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# Hospice State-Level Top Medicare Part B Services, ALF, NF, SNF

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**Top Medicare Part B Services for Beneficiaries Residing in ALF, NF, or SNF,  
Hospice Episodes Ending During FY 2022 - Alaska, 5 Hospices**

<b>Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description</b>	<b>Count of Claims</b>	<b>Percent of Total</b>	<b>Average Medicare Payment</b>
1. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	20	11.0	\$79
2. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	18	9.9	\$113
3. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	11	6.1	\$126
<b>Total</b>	<b>181</b>	<b>100.0</b>	<b>\$89</b>

**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 in ALF, NF, or SNF, 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. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	6,738	11.2	\$49
2. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	5,197	8.7	\$62
3. 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	4,581	7.6	\$80
4. U0005 - Infectious agent detection by nucleic acid (dna or rna); severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), amplified probe technique, cdc or non-cdc, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (list separately in addition to either hcpcs code u0003 or u0004) as described by cms-2020-01-r2	3,512	5.9	\$25
5. A0425 - Ground mileage, per statute mile	2,319	3.9	\$66
6. 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	2,122	3.5	\$47
7. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	2,080	3.5	\$32
8. 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	1,887	3.1	\$25
9. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	1,394	2.3	\$165
10. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	1,200	2.0	\$57
11. 71045 - X-ray of chest, 1 view	1,188	2.0	\$9
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	1,181	2.0	\$90
13. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	842	1.4	\$97
14. 11721 - Removal of fingernails or toenails, 6 or more nails	758	1.3	\$33
15. 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)	739	1.2	\$5
16. 85025 - Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	688	1.1	\$8
17. Q0092 - Set-up portable x-ray equipment	688	1.1	\$20
18. 80053 - Blood test, comprehensive group of blood chemicals	659	1.1	\$11
19. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	656	1.1	\$81
20. R0070 - Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen	492	0.8	\$120
<b>Total</b>	<b>60,005</b>	<b>100.0</b>	<b>\$63</b>

### 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 in ALF, NF, or SNF, 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. 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	4,848	12.8	\$25
2. 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	4,076	10.8	\$76
3. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	2,561	6.8	\$48
4. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	2,045	5.4	\$60
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	1,557	4.1	\$83
6. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	825	2.2	\$31
7. A0425 - Ground mileage, per statute mile	818	2.2	\$84
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	731	1.9	\$12
9. Q0092 - Set-up portable x-ray equipment	671	1.8	\$21
10. 36415 - Insertion of needle into vein for collection of blood sample	660	1.7	\$3
11. 85025 - Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	624	1.7	\$8
12. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	586	1.6	\$54
13. 71045 - X-ray of chest, 1 view	568	1.5	\$8
14. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	523	1.4	\$68
15. R0070 - Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen	504	1.3	\$156
16. 80053 - Blood test, comprehensive group of blood chemicals	468	1.2	\$11
17. 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)	461	1.2	\$5
18. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	446	1.2	\$88
19. 71046 - X-ray of chest, 2 views	323	0.9	\$11
20. 87086 - Bacterial colony count, urine	310	0.8	\$8
<b>Total</b>	<b>37,789</b>	<b>100.0</b>	<b>\$54</b>

### 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 in ALF, NF, or SNF, 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. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	7,822	8.6	\$93
2. 11721 - Removal of fingernails or toenails, 6 or more nails	3,664	4.0	\$35
3. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	3,597	4.0	\$69
4. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	3,513	3.9	\$65
5. 99337 - Established patient custodial care facility, group care, or assisted living visit, typically 1 hour	3,175	3.5	\$139
6. 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	3,034	3.3	\$79
7. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	2,636	2.9	\$50
8. 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	2,498	2.8	\$25
9. 36415 - Insertion of needle into vein for collection of blood sample	2,115	2.3	\$3
10. 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	1,523	1.7	\$15
11. 11720 - Removal of fingernails or toenails, 1-5 nails	1,322	1.5	\$25
12. A0425 - Ground mileage, per statute mile	1,276	1.4	\$38
13. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	1,192	1.3	\$80
14. 85025 - Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	1,126	1.2	\$8
15. 99334 - Established patient custodial care facility, group care, or assisted living visit, typically 15 minutes	1,114	1.2	\$44
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	1,110	1.2	\$77
17. Q0092 - Set-up portable x-ray equipment	1,077	1.2	\$21
18. 80053 - Blood test, comprehensive group of blood chemicals	1,025	1.1	\$11
19. R0070 - Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen	1,011	1.1	\$148

### 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. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	902	1.0	\$100
<b>Total</b>	<b>90,781</b>	<b>100.0</b>	<b>\$71</b>

**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 in ALF, NF, or SNF, 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. 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	42,660	12.8	\$77
2. 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	38,014	11.4	\$25
3. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	15,203	4.6	\$56
4. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	11,760	3.5	\$74
5. G2023 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source	10,431	3.1	\$23
6. 11042 - Removal of skin and tissue, 20.0 sq cm or less	9,032	2.7	\$101
7. 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	8,803	2.6	\$77
8. 11721 - Removal of fingernails or toenails, 6 or more nails	8,615	2.6	\$37
9. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	8,044	2.4	\$75
10. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	7,934	2.4	\$35
11. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	7,376	2.2	\$107
12. 11043 - Removal of muscle and/or tissue, 20.0 sq cm or less	6,938	2.1	\$179
13. 97112 - Therapy procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes	6,788	2.0	\$39
14. 99348 - Established patient home visit, typically 25 minutes	6,190	1.9	\$69
15. 97530 - Therapy procedure using functional activities	5,582	1.7	\$50
16. G2024 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) from an individual in a snf or by a laboratory on behalf of a hha, any specimen source	4,575	1.4	\$25
17. 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	4,288	1.3	\$90
18. 97535 - Training for self-care or home management, each 15 minutes	4,175	1.2	\$54

**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

<b>Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description</b>	<b>Count of Claims</b>	<b>Percent of Total</b>	<b>Average Medicare Payment</b>
19. 11720 - Removal of fingernails or toenails, 1-5 nails	4,172	1.2	\$27
20. A0425 - Ground mileage, per statute mile	4,091	1.2	\$39
<b>Total</b>	<b>334,116</b>	<b>100.0</b>	<b>\$83</b>

**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 in ALF, NF, or SNF,  
Hospice Episodes Ending During FY 2022 - Colorado, 73 Hospices**

<b>Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description</b>	<b>Count of Claims</b>	<b>Percent of Total</b>	<b>Average Medicare Payment</b>
1. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	8,888	14.9	\$68
2. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	5,920	9.9	\$92
3. 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	3,717	6.2	\$77
4. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	3,540	5.9	\$65
5. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	3,526	5.9	\$52
6. 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	2,874	4.8	\$25
7. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	1,736	2.9	\$99
8. 99337 - Established patient custodial care facility, group care, or assisted living visit, typically 1 hour	1,203	2.0	\$133
9. G0127 - Trimming of dystrophic nails, any number	1,134	1.9	\$15
10. 99334 - Established patient custodial care facility, group care, or assisted living visit, typically 15 minutes	1,097	1.8	\$44
11. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	838	1.4	\$35
12. A0425 - Ground mileage, per statute mile	770	1.3	\$37
13. 11720 - Removal of fingernails or toenails, 1-5 nails	749	1.3	\$25
14. 11042 - Removal of skin and tissue, 20.0 sq cm or less	734	1.2	\$94
15. 11043 - Removal of muscle and/or tissue, 20.0 sq cm or less	697	1.2	\$184
16. 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	675	1.1	\$76
17. 11721 - Removal of fingernails or toenails, 6 or more nails	668	1.1	\$35
18. G2023 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source	628	1.1	\$23
19. 99441 - Telephone medical discussion with physician, 5-10 minutes	576	1.0	\$36
20. 11056 - Removal of noncancer thickened skin growth, 2-4 growths	496	0.8	\$59
<b>Total</b>	<b>59,592</b>	<b>100.0</b>	<b>\$73</b>

**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 in ALF, NF, or SNF, 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. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	12,448	22.8	\$53
2. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	10,291	18.9	\$68
3. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	2,243	4.1	\$35
4. 90832 - Psychotherapy, 30 minutes	1,816	3.3	\$53
5. 11721 - Removal of fingernails or toenails, 6 or more nails	1,669	3.1	\$39
6. 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	1,525	2.8	\$25
7. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	1,289	2.4	\$101
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	1,285	2.4	\$78
9. G0127 - Trimming of dystrophic nails, any number	1,114	2.0	\$18
10. 11720 - Removal of fingernails or toenails, 1-5 nails	882	1.6	\$29
11. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	766	1.4	\$98
12. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	635	1.2	\$72
13. 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	622	1.1	\$79
14. 11056 - Removal of noncancer thickened skin growth, 2-4 growths	618	1.1	\$70
15. A0425 - Ground mileage, per statute mile	589	1.1	\$39
16. 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)	508	0.9	\$5
17. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	490	0.9	\$31
18. 97530 - Therapy procedure using functional activities	473	0.9	\$48
19. 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	465	0.9	\$36
20. 11055 - Removal of noncancer thickened skin growth, 1 growth	442	0.8	\$61
<b>Total</b>	<b>54,561</b>	<b>100.0</b>	<b>\$60</b>

