency department visit for life threatening or functioning severity	1,713	2.3	\$145
9. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	1,688	2.3	\$7
10. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	1,595	2.1	\$337
11. 99223 - Initial hospital inpatient care per day, typically 70 minutes	1,593	2.1	\$150
12. 70450 - CT scan head or brain without contrast	986	1.3	\$32
13. 36415 - Insertion of needle into vein for collection of blood sample	829	1.1	\$3
14. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	781	1.0	\$283
15. 85025 - Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	743	1.0	\$8
16. 99222 - Initial hospital inpatient care per day, typically 50 minutes	708	1.0	\$103
17. 99291 - Critical care, first 30-74 minutes	700	0.9	\$174
18. 99239 - Hospital discharge day management, more than 30 minutes	678	0.9	\$81
19. 99231 - Follow-up hospital inpatient care per day, typically 15 minutes	608	0.8	\$31
20. 93296 - Evaluation of single, dual, multiple lead or leadless pacemaker system or implantable defibrillator system, remote up to 90 days	559	0.8	\$18
Total	74,432	100.0	\$85

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Arkansas, 45 Hospices

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	1,038	5.6	\$123
2. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	923	5.0	\$56
3. 99214 - Established patient office or other outpatient visit, 30-39 minutes	629	3.4	\$82
4. 71045 - X-ray of chest, 1 view	550	3.0	\$7
5. 99213 - Established patient office or other outpatient visit, 20-29 minutes	530	2.9	\$59
6. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	460	2.5	\$335
7. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	420	2.3	\$79
8. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	411	2.2	\$36
9. U0005 - Infectious agent detection by nucleic acid (dna or ma); 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	407	2.2	\$25
10. 97140 - Therapy procedure using manual technique, each 15 minutes	401	2.2	\$16
11. 97530 - Therapy procedure using functional activities	389	2.1	\$28
12. 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	385	2.1	\$76
13. 99285 - Emergency department visit for life threatening or functioning severity	362	2.0	\$138
14. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	342	1.9	\$178
15. 36415 - Insertion of needle into vein for collection of blood sample	315	1.7	\$3
16. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	281	1.5	\$6
17. 99223 - Initial hospital inpatient care per day, typically 70 minutes	278	1.5	\$146
18. 70450 - CT scan head or brain without contrast	225	1.2	\$31
19. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	222	1.2	\$283
20. 85025 - Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	210	1.1	\$8
Total	18,388	100.0	\$86

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Arizona, 188 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99214 - Established patient office or other outpatient visit, 30-39 minutes	2,392	3.8	\$94
2. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	2,250	3.5	\$80
3. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	2,081	3.3	\$95
4. 11721 - Removal of fingernails or toenails, 6 or more nails	1,706	2.7	\$35
5. 36415 - Insertion of needle into vein for collection of blood sample	1,622	2.5	\$3
6. 99213 - Established patient office or other outpatient visit, 20-29 minutes	1,586	2.5	\$64
7. A0425 - Ground mileage, per statute mile	1,552	2.4	\$62
8. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	1,487	2.3	\$56
9. 71045 - X-ray of chest, 1 view	1,073	1.7	\$9
10. 99285 - Emergency department visit for life threatening or functioning severity	997	1.6	\$144
11. 99223 - Initial hospital inpatient care per day, typically 70 minutes	925	1.5	\$154
12. 99337 - Established patient custodial care facility, group care, or assisted living visit, typically 1 hour	913	1.4	\$142
13. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	897	1.4	\$374
14. 85025 - Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	855	1.3	\$8
15. P9604 - Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated trip charge	833	1.3	\$16
16. 80053 - Blood test, comprehensive group of blood chemicals	776	1.2	\$11
17. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	730	1.1	\$66
18. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	642	1.0	\$70
19. 99349 - Established patient home visit, typically 40 minutes	632	1.0	\$95
20. 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	597	0.9	\$78
Total	63,780	100.0	\$93

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - California, 1382 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 11042 - Removal of skin and tissue, 20.0 sq cm or less	17,502	4.5	\$101
2. 99348 - Established patient home visit, typically 25 minutes	14,627	3.8	\$69
3. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	13,652	3.5	\$34
4. 97112 - Therapy procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes	12,857	3.3	\$39
5. 11043 - Removal of muscle and/or tissue, 20.0 sq cm or less	12,410	3.2	\$181
6. 97530 - Therapy procedure using functional activities	9,885	2.6	\$50
7. 11721 - Removal of fingernails or toenails, 6 or more nails	9,793	2.5	\$39
8. 99214 - Established patient office or other outpatient visit, 30-39 minutes	9,336	2.4	\$105
9. 99213 - Established patient office or other outpatient visit, 20-29 minutes	9,079	2.3	\$74
10. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	8,173	2.1	\$88
11. A0425 - Ground mileage, per statute mile	7,618	2.0	\$42
12. 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	7,171	1.9	\$77
13. 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	6,831	1.8	\$25
14. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	6,714	1.7	\$62
15. 99349 - Established patient home visit, typically 40 minutes	6,331	1.6	\$107
16. G0182 - Physician supervision of a patient under a medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more	5,892	1.5	\$92
17. 97535 - Training for self-care or home management, each 15 minutes	5,572	1.4	\$43
18. 11046 - Removal of muscle and/or tissue, each additional 20.0 sq cm or less	4,610	1.2	\$135
19. 71045 - X-ray of chest, 1 view	4,115	1.1	\$9
20. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	4,025	1.0	\$399
Total	386,924	100.0	\$116

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Colorado, 73 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99214 - Established patient office or other outpatient visit, 30-39 minutes	698	5.8	\$92
2. A0425 - Ground mileage, per statute mile	524	4.4	\$49
3. 99213 - Established patient office or other outpatient visit, 20-29 minutes	464	3.9	\$66
4. 99349 - Established patient home visit, typically 40 minutes	427	3.6	\$86
5. 99215 - Established patient office or other outpatient visit, 40-54 minutes	253	2.1	\$127
6. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	214	1.8	\$382
7. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	189	1.6	\$57
8. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	188	1.6	\$92
9. 99285 - Emergency department visit for life threatening or functioning severity	183	1.5	\$143
10. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	182	1.5	\$7
11. 71045 - X-ray of chest, 1 view	174	1.5	\$8
12. 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	173	1.4	\$77
13. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	167	1.4	\$79
14. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	160	1.3	\$201
16. 99348 - Established patient home visit, typically 25 minutes	152	1.3	\$57
15. 93294 - Evaluation of single, dual, multiple lead or leadless pacemaker system, remote up to 90 days	152	1.3	\$25
18. G0008 - Administration of influenza virus vaccine	149	1.2	\$16
17. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	149	1.2	\$325
19. 92134 - Imaging of retina	147	1.2	\$34
20. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	145	1.2	\$67
Total	11,992	100.0	\$102

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Connecticut, 24 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99214 - Established patient office or other outpatient visit, 30-39 minutes	579	5.0	\$102
2. A0425 - Ground mileage, per statute mile	547	4.8	\$46
3. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	456	4.0	\$53
4. 99213 - Established patient office or other outpatient visit, 20-29 minutes	440	3.8	\$71
5. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	384	3.3	\$67
6. G0179 - Physician or allowed practitioner re-certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians and allowed practitioners to affirm the initial implementation of the plan of care	337	2.9	\$35
7. 99349 - Established patient home visit, typically 40 minutes	316	2.7	\$95
8. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	289	2.5	\$59
9. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	279	2.4	\$195
10. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	190	1.7	\$325
11. 99285 - Emergency department visit for life threatening or functioning severity	171	1.5	\$157
12. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	155	1.3	\$85
13. 71045 - X-ray of chest, 1 view	153	1.3	\$8
14. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	152	1.3	\$7
15. 11721 - Removal of fingernails or toenails, 6 or more nails	142	1.2	\$39
16. G0180 - Physician or allowed practitioner certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians and allowed practitioners to affirm the initial implementation of the plan of care	140	1.2	\$46
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	120	1.0	\$25
18. 99350 - Established patient home visit, typically 1 hour	119	1.0	\$138
19. G0008 - Administration of influenza virus vaccine	117	1.0	\$16
20. 99348 - Established patient home visit, typically 25 minutes	112	1.0	\$65
Total	11,503	100.0	\$87

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - District of Columbia, 3 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	147	5.8	\$64
2. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	111	4.3	\$101
3. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	108	4.2	\$56
4. 99349 - Established patient home visit, typically 40 minutes	104	4.1	\$81
5. A0425 - Ground mileage, per statute mile	96	3.8	\$21
6. 99213 - Established patient office or other outpatient visit, 20-29 minutes	91	3.6	\$77
7. 99214 - Established patient office or other outpatient visit, 30-39 minutes	84	3.3	\$107
9. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	55	2.2	\$345
8. 99223 - Initial hospital inpatient care per day, typically 70 minutes	55	2.2	\$176
10. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	51	2.0	\$219
11. 99285 - Emergency department visit for life threatening or functioning severity	50	2.0	\$170
13. 99348 - Established patient home visit, typically 25 minutes	47	1.8	\$66
12. 99291 - Critical care, first 30-74 minutes	47	1.8	\$202
14. 99350 - Established patient home visit, typically 1 hour	44	1.7	\$100
15. 71045 - X-ray of chest, 1 view	43	1.7	\$8
16. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	41	1.6	\$8
17. 11721 - Removal of fingernails or toenails, 6 or more nails	37	1.4	\$41
18. 97530 - Therapy procedure using functional activities	37	1.4	\$60
19. 99215 - Established patient office or other outpatient visit, 40-54 minutes	35	1.4	\$140
20. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	35	1.4	\$75
Total	2,556	100.0	\$107

