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# 1957 STUDY OF GROUP SURGICAL EXPENSE INSURANCE CLAIMS

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INSURANCE of doctors' charges for surgical and obstetrical procedures is the second most widely held form of health insurance in the United States. As of the end of 1957, it is estimated that about 109,000,000 persons were covered for this type of protection as against 123,000,000 with some form of hospital expense insurance. These benefits are provided in a variety of ways, including group and individual insurance policies, Blue Cross and Blue Shield contracts, and independent plans.

Group surgical expense insurance for employees and their dependents underwritten by insurance companies was first introduced about 1936. By the end of 1957, coverage had grown to the point where 50,000,000 persons were covered through group policies written by some 200 companies.

The reporting of intercompany experience with group surgical expense benefits by the Group Morbidity Committee of the Society and its predecessor organization began in 1948. The regular reports published annually have shown exposed to risk, dollars of claims incurred, and the annual claim costs derivable therefrom for the schedules of benefits in common use. To produce information concerning average benefit amounts, the annual frequency of surgical claims, the relative proportions in which the different types of surgical procedures occur and the amount of and variation in doctors' charges for surgery performed, special studies based on a sample of actual surgical claims must be undertaken from time to time. The first such study, to be referred to herein as the 1947 Study, was published in May 1948 (*TASA* XLIX, 142). Since then, group surgical expense insurance has increased five-fold and there have been extensive changes in medical practice. This intercompany study, which is generally similar to the previous one, is intended to produce up-to-date information on these other important aspects of group surgical expense experience.

The results of the study are presented in the following sections:

I. Group Surgical Expense Insurance
II. Conduct of the Study
III. Annual Frequencies
IV. Relative Frequencies of Surgical Claims
V. Multiple Procedure Claims
VI. Proportion of Bed-Patient, Out-Patient, and Out-of-Hospital Claims
VII. Obstetrical Procedures

VIII. Doctors' Charges
IX. Dispersion of Doctors' Charges
X. Geographical Variations in Doctors' Charges
XI. Variations by Age
Appendix. 1957 Schedule of Relative Values of Surgical Procedures

To afford the membership greater opportunity to review the results and comment upon them, this study is presented in the form of a paper rather than as a committee report. The use of an Appendix is intended to make it clear that the conclusions reached therein involved the judgment of individuals as against the consensus of the Group Mortality and Morbidity Committees.

While the interpretation of the experience presented in this paper is primarily the responsibility of the author, the planning and execution of this study was brought about with the cooperation of the Group Mortality and Morbidity Committees and the contributing companies whose valuable assistance is greatly appreciated. Thanks also are due Messrs. Burnett A. Halstead and Richard H. Hoffman who carried out much of this extensive analysis.

*I. Group Surgical Expense Insurance*

Group surgical expense insurance is provided by means of a single master contract issued usually to an employer to insure the group of his employees and their wives or dependent husbands and unmarried children. Generally, children are covered from 14 days of age to age 19, but under an increasing number of contracts benefits apply from birth and may continue beyond age 19 to, say, age 23. Contracts may also be issued to a labor union to cover its members and their families or to a trustee acting on behalf of unions and employers, jointly. The insurance provides cash reimbursement for the amount of doctors' surgical and obstetrical charges, subject to a maximum amount of reimbursement which depends on the nature of the operation. The maximum allowances with respect to the various types of operations are set forth in a schedule that appears in the master group policy and in the certificates of coverage furnished to the individual employees. Where the surgeon's charge is in excess of the maximum amount of reimbursement for the operation, the insured employee receives the maximum reimbursement from the insurance company and pays the excess from his own funds. In many instances, at the direction of the insured employee the insurance company's payment is made directly to the doctor who performed the operation. Coverage of obstetrical procedures, while optional, is ordinarily included. The elimination of Workmen's Compensation cases is the only major exclusion from coverage.

The basic surgical schedule sets forth the relative values of the various

surgical procedures in terms of a common unit in a way generally consistent with the skill required to perform the operation and the established pattern of doctors' charges. For example, in the schedule developed using the information relating to doctors' charges contained in the 1947 Study, the scale of relative values runs from 10 units for minor surgical procedures to a maximum value of 200 units for the most complicated operations. Representative examples from the 1947 Relative Value Schedule will be found in appendix Exhibit I.

The amount of surgical insurance is determined by the dollar value assigned to each unit which is varied to suit the needs of the particular policyholder, depending upon such factors as the earnings level of the persons to be insured and the geographical location of the group. The range of unit values in connection with the 1947 Schedule is generally from $1.00 to $2.00, with $1.50 per unit as the most common value. With this unit value, the range of reimbursement is from $15 to $300. The schedule with such a dollar range will be referred to herein as the 1947 $300 Maximum Schedule.

*II. Conduct of the Study*

The study is based on information abstracted from the individual claim files on a sample of group surgical claims from the calendar year 1955. The following ten companies submitted data:

The Aetna Life Insurance Company
The Connecticut General Life Insurance Company
The Continental Assurance Company
The Equitable Life Assurance Society
The John Hancock Mutual Life Insurance Company
The Metropolitan Life Insurance Company
The Occidental Life Insurance Company of California
The Provident Life and Accident Insurance Company
The Prudential Insurance Company
The Travelers Insurance Company

These companies underwrite approximately two-thirds of the group surgical expense insurance in the United States; the study is therefore fully representative of such insurance as it is written nationwide.

For the study of frequencies, the claims in a sample should be appropriately selected over a twelve months period in order to eliminate seasonal influences. Several of the companies were unable to choose their claim samples in that way. Consequently, their contributions could be used only in the doctors' charges parts of the study. In all, data in the form of punched cards on 156,669 individual claims were submitted, of which 118,459 from six of the contributing companies were used in the study of frequencies.

In carrying out the study, use was made of the Surgical Procedures Classification and Nomenclature published in 1956 by the Health Insurance Council, 488 Madison Avenue, New York 22, New York. The Nomenclature was intended to achieve some standardization in the classification of surgical procedures by insurance companies as well as to be available for statistical purposes such as this. As printed by the Council, it contains a parallel set of procedure descriptions in lay language designed to help in following the medical terminology of the codes and an alphabetical index cross-referencing the two.

The data are affected by the administrative practices of the contributing companies in several respects. Thus the companies' administrative rules determined when two or more surgical procedures were considered a part of one claim. Furthermore, company practices differ in recognizing and paying claims for certain types of borderline procedures such as the use of X-ray and radium therapy in lieu of surgery and such as occur in dental surgery.

Children are covered from birth and dependent husbands are eligible only under some contracts. While these variations and those described in the preceding paragraph must be kept in mind and while they may be significant at particular points, it is believed that they do not seriously affect the results of the study over-all.

Transfusions were included only if reimbursement was made in whole or in part by the surgical schedule. The benefit amount punched for the study was that paid by the insurance company, whereas the doctor's charge as punched included the insured's entire expense for the procedure. Anesthesia and surgical assistants' charges were eliminated, where possible, except in those cases where the smallness of the surgeon's fee in relation to the maximum reimbursement for the procedure permitted some payment to be made for such charges under the insurance. Then the amount of doctors' charges punched included the anesthesia and surgical assistant charges.

The data were tabulated by using the IBM 705 at a considerable saving in machine time as compared with less powerful equipment. The punched cards were pre-sorted and put on tape which was run through the machine to prepare in a special way for a second run from which virtually all the tabular results of the study were obtained practically in final form.

### *III. Annual Frequencies*

The data contributed for the frequency studies were used first to obtain average benefit amounts corresponding to the 1947 Schedule of Relative Values per male employee, per female employee, and per

dependent family unit. These could then be combined with the annual claim costs derivable from the regular annual studies of the Committee to compute the annual frequencies of surgical claims. The basic relationship is annual frequency equals annual claim cost divided by the average benefit amount.

The average benefit amounts were then applied to the 1956 level of annual surgical claim costs in the Society's 1957 Reports of Mortality and Morbidity Experience (Table 8, page 73, for employees and Table 6, page 70, modified, for dependents). By reason of the way the experience is compiled in the annual studies, the annual claim costs used actually relate to the calendar period approximating April 1955 to April 1956.

The annual frequency for female employees was divided between obstetrical and nonobstetrical claims on the basis of the proportions of such claims respectively in this study. Similarly, the annual frequency of surgical claims per dependent unit was subdivided into wife nonobstetrical, wife obstetrical, and children portions, after eliminating the effect of dependent husband claims.

Frequencies per dependent wife were obtained on the basis that 94% of the dependent units included a wife. For the frequencies per male and female child, it was assumed that there were one or more children in 68% of the dependent units and that the average number of children in such units was 2.2 equally divided between boys and girls. The percentages chosen represent averages of those used by the contributing companies.

The results of this analysis appear in Table A. Unfortunately, similar intercompany frequency figures corresponding to the 1947 Study are not available for comparison. However, annual frequencies from the experience of the Equitable from 1943 to 1948 are shown. It is believed that these are reasonably representative of the level of frequencies of that time.

The striking increase in the frequencies of surgical claims which has taken place since the 1947 Study is apparent. Remembering that those in this study approximate April 1955 to April 1956 experience, recent claim trends suggest that current frequency levels are probably somewhat higher.

Many factors are involved in these changes. Knowledge of the nature of surgical expense insurance and of the availability of the benefits to defray the cost of surgical care has grown. Some companies have broadened their coverage by the recognition of claims for substitute surgical procedures and for procedures performed other than by licensed doctors of medicine, for example oral surgery performed by dentists. In addition, the science of surgery has been improving steadily with

the development of new surgical techniques including wholly new types of operations.

The proportions in which the various surgical and obstetrical procedures occur are dealt with in several of the following sections. The relative frequencies shown there can be appropriately combined with these annual claim frequencies to secure the annual claim frequency for a chosen procedure or group of procedures. However, the results of such a calculation should be used with caution, particularly if a

TABLE A

ANNUAL FREQUENCY OF SURGICAL CLAIMS

| | (1) 1957 Study* | (2) Equitable 1943–48 | Ratios (1)/(2) |
|---|---|---|---|
| Per Male Employee | .093 | .050 | 186% |
| Per Female Employee | .184 | .100 | 184 |
| Nonobstetrical | .125 | ........ | ........ |
| Obstetrical | .059 | ........ | ........ |
| Per Family Unit | .316 | .230 | 137 |
| Wife—Nonobstetrical | .094 } | .150 | 149 |
| Children | .130 } | | |
| Wife—Obstetrical | .092 | .080 | 115 |
| Per Dependent Wife | .199 | ........ | ........ |
| Nonobstetrical | .101 | ........ | ........ |
| Obstetrical | .098 | ........ | ........ |
| Per Male Child | .104 | ........ | ........ |
| Per Female Child | .068 | ........ | ........ |

* Based on experience approximating April 1955 to April 1956.

selected procedure is to be isolated from all other surgical procedures. For one thing, aside from the matter of purely statistical fluctuation, which must be kept in mind in any case, there is an inherent lack of precision in the process of classifying surgical procedures on the basis of the information reported on claim papers. In addition, the number of claims falling in a given classification might very well depend upon the circumstances surrounding the purpose for which the classification was being made. If, for example, benefits were to be paid for only one surgical procedure or group of procedures, there would be an understandable tendency for more claims to be described in such a way as to come within the chosen categories.

*IV. Relative Frequencies of Surgical Claims*

The companies were instructed to code the first or principal surgical procedure for each claim. The full tabulation of these data for each code classification showing the number of claims by type of patient appears in Table P, beginning on page 397. Second or elective procedures in multiple procedure claims are not included here, but are dealt with in the next section.

Table B summarizes the detail of Table P, omitting the material on dependent husbands, and shows the surgical procedures relatively most important in comparison with those described in the 1947 Study. The categories included are those with ½% or more of the claims for any type patient and are arranged in descending order of the percentages in columns (9) and (21).

The first eight categories in the table (benign tumors or cysts, tonsillectomy, skin suturing, fractures, cervical operations, hemorrhoid operations, herniotomy, and appendectomy) account for a large proportion of the claims, 51% of the claims for employees, 64% of all dependent claims and, among dependents, 48% for wives and 75% for children. This is a significantly lesser concentration, however, than appeared in the 1947 Study where the first eight (not all the same as these) included 61% of the claims of employees, 73% of all dependent claims and, among dependents, 59% for wives and 84% for children.

The most substantial reductions in relative frequencies since the 1947 Study are under tonsillectomies and appendectomies for all type patients, and hysterectomies for adult female patients. In the case of tonsillectomies and appendectomies there has been a significant reduction in absolute frequency as well, but not so for hysterectomies. Thus, taking the relative frequency of hysterectomies for female employees of 5.8% in the 1957 Study and applying the nonobstetrical annual frequency of .125 from Table A gives an absolute frequency of .00725. Assuming the proportion of the Equitable 1943-48 annual frequency for female employees accounted for by nonobstetrical claims to be the same as that shown in the 1957 Study and multiplying by the 1947 relative frequency of 8.3% gives a lesser absolute frequency equal to .00564. Similar results may be derived for wives' claims.

Where the relative frequencies have risen, the absolute frequencies have also increased, since the over-all annual frequencies have become greater. Marked increases in relative frequency have occurred with respect to benign tumors and cysts, skin suturing, and endoscopy for all type patients, with respect to cervical operations for adult females and with respect to circumcision for male children. The dramatic rise

# TABLE B

## Summary of Relative Frequencies, Omitting Obstetrical Claims and Dependent Husband Claims

| Procedure Code | Description | Employee | | | | | | | | | Dependent | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Male | | | Female | | | Total | | | Wife | | | Male Child | | | Female Child | | | Total | | |
| | | No. of Claims | % | % in 1947 Study | No. of Claims | % | % in 1947 Study | No. of Claims | % | % in 1947 Study | No. of Claims | % | % in 1947 Study | No. of Claims | % | % in 1947 Study | No. of Claims | % | % in 1947 Study | No. of Claims | % | % in 1947 Study |
| (1) | | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) | (21) | (22) |
| 930–935, 950–953, 970–973, 916, 335† | Benign tumors or cysts, removal or treatment (excluding branchial, pilonidal or thyroglossal cysts) | 4,894 | 18.6 | 9.6 | 1,946 | 19.6 | 7.5 | 6,840 | 18.8 | 8.8 | 3,647 | 14.4 | 7.5 | 868 | 4.1 | 2.2 | 1,044 | 7.6 | 2.2 | 5,559 | 9.3 | 4.5 |
| 3610, 3684 | Tonsillectomy and/or adenoidectomy | 717 | 2.7 | 11.4 | 392 | 3.9 | 16.7 | 1,109 | 3.1 | 13.3 | 629 | 2.5 | 7.8 | 5,300 | 25.2 | 57.1 | 5,012 | 36.3 | 64.2 | 10,941 | 18.2 | 37.2 |
| 550 | Accidental laceration of skin structure, suture or repair of | 1,962 | 7.4 | 2.1 | 273 | 2.7 | .7 | 2,235 | 6.2 | 1.6 | 819 | 3.2 | .7 | 4,648 | 22.1 | 2.7 | 2,174 | 15.8 | 1.5 | 7,641 | 12.7 | 1.5 |
| 2020–2296 | Fractures, open and closed, simple and compound, except skull | 1,585 | 6.0 | 7.0 | 489 | 4.9 | 3.9 | 2,074 | 5.7 | 5.9 | 1,232 | 4.9 | 3.8 | 2,756 | 13.1 | 11.2 | 1,474 | 10.7 | 7.2 | 5,462 | 9.1 | 6.9 |
| 8040–8045 | Cervix, operations on (including dilation and curettage) | ..... | ..... | ..... | 1,126 | 11.3 | 7.9 | 1,126 | 3.1 | 2.9 | 3,873 | 15.3 | 11.4 | ..... | ..... | ..... | 41 | .3 | .4 | 3,914 | 6.5 | 5.1 |
| 7070–7073, 7076, 7078 | Hemorrhoids, operations for | 1,775 | 6.7 | 9.2 | 409 | 4.1 | 4.0 | 2,184 | 6.0 | 7.3 | 1,055 | 4.2 | 5.2 | 11 | .1 | ..... | 8 | .1 | ..... | 1,074 | 1.8 | 2.3 |
| 6500–6502 | Herniotomy, herniorrhaphy, hernioplasty | 1,472 | 5.6 | 8.4 | 94 | .9 | 1.2 | 1,566 | 4.3 | 5.7 | 391 | 1.5 | 1.3 | 866 | 4.1 | 3.1 | 161 | 1.2 | .6 | 1,418 | 2.4 | 1.7 |
| 6040 | Appendectomy | 1,068 | 4.1 | 11.4 | 350 | 3.5 | 18.9 | 1,418 | 3.9 | 14.1 | 630 | 2.5 | 11.0 | 863 | 4.1 | 7.9 | 997 | 7.2 | 13.4 | 2,490 | 4.1 | 10.6 |
| 158–161† | Cystoscopy, diagnostic or operative | 1,097 | 4.2 | 2.0 | 362 | 3.6 | .9 | 1,459 | 4.0 | 1.6 | 1,019 | 4.0 | 1.2 | 67 | .3 | .1 | 146 | 1.1 | .1 | 1,232 | 2.1 | .6 |
| 510–513, 516, 517 | Abscesses, not involving internal organs or breasts, incision and drainage | 1,128 | 4.3 | 2.1 | 282 | 2.8 | .9 | 1,410 | 3.9 | 1.7 | 508 | 2.0 | .7 | 475 | 2.3 | 1.1 | 324 | 2.3 | 1.0 | 1,307 | 2.2 | .9 |
| 8080–8083 | Hysterectomy | ..... | ..... | ..... | 574 | 5.8 | 8.3 | 574 | 1.6 | 3.0 | 2,042 | 8.1 | 14.1 | ..... | ..... | ..... | 2 | ..... | ..... | 2,044 | 3.4 | 6.2 |
| 7520, 7521‡ | Circumcision | 164 | .6 | .7 | ..... | ..... | ..... | 164 | .5 | .4 | ..... | ..... | ..... | 1,643 | 7.8 | 3.8 | ..... | ..... | ..... | 1,643 | 2.7 | 1.2 |

† See last paragraph of Section IV.

‡ On children, affected by extent of coverage from birth.

TABLE B—*Continued*

| Procedure Code | Description | Employee | | | | | | | | | Dependent | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Male | | | Female | | | Total | | | Wife | | | Male Child | | | Female Child | | | Total | | |
| | | No. of Claims | % | % in 1947 Study | No. of Claims | % | % in 1947 Study | No. of Claims | % | % in 1947 Study | No. of Claims | % | % in 1947 Study | No. of Claims | % | % in 1947 Study | No. of Claims | % | % in 1947 Study | No. of Claims | % | % in 1947 Study |
| (1) | | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) | (21) | (22) |
| 3450, 3451† | Impacted tooth, removal of one or more than one | 377 | 1.4 | .5 | 245 | 2.5 | .9 | 622 | 1.7 | .6 | 311 | 1.2 | .3 | 62 | .3 | .1 | 79 | .6 | .2 | 452 | .8 | .2 |
| 6100, 6120 | Cholecystectomy or cholecystotomy | 341 | 1.3 | 1.6 | 246 | 2.5 | 2.0 | 587 | 1.6 | 1.8 | 930 | 3.7 | 4.3 | ..... | ..... | ..... | 5 | ..... | ..... | 935 | 1.6 | 1.9 |
| 3212, 3213 | Chalazion, single or multiple, excision or curettage | 398 | 1.5 | .8 | 150 | 1.5 | .8 | 548 | 1.5 | .8 | 208 | .8 | .3 | 40 | .2 | .1 | 52 | .4 | .4 | 300 | .5 | .3 |
| 936–939, 956–959, 976–979† | Malignant tumors, removal or treatment | 456 | 1.7 | .7 | 73 | .7 | .2 | 529 | 1.5 | .5 | 204 | .8 | .2 | 7 | ..... | ..... | 10 | .1 | ..... | 221 | .4 | .1 |
| 8210–8224 | Oviduct and ovary, operations on | ..... | ..... | ..... | 278 | 2.8 | 2.5 | 278 | .8 | .9 | 836 | 3.3 | 2.8 | ..... | ..... | ..... | 45 | .3 | .1 | 881 | 1.5 | 1.3 |
| 4272–4287 | Varicose veins, treatment for | 266 | 1.0 | 2.3 | 170 | 1.7 | 3.0 | 436 | 1.2 | 2.6 | 557 | 2.2 | 3.8 | 1 | ..... | ..... | 2 | ..... | ..... | 560 | .9 | 1.7 |
| 580–581 | Foreign body, removal of (except from eye or body cavity) | 318 | 1.2 | .2 | 60 | .6 | .1 | 378 | 1.0 | .2 | 144 | .6 | .2 | 369 | 1.8 | .5 | 177 | 1.3 | .2 | 690 | 1.1 | .3 |
| 178–184† | Proctoscopy or sigmoidoscopy, diagnostic or operative | 311 | 1.2 | .1 | 90 | .9 | ..... | 401 | 1.1 | .1 | 180 | .7 | ..... | 11 | .1 | ..... | 8 | .1 | ..... | 199 | .3 | ..... |
| 7870–7881 | Vasectomy or vesiculectomy, unilateral or bilateral | 399 | 1.5 | .2 | ..... | ..... | ..... | 399 | 1.1 | .1 | ..... | ..... | ..... | 1 | ..... | ..... | ..... | ..... | ..... | 1 | ..... | ..... |
| 1265, 1266 | Ostectomy, nail bed or nail fold, partial or complete | 276 | 1.0 | .3 | 93 | .9 | .2 | 369 | 1.0 | .3 | 247 | 1.0 | .1 | 231 | 1.1 | .3 | 146 | 1.1 | .2 | 624 | 1.0 | .2 |
| 7700–7703 | Prostatectomy | 349 | 1.3 | 1.9 | ..... | ..... | ..... | 349 | 1.0 | 1.2 | ..... | ..... | ..... | 1 | ..... | ..... | ..... | ..... | ..... | 1 | ..... | ..... |
| 3628 | Nasal septum, submucous resection of | 277 | 1.1 | 2.1 | 63 | .6 | 1.0 | 340 | .9 | 1.7 | 70 | .3 | .5 | 38 | .2 | .3 | 17 | .1 | .2 | 125 | .2 | .4 |
| 912, 913 | Pilonidal cyst or sinus, incision or excision of | 280 | 1.1 | 1.2 | 47 | .5 | .7 | 327 | .9 | 1.0 | 57 | .2 | .1 | 26 | .1 | .1 | 39 | .3 | .1 | 122 | .2 | .1 |
| 6400, 6420, 6430 | Gastrectomy, gastroenterostomy, gastrostomy | 303 | 1.1 | .8 | 22 | .2 | .1 | 325 | .9 | .6 | 63 | .2 | .1 | 4 | ..... | ..... | 4 | ..... | ..... | 71 | .1 | ..... |
| 3040, 3041 | Incision of ear drum (myringotomy, tympanotomy, paracentesis tympani) | 110 | .4 | .1 | 25 | .3 | .1 | 135 | .4 | .1 | 54 | .2 | .2 | 237 | 1.1 | .7 | 213 | 1.5 | .7 | 504 | .8 | .5 |
| 110–149 | Biopsy, all types | 141 | .5 | .2 | 122 | 1.2 | .1 | 263 | .7 | .2 | 269 | 1.1 | .2 | 24 | .1 | .1 | 20 | .1 | ..... | 313 | .5 | .1 |

TABLE B—*Continued*

| Procedure Code | Description | Employee | | | | | | | | | Dependent | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Male | | | Female | | | Total | | | Wife | | | Male Child | | | Female Child | | | Total | | |
| | | No. of Claims | % | % in 1947 Study | No. of Claims | % | % in 1947 Study | No. of Claims | % | % in 1947 Study | No. of Claims | % | % in 1947 Study | No. of Claims | % | % in 1947 Study | No. of Claims | % | % in 1947 Study | No. of Claims | % | % in 1947 Study |
| (1) | | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) | (20) | (21) | (22) |
| 7040–7051 | Fissurectomy, fistulectomy | 216 | .8 | 1.8 | 42 | .4 | .7 | 258 | .7 | 1.4 | 93 | .4 | .8 | 16 | .1 | ..... | 6 | ..... | ..... | 115 | .2 | .4 |
| 710–799† | Plastic surgery | 123 | .5 | .3 | 63 | .6 | .4 | 186 | .5 | .3 | 96 | .4 | .2 | 217 | 1.0 | .3 | 119 | .9 | .5 | 432 | .7 | .3 |
| 370–379 | Thyroid gland and goiter, operation on | 60 | .2 | .6 | 120 | 1.2 | 1.5 | 180 | .5 | 1.0 | 403 | 1.6 | 2.4 | 6 | ..... | .1 | 18 | .1 | .1 | 427 | .7 | 1.1 |
| 8310–8371 | Repair procedures, gynecologic | ..... | ..... | ..... | 124 | 1.2 | .8 | 124 | .3 | .3 | 392 | 1.6 | 1.6 | ..... | ..... | ..... | 5 | ..... | ..... | 397 | .7 | .7 |
| 3622, 3623 | Nasal polyps, removal of one or more, unilateral or bilateral | 204 | .8 | .9 | 30 | .3 | .3 | 234 | .6 | .7 | 69 | .3 | .3 | 7 | ..... | ..... | 3 | ..... | ..... | 79 | .1 | .1 |
| 3252–3255 | Foreign body, eye, removal | 201 | .8 | .3 | 32 | .3 | .1 | 233 | .6 | .2 | 34 | .1 | ..... | 85 | .4 | ..... | 37 | .3 | ..... | 156 | .3 | ..... |
| 3272, 3273 | Strabismus, unilateral or bilateral, operation for | 34 | .1 | .1 | 18 | .2 | .2 | 52 | .1 | .1 | 12 | ..... | .1 | 184 | .9 | .5 | 177 | 1.3 | .8 | 373 | .6 | .4 |
| 150–152, 162–164, 166–168 | Bronchoscopy, esophagoscopy or gastroscopy, diagnostic or operative | 186 | .7 | .2 | 31 | .3 | .1 | 217 | .6 | .2 | 116 | .5 | .1 | 40 | 2 | .2 | 35 | .3 | .1 | 191 | .3 | .1 |
| 3650–3666 | Sinuses, operations on | 168 | .6 | .7 | 36 | .4 | .3 | 204 | .6 | .5 | 83 | .3 | .3 | 26 | .1 | .1 | 10 | .1 | .1 | 119 | .2 | .2 |
| 6620 | Laparotomy | 102 | .4 | .4 | 89 | .9 | .5 | 191 | .5 | .4 | 262 | 1.0 | .5 | 33 | .2 | .1 | 29 | .2 | .1 | 324 | .5 | .3 |
| 1610–1675 | Dislocations, open or closed reduction | 156 | .6 | .6 | 31 | .3 | .3 | 187 | .5 | .5 | 84 | .3 | .2 | 131 | .6 | .4 | 88 | .6 | .3 | 303 | .5 | .3 |
| 3250 | Extraction of lens | 171 | .6 | .6 | 16 | .2 | .1 | 187 | .5 | .4 | 72 | .3 | .3 | 9 | ..... | .1 | 3 | ..... | .1 | 84 | .1 | .2 |
| 2810 | Excision of ganglion cyst, abscess, or other lesion of tendon or sheath | 96 | .4 | * | 81 | .8 | * | 177 | .5 | * | 128 | .5 | * | 24 | .1 | * | 25 | .2 | * | 177 | .3 | * |
| 9434 | Lumbar puncture | 102 | .4 | .4 | 30 | .3 | .1 | 132 | .4 | .3 | 103 | .4 | .4 | 105 | .5 | .3 | 85 | .6 | .2 | 293 | .5 | .3 |
| 1410–1450† | Bursae, operations on | 149 | .6 | .1 | 25 | .3 | ..... | 174 | .5 | .1 | 55 | .2 | .1 | 15 | .1 | ..... | 1 | ..... | ..... | 71 | .1 | ..... |
| 3414† | Alveolectomy | 126 | .5 | * | 44 | .4 | * | 170 | .5 | * | 132 | .5 | * | 9 | ..... | * | 8 | .1 | * | 149 | .2 | * |
| 7604–7606, 7680–7686 | Hydrocele, orchidectomy, orchidopexy | 168 | .6 | 1.0 | ..... | ..... | ..... | 168 | .5 | .6 | ..... | ..... | ..... | 100 | .5 | .2 | ..... | ..... | ..... | 100 | .2 | .1 |
| 8138 | Uterus, suspension of, any type | ..... | ..... | ..... | 78 | .8 | 1.5 | 78 | .2 | .6 | 268 | 1.1 | 2.5 | ..... | ..... | ..... | 1 | ..... | ..... | 269 | .4 | 1.1 |
| 330–332 | Mastectomy | 14 | .1 | .1 | 76 | .8 | .8 | 90 | .2 | .3 | 234 | .9 | 1.2 | 3 | ..... | .1 | 1 | ..... | ..... | 238 | .4 | .6 |
| 9430 | Laminectomy | 120 | .5 | .4 | 21 | .2 | .1 | 141 | .4 | .2 | 100 | .4 | .2 | 2 | ..... | ..... | 2 | ..... | ..... | 104 | .2 | .1 |
| | All other surgical procedures | 3,502 | 13.3 | 14.6 | 965 | 10.1 | 9.6 | 4,467 | 12.4 | 12.9 | 2,552 | 10.3 | 11.0 | 1,469 | 7.1 | 6.2 | 948 | 6.8 | 5.0 | 4,969 | 8.4 | 7.9 |
| | Grand Total | 26,362 | 100.0 | 100.0 | 9,933 | 100.0 | 100.0 | 36,295 | 100.0 | 100.0 | 25,263 | 100.0 | 100.0 | 21,030 | 100.0 | 100.0 | 13,801 | 100.0 | 100.0 | 60,094 | 100.0 | 100.0 |

* These procedures were not specifically coded in the 1947 Study.

† See last paragraph of Section IV.

in frequency of benign tumor and cyst removal and of cervical operations reflects at least in part the increasing attention being given to cancer prevention. The added proportion of endoscopy claims accords with the greater importance of diagnostic and preventive medical care today. The apparent rise in child circumcision may be attributed to the gain in coverage of children from birth as against 14 days which was almost universal practice at the time of the 1947 Study.

Table B fails to bring out the increase in the proportion of the rarer complicated operations such as have been developed in the areas of thoracic surgery and neurosurgery. For these, the detailed Table P must be reviewed along with the similar table in the 1947 Study. For example, 68 operations on the heart appear in Table P against none in the 1947 Study.

Differences in company philosophy as to whether or not certain types of claims constitute surgery and are reimbursable affect these results somewhat. One or more of the contributing companies mentioned the following procedures as being considered partially or wholly beyond the scope of their surgical coverage: diagnostic endoscopy (Codes 158, 159, 170, 178); plastic surgery (Codes 710-799); removal of calluses and corns (Codes 930-935); X-ray treatment of tumors and cysts (Codes 950-953, 970-979); injection treatments (Codes 1440, 1450, 7171, 9220, 9460-9461); and dental surgery (Codes 3410-3499).

*V. Multiple Procedure Claims*

Generally, companies consider all operations, related or unrelated, which are performed during a single period of disability as part of the same claim, where a period of disability is presumed to end upon the return to active work of an employee or the expiration of 90 days without disability in the case of a dependent. In claims involving more than one procedure, charges for unrelated procedures in different operative fields are usually reimbursed as if each procedure were done separately, sometimes subject to the over-all schedule maximum. On the other hand, operations performed in the same operative field or through the same incision are generally considered as one for the purposes of reimbursement, with the allowance being that appropriate to the procedure calling for the largest amount.