### 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 in ALF, NF, or SNF, 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. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	364	15.8	\$57
2. 97530 - Therapy procedure using functional activities	273	11.9	\$79
3. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	175	7.6	\$72
4. 92507 - Treatment of speech, language, voice, communication, and/or hearing processing disorder	114	5.0	\$70
5. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	93	4.0	\$32
6. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	72	3.1	\$114
7. 99334 - Established patient custodial care facility, group care, or assisted living visit, typically 15 minutes	57	2.5	\$52
8. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	55	2.4	\$38
9. 97535 - Training for self-care or home management, each 15 minutes	50	2.2	\$48
10. 11721 - Removal of fingernails or toenails, 6 or more nails	49	2.1	\$41
11. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	47	2.0	\$84
12. G0471 - Collection of venous blood by venipuncture or urine sample by catheterization from an individual in a skilled nursing facility (snf) or by a laboratory on behalf of a home health agency (hha)	43	1.9	\$5
14. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	37	1.6	\$109
13. 90834 - Psychotherapy, 45 minutes	37	1.6	\$61
15. 11056 - Removal of noncancer thickened skin growth, 2-4 growths	28	1.2	\$70
16. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	24	1.0	\$65
17. 97112 - Therapy procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes	22	1.0	\$34
18. 85025 - Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	21	0.9	\$8
20. A0425 - Ground mileage, per statute mile	20	0.9	\$25
19. 99348 - Established patient home visit, typically 25 minutes	20	0.9	\$69
<b>Total</b>	<b>2,300</b>	<b>100.0</b>	<b>\$67</b>

**Notes:**

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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 in ALF, NF, or SNF, 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. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	3,451	13.6	\$66
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	2,369	9.3	\$77
3. U0005 - Infectious agent detection by nucleic acid (dna or rna); severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), amplified probe technique, cdc or non-cdc, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (list separately in addition to either hcpcs code u0003 or u0004) as described by cms-2020-01-r2	2,151	8.5	\$25
4. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	1,701	6.7	\$50
5. 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	1,028	4.0	\$6
6. U0004 - 2019-ncov coronavirus, sars-cov-2/2019-ncov (covid-19), any technique, multiple types or subtypes (includes all targets), non-cdc, making use of high throughput technologies as described by cms-2020-01-r	1,002	3.9	\$79
7. 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	677	2.7	\$25
8. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	631	2.5	\$32
9. 97530 - Therapy procedure using functional activities	607	2.4	\$42
10. G2023 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source	607	2.4	\$23
11. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	532	2.1	\$103
12. G0471 - Collection of venous blood by venipuncture or urine sample by catheterization from an individual in a skilled nursing facility (snf) or by a laboratory on behalf of a home health agency (hha)	487	1.9	\$5
13. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	370	1.5	\$95
14. 11721 - Removal of fingernails or toenails, 6 or more nails	366	1.4	\$35
15. 85610 - Blood test, clotting time	354	1.4	\$4
16. 36415 - Insertion of needle into vein for collection of blood sample	346	1.4	\$3
17. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	301	1.2	\$71
18. A0425 - Ground mileage, per statute mile	222	0.9	\$47
20. 97535 - Training for self-care or home management, each 15 minutes	209	0.8	\$35

**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
19. 97112 - Therapy procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes	209	0.8	\$29
<b>Total</b>	<b>25,452</b>	<b>100.0</b>	<b>\$55</b>

**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 in ALF, NF, or SNF, 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. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	44,550	8.7	\$52
2. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	36,056	7.0	\$68
3. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	22,575	4.4	\$96
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	22,157	4.3	\$79
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	21,178	4.1	\$25
6. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	19,219	3.8	\$70
7. 11721 - Removal of fingernails or toenails, 6 or more nails	12,623	2.5	\$34
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	12,356	2.4	\$14
9. G0471 - Collection of venous blood by venipuncture or urine sample by catheterization from an individual in a skilled nursing facility (snf) or by a laboratory on behalf of a home health agency (hha)	12,228	2.4	\$5
10. 85025 - Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	9,670	1.9	\$8
11. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	8,836	1.7	\$34
12. 11042 - Removal of skin and tissue, 20.0 sq cm or less	8,702	1.7	\$76
13. 80053 - Blood test, comprehensive group of blood chemicals	8,269	1.6	\$11
14. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	7,755	1.5	\$59
15. 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	7,130	1.4	\$78
16. 11043 - Removal of muscle and/or tissue, 20.0 sq cm or less	7,072	1.4	\$172
17. 99334 - Established patient custodial care facility, group care, or assisted living visit, typically 15 minutes	6,754	1.3	\$46
18. A0425 - Ground mileage, per statute mile	6,413	1.3	\$35
19. 36415 - Insertion of needle into vein for collection of blood sample	6,190	1.2	\$3

**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. 99337 - Established patient custodial care facility, group care, or assisted living visit, typically 1 hour	5,708	1.1	\$129
<b>Total</b>	<b>512,056</b>	<b>100.0</b>	<b>\$60</b>

**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 in ALF, NF, or SNF, 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. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	9,976	8.4	\$49
2. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	9,555	8.1	\$64
3. 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	6,250	5.3	\$80
4. 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	5,375	4.5	\$25
5. 97530 - Therapy procedure using functional activities	3,401	2.9	\$45
6. A0425 - Ground mileage, per statute mile	3,360	2.8	\$59
7. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	3,197	2.7	\$95
8. 11721 - Removal of fingernails or toenails, 6 or more nails	3,150	2.7	\$33
9. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	2,915	2.5	\$31
10. 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)	2,128	1.8	\$5
11. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	2,095	1.8	\$32
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	1,936	1.6	\$80
13. P9603 - Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated miles actually travelled	1,890	1.6	\$24
14. 11043 - Removal of muscle and/or tissue, 20.0 sq cm or less	1,742	1.5	\$169
15. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	1,691	1.4	\$172
16. 11042 - Removal of skin and tissue, 20.0 sq cm or less	1,537	1.3	\$71
17. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	1,515	1.3	\$67
18. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	1,480	1.2	\$56
19. 97116 - Therapy procedure for walking training, each 15 minutes	1,209	1.0	\$26
20. 71045 - X-ray of chest, 1 view	1,139	1.0	\$8
<b>Total</b>	<b>118,567</b>	<b>100.0</b>	<b>\$64</b>

**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 in ALF, NF, or SNF, 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. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	950	21.0	\$36
2. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	681	15.0	\$56
3. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	443	9.8	\$74
4. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	417	9.2	\$110
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	237	5.2	\$78
6. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	154	3.4	\$104
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	143	3.2	\$25
8. 11721 - Removal of fingernails or toenails, 6 or more nails	126	2.8	\$35
9. 11042 - Removal of skin and tissue, 20.0 sq cm or less	106	2.3	\$92
10. 99304 - Initial nursing facility visit per day, typically 25 minutes	98	2.2	\$74
11. 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	62	1.4	\$43
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	61	1.3	\$89
13. 99305 - Initial nursing facility visit per day, typically 35 minutes	49	1.1	\$104
14. 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	46	1.0	\$32
15. 99306 - Initial nursing facility visit per day, typically 45 minutes	45	1.0	\$137
16. 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	44	1.0	\$23
17. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	39	0.9	\$83
18. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	36	0.8	\$59

**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

<b>Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description</b>	<b>Count of Claims</b>	<b>Percent of Total</b>	<b>Average Medicare Payment</b>
19. 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	30	0.7	\$35
20. Q0092 - Set-up portable x-ray equipment	29	0.6	\$24
<b>Total</b>	<b>4,531</b>	<b>100.0</b>	<b>\$66</b>

**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 in ALF, NF, or SNF, 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. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	5,454	15.2	\$59
2. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	4,502	12.5	\$46
3. U0003 - Infectious agent detection by nucleic acid (dna or rna); severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), amplified probe technique, making use of high throughput technologies as described by cms-2020-01-r	1,668	4.6	\$76
4. 11721 - Removal of fingernails or toenails, 6 or more nails	1,637	4.6	\$32
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	1,601	4.5	\$25
6. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	1,249	3.5	\$87
7. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	1,010	2.8	\$31
8. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	938	2.6	\$87
9. 99214 - Established patient office or other outpatient visit, 30-39 minutes	743	2.1	\$84
10. A0425 - Ground mileage, per statute mile	494	1.4	\$62
11. 11720 - Removal of fingernails or toenails, 1-5 nails	478	1.3	\$22
12. 99213 - Established patient office or other outpatient visit, 20-29 minutes	433	1.2	\$59
13. 90832 - Psychotherapy, 30 minutes	393	1.1	\$47
14. G2023 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source	372	1.0	\$23
15. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	367	1.0	\$54
16. 99305 - Initial nursing facility visit per day, typically 35 minutes	363	1.0	\$90
17. G0008 - Administration of influenza virus vaccine	352	1.0	\$16
18. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	346	1.0	\$62
19. 0003A - 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; third dose	336	0.9	\$37
20. 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	336	0.9	\$37
<b>Total</b>	<b>35,942</b>	<b>100.0</b>	<b>\$60</b>