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Delaware, 11 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 97530 - Therapy procedure using functional activities	814	5.2	\$46
2. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	744	4.8	\$35
3. 99214 - Established patient office or other outpatient visit, 30-39 minutes	689	4.4	\$96
4. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	570	3.6	\$58
5. 99213 - Established patient office or other outpatient visit, 20-29 minutes	518	3.3	\$67
6. 97112 - Therapy procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes	446	2.8	\$32
7. A0425 - Ground mileage, per statute mile	444	2.8	\$67
8. 99285 - Emergency department visit for life threatening or functioning severity	358	2.3	\$147
9. U0003 - Infectious agent detection by nucleic acid (dna or ma); 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	346	2.2	\$76
10. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	343	2.2	\$66
11. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	336	2.1	\$83
12. 97116 - Therapy procedure for walking training, each 15 minutes	322	2.1	\$26
13. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	306	2.0	\$306
14. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	274	1.7	\$7
15. 11721 - Removal of fingernails or toenails, 6 or more nails	214	1.4	\$36
16. 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	205	1.3	\$25
17. 71045 - X-ray of chest, 1 view	168	1.1	\$8
18. 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	167	1.1	\$15
19. 99223 - Initial hospital inpatient care per day, typically 70 minutes	159	1.0	\$159
20. 97140 - Therapy procedure using manual technique, each 15 minutes	157	1.0	\$20
Total	15,662	100.0	\$73

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Florida, 50 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	12,165	5.5	\$59
2. 99214 - Established patient office or other outpatient visit, 30-39 minutes	9,668	4.4	\$97
3. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	8,726	3.9	\$84
4. 99213 - Established patient office or other outpatient visit, 20-29 minutes	6,834	3.1	\$68
5. A0425 - Ground mileage, per statute mile	6,241	2.8	\$48
6. 99223 - Initial hospital inpatient care per day, typically 70 minutes	4,887	2.2	\$161
7. 99285 - Emergency department visit for life threatening or functioning severity	4,666	2.1	\$155
8. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	4,159	1.9	\$52
9. 71045 - X-ray of chest, 1 view	4,124	1.9	\$8
10. 11721 - Removal of fingernails or toenails, 6 or more nails	4,123	1.9	\$36
11. 36415 - Insertion of needle into vein for collection of blood sample	3,828	1.7	\$3
12. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	3,498	1.6	\$7
13. 99349 - Established patient home visit, typically 40 minutes	3,364	1.5	\$94
14. 85025 - Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	3,207	1.5	\$8
15. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	2,984	1.3	\$354
16. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	2,963	1.3	\$95
17. 99348 - Established patient home visit, typically 25 minutes	2,869	1.3	\$66
18. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	2,711	1.2	\$67
19. 80053 - Blood test, comprehensive group of blood chemicals	2,613	1.2	\$11
20. 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	2,321	1.0	\$81
Total	221,098	100.0	\$86

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Georgia, 228 Hospices

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	8,092	11.0	\$61
2. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	5,608	7.6	\$154
3. 99214 - Established patient office or other outpatient visit, 30-39 minutes	2,749	3.7	\$92
4. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	2,746	3.7	\$80
5. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	2,709	3.7	\$56
6. 99213 - Established patient office or other outpatient visit, 20-29 minutes	2,216	3.0	\$64
7. 71045 - X-ray of chest, 1 view	1,813	2.5	\$7
8. 99285 - Emergency department visit for life threatening or functioning severity	1,685	2.3	\$146
9. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	1,518	2.1	\$344
10. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	1,477	2.0	\$7
11. 99223 - Initial hospital inpatient care per day, typically 70 minutes	1,222	1.7	\$153
12. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	1,004	1.4	\$283
13. 70450 - CT scan head or brain without contrast	793	1.1	\$32
14. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	754	1.0	\$35
15. 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	735	1.0	\$77
16. 99291 - Critical care, first 30-74 minutes	706	1.0	\$179
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	704	1.0	\$25
18. 99239 - Hospital discharge day management, more than 30 minutes	700	0.9	\$81
19. 11721 - Removal of fingernails or toenails, 6 or more nails	693	0.9	\$34
20. 97530 - Therapy procedure using functional activities	654	0.9	\$47
Total	73,820	100.0	\$111

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Hawaii, 10 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99214 - Established patient office or other outpatient visit, 30-39 minutes	155	6.5	\$90
2. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	152	6.4	\$80
3. 99213 - Established patient office or other outpatient visit, 20-29 minutes	136	5.7	\$65
4. 99349 - Established patient home visit, typically 40 minutes	114	4.8	\$82
5. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	68	2.9	\$84
6. G0008 - Administration of influenza virus vaccine	62	2.6	\$17
7. 0012A - Intramuscular administration of single severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose	60	2.5	\$35
8. 0064A - Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 50 mcg/0.25 ml dosage, booster dose	53	2.2	\$43
9. A0425 - Ground mileage, per statute mile	50	2.1	\$52
10. 0011A - Intramuscular administration of single severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose	49	2.1	\$24
12. 99285 - Emergency department visit for life threatening or functioning severity	36	1.5	\$153
11. 99215 - Established patient office or other outpatient visit, 40-54 minutes	36	1.5	\$130
13. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	36	1.5	\$401
14. 71045 - X-ray of chest, 1 view	34	1.4	\$8
15. 90662 - Influenza vaccine split virus, preservative free	33	1.4	\$63
18. 99337 - Established patient custodial care facility, group care, or assisted living visit, typically 1 hour	32	1.3	\$118
17. 99291 - Critical care, first 30-74 minutes	32	1.3	\$178
16. 0001A - Intramuscular administration of single severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose	32	1.3	\$31
19. 90834 - Psychotherapy, 45 minutes	30	1.3	\$74
20. 99348 - Established patient home visit, typically 25 minutes	30	1.3	\$65
Total	2,385	100.0	\$77

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Iowa, 73 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99214 - Established patient office or other outpatient visit, 30-39 minutes	420	6.1	\$87
2. 99213 - Established patient office or other outpatient visit, 20-29 minutes	386	5.6	\$61
3. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	368	5.3	\$62
4. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	241	3.5	\$49
5. 11721 - Removal of fingernails or toenails, 6 or more nails	181	2.6	\$33
6. A0425 - Ground mileage, per statute mile	180	2.6	\$68
7. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	149	2.2	\$53
8. 36415 - Insertion of needle into vein for collection of blood sample	133	1.9	\$3
9. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	111	1.6	\$6
10. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	104	1.5	\$87
11. 99285 - Emergency department visit for life threatening or functioning severity	99	1.4	\$130
12. 92134 - Imaging of retina	95	1.4	\$28
13. G0008 - Administration of influenza virus vaccine	83	1.2	\$16
14. 99284 - Emergency department visit for problem of high severity	71	1.0	\$90
16. 85025 - Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	67	1.0	\$8
17. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	67	1.0	\$350
15. 71045 - X-ray of chest, 1 view	67	1.0	\$7
18. 67028 - Injection of drug into eye	63	0.9	\$99
19. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	62	0.9	\$285
20. 93294 - Evaluation of single, dual, multiple lead or leadless pacemaker system, remote up to 90 days	59	0.9	\$23
Total	6,907	100.0	\$85

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Idaho, 47 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99214 - Established patient office or other outpatient visit, 30-39 minutes	276	4.8	\$81
2. 99213 - Established patient office or other outpatient visit, 20-29 minutes	266	4.7	\$56
3. A0425 - Ground mileage, per statute mile	208	3.6	\$65
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	132	2.3	\$76
5. 99285 - Emergency department visit for life threatening or functioning severity	105	1.8	\$136
6. 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	102	1.8	\$25
7. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	100	1.8	\$53
8. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	99	1.7	\$6
10. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	91	1.6	\$299
9. 92134 - Imaging of retina	91	1.6	\$31
11. 71045 - X-ray of chest, 1 view	89	1.6	\$8
12. 49083 - Drainage of fluid from abdominal cavity using imaging guidance	88	1.5	\$76
13. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	80	1.4	\$75
14. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	79	1.4	\$350
15. 11721 - Removal of fingernails or toenails, 6 or more nails	59	1.0	\$32
16. R0070 - Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen	55	1.0	\$105
17. 99212 - Established patient office or other outpatient visit, 10-19 minutes	53	0.9	\$38
18. 99223 - Initial hospital inpatient care per day, typically 70 minutes	53	0.9	\$148
19. Q0092 - Set-up portable x-ray equipment	53	0.9	\$21
20. G0008 - Administration of influenza virus vaccine	52	0.9	\$15
Total	5,710	100.0	\$98