For multiple procedure claims, the first procedure, taken as the major or principal procedure, the second procedure, and the total number of procedures were coded. The compiling company reviewed all such claims for the coding of first and second procedures, and where differences arose, the claims not coded consistently with the majority for a given combination were changed to agree.

The Classification and Nomenclature codes include several classifications which represent more than one procedure under a single code, usually a multiplicity of the same procedure. Claims under those codes are not included in this analysis of multiple procedure claims which is limited to claims involving more than one separately coded procedure.

From Table C it is seen that 12% of all claims include more than one coded procedure and that multiple procedure claims account for 27% of the benefits paid. The table assumes all claims to be reimbursed on the basis of the 1947 $300 Maximum Schedule. Reimbursement for

TABLE C

MULTIPLE PROCEDURE CLAIMS IN THE FREQUENCY DATA, OMITTING OBSTETRICAL CLAIMS, BY TYPE PATIENT

| Type Patient | Average Reimbursement under 1947 $300 Maximum Schedule | | Multiple Claims as Percentage of Total | |
|---|---|---|---|---|
| | Single Procedure Claims | Multiple Procedure Claims | No. | Amount |
| Male Employee........ | $58 | $146 | 12% | 26% |
| Female Employee...... | 62 | 163 | 16 | 34 |
| Total Employees... | $59 | $152 | 13% | 28% |
| Wife................. | $71 | $170 | 19% | 36% |
| Male Child........... | 43 | 126 | 5 | 14 |
| Female Child.......... | 48 | 119 | 4 | 8 |
| Dependent Husband... | 69 | 157 | 15 | 29 |
| Total Dependents.. | $55 | $158 | 11% | 26% |
| Grand Total...... | $57 | $156 | 12% | 27% |

multiple procedure claims on the average is more than two and one-half times as great as for single procedure claims. The less complicated nature of surgery for children is confirmed by their much smaller proportion of multiple procedure claims.

Table D is a tabulation by type of patient of the number of procedures performed in the course of one claim. Since only the first two procedures were coded, a description of the others is not available. More than half the claims with three or more procedures appear in connection with hemorrhoidectomy, hysterectomy, suspension of uterus, operations on the oviduct and ovary, laparotomy, and cholecystectomy.

Table E is an analysis of the combinations of first and second procedures showing where multiple procedure claims are common and the

TABLE D

CLAIMS IN FREQUENCY DATA, OMITTING OBSTETRICAL CLAIMS, BY NUMBER OF PROCEDURES

| Number of Procedures | Employee Claims | | | | | | Dependent Claims | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Male | | Female | | Total | | Wife | | Male Child | | Female Child | | Dependent Husband | | Total | |
| | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| 1.......... | 23,132 | 87.7% | 8,307 | 83.7% | 31,439 | 86.6% | 20,412 | 80.8% | 19,962 | 94.9% | 13,303 | 96.5% | 593 | 84.9% | 54,270 | 89.3% |
| 2.......... | 2,575 | 9.8 | 1,221 | 12.3 | 3,796 | 10.5 | 3,592 | 14.2 | 942 | 4.5 | 458 | 3.3 | 87 | 12.4 | 5,079 | 8.4 |
| 3.......... | 491 | 1.9 | 291 | 2.9 | 782 | 2.2 | 909 | 3.6 | 99 | .5 | 31 | .2 | 11 | 1.6 | 1,050 | 1.7 |
| 4.......... | 123 | .5 | 84 | .8 | 207 | .6 | 254 | 1.0 | 17 | .1 | 5 | ...... | 7 | 1.0 | 283 | .5 |
| 5.......... | 34 | .1 | 18 | .2 | 52 | .1 | 73 | .3 | 6 | ...... | 3 | ...... | 1 | .1 | 83 | .1 |
| 6.......... | 6 | ...... | 8 | .1 | 14 | ...... | 15 | .1 | 3 | ...... | 0 | ...... | 0 | ...... | 18 | ...... |
| 7.......... | 1 | ...... | 3 | ...... | 4 | ...... | 7 | ...... | 1 | ...... | 1 | ...... | 0 | ...... | 9 | ...... |
| 8.......... | 0 | ...... | 1 | ...... | 1 | ...... | 0 | ...... | 0 | ...... | 0 | ...... | 0 | ...... | 0 | ...... |
| 9 & over... | 0 | ...... | 0 | ...... | 0 | ...... | 1 | ...... | 0 | ...... | 0 | ...... | 0 | ...... | 1 | ...... |
| Total.. | 26,362 | 100% | 9,933 | 100% | 36,295 | 100% | 25,263 | 100% | 21,030 | 100% | 13,801 | 100% | 699 | 100% | 60,793 | 100% |

# TABLE E

## Summary of Multiple Procedure Claims in the Frequency Data, Omitting Obstetrical Claims

| First Procedure Code | Second Procedure Code | Description of Multiple Procedure | No. of Claims, First Procedure | Total Multiple Procedure Claims Associated with First Procedure | Ratio (5)÷(4) | No. of Multiple Procedure Claims Accounted for by Description |
|---|---|---|---|---|---|---|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
| 150–199 | 150–199 | Combinations of Endoscopy | 3,921 | 453 | 12% | 171 |
| 158–161 | 7808 | Cystoscopy with ureteral dilation | 2,725 | 338 | 12 | 87 |
| 910–918, 930–935, 950–953, 970–973 | 910–918, 930–935, 950–953, 970–973 | Benign tumors or cysts, removal | 11,860 | 331 | 3 | 147 |
| | | Other General Surgery | | | | 1,294 |
| | | Total General Surgery | 35,553 | 1,699 | 5 | |
| | | Combinations of Musculoskeletal System Surgery | | | | 573 |
| | | Combinations of Musculoskeletal System Surgery with other surgery | | | | 549 |
| | | Total Musculoskeletal System Surgery | 11,510 | 1,122 | 10 | |
| 3450–3451 | 3414 | Impacted teeth & alveolectomy | 1,085 | 81 | 7 | 47 |
| 3628 | 0750 | Resection of nasal septum and rhinoplasty | 480 | 157 | 33 | 39 |
| 3650–3666 | 3622–3628 | Sinusotomy & nasal polyp removal or nasal septum submucous resection | 329 | 87 | 26 | 36 |
| 3684 | 3040–41 | Tonsillectomy & incision of ear drum | 11,884 | 252 | 2 | 44 |
| 3684 | 7520–7521 | Tonsillectomy & circumcision | | | | 83 |
| | | Other combinations of Eye, Ear, Mouth, Nose & Throat Surgery | | | | 422 |
| | | Other combinations of Eye, Ear, Mouth, Nose & Throat Surgery with other surgery | | | | 199 |
| | | Total Eye, Ear, Mouth, Nose, Throat Surgery | 18,924 | 870 | 5 | |

TABLE E—*Continued*

| First Procedure Code | Second Procedure Code | Description of Multiple Procedure | No. of Claims, First Procedure | Total Multiple Procedure Claims Associated with First Procedure | Ratio (5) ÷ (4) | No. of Multiple Procedure Claims Accounted for by Description |
|---|---|---|---|---|---|---|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
| | | Combinations of Heart & Blood Vessel Surgery | | | | 28 |
| | | Combinations of Heart & Blood Vessel Surgery with other surgery | | | | 94 |
| | | Total Heart & Blood Vessel Surgery | 1,223 | 122 | 10 | |
| | | Combinations of Thoracic Surgery | | | | 26 |
| | | Combinations of Thoracic Surgery with other surgery | | | | 80 |
| | | Total Thoracic Surgery | 299 | 106 | 35 | |
| 6040 | 6030 | Appendectomy and division of adhesions | 3,930 | 178 | 5 | 33 |
| 6040 | 8010–8370 | Appendectomy and gynecologic surgery | | | | 49 |
| 6100, 6120 | 6040 | Cholecystectomy or cholecystotomy and appendectomy | 1,534 | 457 | 30 | 264 |
| 6500–6502 | 7604–06, 7680–81, 7686, 7860–61 | Herniotomy, herniorrhaphy or hernioplasty and hydrocele, orchidectomy, orchidopexy, or varicocelectomy | 3,028 | 563 | 19 | 232 |
| 6500–6502 | 6040 | Herniotomy & appendectomy | | | | 73 |
| 6500–6502 | 7520–7521 | Herniotomy & circumcision | | | | 47 |
| 6620 | 6010–6770 | Laparotomy & other abdominal surgery | 522 | 326 | 62 | 171 |
| 6620 | 8010–8370 | Laparotomy & gynecologic surgery | | | | 106 |
| | | Other combinations of abdominal surgery | | | | 378 |
| | | Other combinations of abdominal surgery with other surgery | | | | 558 |
| | | Total Abdominal Surgery | 10,184 | 1,911 | 19 | |

TABLE E—*Continued*

| First Procedure Code | Second Procedure Code | Description of Multiple Procedure | No. of Claims, First Procedure | Total Multiple Procedure Claims Associated with First Procedure | Ratio (5) ÷ (4) | No. of Multiple Procedure Claims Accounted for by Description |
|---|---|---|---|---|---|---|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
| 7050–51 | 7010 | Fistulectomy & abscess, incision & drainage of | 285 | 83 | 29 | 40 |
| 7070–7078 | 7040–41 | Hemorrhoid operations and fissurectomy | 3,308 | 1,241 | 38 | 304 |
| " | 0182–0183 | " " " sigmoidoscopy | | | | 94 |
| " | 7030 | " " " cryptectomy | | | | 92 |
| " | 7050–51 | " " " fistulectomy | | | | 230 |
| " | 7090 | " " " pectenotomy | | | | 47 |
| " | 7150 | " " " repair of prolapsed rectum | | | | 72 |
| " | 7180 | " " " removal of rectal polyps | | | | 77 |
| " | 8040–8045 | " " " cervical operation | | | | 56 |
| | | Other combinations of Proctologic Surgery | | | | 196 |
| | | Other combinations of Proctologic Surgery with other surgery | | | | 231 |
| | | Total Proctologic Surgery | 4,230 | 1,439 | 34 | |
| 7700–7703 | 0158–0160 | Prostatectomy & cystoscopy | 364 | 194 | 53 | 98 |
| 7804 | 0158–0160 | Ureterolithotomy & cystoscopy | 85 | 49 | 58 | 40 |
| | | Other combinations of Urologic Surgery | | | | 190 |
| | | Other combinations of Urologic Surgery with other surgery | | | | 246 |
| | | Total Urologic Surgery | 3,640 | 574 | 16 | |

TABLE E—*Continued*

| First Procedure Code | Second Procedure Code | Description of Multiple Procedure | No. of Claims, First Procedure | Total Multiple Procedure Claims Associated with First Procedure | Ratio (5) ÷ (4) | No. of Multiple Procedure Claims Accounted for by Description |
|---|---|---|---|---|---|---|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
| 8040–45 | 0110–0141 | Cervical operations & biopsy | 5,040 | 471 | 9 | 159 |
| 8080–8083 | 0560–0561 | Hysterectomy & blood or plasma transfusion | 2,618 | 1,181 | 45 | 74 |
| " | 6030 | " & division of adhesions | | | | 50 |
| " | 6040 | " & appendectomy | | | | 480 |
| " | 8040–45 | " & cervical operations | | | | 265 |
| " | 8320–71 | " & gynecologic repair procedures | | | | 116 |
| 8138 | 6040 | Uterine displacement, repair, & appendectomy | 347 | 303 | 87 | 87 |
| " | 8040–45 | " " " & cervical operations | | | | 77 |
| " | 8310–8371 | " " " & repair procedures | | | | 67 |
| 8210–8230 | 6030 | Operations on oviduct & ovary and division of adhesions | 1,159 | 853 | 74 | 70 |
| " | 6040 | " " " " " " appendectomy | | | | 414 |
| " | 8040–45 | " " " " " " cervical operations | | | | 166 |
| 8310–8371 | 8040–45 | Repair procedures & cervical operations | 521 | 283 | 54 | 182 |
| | | Other combinations of Gynecologic Surgery | | | | 403 |
| | | Other combinations of Gynecologic Surgery with other surgery | | | | 655 |
| | | Total Gynecologic Surgery | 10,362 | 3,265 | 32 | |
| 9430 | 9450 | Laminectomy & Myelography | 252 | 109 | 43 | 64 |
| | | Other combinations of Neurosurgery | | | | 85 |
| | | Other combinations of Neurosurgery with other surgery | | | | 121 |
| | | Total Neurosurgery | 1,163 | 270 | 23 | |
| | | Grand Total | 97,088 | 11,378 | 12 | |

combinations of procedures likely to occur. Some multiple procedure claims involve related surgery, for example, in the combination of two different proctologic operations. In other multiple surgery, more than one procedure is performed at the same time or within a short period because the patient has undergone an operation for one condition and advantage is taken of the convenient opportunity to take care of a second. The third category where the same procedure is repeated is generally not reflected in this table because for many of these a single procedure code was available.

Thoracic, proctologic, and gynecologic surgery shows relatively more multiple procedure claims than other types of surgery, about one-third in each instance compared with 12% over-all. General surgery and eye, ear, mouth, nose, and throat surgery are at the other extreme with only 5% reported as multiple procedure claims.

The five most common specific combinations of operations were hysterectomy with appendectomy, 4.2% of all multiple procedures; oviduct and ovary operations with appendectomy, 3.6%; hemorrhoid operations and fissurectomy, 2.7%; operations for removal or cutting into the gall bladder with appendectomy, 2.3%; and hysterectomy with dilation and curettage and other cervical operations, 2.3%. In about one-fifth of the gall bladder, hysterectomy, and oviduct and ovary operations, the appendix was removed at the same time. These appendectomies, since they were not regarded as the first procedure, are not counted in Tables B or P.

In the 1947 Study, multiple procedures were present in 17% of the claims as compared with 12% in this study. Much of this difference is explained by the use in this study of single procedure codes for many of the claims involving repetition of similar operations. This type of claim was coded as a multiple procedure in the 1947 Study. For example, the fact that combinations of cervical operations are coded 8045 instead of as multiple procedures under combinations of codes 8040 to 8044 is largely responsible for the drop in the proportion of multiple procedures with respect to gynecologic surgery from 46% in the 1947 Study to 32% in this study. The different treatment of these combinations largely accounts for the drop from 27% to 18% in multiple procedures for adult females.

*VI. Proportion of Bed-Patient, Out-Patient, and Out-of-Hospital Claims*

The contributing companies were asked to report the place where the operation was performed as (*a*) in a hospital as a bed-patient, (*b*) in a hospital out-patient department, and (*c*) out-of-hospital, which usually means at the doctor's office. One company was unable to separate cate-

gories (*b*) and (*c*). These two categories were classified as "out-of-hospital" in the 1947 Study.

For each type of patient, Table F shows the average amount of reimbursement for hospital bed-patient, out-patient department and out-of-hospital claims and the relative importance of such claims by number and amount of reimbursement according to the 1947 $300 Maximum Schedule. What strikes one here is that 42.9% of the claims (12.5% out-patient department and 30.4% out-of-hospital) are for surgery performed other than as a bed-patient in a hospital. The corresponding percentage in the 1947 Study was 18%. A substantial part of the increase in surgical frequencies brought out in Section III is thus attributable to minor procedures done in an out-patient department or the doctor's office. Again, 14.1% as the financial weight of these claims compares with only 6% in the 1947 Study.

Dependent wives have the largest proportion of bed-patient claims with 67.6%, while male employees have the smallest, 49.3%. The proportion of claims performed in a hospital out-patient department is largest for children, 20.3% for males and 15.4% for females, and smallest for adult females, 7%. Out-of-hospital claims are a significantly larger proportion for employees than for dependents, 37.2% as against 26.3%. Throughout, non-bed-patient surgery is considerably less important financially than the numerical proportion of such procedures.

Table G is an analysis of individual procedures showing those where a substantial proportion of the surgery is performed out-of-hospital or in an out-patient department. Skin suturing accounts for 22.4% of all such surgery, superficial benign tumors and sebaceous cysts for 22.0%, and dislocations and fractures for 13.2%. These procedures taken as a group were performed in an out-patient department or out-of-hospital in 81% of the cases.

### *VII. Obstetrical Procedures*

Table H is a tabulation of the obstetrical procedure claims reported by the companies for the frequency part of the study. Because obstetrical benefits are not included in all contracts, these claims cannot be added to the nonobstetrical claims in Tables B and P without adjustment, if over-all relative frequencies are desired. In that event, adjustment for the proportion of policies without obstetrical benefits must be made by multiplying the claims in Table H by 1.275 for female employees and 1.392 for dependent wives.

Normal deliveries comprise 87.5% of all obstetrical procedures and miscarriages 8.1%. This compares with 90.5% and 5.3% respectively for the 1947 Study. The proportion of claims for Caesarean section and

## TABLE F

PROPORTION OF BED-PATIENT, OUT-PATIENT DEPARTMENT AND OUT-OF-HOSPITAL CLAIMS IN THE FREQUENCY DATA, OMITTING OBSTETRICAL CLAIMS, BY TYPE PATIENT

| Type Patient | Average Reimbursement under 1947 $300 Maximum Schedule | | | | Percentages of Total | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | All Claims | Hosp. Bed-Patient | Out-Patient Depart-ment | Out-of-Hospital | Hosp. Bed-Patient | | Out-Patient Department | | Out-of-Hospital | |
| | | | | | No. | Reimburse-ment | No. | Reimburse-ment | No. | Reimburse-ment |
| Male Employee | $70 | $117 | $24 | $23 | 49.3% | 83.1% | 12.0% | 4.2% | 38.7% | 12.7% |
| Female Employee | 78 | 114 | 25 | 23 | 59.9 | 88.1 | 7.0 | 2.2 | 33.1 | 9.7 |
| Total Employees | $72 | $116 | $24 | $23 | 52.2% | 84.6% | 10.6% | 3.6% | 37.2% | 11.8% |
| Wife | $91 | $123 | $26 | $24 | 67.6% | 91.2% | 7.2% | 2.1% | 25.2% | 6.7% |
| Male Child | 46 | 71 | 21 | 20 | 51.0 | 78.5 | 20.3 | 9.4 | 28.7 | 12.1 |
| Female Child | 50 | 69 | 23 | 20 | 59.7 | 82.8 | 15.4 | 7.0 | 24.9 | 10.2 |
| Dependent Husband | 83 | 121 | 24 | 21 | 62.3 | 90.2 | 9.3 | 2.7 | 28.4 | 7.1 |
| Total Dependents | $66 | $ 96 | $23 | $22 | 60.1% | 86.7% | 13.6% | 4.7% | 26.3% | 8.6% |
| Total | $68 | $103 | $23 | $22 | 57.1% | 85.9% | 12.5% | 4.2% | 30.4% | 9.9% |

## TABLE G

### Proportion of Bed-Patient, Out-Patient Department and Out-of-Hospital Claims in the Frequency Data, Omitting Obstetrical Claims

| Procedure Code | Description | Hospital Bed-Patient | Out-Patient Department | Out-of-Hospital | Total Claims |
|---|---|---|---|---|---|
| 110–149 | Biopsy | 304 | 53 | 224 | 581 |
| 158–161 | Cystoscopy | 1,977 | 160 | 588 | 2,725 |
| 178–180 | Proctoscopy | 93 | 11 | 134 | 238 |
| 182–184 | Sigmoidoscopy | 135 | 21 | 214 | 370 |
| | Other Endoscopy | 493 | 56 | 39 | 588 |
| 335 | Mammary Glands, Removal of Benign Tumors and Cysts | 1,034 | 47 | 95 | 1,176 |
| | Other Gland Operations | 1,138 | 16 | 64 | 1,218 |
| 510, 511, 516 | Abscesses, deep, large, not of breast, incision and drainage | 165 | 32 | 166 | 363 |
| 512, 513, 517 | Abscesses, superficial, not of breast, incision and drainage | 296 | 275 | 1,804 | 2,375 |
| 514, 515, 518 | Abscesses, breast, incision and drainage | 35 | 8 | 37 | 80 |
| 520–523 | Burns, debridement and treatment of | 67 | 82 | 105 | 254 |
| 550 | Accidental laceration of skin structure, suture or repair of | 781 | 4,551 | 4,598 | 9,930 |
| 570 | Cellulitis, incision or drainage for | 28 | 5 | 48 | 81 |
| 571–573 | Carbuncle, treatment of | 20 | 20 | 134 | 174 |
| 580–581 | Foreign body, removal of (except from eye or body cavity) | 134 | 340 | 599 | 1,073 |
| | Other Infections and Injuries | 439 | 232 | 416 | 1,087 |
| 754 | Scar tissue or keloid, excision of | 67 | 16 | 27 | 110 |
| | Other Plastic Surgery | 432 | 35 | 43 | 510 |
| 912, 913 | Pilonidal cyst or sinus, incision or excision of | 382 | 19 | 56 | 457 |
| 916 | Sebaceous cyst, excision of | 342 | 470 | 1,516 | 2,328 |
| 930, 931, 934 | Tumors, benign, superficial, including warts and calluses, removed by surgical procedure | 1,573 | 1,211 | 5,698 | 8,482 |
| 936, 937 | Tumors, malignant, face, lip or skin removed by surgical procedure | 150 | 84 | 261 | 495 |
| 950, 951, 970, 971 | Tumors, benign, superficial, implantation of radioactive substance, X-Ray or other radiation treatments | 7 | 13 | 64 | 84 |
| 956, 957, 976, 977 | Tumors, malignant, face, lip or skin, implantation of radioactive substance, X-Ray or other radiation treatment | 11 | 10 | 83 | 104 |
| | Other Tumors or Cysts | 495 | 40 | 135 | 670 |
| | Total General Surgery | 10,598 | 7,807 | 17,148 | 35,553 |

TABLE G—*Continued*

| Procedure Code | Description | Hospital Bed-Patient | Out-Patient Department | Out-of-Hospital | Total Claims |
|---|---|---|---|---|---|
| 1014–1016 | Finger or thumb, one or more, amputation of | 59 | 47 | 28 | 134 |
| 1036–1038 | Toe, one or more, amputation of | 37 | 7 | 8 | 52 |
| | Other amputation | 45 | 2 | .......... | 47 |
| 1240–1241 | Exostosis, removal of | 57 | 5 | 18 | 80 |
| 1265–1266 | Ostectomy, nail bed or nail fold | 187 | 162 | 648 | 997 |
| | Other bone operations | 324 | 11 | 34 | 369 |
| 1410 | Bursae, aspiration, one or more | 16 | 6 | 82 | 104 |
| 1440, 1450 | Bursae, irrigation | 12 | 2 | 29 | 43 |
| | Other bursae operations | 77 | 3 | 24 | 104 |
| 1618 | Clavicle, dislocation of, closed reduction | 9 | 12 | 13 | 34 |
| 1622 | Elbow, dislocation of, closed reduction | 18 | 26 | 23 | 67 |
| 1626, 1628 | Finger or thumb, dislocation of, one or more, closed reduction | 5 | 38 | 25 | 68 |
| 1658 | Shoulder dislocation, closed reduction | 49 | 42 | 26 | 117 |
| | Other dislocations | 130 | 34 | 49 | 213 |
| 2034, 2035 | Nasal bones, fracture of | 96 | 77 | 57 | 230 |
| 2040, 2042, 2044, 2046 | Carpal bones, fracture of, one or more, closed reduction | 94 | 141 | 101 | 336 |
| 2050 | Elbow, intra-articular fracture of, one or more bones, closed reduction | 30 | 53 | 29 | 112 |
| 2054, 2056, 2058 | Finger or thumb, fracture of, one or more, closed reduction | 28 | 216 | 239 | 483 |
| 2060, 2062 | Humerus, fracture of, closed reduction | 185 | 153 | 89 | 427 |
| 2070, 2072, 2074, 2076 | Metacarpal bones, fracture of, one or more, closed reduction | 29 | 114 | 119 | 262 |
| 2080, 2082, 2090, 2092 | Radius or ulna, fracture of, closed reduction | 248 | 583 | 341 | 1,172 |
| 2084, 2086 | Radius and ulna, fracture of, closed reduction | 243 | 253 | 90 | 586 |
| 2100, 2102 | Clavicle, fracture of, closed reduction | 136 | 306 | 272 | 714 |
| 2130–2135 | Rib, fracture of, one or more, reduction | 86 | 88 | 179 | 353 |
| 2200, 2202 | Ankle, Pott's or Cotton's fracture of, closed reduction | 100 | 76 | 67 | 243 |

TABLE G—*Continued*

| Procedure Code | Description | Hospital Bed-Patient | Out-Patient Department | Out-of-Hospital | Total Claims |
|---|---|---|---|---|---|
| 2206, 2208, 2250, 2252 | Astragalus or Os Calcis, fracture of, closed reduction | 30 | 32 | 34 | 96 |
| 2222, 2224, 2280, 2282 | Fibula or Tibia, fracture of, closed reduction | 176 | 196 | 129 | 501 |
| 2232, 2234, 2236, 2238, 2270, 2272, 2274, 2276 | Metatarsal or Tarsal bones, fracture of, one or more, closed reduction | 58 | 181 | 131 | 370 |
| 2284, 2286 | Tibia and fibula, fracture of, closed reduction | 86 | 45 | 19 | 150 |
| 2292, 2294, 2296 | Toe, fracture of, one or more, closed reduction | 13 | 88 | 181 | 282 |
| | Other fractures | 960 | 199 | 224 | 1,383 |
| 2491 | Arthrocentesis or tapping of joint | 22 | 20 | 68 | 110 |
| | Other joint operations | 393 | 13 | 26 | 432 |
| 2610–2799 | Muscle operations | 57 | 10 | 10 | 77 |
| 2810 | Excision of ganglion, cyst, abscess, or other lesion of tendon or sheath | 215 | 64 | 79 | 358 |
| 2840, 2841 | Suture of tendon, single or multiple | 157 | 72 | 39 | 268 |
| | Other tendon operations | 122 | 7 | 7 | 136 |
| | Total Musculoskeletal Surgery | 4,589 | 3,384 | 3,537 | 11,510 |
| 3040, 3041 | Incision of ear-drum (myringotomy, tympanotomy, paracentesis tympani) | 80 | 87 | 472 | 639 |
| | Other ear operations | 162 | 15 | 23 | 200 |
| 3212, 3213 | Chalazion, excision or curettage, single or multiple | 65 | 70 | 719 | 854 |
| 3230, 3231 | Corneal or scleral ulcer, cauterization or keratotomy | 6 | 4 | 38 | 48 |
| 3252–3255 | Foreign body, cornea, sclera, or intraocular, removal | 29 | 71 | 292 | 392 |
| 3258 | Hordeolum, operation for | 1 | 2 | 22 | 25 |
| 3262 | Lacrimal duct, dilation of | 29 | 8 | 42 | 79 |
| 3268 | Pterygium, operation for | 72 | 21 | 69 | 162 |
| | Other eye operations | 1,002 | 25 | 61 | 1,088 |

TABLE G—*Continued*

| Procedure Code | Description | Hospital Bed-Patient | Out-Patient Department | Out-of-Hospital | Total Claims |
|---|---|---|---|---|---|
| 3414 | Alveolectomy | 192 | 9 | 120 | 321 |
| 3434 | Extraction of tooth, fractured by accidental means, one or more | 10 | 4 | 35 | 49 |
| 3440 | Gingivectomy | 7 | .......... | 46 | 53 |
| 3450, 3451 | Impacted tooth, one or more, removal of | 242 | 20 | 823 | 1,085 |
| 3460 | Pyorrhea alveolaris, cutting operation for (curettage excepted) | 18 | .......... | 31 | 49 |
| | Other mouth operations | 61 | 10 | 97 | 168 |
| 3622, 3623 | Nasal polyps, removal of one or more, unilateral or bilateral | 86 | 22 | 213 | 321 |
| 3628 | Nasal septum, submucous resection of, with or without reconstruction of the columella | 442 | 4 | 34 | 480 |
| 3650 | Sinuses, puncture and irrigation of, unilateral or bilateral | 25 | 12 | 121 | 158 |
| 3652–3666 | Sinusotomy | 124 | 2 | 45 | 171 |
| 3680 | Tonsillar or peritonsillar abscess, incision for drainage | 23 | 5 | 25 | 53 |
| 3684 | Tonsillectomy, with or without adenoidectomy | 11,321 | 122 | 441 | 11,884 |
| 3692, 3693 | Turbinectomy, unilateral or bilateral | 14 | 2 | 28 | 44 |
| | Other nose and throat operations | 318 | 36 | 247 | 601 |
| | Total eye, ear, mouth, nose and throat surgery | 14,329 | 551 | 4,044 | 18,924 |
| 4272, 4273 | Varicose veins, injection treatment, complete procedure, unilateral or bilateral | 27 | 10 | 125 | 162 |
| 4276–4287 | Varicose veins, ligation, with or without division | 799 | 13 | 30 | 842 |
| | Other artery and vein operations | 127 | 11 | 13 | 151 |
| | Operations on Heart or Great Vessels | 67 | .......... | 1 | 68 |
| | Total Heart and Blood Vessels Surgery | 1,020 | 34 | 169 | 1,223 |
| | Total Thoracic Surgery | 276 | 8 | 15 | 299 |
| | Total Abdominal Surgery | 10,140 | 19 | 25 | 10,184 |

TABLE G—*Continued*

| Procedure Code | Description | Hospital Bed-Patient | Out-Patient Department | Out-of-Hospital | Total Claims |
|---|---|---|---|---|---|
| 7010 | Abscess, perianal, perirectal, perineal, or ischiorectal, incision and drainage | 136 | 14 | 95 | 245 |
| 7040, 7041 | Fissurectomy, single or multiple | 68 | 4 | 23 | 95 |
| 7050, 7051 | Fistulectomy, single or multiple | 269 | 1 | 15 | 285 |
| 7070 | Hemorrhoidectomy, external | 74 | 23 | 146 | 243 |
| 7071, 7072 | Hemorrhoidectomy, internal, or external and internal | 2,150 | 18 | 101 | 2,269 |
| 7076 | Hemorrhoids, injection treatment, complete procedure | 15 | 6 | 164 | 185 |
| 7078 | Hemorrhoids, thrombosed, incision or removal of | 30 | 42 | 347 | 419 |
| 7180 | Rectal polyps, removal of one or more | 64 | 10 | 54 | 128 |
| | Other proctological operations | 293 | 6 | 62 | 361 |
| | Total Proctological Surgery | 3,099 | 124 | 1,007 | 4,230 |
| 7520 | Circumcision, age less than one year | 469 | 249 | 504 | 1,222 |
| 7521 | Circumcision, age one year or greater | 480 | 42 | 67 | 589 |
| 7604, 7606 | Hydrocele, aspiration and injection, or paracentesis | 19 | 1 | 34 | 54 |
| 7605 | Hydrocele, excision | 134 | .......... | 2 | 136 |
| 7620 | Meatotomy | 26 | 4 | 30 | 60 |
| 7808 | Ureteral dilation | 38 | 10 | 45 | 93 |
| 7860, 7861 | Varicocelectomy | 24 | 1 | 15 | 40 |
| 7870, 7871 | Vasectomy | 114 | 48 | 239 | 401 |
| | Other Urological operations | 973 | 4 | 68 | 1,045 |
| | Total Urological Surgery | 2,277 | 359 | 1,004 | 3,640 |
| 8041 | Cervix, cauterization of | 108 | 69 | 849 | 1,026 |
| 8042 | Cervix, conization of | 93 | 6 | 89 | 188 |
| 8043 | Cervix, dilation of, and curettage of uterus (nonpuerperal) | 2,447 | 31 | 64 | 2,542 |
| 8044 | Cervix, polypectomy, one or more | 44 | 6 | 65 | 115 |
| 8110 | Tubal insufflation or uterography | 13 | 5 | 20 | 38 |
| | Other gynecological operations | 6,238 | 36 | 179 | 6,453 |
| | Total Gynecological Surgery | 8,943 | 153 | 1,266 | 10,362 |
| | Total Neurosurgery | 1,057 | 46 | 60 | 1,163 |
| | Total All Surgery | 56,328 | 12,485 | 28,275 | 97,088 |

ectopic pregnancy is about the same as in the 1947 Study. Only 1.1% of the procedures were performed other than as a hospital bed-patient. Multiple procedures were reported in connection with 307 of the 21,371 claims included in Table H, and in 236 of these, blood or plasma transfusions were the second procedure.