**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 in ALF, NF, or SNF, 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. 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	2,326	13.9	\$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	1,830	10.9	\$25
3. 97530 - Therapy procedure using functional activities	663	4.0	\$47
4. 11721 - Removal of fingernails or toenails, 6 or more nails	452	2.7	\$31
5. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	375	2.2	\$61
6. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	357	2.1	\$25
7. 11720 - Removal of fingernails or toenails, 1-5 nails	316	1.9	\$23
8. G2023 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source	298	1.8	\$23
9. A0425 - Ground mileage, per statute mile	279	1.7	\$31
10. 87798 - Detection test by nucleic acid for organism, amplified probe technique	269	1.6	\$437
11. 87640 - Detection test by nucleic acid for Staphylococcus aureus (bacteria), amplified probe technique	254	1.5	\$35
12. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	203	1.2	\$86
13. G0127 - Trimming of dystrophic nails, any number	202	1.2	\$15
14. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	200	1.2	\$60
15. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	182	1.1	\$45
16. 87486 - Detection test by nucleic acid for Chlamydia pneumoniae, amplified probe technique	176	1.1	\$35
17. G0008 - Administration of influenza virus vaccine	176	1.1	\$15
18. 87541 - Detection test by nucleic acid for legionella pneumophila (water borne bacteria), amplified probe technique	175	1.0	\$35
19. 87498 - Detection test by nucleic acid for enterovirus (intestinal virus), amplified probe technique	168	1.0	\$35
20. 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	167	1.0	\$76
<b>Total</b>	<b>16,748</b>	<b>100.0</b>	<b>\$64</b>

**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 in ALF, NF, or SNF, 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	35,576	15.3	\$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	26,773	11.5	\$77
3. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	20,514	8.8	\$54
4. 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	20,224	8.7	\$76
5. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	14,705	6.3	\$68
6. G2023 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source	14,304	6.2	\$23
7. 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	5,999	2.6	\$25
8. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	5,043	2.2	\$35
9. 11721 - Removal of fingernails or toenails, 6 or more nails	4,407	1.9	\$35
10. 11042 - Removal of skin and tissue, 20.0 sq cm or less	3,197	1.4	\$83
11. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	3,032	1.3	\$72
12. G0127 - Trimming of dystrophic nails, any number	3,022	1.3	\$14
13. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	2,907	1.3	\$101
14. 11043 - Removal of muscle and/or tissue, 20.0 sq cm or less	2,761	1.2	\$179
15. A0425 - Ground mileage, per statute mile	2,746	1.2	\$37
16. 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	2,648	1.1	\$35
17. 11720 - Removal of fingernails or toenails, 1-5 nails	2,627	1.1	\$25
18. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	2,187	0.9	\$100
19. 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)	1,994	0.9	\$5

**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. 99334 - Established patient custodial care facility, group care, or assisted living visit, typically 15 minutes	1,727	0.7	\$48
<b>Total</b>	<b>231,864</b>	<b>100.0</b>	<b>\$57</b>

**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 in ALF, NF, or SNF, 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. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	14,203	13.6	\$61
2. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	12,833	12.3	\$47
3. 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	5,317	5.1	\$81
4. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	4,415	4.2	\$88
5. 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	4,407	4.2	\$25
6. 11721 - Removal of fingernails or toenails, 6 or more nails	2,900	2.8	\$33
7. G0127 - Trimming of dystrophic nails, any number	2,889	2.8	\$16
8. 11720 - Removal of fingernails or toenails, 1-5 nails	2,843	2.7	\$24
9. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	2,618	2.5	\$31
10. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	1,910	1.8	\$63
11. 90832 - Psychotherapy, 30 minutes	1,739	1.7	\$48
12. A0425 - Ground mileage, per statute mile	1,650	1.6	\$52
13. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	1,624	1.6	\$88
14. 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)	1,394	1.3	\$5
15. 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	1,295	1.2	\$78
16. 11042 - Removal of skin and tissue, 20.0 sq cm or less	1,198	1.1	\$90
17. 99337 - Established patient custodial care facility, group care, or assisted living visit, typically 1 hour	1,141	1.1	\$129
18. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	1,140	1.1	\$53
19. 99305 - Initial nursing facility visit per day, typically 35 minutes	1,024	1.0	\$92
20. 99490 - Chronic care management services, first 20 minutes of clinical staff time directed by health care professional, per calendar month	933	0.9	\$36
<b>Total</b>	<b>104,683</b>	<b>100.0</b>	<b>\$58</b>

**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 in ALF, NF, or SNF,  
Hospice Episodes Ending During FY 2022 - Kansas, 83 Hospices**

<b>Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description</b>	<b>Count of Claims</b>	<b>Percent of Total</b>	<b>Average Medicare Payment</b>
1. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	5,251	9.6	\$47
2. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	4,465	8.2	\$61
3. 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	3,650	6.7	\$78
4. 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	3,092	5.7	\$25
5. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	2,473	4.5	\$87
6. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	2,210	4.0	\$62
7. 11721 - Removal of fingernails or toenails, 6 or more nails	2,127	3.9	\$30
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	1,628	3.0	\$6
9. G0471 - Collection of venous blood by venipuncture or urine sample by catheterization from an individual in a skilled nursing facility (snf) or by a laboratory on behalf of a home health agency (hha)	1,305	2.4	\$5
10. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	992	1.8	\$89
11. 11720 - Removal of fingernails or toenails, 1-5 nails	768	1.4	\$22
12. A0425 - Ground mileage, per statute mile	711	1.3	\$60
13. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	706	1.3	\$32
14. 85610 - Blood test, clotting time	620	1.1	\$4
15. 81001 - Manual urinalysis test with examination using microscope, automated	565	1.0	\$3
16. 80053 - Blood test, comprehensive group of blood chemicals	560	1.0	\$11
17. 90832 - Psychotherapy, 30 minutes	516	0.9	\$48
18. 36415 - Insertion of needle into vein for collection of blood sample	490	0.9	\$3
19. 87086 - Bacterial colony count, urine	489	0.9	\$8
20. 85025 - Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	487	0.9	\$8
<b>Total</b>	<b>54,707</b>	<b>100.0</b>	<b>\$55</b>

**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 in ALF, NF, or SNF, 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. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	4,667	16.9	\$48
2. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	4,067	14.7	\$63
3. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	984	3.6	\$30
4. U0005 - Infectious agent detection by nucleic acid (dna or rna); severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), amplified probe technique, cdc or non-cdc, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (list separately in addition to either hcpcs code u0003 or u0004) as described by cms-2020-01-r2	754	2.7	\$25
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	744	2.7	\$78
6. 11721 - Removal of fingernails or toenails, 6 or more nails	703	2.5	\$32
7. 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)	683	2.5	\$5
8. A0425 - Ground mileage, per statute mile	565	2.0	\$53
9. 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	497	1.8	\$9
10. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	459	1.7	\$89
11. 11042 - Removal of skin and tissue, 20.0 sq cm or less	454	1.6	\$75
12. 90832 - Psychotherapy, 30 minutes	415	1.5	\$47
13. 11043 - Removal of muscle and/or tissue, 20.0 sq cm or less	369	1.3	\$171
14. 11720 - Removal of fingernails or toenails, 1-5 nails	343	1.2	\$24
15. 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	339	1.2	\$25
16. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	309	1.1	\$88
17. 99305 - Initial nursing facility visit per day, typically 35 minutes	295	1.1	\$97
18. 85025 - Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	279	1.0	\$8
19. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	271	1.0	\$55
20. G0127 - Trimming of dystrophic nails, any number	254	0.9	\$15
<b>Total</b>	<b>27,646</b>	<b>100.0</b>	<b>\$58</b>

**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 in ALF, NF, or SNF, 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. 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	16,916	21.7	\$79
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	14,252	18.3	\$25
3. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	6,272	8.1	\$49
4. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	4,701	6.0	\$64
5. G2023 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source	3,183	4.1	\$23
6. A0425 - Ground mileage, per statute mile	1,972	2.5	\$56
7. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	1,045	1.3	\$162
8. 11721 - Removal of fingernails or toenails, 6 or more nails	992	1.3	\$27
9. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	986	1.3	\$56
10. 36415 - Insertion of needle into vein for collection of blood sample	934	1.2	\$3
11. 71045 - X-ray of chest, 1 view	872	1.1	\$9
12. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	837	1.1	\$32
13. Q0092 - Set-up portable x-ray equipment	681	0.9	\$21
14. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	669	0.9	\$96
15. 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	634	0.8	\$17
16. 11042 - Removal of skin and tissue, 20.0 sq cm or less	632	0.8	\$71
17. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	596	0.8	\$337
18. R0070 - Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen	503	0.6	\$139
19. 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	500	0.6	\$87
20. 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	474	0.6	\$22
<b>Total</b>	<b>77,906</b>	<b>100.0</b>	<b>\$60</b>