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Illinois, 123 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 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	3,642	6.5	\$25
2. 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	2,972	5.3	\$77
3. A0425 - Ground mileage, per statute mile	2,025	3.6	\$37
4. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	1,900	3.4	\$54
5. 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	1,766	3.2	\$78
6. 11721 - Removal of fingernails or toenails, 6 or more nails	1,702	3.0	\$36
7. G2023 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source	1,497	2.7	\$23
8. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	1,307	2.3	\$59
9. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	1,253	2.2	\$70
10. 99214 - Established patient office or other outpatient visit, 30-39 minutes	1,206	2.2	\$96
11. 99349 - Established patient home visit, typically 40 minutes	1,200	2.1	\$98
12. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	1,165	2.1	\$174
13. 99348 - Established patient home visit, typically 25 minutes	1,111	2.0	\$65
14. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	961	1.7	\$86
15. 99213 - Established patient office or other outpatient visit, 20-29 minutes	935	1.7	\$68
16. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	789	1.4	\$7
17. 99285 - Emergency department visit for life threatening or functioning severity	719	1.3	\$157
18. 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	704	1.3	\$25
19. 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	703	1.3	\$53
20. 36415 - Insertion of needle into vein for collection of blood sample	664	1.2	\$3
Total	55,823	100.0	\$79

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Indiana, 91 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99214 - Established patient office or other outpatient visit, 30-39 minutes	1,209	4.5	\$90
2. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	1,137	4.2	\$54
3. A0425 - Ground mileage, per statute mile	1,094	4.0	\$60
4. 99213 - Established patient office or other outpatient visit, 20-29 minutes	1,066	3.9	\$63
5. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	721	2.7	\$78
6. 99285 - Emergency department visit for life threatening or functioning severity	675	2.5	\$141
7. 99349 - Established patient home visit, typically 40 minutes	637	2.4	\$86
8. 71045 - X-ray of chest, 1 view	592	2.2	\$7
9. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	588	2.2	\$59
10. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	509	1.9	\$6
11. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	477	1.8	\$47
12. 11721 - Removal of fingernails or toenails, 6 or more nails	433	1.6	\$33
13. 99223 - Initial hospital inpatient care per day, typically 70 minutes	407	1.5	\$147
14. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	388	1.4	\$284
15. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	378	1.4	\$176
16. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	319	1.2	\$339
17. G0008 - Administration of influenza virus vaccine	303	1.1	\$14
18. 70450 - CT scan head or brain without contrast	302	1.1	\$31
19. 93296 - Evaluation of single, dual, multiple lead or leadless pacemaker system or implantable defibrillator system, remote up to 90 days	288	1.1	\$18
20. 99490 - Chronic care management services, first 20 minutes of clinical staff time directed by health care professional, per calendar month	253	0.9	\$35
Total	27,105	100.0	\$84

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Kansas, 83 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99214 - Established patient office or other outpatient visit, 30-39 minutes	613	5.0	\$89
2. 99213 - Established patient office or other outpatient visit, 20-29 minutes	524	4.3	\$63
3. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	392	3.2	\$55
4. A0425 - Ground mileage, per statute mile	367	3.0	\$61
5. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	318	2.6	\$79
6. 99349 - Established patient home visit, typically 40 minutes	268	2.2	\$83
7. 99285 - Emergency department visit for life threatening or functioning severity	263	2.2	\$139
8. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	221	1.8	\$6
9. 11721 - Removal of fingernails or toenails, 6 or more nails	218	1.8	\$31
10. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	198	1.6	\$86
11. 71045 - X-ray of chest, 1 view	179	1.5	\$7
12. 93296 - Evaluation of single, dual, multiple lead or leadless pacemaker system or implantable defibrillator system, remote up to 90 days	179	1.5	\$18
13. 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	176	1.4	\$78
14. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	175	1.4	\$346
15. 99223 - Initial hospital inpatient care per day, typically 70 minutes	165	1.4	\$149
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	160	1.3	\$25
16. G0008 - Administration of influenza virus vaccine	160	1.3	\$15
18. 36415 - Insertion of needle into vein for collection of blood sample	157	1.3	\$3
19. 93294 - Evaluation of single, dual, multiple lead or leadless pacemaker system, remote up to 90 days	156	1.3	\$23
20. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	149	1.2	\$47
Total	12,201	100.0	\$77

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Kentucky, 23 Hospices

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	675	6.5	\$105
2. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	513	4.9	\$54
3. 99213 - Established patient office or other outpatient visit, 20-29 minutes	374	3.6	\$60
4. 99214 - Established patient office or other outpatient visit, 30-39 minutes	368	3.5	\$88
5. 99349 - Established patient home visit, typically 40 minutes	349	3.4	\$83
6. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	347	3.3	\$77
7. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	300	2.9	\$6
8. 99285 - Emergency department visit for life threatening or functioning severity	287	2.8	\$141
9. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	282	2.7	\$327
10. 71045 - X-ray of chest, 1 view	246	2.4	\$7
11. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	227	2.2	\$172
12. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	180	1.7	\$277
13. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	166	1.6	\$60
14. 11721 - Removal of fingernails or toenails, 6 or more nails	158	1.5	\$33
15. 99223 - Initial hospital inpatient care per day, typically 70 minutes	145	1.4	\$148
16. 99284 - Emergency department visit for problem of high severity	131	1.3	\$94
17. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	126	1.2	\$47
18. 99231 - Follow-up hospital inpatient care per day, typically 15 minutes	125	1.2	\$28
19. 99291 - Critical care, first 30-74 minutes	115	1.1	\$173
20. 99239 - Hospital discharge day management, more than 30 minutes	104	1.0	\$78
Total	10,412	100.0	\$96

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Louisiana, 122 Hospices

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	3,132	8.2	\$68
2. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	2,055	5.4	\$56
3. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	1,777	4.7	\$154
4. 99214 - Established patient office or other outpatient visit, 30-39 minutes	1,630	4.3	\$91
5. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	1,448	3.8	\$80
6. 71045 - X-ray of chest, 1 view	1,339	3.5	\$8
7. 99213 - Established patient office or other outpatient visit, 20-29 minutes	1,156	3.0	\$63
8. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	985	2.6	\$335
9. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	943	2.5	\$7
10. 99223 - Initial hospital inpatient care per day, typically 70 minutes	734	1.9	\$153
11. 99285 - Emergency department visit for life threatening or functioning severity	669	1.8	\$151
12. 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	554	1.5	\$78
13. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	509	1.3	\$278
14. 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	487	1.3	\$25
15. 70450 - CT scan head or brain without contrast	483	1.3	\$33
16. 99239 - Hospital discharge day management, more than 30 minutes	390	1.0	\$82
17. 93296 - Evaluation of single, dual, multiple lead or leadless pacemaker system or implantable defibrillator system, remote up to 90 days	327	0.9	\$19
18. 36415 - Insertion of needle into vein for collection of blood sample	318	0.8	\$3
19. 99490 - Chronic care management services, first 20 minutes of clinical staff time directed by health care professional, per calendar month	308	0.8	\$33
20. 99291 - Critical care, first 30-74 minutes	290	0.8	\$183
Total	38,020	100.0	\$89

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Massachusetts, 73 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99214 - Established patient office or other outpatient visit, 30-39 minutes	1,750	6.2	\$96
2. A0425 - Ground mileage, per statute mile	1,595	5.6	\$46
3. 99213 - Established patient office or other outpatient visit, 20-29 minutes	1,284	4.5	\$68
4. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	679	2.4	\$7
5. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	657	2.3	\$203
6. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	648	2.3	\$85
7. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	617	2.2	\$59
8. 99443 - Telephone medical discussion with physician, 21-30 minutes	596	2.1	\$93
9. 99285 - Emergency department visit for life threatening or functioning severity	584	2.1	\$158
10. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	510	1.8	\$335
11. 99215 - Established patient office or other outpatient visit, 40-54 minutes	440	1.5	\$132
12. 11721 - Removal of fingernails or toenails, 6 or more nails	436	1.5	\$38
13. 71045 - X-ray of chest, 1 view	433	1.5	\$8
14. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	410	1.4	\$392
15. 99442 - Telephone medical discussion with physician, 11-20 minutes	393	1.4	\$66
16. 36415 - Insertion of needle into vein for collection of blood sample	383	1.3	\$3
17. G0180 - Physician or allowed practitioner certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians and allowed practitioners to affirm the initial implementation of the plan of care	382	1.3	\$45
18. 99349 - Established patient home visit, typically 40 minutes	374	1.3	\$93
19. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	360	1.3	\$68
20. 99223 - Initial hospital inpatient care per day, typically 70 minutes	344	1.2	\$164
Total	28,404	100.0	\$84