### *VIII. Doctors' Charges*

Table I compares the aggregate of surgical benefits paid by the companies with the total amount of the doctors' charges separately for obstetrical and nonobstetrical procedures. The table is based upon the claims in the frequency part of the study so that the various procedures are included in proper proportion.

TABLE H

OBSTETRICAL CLAIMS INCLUDED IN FREQUENCY DATA

| Procedure Code | Description | Female Employee | Wife | Hospital Bed-Patient | Out-Patient Department | Out-of-Hospital | Total No. | Total % |
|---|---|---|---|---|---|---|---|---|
| 8610 | Abdominal operation for extra-uterine or ectopic pregnancy | 22 | 64 | 86 | ...... | ...... | 86 | .4% |
| 8630, 8634 | Caesarean section (abdominal or vaginal) | 161 | 669 | 829 | 1 | ...... | 830 | 3.9 |
| 8650 | Delivery of child or children | 3,175 | 15,531 | 18,574 | 26 | 106 | 18,706 | 87.5 |
| 8670 | Miscarriage (including therapeutic or spontaneous abortion), treatment of, with dilation and curettage | 264 | 1,135 | 1,369 | 4 | 26 | 1,399 | 6.5 |
| 8672 | Miscarriage (including therapeutic or spontaneous abortion), treatment of, without dilation and curettage | 80 | 270 | 272 | 4 | 74 | 350 | 1.6 |
| | Total | 3,702 | 17,669 | 21,130 | 35 | 206 | 21,371 | 100.0% |

The table shows an over-all reimbursement of 59% for obstetrical procedures and 66% for nonobstetrical procedures. The latter percentage represents a substantial increase in benefits on the average over the comparable figure of 55% in the 1947 Study. (The percentage for obstetrical claims was not shown in the 1947 Study.) Furthermore, since doctors customarily charge more to individuals in upper earnings categories, in a large majority of the cases the rate of reimbursement was considerably more than these percentages suggest.

Table Q, starting on page 431, shows in detail the average doctor's charge for each type of operation determined by dividing the aggregate charges by the number of claims in each instance. This table is not limited to the frequency data, but includes all claims contributed to

the study. Figures appear separately for single procedure and multiple procedure claims, based on the combined data for all types of patient.

Table J measures the extent of the rise in average doctors' charges from the 1947 Study to the present one. The procedures in Table J were chosen from among the most frequent procedures where it was clear that the classification was homogeneous and the coding was consistent as between the two studies. Some of the most frequent codes, like benign cysts or tumors or skin suturing, had to be rejected for the purpose of this comparison because they encompass such a wide variety

TABLE I

RATIO OF REIMBURSEMENT TO CHARGES FOR CLAIMS IN FREQUENCY DATA

| Type Patient | Ratio of Total Reimbursement to Total Doctors' Charges | |
|---|---|---|
| | Obstetrical Procedures | Non-obstetrical Procedures |
| Male Employee | ........... | 63% |
| Female Employee | 57% | 67 |
| Total Employees | 57% | 64% |
| Wife | 59% | 66% |
| Male Child | ........... | 68 |
| Female Child | ........... | 68 |
| Dependent Husband | ........... | 66 |
| Total Dependents | 59% | 67% |
| Total | 59% | 66% |

of procedures. In effect, the table compares charges in 1946 with those in 1955, since the claims in the two studies came from these years for the most part.

When the figures in Table J are weighted by the relative frequencies of the procedures, surgeons' charges are shown to have gone up 26%, on the average, between the two studies, and 21% if normal deliveries are omitted from the average. Looking at the procedures individually, the increases range from 9% to 36%.

Table K brings out the variation in average doctors' charges depending upon where the operation takes place for those procedures involving a substantial proportion of other than bed-patient surgery. Code 1 represents hospitalized as a bed-patient, Code 2 in a hospital out-patient

department, and Code 3 out-of-hospital. In connection with such procedures as abscesses, benign tumors, and skin suturing, the difference in average charges is a reflection of the fact that it is the more severe cases which require hospitalization as a bed-patient.

## *IX. Dispersion of Doctors' Charges*

The average charges appearing in Tables K and Q fail to bring out the way in which the charges for individual procedures will vary. Actually, charges are seldom precisely in the amount of the average. Fees tend to be in multiples of $5 or $10, or of $25 or $50 for the more costly procedures.

TABLE J

CHANGE IN AVERAGE DOCTORS' CHARGES FROM 1946 TO 1955 FOR SELECTED PROCEDURES BASED ON SINGLE PROCEDURE CLAIMS

| Procedure Code | Description | Average Charge | | Ratio (2) ÷ (1) | Number of Claims |
|---|---|---|---|---|---|
| | | 1947 Study | 1957 Study | | |
| | | (1) | (2) | (3) | |
| 8650 | Normal Delivery | $ 78 | $103 | 132% | 26,786 |
| 3684 | Tonsillectomy | 41 | 53 | 129 | 13,880 |
| 6040 | Appendectomy | 131 | 147 | 112 | 5,190 |
| 6500 | Herniotomy, single | 124 | 143 | 115 | 2,882 |
| 7072 | Hemorrhoidectomy, external & internal | 92 | 110 | 120 | 1,504 |
| 8043 | Dilation and curettage | 51 | 57 | 112 | 3,049 |
| 8080 | Panhysterectomy | 205 | 239 | 117 | 1,560 |
| 6100 | Cholecystectomy | 194 | 234 | 121 | 1,339 |
| 8670 | Miscarriage, including D & C | 45 | 56 | 124 | 2,015 |
| 8630 | Caesarean section | 176 | 200 | 114 | 1,080 |
| 370 | Thyroidectomy | 189 | 226 | 120 | 640 |
| 3250 | Extraction of lens of eye | 200 | 263 | 132 | 325 |
| 6400 | Gastrectomy | 252 | 343 | 136 | 319 |
| 7703 | Prostatectomy, transurethral | 225 | 245 | 109 | 163 |
| 7650 | Nephrectomy | 256 | 290 | 113 | 80 |

Table L shows the variation in charges in relation to the average for a few frequent procedures and for their total when weighted by their relative frequencies.

Thus, the actual charge is seen to be less than the average in about 58.5% of the cases. For only 12% do the charges exceed one and one-half times the average charge.

## *X. Geographical Variation in Doctors' Charges*

Table M shows the variation in doctors' charges for certain selected cities, by state, and by region for obstetrical procedures and nonobstetrical procedures separately. The charges in each area are related to the average of charges nationwide. In making the underlying computa-

## TABLE K

### VARIATION IN AVERAGE DOCTORS' CHARGES BY TYPE HOSPITALIZATION FOR CERTAIN SINGLE PROCEDURES

| Procedure Code | Description | Hospital Code* | Number of Claims | Total Doctors' Charges | Average Charge per Claim |
|---|---|---|---|---|---|
| 0120 | Biopsy, gland, muscle or superficial tissue, by excision | 1 | 153 | $ 6,209 | $ 41 |
| | | 2 | 30 | 578 | 19 |
| | | 3 | 133 | 2,476 | 19 |
| 0121, 0131, 0141 | Biopsy by needle aspiration | 1 | 22 | 861 | 39 |
| | | 2 | 5 | 50 | 10 |
| | | 3 | 20 | 330 | 17 |
| 0310 | Lymph glands or nodes, individual gland or gland mass removal, superficial | 1 | 44 | 2,365 | 54 |
| | | 2 | 5 | 101 | 20 |
| | | 3 | 5 | 136 | 27 |
| 0351 | Salivary glands, removal of stone from duct or gland substance | 1 | 29 | 2,820 | 97 |
| | | 2 | 3 | 145 | 48 |
| | | 3 | 20 | 618 | 31 |
| 0510 | Abscesses, not of breast, deep, large, single procedure, incision and drainage (not involving internal organs) | 1 | 169 | 7,393 | 44 |
| | | 2 | 37 | 620 | 17 |
| | | 3 | 183 | 3,787 | 21 |
| 0511 | Abscesses, not of breast, deep, large, multiple procedure, incision and drainage (not involving internal organs) | 1 | 8 | 465 | 58 |
| | | 2 | 3 | 50 | 17 |
| | | 3 | 14 | 351 | 25 |
| 0512 | Abscesses, not of breast, superficial, single procedure, incision and drainage (not involving internal organs) | 1 | 389 | 12,343 | 32 |
| | | 2 | 407 | 5,446 | 13 |
| | | 3 | 2,087 | 30,823 | 15 |
| 0513 | Abscesses, not of breast, superficial, multiple procedure, incision and drainage (not involving internal organs) | 1 | 18 | 747 | 42 |
| | | 2 | 11 | 292 | 27 |
| | | 3 | 81 | 1,942 | 24 |
| 0514 | Abscesses, involving breast, single procedure | 1 | 40 | 1,943 | 49 |
| | | 2 | 11 | 253 | 23 |
| | | 3 | 39 | 740 | 19 |
| 0521 | Burns, second degree, debridement and surgical treatment of | 1 | 34 | 1,091 | 32 |
| | | 2 | 74 | 1,325 | 18 |
| | | 3 | 89 | 1,602 | 18 |
| 0522 | Burns, third degree, debridement and surgical treatment of | 1 | 15 | 1,357 | 90 |
| | | 2 | 15 | 545 | 36 |
| | | 3 | 24 | 577 | 24 |

* The hospital codes are
1 Hospitalized as a Bed-Patient
2 In a Hospital Out-Patient Department
3 Out-of-Hospital

TABLE K—*Continued*

| Procedure Code | Description | Hospital Code* | Number of Claims | Total Doctors' Charges | Average Charge per Claim |
|---|---|---|---|---|---|
| 0570 | Cellulitis, incision and drainage for | 1<br>2<br>3 | 35<br>11<br>59 | $1,083<br>248<br>1,168 | 31<br>23<br>20 |
| 0571, 0572 | Carbuncle, drainage of, or excision of | 1<br>2<br>3 | 26<br>23<br>163 | 1,111<br>452<br>3,168 | 43<br>20<br>19 |
| 0580 | Foreign body, superficial, removal of (except from eye or body cavity) | 1<br>2<br>3 | 88<br>347<br>555 | 3,056<br>3,974<br>5,975 | 35<br>11<br>11 |
| 0581 | Foreign body, deep seated, removal of (except from eye or body cavity) | 1<br>2<br>3 | 77<br>77<br>106 | 4,057<br>1,722<br>2,008 | 53<br>22<br>19 |
| 0754 | Scar tissue or keloid, excision of | 1<br>2<br>3 | 59<br>19<br>26 | 6,543<br>828<br>1,476 | 111<br>44<br>57 |
| 0912 | Pilonidal cyst or sinus, incision of | 1<br>2<br>3 | 62<br>15<br>55 | 5,730<br>420<br>1,203 | 92<br>28<br>22 |
| 0913 | Pilonidal cyst or sinus, excision of | 1<br>2<br>3 | 401<br>8<br>13 | 43,037<br>395<br>674 | 107<br>49<br>52 |
| 0916 | Sebaceous cyst, excision of | 1<br>2<br>3 | 408<br>563<br>1,798 | 15,545<br>12,252<br>32,458 | 38<br>22<br>18 |
| 0930 | Benign tumors, superficial, including warts and calluses, single procedure, removal by surgical procedure | 1<br>2<br>3 | 1,584<br>1,220<br>4,499 | 72,105<br>27,174<br>73,552 | 46<br>22<br>16 |
| 0931 | Benign tumors, superficial, including warts and calluses, multiple procedure, removal by surgical procedure | 1<br>2<br>3 | 359<br>283<br>1,598 | 21,686<br>8,057<br>37,896 | 60<br>28<br>24 |
| 0932 | Benign tumors, deep seated, single procedure, removal by surgical procedure | 1<br>2<br>3 | 290<br>28<br>59 | 21,341<br>920<br>1,752 | 74<br>33<br>30 |
| 0933 | Benign tumors, deep seated, multiple procedure, removal by surgical procedure | 1<br>2<br>3 | 21<br>5<br>26 | 1,575<br>245<br>696 | 75<br>49<br>27 |
| 1265, 1266 | Ostectomy, nail bed or nail fold, partial or complete | 1<br>2<br>3 | 229<br>209<br>788 | 7,771<br>3,537<br>12,930 | 34<br>17<br>16 |

TABLE K—*Continued*

| Procedure Code | Description | Hospital Code* | Number of Claims | Total Doctors' Charges | Average Charge per Claim |
|---|---|---|---|---|---|
| 3212 | Chalazion, excision or curettage, single | 1 | 67 | $ 2,237 | $33 |
| | | 2 | 82 | 1,640 | 20 |
| | | 3 | 747 | 13,307 | 18 |
| 3213 | Chalazion, excision or curettage, multiple | 1 | 17 | 716 | 42 |
| | | 2 | 9 | 365 | 41 |
| | | 3 | 90 | 2,688 | 30 |
| 3414 | Alveolectomy | 1 | 172 | 13,813 | 80 |
| | | 2 | 9 | 522 | 58 |
| | | 3 | 109 | 6,502 | 60 |
| 3450 | Impacted tooth, removal of, one | 1 | 97 | 4,369 | 45 |
| | | 2 | 13 | 493 | 38 |
| | | 3 | 676 | 18,927 | 28 |
| 3451 | Impacted tooth, removal of, more than one | 1 | 155 | 13,464 | 87 |
| | | 2 | 9 | 504 | 56 |
| | | 3 | 259 | 16,505 | 64 |
| 3680 | Tonsillar or peritonsillar abscess, incision for drainage | 1 | 27 | 899 | 33 |
| | | 2 | 8 | 178 | 22 |
| | | 3 | 32 | 572 | 18 |
| 7180 | Rectal polyps, removal of one or more | 1 | 55 | 3,762 | 68 |
| | | 2 | 10 | 212 | 21 |
| | | 3 | 47 | 1,305 | 28 |
| 8011 | Bartholin's or Skene's glands, incision | 1 | 54 | 2,979 | 55 |
| | | 2 | 7 | 115 | 16 |
| | | 3 | 40 | 821 | 21 |
| 8020 | Caruncle, urethral, excision or fulguration of | 1 | 17 | 1,150 | 68 |
| | | 2 | 2 | 50 | 25 |
| | | 3 | 8 | 166 | 21 |
| 8041 | Cervix, cauterization of | 1 | 109 | 3,975 | 36 |
| | | 2 | 76 | 1,515 | 20 |
| | | 3 | 938 | 19,565 | 21 |
| 8042 | Cervix, conization of | 1 | 109 | 5,126 | 47 |
| | | 2 | 7 | 218 | 31 |
| | | 3 | 101 | 3,273 | 32 |

* The hospital codes are
1 Hospitalized as a Bed-Patient
2 In a Hospital Out-Patient Department
3 Out-of-Hospital

## TABLE L

### ANALYSIS OF DISPERSION OF DOCTORS' CHARGES FOR SELECTED NONOBSTETRICAL PROCEDURES BASED ON SINGLE PROCEDURE CLAIMS

| PROCEDURE CODE | DESCRIPTION | AVERAGE CHARGE PER CLAIM | CUMULATIVE PERCENTAGE OF CLAIMS INCLUDED WITHIN THE GIVEN MULTIPLE OF THE AVERAGE CHARGE | | | | | | | | NUMBER OF CLAIMS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 0 to .25 | .25 to .50 | .50 to .75 | .75 to 1.00 | 1.00 to 1.25 | 1.25 to 1.50 | 1.50 to 1.75 | 1.75 to 2.00 | |
| 159 | Cystoscopy, diagnostic, with ureteral catheterization | $ 43 | 1.4% | 7.2% | 28.5% | 59.6% | 83.5% | 88.6% | 93.5% | 95.5% | 1,621 |
| 930 | Removal of benign tumor, superficial | 23 | 8.5 | 32.7 | 54.7 | 63.2 | 77.8 | 80.1 | 87.1 | 88.0 | 7,590 |
| 2084, 2086 | Fracture of radius and ulna, closed reduction | 67 | 1.1 | 10.1 | 41.9 | 56.8 | 77.6 | 90.1 | 91.7 | 95.6 | 880 |
| 3212 | Chalazion, excision or curettage | 19 | .9 | 5.3 | 28.4 | 58.8 | 70.3 | 87.6 | 90.6 | 95.4 | 936 |
| 6100 | Cholecystectomy | 234 | ...... | .7 | 22.8 | 54.2 | 79.9 | 96.5 | 98.4 | 98.9 | 1,339 |
| 6400 | Gastrectomy | 343 | ...... | 1.6 | 28.6 | 51.7 | 80.8 | 96.5 | 98.4 | 98.7 | 319 |
| 6500 | Herniotomy, single | 143 | .1 | .8 | 24.7 | 46.0 | 86.3 | 94.6 | 97.5 | 98.6 | 2,882 |
| 7072 | Hemorrhoidectomy, external & internal | 110 | 1.1 | 10.1 | 30.8 | 59.3 | 75.4 | 92.8 | 95.3 | 97.6 | 1,504 |
| 8043 | Cervix, dilation and curettage | 57 | 1.0 | 7.0 | 26.5 | 65.6 | 71.6 | 90.5 | 92.8 | 97.4 | 3,049 |
| 8080 | Hysterectomy | 239 | .4 | 1.1 | 21.4 | 49.0 | 75.9 | 95.6 | 98.1 | 98.7 | 1,560 |
| | Total | | 3.5% | 14.7% | 36.8% | 58.5% | 78.0% | 88.0% | 92.2% | 94.1% | 21,894 |

TABLE M—GEOGRAPHICAL VARIATION IN DOCTORS' CHARGES

| Code | Area | Ratio of Doctors' Charges to National Average | | Number of Claims | |
|---|---|---|---|---|---|
| | | Obstetrical Procedures | Non-obstetrical Procedures | Obstetrical Procedures | Non-obstetrical Procedures |
| 21 | Connecticut | 116% | 107% | 440 | 1,540 |
| 22 | Maine | 72 | 85 | 138 | 343 |
| 23 | Massachusetts, All | 107 | 98 | 830 | 2,757 |
| | Boston | 138 | 113 | 43 | 191 |
| | Other | 105 | 97 | 787 | 2,566 |
| 24 | New Hampshire | 85 | 85 | 191 | 614 |
| 25 | Rhode Island, All | 104 | 106 | 41 | 127 |
| | Providence | 106 | 114 | 25 | 67 |
| | Other | 101 | 98 | 16 | 60 |
| 26 | Vermont | 75 | 79 | 151 | 392 |
| | Region Total | 101% | 96% | 1,791 | 5,773 |
| 31 | Delaware | 113% | 93% | 23 | 69 |
| 32 | Washington, D.C. | 146 | 111 | 62 | 198 |
| 33 | New Jersey | 124 | 115 | 866 | 2,126 |
| 34 | New York, All | 127 | 118 | 2,120 | 6,154 |
| | Buffalo | 104 | 98 | 104 | 304 |
| | New York City | 154 | 148 | 584 | 1,643 |
| | Other | 118 | 107 | 1,432 | 4,207 |
| 35 | Pennsylvania, All | 92 | 93 | 2,191 | 7,114 |
| | Philadelphia | 128 | 104 | 268 | 858 |
| | Pittsburgh | 107 | 106 | 317 | 943 |
| | Other | 83 | 89 | 1,606 | 5,313 |
| | Region Total | 112% | 108% | 5,262 | 15,661 |
| 41 | Illinois, All | 110% | 115% | 2,262 | 6,292 |
| | Chicago | 126 | 133 | 679 | 1,827 |
| | Other | 103 | 108 | 1,583 | 4,465 |
| 42 | Indiana | 84 | 90 | 1,618 | 4,450 |
| 43 | Kentucky | 93 | 104 | 322 | 996 |
| 44 | Michigan, All | 96 | 94 | 2,151 | 6,665 |
| | Detroit | 118 | 112 | 343 | 881 |
| | Other | 92 | 91 | 1,808 | 5,784 |
| 45 | Ohio, All | 96 | 98 | 2,228 | 6,161 |
| | Cincinnati | 102 | 118 | 152 | 328 |
| | Cleveland | 128 | 112 | 187 | 486 |
| | Other | 92 | 95 | 1,889 | 5,347 |
| 46 | Wisconsin, All | 81 | 88 | 1,250 | 4,519 |
| | Milwaukee | 96 | 104 | 344 | 1,226 |
| | Other | 75 | 82 | 906 | 3,293 |
| 47 | West Virginia | 81 | 86 | 363 | 1,279 |
| | Region Total | 95% | 99% | 10,194 | 30,362 |
| 51 | Iowa | 87% | 94% | 394 | 1,342 |
| 52 | Kansas | 89 | 89 | 382 | 1,336 |
| 53 | Minnesota, All | 90 | 97 | 781 | 2,117 |
| | Minneapolis | 97 | 105 | 255 | 592 |
| | Other | 87 | 94 | 526 | 1,525 |
| 54 | Missouri, All | 110 | 104 | 588 | 1,847 |
| | Kansas City | 129 | 101 | 147 | 653 |
| | St. Louis | 117 | 125 | 171 | 350 |
| | Other | 96 | 97 | 270 | 844 |
| 55 | Nebraska | 83 | 93 | 128 | 629 |
| 56 | North Dakota | 77 | 86 | 45 | 136 |
| 57 | South Dakota | 84 | 90 | 50 | 174 |
| | Region Total | 94% | 96% | 2,368 | 7,581 |

TABLE M—*Continued*

| Code | Area | Ratio of Doctors' Charges to National Average | | Number of Claims | |
|---|---|---|---|---|---|
| | | Obstetrical Procedures | Non-obstetrical Procedures | Obstetrical Procedures | Non-obstetrical Procedures |
| 61 | Colorado | 98% | 95% | 103 | 562 |
| 62 | Idaho | 96 | 97 | 68 | 319 |
| 63 | Montana | 88 | 96 | 47 | 231 |
| 64 | Nevada | 108 | 117 | 18 | 154 |
| 65 | Utah | 92 | 99 | 221 | 946 |
| 66 | Wyoming | 93 | 92 | 40 | 163 |
| | Region Total | 94% | 99% | 497 | 2,375 |
| 71 | California, All | 146% | 124% | 1,149 | 14,231 |
| | Los Angeles | 149 | 137 | 169 | 1,822 |
| | San Francisco | 144 | 142 | 50 | 286 |
| | Other | 145 | 122 | 930 | 12,123 |
| 72 | Oregon, All | 118 | 102 | 121 | 607 |
| | Portland | 125 | 110 | 42 | 249 |
| | Other | 114 | 97 | 79 | 358 |
| 73 | Washington, All | 127 | 104 | 281 | 2,100 |
| | Seattle | 144 | 113 | 99 | 410 |
| | Other | 117 | 102 | 182 | 1,690 |
| | Region Total | 140% | 121% | 1,551 | 16,938 |
| 81 | Arizona | 108% | 106% | 105 | 412 |
| 82 | Arkansas | 87 | 90 | 211 | 838 |
| 83 | Louisiana, All | 98 | 95 | 637 | 2,254 |
| | New Orleans | 135 | 113 | 65 | 330 |
| | Other | 94 | 92 | 572 | 1,924 |
| 84 | New Mexico | 98 | 106 | 110 | 426 |
| 85 | Oklahoma | 101 | 98 | 192 | 770 |
| 86 | Texas, All | 111 | 105 | 1,329 | 5,803 |
| | Dallas | 134 | 118 | 129 | 550 |
| | Houston | 135 | 121 | 281 | 972 |
| | Other | 101 | 100 | 919 | 4,281 |
| | Region Total | 105% | 110% | 2,584 | 10,503 |
| 91 | Alabama | 73% | 83% | 590 | 2,229 |
| 92 | Florida | 119 | 107 | 543 | 2,010 |
| 93 | Georgia, All | 84 | 86 | 551 | 2,077 |
| | Atlanta | 126 | 107 | 41 | 226 |
| | Other | 81 | 83 | 510 | 1,851 |
| 94 | Maryland, All | 108 | 94 | 353 | 976 |
| | Baltimore | 112 | 96 | 235 | 631 |
| | Other | 100 | 90 | 118 | 345 |
| 95 | Mississippi | 79 | 84 | 283 | 967 |
| 96 | North Carolina | 82 | 83 | 1,458 | 5,324 |
| 97 | South Carolina | 74 | 82 | 664 | 2,664 |
| 98 | Tennessee | 80 | 91 | 326 | 1,100 |
| 99 | Virginia | 86 | 79 | 634 | 1,946 |
| | Region Total | 86% | 86% | 5,402 | 19,293 |
| | Grand Total All Regions | 100% | 100% | 29,649 | 108,486 |

tion, proper allowance was made for the relative frequencies of the various procedures, using the countrywide pattern of frequencies.

The Pacific Coast States, region 70, had the highest charges, 121% of the countrywide average for nonobstetrical procedures and 140% for obstetrical procedures. This is considerably higher than the next highest region, the Middle Atlantic States, region 30, with ratios of 108% and 112%, respectively. The group of South Atlantic States, region 90, is at the other extreme, with 86% for both nonobstetrical and obstetrical procedures.

For nonobstetrical procedures 5 states and for obstetrical procedures 9 states show ratios to the countrywide average in excess of 110%. California is the highest with 124% and 146%, respectively. Thirteen states show ratios below 90% for nonobstetrical procedures, 2 being below 80%. Twenty states have ratios below 90% for obstetrical procedures, of which 6 are below 80%.

Among the cities shown, New York is the highest with 148% for nonobstetrical procedures and 154% for obstetrical procedures, but Los Angeles, San Francisco, Seattle, Washington, D.C., and Chicago approached one or both of these figures. Fifteen of the 24 cities have ratios in excess of 110% for nonobstetrical procedures and 18 for obstetrical procedures. None of the cities showed ratios below 90%.

That doctors' charges tend to be higher in urban than in nearby nonurban areas is confirmed by the fact that with few exceptions the cities showed higher ratios than the remainder of the states in which they were located. For the cities studied, the charges for nonobstetrical procedures were on the average 120% of the charges for the same procedures in the other sections of the same states. The comparable figure for obstetrical procedures is 126%.

The 1957 results are generally similar to those shown in the 1947 Study by state and region. In 1947, cities were not shown separately.

While Table M does not include data on Canadian claims, certain information concerning them was produced by the study. Based on 2,006 nonobstetrical claims and 738 obstetrical claims largely from Quebec and Ontario, the ratio of Canadian to United States doctors' charges was 81% and 72%, respectively.

The question of whether the variation in the relative values of surgical procedures in different areas of the country is significant was also investigated. A group of procedures was chosen from among those with average doctors' charges of less than $25, another group from among those with average charges ranging from $125 to $175, and a third group from among those with average charges of $300 or more, representing low cost, medium cost, and high cost procedures. These, in turn, were considered

in the high cost geographical areas, those where in Table M ratios of charges to the average were 115% or more, in middle cost areas with charges from 115% to 85% of average, and in the low cost areas with charges of 85% and under. The procedures in each subgroup were properly weighted by the appropriate relative frequencies so as to put them on a comparable basis.

The ratios derived from this analysis appear in Table N. The relative values of the low cost, medium cost, and high cost surgical procedures as brought out by these ratios are almost the same in each group of geographical areas. Thus, it would seem that on the average there is

TABLE N

GEOGRAPHICAL VARIATION IN RELATIONSHIPS OF DOCTORS' CHARGES

| Procedures | Ratios | | |
|---|---|---|---|
| | Low Cost Areas | Middle Cost Areas | High Cost Areas |
| Low cost (codes 178, 512, 930, 2130, 3040, 3212, 7520, 8041) | 13% | 14% | 15% |
| Medium cost (codes 2461, 3628, 3660, 3666, 6030, 6040, 6500, 8138, 8330, 8350) | 100% | 100% | 100% |
| High cost (codes 2418, 2422, 3030, 3240, 4424, 5210, 6400, 7100, 9020, 9430) | 232% | 229% | 217% |

little variation by geographical area group in the relationship between doctors' charges for different surgical procedures. The level of charges, of course, varies a great deal from area to area as brought out in Table M.

*XI. Variations by Age*

Table O shows the variation in average amount of surgical reimbursement and in average doctors' charges by age group for each type of patient. The table is based on the claims in the frequency studies so that different procedures are in proper proportion. Obstetrical claims have been excluded.

The change in average amount of reimbursement measures the relative severity of surgery in each age group. If claim costs by age are desired, appropriate assumptions concerning the variation in claim frequency by age must be made.

## TABLE O

VARIATION IN REIMBURSEMENT AND CHARGE BY AGE, IN FREQUENCY DATA, OMITTING OBSTETRICAL CLAIMS

| Age | Ratio to Average Amount for All Ages | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Male Employee | | Female Employee | | Wife | | Male Child | | Female Child | | Dependent Husband | |
| | Reimbursement | Charge | Reimbursement | Charge | Reimbursement | Charge | Reimbursement | Charge | Reimbursement | Charge | Reimbursement | Charge |
| 0 to 4 | ........ | ........ | ........ | ........ | ........ | ........ | 92% | 88% | 87% | 86% | ........ | ........ |
| 5 to 9 | ........ | ........ | ........ | ........ | ........ | ........ | 97 | 102 | 95 | 95 | ........ | ........ |
| 10 to 14 | ........ | ........ | ........ | ........ | ........ | ........ | 106 | 112 | 110 | 109 | ........ | ........ |
| 15 to 19 | 87% | 80% | 86% | 80% | 89% | 83% | 117 | 123 | 138 | 133 | 33% | 28% |
| 20 to 29 | 80 | 76 | 83 | 83 | 85 | 83 | ........ | ........ | ........ | ........ | 79 | 77 |
| 30 to 39 | 85 | 82 | 102 | 104 | 97 | 96 | ........ | ........ | ........ | ........ | 87 | 87 |
| 40 to 49 | 102 | 100 | 114 | 115 | 113 | 113 | ........ | ........ | ........ | ........ | 111 | 108 |
| 50 to 59 | 120 | 124 | 114 | 118 | 106 | 111 | ........ | ........ | ........ | ........ | 109 | 119 |
| 60 to 69 | 147 | 160 | 95 | 101 | 125 | 132 | ........ | ........ | ........ | ........ | 139 | 132 |
| 70 & over | 171 | 198 | 106 | 117 | 135 | 174 | ........ | ........ | ........ | ........ | 127 | 91 |
| Average Amount for All Ages | $55 (100%) | $87 (100%) | $63 (100%) | $94 (100%) | $71 (100%) | $107 (100%) | $36 (100%) | $52 (100%) | $39 (100%) | $58 (100%) | $70 (100%) | $106 (100%) |

The most complicated surgery for male employees occurs at ages over 50 and the severity increases rapidly after that age. Although the surgery for adult females is generally of a more serious nature than for males, there is considerably less variation by age. In fact, operations on adult females tend to decrease in seriousness for several years following the child-bearing ages and afterward increase but slightly.

The ratios of average charges have a steeper pitch with advancing age than do the reimbursement ratios. This is probably explained by the widespread practice of establishing fees in accordance with the patients' incomes, which tend to increase with age.