**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 in ALF, NF, or SNF, 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. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	19,752	15.5	\$53
2. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	17,148	13.5	\$69
3. 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	6,590	5.2	\$78
4. 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	4,604	3.6	\$25
5. 11721 - Removal of fingernails or toenails, 6 or more nails	3,654	2.9	\$37
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)	3,286	2.6	\$5
7. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	3,262	2.6	\$35
8. A0425 - Ground mileage, per statute mile	2,963	2.3	\$36
9. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	2,649	2.1	\$95
10. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	2,425	1.9	\$102
11. G0127 - Trimming of dystrophic nails, any number	2,310	1.8	\$18
12. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	2,282	1.8	\$68
13. P9603 - Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated miles actually travelled	2,010	1.6	\$7
14. 11720 - Removal of fingernails or toenails, 1-5 nails	1,948	1.5	\$28
15. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	1,760	1.4	\$190
16. 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	1,681	1.3	\$4
17. 11042 - Removal of skin and tissue, 20.0 sq cm or less	1,644	1.3	\$93
18. 11056 - Removal of noncancer thickened skin growth, 2-4 growths	1,635	1.3	\$61
19. 11043 - Removal of muscle and/or tissue, 20.0 sq cm or less	1,255	1.0	\$187
20. 85025 - Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	1,215	1.0	\$8
<b>Total</b>	<b>127,353</b>	<b>100.0</b>	<b>\$60</b>

**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 in ALF, NF, or SNF, 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. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	10,245	15.7	\$55
2. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	8,411	12.9	\$72
3. 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	5,437	8.3	\$25
4. 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	4,266	6.5	\$79
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	2,945	4.5	\$77
6. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	2,385	3.7	\$101
7. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	2,060	3.2	\$74
8. 11721 - Removal of fingernails or toenails, 6 or more nails	1,214	1.9	\$38
9. 99337 - Established patient custodial care facility, group care, or assisted living visit, typically 1 hour	1,212	1.9	\$147
10. 11720 - Removal of fingernails or toenails, 1-5 nails	1,111	1.7	\$29
11. 11043 - Removal of muscle and/or tissue, 20.0 sq cm or less	1,002	1.5	\$196
12. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	991	1.5	\$37
13. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	861	1.3	\$106
14. G0127 - Trimming of dystrophic nails, any number	838	1.3	\$20
15. 11042 - Removal of skin and tissue, 20.0 sq cm or less	812	1.2	\$90
16. 90832 - Psychotherapy, 30 minutes	680	1.0	\$55
17. 99334 - Established patient custodial care facility, group care, or assisted living visit, typically 15 minutes	628	1.0	\$49
18. A0425 - Ground mileage, per statute mile	607	0.9	\$41
19. 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)	607	0.9	\$5
20. 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	416	0.6	\$6
<b>Total</b>	<b>65,229</b>	<b>100.0</b>	<b>\$69</b>

**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 in ALF, NF, or SNF, 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. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	3,330	17.5	\$65
2. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	2,538	13.3	\$50
3. 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	1,508	7.9	\$77
4. 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	1,220	6.4	\$25
5. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	902	4.7	\$92
6. 36415 - Insertion of needle into vein for collection of blood sample	580	3.0	\$3
7. 11721 - Removal of fingernails or toenails, 6 or more nails	521	2.7	\$33
8. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	467	2.4	\$33
9. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	443	2.3	\$100
10. 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	432	2.3	\$4
11. A0425 - Ground mileage, per statute mile	425	2.2	\$50
12. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	332	1.7	\$70
13. 99214 - Established patient office or other outpatient visit, 30-39 minutes	260	1.4	\$79
14. 85610 - Blood test, clotting time	201	1.1	\$4
15. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	190	1.0	\$185
16. 99334 - Established patient custodial care facility, group care, or assisted living visit, typically 15 minutes	186	1.0	\$45
17. 80048 - Blood test, basic group of blood chemicals (Calcium, total)	178	0.9	\$8
18. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	162	0.8	\$287
19. 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	154	0.8	\$39
20. 81001 - Manual urinalysis test with examination using microscope, automated	143	0.7	\$3
<b>Total</b>	<b>19,081</b>	<b>100.0</b>	<b>\$58</b>

**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 in ALF, NF, or SNF, 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. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	19,889	14.3	\$50
2. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	14,720	10.6	\$65
3. 11721 - Removal of fingernails or toenails, 6 or more nails	7,681	5.5	\$34
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	6,665	4.8	\$83
5. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	6,210	4.5	\$89
6. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	4,690	3.4	\$69
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	4,208	3.0	\$25
8. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	4,012	2.9	\$32
9. A0425 - Ground mileage, per statute mile	3,300	2.4	\$55
10. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	2,157	1.6	\$97
11. 99334 - Established patient custodial care facility, group care, or assisted living visit, typically 15 minutes	1,935	1.4	\$45
12. 90832 - Psychotherapy, 30 minutes	1,855	1.3	\$48
13. 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	1,793	1.3	\$85
14. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	1,672	1.2	\$175
15. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	1,657	1.2	\$57
16. 90853 - Group psychotherapy	1,334	1.0	\$16
17. 11056 - Removal of noncancer thickened skin growth, 2-4 growths	1,278	0.9	\$60
18. 90785 - Psychiatric services complicated by communication factor	1,233	0.9	\$9
19. 99305 - Initial nursing facility visit per day, typically 35 minutes	1,170	0.8	\$99
20. 11720 - Removal of fingernails or toenails, 1-5 nails	1,156	0.8	\$25
<b>Total</b>	<b>139,091</b>	<b>100.0</b>	<b>\$66</b>

**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 in ALF, NF, or SNF, 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. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	7,603	12.1	\$92
2. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	5,128	8.2	\$64
3. 99337 - Established patient custodial care facility, group care, or assisted living visit, typically 1 hour	3,939	6.3	\$137
4. 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	3,678	5.9	\$78
5. 11721 - Removal of fingernails or toenails, 6 or more nails	3,597	5.7	\$35
6. 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	3,520	5.6	\$25
7. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	2,967	4.7	\$49
9. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	2,055	3.3	\$64
8. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	2,055	3.3	\$92
10. 99490 - Chronic care management services, first 20 minutes of clinical staff time directed by health care professional, per calendar month	1,181	1.9	\$33
11. G0127 - Trimming of dystrophic nails, any number	905	1.4	\$17
12. 11720 - Removal of fingernails or toenails, 1-5 nails	898	1.4	\$25
13. 0064A - Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mma-lnp, spike protein, preservative free, 50 mcg/0.25 ml dosage, booster dose	883	1.4	\$40
14. 99211 - Office or other outpatient visit for the evaluation and management of established patient that may not require presence of healthcare professional	845	1.3	\$23
15. 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	714	1.1	\$29
16. 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	690	1.1	\$19
17. 0013A - Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mma-lnp, spike protein, preservative free, 100 mcg/0.5 ml dosage; third dose	621	1.0	\$39
18. G0439 - Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit	548	0.9	\$117

**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
19. 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	536	0.9	\$75
20. 11055 - Removal of noncancer thickened skin growth, 1 growth	505	0.8	\$53
<b>Total</b>	<b>62,718</b>	<b>100.0</b>	<b>\$69</b>

**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 in ALF, NF, or SNF, 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. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	13,518	12.5	\$48
2. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	8,519	7.9	\$64
3. 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	8,254	7.7	\$78
4. 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	7,941	7.4	\$25
5. 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	3,020	2.8	\$10
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)	2,981	2.8	\$5
7. 11721 - Removal of fingernails or toenails, 6 or more nails	2,635	2.4	\$31
8. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	2,422	2.2	\$31
9. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	1,884	1.7	\$93
10. A0425 - Ground mileage, per statute mile	1,853	1.7	\$70
11. 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	1,839	1.7	\$79
12. 85025 - Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	1,352	1.3	\$8
13. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	1,281	1.2	\$66
14. 11720 - Removal of fingernails or toenails, 1-5 nails	1,231	1.1	\$23
15. 80053 - Blood test, comprehensive group of blood chemicals	1,230	1.1	\$11
16. 11042 - Removal of skin and tissue, 20.0 sq cm or less	1,204	1.1	\$89
17. 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	1,051	1.0	\$25
18. 90832 - Psychotherapy, 30 minutes	1,035	1.0	\$49
19. Q0092 - Set-up portable x-ray equipment	1,013	0.9	\$21
20. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	979	0.9	\$56
<b>Total</b>	<b>107,726</b>	<b>100.0</b>	<b>\$55</b>

**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 in ALF, NF, or SNF, 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. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	2,746	8.8	\$46
2. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	1,821	5.9	\$62
3. A0425 - Ground mileage, per statute mile	1,479	4.8	\$89
4. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	1,288	4.1	\$32
5. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	832	2.7	\$56
6. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	792	2.5	\$153
7. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	684	2.2	\$97
8. 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	670	2.2	\$25
9. 71045 - X-ray of chest, 1 view	643	2.1	\$10
10. 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	642	2.1	\$83
11. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	545	1.8	\$26
12. 97530 - Therapy procedure using functional activities	496	1.6	\$39
13. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	478	1.5	\$78
14. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	477	1.5	\$91
15. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	455	1.5	\$326
16. 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)	427	1.4	\$5
17. 97112 - Therapy procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes	420	1.4	\$26
18. 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	368	1.2	\$82
19. Q0092 - Set-up portable x-ray equipment	356	1.1	\$17
20. 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	345	1.1	\$21
<b>Total</b>	<b>31,085</b>	<b>100.0</b>	<b>\$74</b>