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Maryland, 26 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99214 - Established patient office or other outpatient visit, 30-39 minutes	903	4.6	\$104
2. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	734	3.7	\$54
3. 99213 - Established patient office or other outpatient visit, 20-29 minutes	631	3.2	\$73
4. A0425 - Ground mileage, per statute mile	580	2.9	\$55
5. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	518	2.6	\$70
6. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	487	2.5	\$87
7. 99350 - Established patient home visit, typically 1 hour	432	2.2	\$134
8. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	403	2.0	\$7
9. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	325	1.6	\$61
10. 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	323	1.6	\$25
11. 71045 - X-ray of chest, 1 view	305	1.5	\$8
12. 99285 - Emergency department visit for life threatening or functioning severity	301	1.5	\$162
13. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	298	1.5	\$204
14. 11721 - Removal of fingernails or toenails, 6 or more nails	295	1.5	\$39
15. 11720 - Removal of fingernails or toenails, 1-5 nails	288	1.5	\$29
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	251	1.3	\$77
17. 99349 - Established patient home visit, typically 40 minutes	245	1.2	\$97
18. G0008 - Administration of influenza virus vaccine	232	1.2	\$17
19. G0127 - Trimming of dystrophic nails, any number	231	1.2	\$19
20. 99223 - Initial hospital inpatient care per day, typically 70 minutes	220	1.1	\$165
Total	19,783	100.0	\$88

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Maine, 15 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99214 - Established patient office or other outpatient visit, 30-39 minutes	316	5.9	\$80
2. A0425 - Ground mileage, per statute mile	230	4.3	\$86
3. 99213 - Established patient office or other outpatient visit, 20-29 minutes	213	4.0	\$58
4. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	190	3.5	\$64
5. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	110	2.0	\$58
6. U0003 - Infectious agent detection by nucleic acid (dna or ma); 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	110	2.0	\$76
7. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	109	2.0	\$299
8. 99215 - Established patient office or other outpatient visit, 40-54 minutes	96	1.8	\$116
9. U0005 - Infectious agent detection by nucleic acid (dna or ma); 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	92	1.7	\$25
10. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	90	1.7	\$50
12. 99443 - Telephone medical discussion with physician, 21-30 minutes	88	1.6	\$88
11. 99348 - Established patient home visit, typically 25 minutes	88	1.6	\$63
13. 11721 - Removal of fingernails or toenails, 6 or more nails	86	1.6	\$35
14. 92134 - Imaging of retina	78	1.5	\$31
15. 36415 - Insertion of needle into vein for collection of blood sample	77	1.4	\$3
16. 67028 - Injection of drug into eye	66	1.2	\$86
18. 87086 - Bacterial colony count, urine	65	1.2	\$8
17. 81001 - Manual urinalysis test with examination using microscope, automated	65	1.2	\$3
19. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	65	1.2	\$187
20. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	64	1.2	\$7
Total	5,370	100.0	\$79

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Michigan, 145 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 11721 - Removal of fingernails or toenails, 6 or more nails	2,410	5.0	\$35
2. A0425 - Ground mileage, per statute mile	2,106	4.4	\$65
3. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	2,058	4.3	\$58
4. 99214 - Established patient office or other outpatient visit, 30-39 minutes	1,383	2.9	\$90
5. 99349 - Established patient home visit, typically 40 minutes	1,282	2.7	\$94
6. 99213 - Established patient office or other outpatient visit, 20-29 minutes	1,092	2.3	\$64
7. 99348 - Established patient home visit, typically 25 minutes	966	2.0	\$65
8. 99285 - Emergency department visit for life threatening or functioning severity	892	1.9	\$151
9. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	880	1.8	\$181
10. 71045 - X-ray of chest, 1 view	862	1.8	\$8
11. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	859	1.8	\$95
12. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	837	1.7	\$82
13. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	831	1.7	\$7
14. 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	805	1.7	\$78
15. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	769	1.6	\$50
16. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	757	1.6	\$349
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	743	1.5	\$25
18. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	700	1.5	\$70
19. 99223 - Initial hospital inpatient care per day, typically 70 minutes	592	1.2	\$157
20. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	539	1.1	\$65
Total	47,941	100.0	\$86

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Minnesota, 75 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99214 - Established patient office or other outpatient visit, 30-39 minutes	443	5.0	\$90
2. 99213 - Established patient office or other outpatient visit, 20-29 minutes	342	3.9	\$66
3. 93793 - Anticoagulant management of patient taking warfarin	235	2.7	\$9
4. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	211	2.4	\$92
5. A0425 - Ground mileage, per statute mile	177	2.0	\$89
6. 36415 - Insertion of needle into vein for collection of blood sample	151	1.7	\$3
8. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	150	1.7	\$77
7. 11721 - Removal of fingernails or toenails, 6 or more nails	150	1.7	\$34
9. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	137	1.6	\$55
10. 99285 - Emergency department visit for life threatening or functioning severity	134	1.5	\$144
11. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	132	1.5	\$63
12. 92134 - Imaging of retina	131	1.5	\$32
13. 0004A - Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; booster dose	122	1.4	\$40
14. 0064A - Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 50 mcg/0.25 ml dosage, booster dose	119	1.4	\$40
15. G0008 - Administration of influenza virus vaccine	114	1.3	\$16
16. 93294 - Evaluation of single, dual, multiple lead or leadless pacemaker system, remote up to 90 days	113	1.3	\$24
18. 99215 - Established patient office or other outpatient visit, 40-54 minutes	110	1.3	\$126
17. 67028 - Injection of drug into eye	110	1.3	\$100
19. 99337 - Established patient custodial care facility, group care, or assisted living visit, typically 1 hour	107	1.2	\$137
20. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	104	1.2	\$6
Total	8,794	100.0	\$86

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Missouri, 121 Hospices

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	1,048	4.6	\$94
2. 99214 - Established patient office or other outpatient visit, 30-39 minutes	989	4.4	\$87
3. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	825	3.6	\$55
4. 99213 - Established patient office or other outpatient visit, 20-29 minutes	707	3.1	\$61
5. 71045 - X-ray of chest, 1 view	601	2.6	\$7
6. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	545	2.4	\$80
7. 99285 - Emergency department visit for life threatening or functioning severity	514	2.3	\$143
8. U0003 - Infectious agent detection by nucleic acid (dna or ma); 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	447	2.0	\$79
9. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	431	1.9	\$344
10. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	404	1.8	\$7
11. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	351	1.5	\$180
12. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	348	1.5	\$49
13. 99223 - Initial hospital inpatient care per day, typically 70 minutes	329	1.4	\$151
14. 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	298	1.3	\$25
15. 36415 - Insertion of needle into vein for collection of blood sample	286	1.3	\$3
16. 11721 - Removal of fingernails or toenails, 6 or more nails	283	1.2	\$33
17. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	272	1.2	\$64
18. 70450 - CT scan head or brain without contrast	270	1.2	\$32
19. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	264	1.2	\$286
20. 92134 - Imaging of retina	229	1.0	\$30
Total	22,713	100.0	\$92

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Mississippi, 87 Hospices

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	4,532	11.7	\$83
2. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	3,206	8.3	\$139
3. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	1,553	4.0	\$55
4. 99214 - Established patient office or other outpatient visit, 30-39 minutes	1,491	3.9	\$86
5. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	1,274	3.3	\$78
6. 99213 - Established patient office or other outpatient visit, 20-29 minutes	1,112	2.9	\$60
7. 71045 - X-ray of chest, 1 view	1,065	2.8	\$7
8. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	945	2.4	\$328
9. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	892	2.3	\$27
10. 99285 - Emergency department visit for life threatening or functioning severity	753	2.0	\$145
11. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	732	1.9	\$6
12. 97530 - Therapy procedure using functional activities	731	1.9	\$40
13. 99223 - Initial hospital inpatient care per day, typically 70 minutes	624	1.6	\$147
14. 36415 - Insertion of needle into vein for collection of blood sample	568	1.5	\$3
15. 70450 - CT scan head or brain without contrast	415	1.1	\$32
16. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	400	1.0	\$270
17. 85025 - Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	388	1.0	\$8
18. 99239 - Hospital discharge day management, more than 30 minutes	356	0.9	\$78
19. 99284 - Emergency department visit for problem of high severity	329	0.9	\$94
20. 99222 - Initial hospital inpatient care per day, typically 50 minutes	326	0.8	\$100
Total	38,590	100.0	\$93