[Text continued on page 465]

TABLE P

DISTRIBUTION BY TYPE PATIENT OF FREQUENCY DATA CLAIMS—OMITTING OBSTETRICAL CLAIMS

| PROCEDURE CODE (1) | DESCRIPTION OF PROCEDURE | EMPLOYEES | | | DEPENDENTS | | | | | TOTAL EMPLOYEES AND DEPENDENTS (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Male Employees (2) | Female Employees (3) | Total Employees (4) | Wives (5) | Male Children (6) | Female Children (7) | Husbands (8) | Total Dependents (9) | |
| | **GENERAL SURGERY** | | | | | | | | | |
| | *BIOPSY* | | | | | | | | | |
| 110 | Bone or bone marrow | 13 | 9 | 22 | 11 | 9 | 6 | 1 | 27 | 49 |
| 120 | Gland, muscle or superficial tissue, by excision | 72 | 55 | 127 | 127 | 5 | 4 | 2 | 138 | 265 |
| 121, 131, 141 | By needle aspiration | 16 | 7 | 23 | 8 | 5 | 1 | | 14 | 37 |
| 149 | Others | 40 | 51 | 91 | 123 | 5 | 9 | 2 | 139 | 230 |
| | *ENDOSCOPY* | | | | | | | | | |
| | *BRONCHOSCOPY, ESOPHAGOSCOPY, OR GASTROSCOPY* | | | | | | | | | |
| 150, 162, 166 | Diagnostic | 103 | 19 | 122 | 61 | 9 | 8 | 5 | 83 | 205 |
| 151, 163, 167 | Operative | 53 | 10 | 63 | 39 | 28 | 26 | 1 | 94 | 157 |
| 152, 164, 168 | Unspecified | 30 | 2 | 32 | 16 | 3 | 1 | 1 | 21 | 53 |
| | *CULDOSCOPY, PERITONEOSCOPY, OR THORACOSCOPY* | | | | | | | | | |
| 154, 174, 186 | Diagnostic | 1 | 1 | 2 | 4 | | | 2 | 6 | 8 |
| 155, 175, 187 | Operative | 1 | | 1 | | | | | | 1 |
| | *CYSTOSCOPY* | | | | | | | | | |
| 158 | Diagnostic, without ureteral catheterization | 186 | 72 | 258 | 162 | 13 | 28 | 5 | 208 | 466 |
| 159 | Diagnostic, with ureteral catheterization | 582 | 225 | 807 | 655 | 45 | 88 | 19 | 807 | 1,614 |
| 160 | Operative | 251 | 42 | 293 | 112 | 4 | 21 | 9 | 146 | 439 |
| 161 | Unspecified | 78 | 23 | 101 | 90 | 5 | 9 | 1 | 105 | 206 |
| | *LARYNGOSCOPY* | | | | | | | | | |
| 170 | Diagnostic | 18 | 2 | 20 | 4 | 10 | 4 | | 18 | 38 |
| 171 | Operative | 52 | 4 | 56 | 17 | 5 | 4 | 2 | 28 | 84 |
| 172 | Unspecified | 5 | | 5 | 2 | 1 | 2 | 1 | 6 | 11 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| | *PROCTOSCOPY* | | | | | | | | | |
| 178 | Diagnostic | 107 | 28 | 135 | 67 | 4 | | 1 | 72 | 207 |
| 179 | Operative | 12 | 2 | 14 | 4 | | | | 4 | 18 |
| 180 | Unspecified | 5 | 3 | 8 | 5 | | | | 5 | 13 |
| | *SIGMOIDOSCOPY* | | | | | | | | | |
| 182 | Diagnostic | 151 | 52 | 203 | 88 | 5 | 8 | 6 | 107 | 310 |
| 183 | Operative | 17 | 1 | 18 | 6 | 2 | | | 8 | 26 |
| 184 | Unspecified | 19 | 4 | 23 | 10 | | | 1 | 11 | 34 |
| 199 | *OTHER ENDOSCOPIES* | 16 | 3 | 19 | 10 | 1 | 1 | | 12 | 31 |
| | *GLANDS* | | | | | | | | | |
| | *LYMPH GLANDS OR NODES* | | | | | | | | | |
| 310 | Individual gland or gland mass removal, superficial | 13 | 6 | 19 | 15 | 9 | 10 | | 34 | 53 |
| | *Radical resection of lymph glands or nodes* | | | | | | | | | |
| 314, 320 | Axillary or inguinal, unilateral | 13 | 5 | 18 | 16 | 5 | 5 | 1 | 27 | 45 |
| 315, 321 | Axillary or inguinal, bilateral | 1 | 1 | 2 | | 1 | | | 1 | 3 |
| 317 | Cervical, unilateral | 7 | 3 | 10 | 10 | 2 | 2 | | 14 | 24 |
| 318 | Cervical, bilateral | 2 | | 2 | 2 | | | | 2 | 4 |
| 329 | Other operations on lymph glands or nodes | 9 | 3 | 12 | 6 | 6 | 5 | | 17 | 29 |
| | *MAMMARY GLANDS* | | | | | | | | | |
| 330 | Mastectomy, partial | 3 | 25 | 28 | 72 | | | | 72 | 100 |
| 331 | Mastectomy, total | 11 | 17 | 28 | 51 | 3 | | | 54 | 82 |
| 332 | Mastectomy, radical | | 34 | 34 | 111 | | 1 | | 112 | 146 |
| 335 | Removal of benign tumors or cysts | 34 | 281 | 315 | 804 | 4 | 53 | | 861 | 1,176 |
| 339 | Other operations on mammary glands | | 2 | 2 | 17 | | 3 | | 20 | 22 |
| | *PARATHYROID GLAND* | | | | | | | | | |
| 340 | Parathyroidectomy | 2 | 1 | 3 | | | | | | 3 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| | *SALIVARY GLANDS, SUBMAXILLARY, PAROTID, OR SUBLINGUAL* | | | | | | | | | |
| 350 | Removal of gland (other than for malignancy) | 14 | | 14 | 15 | 1 | 1 | | 17 | 31 |
| 351 | Removal of stone from duct or gland substance | 23 | 4 | 27 | 14 | 1 | 3 | 1 | 19 | 46 |
| 359 | Other operations on salivary glands | 5 | 3 | 8 | 7 | 3 | 1 | | 11 | 19 |
| | *THYROID GLAND AND GOITER* | | | | | | | | | |
| 370 | Thyroidectomy, total or subtotal | 49 | 105 | 154 | 349 | 1 | 11 | 4 | 365 | 519 |
| 374 | Thyroid lobectomy, hemithyroidectomy, removal of thyroid adenoma or thyroid cyst | 8 | 14 | 22 | 46 | 4 | 7 | | 57 | 79 |
| 379 | Other operations on thyroid gland | 3 | 1 | 4 | 8 | 1 | | | 9 | 13 |
| | *INFECTIONS AND INJURIES* | | | | | | | | | |
| | *ABSCESSES, INCISION AND DRAINAGE (NOT INVOLVING INTERNAL ORGANS)* | | | | | | | | | |
| 510 | Abscess, not of breast, deep, large, single procedure | 100 | 32 | 132 | 66 | 66 | 62 | 2 | 196 | 328 |
| 511 | Abscess, not of breast, deep, large, multiple procedure | 9 | 3 | 12 | 4 | 1 | 8 | | 13 | 25 |
| 512 | Abscess, not of breast, superficial, single procedure | 957 | 236 | 1,193 | 410 | 386 | 242 | 17 | 1,055 | 2,248 |
| 513 | Abscess, not of breast, superficial, multiple procedure | 45 | 10 | 55 | 20 | 17 | 7 | 1 | 45 | 100 |
| 514 | Abscess, involving breast, single procedure | 3 | 9 | 12 | 55 | 1 | 6 | | 62 | 74 |
| 515 | Abscess, involving breast, multiple procedure | | 1 | 1 | 3 | | | | 3 | 4 |
| 516 | Abscess, not of breast, deep, large, unspecified number of procedures | 6 | 1 | 7 | 1 | 1 | 1 | | 3 | 10 |
| 517 | Abscess, not of breast, superficial, unspecified number of procedures | 11 | | 11 | 7 | 4 | 4 | 1 | 16 | 27 |
| 518 | Abscess, involving breast, unspecified number of procedures | | 1 | 1 | | 1 | | | 1 | 2 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| | *BURNS, DEBRIDEMENT AND SURGICAL TREATMENT OF* | | | | | | | | | |
| 521 | Localized burn, second degree | 37 | 14 | 51 | 35 | 51 | 38 | | 124 | 175 |
| 522 | Localized burn, third degree | 12 | 3 | 15 | 7 | 14 | 14 | | 35 | 50 |
| 523 | More extensive burn, not localized | 3 | 1 | 4 | 8 | 9 | 8 | | 25 | 29 |
| | *OTHER INFECTIONS AND INJURIES* | | | | | | | | | |
| 550 | Accidental laceration of skin structure, suture or repair of | 1,962 | 273 | 2,235 | 819 | 4,648 | 2,174 | 54 | 7,695 | 9,930 |
| | *Blood or plasma transfusion* | | | | | | | | | |
| 560 | Single | 23 | 11 | 34 | 36 | 32 | 32 | 2 | 102 | 136 |
| 561 | Multiple | 50 | 13 | 63 | 48 | 25 | 14 | 4 | 91 | 154 |
| 562 | Unspecified number | 6 | 2 | 8 | 6 | 4 | 2 | | 12 | 20 |
| 570 | Cellulitis, incision or drainage for | 37 | 5 | 42 | 7 | 18 | 13 | 1 | 39 | 81 |
| | *Carbuncle* | | | | | | | | | |
| 571 | Drainage of | 96 | 11 | 107 | 21 | 10 | 8 | 2 | 41 | 148 |
| 572 | Excision of | 17 | 2 | 19 | 4 | 3 | | | 7 | 26 |
| | *Foreign body, removal of (except from eye or body cavity)* | | | | | | | | | |
| 580 | Superficial | 251 | 42 | 293 | 112 | 294 | 135 | 4 | 545 | 838 |
| 581 | Deep seated | 67 | 18 | 85 | 32 | 75 | 42 | 1 | 150 | 235 |
| 589 | Ulcer, superficial, excision | 11 | 4 | 15 | 3 | 1 | 1 | 2 | 7 | 22 |
| 599 | Other infections and injuries not elsewhere specified | 224 | 48 | 272 | 95 | 263 | 124 | 1 | 483 | 755 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| | *PLASTIC SURGERY* | | | | | | | | | |
| 710 | Epispadias or hypospadias, repair of (complete procedure) | 2 | | 2 | | 19 | | | 19 | 21 |
| 720 | Labioplasty or cheiloplasty | 1 | 1 | 2 | | 9 | 8 | | 17 | 19 |
| 730 | Otoplasty | 5 | 1 | 6 | 4 | 10 | 8 | | 22 | 28 |
| 740 | Periosteal or bone graft | 3 | | 3 | 1 | 2 | | 1 | 4 | 7 |
| 750 | Rhinoplasty | 23 | 21 | 44 | 14 | 15 | 3 | 1 | 33 | 77 |
| 754 | Scar tissue or keloid, excision of | 20 | 19 | 39 | 27 | 22 | 22 | | 71 | 110 |
| | *Skin grafting* | | | | | | | | | |
| 760, 761 | Direct flap or transplant or pinch graft | 38 | 8 | 46 | 17 | 57 | 25 | | 99 | 145 |
| 762 | Tube graft | 4 | 1 | 5 | 7 | 2 | 2 | | 11 | 16 |
| 780 | Staphylorrhaphy or palatoplasty | 2 | 1 | 3 | 2 | 25 | 21 | | 48 | 51 |
| 784 | Syndactylism, repair of | | | | | 9 | 1 | | 10 | 10 |
| 790, 791, 792 | Talipes equinus, correction of | | | | | 22 | 18 | | 40 | 40 |
| 799 | Other plastic surgery | 25 | 11 | 36 | 24 | 25 | 11 | | 60 | 96 |
| | *TUMORS OR CYSTS* | | | | | | | | | |
| | *CYSTS* | | | | | | | | | |
| 910 | Branchial cyst, excision of | 6 | 4 | 10 | 9 | 2 | 7 | | 18 | 28 |
| 912 | Pilonidal cyst or sinus, incision of | 70 | 4 | 74 | 13 | 7 | 10 | 2 | 32 | 106 |
| 913 | Pilonidal cyst or sinus, excision of | 210 | 43 | 253 | 44 | 19 | 29 | 6 | 98 | 351 |
| 916 | Sebaceous cyst, excision of | 1,394 | 273 | 1,667 | 482 | 87 | 73 | 19 | 661 | 2,328 |
| 918 | Thyroglossal cyst, excision of | 19 | 5 | 24 | 10 | 15 | 11 | | 36 | 60 |

TABLE P—*Continued*

| PROCEDURE CODE (1) | DESCRIPTION OF PROCEDURE | EMPLOYEES | | | DEPENDENTS | | | | | TOTAL EMPLOYEES AND DEPENDENTS (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Male Employees (2) | Female Employees (3) | Total Employees (4) | Wives (5) | Male Children (6) | Female Children (7) | Husbands (8) | Total Dependents (9) | |
| | *TUMORS (NOT ELSEWHERE SPECIFIED)* | | | | | | | | | |
| | *Removal by surgical procedure* | | | | | | | | | |
| 930 | Benign tumors, superficial, including warts and calluses, single procedure | 2,420 | 848 | 3,268 | 1,448 | 536 | 624 | 48 | 2,656 | 5,924 |
| 931 | Benign tumors, superficial, including warts and calluses, multiple procedure | 696 | 379 | 1,075 | 612 | 131 | 156 | 14 | 913 | 1,988 |
| 932 | Benign tumors, deep seated, single procedure | 133 | 44 | 177 | 112 | 26 | 35 | 4 | 177 | 354 |
| 933 | Benign tumors, deep seated, multiple procedure | 10 | 12 | 22 | 13 | 3 | 4 | 1 | 21 | 43 |
| 934 | Benign tumors, superficial, including warts and calluses, unspecified number of procedures | 177 | 96 | 273 | 155 | 67 | 70 | 5 | 297 | 570 |
| 935 | Benign tumors, deep seated, unspecified number of procedures | 6 | 4 | 10 | 1 | 1 | | | 2 | 12 |
| 936, 937 | Malignant tumors, face, lip or skin | 332 | 38 | 370 | 110 | 2 | 7 | 6 | 125 | 495 |
| 938, 939 | Malignant tumors, not elsewhere specified | 43 | 8 | 51 | 27 | 3 | 3 | 1 | 34 | 85 |
| | *Implantation of radioactive substance, X-ray or other radiation treatment* | | | | | | | | | |
| 950, 951, 970, 971 | Benign tumors, superficial | 19 | 9 | 28 | 15 | 12 | 28 | 1 | 56 | 84 |
| 952, 953, 972, 973 | Benign tumors, deep seated | 5 | | 5 | 5 | 1 | 1 | | 7 | 12 |
| 956, 957, 976, 977 | Malignant tumors, face, lip or skin | 65 | 10 | 75 | 27 | | | 2 | 29 | 104 |
| 958, 959, 978, 979 | Malignant tumors, not elsewhere specified | 16 | 17 | 33 | 40 | 2 | | 1 | 43 | 76 |
| | TOTAL FOR GENERAL SURGERY | 11,696 | 3,717 | 15,413 | 8,182 | 7,255 | 4,434 | 269 | 20,140 | 35,553 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| | **MUSCULOSKELETAL SURGERY** | | | | | | | | | |
| | *AMPUTATIONS* | | | | | | | | | |
| 1010 | Arm, amputation of, through humerus | 1 | | 1 | | | | | | 1 |
| | *Finger or thumb (one or more phalanges), amputation of* | | | | | | | | | |
| 1014 | Single | 51 | 3 | 54 | 9 | 30 | 13 | 1 | 53 | 107 |
| 1015 | Multiple | 14 | | 14 | 2 | 9 | 1 | | 12 | 26 |
| 1016 | Unspecified number | 1 | | 1 | | | | | | 1 |
| 1018 | Foot, amputation of, below ankle | 4 | | 4 | 1 | 1 | | | 2 | 6 |
| 1022 | Hand, amputation of, below wrist | 1 | | 1 | | | | 1 | 1 | 2 |
| 1024 | Hip, disarticulation at | | | | | | 1 | | 1 | 1 |
| 1026 | Knee, disarticulation at | | | | | | 1 | | 1 | 1 |
| 1028 | Leg, amputation of, through tibia and fibula, or at ankle | 8 | 1 | 9 | 4 | 1 | 1 | | 6 | 15 |
| 1030 | Scapulothoracic amputation | | | | | | | | | |
| 1032 | Shoulder, disarticulation at | | | | 1 | | | | 1 | 1 |
| 1034 | Thigh, amputation of, through femur | 13 | | 13 | 2 | | 1 | 1 | 4 | 17 |
| 1036 | Toe, amputation of, single | 13 | 3 | 16 | 8 | 9 | 6 | | 23 | 39 |
| 1037 | Toe, amputation of, multiple | 5 | | 5 | 6 | | | 2 | 8 | 13 |
| 1099 | Other amputations | 2 | | 2 | | 1 | | | 1 | 3 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| | *BONES* | | | | | | | | | |
| 1210 | Bone plates or pins, removal of | 7 | 1 | 8 | 6 | 6 | 2 | | 14 | 22 |
| 1220 | Coccyx, excision of | 6 | 11 | 17 | 19 | | 3 | | 22 | 39 |
| 1230 | Diseased portion of bone (except alveolar processes) removal of, not for osteomyelitis | 19 | 3 | 22 | 8 | 11 | 8 | 1 | 28 | 50 |
| | *Exostosis, removal of* | | | | | | | | | |
| 1240 | Single | 20 | 10 | 30 | 17 | 8 | 15 | | 40 | 70 |
| 1241 | Multiple | 3 | 3 | 6 | 3 | | 1 | | 4 | 10 |
| | *Hallux Valgus, operation for* | | | | | | | | | |
| 1250 | Simple | 2 | 5 | 7 | 21 | 1 | 2 | | 24 | 31 |
| 1251 | Radical | 2 | 7 | 9 | 18 | | 1 | 1 | 20 | 29 |
| 1252 | Unclassified | | 7 | 7 | 9 | | | | 9 | 16 |
| | *Ostectomy* | | | | | | | | | |
| 1260 | Carpal bones, one or more | 2 | | 2 | 2 | | 1 | | 3 | 5 |
| 1261 | Metacarpal bone, one | | | | 1 | 1 | 1 | | 3 | 3 |
| 1263 | Matatarsal bone, one | 6 | 4 | 10 | 8 | 1 | | | 9 | 19 |
| 1264 | Metatarsal bone, more than one | 1 | | 1 | 1 | | | | 1 | 2 |
| 1265 | Nail bed or nail fold, partial | 120 | 33 | 153 | 77 | 85 | 44 | 2 | 208 | 361 |
| 1266 | Nail bed or nail fold, complete | 156 | 60 | 216 | 170 | 146 | 102 | 2 | 420 | 636 |
| 1267 | Phalanx, one | 1 | | 1 | 4 | 2 | | | 6 | 7 |
| 1268 | Phalanx, more than one | | | | 1 | 1 | | | 2 | 2 |
| 1270 | Tarsal bones, one or more | 1 | 1 | 2 | | | | | | 2 |
| 1280 | Osteomyelitis or bone abscess, operation for | 6 | 2 | 8 | 7 | 7 | 2 | 1 | 17 | 25 |
| 1290 | Sequestrectomy | 14 | 3 | 17 | 7 | 3 | 2 | | 12 | 29 |
| 1299 | Other bone operations not elsewhere specified | 22 | 8 | 30 | 10 | 26 | 22 | | 58 | 88 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| | *BURSAE* | | | | | | | | | |
| 1410 | Aspiration, one or more | 64 | 12 | 76 | 12 | 10 | 1 | 5 | 28 | 104 |
| 1420 | Bursectomy (excision of bursa) | 40 | 11 | 51 | 23 | 2 | | 1 | 26 | 77 |
| 1430 | Bursotomy | 22 | | 22 | 3 | 2 | | | 5 | 27 |
| 1440, 1450 | Irrigation or injection, one or more | 23 | 2 | 25 | 17 | 1 | | | 18 | 43 |
| | *DISLOCATIONS* | | | | | | | | | |
| 1610 | Astragalo-tarsal bones, dislocation of, closed reduction | 3 | 3 | 6 | 3 | 4 | 3 | | 10 | 16 |
| 1614 | Carpal bones, dislocation of, closed reduction | 2 | | 2 | 1 | 7 | 3 | | 11 | 13 |
| 1615 | Carpal bones, dislocation of, open reduction | | | | 1 | | | | 1 | 1 |
| 1618 | Clavicle, dislocation of, closed reduction | 5 | | 5 | 4 | 14 | 11 | | 29 | 34 |
| 1619 | Clavicle, dislocation of, open reduction | 3 | | 3 | 1 | 1 | | 1 | 3 | 6 |
| 1622 | Elbow dislocation, closed reduction | 8 | 2 | 10 | 5 | 31 | 21 | | 57 | 67 |
| 1623 | Elbow dislocation, open reduction | | | | | | 1 | | 1 | 1 |
| 1626, 1628 | Finger or thumb, dislocation of, one or more, closed reduction | 21 | 4 | 25 | 5 | 31 | 7 | | 43 | 68 |
| 1627, 1629 | Finger or thumb, dislocation of, one or more, open reduction | | 1 | 1 | | 1 | | 1 | 2 | 3 |
| 1632 | Hip dislocation, closed reduction | 6 | 2 | 8 | | 5 | 14 | | 19 | 27 |
| 1633 | Hip dislocation, open reduction | 2 | | 2 | | 1 | 3 | | 4 | 6 |
| 1636 | Knee dislocation, except dislocation of patella, closed reduction | 3 | 2 | 5 | 3 | 3 | 3 | | 9 | 14 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| 1640, 1642 | Metacarpal bone, dislocation of, one or more, closed reduction | 2 | | 2 | 1 | 3 | 1 | | 5 | 7 |
| 1646, 1648 | Metatarsal bone, dislocation of, one or more, closed reduction | 2 | 1 | 3 | 7 | 3 | 2 | | 12 | 15 |
| 1647, 1649 | Metatarsal bone, dislocation of, one or more, open reduction | 1 | | 1 | | | | | | 1 |
| 1652 | Patella, dislocation of, closed reduction | 5 | 2 | 7 | 2 | 1 | 4 | 1 | 8 | 15 |
| 1653 | Patella, dislocation of, open reduction | | | | 2 | | 3 | | 5 | 5 |
| 1656 | Semilunar cartilage, dislocation of, open reduction or excision | 26 | | 26 | 5 | 6 | 3 | 2 | 16 | 42 |
| 1658 | Shoulder dislocation, closed reduction | 59 | 10 | 69 | 26 | 15 | 5 | 2 | 48 | 117 |
| 1659 | Shoulder dislocation, open reduction | 2 | 1 | 3 | 1 | | | | 1 | 4 |
| 1666 | Temporomandibular dislocation, closed reduction | 2 | 2 | 4 | 6 | | 2 | 1 | 9 | 13 |
| 1668, 1670 | Toe, dislocation of, one or more, closed reduction | | | | 4 | 2 | 1 | 1 | 8 | 8 |
| 1674 | Vertebrae, dislocation of, closed reduction | 3 | 1 | 4 | 7 | 3 | 1 | | 11 | 15 |
| 1675 | Vertebrae, dislocation of, open reduction | 1 | | 1 | | | | | | 1 |
| | *FRACTURES* | | | | | | | | | |
| | *Skull* | | | | | | | | | |
| 2010 | Nonoperative treatment of fracture of skull | 19 | 3 | 22 | 4 | 41 | 21 | | 66 | 88 |
| 2014 | Compound fracture of skull, treatment of, including debridement and dural repair | 6 | | 6 | 2 | 6 | 4 | | 12 | 18 |
| 2018 | Depressed fracture of skull, treatment of, with operation | 6 | | 6 | 2 | 3 | 1 | | 6 | 12 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| | *Facial bones* | | | | | | | | | |
| 2024, 2026, 2030, 2031 | Mandible, fracture of, reduction without wiring of teeth or maxilla, treatment of fracture of | 18 | 9 | 27 | 5 | 5 | 7 | | 17 | 44 |
| 2025 | Mandible, fracture of, closed reduction with wiring of teeth | 27 | 2 | 29 | 1 | 7 | 2 | | 10 | 39 |
| 2034, 2035 | Nasal bones, fracture of, reduction | 55 | 12 | 67 | 30 | 100 | 32 | 1 | 163 | 230 |
| 2039 | Other facial bones | 6 | 1 | 7 | 3 | 6 | | | 9 | 16 |
| | *Upper extremity* | | | | | | | | | |
| 2040, 2042, 2044, 2046 | Carpal bone, fracture of, one or more, closed reduction | 58 | 30 | 88 | 71 | 108 | 67 | 2 | 248 | 336 |
| 2041, 2043, 2045, 2047 | Carpal bone, fracture of, one or more, open reduction | 3 | 2 | 5 | 2 | 2 | | | 4 | 9 |
| 2050 | Elbow, intra-particular fracture of, one or more bones, closed reduction | 11 | 8 | 19 | 8 | 54 | 31 | | 93 | 112 |
| 2051 | Elbow, intra-particular fracture of, one or more bones, open reduction | 6 | 2 | 8 | 2 | 9 | 5 | | 16 | 24 |
| 2054 | Finger or thumb, fracture of one, closed reduction | 128 | 26 | 154 | 62 | 163 | 79 | 2 | 306 | 460 |
| 2055 | Finger or thumb, fracture of one, open reduction | 64 | 12 | 76 | 18 | 63 | 27 | 2 | 110 | 186 |
| 2056 | Finger or thumb, fracture of more than one, closed reduction | 4 | 3 | 7 | 1 | 8 | 5 | | 14 | 21 |
| 2057 | Finger or thumb, fracture of more than one, open reduction | 5 | | 5 | 3 | 3 | | | 6 | 11 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| 2058 | Finger or thumb, fracture of unspecified number, closed reduction | | | | 1 | 1 | | | 2 | 2 |
| 2060, 2062 | Humerus, fracture of, closed reduction | 37 | 21 | 58 | 49 | 188 | 130 | 2 | 369 | 427 |
| 2061, 2063 | Humerus, fracture of, open reduction | 12 | 2 | 14 | 8 | 17 | 6 | 1 | 32 | 46 |
| 2070, 2072, 2074, 2076 | Metacarpal bone, fracture of, one or more, closed reduction | 106 | 8 | 114 | 19 | 112 | 15 | 2 | 148 | 262 |
| 2071, 2073, 2075, 2077 | Metacarpal bone, fracture of, one or more, open reduction | 4 | | 4 | | 3 | | 1 | 4 | 8 |
| 2080, 2082, 2090, 2092 | Radius or ulna, fracture of, closed reduction | 109 | 55 | 164 | 169 | 521 | 315 | 3 | 1,008 | 1,172 |
| 2081, 2083, 2091, 2093 | Radius or ulna, fracture of, open reduction | 7 | 2 | 9 | 7 | 14 | 7 | | 28 | 37 |
| 2084, 2086 | Radius and ulna, fracture of, closed reduction | 24 | 13 | 37 | 40 | 329 | 178 | 2 | 549 | 586 |
| 2085, 2087 | Radius and ulna, fracture of, open reduction | 6 | | 6 | 3 | 18 | 4 | 2 | 27 | 33 |
| | *Spine and trunk* | | | | | | | | | |
| 2100, 2102 | Clavicle, fracture of, closed reduction | 42 | 12 | 54 | 27 | 381 | 250 | 2 | 660 | 714 |
| 2101, 2103 | Clavicle, fracture of, open reduction | 6 | | 6 | 4 | 10 | 2 | | 16 | 22 |
| 2110 | Coccyx, fracture of, reduction | 2 | 2 | 4 | 10 | | 1 | | 11 | 15 |
| 2130, 2131 | Rib, fracture of one, reduction | 111 | 13 | 124 | 45 | 9 | 2 | 1 | 57 | 181 |
| 2132, 2133 | Rib, fracture of more than one, reduction | 74 | 19 | 93 | 37 | 5 | 4 | 2 | 48 | 141 |
| 2134, 2135 | Rib, fracture of unspecified number, reduction | 20 | 4 | 24 | 6 | 1 | | | 7 | 31 |
| 2140 | Sacrum, fracture of, reduction | 2 | 1 | 3 | 10 | | | | 10 | 13 |
| 2150, 2151 | Scapula, fracture of, reduction | 16 | 3 | 19 | 9 | 8 | 3 | | 20 | 39 |
| 2154 | Sternum, fracture of, closed reduction | 5 | 2 | 7 | | | | | | 7 |