**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 in ALF, NF, or SNF, 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. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	181	6.2	\$65
2. 11721 - Removal of fingernails or toenails, 6 or more nails	147	5.0	\$34
3. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	123	4.2	\$92
4. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	118	4.0	\$52
5. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	110	3.7	\$92
6. A0425 - Ground mileage, per statute mile	96	3.3	\$57
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	94	3.2	\$77
8. 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	66	2.2	\$25
9. 99337 - Established patient custodial care facility, group care, or assisted living visit, typically 1 hour	61	2.1	\$123
10. 97530 - Therapy procedure using functional activities	58	2.0	\$57
12. G0008 - Administration of influenza virus vaccine	57	1.9	\$16
11. 99213 - Established patient office or other outpatient visit, 20-29 minutes	57	1.9	\$59
13. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	53	1.8	\$41
14. 99214 - Established patient office or other outpatient visit, 30-39 minutes	51	1.7	\$79
15. 92134 - Imaging of retina	49	1.7	\$33
16. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	47	1.6	\$63
17. 67028 - Injection of drug into eye	43	1.5	\$91
18. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	41	1.4	\$10
19. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	41	1.4	\$56
20. 0003A - 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; third dose	39	1.3	\$39
<b>Total</b>	<b>2,934</b>	<b>100.0</b>	<b>\$76</b>

**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 in ALF, NF, or SNF, 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. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	16,620	11.4	\$63
2. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	12,094	8.3	\$49
3. 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	12,087	8.3	\$79
4. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	11,084	7.6	\$90
5. 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	10,293	7.1	\$25
6. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	4,191	2.9	\$64
7. 99337 - Established patient custodial care facility, group care, or assisted living visit, typically 1 hour	3,379	2.3	\$132
8. A0425 - Ground mileage, per statute mile	3,222	2.2	\$53
9. 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	2,196	1.5	\$76
10. 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	2,108	1.4	\$25
11. 11043 - Removal of muscle and/or tissue, 20.0 sq cm or less	2,080	1.4	\$169
12. 36415 - Insertion of needle into vein for collection of blood sample	2,024	1.4	\$3
13. 11042 - Removal of skin and tissue, 20.0 sq cm or less	1,938	1.3	\$70
14. 11721 - Removal of fingernails or toenails, 6 or more nails	1,913	1.3	\$33
15. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	1,759	1.2	\$93
16. 90832 - Psychotherapy, 30 minutes	1,754	1.2	\$48
17. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	1,628	1.1	\$31
18. 11720 - Removal of fingernails or toenails, 1-5 nails	1,601	1.1	\$23
19. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	1,432	1.0	\$172
20. 99490 - Chronic care management services, first 20 minutes of clinical staff time directed by health care professional, per calendar month	1,396	1.0	\$35
<b>Total</b>	<b>145,404</b>	<b>100.0</b>	<b>\$64</b>

**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 in ALF, NF, or SNF, 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. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	678	17.9	\$64
2. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	435	11.5	\$49
3. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	370	9.8	\$41
4. 97530 - Therapy procedure using functional activities	115	3.0	\$42
5. 97116 - Therapy procedure for walking training, each 15 minutes	101	2.7	\$22
6. 97140 - Therapy procedure using manual technique, each 15 minutes	91	2.4	\$34
7. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	90	2.4	\$32
8. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	90	2.4	\$92
9. 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	80	2.1	\$38
10. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	67	1.8	\$61
11. 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	60	1.6	\$77
12. 36415 - Insertion of needle into vein for collection of blood sample	54	1.4	\$3
13. 0003A - 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; third dose	50	1.3	\$40
14. 0013A - 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, 100 mcg/0.5 ml dosage; third dose	49	1.3	\$39
15. G0008 - Administration of influenza virus vaccine	47	1.2	\$15
16. 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	42	1.1	\$17
17. 90834 - Psychotherapy, 45 minutes	42	1.1	\$60
18. 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	41	1.1	\$28
19. 80048 - Blood test, basic group of blood chemicals (Calcium, total)	38	1.0	\$8
20. 97112 - Therapy procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes	38	1.0	\$31
<b>Total</b>	<b>3,781</b>	<b>100.0</b>	<b>\$53</b>

**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 in ALF, NF, or SNF, 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. 82962 - Blood glucose (sugar) test performed by hand-held instrument	897	8.2	\$6
2. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	809	7.4	\$46
3. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	744	6.8	\$59
4. 11721 - Removal of fingernails or toenails, 6 or more nails	474	4.3	\$30
5. 99211 - Office or other outpatient visit for the evaluation and management of established patient that may not require presence of healthcare professional	421	3.8	\$21
6. 11720 - Removal of fingernails or toenails, 1-5 nails	307	2.8	\$23
7. G0127 - Trimming of dystrophic nails, any number	255	2.3	\$12
8. A0425 - Ground mileage, per statute mile	248	2.3	\$65
9. 99213 - Established patient office or other outpatient visit, 20-29 minutes	226	2.1	\$59
10. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	224	2.0	\$85
11. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	222	2.0	\$60
12. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	221	2.0	\$32
13. 99490 - Chronic care management services, first 20 minutes of clinical staff time directed by health care professional, per calendar month	214	2.0	\$34
14. 11055 - Removal of noncancer thickened skin growth, 1 growth	199	1.8	\$47
15. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	179	1.6	\$89
16. 99214 - Established patient office or other outpatient visit, 30-39 minutes	176	1.6	\$84
17. 99497 - Advance care planning, first 30 minutes	168	1.5	\$57
18. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	138	1.3	\$172
19. G0008 - Administration of influenza virus vaccine	122	1.1	\$16
20. 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	119	1.1	\$21
<b>Total</b>	<b>10,972</b>	<b>100.0</b>	<b>\$55</b>

**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 in ALF, NF, or SNF, 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. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	2,105	13.3	\$49
2. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	1,759	11.1	\$65
3. 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	1,252	7.9	\$78
4. 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	973	6.1	\$25
5. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	521	3.3	\$33
6. A0425 - Ground mileage, per statute mile	414	2.6	\$57
7. 11721 - Removal of fingernails or toenails, 6 or more nails	406	2.6	\$35
8. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	406	2.6	\$94
9. 99214 - Established patient office or other outpatient visit, 30-39 minutes	399	2.5	\$88
10. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	360	2.3	\$70
11. 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)	263	1.7	\$5
12. G0127 - Trimming of dystrophic nails, any number	240	1.5	\$19
13. P9603 - Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated miles actually travelled	228	1.4	\$7
14. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	181	1.1	\$197
15. 90832 - Psychotherapy, 30 minutes	178	1.1	\$55
16. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	161	1.0	\$56
17. 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	156	1.0	\$40
18. 99337 - Established patient custodial care facility, group care, or assisted living visit, typically 1 hour	152	1.0	\$134
19. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	144	0.9	\$315
20. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	143	0.9	\$98
<b>Total</b>	<b>15,884</b>	<b>100.0</b>	<b>\$61</b>

**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 in ALF, NF, or SNF, 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. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	17,598	12.3	\$56
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	13,093	9.1	\$25
3. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	12,107	8.5	\$73
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	11,775	8.2	\$80
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	6,289	4.4	\$79
6. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	5,423	3.8	\$73
7. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	5,147	3.6	\$101
8. 11721 - Removal of fingernails or toenails, 6 or more nails	3,964	2.8	\$37
9. 90832 - Psychotherapy, 30 minutes	3,282	2.3	\$50
10. G2023 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source	3,137	2.2	\$23
11. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	2,690	1.9	\$37
12. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	2,249	1.6	\$34
13. 97530 - Therapy procedure using functional activities	2,195	1.5	\$44
14. 97610 - Therapy procedure using ultrasound	1,947	1.4	\$353
15. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	1,756	1.2	\$106
16. G2024 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) from an individual in a snf or by a laboratory on behalf of a hha, any specimen source	1,612	1.1	\$25
17. 11720 - Removal of fingernails or toenails, 1-5 nails	1,575	1.1	\$29
18. 11042 - Removal of skin and tissue, 20.0 sq cm or less	1,405	1.0	\$95
19. 99334 - Established patient custodial care facility, group care, or assisted living visit, typically 15 minutes	1,349	0.9	\$49
20. 99337 - Established patient custodial care facility, group care, or assisted living visit, typically 1 hour	1,298	0.9	\$148
<b>Total</b>	<b>143,162</b>	<b>100.0</b>	<b>\$66</b>

**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 in ALF, NF, or SNF, 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. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	1,537	17.5	\$64
2. 90834 - Psychotherapy, 45 minutes	432	4.9	\$66
3. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	395	4.5	\$49
4. A0425 - Ground mileage, per statute mile	243	2.8	\$63
5. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	232	2.6	\$97
6. 99214 - Established patient office or other outpatient visit, 30-39 minutes	226	2.6	\$83
7. 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	203	2.3	\$27
8. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	199	2.3	\$54
9. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	197	2.2	\$66
10. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	169	1.9	\$95
11. 11721 - Removal of fingernails or toenails, 6 or more nails	149	1.7	\$25
12. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	148	1.7	\$28
14. 90832 - Psychotherapy, 30 minutes	135	1.5	\$55
13. 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	135	1.5	\$29
15. 99306 - Initial nursing facility visit per day, typically 45 minutes	134	1.5	\$127
16. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	125	1.4	\$188
17. R0070 - Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen	118	1.3	\$199
18. Q0092 - Set-up portable x-ray equipment	117	1.3	\$17
19. 71045 - X-ray of chest, 1 view	113	1.3	\$9
20. 97530 - Therapy procedure using functional activities	111	1.3	\$38
<b>Total</b>	<b>8,791</b>	<b>100.0</b>	<b>\$74</b>