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Montana, 27 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99214 - Established patient office or other outpatient visit, 30-39 minutes	110	6.4	\$85
2. 99213 - Established patient office or other outpatient visit, 20-29 minutes	89	5.2	\$63
3. A0425 - Ground mileage, per statute mile	60	3.5	\$54
5. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	58	3.4	\$77
4. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	58	3.4	\$9
6. 67028 - Injection of drug into eye	45	2.6	\$93
7. 92134 - Imaging of retina	42	2.5	\$33
8. 99215 - Established patient office or other outpatient visit, 40-54 minutes	32	1.9	\$111
10. 93793 - Anticoagulant management of patient taking warfarin	30	1.8	\$9
9. 11721 - Removal of fingernails or toenails, 6 or more nails	30	1.8	\$32
11. 99285 - Emergency department visit for life threatening or functioning severity	28	1.6	\$146
13. J7999 - Compounded drug, not otherwise classified	28	1.6	\$70
12. G0008 - Administration of influenza virus vaccine	28	1.6	\$17
14. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	27	1.6	\$55
15. 93294 - Evaluation of single, dual, multiple lead or leadless pacemaker system, remote up to 90 days	24	1.4	\$24
16. 97112 - Therapy procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes	23	1.3	\$43
17. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	23	1.3	\$404
18. 71045 - X-ray of chest, 1 view	22	1.3	\$8
19. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	20	1.2	\$337
20. 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	19	1.1	\$75
Total	1,713	100.0	\$89

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - North Carolina, 76 Hospices

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	3,023	6.7	\$85
2. 99214 - Established patient office or other outpatient visit, 30-39 minutes	2,590	5.8	\$91
3. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	1,817	4.0	\$55
4. 99213 - Established patient office or other outpatient visit, 20-29 minutes	1,570	3.5	\$64
5. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	1,227	2.7	\$340
6. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	1,180	2.6	\$78
7. 99285 - Emergency department visit for life threatening or functioning severity	1,150	2.6	\$145
8. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	1,111	2.5	\$173
9. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	1,030	2.3	\$7
10. 71045 - X-ray of chest, 1 view	814	1.8	\$7
11. 99223 - Initial hospital inpatient care per day, typically 70 minutes	731	1.6	\$151
12. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	702	1.6	\$280
13. 36415 - Insertion of needle into vein for collection of blood sample	526	1.2	\$3
14. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	525	1.2	\$92
15. G0008 - Administration of influenza virus vaccine	499	1.1	\$15
16. 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	482	1.1	\$25
17. 99239 - Hospital discharge day management, more than 30 minutes	469	1.0	\$81
18. 99291 - Critical care, first 30-74 minutes	405	0.9	\$178
19. 70450 - CT scan head or brain without contrast	398	0.9	\$32
20. 99215 - Established patient office or other outpatient visit, 40-54 minutes	397	0.9	\$125
Total	44,893	100.0	\$95

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - North Dakota, 13 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	86	11.6	\$34
2. 97530 - Therapy procedure using functional activities	40	5.4	\$48
3. 97140 - Therapy procedure using manual technique, each 15 minutes	33	4.4	\$31
4. 97112 - Therapy procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes	29	3.9	\$33
5. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	26	3.5	\$51
6. 99213 - Established patient office or other outpatient visit, 20-29 minutes	23	3.1	\$55
7. 97116 - Therapy procedure for walking training, each 15 minutes	19	2.6	\$18
8. A0425 - Ground mileage, per statute mile	19	2.6	\$135
9. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	18	2.4	\$65
10. 99214 - Established patient office or other outpatient visit, 30-39 minutes	16	2.2	\$77
11. 99215 - Established patient office or other outpatient visit, 40-54 minutes	13	1.8	\$109
13. G0008 - Administration of influenza virus vaccine	12	1.6	\$15
12. 97535 - Training for self-care or home management, each 15 minutes	12	1.6	\$41
14. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	11	1.5	\$52
Total	742	100.0	\$91

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Nebraska, 37 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99214 - Established patient office or other outpatient visit, 30-39 minutes	132	5.4	\$87
2. 99213 - Established patient office or other outpatient visit, 20-29 minutes	118	4.9	\$61
3. A0425 - Ground mileage, per statute mile	116	4.8	\$45
5. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	60	2.5	\$171
4. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	60	2.5	\$75
6. 36415 - Insertion of needle into vein for collection of blood sample	51	2.1	\$3
8. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	46	1.9	\$53
7. 93296 - Evaluation of single, dual, multiple lead or leadless pacemaker system or implantable defibrillator system, remote up to 90 days	46	1.9	\$18
9. 67028 - Injection of drug into eye	45	1.9	\$85
10. 93294 - Evaluation of single, dual, multiple lead or leadless pacemaker system, remote up to 90 days	45	1.9	\$23
11. 11721 - Removal of fingernails or toenails, 6 or more nails	37	1.5	\$31
12. 85025 - Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	36	1.5	\$8
13. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	36	1.5	\$302
14. G0008 - Administration of influenza virus vaccine	35	1.4	\$15
15. 92134 - Imaging of retina	33	1.4	\$31
16. 71045 - X-ray of chest, 1 view	32	1.3	\$7
17. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	30	1.2	\$6
18. 99284 - Emergency department visit for problem of high severity	30	1.2	\$86
19. 99285 - Emergency department visit for life threatening or functioning severity	30	1.2	\$132
20. 99215 - Established patient office or other outpatient visit, 40-54 minutes	28	1.2	\$122
Total	2,428	100.0	\$89

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - New Hampshire, 22 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99214 - Established patient office or other outpatient visit, 30-39 minutes	305	7.5	\$89
2. A0425 - Ground mileage, per statute mile	254	6.3	\$67
3. 99213 - Established patient office or other outpatient visit, 20-29 minutes	194	4.8	\$62
4. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	108	2.7	\$7
5. 99285 - Emergency department visit for life threatening or functioning severity	105	2.6	\$151
6. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	101	2.5	\$57
7. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	97	2.4	\$373
8. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	88	2.2	\$82
9. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	77	1.9	\$308
10. 93793 - Anticoagulant management of patient taking warfarin	76	1.9	\$9
11. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	76	1.9	\$192
12. 99443 - Telephone medical discussion with physician, 21-30 minutes	66	1.6	\$83
13. G0180 - Physician or allowed practitioner certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians and allowed practitioners to affirm the initial implementation of the plan of care	65	1.6	\$43
14. 71045 - X-ray of chest, 1 view	61	1.5	\$7
16. 99442 - Telephone medical discussion with physician, 11-20 minutes	55	1.4	\$55
15. 99284 - Emergency department visit for problem of high severity	55	1.4	\$100
17. 99239 - Hospital discharge day management, more than 30 minutes	54	1.3	\$86
18. G0008 - Administration of influenza virus vaccine	54	1.3	\$16
19. 99349 - Established patient home visit, typically 40 minutes	53	1.3	\$93
20. 99215 - Established patient office or other outpatient visit, 40-54 minutes	52	1.3	\$122
Total	4,045	100.0	\$98

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - New Jersey, 63 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99349 - Established patient home visit, typically 40 minutes	2,604	5.6	\$90
2. 11721 - Removal of fingernails or toenails, 6 or more nails	1,957	4.2	\$40
3. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	1,648	3.6	\$63
4. 99214 - Established patient office or other outpatient visit, 30-39 minutes	1,348	2.9	\$99
5. 99348 - Established patient home visit, typically 25 minutes	1,195	2.6	\$66
6. 99350 - Established patient home visit, typically 1 hour	1,182	2.6	\$124
7. 99213 - Established patient office or other outpatient visit, 20-29 minutes	1,172	2.5	\$72
8. 97530 - Therapy procedure using functional activities	1,094	2.4	\$53
9. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	937	2.0	\$35
10. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	911	2.0	\$55
11. 11720 - Removal of fingernails or toenails, 1-5 nails	909	2.0	\$30
12. A0425 - Ground mileage, per statute mile	862	1.9	\$44
13. 99347 - Established patient home visit, typically 15 minutes	829	1.8	\$47
14. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	816	1.8	\$90
15. 11719 - Trimming of fingernails or toenails	722	1.6	\$9
16. 11056 - Removal of noncancer thickened skin growth, 2-4 growths	646	1.4	\$69
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	641	1.4	\$25
18. 99285 - Emergency department visit for life threatening or functioning severity	618	1.3	\$157
19. 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	566	1.2	\$79
20. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	550	1.2	\$73
Total	46,324	100.0	\$77

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - New Mexico, 47 Hospices

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	291	4.3	\$77
2. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	290	4.3	\$55
3. 99214 - Established patient office or other outpatient visit, 30-39 minutes	255	3.8	\$89
4. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	208	3.1	\$78
5. 99213 - Established patient office or other outpatient visit, 20-29 minutes	205	3.0	\$64
6. 99285 - Emergency department visit for life threatening or functioning severity	204	3.0	\$150
7. 71045 - X-ray of chest, 1 view	181	2.7	\$8
8. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	178	2.6	\$7
9. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	126	1.9	\$179
10. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	115	1.7	\$362
11. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	109	1.6	\$63
12. 99223 - Initial hospital inpatient care per day, typically 70 minutes	104	1.5	\$154
13. 70450 - CT scan head or brain without contrast	101	1.5	\$32
14. 99284 - Emergency department visit for problem of high severity	97	1.4	\$98
15. 0011A - Intramuscular administration of single severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose	93	1.4	\$26
16. 67028 - Injection of drug into eye	87	1.3	\$98
17. 92134 - Imaging of retina	80	1.2	\$31
19. R0070 - Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen	75	1.1	\$196
18. Q0092 - Set-up portable x-ray equipment	75	1.1	\$17
20. 0012A - Intramuscular administration of single severe acute respiratory syndrome coronavirus 2 (COVID-19) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose	73	1.1	\$31
Total	6,794	100.0	\$109