TABLE P—*Continued*

| PROCEDURE CODE (1) | DESCRIPTION OF PROCEDURE | EMPLOYEES: Male Employees (2) | EMPLOYEES: Female Employees (3) | EMPLOYEES: Total Employees (4) | DEPENDENTS: Wives (5) | DEPENDENTS: Male Children (6) | DEPENDENTS: Female Children (7) | DEPENDENTS: Husbands (8) | DEPENDENTS: Total Dependents (9) | TOTAL EMPLOYEES AND DEPENDENTS (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167 | Vertebra, except coccyx, fracture of body of one or more than one, reduction | 36 | 11 | 47 | 19 | 10 | 4 | 1 | 34 | 81 |
| 2170, 2171 | Vertebra, fracture of lateral or spinous process of, one or more, reduction | 8 | 3 | 11 | 7 | 8 | 1 | | 16 | 27 |
| | *Pelvis* | | | | | | | | | |
| 2180, 2181, 2182, 2183 | Innominate bone (ilium, ischium, or os pubis), fracture of, reduction | 26 | 8 | 34 | 13 | 12 | 6 | 1 | 32 | 66 |
| | *Lower extremity* | | | | | | | | | |
| 2200, 2202 | Ankle, Pott's or Cotton's fracture of, closed reduction | 70 | 29 | 99 | 67 | 54 | 20 | 3 | 144 | 243 |
| 2201, 2203 | Ankle, Pott's or Cotton's fracture of, open reduction | 11 | 4 | 15 | 7 | 4 | | | 11 | 26 |
| 2206, 2208, 2250, 2252 | Astragalus, or os calcis, fracture of, closed reduction | 27 | 12 | 39 | 26 | 20 | 9 | 2 | 57 | 96 |
| 2207, 2209, 2251, 2253 | Astragalus or os calcis, fracture of, open reduction | 4 | | 4 | | | | | | 4 |
| 2210, 2212 | Astragalus and os calcis, fracture of, closed reduction | 5 | 1 | 6 | 2 | 1 | | | 3 | 9 |
| 2211, 2213 | Astragalus and os calcis, fracture of, open reduction | | | | 1 | | | | 1 | 1 |
| 2216, 2218 | Femur, fracture of, closed reduction | 12 | 5 | 17 | 8 | 58 | 22 | | 88 | 105 |
| 2217, 2219 | Femur, fracture of, open reduction | 34 | 11 | 45 | 34 | 33 | 11 | 3 | 81 | 126 |
| 2222, 2224, 2280, 2282 | Fibula or tibia, fracture of, closed reduction | 101 | 28 | 129 | 85 | 181 | 103 | 3 | 372 | 501 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| 2223, 2225, 2281, 2283 | Fibula or tibia, fracture of, open reduction | 32 | 4 | 36 | 3 | 10 | 10 | 1 | 24 | 60 |
| 2228 | Knee, intra-articular fracture of one or more bones of, closed reduction | 10 | 2 | 12 | 5 | 5 | 3 | | 13 | 25 |
| 2229 | Knee, intra-articular fracture of one or more bones of, open reduction | | | | 2 | 2 | | | 4 | 4 |
| 2232, 2234, 2236, 2238, 2270, 2272, 2274, 2276 | Metatarsal or tarsal bones, fracture of one or more, closed reduction | 71 | 45 | 116 | 110 | 97 | 45 | 2 | 254 | 370 |
| 2233, 2235, 2237, 2239, 2271, 2273, 2275, 2277 | Metatarsal or tarsal bones, fracture of one or more, open reduction | 1 | 1 | 2 | 1 | 2 | 1 | | 4 | 6 |
| 2258 | Patella, fracture of, closed reduction | 19 | 4 | 23 | 14 | 10 | 2 | 2 | 28 | 51 |
| 2259 | Patella, fracture of, open reduction | 9 | | 9 | 2 | 2 | 2 | | 6 | 15 |
| 2284, 2286 | Tibia and fibula, fracture of, closed reduction | 34 | 7 | 41 | 31 | 50 | 26 | 2 | 109 | 150 |
| 2285, 2287 | Tibia and fibula, fracture of, open reduction | 26 | 4 | 30 | 10 | 12 | 8 | 1 | 31 | 61 |
| 2292 | Toe, fracture of one, closed reduction | 65 | 37 | 102 | 114 | 26 | 25 | | 165 | 267 |
| 2293 | Toe, fracture of one, open reduction | 8 | 8 | 16 | 17 | 9 | 2 | | 28 | 44 |
| 2294 | Toe, fracture of more than one, closed reduction | 4 | 1 | 5 | 4 | 4 | 1 | | 9 | 14 |
| 2295 | Toe, fracture of more than one, open reduction | 3 | | 3 | | 1 | 1 | | 2 | 5 |
| 2296 | Toe, fracture of unspecified number, closed reduction | 1 | | 1 | | | | | | 1 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| | *JOINTS* | | | | | | | | | |
| | *Arthrodesis* | | | | | | | | | |
| 2410, 2416 | Ankle or knee | 15 | 1 | 16 | 4 | 3 | 5 | | 12 | 28 |
| 2412, 2424 | Elbow or wrist | 5 | | 5 | | 1 | 2 | | 3 | 8 |
| 2414, 2420 | Hip or shoulder | 3 | | 3 | 1 | 1 | | | 2 | 5 |
| 2418 | Invertebral disc, with laminectomy | 9 | 1 | 10 | 7 | 1 | | | 8 | 18 |
| 2422 | Spine, including sacro-iliac, not including coccyx | 13 | 6 | 19 | 10 | 1 | 5 | | 16 | 35 |
| 2429 | Any other joint | 5 | 4 | 9 | 8 | 2 | 6 | | 16 | 25 |
| | *Arthroplasty* | | | | | | | | | |
| 2430, 2444 | Ankle or wrist | | | | | 1 | | | 1 | 1 |
| 2432, 2436 | Elbow or knee | 10 | 1 | 11 | 2 | 3 | 1 | | 6 | 17 |
| 2434, 2442 | Hip or shoulder | 9 | 2 | 11 | 5 | 3 | 1 | 1 | 10 | 21 |
| 2440 | Metatarsal-phalangeal joint | 8 | 8 | 16 | 10 | | 5 | | 15 | 31 |
| 2449 | Any other joint | 3 | 1 | 4 | 3 | 1 | | | 4 | 8 |
| | *Arthrotomy* | | | | | | | | | |
| 2450, 2458 | Ankle or wrist | | | | 1 | | | | 1 | 1 |
| 2451, 2455 | Elbow or knee | 62 | 12 | 74 | 22 | 14 | 11 | 3 | 50 | 124 |
| 2452, 2457 | Hip or shoulder | 3 | 4 | 7 | 2 | | 2 | | 4 | 11 |
| 2459 | Any other joint | | 2 | 2 | 2 | 2 | 1 | | 5 | 7 |
| | *Capsuloplasty, capsulotomy, capsulorrhaphy, or synovectomy* | | | | | | | | | |
| 2461, 2465, 2471, 2475 | Elbow or knee | 3 | 1 | 4 | 1 | 1 | | | 2 | 6 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| 2462, 2467, 2472, 2477 | Hip or shoulder | 2 | | 2 | | | | | | 2 |
| 2469, 2479 | Other joints | 4 | 1 | 5 | 2 | 4 | 1 | | 7 | 12 |
| | *Miscellaneous* | | | | | | | | | |
| 2491 | Arthrocentesis or tapping of joint | 66 | 6 | 72 | 20 | 14 | 3 | 1 | 38 | 110 |
| 2496 | Manipulation of fused or frozen joint under general anesthesia | 2 | 2 | 4 | 2 | 2 | 1 | 1 | 6 | 10 |
| 2499 | Other operations | 26 | 5 | 31 | 15 | 12 | 3 | 1 | 31 | 62 |
| | *MUSCLE* | | | | | | | | | |
| 2610, 2611 | Division of scalenus anticus muscle | 1 | 2 | 3 | 5 | 1 | 1 | 1 | 8 | 11 |
| 2614 | Division of sternocleidomastoid muscle, for wry neck | | | | | 5 | 2 | | 7 | 7 |
| 2630, 2650 | Repair, suture, or transplantation of muscle, single | 4 | 1 | 5 | 2 | 5 | 2 | | 9 | 14 |
| 2631, 2651 | Repair, suture, or transplantation of muscle, multiple | 1 | | 1 | | 1 | 2 | | 3 | 4 |
| 2640 | Severence of muscle, complete or partial | | | | 2 | | 2 | | 4 | 4 |
| 2699 | Other operations on muscles | 9 | | 9 | 7 | 11 | 10 | | 28 | 37 |
| | *TENDONS* | | | | | | | | | |
| 2810 | Excision of ganglion, cyst, abscess, or other lesion of tendon or sheath | 96 | 81 | 177 | 128 | 24 | 25 | 4 | 181 | 358 |
| 2814 | Fasiectomy for Dupuytren's contracture | 8 | 2 | 10 | 7 | 1 | 3 | | 11 | 21 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| | *Suture of tendon* | | | | | | | | | |
| 2840 | Single | 62 | 7 | 69 | 25 | 64 | 23 | | 112 | 181 |
| 2841 | Multiple | 37 | 1 | 38 | 15 | 25 | 9 | | 49 | 87 |
| | *Tenotomy* | | | | | | | | | |
| 2850 | Single | 5 | 8 | 13 | 5 | 11 | 10 | | 26 | 39 |
| 2851 | Multiple | 5 | 2 | 7 | 3 | 6 | 5 | | 14 | 21 |
| 2859 | Unspecified number | 5 | 2 | 7 | 3 | 2 | 3 | | 8 | 15 |
| | *Transplantation of tendon, including advancement or recession* | | | | | | | | | |
| 2860 | Single | 2 | 4 | 6 | 2 | 15 | 5 | 1 | 23 | 29 |
| 2861 | Multiple | 3 | 1 | 4 | 2 | 3 | 2 | | 7 | 11 |
| | TOTAL FOR MUSCULOSKELETAL SURGERY | 2,908 | 881 | 3,789 | 2,124 | 3,541 | 1,970 | 86 | 7,721 | 11,510 |
| | **EYE, EAR, MOUTH, NOSE AND THROAT SURGERY** | | | | | | | | | |
| | *EAR* | | | | | | | | | |
| 3030 | Fenestration operation for otosclerosis | 10 | 8 | 18 | 12 | | 3 | 1 | 16 | 34 |
| 3040, 3041 | Incision of ear-drum (myringotomy, tympanotomy, paracentesis tympani) | 110 | 25 | 135 | 54 | 237 | 213 | | 504 | 639 |
| 3060 | Labyrinthotomy | 1 | 1 | 2 | 1 | | | | 1 | 3 |
| | *Mastoidectomy* | | | | | | | | | |
| 3070 | Simple, unilateral | 5 | | 5 | 3 | 9 | 4 | | 16 | 21 |
| 3072 | Radical, unilateral | 20 | 4 | 24 | 24 | 11 | 5 | 2 | 42 | 66 |
| 3073 | Radical, bilateral | 2 | 2 | 4 | | | | | | 4 |
| 3099 | Other ear operations | 19 | 9 | 28 | 12 | 22 | 10 | | 44 | 72 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| | *EYE* | | | | | | | | | |
| 3212 | Chalazion, excision or curettage, single | 353 | 127 | 480 | 184 | 39 | 44 | 5 | 272 | 752 |
| 3213 | Chalazion, excision or curettage, multiple | 45 | 23 | 68 | 24 | 1 | 8 | 1 | 34 | 102 |
| 3219 | Conjunctiva, suture or flap operation | 5 | | 5 | 6 | 4 | | | 10 | 15 |
| 3223 | Cornea or sclera, suture of perforating wound | 4 | | 4 | | 4 | 2 | | 6 | 10 |
| 3226 | Corneal or scleral paracentesis (posterior sclerotomy) | 1 | | 1 | 1 | 1 | 2 | | 4 | 5 |
| 3228 | Corneal transplantation | 1 | | 1 | | | | | | 1 |
| | *Corneal or scleral ulcer* | | | | | | | | | |
| 3230 | Cauterization | 23 | 4 | 27 | 10 | 3 | 2 | | 15 | 42 |
| 3231 | Keratotomy | 3 | 1 | 4 | 2 | | | | 2 | 6 |
| 3234 | Dacryocystectomy or dacryoadenectomy | 1 | | 1 | 3 | 3 | 1 | | 7 | 8 |
| 3236 | Dacryocystorhinostomy | 4 | 5 | 9 | 4 | 4 | 2 | | 10 | 19 |
| 3240 | Detached retina, operation for | 30 | 2 | 32 | 5 | 3 | 1 | | 9 | 41 |
| | *Entropion or ectropion* | | | | | | | | | |
| 3242 | Cautery puncture or other nonplastic types of corrective treatment | 5 | 3 | 8 | 1 | 1 | 3 | | 5 | 13 |
| 3243 | Plastic operation for correction | 4 | 1 | 5 | 1 | 1 | 2 | | 4 | 9 |
| | *Enucleation or evisceration of eyeball* | | | | | | | | | |
| 3246 | Without implantation | 10 | | 10 | 3 | 7 | 3 | | 13 | 23 |
| 3247 | With implantation | 11 | | 11 | 4 | 6 | 2 | | 12 | 23 |
| 3250 | Extraction of lens | 171 | 16 | 187 | 72 | 9 | 3 | 3 | 87 | 274 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| | *Foreign body* | | | | | | | | | |
| 3252 | Cornea or sclera, operative removal from | 93 | 14 | 107 | 16 | 39 | 19 | 2 | 76 | 183 |
| 3253 | Intraocular, removal by magnet | 10 | 2 | 12 | 1 | 6 | | | 7 | 19 |
| 3254 | Intraocular, removal by cutting procedure | 9 | 1 | 10 | 3 | 4 | 2 | | 9 | 19 |
| 3255 | Unspecified | 89 | 15 | 104 | 14 | 36 | 16 | 1 | 67 | 171 |
| 3256 | Glaucoma, operation for, other than paracentesis, or iridectomy | 20 | 1 | 21 | 7 | 3 | | | 10 | 31 |
| 3258 | Hordeolum, operation for | 12 | 1 | 13 | 6 | 2 | 4 | | 12 | 25 |
| 3260 | Iridectomy, iridotomy, goniotomy, keratotomy, or sclerotomy | 14 | 5 | 19 | 9 | 8 | 5 | | 22 | 41 |
| 3262 | Lacrimal duct, dilation of | 12 | 8 | 20 | 12 | 20 | 27 | | 59 | 79 |
| 3264 | Needling of lens | 3 | | 3 | 3 | 4 | | | 7 | 10 |
| 3266 | Orbit, reconstruction of | 1 | | 1 | 2 | 1 | | | 3 | 4 |
| 3268 | Pterygium, operation for | 104 | 11 | 115 | 45 | | 1 | 1 | 47 | 162 |
| 3270 | Ptosis, operation for | 6 | 1 | 7 | 3 | 8 | 3 | | 14 | 21 |
| | *Strabismus, operation for* | | | | | | | | | |
| 3272 | Unilateral | 25 | 14 | 39 | 12 | 138 | 118 | 2 | 270 | 309 |
| 3273 | Bilateral | 9 | 4 | 13 | | 46 | 59 | | 105 | 118 |
| 3278 | Tarsorrhaphy or blepharorrhaphy | 3 | 1 | 4 | | | | | | 4 |
| 3299 | Other eye operations | 40 | 5 | 45 | 18 | 26 | 20 | | 64 | 109 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| | *MOUTH* | | | | | | | | | |
| 3410 | Alveolar abscess, incision and drainage | 14 | 4 | 18 | 8 | 2 | 6 | | 16 | 34 |
| 3414 | Alveolectomy | 126 | 44 | 170 | 132 | 9 | 8 | 2 | 151 | 321 |
| 3418 | Apicoectomy | 6 | 4 | 10 | 6 | 5 | 2 | | 13 | 23 |
| 3426 | Dentigerous cyst, removal of | 11 | 5 | 16 | 9 | 6 | 4 | | 19 | 35 |
| 3428 | Epulis, removal of | 2 | | 2 | 3 | 1 | 1 | | 5 | 7 |
| 3434 | Extraction of tooth, fractured by accidental means, one or more | 15 | 5 | 20 | 7 | 10 | 11 | 1 | 29 | 49 |
| 3440 | Gingivectomy | 17 | 13 | 30 | 23 | | | | 23 | 53 |
| | *Impacted tooth, removal of* | | | | | | | | | |
| 3450 | One | 261 | 158 | 419 | 201 | 23 | 21 | 8 | 253 | 672 |
| 3451 | More than one | 116 | 87 | 203 | 110 | 39 | 58 | 3 | 210 | 413 |
| 3460 | Pyorrhea alveolaris, complete procedure | 24 | 4 | 28 | 19 | | 2 | | 21 | 49 |
| 3499 | Other mouth operations | 23 | 6 | 29 | 14 | 10 | 15 | 1 | 40 | 69 |
| | *NOSE AND THROAT* | | | | | | | | | |
| 3610 | Adenoidectomy | 9 | 7 | 16 | 2 | 104 | 70 | | 176 | 192 |
| 3614 | Laryngectomy | 8 | | 8 | 2 | | | | 2 | 10 |
| 3618 | Larynx, intubation of | 2 | | 2 | 1 | | | | 1 | 3 |
| | *Nasal polyps, removal of one or more* | | | | | | | | | |
| 3622 | Unilateral | 101 | 15 | 116 | 32 | 6 | 3 | 2 | 43 | 159 |
| 3623 | Bilateral | 103 | 15 | 118 | 37 | 1 | | 6 | 44 | 162 |
| 3628 | Nasal septum, submucous resection of, with or without reconstruction of the columella | 277 | 63 | 340 | 70 | 38 | 17 | 15 | 140 | 480 |

TABLE P—*Continued*

| PROCEDURE CODE (1) | DESCRIPTION OF PROCEDURE | EMPLOYEES | | | DEPENDENTS | | | | | TOTAL EMPLOYEES AND DEPENDENTS (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Male Employees (2) | Female Employees (3) | Total Employees (4) | Wives (5) | Male Children (6) | Female Children (7) | Husbands (8) | Total Dependents (9) | |
| 3650 | Sinuses, puncture and irrigation of, unilateral or bilateral | 83 | 21 | 104 | 35 | 12 | 4 | 3 | 54 | 158 |
| | *Sinusotomy* | | | | | | | | | |
| 3652 | Frontal, radical | 4 | | 4 | 3 | | | | 3 | 7 |
| 3654 | Maxillary, intranasal antrum window, unilateral | 24 | 6 | 30 | 13 | 4 | 1 | 1 | 19 | 49 |
| 3655 | Maxillary, intranasal antrum window, bilateral | 14 | 2 | 16 | 4 | 5 | 4 | 1 | 14 | 30 |
| 3660 | Maxillary, radical (Caldwell-Luc) operation, unilateral | 14 | 4 | 18 | 9 | 1 | 1 | 1 | 12 | 30 |
| 3661 | Maxillary, radical (Caldwell-Luc) operation, bilateral | | 1 | 1 | 4 | | | | 4 | 5 |
| 3662 | Combined antrum and frontal | 2 | | 2 | | 1 | | | 1 | 3 |
| 3666 | Sphenoid or ethmoid, or both | 27 | 2 | 29 | 15 | 3 | | | 18 | 47 |
| 3680 | Tonsillar or peritonsillar abscess, incision for drainage | 25 | 5 | 30 | 13 | 2 | 7 | 1 | 23 | 53 |
| 3684 | Tonsillectomy with or without adenoidectomy | 708 | 385 | 1,093 | 627 | 5,196 | 4,942 | 26 | 10,791 | 11,884 |
| 3688 | Tracheotomy | 12 | 3 | 15 | 4 | 19 | 7 | | 30 | 45 |
| | *Turbinectomy* | | | | | | | | | |
| 3692 | Unilateral | 11 | 4 | 15 | 7 | | 2 | 1 | 10 | 25 |
| 3693 | Bilateral | 10 | 3 | 13 | 3 | 2 | 1 | | 6 | 19 |
| 3699 | Other nose and throat operations | 151 | 37 | 188 | 44 | 71 | 46 | 2 | 163 | 351 |
| TOTAL FOR EYE, EAR, MOUTH, NOSE AND THROAT SURGERY | | 3,488 | 1,217 | 4,705 | 2,034 | 6,276 | 5,817 | 92 | 14,219 | 18,924 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| | **HEART AND BLOOD VESSEL SURGERY** | | | | | | | | | |
| | *ARTERIES AND VEINS* | | | | | | | | | |
| | *Aneurysm, arterial or arteriovenous, operation for* | | | | | | | | | |
| 4010 | Intracranial | 4 | 1 | 5 | 1 | | | | 1 | 6 |
| 4011 | Intra-abdominal | 5 | 1 | 6 | | | | | | 6 |
| 4012 | Intrathoracic | 1 | | 1 | | | | | | 1 |
| 4013 | Extremities | 7 | 1 | 8 | 1 | 1 | | | 2 | 10 |
| 4020 | Angiography or arteriography | 14 | 1 | 15 | 13 | | 5 | | 18 | 33 |
| | *Arteriorrhaphy* | | | | | | | | | |
| 4028 | Single | 3 | | 3 | 3 | 1 | | | 4 | 7 |
| 4029 | Multiple | | 1 | 1 | 1 | | | | 1 | 2 |
| | *Arteriotomy or embolectomy, for exploration or removal of embolus* | | | | | | | | | |
| 4032 | Intrathoracic | 2 | | 2 | | | | | | 2 |
| 4034 | Neck or extremities | 1 | | 1 | | | | | | 1 |
| 4040 | Artery, ligation, primary surgical | 5 | 1 | 6 | 3 | 2 | 1 | | 6 | 12 |
| 4230 | Veins, ligation for other than varicosity | 11 | 2 | 13 | 7 | 1 | 2 | | 10 | 23 |
| 4260 | Veins, thrombophlebectomy | 5 | | 5 | 7 | | | | 7 | 12 |
| 4270 | Veins, varicose ulcer, excision of, including skin graft | 1 | | 1 | 1 | | | | 1 | 2 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| | *Varicose veins* | | | | | | | | | |
| 4272 | Injection treatment, complete procedure, unilateral | 16 | 17 | 33 | 47 | | | | 47 | 80 |
| 4273 | Injection treatment, complete procedure, bilateral | 17 | 18 | 35 | 47 | | | | 47 | 82 |
| 4276, 4280, 4284 | Ligation, with or without division, saphenous vein, without stripping, unilateral | 37 | 11 | 48 | 59 | 1 | 1 | 2 | 63 | 111 |
| 4277, 4281, 4285 | Ligation, with or without division, saphenous vein, without stripping, bilateral | 15 | 20 | 35 | 66 | | | 1 | 67 | 102 |
| 4278, 4282, 4286 | Ligation, with or without division, saphenous vein, with stripping, unilateral | 93 | 52 | 145 | 133 | | | 3 | 136 | 281 |
| 4279, 4283, 4287 | Ligation, with or without division, saphenous vein, with stripping, bilateral | 88 | 52 | 140 | 205 | | 1 | 2 | 208 | 348 |
| 4290 | Veins, venesection or phlebotomy | 2 | | 2 | | 2 | 4 | | 6 | 8 |
| 4299 | Other operations on arteries and veins | 16 | | 16 | 4 | 4 | 2 | | 10 | 26 |
| | *HEART OR GREAT VESSELS* | | | | | | | | | |
| 4420 | Coarctation of aorta, operation for | 1 | | 1 | | 1 | 1 | | 2 | 3 |
| 4424 | Commissurotomy or valvotomy | 2 | 1 | 3 | 14 | | | | 14 | 17 |
| 4460 | Patent ductus, operation for | 1 | | 1 | | 2 | 6 | | 8 | 9 |
| 4464 | Pericardiectomy | 1 | | 1 | | | | | | 1 |
| 4468 | Pericardiocentesis (tapping) | | | | | | | | | |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| 4472 | Pericardiotomy | 1 | | 1 | | | | | | 1 |
| 4490 | Tetralogy of Fallot, operation for | | | | | | 1 | | 1 | 1 |
| 4498 | Cardiac catheterization | 8 | 2 | 10 | 2 | 3 | 2 | | 7 | 17 |
| 4499 | Other heart operations | 7 | 3 | 10 | 5 | 2 | 2 | | 9 | 19 |
| TOTAL FOR HEART AND BLOOD VESSEL SURGERY | | 364 | 184 | 548 | 619 | 20 | 28 | 8 | 675 | 1,223 |
| | THORACIC SURGERY | | | | | | | | | |
| | *Esophagus* | | | | | | | | | |
| 5110 | Dilation | 4 | | 4 | | | | | | 4 |
| 5112 | Removal of diverticulum | 5 | | 5 | 3 | | | | 3 | 8 |
| 5114 | Resection | 1 | | 1 | 1 | | | | 1 | 2 |
| 5210, 5212, 5214 | Lobectomy | 47 | 5 | 52 | 18 | 5 | 3 | 2 | 28 | 80 |
| 5310 | Pleurectomy or pleural decortication, any type | 4 | | 4 | | | | | | 4 |
| 5410 | Pneumolysis, extrapleural or intrapleural | 2 | | 2 | | | | | | 2 |
| 5420 | Pneumonectomy, total | 16 | 2 | 18 | 3 | | | | 3 | 21 |
| 5440, 5441 | Pneumothorax | 4 | 2 | 6 | 7 | 1 | | | 8 | 14 |
| | *Thoracoplasty* | | | | | | | | | |
| 5510 | Partial | 1 | | 1 | | 1 | | | 1 | 2 |
| 5512 | Complete (one or more stages) | 1 | | 1 | | 1 | | 1 | 2 | 3 |
| 5610 | Thoracentesis (pneumocentesis) | 34 | 4 | 38 | 16 | 2 | 6 | | 24 | 62 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| | *Thoracotomy, including drainage for empyema* | | | | | | | | | |
| 5620 | Without rib resection | 26 | 4 | 30 | 4 | 4 | | 1 | 9 | 39 |
| 5621 | With rib resection | 15 | 1 | 16 | 6 | 6 | | | 12 | 28 |
| 5999 | Other thoracic or chest operations | 12 | 4 | 16 | 9 | 4 | 1 | | 14 | 30 |
| | TOTAL FOR THORACIC SURGERY | 172 | 22 | 194 | 67 | 24 | 10 | 4 | 105 | 299 |
| | ABDOMINAL SURGERY | | | | | | | | | |
| 6010 | Abdominal paracentesis (tapping) | 11 | 6 | 17 | 14 | 2 | | 1 | 17 | 34 |
| 6020 | Abscess, intra-abdominal, incision and drainage of | 8 | 4 | 12 | 6 | 1 | | | 7 | 19 |
| 6030 | Adhesions, division of | 16 | 21 | 37 | 66 | 4 | 2 | 1 | 73 | 110 |
| 6040 | Appendectomy, with or without incision and drainage of appendiceal abscess | 1,068 | 350 | 1,418 | 630 | 863 | 997 | 22 | 2,512 | 3,930 |
| 6100 | Cholecystectomy, including exploration of common duct | 326 | 240 | 566 | 882 | | 4 | 12 | 898 | 1,464 |
| 6110 | Cholecystoduodenostomy or cholecystoenterostomy | 4 | 3 | 7 | 4 | | | 1 | 5 | 12 |
| 6120 | Cholecystotomy or cholelithotomy | 15 | 6 | 21 | 48 | | 1 | | 49 | 70 |
| 6210 | Colon resection | 46 | 12 | 58 | 40 | 4 | 1 | | 45 | 103 |
| 6220 | Colostomy | 38 | 6 | 44 | 29 | 5 | 2 | | 36 | 80 |
| 6250 | Common duct, resection or reconstruction of | 2 | 2 | 4 | 1 | | | | 1 | 5 |
| 6270 | Diverticulum (Meckel's), excision of | 7 | 1 | 8 | 4 | 5 | | | 9 | 17 |
| 6300 | Enterectomy, with or without anastomosis | 25 | 8 | 33 | 30 | 5 | | 3 | 38 | 71 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| 6400 | Gastrectomy, partial or total, with or without vagotomy | 252 | 14 | 266 | 51 | 1 | 1 | 12 | 65 | 331 |
| 6410 | Gastric or duodenal ulcer, perforation, closure of | 75 | 2 | 77 | 10 | 1 | 2 | 4 | 17 | 94 |
| 6420 | Gastroenterostomy, gastrojejunostomy, gastroduodenostomy | 44 | 4 | 48 | 8 | 1 | | 3 | 12 | 60 |
| 6430 | Gastrostomy | 7 | 4 | 11 | 4 | 2 | 3 | | 9 | 20 |
| | *Herniotomy, herniorrhaphy, hernioplasty* | | | | | | | | | |
| 6500 | Single, inguinal, femoral, umbilical, ventral, or incisional | 1,209 | 90 | 1,299 | 369 | 788 | 147 | 35 | 1,339 | 2,638 |
| 6501 | Bilateral, inguinal or femoral | 243 | 3 | 246 | 17 | 76 | 13 | 9 | 115 | 361 |
| 6502 | Hiatus or diaphragmatic | 20 | 1 | 21 | 5 | 2 | 1 | | 8 | 29 |
| 6600 | Intestinal obstruction, operation for, not requiring resection | 11 | 5 | 16 | 13 | 1 | 1 | | 15 | 31 |
| 6610 | Intestine, reduction of volvulus or intussusception | 4 | | 4 | 6 | 4 | 1 | | 11 | 15 |
| 6620 | Laparotomy, any procedure | 102 | 89 | 191 | 262 | 33 | 29 | 7 | 331 | 522 |
| 6630 | Pancreatotomy, any procedure | 3 | 1 | 4 | 2 | | | | 2 | 6 |
| | *Pneumoperitoneum* | | | | | | | | | |
| 6650 | One | 1 | | 1 | | | | | | 1 |
| 6651 | More than one | 1 | | 1 | | | | | | 1 |
| 6700 | Pyloric stenosis, operation for (Ramstedt's in infants) | 4 | | 4 | 2 | 25 | 7 | | 34 | 38 |
| 6710 | Splenectomy | 7 | 2 | 9 | 13 | 10 | 1 | | 24 | 33 |
| 6770 | Vagotomy | 3 | 1 | 4 | 1 | | | | 1 | 5 |
| 6999 | Other abdominal operations | 23 | 11 | 34 | 34 | 8 | 5 | 3 | 50 | 84 |
| | TOTAL FOR ABDOMINAL SURGERY | 3,575 | 886 | 4,461 | 2,551 | 1,841 | 1,218 | 113 | 5,723 | 10,184 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| | **PROCTOLOGICAL SURGERY** | | | | | | | | | |
| 7010 | Abscess, perianal, perirectal, perineal, or ischiorectal, incision and drainage | 157 | 19 | 176 | 34 | 21 | 9 | 5 | 69 | 245 |
| 7020 | Anoplasty | 4 | 1 | 5 | 4 | 1 | | | 5 | 10 |
| 7030 | Cryptectomy, single or multiple | 6 | | 6 | 3 | 1 | | 1 | 5 | 11 |
| | *Fissurectomy* | | | | | | | | | |
| 7040 | Single | 32 | 14 | 46 | 36 | 4 | 5 | | 45 | 91 |
| 7041 | Multiple | 3 | | 3 | | 1 | | | 1 | 4 |
| | *Fistulectomy* | | | | | | | | | |
| 7050 | Single | 159 | 22 | 181 | 49 | 11 | 1 | 6 | 67 | 248 |
| 7051 | Multiple | 22 | 6 | 28 | 8 | | | 1 | 9 | 37 |
| | *Hemorrhoidectomy* | | | | | | | | | |
| 7070 | External | 134 | 33 | 167 | 73 | | 1 | 2 | 76 | 243 |
| 7071 | Internal | 124 | 19 | 143 | 48 | | 1 | 3 | 52 | 195 |
| 7072 | External and internal | 1,051 | 270 | 1,321 | 706 | 6 | 4 | 37 | 753 | 2,074 |
| 7073 | Unspecified | 92 | 21 | 113 | 76 | 1 | | 2 | 79 | 192 |
| 7076 | Hemorrhoids, injection treatment, complete procedure | 113 | 23 | 136 | 47 | | | 2 | 49 | 185 |
| 7078 | Hemorrhoids, thrombosed, incision or removal of | 261 | 43 | 304 | 105 | 4 | 2 | 4 | 115 | 419 |
| 7090 | Pectenotomy, or removal of hypertrophied papillae, one or more | 6 | 2 | 8 | 3 | | 1 | | 4 | 12 |
| 7100 | Proctectomy, complete, combined abdominal-perineal procedure, one or more stages | 19 | 4 | 23 | 8 | | 1 | 1 | 10 | 33 |
| 7110 | Proctopexy or rectopexy | | | | 1 | | | | 1 | 1 |
| 7120 | Proctorrhaphy or proctoplasty | 2 | 1 | 3 | 2 | | | | 2 | 5 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| 7150 | Prolapsed rectum, repair of | 11 | 3 | 14 | 2 | 1 | | | 3 | 17 |
| 7170 | Pruritus ani, cutting procedure | 2 | 2 | 4 | | | | | | 4 |
| 7171 | Pruritus ani, injection procedure | 2 | | 2 | | | | | | 2 |
| 7180 | Rectal polyps, removal of one or more | 76 | 18 | 94 | 25 | 2 | 3 | 4 | 34 | 128 |
| 7499 | Other proctological surgery | 35 | 8 | 43 | 28 | | 3 | | 31 | 74 |
| TOTAL FOR PROCTOLOGICAL SURGERY | | 2,311 | 509 | 2,820 | 1,258 | 53 | 31 | 68 | 1,410 | 4,230 |
| | UROLOGICAL SURGERY | | | | | | | | | |
| 7510 | Abscess of kidney, incision and drainage | 1 | | 1 | | | | | | 1 |
| 7512 | Abscess, prostatic, incision and drainage | 8 | | 8 | | 1 | | 1 | 2 | 10 |
| | *Circumcision* | | | | | | | | | |
| 7520 | Age less than one year | | | | | 1,222 | | | 1,222 | 1,222 |
| 7521 | All others | 164 | | 164 | | 421 | | 4 | 425 | 589 |
| | *Cystectomy* | | | | | | | | | |
| 7540 | Complete, including transplantation of ureters | 4 | 1 | 5 | 5 | | 1 | | 6 | 11 |
| 7541 | Partial | 2 | | 2 | | | | | | 2 |
| 7546 | Cystotomy, cystostomy, cystolithotomy, or litholapaxy | 24 | 1 | 25 | 2 | 3 | 1 | 1 | 7 | 32 |
| | *Epididymectomy* | | | | | | | | | |
| 7600 | Unilateral | 19 | | 19 | | 1 | | 1 | 2 | 21 |
| 7601 | Bilateral | 13 | | 13 | | | | | | 13 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| | *Hydrocele* | | | | | | | | | |
| 7604 | Aspiration and injection | 22 | | 22 | | 13 | | | 13 | 35 |
| 7605 | Excision | 83 | | 83 | | 50 | | 3 | 53 | 136 |
| 7606 | Paracentesis (tapping) | 15 | | 15 | | 3 | | 1 | 4 | 19 |
| 7620 | Meatotomy | 13 | | 13 | 2 | 45 | | | 47 | 60 |
| 7650 | Nephrectomy or heminephrectomy | 47 | 9 | 56 | 33 | 6 | 7 | | 46 | 102 |
| 7652 | Nephrolithotomy | 15 | 7 | 22 | 8 | | 1 | | 9 | 31 |
| 7654 | Nephropexy | 3 | 9 | 12 | 28 | 1 | 3 | | 32 | 44 |
| 7662 | Nephrotomy | 9 | 3 | 12 | 8 | | | | 8 | 20 |
| | *Orchidectomy* | | | | | | | | | |
| 7680 | Unilateral | 40 | | 40 | | 6 | | 2 | 8 | 48 |
| 7681 | Bilateral | 4 | | 4 | | | | 2 | 2 | 6 |
| 7686 | Orchidopexy, complete procedure | 4 | | 4 | | 28 | | | 28 | 32 |
| | *Penis, amputation of* | | | | | | | | | |
| 7690 | Simple | 1 | | 1 | | 1 | | | 1 | 2 |
| 7691 | Radical | 3 | | 3 | | | | | | 3 |
| | *Prostatectomy* | | | | | | | | | |
| 7700 | Perineal | 25 | | 25 | | 1 | | | 1 | 26 |
| 7702 | Suprapubic | 105 | | 105 | | | | 3 | 3 | 108 |
| 7703 | Transurethral | 219 | | 219 | | | | 11 | 11 | 230 |
| 7720 | Pyelotomy, pyelolithotomy, pyelostomy | 20 | 3 | 23 | 14 | | | | 14 | 37 |
| | *Ureteral transplantation* | | | | | | | | | |
| 7800 | Unilateral | | 1 | 1 | | | | | | 1 |
| 7801 | Bilateral | 1 | | 1 | | | | | | 1 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| 7804 | Ureterolithotomy, open | 55 | 9 | 64 | 17 | | | 4 | 21 | 85 |
| 7806 | Ureteroplasty | 1 | | 1 | 3 | 2 | | | 5 | 6 |
| 7808 | Ureteral dilation | 27 | 9 | 36 | 43 | 9 | 5 | | 57 | 93 |
| | *Urethrotomy* | | | | | | | | | |
| 7812 | External | 2 | 1 | 3 | 2 | 4 | 1 | | 7 | 10 |
| 7813 | Internal | 5 | | 5 | 5 | | | 1 | 6 | 11 |
| | *Urinary fistula, excision of* | | | | | | | | | |
| 7840 | Suprapubic | | | | 2 | 1 | | | 3 | 3 |
| 7841 | Vaginal or urethral | 1 | | 1 | 1 | | | | 1 | 2 |
| | *Varicocelectomy* | | | | | | | | | |
| 7860 | Unilateral | 22 | | 22 | | 5 | | | 5 | 27 |
| 7861 | Bilateral | 13 | | 13 | | | | | | 13 |
| 7870 | Vasectomy | 395 | | 395 | | 1 | | 5 | 6 | 401 |
| 7880 | Vesiculectomy, seminal | 4 | | 4 | | | | | | 4 |
| 7999 | Other urological operations | 77 | 11 | 88 | 32 | 16 | 6 | 1 | 55 | 143 |
| | TOTAL FOR UROLOGICAL SURGERY | 1,466 | 64 | 1,530 | 205 | 1,840 | 25 | 40 | 2,110 | 3,640 |
| | **GYNECOLOGICAL SURGERY** | | | | | | | | | |
| 8010 | Bartholin's or Skene's glands, excision | | 38 | 38 | 116 | | 1 | | 117 | 155 |
| 8011 | Bartholin's or Skene's glands, incision | | 28 | 28 | 61 | | 3 | | 64 | 92 |
| 8020 | Caruncle, urethral, excision or fulguration of | | 8 | 8 | 22 | | 1 | | 23 | 31 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| | *Cervix* | | | | | | | | | |
| 8040 | Amputation of | | 8 | 8 | 55 | | 2 | | 57 | 65 |
| 8041 | Cauterization of | | 195 | 195 | 827 | | 4 | | 831 | 1,026 |
| 8042 | Conization of | | 42 | 42 | 144 | | 2 | | 146 | 188 |
| 8043 | Dilation of, and curettage of uterus (non-puerperal) | | 578 | 578 | 1,935 | | 29 | | 1,964 | 2,542 |
| 8044 | Polypectomy, one or more | | 38 | 38 | 77 | | | | 77 | 115 |
| 8045 | Any combination of cauterization, conization, dilation and curettage, or polypectomy | | 265 | 265 | 835 | | 4 | | 839 | 1,104 |
| 8060 | Fistula, rectovaginal, vaginosigmoid, or vesico-vaginal, excision or closure of | | 2 | 2 | 23 | | 2 | | 25 | 27 |
| 8070 | Hymenectomy | | 15 | 15 | 12 | | 8 | | 20 | 35 |
| | *Hysterectomy* | | | | | | | | | |
| 8080 | Complete (pan-hysterectomy), with or without adnexa | | 493 | 493 | 1,693 | | 2 | | 1,695 | 2188 |
| 8081 | Simple, or supracervical, with or without adnexa | | 31 | 31 | 106 | | | | 106 | 137 |
| 8083 | Vaginal, with or without plastic repair | | 50 | 50 | 243 | | | | 243 | 293 |
| 8090 | Pelvic abscess, drainage of | | 5 | 5 | 8 | | | | 8 | 13 |
| | *Myomectomy* | | | | | | | | | |
| 8100 | Abdominal approach | | 13 | 13 | 36 | | 1 | | 37 | 50 |
| 8101 | Vaginal approach | | 4 | 4 | 4 | | | | 4 | 8 |
| 8110 | Tubal insufflation or uterography | | 14 | 14 | 24 | | | | 24 | 38 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| 8130 | Uterine polyps or lesions, removal of one or more | | 6 | 6 | 15 | | | | 15 | 21 |
| 8138 | Uterus, suspension of, any type, with or without dilation and curettage or surgery on tubes or ovaries | | 78 | 78 | 268 | | 1 | | 269 | 347 |
| | *Vulvectomy* | | | | | | | | | |
| 8160 | Simple | | 2 | 2 | 4 | | | | 4 | 6 |
| 8161 | Radical (groin dissection) | | | | 1 | | | | 1 | 1 |
| | *Oviduct and ovary* | | | | | | | | | |
| 8210 | Oophorectomy or oophoroplasty, unilateral or bilateral | | 153 | 153 | 362 | | 35 | | 397 | 550 |
| 8220 | Salpingectomy or salpingoplasty, unilateral or bilateral | | 44 | 44 | 204 | | 6 | | 210 | 254 |
| 8224 | Salpingo-oophorectomy, unilateral or bilateral | | 81 | 81 | 270 | | 4 | | 274 | 355 |
| | *Repair procedures* | | | | | | | | | |
| 8310 | Atresia of vagina, plastic repair of | | 7 | 7 | 10 | | 2 | | 12 | 19 |
| 8320 | Colporrhaphy, without other procedure | | 6 | 6 | 23 | | 2 | | 25 | 31 |
| 8330 | Cystocele, repair of, without other procedure | | 9 | 9 | 29 | | | | 29 | 38 |
| 8340 | Perineorrhaphy, without other procedure | | 11 | 11 | 32 | | 1 | | 33 | 44 |
| 8350 | Rectocele, repair of, without other procedure | | 4 | 4 | 21 | | | | 21 | 25 |
| 8360 | Trachelorrhaphy, without other procedure | | 12 | 12 | 24 | | | | 24 | 36 |
| 8370 | Urethrocele, repair of, without other procedure | | 3 | 3 | 5 | | | | 5 | 8 |
| 8371 | Any combination of above repair procedures | | 72 | 72 | 248 | | | | 248 | 320 |
| 8599 | Other gynecological operations | | 40 | 40 | 149 | | 11 | | 160 | 200 |
| TOTAL FOR GYNECOLOGICAL SURGERY | | | 2,355 | 2,355 | 7,886 | | 121 | | 8,007 | 10,362 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| | NEUROSURGERY | | | | | | | | | |
| | *Cranial vault, including brain* | | | | | | | | | |
| 9010 | Cisternal puncture | 11 | 2 | 13 | 13 | 7 | 6 | 1 | 27 | 40 |
| 9020 | Craniotomy, excluding trephination | 11 | 1 | 12 | 10 | 9 | 4 | 1 | 24 | 36 |
| 9021 | Gasserian ganglionectomy | 3 | | 3 | | | | | | 3 |
| 9040 | Operations involving dural, subdural or epidural spaces | 18 | 3 | 21 | 8 | 11 | 6 | | 25 | 46 |
| 9050 | Trephination or burr holes, exploratory, unilateral | 1 | | 1 | 1 | 2 | 1 | | 4 | 5 |
| 9051 | Trephination or burr holes, exploratory, bilateral | 5 | | 5 | 1 | 1 | 3 | | 5 | 10 |
| 9052 | Trephination or burr holes, with corrective surgery | 1 | | 1 | | 1 | 2 | | 3 | 4 |
| 9060 | Ventriculography or encephalography | 23 | 5 | 28 | 21 | 29 | 28 | 2 | 80 | 108 |
| | *PERIPHERAL NERVES* | | | | | | | | | |
| 9220 | Injection of nerve or ganglion, diagnostic or therapeutic | 7 | | 7 | 3 | 1 | | | 4 | 11 |
| 9240 | Neuroma, resection of, superficial | 6 | 5 | 11 | 11 | 1 | 1 | | 13 | 24 |
| 9260 | Phrenicectomy or phreniclasis | 2 | 1 | 3 | 1 | | | | 1 | 4 |
| | *Suture or neurolysis* | | | | | | | | | |
| 9270 | One nerve | 5 | 1 | 6 | 3 | 5 | 3 | | 11 | 17 |
| 9271 | More than one nerve | | | | 1 | 1 | | | 2 | 2 |
| | *Transplant* | | | | | | | | | |
| 9280 | One nerve | | 1 | 1 | 1 | 1 | | | 2 | 3 |
| 9281 | More than one nerve | | | | | 1 | | | 1 | 1 |