**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 in ALF, NF, or SNF, 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. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	1,779	10.0	\$53
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	1,360	7.6	\$77
3. U0005 - Infectious agent detection by nucleic acid (dna or rna); severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), amplified probe technique, cdc or non-cdc, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (list separately in addition to either hcpcs code u0003 or u0004) as described by cms-2020-01-r2	1,296	7.3	\$25
4. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	1,052	5.9	\$66
5. G2023 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source	522	2.9	\$23
6. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	459	2.6	\$84
7. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	436	2.5	\$58
8. U0004 - 2019-ncov coronavirus, sars-cov-2/2019-ncov (covid-19), any technique, multiple types or subtypes (includes all targets), non-cdc, making use of high throughput technologies as described by cms-2020-01-r	416	2.3	\$76
9. 11721 - Removal of fingernails or toenails, 6 or more nails	332	1.9	\$35
10. 87631 - Detection test by nucleic acid for multiple types of respiratory virus, multiple types or subtypes, 3-5 targets	319	1.8	\$142
11. A0425 - Ground mileage, per statute mile	278	1.6	\$33
12. 11720 - Removal of fingernails or toenails, 1-5 nails	250	1.4	\$27
13. 87798 - Detection test by nucleic acid for organism, amplified probe technique	223	1.3	\$228
14. G0127 - Trimming of dystrophic nails, any number	211	1.2	\$11
15. 99348 - Established patient home visit, typically 25 minutes	210	1.2	\$62
16. 87581 - Detection test by nucleic acid for Mycoplasma pneumoniae (bacteria), amplified probe technique	206	1.2	\$35
17. 87486 - Detection test by nucleic acid for Chlamydia pneumoniae, amplified probe technique	205	1.2	\$35
18. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	192	1.1	\$35
19. 99358 - Extended patient service without direct patient contact, first hour	189	1.1	\$78
20. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	180	1.0	\$99
<b>Total</b>	<b>17,790</b>	<b>100.0</b>	<b>\$115</b>

**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 in ALF, NF, or SNF, 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. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	15,464	22.9	\$59
2. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	8,630	12.8	\$77
3. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	4,415	6.5	\$38
4. U0005 - Infectious agent detection by nucleic acid (dna or rna); severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), amplified probe technique, cdc or non-cdc, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (list separately in addition to either hcpcs code u0003 or u0004) as described by cms-2020-01-r2	2,529	3.8	\$25
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	2,188	3.2	\$78
6. 11721 - Removal of fingernails or toenails, 6 or more nails	1,357	2.0	\$39
7. 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)	1,199	1.8	\$5
8. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	1,131	1.7	\$116
9. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	1,088	1.6	\$84
10. 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	965	1.4	\$78
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	921	1.4	\$6
12. 85025 - Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	881	1.3	\$8
13. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	859	1.3	\$69
14. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	666	1.0	\$35
15. 99334 - Established patient custodial care facility, group care, or assisted living visit, typically 15 minutes	648	1.0	\$54
16. Q0092 - Set-up portable x-ray equipment	632	0.9	\$29
17. 90832 - Psychotherapy, 30 minutes	629	0.9	\$61
18. 90834 - Psychotherapy, 45 minutes	594	0.9	\$81
19. 80053 - Blood test, comprehensive group of blood chemicals	591	0.9	\$11

**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. 71045 - X-ray of chest, 1 view	570	0.8	\$12
<b>Total</b>	<b>67,411</b>	<b>100.0</b>	<b>\$62</b>

**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 in ALF, NF, or SNF, 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. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	44,787	15.5	\$49
2. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	34,788	12.1	\$63
3. 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	13,988	4.9	\$25
4. 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	10,350	3.6	\$80
5. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	9,707	3.4	\$89
6. 11721 - Removal of fingernails or toenails, 6 or more nails	9,669	3.4	\$34
7. 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	8,374	2.9	\$79
8. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	8,016	2.8	\$32
9. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	7,892	2.7	\$65
10. A0425 - Ground mileage, per statute mile	6,003	2.1	\$49
11. G2023 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source	5,662	2.0	\$23
12. G0471 - Collection of venous blood by venipuncture or urine sample by catheterization from an individual in a skilled nursing facility (snf) or by a laboratory on behalf of a home health agency (hha)	5,650	2.0	\$5
13. 11720 - Removal of fingernails or toenails, 1-5 nails	4,572	1.6	\$25
14. 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	3,695	1.3	\$3
15. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	2,945	1.0	\$174
16. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	2,555	0.9	\$55
17. G0127 - Trimming of dystrophic nails, any number	2,330	0.8	\$16
18. 85025 - Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	2,320	0.8	\$8
19. 11042 - Removal of skin and tissue, 20.0 sq cm or less	2,216	0.8	\$76
20. Q0092 - Set-up portable x-ray equipment	2,192	0.8	\$22
<b>Total</b>	<b>288,312</b>	<b>100.0</b>	<b>\$58</b>

**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 in ALF, NF, or SNF, 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. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	11,905	11.5	\$48
2. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	9,380	9.1	\$64
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	2,635	2.5	\$19
4. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	2,619	2.5	\$91
5. 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)	2,353	2.3	\$5
6. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	2,346	2.3	\$32
7. A0425 - Ground mileage, per statute mile	2,286	2.2	\$73
8. 90834 - Psychotherapy, 45 minutes	2,100	2.0	\$59
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	2,015	1.9	\$25
10. 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	1,902	1.8	\$84
11. Q0092 - Set-up portable x-ray equipment	1,891	1.8	\$19
12. 11721 - Removal of fingernails or toenails, 6 or more nails	1,785	1.7	\$31
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	1,771	1.7	\$81
14. R0070 - Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen	1,720	1.7	\$196
15. 85025 - Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	1,643	1.6	\$8
16. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	1,633	1.6	\$67
17. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	1,614	1.6	\$61
18. 71045 - X-ray of chest, 1 view	1,606	1.6	\$12
19. 11043 - Removal of muscle and/or tissue, 20.0 sq cm or less	1,584	1.5	\$162
20. 90832 - Psychotherapy, 30 minutes	1,500	1.4	\$45
<b>Total</b>	<b>103,459</b>	<b>100.0</b>	<b>\$64</b>

**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 in ALF, NF, or SNF, 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	6,985	34.6	\$76
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	6,424	31.9	\$25
3. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	423	2.1	\$50
4. 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	353	1.8	\$75
5. G2023 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source	309	1.5	\$23
6. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	277	1.4	\$65
7. 11721 - Removal of fingernails or toenails, 6 or more nails	271	1.3	\$32
8. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	237	1.2	\$94
9. A0425 - Ground mileage, per statute mile	227	1.1	\$45
10. 0002A - 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; second dose	226	1.1	\$29
11. 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	195	1.0	\$18
12. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	187	0.9	\$70
13. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	166	0.8	\$96
14. 99490 - Chronic care management services, first 20 minutes of clinical staff time directed by health care professional, per calendar month	145	0.7	\$41
15. 99334 - Established patient custodial care facility, group care, or assisted living visit, typically 15 minutes	135	0.7	\$45
16. 99213 - Established patient office or other outpatient visit, 20-29 minutes	118	0.6	\$65
17. A0427 - Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	116	0.6	\$378
18. G0008 - Administration of influenza virus vaccine	108	0.5	\$15
19. 99214 - Established patient office or other outpatient visit, 30-39 minutes	107	0.5	\$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

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
20. 0004A - Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; booster dose	104	0.5	\$40
<b>Total</b>	<b>20,168</b>	<b>100.0</b>	<b>\$60</b>

**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 in ALF, NF, or SNF, 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. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	31,846	13.7	\$67
2. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	30,924	13.3	\$52
3. 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	15,586	6.7	\$78
4. 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	14,701	6.3	\$25
5. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	8,850	3.8	\$101
6. 11721 - Removal of fingernails or toenails, 6 or more nails	8,447	3.6	\$33
7. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	7,374	3.2	\$36
8. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	5,719	2.5	\$70
9. 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	5,619	2.4	\$78
10. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	4,289	1.9	\$96
11. A0425 - Ground mileage, per statute mile	3,470	1.5	\$42
12. 11720 - Removal of fingernails or toenails, 1-5 nails	3,057	1.3	\$26
13. 90832 - Psychotherapy, 30 minutes	2,134	0.9	\$54
14. 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	2,117	0.9	\$24
15. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	2,011	0.9	\$57
16. 11042 - Removal of skin and tissue, 20.0 sq cm or less	1,879	0.8	\$79
17. 97530 - Therapy procedure using functional activities	1,837	0.8	\$40
18. 99305 - Initial nursing facility visit per day, typically 35 minutes	1,719	0.7	\$96
19. 99334 - Established patient custodial care facility, group care, or assisted living visit, typically 15 minutes	1,691	0.7	\$48
20. 99306 - Initial nursing facility visit per day, typically 45 minutes	1,690	0.7	\$127
<b>Total</b>	<b>231,820</b>	<b>100.0</b>	<b>\$64</b>