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Nevada, 82 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99348 - Established patient home visit, typically 25 minutes	1,373	4.9	\$60
2. 11042 - Removal of skin and tissue, 20.0 sq cm or less	1,323	4.7	\$95
3. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	1,194	4.3	\$56
4. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	849	3.0	\$83
5. 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	637	2.3	\$25
6. A0425 - Ground mileage, per statute mile	579	2.1	\$48
7. 99214 - Established patient office or other outpatient visit, 30-39 minutes	570	2.0	\$92
8. 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	444	1.6	\$76
9. 11721 - Removal of fingernails or toenails, 6 or more nails	427	1.5	\$36
10. G0127 - Trimming of dystrophic nails, any number	423	1.5	\$12
11. 99213 - Established patient office or other outpatient visit, 20-29 minutes	407	1.5	\$67
12. 11720 - Removal of fingernails or toenails, 1-5 nails	405	1.4	\$27
13. 99285 - Emergency department visit for life threatening or functioning severity	401	1.4	\$152
14. 87798 - Detection test by nucleic acid for organism, amplified probe technique	391	1.4	\$251
15. 99223 - Initial hospital inpatient care per day, typically 70 minutes	375	1.3	\$158
16. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	372	1.3	\$368
17. 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	347	1.2	\$75
18. 11730 - Simple separation of fingernail or toenail from nail bed, first nail	329	1.2	\$78
19. 71045 - X-ray of chest, 1 view	305	1.1	\$8
20. 87486 - Detection test by nucleic acid for Chlamydia pneumoniae, amplified probe technique	302	1.1	\$35
Total	28,021	100.0	\$140

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - New York, 41 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99349 - Established patient home visit, typically 40 minutes	3,046	4.7	\$106
2. 99213 - Established patient office or other outpatient visit, 20-29 minutes	2,164	3.4	\$74
3. 99214 - Established patient office or other outpatient visit, 30-39 minutes	2,068	3.2	\$102
4. 11721 - Removal of fingernails or toenails, 6 or more nails	1,953	3.0	\$41
5. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	1,900	2.9	\$67
6. 36415 - Insertion of needle into vein for collection of blood sample	1,647	2.6	\$3
7. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	1,410	2.2	\$36
8. P9604 - Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated trip charge	1,292	2.0	\$19
9. A0425 - Ground mileage, per statute mile	1,278	2.0	\$35
10. 97530 - Therapy procedure using functional activities	1,196	1.9	\$47
11. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	1,187	1.8	\$93
12. 99348 - Established patient home visit, typically 25 minutes	1,133	1.8	\$73
13. 99490 - Chronic care management services, first 20 minutes of clinical staff time directed by health care professional, per calendar month	1,115	1.7	\$43
14. 99350 - Established patient home visit, typically 1 hour	1,087	1.7	\$144
15. 85025 - Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	1,007	1.6	\$8
16. 99347 - Established patient home visit, typically 15 minutes	932	1.4	\$49
17. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	810	1.3	\$59
18. 80053 - Blood test, comprehensive group of blood chemicals	807	1.3	\$11
19. 99442 - Telephone medical discussion with physician, 11-20 minutes	784	1.2	\$73
20. 71045 - X-ray of chest, 1 view	751	1.2	\$10
Total	64,474	100.0	\$74

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Ohio, 145 Hospices

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	4,116	5.9	\$65
2. 99214 - Established patient office or other outpatient visit, 30-39 minutes	2,981	4.3	\$85
3. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	2,774	4.0	\$55
4. 99213 - Established patient office or other outpatient visit, 20-29 minutes	2,332	3.3	\$60
5. 11721 - Removal of fingernails or toenails, 6 or more nails	2,327	3.3	\$34
6. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	1,872	2.7	\$166
7. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	1,860	2.7	\$49
8. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	1,847	2.6	\$79
9. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	1,846	2.6	\$63
10. 99285 - Emergency department visit for life threatening or functioning severity	1,605	2.3	\$147
11. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	1,592	2.3	\$7
12. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	1,145	1.6	\$286
13. 99349 - Established patient home visit, typically 40 minutes	1,123	1.6	\$87
14. 99223 - Initial hospital inpatient care per day, typically 70 minutes	1,090	1.6	\$152
15. 71045 - X-ray of chest, 1 view	1,062	1.5	\$7
16. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	1,029	1.5	\$342
17. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	764	1.1	\$66
18. 99348 - Established patient home visit, typically 25 minutes	759	1.1	\$61
19. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	695	1.0	\$91
20. 99239 - Hospital discharge day management, more than 30 minutes	648	0.9	\$82
Total	69,785	100.0	\$83

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Oklahoma, 118 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99214 - Established patient office or other outpatient visit, 30-39 minutes	1,406	4.5	\$86
2. A0425 - Ground mileage, per statute mile	1,314	4.2	\$107
3. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	1,040	3.3	\$58
5. 99213 - Established patient office or other outpatient visit, 20-29 minutes	942	3.0	\$60
4. 71045 - X-ray of chest, 1 view	942	3.0	\$8
6. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	855	2.7	\$79
7. 99285 - Emergency department visit for life threatening or functioning severity	676	2.1	\$142
8. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	649	2.1	\$343
9. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	635	2.0	\$6
10. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	634	2.0	\$48
11. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	558	1.8	\$64
12. R0070 - Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen	518	1.6	\$189
13. Q0092 - Set-up portable x-ray equipment	488	1.5	\$21
14. 70450 - CT scan head or brain without contrast	476	1.5	\$32
15. 99223 - Initial hospital inpatient care per day, typically 70 minutes	467	1.5	\$146
16. 85025 - Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	399	1.3	\$8
17. 80053 - Blood test, comprehensive group of blood chemicals	373	1.2	\$11
18. 36415 - Insertion of needle into vein for collection of blood sample	363	1.1	\$3
19. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	359	1.1	\$181
20. 99284 - Emergency department visit for problem of high severity	322	1.0	\$94
Total	31,571	100.0	\$84

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Oregon, 54 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 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	800	11.6	\$78
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	698	10.1	\$25
3. 99214 - Established patient office or other outpatient visit, 30-39 minutes	304	4.4	\$89
4. 99213 - Established patient office or other outpatient visit, 20-29 minutes	262	3.8	\$63
5. A0425 - Ground mileage, per statute mile	260	3.8	\$60
6. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	145	2.1	\$369
7. 36415 - Insertion of needle into vein for collection of blood sample	142	2.1	\$3
8. 92134 - Imaging of retina	117	1.7	\$32
9. 99215 - Established patient office or other outpatient visit, 40-54 minutes	96	1.4	\$120
10. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	90	1.3	\$54
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	88	1.3	\$35
12. 99285 - Emergency department visit for life threatening or functioning severity	87	1.3	\$144
13. 67028 - Injection of drug into eye	80	1.2	\$98
14. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	76	1.1	\$52
15. 93294 - Evaluation of single, dual, multiple lead or leadless pacemaker system, remote up to 90 days	73	1.1	\$24
16. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	67	1.0	\$7
17. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	67	1.0	\$322
18. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	66	1.0	\$79
19. 99284 - Emergency department visit for problem of high severity	62	0.9	\$92
20. 93296 - Evaluation of single, dual, multiple lead or leadless pacemaker system or implantable defibrillator system, remote up to 90 days	61	0.9	\$22
Total	6,926	100.0	\$92

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Pennsylvania, 183 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99214 - Established patient office or other outpatient visit, 30-39 minutes	2,893	4.7	\$95
2. A0425 - Ground mileage, per statute mile	2,172	3.5	\$56
3. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	2,129	3.5	\$57
4. 11721 - Removal of fingernails or toenails, 6 or more nails	2,094	3.4	\$35
5. 99213 - Established patient office or other outpatient visit, 20-29 minutes	1,995	3.2	\$67
6. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	1,248	2.0	\$82
7. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	1,185	1.9	\$7
8. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	1,125	1.8	\$68
9. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	1,066	1.7	\$51
10. 99285 - Emergency department visit for life threatening or functioning severity	1,037	1.7	\$145
11. 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	995	1.6	\$25
12. 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	993	1.6	\$78
13. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	941	1.5	\$100
14. 71045 - X-ray of chest, 1 view	888	1.4	\$8
15. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	831	1.4	\$298
16. 99223 - Initial hospital inpatient care per day, typically 70 minutes	781	1.3	\$155
17. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	771	1.3	\$187
18. 99349 - Established patient home visit, typically 40 minutes	766	1.2	\$95
19. 11720 - Removal of fingernails or toenails, 1-5 nails	716	1.2	\$26
20. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	715	1.2	\$72
Total	61,485	100.0	\$81