TABLE P—*Continued*

| Procedure Code (1) | Description of Procedure | Employees: Male Employees (2) | Employees: Female Employees (3) | Employees: Total Employees (4) | Dependents: Wives (5) | Dependents: Male Children (6) | Dependents: Female Children (7) | Dependents: Husbands (8) | Dependents: Total Dependents (9) | Total Employees and Dependents (10) |
|---|---|---|---|---|---|---|---|---|---|---|
| | *SPINAL CORD AND SPINAL MENINGES* | | | | | | | | | |
| 9420 | Chordotomy | 3 | | 3 | 1 | | | 1 | 2 | 5 |
| 9430 | Laminectomy | 120 | 21 | 141 | 100 | 2 | 2 | 7 | 111 | 252 |
| 9434 | Lumbar puncture | 102 | 30 | 132 | 103 | 105 | 85 | 2 | 295 | 427 |
| 9450 | Myelography or discography | 23 | 7 | 30 | 20 | | 2 | 2 | 24 | 54 |
| 9460, 9461 | Nerve root block by injection, diagnostic or therapeutic | 6 | 1 | 7 | 6 | | | 1 | 7 | 14 |
| 9470 | Section (rhizotomy) of anterior or posterior nerve roots | 1 | | 1 | 1 | 1 | | | 2 | 3 |
| 9480 | Spinal cord tumor, removal of | 5 | 2 | 7 | 2 | 1 | 3 | | 6 | 13 |
| | *SYMPATHETIC NERVOUS SYSTEM* | | | | | | | | | |
| 9640 | Presacral plexus, resection of | 2 | 5 | 7 | 7 | | | | 7 | 14 |
| | *Sympathectomy* | | | | | | | | | |
| 9680 | Cervical (resection of carotid sinus) unilateral | | 1 | 1 | | | | | | 1 |
| 9681 | Cervical (resection of carotid sinus) bilateral | 1 | | 1 | | | | | | 1 |
| 9684 | Dorsal (stellectomy), unilateral | 1 | 1 | 2 | | | | | | 2 |
| 9685 | Dorsal (stellectomy), bilateral | | | | 1 | | | | 1 | 1 |
| 9688 | Dorso-lumbar or thoracolumbar, bilateral | 1 | 2 | 3 | 2 | | | | 2 | 5 |
| 9690 | Lumbar, unilateral | 10 | 4 | 14 | 7 | | | 1 | 8 | 22 |
| 9691 | Lumbar, bilateral | 8 | | 8 | 1 | | | 1 | 2 | 10 |
| 9694 | Periarterial | 1 | | 1 | 1 | | | | 1 | 2 |
| 9999 | Other neurosurgery | 5 | 5 | 10 | 11 | 1 | 1 | | 13 | 23 |
| | TOTAL FOR NEUROSURGERY | 382 | 98 | 480 | 337 | 180 | 147 | 19 | 683 | 1,163 |
| | GRAND TOTAL | 26,362 | 9,933 | 36,295 | 25,263 | 21,030 | 13,801 | 699 | 60,793 | 97,088 |

# TABLE Q

## Average Doctors' Charges

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. of Claims | Average Charge per Claim |
| | **GENERAL SURGERY** | | | | | | |
| | *BIOPSY* | | | | | | |
| 110 | Bone or bone marrow | $ 2,043 | 58 | $ 35 | $ 508 | 6 | $ 85 |
| 120 | Gland, muscle or superficial tissue, by excision | 9,838 | 335 | 29 | 630 | 7 | 90 |
| 121, 131, 141 | By needle aspiration | 1,256 | 48 | 26 | 283 | 4 | 71 |
| 149 | Others | 10,035 | 264 | 38 | 538 | 4 | 135 |
| | *ENDOSCOPY* | | | | | | |
| | *BRONCHOSCOPY, ESOPHAGOSCOPY, OR GASTROSCOPY* | | | | | | |
| 150, 162, 166 | Diagnostic | $ 12,530 | 205 | $ 61 | $ 4,231 | 44 | $ 96 |
| 151, 163, 167 | Operative | 15,123 | 184 | 82 | 3,235 | 27 | 120 |
| 152, 164, 168 | Unspecified | 3,552 | 55 | 65 | 445 | 5 | 89 |
| | *CULDOSCOPY, PERITONEOSCOPY, OR THORACOSCOPY* | | | | | | |
| 154, 174, 186 | Diagnostic | 90 | 5 | 18 | 425 | 5 | 85 |
| 155, 175, 187 | Operative | 125 | 2 | 63 | | | |
| | *CYSTOSCOPY* | | | | | | |
| 158 | Diagnostic, without ureteral catheterization | 25,217 | 695 | 36 | 3,320 | 56 | 59 |
| 159 | Diagnostic, with ureteral catheterization | 70,043 | 1,621 | 43 | 12,992 | 164 | 79 |
| 160 | Operative | 35,199 | 500 | 70 | 13,790 | 118 | 117 |
| 161 | Unspecified | 8,020 | 216 | 37 | 2,798 | 35 | 80 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. of Claims | Average Charge per Claim |
| | *LARYNGOSCOPY* | | | | | | |
| 170 | Diagnostic | $ 1,664 | 39 | $ 43 | $ 433 | 6 | $ 72 |
| 171 | Operative | 8,556 | 106 | 81 | 1,135 | 8 | 142 |
| 172 | Unspecified | 565 | 12 | 47 | 75 | 1 | 75 |
| | *PROCTOSCOPY* | | | | | | |
| 178 | Diagnostic | 3,013 | 196 | 15 | 320 | 16 | 20 |
| 179 | Operative | 811 | 20 | 41 | 315 | 3 | 105 |
| 180 | Unspecified | 210 | 13 | 16 | 545 | 2 | 273 |
| | *SIGMOIDOSCOPY* | | | | | | |
| 182 | Diagnostic | 5,959 | 317 | 19 | 469 | 8 | 59 |
| 183 | Operative | 1,005 | 29 | 35 | 260 | 3 | 87 |
| 184 | Unspecified | 569 | 30 | 19 | 185 | 5 | 37 |
| 199 | OTHER ENDOSCOPIES | 1,587 | 34 | 47 | 225 | 5 | 45 |
| | *GLANDS* | | | | | | |
| | *LYMPH GLANDS OR NODES* | | | | | | |
| 310 | Individual gland or gland mass removal, superficial | $ 2,602 | 54 | $ 48 | $ 740 | 6 | $123 |
| | *Radical resection of lymph glands or nodes* | | | | | | |
| 314, 320 | Axillary or inguinal, unilateral | 2,974 | 41 | 73 | 1,665 | 10 | 167 |
| 315, 321 | Axillary or inguinal, bilateral | 235 | 3 | 78 | | | |
| 317 | Cervical, unilateral | 2,537 | 26 | 98 | 50 | 1 | 50 |
| 318 | Cervical, bilateral | 150 | 3 | 50 | 1,200 | 2 | 600 |
| 329 | Other operations on lymph glands or nodes | 1,342 | 35 | 38 | 29 | 1 | 29 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. of Claims | Average Charge per Claim |
| | *MAMMARY GLANDS* | | | | | | |
| 330 | Mastectomy, partial | $ 13,825 | 125 | $ 111 | $ 3,133 | 18 | $174 |
| 331 | Mastectomy, total | 15,876 | 106 | 150 | 1,509 | 8 | 189 |
| 332 | Mastectomy, radical | 41,078 | 153 | 268 | 17,839 | 56 | 319 |
| 335 | Removal of benign tumors or cysts | 88,350 | 1,376 | 64 | 12,607 | 140 | 90 |
| 339 | Other operations on mammary glands | 1,850 | 26 | 71 | 1,025 | 7 | 146 |
| | *PARATHYROID GLAND* | | | | | | |
| 340 | Parathyroidectomy | 115 | 2 | 58 | 300 | 1 | 300 |
| | *SALIVARY GLANDS, SUBMAXILLARY, PAROTID, OR SUBLINGUAL* | | | | | | |
| 350 | Removal of gland (other than for malignancy) | 4,560 | 30 | 152 | 1,122 | 7 | 160 |
| 351 | Removal of stone from duct or gland substance | 3,583 | 52 | 69 | | | |
| 359 | Other operations on salivary glands | 1,753 | 23 | 76 | | | |
| | *THYROID GLAND AND GOITER* | | | | | | |
| 370 | Thyroidectomy, total or subtotal | 144,938 | 640 | 226 | 14,547 | 56 | 260 |
| 374 | Thyroid lobectomy, hemithyroidectomy, removal of thyroid adenoma or thyroid cyst | 20,101 | 110 | 183 | 1,760 | 10 | 176 |
| 379 | Other operations on thyroid gland | 2,093 | 13 | 161 | 525 | 3 | 175 |
| | *INFECTIONS AND INJURIES* | | | | | | |
| | *ABSCESSES, INCISION AND DRAINAGE (NOT INVOLVING INTERNAL ORGANS)* | | | | | | |
| 510 | Abscess, not of breast, deep, large, single procedure | $ 12,012 | 396 | $ 30 | $ 775 | 11 | $70 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures: Total Doctors' Charges | Single Procedures: No. of Claims | Single Procedures: Average Charge per Claim | Multiple Procedures: Total Doctors' Charges | Multiple Procedures: No. of Claims | Multiple Procedures: Average Charge per Claim |
|---|---|---|---|---|---|---|---|
| 511 | Abscess, not of breast, deep, large, multiple procedure | $ 901 | 26 | $ 35 | $ 662 | 2 | $331 |
| 512 | Abscess, not of breast, superficial, single procedure | 50,383 | 3,001 | 17 | 1,716 | 37 | 46 |
| 513 | Abscess, not of breast, superficial, multiple procedure | 3,323 | 120 | 28 | 185 | 3 | 62 |
| 514 | Abscess, involving breast, single procedure | 2,936 | 90 | 33 | 197 | 3 | 66 |
| 515 | Abscess, involving breast, multiple procedure | 318 | 4 | 80 | | | |
| 516 | Abscess, not of breast, deep, large, unspecified number of procedures | 267 | 10 | 27 | 35 | 1 | 35 |
| 517 | Abscess, not of breast, superficial, unspecified number of procedures | 1,158 | 39 | 30 | | | |
| 518 | Abscess, involving breast, unspecified number of procedures | 81 | 3 | 27 | | | |
| | *BURNS, DEBRIDEMENT AND SURGICAL TREATMENT OF* | | | | | | |
| 521 | Localized burn, second degree | 4,290 | 216 | 20 | 478 | 10 | 48 |
| 522 | Localized burn, third degree | 2,496 | 55 | 45 | 330 | 2 | 165 |
| 523 | More extensive burn, not localized | 2,034 | 33 | 62 | 1,200 | 2 | 600 |
| | *OTHER INFECTIONS AND INJURIES* | | | | | | |
| 550 | Accidental laceration of skin structure, suture or repair of | 206,874 | 13,460 | 15 | 9,390 | 215 | 44 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. f Claims | Average Charge per Claim |
| | *Blood or plasma transfusion* | | | | | | |
| 560 | Single | $ 5,311 | 204 | $ 26 | $ 430 | 5 | $ 86 |
| 561 | Multiple | 13,939 | 207 | 67 | 1,856 | 18 | 103 |
| 562 | Unspecified number | 1,209 | 25 | 48 | | | |
| 570 | Cellulitis, incision or drainage for | 2,671 | 108 | 25 | 455 | 8 | 57 |
| | *Carbuncle* | | | | | | |
| 571 | Drainage of | 3,869 | 184 | 21 | 115 | 3 | 38 |
| 572 | Excision of | 1,039 | 36 | 29 | | | |
| | *Foreign body, removal of (except from eye or body cavity)* | | | | | | |
| 580 | Superficial | 13,015 | 991 | 13 | 1,157 | 40 | 29 |
| 581 | Deep seated | 7,812 | 261 | 30 | 946 | 15 | 63 |
| 589 | Ulcer, superficial, excision | 724 | 25 | 29 | 375 | 2 | 188 |
| 599 | Other infections and injuries not elsewhere specified | 14,856 | 900 | 17 | 1,786 | 37 | 48 |
| | *PLASTIC SURGERY* | | | | | | |
| 710 | Epispadias or hypospadias, repair of (complete procedure) | $ 3,810 | 24 | $ 159 | $ 300 | 2 | $150 |
| 720 | Labioplasty or cheiloplasty | 5,480 | 28 | 196 | 250 | 1 | 250 |
| 730 | Otoplasty | 5,691 | 31 | 184 | 1,235 | 5 | 247 |
| 740 | Periosteal or bone graft | 1,442 | 7 | 206 | 1,465 | 6 | 244 |
| 750 | Rhinoplasty | 21,822 | 81 | 269 | 3,720 | 14 | 266 |
| 754 | Scar tissue or keloid, excision of | 8,922 | 105 | 85 | 3,920 | 32 | 123 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. of Claims | Average Charge per Claim |
| | *Skin grafting* | | | | | | |
| 760, 761 | Direct flap or transplant or pinch graft | $ 13,456 | 111 | $ 121 | $ 10,340 | 62 | $167 |
| 762 | Tube graft | 1,595 | 9 | 177 | 2,555 | 12 | 213 |
| 780 | Staphylorrhaphy or palatoplasty | 9,338 | 48 | 195 | 1,490 | 6 | 248 |
| 784 | Syndactylism, repair of | 1,720 | 14 | 123 | | | |
| 790, 791, 792 | Talipes equinus, correction of | 3,519 | 41 | 86 | 327 | 1 | 327 |
| 799 | Other plastic surgery | 13,522 | 107 | 126 | 2,326 | 17 | 137 |
| | *TUMORS OR CYSTS* | | | | | | |
| | *CYSTS* | | | | | | |
| 910 | Branchial cyst, excision of | $ 3,368 | 32 | $ 105 | $ 450 | 3 | $150 |
| 912 | Pilonidal cyst or sinus, incision of | 7,383 | 134 | 55 | 1,679 | 11 | 153 |
| 913 | Pilonidal cyst or sinus, excision of | 45,271 | 431 | 105 | 5,729 | 42 | 136 |
| 916 | Sebaceous cyst, excision of | 62,325 | 2,880 | 22 | 6,804 | 178 | 38 |
| 918 | Thyroglossal cyst, excision of | 5,941 | 74 | 80 | | | |
| | *TUMORS (NOT ELSEWHERE SPECIFIED)* | | | | | | |
| | *Removal by surgical procedure* | | | | | | |
| 930 | Benign tumors, superficial, including warts and calluses, single procedure | 178,341 | 7,590 | 23 | 6,191 | 111 | 56 |
| 931 | Benign tumors, superficial, including warts and calluses, multiple procedure | 71,199 | 2,350 | 30 | 1,663 | 22 | 76 |
| 932 | Benign tumors, deep seated, single procedure | 28,005 | 435 | 64 | 4,086 | 34 | 120 |
| 933 | Benign tumors, deep seated, multiple procedure | 2,766 | 54 | 51 | 300 | 3 | 100 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. of Claims | Average Charge per Claim |
| 934 | Benign tumors, superficial, including warts and calluses, unspecified number of procedures | $ 15,541 | 653 | $ 24 | $ 737 | 11 | $ 67 |
| 935 | Benign tumors, deep seated, unspecified number of procedures | 748 | 12 | 62 | 300 | 1 | 300 |
| 936, 937 | Malignant tumors, face, lip or skin | 30,929 | 514 | 60 | 11,908 | 98 | 122 |
| 938, 939 | Malignant tumors, not elsewhere specified | 12,240 | 88 | 139 | 9,087 | 23 | 395 |
| | *Implantation of radioactive substance, X-ray or other radiation treatment* | | | | | | |
| 950, 951, 970, 971 | Benign tumors, superficial | 2,358 | 82 | 29 | 165 | 2 | 83 |
| 952, 953, 972, 973 | Benign tumors, deep seated | 550 | 14 | 39 | 105 | 1 | 105 |
| 956, 957, 976, 977 | Malignant tumors, face, lip or skin | 5,541 | 83 | 67 | 2,811 | 22 | 128 |
| 958, 959, 978, 979 | Malignant tumors, not elsewhere specified | 8,918 | 47 | 190 | 6,334 | 37 | 171 |