**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 in ALF, NF, or SNF, 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. A0425 - Ground mileage, per statute mile	361	12.8	\$39
2. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	342	12.2	\$147
3. 36415 - Insertion of needle into vein for collection of blood sample	165	5.9	\$3
4. 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	143	5.1	\$17
5. 85025 - Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	132	4.7	\$8
6. 99334 - Established patient custodial care facility, group care, or assisted living visit, typically 15 minutes	119	4.2	\$47
7. 80053 - Blood test, comprehensive group of blood chemicals	92	3.3	\$10
8. 84443 - Blood test, thyroid stimulating hormone (TSH)	84	3.0	\$17
9. 80061 - Blood test, lipids (cholesterol and triglycerides)	80	2.8	\$13
10. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	69	2.5	\$76
12. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	57	2.0	\$67
11. 81000 - Manual urinalysis test with examination using microscope, non-automated	57	2.0	\$4
13. 83036 - Hemoglobin A1C level	56	2.0	\$10
14. G2023 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source	52	1.8	\$23
15. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	51	1.8	\$106
17. 81001 - Manual urinalysis test with examination using microscope, automated	41	1.5	\$3
16. 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	41	1.5	\$30
18. 87088 - Bacterial urine culture	41	1.5	\$8
19. 87426 - Detection test by immunoassay technique for severe acute respiratory syndrome coronavirus	39	1.4	\$43
20. 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	38	1.4	\$20
<b>Total</b>	<b>2,812</b>	<b>100.0</b>	<b>\$47</b>

**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 in ALF, NF, or SNF, 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	2,722	11.4	\$53
2. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	2,591	10.8	\$69
3. 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	2,307	9.7	\$76
4. 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	1,993	8.3	\$25
5. 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)	1,238	5.2	\$5
6. 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	825	3.5	\$6
7. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	694	2.9	\$35
8. 85610 - Blood test, clotting time	616	2.6	\$4
9. A0425 - Ground mileage, per statute mile	593	2.5	\$40
10. G0127 - Trimming of dystrophic nails, any number	533	2.2	\$16
11. 11720 - Removal of fingernails or toenails, 1-5 nails	505	2.1	\$27
12. 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	405	1.7	\$3
13. 11721 - Removal of fingernails or toenails, 6 or more nails	391	1.6	\$36
14. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	352	1.5	\$101
15. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	346	1.4	\$185
16. 11042 - Removal of skin and tissue, 20.0 sq cm or less	336	1.4	\$97
17. 85025 - Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count	289	1.2	\$8
18. 80048 - Blood test, basic group of blood chemicals (Calcium, total)	274	1.1	\$8
19. 99305 - Initial nursing facility visit per day, typically 35 minutes	218	0.9	\$104
20. 11043 - Removal of muscle and/or tissue, 20.0 sq cm or less	206	0.9	\$188
<b>Total</b>	<b>23,891</b>	<b>100.0</b>	<b>\$53</b>

**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 in ALF, NF, or SNF, 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. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	8,364	9.6	\$62
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	7,149	8.2	\$25
3. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	5,952	6.9	\$48
4. 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	4,719	5.4	\$78
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	4,173	4.8	\$79
6. G2023 - Specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source	3,501	4.0	\$23
7. 97530 - Therapy procedure using functional activities	2,512	2.9	\$48
8. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	2,420	2.8	\$33
9. A0425 - Ground mileage, per statute mile	2,201	2.5	\$48
10. 11721 - Removal of fingernails or toenails, 6 or more nails	1,531	1.8	\$32
11. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	1,500	1.7	\$93
12. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	1,409	1.6	\$91
13. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	1,113	1.3	\$66
14. 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)	1,110	1.3	\$5
15. 97116 - Therapy procedure for walking training, each 15 minutes	1,098	1.3	\$25
16. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	1,067	1.2	\$32
17. 97535 - Training for self-care or home management, each 15 minutes	1,049	1.2	\$46
18. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	1,010	1.2	\$175
19. 11043 - Removal of muscle and/or tissue, 20.0 sq cm or less	862	1.0	\$161
20. 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	846	1.0	\$16
<b>Total</b>	<b>86,752</b>	<b>100.0</b>	<b>\$58</b>

**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 in ALF, NF, or SNF, 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. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	566	19.1	\$50
2. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	291	9.8	\$65
3. 90832 - Psychotherapy, 30 minutes	139	4.7	\$46
4. 90834 - Psychotherapy, 45 minutes	130	4.4	\$61
5. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	101	3.4	\$33
7. 85610 - Blood test, clotting time	64	2.2	\$4
6. 36415 - Insertion of needle into vein for collection of blood sample	64	2.2	\$3
8. 0013A - 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, 100 mcg/0.5 ml dosage; third dose	61	2.1	\$40
9. A0425 - Ground mileage, per statute mile	60	2.0	\$83
10. 11721 - Removal of fingernails or toenails, 6 or more nails	48	1.6	\$31
11. 99214 - Established patient office or other outpatient visit, 30-39 minutes	47	1.6	\$83
12. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	43	1.5	\$59
13. 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	41	1.4	\$39
14. 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	40	1.4	\$39
15. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	38	1.3	\$335
16. 11720 - Removal of fingernails or toenails, 1-5 nails	35	1.2	\$20
17. 99213 - Established patient office or other outpatient visit, 20-29 minutes	34	1.1	\$62
18. G0127 - Trimming of dystrophic nails, any number	33	1.1	\$13
19. 0003A - 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; third dose	30	1.0	\$40
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	28	0.9	\$30
<b>Total</b>	<b>2,959</b>	<b>100.0</b>	<b>\$63</b>

**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 in ALF, NF, or SNF, 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. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	11,119	14.8	\$46
2. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	10,959	14.6	\$61
3. 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	2,918	3.9	\$81
4. 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	2,443	3.3	\$25
5. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	2,362	3.2	\$31
6. 11721 - Removal of fingernails or toenails, 6 or more nails	1,859	2.5	\$29
7. A0425 - Ground mileage, per statute mile	1,642	2.2	\$56
8. 90832 - Psychotherapy, 30 minutes	1,636	2.2	\$51
9. 71045 - X-ray of chest, 1 view	1,546	2.1	\$9
10. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	1,465	2.0	\$87
11. Q0092 - Set-up portable x-ray equipment	1,228	1.6	\$19
12. R0070 - Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen	934	1.2	\$124
13. 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)	899	1.2	\$5
14. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	887	1.2	\$89
15. 11042 - Removal of skin and tissue, 20.0 sq cm or less	839	1.1	\$74
16. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	816	1.1	\$56
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	812	1.1	\$77
18. 11043 - Removal of muscle and/or tissue, 20.0 sq cm or less	769	1.0	\$168
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	758	1.0	\$12
20. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	754	1.0	\$64
<b>Total</b>	<b>74,905</b>	<b>100.0</b>	<b>\$61</b>

**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 in ALF, NF, or SNF, 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. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	45,556	11.3	\$50
2. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	34,458	8.6	\$66
3. 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	13,879	3.5	\$80
4. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	12,855	3.2	\$34
5. 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	12,809	3.2	\$25
6. 11721 - Removal of fingernails or toenails, 6 or more nails	10,877	2.7	\$34
7. 11042 - Removal of skin and tissue, 20.0 sq cm or less	9,172	2.3	\$77
8. A0425 - Ground mileage, per statute mile	9,110	2.3	\$55
9. 11043 - Removal of muscle and/or tissue, 20.0 sq cm or less	8,881	2.2	\$167
10. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	7,331	1.8	\$96
11. 90834 - Psychotherapy, 45 minutes	7,267	1.8	\$72
12. 90832 - Psychotherapy, 30 minutes	7,189	1.8	\$54
13. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	7,000	1.7	\$94
14. G0127 - Trimming of dystrophic nails, any number	6,674	1.7	\$14
15. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	5,785	1.4	\$68
16. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	5,648	1.4	\$56
17. 11720 - Removal of fingernails or toenails, 1-5 nails	5,358	1.3	\$25
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	5,155	1.3	\$17
19. 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	5,143	1.3	\$81
20. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	4,400	1.1	\$80
<b>Total</b>	<b>401,925</b>	<b>100.0</b>	<b>\$71</b>

**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 in ALF, NF, or SNF, 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	1,604	7.4	\$33
2. 99497 - Advance care planning, first 30 minutes	1,400	6.4	\$58
3. 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	1,275	5.9	\$70
4. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	769	3.5	\$89
5. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	484	2.2	\$49
6. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	483	2.2	\$26
7. 97112 - Therapy procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes	480	2.2	\$28
8. A0425 - Ground mileage, per statute mile	476	2.2	\$34
9. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	459	2.1	\$65
10. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	444	2.0	\$65
11. 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	421	1.9	\$76
12. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	415	1.9	\$93
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	387	1.8	\$25
14. 99213 - Established patient office or other outpatient visit, 20-29 minutes	371	1.7	\$67
15. 99212 - Established patient office or other outpatient visit, 10-19 minutes	364	1.7	\$41
16. 99214 - Established patient office or other outpatient visit, 30-39 minutes	364	1.7	\$91
17. 11056 - Removal of noncancer thickened skin growth, 2-4 growths	277	1.3	\$59
18. 97530 - Therapy procedure using functional activities	273	1.3	\$33
19. 99337 - Established patient custodial care facility, group care, or assisted living visit, typically 1 hour	258	1.2	\$123