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Puerto Rico, 44 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 36415 - Insertion of needle into vein for collection of blood sample	512	7.8	\$3
2. A0425 - Ground mileage, per statute mile	458	7.0	\$40
3. P9604 - Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated trip charge	418	6.4	\$16
4. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	396	6.0	\$154
5. 85025 - Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	391	6.0	\$8
6. 80053 - Blood test, comprehensive group of blood chemicals	270	4.1	\$10
7. 80061 - Blood test, lipids (cholesterol and triglycerides)	267	4.1	\$13
8. 84443 - Blood test, thyroid stimulating hormone (TSH)	251	3.8	\$17
9. 83036 - Hemoglobin A1C level	202	3.1	\$10
10. 81000 - Manual urinalysis test with examination using microscope, non-automated	171	2.6	\$4
11. 99334 - Established patient custodial care facility, group care, or assisted living visit, typically 15 minutes	128	2.0	\$45
12. 81001 - Manual urinalysis test with examination using microscope, automated	125	1.9	\$3
13. 82043 - Urine microalbumin (protein) level	117	1.8	\$6
14. 87088 - Bacterial urine culture	107	1.6	\$8
15. 80048 - Blood test, basic group of blood chemicals (Calcium, total)	94	1.4	\$8
16. 82306 - Vitamin D-3 level	92	1.4	\$29
17. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	88	1.3	\$71
18. G2023 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source	88	1.3	\$23
19. 99348 - Established patient home visit, typically 25 minutes	76	1.2	\$60
20. 87426 - Detection test by immunoassay technique for severe acute respiratory syndrome coronavirus	70	1.1	\$43
Total	6,563	100.0	\$38

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Rhode Island, 7 Hospices

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	467	6.4	\$55
2. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	368	5.0	\$70
3. 99214 - Established patient office or other outpatient visit, 30-39 minutes	366	5.0	\$89
4. A0425 - Ground mileage, per statute mile	310	4.2	\$41
5. 99213 - Established patient office or other outpatient visit, 20-29 minutes	246	3.4	\$64
6. 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)	215	2.9	\$5
7. 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	192	2.6	\$77
8. 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	166	2.3	\$5
9. 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	154	2.1	\$25
10. G0127 - Trimming of dystrophic nails, any number	134	1.8	\$16
12. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	126	1.7	\$196
11. 85610 - Blood test, clotting time	126	1.7	\$4
13. 11720 - Removal of fingernails or toenails, 1-5 nails	122	1.7	\$28
14. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	104	1.4	\$311
15. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	99	1.4	\$57
16. 99285 - Emergency department visit for life threatening or functioning severity	92	1.3	\$148
17. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	92	1.3	\$36
18. 99443 - Telephone medical discussion with physician, 21-30 minutes	90	1.2	\$98
20. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	88	1.2	\$378
19. 85025 - Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	88	1.2	\$8
Total	7,313	100.0	\$71

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - South Carolina, 85 Hospices

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	4,337	8.3	\$64
2. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	2,542	4.8	\$156
3. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	2,175	4.1	\$54
4. 99214 - Established patient office or other outpatient visit, 30-39 minutes	2,102	4.0	\$91
5. 99213 - Established patient office or other outpatient visit, 20-29 minutes	1,626	3.1	\$63
6. 97530 - Therapy procedure using functional activities	1,423	2.7	\$46
7. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	1,300	2.5	\$36
8. 99285 - Emergency department visit for life threatening or functioning severity	1,122	2.1	\$141
9. 71045 - X-ray of chest, 1 view	1,121	2.1	\$7
10. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	1,097	2.1	\$78
11. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	975	1.9	\$7
12. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	970	1.8	\$280
13. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	854	1.6	\$336
14. 36415 - Insertion of needle into vein for collection of blood sample	816	1.6	\$3
15. 99223 - Initial hospital inpatient care per day, typically 70 minutes	730	1.4	\$150
16. 70450 - CT scan head or brain without contrast	601	1.1	\$32
17. 85025 - Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	518	1.0	\$8
18. 97116 - Therapy procedure for walking training, each 15 minutes	509	1.0	\$24
19. 99284 - Emergency department visit for problem of high severity	476	0.9	\$94
20. 99239 - Hospital discharge day management, more than 30 minutes	473	0.9	\$81
Total	52,542	100.0	\$83

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - South Dakota, 14 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. G0182 - Physician supervision of a patient under a medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more	58	8.3	\$81
2. 99213 - Established patient office or other outpatient visit, 20-29 minutes	33	4.7	\$60
3. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	32	4.6	\$55
4. 99214 - Established patient office or other outpatient visit, 30-39 minutes	26	3.7	\$82
5. A0425 - Ground mileage, per statute mile	18	2.6	\$41
6. 92134 - Imaging of retina	17	2.4	\$33
7. 49083 - Drainage of fluid from abdominal cavity using imaging guidance	14	2.0	\$81
8. 67028 - Injection of drug into eye	13	1.9	\$91
9. 81001 - Manual urinalysis test with examination using microscope, automated	12	1.7	\$3
10. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	12	1.7	\$7
11. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	12	1.7	\$78
12. G0008 - Administration of influenza virus vaccine	11	1.6	\$16
Total	697	100.0	\$98

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Tennessee, 56 Hospices

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	2,451	5.6	\$73
2. 71045 - X-ray of chest, 1 view	1,871	4.2	\$8
3. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	1,722	3.9	\$56
4. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	1,633	3.7	\$47
5. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	1,243	2.8	\$77
6. Q0092 - Set-up portable x-ray equipment	1,191	2.7	\$20
7. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	1,126	2.6	\$164
8. 99214 - Established patient office or other outpatient visit, 30-39 minutes	1,125	2.6	\$89
9. R0070 - Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen	1,075	2.4	\$122
10. 99285 - Emergency department visit for life threatening or functioning severity	909	2.1	\$139
11. 99213 - Established patient office or other outpatient visit, 20-29 minutes	908	2.1	\$63
12. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	906	2.1	\$62
13. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	857	1.9	\$335
14. 99223 - Initial hospital inpatient care per day, typically 70 minutes	636	1.4	\$147
15. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	594	1.3	\$6
16. 70450 - CT scan head or brain without contrast	524	1.2	\$31
17. 73502 - X-ray of hip, 2-3 views	459	1.0	\$16
18. 36415 - Insertion of needle into vein for collection of blood sample	442	1.0	\$3
19. 99350 - Established patient home visit, typically 1 hour	440	1.0	\$118
20. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	438	1.0	\$277
Total	44,028	100.0	\$79

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Texas, 781 Hospices

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	16,313	6.3	\$62
2. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	12,823	5.0	\$57
3. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	9,968	3.9	\$81
4. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	9,346	3.6	\$165
5. 99214 - Established patient office or other outpatient visit, 30-39 minutes	9,035	3.5	\$94
6. 99213 - Established patient office or other outpatient visit, 20-29 minutes	6,310	2.4	\$65
7. 71045 - X-ray of chest, 1 view	5,758	2.2	\$8
8. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	4,621	1.8	\$7
9. 99285 - Emergency department visit for life threatening or functioning severity	4,524	1.8	\$145
10. 99223 - Initial hospital inpatient care per day, typically 70 minutes	4,338	1.7	\$155
11. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	4,282	1.7	\$360
12. 99349 - Established patient home visit, typically 40 minutes	3,456	1.3	\$90
13. 11721 - Removal of fingernails or toenails, 6 or more nails	2,878	1.1	\$35
14. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	2,729	1.1	\$303
15. 70450 - CT scan head or brain without contrast	2,679	1.0	\$33
16. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	2,564	1.0	\$66
17. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	2,534	1.0	\$50
18. 99348 - Established patient home visit, typically 25 minutes	2,480	1.0	\$64
19. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	2,397	0.9	\$93
20. 11042 - Removal of skin and tissue, 20.0 sq cm or less	2,313	0.9	\$93
Total	257,958	100.0	\$109

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Utah, 81 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 11721 - Removal of fingernails or toenails, 6 or more nails	600	4.3	\$33
2. G0182 - Physician supervision of a patient under a medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more	528	3.8	\$70
3. 99213 - Established patient office or other outpatient visit, 20-29 minutes	508	3.6	\$65
4. 99214 - Established patient office or other outpatient visit, 30-39 minutes	502	3.6	\$90
5. 99497 - Advance care planning, first 30 minutes	498	3.6	\$57
6. 99212 - Established patient office or other outpatient visit, 10-19 minutes	481	3.4	\$41
7. A0425 - Ground mileage, per statute mile	305	2.2	\$46
9. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	243	1.7	\$27
8. 92134 - Imaging of retina	243	1.7	\$29
10. 99349 - Established patient home visit, typically 40 minutes	214	1.5	\$85
11. 97112 - Therapy procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes	203	1.5	\$27
12. 97140 - Therapy procedure using manual technique, each 15 minutes	198	1.4	\$18
13. 99348 - Established patient home visit, typically 25 minutes	194	1.4	\$61
14. 67028 - Injection of drug into eye	190	1.4	\$95
15. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	152	1.1	\$54
16. 99350 - Established patient home visit, typically 1 hour	152	1.1	\$117
17. 11056 - Removal of noncancer thickened skin growth, 2-4 growths	146	1.0	\$56
18. 99285 - Emergency department visit for life threatening or functioning severity	143	1.0	\$139
19. 92014 - Established patient complete exam of visual system	136	1.0	\$90
20. G0008 - Administration of influenza virus vaccine	132	0.9	\$15
Total	13,946	100.0	\$90