MUSCULOSKELETAL SURGERY

| Procedure Code | Description of Procedure | Single: Total Doctors' Charges | Single: No. of Claims | Single: Average Charge per Claim | Multiple: Total Doctors' Charges | Multiple: No. of Claims | Multiple: Average Charge per Claim |
|---|---|---|---|---|---|---|---|
| | *AMPUTATIONS* | | | | | | |
| 1010 | Arm, amputation of, through humerus | $ 350 | 3 | $ 117 | $ 275 | 1 | $275 |
| | *Finger or thumb (one or more phalanges), amputation of* | | | | | | |
| 1014 | Single | 4,594 | 126 | 36 | 1,079 | 20 | 54 |
| 1015 | Multiple | 986 | 19 | 52 | 970 | 12 | 81 |
| 1016 | Unspecified number | 50 | 2 | 25 | | | |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. of Claims | Average Charge per Claim |
| 1018 | Foot, amputation of, below ankle | $ 1,258 | 7 | $ 180 | $ 115 | 1 | $115 |
| 1022 | Hand, amputation of, below wrist | 475 | 2 | 238 | | | |
| 1024 | Hip, disarticulation at | 210 | 1 | 210 | | | |
| 1026 | Knee, disarticulation at | 125 | 1 | 125 | | | |
| 1028 | Leg, amputation of, through tibia and fibula, or at ankle | 2,378 | 14 | 170 | 1,575 | 6 | 263 |
| 1030 | Scapulothoracic amputation | 500 | 1 | 500 | | | |
| 1032 | Shoulder, disarticulation at | 50 | 1 | 50 | 425 | 1 | 425 |
| 1034 | Thigh, amputation of, through femur | 2,066 | 10 | 207 | 2,853 | 8 | 357 |
| 1036 | Toe, amputation of, single | 2,712 | 49 | 55 | 360 | 6 | 60 |
| 1037 | Toe, amputation of, multiple | 1,179 | 14 | 84 | 475 | 4 | 119 |
| 1099 | Other amputations | 135 | 2 | 68 | 380 | 2 | 190 |
| | *BONES* | | | | | | |
| 1210 | Bone plates or pins, removal of | $ 1,405 | 22 | $ 64 | $ 285 | | $143 |
| 1220 | Coccyx, excision of | 5,105 | 46 | 111 | 2,190 | 18 | 122 |
| 1230 | Diseased portion of bone (except alveolar processes) removal of, not for osteomyelitis | 5,482 | 46 | 119 | 4,955 | 19 | 261 |
| | *Exostosis, removal of* | | | | | | |
| 1240 | Single | 6,203 | 82 | 76 | 1,292 | 13 | 99 |
| 1241 | Multiple | 1,344 | 11 | 122 | 320 | 1 | 320 |
| | *Hallux Valgus, operation for* | | | | | | |
| 1250 | Simple | 3,491 | 30 | 116 | 1,239 | 8 | 155 |
| 1251 | Radical | 4,355 | 25 | 174 | 1,695 | 8 | 212 |
| 1252 | Unclassified | 2,655 | 17 | 156 | 959 | 6 | 160 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. of Claims | Average Charge per Claim |
| | *Ostectomy* | | | | | | |
| 1260 | Carpal bones, one or more | $ 980 | 6 | $ 163 | $ | | $ |
| 1261 | Metacarpal bone, one | 475 | 4 | 119 | | | |
| 1263 | Metatarsal bone, one | 1,463 | 16 | 91 | 1,045 | 6 | 174 |
| 1264 | Metatarsal bone, more than one | 160 | 2 | 80 | 130 | 1 | 130 |
| 1265 | Nail bed or nail fold, partial | 8,857 | 525 | 17 | 296 | 14 | 21 |
| 1266 | Nail bed or nail fold, complete | 15,506 | 709 | 22 | 1,326 | 29 | 46 |
| 1267 | Phalanx, one | 293 | 7 | 42 | | | |
| 1268 | Phalanx, more than one | 261 | 2 | 131 | | | |
| 1270 | Tarsal bones, one or more | 775 | 5 | 155 | | | |
| 1280 | Osteomyelitis or bone abscess, operation for | 2,484 | 30 | 83 | 211 | 1 | 211 |
| 1290 | Sequestrectomy | 2,576 | 29 | 89 | 271 | 2 | 136 |
| 1299 | Other bone operations not elsewhere specified | 12,090 | 95 | 127 | 3,838 | 13 | 295 |
| | *BURSAE* | | | | | | |
| 1410 | Aspiration, one or more | $ 2,873 | 115 | $ 25 | $ 343 | 4 | $ 86 |
| 1420 | Bursectomy (excision of bursa) | 6,910 | 81 | 85 | 1,745 | 17 | 103 |
| 1430 | Bursotomy | 1,348 | 29 | 46 | 265 | 3 | 88 |
| 1440, 1450 | Irrigation or injection, one or more | 1,467 | 51 | 29 | | | |
| | *DISLOCATIONS* | | | | | | |
| 1610 | Astragalo-tarsal bones, dislocation of, closed reduction | $ 915 | 21 | $ 44 | | | |
| 1614 | Carpal bones, dislocation of, closed reduction | 441 | 19 | 23 | | | |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. of Claims | Average Charge per Claim |
| 1615 | Carpal bones, dislocation of, open reduction | $ 150 | 1 | $ 150 | | | |
| 1618 | Clavicle, dislocation of, closed reduction | 1,290 | 39 | 33 | $ 389 | 5 | $ 78 |
| 1619 | Clavicle, dislocation of, open reduction | 909 | 6 | 152 | | | |
| 1622 | Elbow dislocation, closed reduction | 3,310 | 86 | 38 | 365 | 3 | 122 |
| 1623 | Elbow dislocation, open reduction | 250 | 2 | 125 | 100 | 1 | 100 |
| 1626, 1628 | Finger or thumb, dislocation of, one or more, closed reduction | 1,460 | 81 | 18 | 200 | 5 | 40 |
| 1627, 1629 | Finger or thumb, dislocation of, one or more, open reduction | 210 | 3 | 70 | | | |
| 1632 | Hip dislocation, closed reduction | 2,717 | 27 | 101 | 1,018 | 6 | 170 |
| 1633 | Hip dislocation, open reduction | 2,600 | 6 | 433 | 955 | 2 | 478 |
| 1636 | Knee dislocation, except dislocation of patella, closed reduction | 728 | 16 | 46 | 288 | 3 | 96 |
| 1640, 1642 | Metacarpal bone, dislocation of, one or more, closed reduction | 163 | 6 | 27 | 90 | 2 | 45 |
| 1646, 1648 | Metatarsal bone, dislocation of, one or more, closed reduction | 414 | 15 | 28 | 275 | 1 | 275 |
| 1647, 1649 | Metatarsal bone, dislocation of, one or more, open reduction | 200 | 1 | 200 | | | |
| 1652 | Patella, dislocation of, closed reduction | 495 | 14 | 35 | 345 | 3 | 115 |
| 1653 | Patella, dislocation of, open reduction | 500 | 2 | 250 | 675 | 3 | 225 |
| 1656 | Semilunar cartilage, dislocation of, open reduction or excision | 6,786 | 40 | 170 | 788 | 5 | 158 |
| 1658 | Shoulder dislocation, closed reduction | 5,400 | 127 | 43 | 395 | 4 | 99 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures: Total Doctors' Charges | Single Procedures: No. of Claims | Single Procedures: Average Charge per Claim | Multiple Procedures: Total Doctors' Charges | Multiple Procedures: No. of Claims | Multiple Procedures: Average Charge per Claim |
|---|---|---|---|---|---|---|---|
| 1659 | Shoulder dislocation, open reduction | $ 680 | 4 | $ 170 | $ 555 | 2 | $278 |
| 1666 | Temporomandibular dislocation, closed reduction | 696 | 16 | 44 | | | |
| 1668, 1670 | Toe, dislocation of, one or more, closed reduction | 77 | 9 | 9 | | | |
| 1674 | Vertebrae, dislocation of, closed reduction | 1,049 | 17 | 62 | | | |
| 1675 | Vertebrae, dislocation of, open reduction | 275 | 2 | 138 | | | |
| | *FRACTURES* | | | | | | |
| | *Skull* | | | | | | |
| 2010 | Nonoperative treatment of fracture of skull | $ 3,775 | 69 | $ 55 | $ 4,422 | 38 | $116 |
| 2014 | Compound fracture of skull, treatment of, including debridement and dural repair | 970 | 6 | 162 | 2,039 | 12 | 170 |
| 2018 | Depressed fracture of skull, treatment of, with operation | 1,945 | 10 | 195 | 1,520 | 6 | 253 |
| | *Facial bones* | | | | | | |
| 2024, 2026, 2030, 2031 | Mandible, fracture of, reduction without wiring of teeth or maxilla, treatment of fracture of | 3,320 | 41 | 81 | 3,475 | 24 | 145 |
| 2025 | Mandible, fracture of, closed reduction with wiring of teeth | 5,589 | 36 | 155 | 2,390 | 11 | 217 |
| 2034, 2035 | Nasal bones, fracture of, reduction | 8,776 | 248 | 35 | 3,730 | 50 | 75 |
| 2039 | Other facial bones | 1,185 | 15 | 79 | 1,357 | 9 | 151 |
| | *Upper extremity* | | | | | | |
| 2040, 2042, 2044, 2046 | Carpal bone, fracture of, one or more, closed reduction | 21,615 | 415 | 52 | 1,326 | 9 | 147 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. of Claims | Average Charge per Claim |
| 2041, 2043, 2045, 2047 | Carpal bone, fracture of, one or more, open reduction | $ 620 | 7 | $ 89 | $ 579 | 2 | $290 |
| 2050 | Elbow, intra-particular fracture of, one or more bones, closed reduction | 6,613 | 124 | 53 | 1,764 | 16 | 110 |
| 2051 | Elbow, intra-particular fracture of, one or more bones, open reduction | 2,685 | 18 | 149 | 3,041 | 11 | 276 |
| 2054 | Finger or thumb, fracture of one, closed reduction | 11,802 | 559 | 21 | 1,362 | 40 | 34 |
| 2055 | Finger or thumb, fracture of one, open reduction | 5,184 | 182 | 28 | 1,610 | 35 | 46 |
| 2056 | Finger or thumb, fracture of more than one, closed reduction | 779 | 27 | 29 | 50 | 1 | 50 |
| 2057 | Finger or thumb, fracture of more than one, open reduction | 313 | 7 | 45 | 386 | 8 | 48 |
| 2058 | Finger or thumb, fracture of unspecified number, closed reduction | 10 | 1 | 10 | 50 | 1 | 50 |
| 2060, 2062 | Humerus, fracture of, closed reduction | 40,523 | 550 | 74 | 5,068 | 36 | 141 |
| 2061, 2063 | Humerus, fracture of, open reduction | 6,375 | 37 | 172 | 6,108 | 18 | 339 |
| 2070, 2072, 2074, 2076 | Metacarpal bone, fracture of, one or more, closed reduction | 10,702 | 323 | 33 | 745 | 13 | 57 |
| 2071, 2073, 2075, 2077 | Metacarpal bone, fracture of, one or more, open reduction | 584 | 9 | 65 | | | |
| 2080, 2082, 2090, 2092 | Radius or ulna, fracture of, closed reduction | 76,333 | 1,506 | 51 | 5,382 | 51 | 106 |
| 2081, 2083, 2091, 2093 | Radius or ulna, fracture of, open reduction | 5,340 | 47 | 114 | 1,750 | 9 | 194 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. of Claims | Average Charge per Claim |
| 2084, 2086 | Radius and ulna, fracture of, closed reduction | $ 58,916 | 880 | $ 67 | $ 1,318 | 10 | $132 |
| 2085, 2087 | Radius and ulna, fracture of, open reduction | 3,739 | 30 | 125 | 2,730 | 11 | 248 |
| | *Spine and trunk* | | | | | | |
| 2100, 2102 | Clavicle, fracture of, closed reduction | 34,425 | 928 | 37 | 3,780 | 43 | 88 |
| 2101, 2103 | Clavicle, fracture of, open reduction | 3,333 | 26 | 128 | 1,235 | 4 | 309 |
| 2110 | Coccyx, fracture of, reduction | 431 | 17 | 25 | 184 | 2 | 92 |
| 2130, 2131 | Rib, fracture of one, reduction | 4,449 | 230 | 19 | 77 | 3 | 26 |
| 2132, 2133 | Rib, fracture of more than one, reduction | 4,561 | 158 | 29 | 2,400 | 26 | 92 |
| 2134, 2135 | Rib, fracture of unspecified number, reduction | 1,170 | 44 | 27 | 570 | 5 | 114 |
| 2140 | Sacrum, fracture of, reduction | 604 | 13 | 46 | 236 | 2 | 118 |
| 2150, 2151 | Scapula, fracture of, reduction | 1,494 | 33 | 45 | 2,162 | 14 | 154 |
| 2154 | Sternum, fracture of, closed reduction | 185 | 7 | 26 | 150 | 1 | 150 |
| 2155 | Sternum, fracture of depressed, open reduction | 300 | 1 | 300 | | | |
| 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167 | Vertebra, except coccyx, fracture of body of one or more than one, reduction | 9,979 | 85 | 117 | 5,324 | 23 | 231 |
| 2170, 2171 | Vertebra, fracture of lateral or spinous process of, one or more, reduction | 2,311 | 29 | 80 | 680 | 4 | 170 |
| | *Pelvis* | | | | | | |
| 2180, 2181, 2182, 2183 | Innominate bone (ilium, ischium, or os pubis), fracture of, reduction | 6,881 | 53 | 130 | 7,921 | 33 | 240 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. of Claims | Average Charge per Claim |
| | *Lower extremity* | | | | | | |
| 2200, 2202 | Ankle, Pott's or Cotton's fracture of, closed reduction | $ 20,386 | 300 | $ 68 | $ 1,816 | 16 | $114 |
| 2201, 2203 | Ankle, Pott's or Cotton's fracture of, open reduction | 4,455 | 21 | 212 | 2,075 | 7 | 296 |
| 2206, 2208, 2250, 2252 | Astragalus, or os calcis, fracture of, closed reduction | 7,002 | 107 | 65 | 808 | 9 | 90 |
| 2207, 2209, 2251, 2253 | Astragalus or os calcis, fracture of, open reduction | 800 | 5 | 160 | 40 | 1 | 40 |
| 2210, 2212 | Astragalus and os calcis, fracture of, closed reduction | 575 | 9 | 64 | 125 | 1 | 125 |
| 2211, 2213 | Astragalus and os calcis, fracture of, open reduction | 195 | 1 | 195 | | | |
| 2216, 2218 | Femur, fracture of, closed reduction | 16,120 | 125 | 129 | 5,458 | 20 | 273 |
| 2217, 2219 | Femur, fracture of, open reduction | 34,542 | 115 | 300 | 15,535 | 40 | 388 |
| 2222, 2224, 2280, 2282 | Fibula or tibia, fracture of, closed reduction | 39,257 | 613 | 64 | 5,057 | 34 | 149 |
| 2223, 2225, 2281, 2283 | Fibula or tibia, fracture of, open reduction | 10,291 | 56 | 184 | 4,066 | 18 | 226 |
| 2228 | Knee, intra-articular fracture of one or more bones of, closed reduction | 1,785 | 29 | 62 | 502 | 4 | 126 |
| 2229 | Knee, intra-articular fracture of one or more bones of, open reduction | 715 | 4 | 179 | 274 | 1 | 274 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures: Total Doctors' Charges | Single Procedures: No. of Claims | Single Procedures: Average Charge per Claim | Multiple Procedures: Total Doctors' Charges | Multiple Procedures: No. of Claims | Multiple Procedures: Average Charge per Claim |
|---|---|---|---|---|---|---|---|
| 2232, 2234, 2236, 2238, 2270, 2272, 2274, 2276 | Metatarsal or tarsal bones, fracture of one or more, closed reduction | $ 16,721 | 475 | $ 35 | $ 456 | 7 | $ 65 |
| 2233, 2235, 2237, 2239, 2271, 2273, 2275, 2277 | Metatarsal or tarsal bones, fracture of one or more, open reduction | 851 | 9 | 95 | 150 | 1 | 150 |
| 2258 | Patella, fracture of, closed reduction | 3,320 | 42 | 79 | 2,446 | 16 | 153 |
| 2259 | Patella, fracture of, open reduction | 3,330 | 17 | 196 | 360 | 1 | 360 |
| 2284, 2286 | Tibia and fibula, fracture of, closed reduction | 17,533 | 186 | 94 | 3,310 | 18 | 184 |
| 2285, 2287 | Tibia and fibula, fracture of, open reduction | 12,684 | 58 | 219 | 5,579 | 19 | 294 |
| 2292 | Toe, fracture of one, closed reduction | 6,899 | 360 | 19 | 130 | 6 | 22 |
| 2293 | Toe, fracture of one, open reduction | 1,192 | 56 | 21 | 60 | 1 | 60 |
| 2294 | Toe, fracture of more than one, closed reduction | 480 | 16 | 30 | 105 | 2 | 53 |
| 2295 | Toe, fracture of more than one, open reduction | 190 | 4 | 48 | 250 | 3 | 83 |
| 2296 | Toe, fracture of unspecified number, closed reduction | 10 | 1 | 10 | | | |
| | *JOINTS* | | | | | | |
| | *Arthrodesis* | | | | | | |
| 2410, 2416 | Ankle or knee | $ 6,970 | 35 | $ 199 | $ 2,289 | 5 | $458 |
| 2412, 2424 | Elbow or wrist | 1,570 | 8 | 196 | 350 | 1 | 350 |
| 2414, 2420 | Hip or shoulder | 1,480 | 5 | 296 | 250 | 1 | 250 |
| 2418 | Invertebral disc, with laminectomy | 3,074 | 10 | 307 | 4,190 | 10 | 419 |
| 2422 | Spine, including sacro-iliac, not including coccyx | 13,694 | 36 | 380 | 2,470 | 7 | 353 |
| 2429 | Any other joint | 3,355 | 23 | 146 | 1,811 | 7 | 259 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. of Claims | Average Charge per Claim |
| | *Arthroplasty* | | | | | | |
| 2430, 2444 | Ankle or wrist | $ 90 | 1 | $ 90 | | | |
| 2432, 2436 | Elbow or knee | 3,681 | 20 | 184 | $ 1,150 | 4 | $288 |
| 2434, 2442 | Hip or shoulder | 5,811 | 17 | 342 | 1,984 | 6 | 331 |
| 2440 | Metatarsal-phalangeal joint | 2,308 | 27 | 85 | 965 | 8 | 121 |
| 2449 | Any other joint | 1,255 | 9 | 139 | 328 | 2 | 164 |
| | *Arthrotomy* | | | | | | |
| 2450, 2458 | Ankle or wrist | 200 | 2 | 100 | | | |
| 2451, 2455 | Elbow or knee | 23,094 | 137 | 169 | 4,883 | 26 | 188 |
| 2452, 2457 | Hip or shoulder | 1,645 | 10 | 165 | 735 | 3 | 245 |
| 2459 | Any other joint | 398 | 5 | 80 | 575 | 3 | 192 |
| | *Capsuloplasty, capsulotomy, capsulorrhaphy, or synovectomy* | | | | | | |
| 2461, 2465, 2471, 2475 | Elbow or knee | 1,403 | 8 | 175 | 188 | 1 | 188 |
| 2462, 2467, 2472, 2477 | Hip or shoulder | 50 | 1 | 50 | 243 | 1 | 243 |
| 2469, 2479 | Other joints | 770 | 7 | 110 | 426 | 5 | 85 |
| | *Miscellaneous* | | | | | | |
| 2491 | Arthrocentesis or tapping of joint | 4,025 | 128 | 31 | 311 | 5 | 62 |
| 2496 | Manipulation of fused or frozen joint under general anesthesia | 578 | 11 | 53 | | | |
| 2499 | Other operations | 7,139 | 67 | 107 | 375 | 2 | 188 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. of Claims | Average Charge per Claim |
| | *MUSCLES* | | | | | | |
| 2610, 2611 | Division of scalenus anticus muscle | $ 1,983 | 16 | $ 124 | | | |
| 2614 | Division of sternocleidomastoid muscle, for wry neck | 1,440 | 10 | 144 | | | |
| 2630, 2650 | Repair, suture, or transplantation of muscle, single | 761 | 8 | 95 | $ 1,797 | 9 | $200 |
| 2631, 2651 | Repair, suture, or transplantation of muscle, multiple | 500 | 6 | 83 | 570 | 3 | 190 |
| 2640 | Severence of muscle, complete or partial | 275 | 2 | 138 | 153 | 2 | 77 |
| 2699 | Other operations on muscles | 2,643 | 32 | 83 | 1,176 | 8 | 147 |
| | *TENDONS* | | | | | | |
| 2810 | Excision of ganglion, cyst, abscess, or other lesion of tendon or sheath | $ 16,434 | 362 | $ 45 | $ 3,193 | 39 | $ 82 |
| 2814 | Fasiectomy for Dupuytren's contracture | 3,955 | 24 | 165 | 225 | 3 | 75 |
| | *Suture of tendon* | | | | | | |
| 2840 | Single | 9,515 | 165 | 58 | 5,817 | 72 | 81 |
| 2841 | Multiple | 6,392 | 75 | 85 | 4,250 | 40 | 106 |
| | *Tenotomy* | | | | | | |
| 2850 | Single | 3,681 | 43 | 86 | 1,233 | 9 | 137 |
| 2851 | Multiple | 1,902 | 19 | 100 | 834 | 5 | 167 |
| 2859 | Unspecified number | 1,250 | 12 | 104 | 1,217 | 7 | 174 |
| | *Transplantation of tendon, including advancement or recession* | | | | | | |
| 2860 | Single | 3,933 | 27 | 146 | 1,557 | 8 | 195 |
| 2861 | Multiple | 3,245 | 16 | 203 | 435 | 2 | 218 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. of Claims | Average Charge per Claim |
| **EYE, EAR, MOUTH, NOSE AND THROAT SURGERY** | | | | | | | |
| | *EAR* | | | | | | |
| 3030 | Fenestration operation for otosclerosis | $ 17,030 | 40 | $ 426 | $ 500 | 1 | $500 |
| 3040, 3041 | Incision of ear-drum (myringotomy, tympanotomy, paracentesis tympani) | 14,054 | 716 | 20 | 565 | 10 | 57 |
| 3060 | Labyrinthotomy | 825 | 2 | 413 | 300 | 1 | 300 |
| | *Mastoidectomy* | | | | | | |
| 3070 | Simple, unilateral | 4,935 | 26 | 190 | 210 | 1 | 210 |
| 3072 | Radical, unilateral | 22,149 | 83 | 267 | 2,920 | 9 | 324 |
| 3073 | Radical, bilateral | 980 | 4 | 245 | | | |
| 3099 | Other ear operations | 7,556 | 102 | 74 | 360 | 1 | 360 |
| | *EYE* | | | | | | |
| 3212 | Chalazion, excision or curettage, single | $ 17,955 | 936 | $ 19 | $ 813 | 24 | $ 34 |
| 3213 | Chalazion, excision or curettage, multiple | 3,859 | 120 | 32 | 320 | 7 | 46 |
| 3219 | Conjunctiva, suture or flap operation | 1,013 | 18 | 56 | 175 | 2 | 88 |
| 3223 | Cornea or sclera, suture of perforating wound | 1,654 | 12 | 138 | 100 | 1 | 100 |
| 3226 | Corneal or scleral paracentesis (posterior sclerotomy) | 294 | 4 | 74 | 26 | 1 | 26 |
| 3228 | Corneal transplantation | 700 | 2 | 350 | | | |
| | *Corneal or scleral ulcer* | | | | | | |
| 3230 | Cauterization | 1,108 | 49 | 23 | | | |
| 3231 | Keratotomy | 464 | 4 | 116 | 275 | 2 | 138 |
| 3234 | Dacryocystectomy or dacryoadenectomy | 510 | 8 | 64 | 50 | 1 | 50 |
| 3236 | Dacryocystorhinostomy | 2,231 | 18 | 124 | 385 | 3 | 128 |
| 3240 | Detached retina, operation for | 16,210 | 48 | 338 | 900 | 2 | 450 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. of Claims | Average Charge per Claim |
| | *Entropion or ectropion* | | | | | | |
| 3242 | Cautery puncture or other nonplastic types of corrective treatment | $ 1,299 | 14 | $ 93 | | | |
| 3243 | Plastic operation for correction | 2,195 | 15 | 146 | | | |
| | *Enucleation or evisceration of eyeball* | | | | | | |
| 3246 | Without implantation | 4,435 | 28 | 158 | $ 425 | 2 | $213 |
| 3247 | With implantation | 4,995 | 26 | 192 | 859 | 3 | 286 |
| 3250 | Extraction of lens | 85,429 | 325 | 263 | 9,652 | 28 | 345 |
| | *Foreign body* | | | | | | |
| 3252 | Cornea or sclera, operative removal from | 3,138 | 234 | 13 | 140 | 6 | 23 |
| 3253 | Intraocular, removal by magnet | 871 | 21 | 41 | | | |
| 3254 | Intraocular, removal by cutting procedure | 776 | 21 | 37 | | | |
| 3255 | Unspecified | 1,879 | 194 | 10 | 44 | 2 | 22 |
| 3256 | Glaucoma, operation for, other than paracentesis, or iridectomy | 7,960 | 40 | 199 | 512 | 2 | 256 |
| 3258 | Hordeolum, operation for | 285 | 25 | 11 | | | |
| 3260 | Iridectomy, iridotomy, goniotomy, keratotomy, or sclerotomy | 5,567 | 35 | 159 | 2,867 | 13 | 221 |
| 3262 | Lacrimal duct, dilation of | 2,229 | 83 | 27 | 230 | 2 | 115 |
| 3264 | Needling of lens | 1,825 | 17 | 107 | 200 | 1 | 200 |
| 3266 | Orbit, reconstruction of | 510 | 4 | 128 | | | |
| 3268 | Pterygium, operation for | 13,849 | 223 | 62 | 775 | 7 | 111 |
| 3270 | Ptosis, operation for | 4,550 | 25 | 182 | 350 | 2 | 175 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. of Claims | Average Charge per Claim |
| | *Strabismus, operation for* | | | | | | |
| 3272 | Unilateral | $ 70,070 | 389 | $ 180 | $ 1,850 | 7 | $264 |
| 3273 | Bilateral | 30,164 | 136 | 222 | 600 | 3 | 200 |
| 3278 | Tarsorrhaphy or blepharorrhaphy | 320 | 3 | 107 | 150 | 1 | 150 |
| 3299 | Other eye operations | 14,981 | 150 | 100 | 465 | 2 | 233 |
| | *MOUTH* | | | | | | |
| 3410 | Alveolar abscess, incision and drainage | $ 1,056 | 31 | $ 34 | $ 810 | 9 | $ 90 |
| 3414 | Alveolectomy | 20,837 | 290 | 72 | 3,871 | 40 | 97 |
| 3418 | Apicoectomy | 967 | 18 | 54 | 381 | 5 | 76 |
| 3426 | Dentigerous cyst, removal of | 2,560 | 36 | 71 | 515 | 5 | 103 |
| 3428 | Epulis, removal of | 160 | 5 | 32 | 73 | 2 | 37 |
| 3434 | Extraction of tooth, fractured by accidental means, one or more | 932 | 38 | 25 | 1,000 | 11 | 91 |
| 3440 | Gingivectomy | 6,629 | 53 | 125 | 560 | 3 | 187 |
| | *Impacted tooth, removal of* | | | | | | |
| 3450 | One | 25,529 | 839 | 30 | 5,247 | 66 | 80 |
| 3451 | More than one | 32,653 | 450 | 73 | 4,373 | 40 | 109 |
| 3460 | Pyorrhea alveolaris, complete procedure | 4,444 | 47 | 95 | 258 | 2 | 129 |
| 3499 | Other mouth operations | 5,017 | 148 | 34 | 53 | 2 | 27 |
| | *NOSE AND THROAT* | | | | | | |
| 3610 | Adenoidectomy | $ 7,998 | 198 | $ 40 | $ 2,046 | 31 | $ 66 |
| 3614 | Laryngectomy | 3,235 | 11 | 294 | 1,326 | 3 | 442 |
| 3618 | Larynx, intubation of | 118 | 3 | 39 | | | |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. of Claims | Average Charge per Claim |
| | *Nasal polyps, removal of one or more* | | | | | | |
| 3622 | Unilateral | $ 6,280 | 200 | $ 31 | $ 776 | 12 | $ 65 |
| 3623 | Bilateral | 7,526 | 166 | 45 | 1,507 | 17 | 89 |
| 3628 | Nasal septum, submucous resection of, with or without reconstruction of the columella | 58,422 | 436 | 134 | 48,622 | 213 | 228 |
| 3650 | Sinuses, puncture and irrigation of, unilateral or bilateral | 4,835 | 176 | 27 | 778 | 8 | 97 |
| | *Sinusotomy* | | | | | | |
| 3652 | Frontal, radical | 430 | 6 | 72 | 650 | 3 | 217 |
| 3654 | Maxillary, intranasal antrum window, unilateral | 1,761 | 40 | 44 | 2,158 | 19 | 114 |
| 3655 | Maxillary, intranasal antrum window, bilateral | 2,475 | 24 | 103 | 1,506 | 13 | 116 |
| 3660 | Maxillary, radical (Caldwell-Luc) operation, unilateral | 4,003 | 26 | 154 | 4,884 | 21 | 233 |
| 3661 | Maxillary, radical (Caldwell-Luc) operation, bilateral | 700 | 3 | 233 | 633 | 2 | 317 |
| 3662 | Combined antrum and frontal | 108 | 3 | 36 | | | |
| 3666 | Sphenoid or ethmoid, or both | 2,203 | 17 | 130 | 4,518 | 39 | 116 |
| 3680 | Tonsillar or peritonsillar abscess, incision for drainage | 1,691 | 70 | 24 | | | |
| 3684 | Tonsillectomy with or without adenoidectomy | 741,594 | 13,880 | 53 | 24,078 | 316 | 76 |
| 3688 | Tracheotomy | 2,662 | 33 | 81 | 5,251 | 22 | 239 |
| | *Turbinectomy* | | | | | | |
| 3692 | Unilateral | 780 | 28 | 28 | 90 | 3 | 30 |
| 3693 | Bilateral | 640 | 13 | 49 | 1,320 | 8 | 165 |
| 3699 | Other nose and throat operations | 16,929 | 411 | 41 | 2,903 | 15 | 194 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. of Claims | Average Charge per Claim |
| | **HEART AND BLOOD VESSEL SURGERY** | | | | | | |
| | *ARTERIES AND VEINS* | | | | | | |
| | *Aneurysm, arterial or arteriovenous, operation for* | | | | | | |
| 4010 | Intracranial | $ 465 | 3 | $ 155 | $ 1,040 | 4 | $260 |
| 4011 | Intra-abdominal | 750 | 3 | 250 | 1,880 | 4 | 470 |
| 4012 | Intrathoracic | 1,000 | 1 | 1,000 | | | |
| 4013 | Extremities | 967 | 10 | 97 | 825 | 4 | 206 |
| 4020 | Angiography or arteriography | 1,451 | 20 | 73 | 4,298 | 26 | 165 |
| | *Arteriorrhaphy* | | | | | | |
| 4028 | Single | 295 | 9 | 33 | 181 | 4 | 45 |
| 4029 | Multiple | 63 | 3 | 21 | | | |
| | *Arteriotomy or embolectomy, for exploration or removal of embolus* | | | | | | |
| 4032 | Intrathoracic | 150 | 1 | 150 | 300 | 1 | 300 |
| 4034 | Neck or extremities | 300 | 2 | 150 | | | |
| 4040 | Artery, ligation, primary surgical | 1,003 | 7 | 143 | 1,181 | 7 | 169 |
| 4230 | Veins, ligation for other than varicosity | 1,959 | 21 | 93 | 1,183 | 7 | 169 |
| 4260 | Veins, thrombophlebectomy | 825 | 10 | 83 | 575 | 3 | 192 |
| 4270 | Veins, varicose ulcer, excision of, including skin graft | 160 | 1 | 160 | 97 | 1 | 97 |
| | *Varicose veins* | | | | | | |
| 4272 | Injection treatment, complete procedure, unilateral | 3,943 | 115 | 34 | 35 | 2 | 18 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. of Claims | Average Charge per Claim |
| 4273 | Injection treatment, complete procedure, bilateral | $ 7,601 | 111 | $ 68 | $ 565 | 5 | $113 |
| 4276, 4280, 4284 | Ligation, with or without division, saphenous vein, without stripping, unilateral | 13,556 | 157 | 86 | 2,305 | 20 | 115 |
| 4277, 4281, 4285 | Ligation, with or without division, saphenous vein, without stripping, bilateral | 17,820 | 141 | 126 | 2,530 | 14 | 181 |
| 4278, 4282, 4286 | Ligation, with or without division, saphenous vein, with stripping, unilateral | 38,215 | 336 | 114 | 5,030 | 31 | 162 |
| 4279, 4283, 4287 | Ligation, with or without division, saphenous vein, with stripping, bilateral | 68,744 | 411 | 167 | 4,658 | 21 | 222 |
| 4290 | Veins, venesection or phlebotomy | 219 | 9 | 24 | 85 | 2 | 43 |
| 4299 | Other operations on arteries and veins | 2,576 | 26 | 99 | 295 | 2 | 148 |
| | *HEART OR GREAT VESSELS* | | | | | | |
| 4420 | Coarctation of aorta, operation for | $ 2,150 | 3 | $ 717 | $ 550 | 1 | $550 |
| 4424 | Commissurotomy or valvotomy | 8,500 | 19 | 447 | 1,960 | 4 | 490 |
| 4460 | Patent ductus, operation for | 4,475 | 12 | 373 | 250 | 1 | 250 |
| 4464 | Pericardiectomy | 500 | 1 | 500 | | | |
| 4468 | Pericardiocentesis (tapping) | 50 | 1 | 50 | | | |
| 4472 | Pericardiotomy | 500 | 1 | 500 | 500 | 1 | 500 |
| 4490 | Tetralogy of Fallot, operation for | 825 | 2 | 413 | | | |
| 4498 | Cardiac catheterization | 1,469 | 19 | 77 | 245 | 2 | 123 |
| 4499 | Other heart operations | 8,975 | 21 | 427 | 950 | 2 | 475 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. of Claims | Average Charge per Claim |
| | **THORACIC SURGERY** | | | | | | |
| | *Esophagus* | | | | | | |
| 5110 | Dilation | $ 325 | 4 | $ 81 | | | |
| 5112 | Removal of diverticulum | 1,800 | 7 | 257 | $ 925 | 3 | $308 |
| 5114 | Resection | 100 | 1 | 100 | 1,700 | 3 | 567 |
| 5210, 5212, 5214 | Lobectomy | 15,380 | 45 | 342 | 23,842 | 48 | 497 |
| 5310 | Pleurectomy or pleural decortication, any type | 600 | 2 | 300 | 510 | 2 | 255 |
| 5410 | Pneumolysis, extrapleural or intrapleural | 705 | 2 | 353 | | | |
| 5420 | Pneumonectomy, total | 5,600 | 13 | 431 | 7,815 | 14 | 558 |
| 5440, 5441 | Pneumothorax | 899 | 14 | 64 | 574 | 3 | 191 |
| | *Thoracoplasty* | | | | | | |
| 5510 | Partial | 550 | 2 | 275 | | | |
| 5512 | Complete (one or more stages) | 1,375 | 4 | 344 | 415 | 1 | 415 |
| 5610 | Thoracentesis (pneumocentesis) | 3,226 | 80 | 40 | | | |
| | *Thoracotomy, including drainage for empyema* | | | | | | |
| 5620 | Without rib resection | 6,635 | 29 | 229 | 8,133 | 26 | 313 |
| 5621 | With rib resection | 6,187 | 20 | 309 | 5,167 | 14 | 369 |
| 5999 | Other thoracic or chest operations | 6,589 | 40 | 165 | 2,573 | 11 | 234 |
| | **ABDOMINAL SURGERY** | | | | | | |
| 6010 | Abdominal paracentesis (tapping) | $ 1,618 | 39 | $ 41 | $ 610 | 4 | $153 |
| 6020 | Abscess, intra-abdominal, incision and drainage of | 2,236 | 19 | 118 | 820 | 3 | 273 |
| 6030 | Adhesions, division of | 16,345 | 94 | 174 | 11,415 | 55 | 208 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures: Total Doctors' Charges | Single Procedures: No. of Claims | Single Procedures: Average Charge per Claim | Multiple Procedures: Total Doctors' Charges | Multiple Procedures: No. of Claims | Multiple Procedures: Average Charge per Claim |
|---|---|---|---|---|---|---|---|
| 6040 | Appendectomy, with or without incision and drainage of appendiceal abscess | $ 764,413 | 5,190 | $ 147 | $ 49,132 | 264 | $186 |
| 6100 | Cholecystectomy, including exploration of common duct | 313,776 | 1,339 | 234 | 146,442 | 571 | 256 |
| 6110 | Cholecystoduodenostomy or cholecystoenterostomy | 3,600 | 12 | 300 | 450 | 2 | 225 |
| 6120 | Cholecystotomy or cholelithotomy | 14,094 | 56 | 252 | 7,548 | 27 | 280 |
| 6210 | Colon resection | 24,532 | 72 | 341 | 23,152 | 64 | 362 |
| 6220 | Colostomy | 12,106 | 46 | 263 | 16,658 | 51 | 327 |
| 6250 | Common duct, resection or reconstruction of | 2,475 | 11 | 225 | 225 | 1 | 225 |
| 6270 | Diverticulum (Meckel's), excision of | 1,775 | 8 | 222 | 4,470 | 21 | 213 |
| 6300 | Enterectomy, with or without anastomosis | 16,719 | 56 | 299 | 11,402 | 34 | 335 |
| 6400 | Gastrectomy, partial or total, with or without vagotomy | 109,316 | 319 | 343 | 44,094 | 113 | 390 |
| 6410 | Gastric or duodenal ulcer, perforation, closure of | 24,505 | 105 | 233 | 3,775 | 11 | 343 |
| 6420 | Gastroenterostomy, gastrojejunostomy, gastroduodenostomy | 10,185 | 37 | 275 | 12,686 | 42 | 302 |
| 6430 | Gastrostomy | 4,340 | 17 | 255 | 2,805 | 10 | 281 |
| | *Herniotomy, herniorrhaphy, hernioplasty* | | | | | | |
| 6500 | Single, inguinal, femoral, umbilical, ventral, or incisional | 412,891 | 2,882 | 143 | 122,024 | 656 | 186 |
| 6501 | Bilateral, inguinal or femoral | 72,736 | 375 | 194 | 15,356 | 65 | 236 |
| 6502 | Hiatus or diaphragmatic | 9,112 | 28 | 325 | 3,095 | 10 | 310 |
| 6600 | Intestinal obstruction, operation for, not requiring resection | 5,240 | 25 | 210 | 4,030 | 14 | 288 |
| 6610 | Intestine, reduction of volvulus or intussusception | 2,450 | 9 | 272 | 3,713 | 13 | 286 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. of Claims | Average Charge per Claim |
| 6620 | Laparotomy, any procedure | $ 43,750 | 242 | $ 181 | $ 88,990 | 446 | $200 |
| 6630 | Pancreatotomy, any procedure | 1,240 | 6 | 207 | 500 | 1 | 500 |
| | *Pneumoperitoneum* | | | | | | |
| 6650 | One | 150 | 1 | 150 | | | |
| 6651 | More than one | 494 | 2 | 247 | | | |
| 6700 | Pyloric stenosis, operation for (Ramstedt's in infants) | 6,580 | 40 | 165 | 1,225 | 6 | 204 |
| 6710 | Splenectomy | 8,602 | 30 | 287 | 6,188 | 15 | 413 |
| 6670 | Vagotomy | 400 | 1 | 400 | 1,945 | 6 | 324 |
| 6999 | Other abdominal operations | 16,931 | 82 | 206 | 7,773 | 26 | 299 |
| | PROCTOLOGICAL SURGERY | | | | | | |
| 7010 | Abscess, perianal, perirectal, perineal, or ischiorectal, incision and drainage | $ 11,505 | 302 | $ 38 | $ 1,233 | 13 | $ 95 |
| 7020 | Anoplasty | 1,198 | 8 | 150 | 756 | 4 | 189 |
| 7030 | Cryptectomy, single or multiple | 585 | 6 | 98 | 466 | 7 | 67 |
| | *Fissurectomy* | | | | | | |
| 7040 | Single | 3,768 | 76 | 50 | 4,445 | 45 | 99 |
| 7041 | Multiple | 269 | 4 | 67 | 175 | 1 | 175 |
| | *Fistulectomy* | | | | | | |
| 7050 | Single | 23,010 | 251 | 92 | 10,269 | 89 | 115 |
| 7051 | Multiple | 2,934 | 24 | 122 | 2,637 | 17 | 155 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. of Claims | Average Charge per Claim |
| | *Hemorrhoidectomy* | | | | | | |
| 7070 | External | $ 7,934 | 246 | $ 32 | $ 6,996 | 75 | $ 93 |
| 7071 | Internal | 11,978 | 133 | 90 | 15,433 | 119 | 130 |
| 7072 | External and internal | 166,019 | 1,504 | 110 | 175,636 | 1,186 | 148 |
| 7073 | Unspecified | 18,677 | 222 | 84 | 21,745 | 174 | 125 |
| 7076 | Hemorrhoids, injection treatment, complete procedure | 9,450 | 208 | 45 | 2,562 | 33 | 78 |
| 7078 | Hemorrhoids, thrombosed, incision or removal of | 9,063 | 489 | 19 | 1,908 | 25 | 76 |
| 7090 | Pectenotomy, or removal of hypertrophied papillae, one or more | 457 | 7 | 65 | 317 | 5 | 63 |
| 7100 | Proctectomy, complete, combined abdominal-perineal procedure, one or more stages | 8,660 | 27 | 321 | 5,150 | 11 | 468 |
| 7110 | Proctopexy or rectopexy | 100 | 1 | 100 | | | |
| 7120 | Proctorrhaphy or proctoplasty | 1,049 | 7 | 150 | | | |
| 7150 | Prolapsed rectum, repair of | 880 | 10 | 88 | 2,345 | 9 | 261 |
| 7170 | Pruritus ani, cutting procedure | 65 | 4 | 16 | | | |
| 7171 | Pruritus ani, injection procedure | 100 | 2 | 50 | 50 | 1 | 50 |
| 7180 | Rectal polyps, removal of one or more | 5,464 | 117 | 47 | 2,022 | 32 | 63 |
| 7499 | Other proctological surgery | 6,537 | 88 | 74 | 1,101 | 9 | 122 |
| | UROLOGICAL SURGERY | | | | | | |
| 7510 | Abscess of kidney, incision and drainage | $ 200 | 1 | $ 200 | | | |
| 7512 | Abscess, prostatic, incision and drainage | 395 | 9 | 44 | $ 350 | 2 | $175 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. of Claims | Average Charge per Claim |
| | *Circumcision* | | | | | | |
| 7520 | Age less than one year | $ 25,571 | 1,622 | $ 16 | $ 210 | 8 | $ 26 |
| 7521 | All others | 21,020 | 760 | 28 | 1,669 | 32 | 52 |
| | *Cystectomy* | | | | | | |
| 7540 | Complete, including transplantation of ureters | 1,725 | 8 | 216 | 559 | 3 | 186 |
| 7541 | Partial | 250 | 1 | 250 | 1,115 | 4 | 279 |
| 7546 | Cystotomy, cystostomy, cystolithotomy, or litholapaxy | 3,993 | 21 | 190 | 5,729 | 20 | 286 |
| | *Epididymectomy* | | | | | | |
| 7600 | Unilateral | 2,305 | 22 | 105 | 992 | 7 | 142 |
| 7601 | Bilateral | 1,318 | 13 | 101 | 505 | 3 | 168 |
| | *Hydrocele* | | | | | | |
| 7604 | Aspiration and injection | 1,637 | 35 | 47 | 370 | 4 | 93 |
| 7605 | Excision | 15,114 | 160 | 94 | 1,995 | 21 | 95 |
| 7606 | Paracentesis (tapping) | 452 | 20 | 23 | 45 | 1 | 45 |
| 7620 | Meatotomy | 1,404 | 65 | 22 | 1,205 | 18 | 67 |
| 7650 | Nephrectomy or heminephrectomy | 23,168 | 80 | 290 | 23,465 | 58 | 405 |
| 7652 | Nephrolithotomy | 5,755 | 24 | 240 | 5,875 | 19 | 309 |
| 7654 | Nephropexy | 6,700 | 25 | 268 | 12,244 | 41 | 299 |
| 7662 | Nephrotomy | 3,188 | 11 | 290 | 4,240 | 15 | 283 |
| | *Orchidectomy* | | | | | | |
| 7680 | Unilateral | 4,399 | 41 | 107 | 2,925 | 20 | 146 |
| 7681 | Bilateral | 455 | 2 | 228 | 560 | 5 | 112 |
| 7686 | Orchidopexy, complete procedure | 3,457 | 28 | 123 | 1,953 | 11 | 178 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures: Total Doctors' Charges | Single Procedures: No. of Claims | Single Procedures: Average Charge per Claim | Multiple Procedures: Total Doctors' Charges | Multiple Procedures: No. of Claims | Multiple Procedures: Average Charge per Claim |
|---|---|---|---|---|---|---|---|
| | *Penis, amputation of* | | | | | | |
| 7690 | Simple | $ 115 | 2 | $ 58 | | | |
| 7691 | Radical | 250 | 2 | 125 | $ 400 | 1 | $400 |
| | *Prostatectomy* | | | | | | |
| 7700 | Perineal | 7,891 | 21 | 376 | 4,125 | 12 | 344 |
| 7702 | Suprapubic | 23,681 | 72 | 329 | 26,105 | 74 | 353 |
| 7703 | Transurethral | 39,905 | 163 | 245 | 48,578 | 155 | 313 |
| 7720 | Pyelotomy, pyelolithotomy, pyelostomy | 6,945 | 25 | 278 | 7,457 | 28 | 266 |
| | *Ureteral transplantation* | | | | | | |
| 7800 | Unilateral | 345 | 2 | 173 | | | |
| 7801 | Bilateral | 375 | 2 | 188 | | | |
| 7804 | Ureterolithotomy, open | 13,247 | 66 | 201 | 17,655 | 68 | 260 |
| 7806 | Ureteroplasty | 1,525 | 7 | 218 | 500 | 2 | 250 |
| 7808 | Ureteral dilation | 2,966 | 91 | 33 | 715 | 7 | 102 |
| | *Urethrotomy* | | | | | | |
| 7812 | External | 545 | 4 | 136 | 1,060 | 8 | 133 |
| 7813 | Internal | 1,211 | 5 | 242 | 1,830 | 9 | 203 |
| | *Urinary fistula, excision of* | | | | | | |
| 7840 | Suprapubic | 300 | 2 | 150 | 210 | 1 | 210 |
| 7841 | Vaginal or urethral | 250 | 1 | 250 | 150 | 1 | 150 |
| | *Varicocelectomy* | | | | | | |
| 7860 | Unilateral | 2,516 | 27 | 93 | 1,164 | 9 | 129 |
| 7861 | Bilateral | 1,302 | 16 | 81 | 265 | 2 | 133 |
| 7870 | Vasectomy | 27,477 | 440 | 62 | 2,765 | 25 | 111 |
| 7880 | Vesiculectomy, seminal | 288 | 4 | 72 | 685 | 2 | 343 |
| 7999 | Other urological operations | 11,648 | 159 | 73 | 5,966 | 35 | 170 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. of Claims | Average Charge per Claim |
| | GYNECOLOGICAL SURGERY | | | | | | |
| 8010 | Bartholin's or Skene's glands, excision | $ 9,624 | 150 | $ 64 | $ 4,708 | 47 | $100 |
| 8011 | Bartholin's or Skene's glands, incision | 4,007 | 104 | 39 | 455 | 5 | 91 |
| 8020 | Caruncle, urethral, excision or fulguration of | 1,411 | 28 | 50 | 1,240 | 14 | 89 |
| | *Cervix* | | | | | | |
| 8040 | Amputation of | 5,005 | 47 | 106 | 6,892 | 45 | 153 |
| 8041 | Cauterization of | 27,126 | 1,196 | 23 | 2,935 | 75 | 39 |
| 8042 | Conization of | 9,370 | 233 | 40 | 1,814 | 24 | 76 |
| 8043 | Dilation of, and curettage of uterus (nonpuerperal) | 173,162 | 3,049 | 57 | 26,077 | 338 | 77 |
| 8044 | Polypectomy, one or more | 4,127 | 126 | 33 | 876 | 14 | 63 |
| 8045 | Any combination of cauterization, conization, dilation and curettage, or polypectomy | 90,915 | 1,440 | 63 | 12,733 | 140 | 91 |
| 8060 | Fistula, rectovaginal, vaginosigmoid, or vesicovaginal, excision or closure of | 3,814 | 26 | 147 | 1,685 | 9 | 187 |
| 8070 | Hymenectomy | 2,262 | 41 | 55 | 975 | 5 | 195 |
| | *Hysterectomy* | | | | | | |
| 8080 | Complete (pan-hysterectomy), with or without adnexa | 372,610 | 1,560 | 239 | 346,425 | 1,351 | 256 |
| 8081 | Simple, or supracervical, with or without adnexa | 28,052 | 130 | 216 | 31,229 | 133 | 235 |
| 8083 | Vaginal, with or without plastic repair | 73,908 | 294 | 251 | 24,020 | 94 | 256 |
| 8090 | Pelvic abscess, drainage of | 687 | 12 | 57 | 340 | 4 | 85 |
| | *Myomectomy* | | | | | | |
| 8100 | Abdominal approach | 3,302 | 15 | 220 | 10,910 | 48 | 227 |
| 8101 | Vaginal approach | 845 | 5 | 169 | 933 | 6 | 156 |
| 8110 | Tubal insufflation or uterography | 1,014 | 33 | 31 | 503 | 5 | 101 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. of Claims | Average Charge per Claim |
| 8130 | Uterine polyps or lesions, removal of one or more | $ 618 | 18 | $ 34 | $ 808 | 8 | $101 |
| 8138 | Uterus, suspension of, any type, with or without dilation and curettage or surgery on tubes or ovaries | 9,042 | 56 | 161 | 78,199 | 404 | 194 |
| | *Vulvectomy* | | | | | | |
| 8160 | Simple | 465 | 3 | 155 | 613 | 3 | 204 |
| 8161 | Radical (groin dissection) | 450 | 2 | 225 | | | |
| | *Oviduct and ovary* | | | | | | |
| 8210 | Oophorectomy or oophoroplasty, unilateral or bilateral | 33,081 | 195 | 170 | 105,444 | 569 | 185 |
| 8220 | Salpingectomy or salpingoplasty, unilateral or bilateral | 13,056 | 97 | 135 | 46,393 | 262 | 177 |
| 8224 | Salpingo-oophorectomy, unilateral or bilateral | 26,222 | 137 | 191 | 68,536 | 336 | 204 |
| | *Repair procedures* | | | | | | |
| 8310 | Atresia of vagina, plastic repair of | 880 | 11 | 80 | 1,375 | 9 | 153 |
| 8320 | Colporrhaphy, without other procedure | 3,774 | 28 | 135 | 3,681 | 22 | 167 |
| 8330 | Cystocele, repair of, without other procedure | 4,355 | 33 | 132 | 3,080 | 20 | 154 |
| 8340 | Perineorrhaphy, without other procedure | 1,775 | 18 | 99 | 6,964 | 46 | 151 |
| 8350 | Rectocele, repair of, without other procedure | 1,726 | 12 | 144 | 2,350 | 19 | 124 |
| 8360 | Trachelorrhaphy, without other procedure | 968 | 11 | 88 | 3,071 | 31 | 99 |
| 8370 | Urethrocele, repair of, without other procedure | 1,700 | 9 | 189 | 125 | 1 | 125 |
| 8371 | Any combination of above repair procedures | 35,488 | 207 | 171 | 42,648 | 209 | 204 |
| 8599 | Other gynecological operations | 20,450 | 195 | 105 | 11,970 | 68 | 176 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. of Claims | Average Charge per Claim |
| | **OBSTETRICAL SURGERY** | | | | | | |
| 8610 | Abdominal operation for extra-uterine or ectopic pregnancy | $ 17,848 | 108 | $ 165 | $ 6,892 | 32 | $215 |
| 8630, 8634 | Caesarean section (abdominal or vaginal) | 216,506 | 1,080 | 200 | 26,286 | 111 | 237 |
| 8650 | Delivery of child or children | 2,767,382 | 26,786 | 103 | 45,279 | 280 | 162 |
| | *Miscarriage (including therapeutic or spontaneous abortion), treatment of* | | | | | | |
| 8670 | With dilation and curettage | 112,338 | 2,015 | 56 | 5,288 | 60 | 88 |
| 8672 | Without dilation and curettage | 16,507 | 430 | 38 | 578 | 9 | 64 |
| | **NEUROSURGERY** | | | | | | |
| | *Cranial vault, including brain* | | | | | | |
| 9010 | Cisternal puncture | $ 6,561 | 33 | $ 199 | $ 7,175 | 16 | $448 |
| 9020 | Craniotomy, excluding trephination | 12,745 | 32 | 398 | 7,510 | 15 | 501 |
| 9021 | Gasserian ganglionectomy | 4,300 | 3 | 1,433 | | | |
| 9040 | Operations involving dural, subdural or epidural spaces | 9,050 | 28 | 323 | 9,289 | 22 | 422 |
| 9050 | Trephination or burr holes, exploratory, unilateral | 995 | 7 | 142 | 1,050 | 3 | 350 |
| 9051 | Trephination or burr holes, exploratory, bilateral | 1,225 | 9 | 136 | 1,550 | 7 | 221 |
| 9052 | Trephination or burr holes, with corrective surgery | 875 | 3 | 292 | 879 | 2 | 440 |
| 9060 | Ventriculography or encephalography | 7,410 | 95 | 78 | 3,411 | 26 | 131 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures | | | Multiple Procedures | | |
|---|---|---|---|---|---|---|---|
| | | Total Doctors' Charges | No. of Claims | Average Charge per Claim | Total Doctors' Charges | No. of Claims | Average Charge per Claim |
| | *PERIPHERAL NERVES* | | | | | | |
| 9220 | Injection of nerve or ganglion, diagnostic or therapeutic | $ 510 | 12 | $ 43 | | | |
| 9240 | Neuroma, resection of, superficial | 2,250 | 24 | 94 | $ 1,285 | 7 | $184 |
| 9260 | Phrenicectomy or phreniclasis | 280 | 3 | 93 | 150 | 1 | 150 |
| | *Suture or neurolysis* | | | | | | |
| 9270 | One nerve | 888 | 7 | 127 | 2,748 | 14 | 196 |
| 9271 | More than one nerve | 175 | 2 | 88 | 250 | 1 | 250 |
| | *Transplant* | | | | | | |
| 9280 | One nerve | 550 | 3 | 183 | 297 | 2 | 149 |
| 9281 | More than one nerve | 160 | 1 | 160 | | | |
| | *SPINAL CORD AND SPINAL MENINGES* | | | | | | |
| 9420 | Chordotomy | $ 1,350 | 5 | $ 270 | $ 650 | 1 | $650 |
| 9430 | Laminectomy | 62,882 | 200 | 314 | 48,186 | 126 | 382 |
| 9434 | Lumbar puncture | 15,727 | 614 | 26 | 1,679 | 20 | 84 |
| 9450 | Myelography or discography | 2,871 | 61 | 47 | 1,955 | 9 | 217 |
| 9460, 9461 | Nerve root block by injection, diagnostic or therapeutic | 689 | 14 | 49 | 378 | 2 | 189 |