**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. 97140 - Therapy procedure using manual technique, each 15 minutes	240	1.1	\$18
<b>Total</b>	<b>21,717</b>	<b>100.0</b>	<b>\$78</b>

**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 in ALF, NF, or SNF, 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. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	12,742	16.3	\$66
2. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	9,389	12.0	\$51
3. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	4,324	5.5	\$67
4. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	3,964	5.1	\$95
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	3,291	4.2	\$81
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	2,380	3.0	\$25
7. A0425 - Ground mileage, per statute mile	1,961	2.5	\$52
8. 11721 - Removal of fingernails or toenails, 6 or more nails	1,395	1.8	\$35
9. 99334 - Established patient custodial care facility, group care, or assisted living visit, typically 15 minutes	1,393	1.8	\$46
10. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	1,374	1.8	\$98
11. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	1,265	1.6	\$33
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	1,160	1.5	\$79
13. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	884	1.1	\$183
14. 11042 - Removal of skin and tissue, 20.0 sq cm or less	830	1.1	\$81
15. 11043 - Removal of muscle and/or tissue, 20.0 sq cm or less	787	1.0	\$177
16. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	751	1.0	\$309
17. 99306 - Initial nursing facility visit per day, typically 45 minutes	694	0.9	\$126
18. 97530 - Therapy procedure using functional activities	666	0.8	\$60
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	646	0.8	\$35
20. 99305 - Initial nursing facility visit per day, typically 35 minutes	642	0.8	\$99
<b>Total</b>	<b>78,403</b>	<b>100.0</b>	<b>\$70</b>

**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 in ALF, NF, or SNF,  
Hospice Episodes Ending During FY 2022 - Virgin Islands, 3 Hospices**

**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 in ALF, NF, or SNF, 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. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	322	13.4	\$64
2. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	226	9.4	\$49
3. 99214 - Established patient office or other outpatient visit, 30-39 minutes	110	4.6	\$84
4. A0425 - Ground mileage, per statute mile	87	3.6	\$59
5. 99490 - Chronic care management services, first 20 minutes of clinical staff time directed by health care professional, per calendar month	85	3.5	\$36
6. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	83	3.4	\$31
8. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	79	3.3	\$67
7. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	79	3.3	\$94
9. 0002A - 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; second dose	64	2.7	\$28
10. 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	59	2.4	\$17
11. G0008 - Administration of influenza virus vaccine	55	2.3	\$13
12. 0004A - Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; booster dose	52	2.2	\$40
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	51	2.1	\$77
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	50	2.1	\$25
15. 99334 - Established patient custodial care facility, group care, or assisted living visit, typically 15 minutes	40	1.7	\$44
16. 0003A - Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; third dose	39	1.6	\$40
17. 99441 - Telephone medical discussion with physician, 5-10 minutes	39	1.6	\$40
18. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	39	1.6	\$309
19. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	38	1.6	\$185

**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. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	35	1.5	\$89
<b>Total</b>	<b>2,411</b>	<b>100.0</b>	<b>\$65</b>

**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 in ALF, NF, or SNF, 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. 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	3,590	14.2	\$76
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	3,164	12.5	\$25
3. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	1,956	7.7	\$69
4. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	1,333	5.3	\$95
5. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	1,277	5.0	\$51
6. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	971	3.8	\$101
7. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	950	3.8	\$67
8. 99490 - Chronic care management services, first 20 minutes of clinical staff time directed by health care professional, per calendar month	935	3.7	\$38
9. 11721 - Removal of fingernails or toenails, 6 or more nails	592	2.3	\$35
10. A0425 - Ground mileage, per statute mile	485	1.9	\$35
11. 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	382	1.5	\$47
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	254	1.0	\$79
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	253	1.0	\$46
14. 90834 - Psychotherapy, 45 minutes	250	1.0	\$82
15. 99213 - Established patient office or other outpatient visit, 20-29 minutes	211	0.8	\$64
16. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	201	0.8	\$320
18. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	195	0.8	\$192
17. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	195	0.8	\$33
19. G0008 - Administration of influenza virus vaccine	195	0.8	\$15
20. 99306 - Initial nursing facility visit per day, typically 45 minutes	172	0.7	\$134
<b>Total</b>	<b>25,332</b>	<b>100.0</b>	<b>\$67</b>

**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 in ALF, NF, or SNF, 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. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	6,629	9.3	\$62
2. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	6,096	8.5	\$91
3. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	3,972	5.5	\$49
4. 11721 - Removal of fingernails or toenails, 6 or more nails	2,971	4.1	\$34
5. G0127 - Trimming of dystrophic nails, any number	2,786	3.9	\$16
6. 11720 - Removal of fingernails or toenails, 1-5 nails	2,758	3.9	\$25
7. 99337 - Established patient custodial care facility, group care, or assisted living visit, typically 1 hour	2,586	3.6	\$132
8. 99490 - Chronic care management services, first 20 minutes of clinical staff time directed by health care professional, per calendar month	1,863	2.6	\$32
9. A0425 - Ground mileage, per statute mile	1,642	2.3	\$53
10. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	1,506	2.1	\$89
11. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	1,458	2.0	\$64
12. 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	1,068	1.5	\$26
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	1,038	1.4	\$80
14. 0064A - Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mma-lnp, spike protein, preservative free, 50 mcg/0.25 ml dosage, booster dose	1,004	1.4	\$38
15. G0008 - Administration of influenza virus vaccine	860	1.2	\$15
16. 99334 - Established patient custodial care facility, group care, or assisted living visit, typically 15 minutes	846	1.2	\$44
17. 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	825	1.2	\$28
18. 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	821	1.1	\$18
19. 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	795	1.1	\$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

Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description	Count of Claims	Percent of Total	Average Medicare Payment
20. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	789	1.1	\$32
<b>Total</b>	<b>71,598</b>	<b>100.0</b>	<b>\$65</b>

**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 in ALF, NF, or SNF, 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. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	1,890	13.8	\$64
2. A0425 - Ground mileage, per statute mile	1,480	10.8	\$54
3. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	1,216	8.9	\$49
4. A0428 - Ambulance service, basic life support, non-emergency transport, (bls)	1,162	8.5	\$149
5. 99232 - Follow-up hospital inpatient care per day, typically 25 minutes	465	3.4	\$55
6. 11721 - Removal of fingernails or toenails, 6 or more nails	425	3.1	\$32
7. 99307 - Follow-up nursing facility visit per day, typically 10 minutes	341	2.5	\$33
8. 71045 - X-ray of chest, 1 view	320	2.3	\$9
9. 99214 - Established patient office or other outpatient visit, 30-39 minutes	244	1.8	\$82
10. 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	237	1.7	\$76
11. Q0092 - Set-up portable x-ray equipment	212	1.5	\$18
12. 93010 - Routine electrocardiogram (ECG) using at least 12 leads with interpretation and report only	206	1.5	\$7
13. A0429 - Ambulance service, basic life support, emergency transport (bls-emergency)	193	1.4	\$281
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	156	1.1	\$25
15. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	153	1.1	\$90
16. 99310 - Follow-up nursing facility visit per day, typically 35 minutes	152	1.1	\$95
17. 99334 - Established patient custodial care facility, group care, or assisted living visit, typically 15 minutes	141	1.0	\$45
18. 99285 - Emergency department visit for life threatening or functioning severity	133	1.0	\$143
19. 11720 - Removal of fingernails or toenails, 1-5 nails	125	0.9	\$23
20. 99233 - Follow-up hospital inpatient care per day, typically 35 minutes	125	0.9	\$79
<b>Total</b>	<b>13,694</b>	<b>100.0</b>	<b>\$70</b>

**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 in ALF, NF, or SNF,  
Hospice Episodes Ending During FY 2022 - Wyoming, 18 Hospices**

<b>Rank, Healthcare Common Procedure Coding System (HCPCS) Code and Description</b>	<b>Count of Claims</b>	<b>Percent of Total</b>	<b>Average Medicare Payment</b>
1. 97530 - Therapy procedure using functional activities	62	10.0	\$54
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	56	9.0	\$25
3. 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	45	7.2	\$75
4. 99336 - Established patient custodial care facility, group care, or assisted living visit, typically 40 minutes	43	6.9	\$90
6. 99335 - Established patient custodial care facility, group care, or assisted living visit, typically 25 minutes	28	4.5	\$66
5. 11721 - Removal of fingernails or toenails, 6 or more nails	28	4.5	\$35
7. 97116 - Therapy procedure for walking training, each 15 minutes	26	4.2	\$33
8. 97110 - Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	21	3.4	\$32
9. 97112 - Therapy procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes	17	2.7	\$42
10. 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	16	2.6	\$74
11. 97535 - Training for self-care or home management, each 15 minutes	15	2.4	\$49
12. 99309 - Follow-up nursing facility visit per day, typically 25 minutes	15	2.4	\$65
13. 99308 - Follow-up nursing facility visit per day, typically 15 minutes	12	1.9	\$53
14. G0008 - Administration of influenza virus vaccine	12	1.9	\$17
<b>Total</b>	<b>621</b>	<b>100.0</b>	<b>\$66</b>

**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