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Virginia, 108 Hospices

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	2,377	6.1	\$70
2. 99214 - Established patient office or other outpatient visit, 30-39 minutes	1,861	4.8	\$95
3. 99213 - Established patient office or other outpatient visit, 20-29 minutes	1,314	3.4	\$67
4. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	1,226	3.2	\$57
5. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	1,212	3.1	\$167
6. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	1,104	2.8	\$66
7. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	957	2.5	\$81
8. 71045 - X-ray of chest, 1 view	812	2.1	\$8
9. 99285 - Emergency department visit for life threatening or functioning severity	771	2.0	\$146
10. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	750	1.9	\$52
11. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	628	1.6	\$305
12. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	605	1.6	\$7
13. 99223 - Initial hospital inpatient care per day, typically 70 minutes	565	1.5	\$158
14. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	540	1.4	\$367
15. 99349 - Established patient home visit, typically 40 minutes	536	1.4	\$93
16. 36415 - Insertion of needle into vein for collection of blood sample	448	1.2	\$3
17. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	426	1.1	\$94
18. G0008 - Administration of influenza virus vaccine	423	1.1	\$15
19. 70450 - CT scan head or brain without contrast	397	1.0	\$33
20. 99239 - Hospital discharge day management, more than 30 minutes	376	1.0	\$84
Total	38,917	100.0	\$96

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Virgin Islands, 3 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	30	13.5	\$62
2. 71045 - X-ray of chest, 1 view	13	5.8	\$8
3. 36415 - Insertion of needle into vein for collection of blood sample	12	5.4	\$3
4. 99214 - Established patient office or other outpatient visit, 30-39 minutes	11	4.9	\$94
Total	223	100.0	\$58

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Vermont, 10 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99214 - Established patient office or other outpatient visit, 30-39 minutes	141	7.6	\$80
2. 90837 - Psychotherapy, 1 hour	104	5.6	\$107
3. A0425 - Ground mileage, per statute mile	95	5.1	\$120
4. 99213 - Established patient office or other outpatient visit, 20-29 minutes	85	4.6	\$60
5. 90834 - Psychotherapy, 45 minutes	60	3.2	\$77
6. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	55	3.0	\$61
7. 99215 - Established patient office or other outpatient visit, 40-54 minutes	46	2.5	\$117
8. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	45	2.4	\$7
9. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	44	2.4	\$48
10. 99350 - Established patient home visit, typically 1 hour	39	2.1	\$136
11. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	37	2.0	\$307
12. 99443 - Telephone medical discussion with physician, 21-30 minutes	36	1.9	\$82
13. 99284 - Emergency department visit for problem of high severity	34	1.8	\$95
14. 99349 - Established patient home visit, typically 40 minutes	31	1.7	\$92
15. 99442 - Telephone medical discussion with physician, 11-20 minutes	29	1.6	\$57
16. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	29	1.6	\$183
17. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	28	1.5	\$360
18. 71045 - X-ray of chest, 1 view	26	1.4	\$7
19. G0008 - Administration of influenza virus vaccine	26	1.4	\$16
20. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	24	1.3	\$55
Total	1,856	100.0	\$89

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Washington, 36 Hospices

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	1,149	8.8	\$96
2. 99214 - Established patient office or other outpatient visit, 30-39 minutes	587	4.5	\$95
3. A0425 - Ground mileage, per statute mile	467	3.6	\$59
4. 99213 - Established patient office or other outpatient visit, 20-29 minutes	393	3.0	\$68
5. 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	351	2.7	\$76
6. 99490 - Chronic care management services, first 20 minutes of clinical staff time directed by health care professional, per calendar month	348	2.7	\$37
7. 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	324	2.5	\$25
8. 11721 - Removal of fingernails or toenails, 6 or more nails	279	2.1	\$38
9. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	270	2.1	\$58
10. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	258	2.0	\$68
12. G0182 - Physician supervision of a patient under a medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more	211	1.6	\$81
11. 99285 - Emergency department visit for life threatening or functioning severity	211	1.6	\$149
13. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	199	1.5	\$323
14. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	168	1.3	\$189
15. 99439 - Chronic care management services for two or more chronic conditions, additional 20 minutes of clinical staff time directed by health care professional, per calendar month	165	1.3	\$55
16. G0008 - Administration of influenza virus vaccine	165	1.3	\$17
17. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	160	1.2	\$7
18. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	158	1.2	\$82
19. G0180 - Physician or allowed practitioner certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians and allowed practitioners to affirm the initial implementation of the plan of care	155	1.2	\$44

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
20. 92134 - Imaging of retina	154	1.2	\$32
Total	13,121	100.0	\$95

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Wisconsin, 78 Hospices

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	691	4.9	\$54
2. 99214 - Established patient office or other outpatient visit, 30-39 minutes	609	4.3	\$89
3. 99213 - Established patient office or other outpatient visit, 20-29 minutes	519	3.7	\$62
4. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	395	2.8	\$63
5. 36415 - Insertion of needle into vein for collection of blood sample	391	2.8	\$3
6. 11721 - Removal of fingernails or toenails, 6 or more nails	341	2.4	\$33
7. 93793 - Anticoagulant management of patient taking warfarin	306	2.2	\$9
8. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	301	2.1	\$178
9. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	252	1.8	\$6
10. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	235	1.7	\$290
11. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	219	1.6	\$54
12. 99285 - Emergency department visit for life threatening or functioning severity	209	1.5	\$141
13. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	207	1.5	\$49
14. 85610 - Blood test, clotting time	185	1.3	\$4
15. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	183	1.3	\$78
16. G0008 - Administration of influenza virus vaccine	171	1.2	\$16
17. 71045 - X-ray of chest, 1 view	169	1.2	\$7
18. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	166	1.2	\$95
19. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	156	1.1	\$350
20. 99215 - Established patient office or other outpatient visit, 40-54 minutes	149	1.1	\$118
Total	14,024	100.0	\$77

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - West Virginia, 18 Hospices

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	1,170	9.3	\$104
2. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	971	7.7	\$55
3. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	552	4.4	\$169
4. 99214 - Established patient office or other outpatient visit, 30-39 minutes	514	4.1	\$83
5. 99213 - Established patient office or other outpatient visit, 20-29 minutes	454	3.6	\$59
6. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	449	3.6	\$80
7. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	423	3.4	\$7
8. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	368	2.9	\$278
9. 71045 - X-ray of chest, 1 view	343	2.7	\$7
10. 99285 - Emergency department visit for life threatening or functioning severity	316	2.5	\$144
11. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	256	2.0	\$332
12. 99223 - Initial hospital inpatient care per day, typically 70 minutes	255	2.0	\$152
13. 99222 - Initial hospital inpatient care per day, typically 50 minutes	206	1.6	\$102
14. 99231 - Follow-up hospital inpatient care per day, typically 15 minutes	159	1.3	\$29
16. 99284 - Emergency department visit for problem of high severity	153	1.2	\$97
15. 99239 - Hospital discharge day management, more than 30 minutes	153	1.2	\$82
17. 70450 - CT scan head or brain without contrast	131	1.0	\$32
18. G0249 - Provision of test materials and equipment for home inr monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests	122	1.0	\$59
19. 99291 - Critical care, first 30-74 minutes	121	1.0	\$173
20. 99238 - Hospital discharge day management, 30 minutes or less	119	0.9	\$54
Total	12,556	100.0	\$93

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023

Top Medicare Part B Services for Beneficiaries Residing at Home, Hospice Episodes Ending During FY 2022 - Wyoming, 18 Hospices

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
1. 99214 - Established patient office or other outpatient visit, 30-39 minutes	23	4.6	\$93
2. 99213 - Established patient office or other outpatient visit, 20-29 minutes	20	4.0	\$66
3. 99348 - Established patient home visit, typically 25 minutes	19	3.8	\$62
4. 49083 - Drainage of fluid from abdominal cavity using imaging guidance	18	3.6	\$83
5. G0249 - Provision of test materials and equipment for home inr monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests	15	3.0	\$60
6. A0425 - Ground mileage, per statute mile	14	2.8	\$155
7. 99349 - Established patient home visit, typically 40 minutes	13	2.6	\$98
8. 92014 - Established patient complete exam of visual system	12	2.4	\$95
9. J0178 - Injection, aflibercept, 1 mg	12	2.4	\$1,582
10. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	11	2.2	\$9
Total	501	100.0	\$141

Notes:

1. Medicare Part B services were counted only if the payment amount was greater than zero dollars.
2. The Place of Service was determined using the last claim in the hospice episode.
3. Statistics are only displayed when there are 3 or more hospices in the state and the count of claims is 11 or greater.
4. Source: Medicare Fee-for-Service Claims, Date prepared: 20APR2023