TABLE Q—*Continued*

| Procedure Code | Description of Procedure | Single Procedures: Total Doctors' Charges | Single Procedures: No. of Claims | Single Procedures: Average Charge per Claim | Multiple Procedures: Total Doctors' Charges | Multiple Procedures: No. of Claims | Multiple Procedures: Average Charge per Claim |
|---|---|---|---|---|---|---|---|
| 9470 | Section (rhizotomy) of anterior or posterior nerve roots | $ 1,465 | 6 | $ 244 | $ 400 | 1 | $400 |
| 9480 | Spinal cord tumor, removal of | 1,830 | 9 | 203 | 2,540 | 7 | 363 |
| | *SYMPATHETIC NERVOUS SYSTEM* | | | | | | |
| 9640 | Presacral plexus, resection of | $ 800 | 3 | $ 267 | $ 2,985 | 14 | $213 |
| | *Sympathectomy* | | | | | | |
| 9680 | Cervical (resection of carotid sinus )unilateral | | | | 450 | 2 | 225 |
| 9681 | Cervical (resection of carotid sinus) bilateral | 250 | 1 | 250 | | | |
| 9684 | Dorsal (stellectomy), unilateral | 200 | 1 | 200 | 400 | 1 | 400 |
| 9685 | Dorsal (stellectomy), bilateral | 350 | 1 | 350 | | | |
| 9688 | Dorso-lumbar or thoracolumbar, bilateral | 1,600 | 4 | 400 | 494 | 1 | 494 |
| 9690 | Lumbar, unilateral | 3,368 | 15 | 225 | 4,875 | 18 | 271 |
| 9691 | Lumbar, bilateral | 2,660 | 9 | 296 | 835 | 3 | 278 |
| 9694 | Periarterial | 450 | 2 | 225 | | | |
| 9999 | Other neurosurgery | 6,120 | 22 | 278 | 2,551 | 13 | 196 |
| | TOTAL | $10,592,784 | 141,581 | | $2,722,510 | 15,088 | |

# APPENDIX

## 1957 SCHEDULE OF RELATIVE VALUES OF SURGICAL PROCEDURES

If surgical expense insurance is to be fully effective, it should provide reimbursement for the different kinds of operations reasonably proportionate to the fees which surgeons may be expected to charge. A schedule should not insure, for instance, the full cost of a tonsillectomy and only a small part of the charges for an appendectomy. Instead, within the bounds of practicality, it should cover each to the same extent. This means that as surgery changes and the pattern of doctors' charges is modified correspondingly, relative value schedules must be revised from time to time. The comparatively up-to-date information concerning average surgical charges, such as appears in Table Q, can be employed to derive a new schedule of relative values for surgical procedures.

Only the single procedure code material in Table Q was referred to in deriving the 1957 Schedule of Relative Values of Surgical Procedures. The use of the combined single and multiple procedure data would have introduced an element of distortion, since doctors' charges usually take into account the additional procedures performed in multiple procedure cases. Because the 1957 Schedule is based on charges for single procedures, in practice, administrative rules must be established for its application to multiple procedure cases not otherwise specifically provided for in the Schedule.

As has been earlier stated, it is usual to consider all procedures performed in one operative field or through one incision as one procedure with a value equal to the largest appropriate for any one of the procedures involved. The values in the Schedule were determined consistently with this practice. However, where unrelated operations are performed in more than one field, a rule for combination of the separate procedure values is required. Each may be given its full value or under another widely used rule 100% value is assigned to the procedure with the largest value and 50% to each of the others.

A first step in the construction of the 1957 Schedule of Relative Values was to decide on the range of the values. From the average doctors' charges in Table Q, it was tentatively concluded that they should vary from 1.0 units for minor surgical procedures to 30.0 units for the most complex operations. Then, every effort was made to establish consistent relative values for all procedures within this range. Actually, values lower than 1.0 units will be found to have been assigned for a few extremely minor procedures. Reference was made constantly to the relative

values suggested by the relationships of the average doctors' charges for the various operations. In addition, a number of other schedules were consulted, including the Relative Value Schedule of the California Medical Association.

The skill and time required of the operating physician were also kept fully in mind. Professional medical guidance from several company medical directors was sought throughout, and the advice of a number of company claim men experienced in day-to-day claim operations was drawn upon heavily.

In working out the 1957 Schedule, it soon became apparent that greater refinement in the classification of surgical procedures than that used in the statistical part of the study would be necessary in some areas of surgery in order to arrive at a satisfactory set of relative values. For example, only one statistical code was used for all operative cystoscopies. In the Schedule of Relative Values it was important to distinguish operative cystoscopies involving transurethral resection of bladder neck, or bladder tumors, or crushing of bladder stones from other operative cystoscopies. Again, only one code appears in Table P for the widely varying procedures for suturing of accidental lacerations of the skin structure. In the Relative Value Schedule it was essential to recognize the location of the laceration on the body and the extent of the repair in terms of the number of stitches or the length of the lacerations.

Besides the expansion of the codes in this way, codes for a number of procedures not shown in the statistical part of the study were added. These classification changes necessitated renumbering, reordering, and changing the description of many of the codes. Consequently, the codes and classification descriptions in the 1957 Schedule of Relative Values will be found to differ considerably from those in the experience part of the study, although every effort was made to preserve as much of the statistical coding as possible. It should be noted that the section on oral surgery has been placed at the end of the Schedule.

While the Schedule includes classifications for substantially all surgical procedures, there will be some operations that fall outside of the listed codes. For these, relative values can be established consistently with those shown for similar procedures.

The 1957 Schedule of Relative Values is set forth in detail in appendix Exhibit II, beginning with page 467.

Judgment enters so much into the construction of such a schedule that it is unlikely that the 1957 Schedule will be regarded as satisfactory in all particulars by everyone. A practical view should be taken, however. Furthermore, it should be remembered that the Schedule is derived from nationwide data and is thus something of an average result tending

to smooth out minor variations that may arise from differing medical practices in local areas.

The Relative Values from appendix Exhibit II for representative procedures appear in appendix Exhibit I, together with corresponding

## EXHIBIT I

RELATIVE VALUES FROM 1947 AND 1957 SCHEDULES FOR REPRESENTATIVE PROCEDURES

| Code | Procedure | Number of Units | |
|---|---|---|---|
| | | 1947 Schedule | 1957 Schedule |
| 159 | Cystoscopy, diagnostic, with ureteral catheterization | 25 | 3.5 |
| 370 | Thyroidectomy, total or subtotal | 150 | 17.5 |
| 512 | Abscess, superficial, one | 10 | .75 |
| 913 | Pilonidal cyst or sinus, excision of | 50 | 9.0 |
| | Fractures, treatment by closed reduction | | |
| 2054, 2292 | Finger or toe, one | 10 | 2.0 |
| 2080 | Radius | 25 | 5.0 |
| 2216 | Femur | 75 | 12.0 |
| 3240 | Detached Retina, operation for | 200 | 25.0 |
| 3250 | Extraction of lens for cataract | 150 | 20.0 |
| 3628 | Nasal Septum, submucous resection of | 50 | 10.0 |
| 3684 | Tonsillectomy | 30 | 4.0 |
| 4416 | Cardiotomy | 200 | 30.0 |
| 5210 | Lobectomy, total, subtotal or segmental | 200 | 30.0 |
| 6040 | Appendectomy | 100 | 11.0 |
| 6100 | Cholecystectomy | 150 | 17.5 |
| 6499 | Herniotomy, single, inguinal, femoral or umbilical | 100 | 11.0 |
| | Hemorrhoidectomy | | |
| 7070 | External | 25 | 2.5 |
| 7072 | Internal, or internal and external, without fistulectomy | 50 | 8.0 |
| 7650 | Nephrectomy | 200 | 22.5 |
| 8043 | Dilation of cervix, and curettage of uterus | 25 | 4.0 |
| 8080 | Hysterectomy, complete (pan-hysterectomy) | 150 | 18.0 |
| 8650 | Delivery of child or children | 50 | 7.5 |

values from the 1947 Schedule. The range of the latter was from 10 units to 200, so that comparisons should not be made simply on the basis of ratios of the respective values for a given procedure. The comparative relativities established by each schedule must be considered.

## EXHIBIT II

1957 SCHEDULE OF RELATIVE VALUES OF SURGICAL PROCEDURES

Two or more procedures performed during the course of a single operation through the same incision, or in the same natural body orifice, or in the same operative field are to be considered as one procedure with a relative value equal to the largest of the values for the respective procedures, except where the Schedule specifies to the contrary

| Code Number | Procedure | Relative Value |
|---|---|---|
| | *GENERAL SURGERY* | |
| | **BIOPSY AND ENDOSCOPY** | |
| | Biopsy (not in the course of another operation) | |
| 0110 | Aspiration of bone marrow, including sternal puncture | 1.5 |
| 0115 | Bone or bone marrow, by excision | |
| | Superficial | 2.0 |
| | Deep | 5.0 |
| | Glands, muscle, or superficial tissue | |
| | By excision | |
| 0120 | Superficial gland or tissue | 1.0 |
| 0121 | Deep gland or muscle | 3.0 |
| 0122 | By needle aspiration | 1.0 |
| | Organs of abdominal cavity | |
| 0130 | By excision | 11.0 |
| 0131 | By needle aspiration | 2.0 |
| | Organs of thoracic cavity | |
| | By excision | |
| 0139 | Lung | 15.0 |
| 0140 | Pleural | 5.0 |
| 0141 | By needle aspiration | 2.0 |
| Endoscopy | Diagnostic endoscopy is examination by insertion of an instrument, including biopsy or any insertion of dye, without operative procedure. Operative endoscopy includes removal of tissue (except biopsy), tumor (benign or malignant), stones, or foreign body; fulguration, drainage, or insertion of radioactive substance. | |
| | Bronchoscopy | |
| 0150 | Diagnostic, with or without biopsy | 4.5 |
| | Operative | |
| 0151 | Removal of tumors or foreign bodies | 7.5 |
| 0152 | All other | 4.5 |
| 0154 | Culdoscopy, with or without biopsy | 2.5 |
| | Cystoscopy | |
| | Diagnostic, with or without biopsy | |
| 0158 | Without ureteral catheterization | 2.5 |
| 0159 | With ureteral catheterization | 3.5 |
| | Operative | |
| 0160 | Transurethral resection of bladder neck, or bladder tumors, or crushing of bladder stones | 11.0 |
| 0161 | All other | 5.0 |
| | Esophagoscopy | |
| 0162 | Diagnostic, with or without biopsy | 4.5 |
| | Operative | |
| 0163 | Removal of tumors or foreign bodies | 6.0 |
| 0164 | All other | 4.5 |
| 0166 | Gastroscopy, with or without biopsy | 4.5 |
| | Laryngoscopy | |
| 0170 | Diagnostic, with or without biopsy | 3.0 |
| | Operative | |
| 0171 | Removal of tumors or foreign bodies | 6.0 |
| 0172 | All other | 4.5 |
| 0174 | Peritoneoscopy, with or without biopsy | 3.0 |
| | Proctoscopy | |
| 0178 | Diagnostic, with or without biopsy | 1.0 |
| 0179 | Operative | 2.5 |
| | Sigmoidoscopy or Proctosigmoidoscopy | |
| 0182 | Diagnostic, with or without biopsy | 1.5 |
| 0183 | Operative | 3.0 |
| | Thoracoscopy | |
| 0186 | Diagnostic, with or without biopsy | 5.0 |
| 0187 | Operative | 8.0 |

| Code Number | Procedure | Relative Value |
|---|---|---|
| | **GLANDS (not elsewhere specified)** | |
| | Lymph glands or nodes | |
| 0310 | Gland or glands, excision of, superficial | 2.5 |
| | Radical resection of lymph glands or nodes | |
| | Axillary | |
| 0314 | Unilateral | 15.0 |
| 0315 | Bilateral | 25.0 |
| | Cervical, upper neck | |
| 0317 | Unilateral | 15.0 |
| 0318 | Bilateral | 25.0 |
| | Inguinal | |
| 0320 | Unilateral | 15.0 |
| 0321 | Bilateral | 25.0 |
| | Mammary glands | |
| | Mastectomy | |
| | Partial | |
| 0329 | Unilateral | 5.0 |
| 0330 | Bilateral | 7.5 |
| 0331 | Total | 10.0 |
| 0332 | Radical, with axillary node dissection | 20.0 |
| | Excision of benign tumors or cysts | |
| 0335 | Unilateral | 5.0 |
| 0336 | Bilateral | 7.5 |
| | Parathyroid gland | |
| 0340 | Parathyroidectomy | 15.0 |
| | Salivary glands, submaxillary, parotid, or sublingual | |
| | Removal of gland, total | |
| 0350 | Submaxillary | 10.0 |
| 0351 | Parotid | 20.0 |
| 0352 | Sublingual | 5.0 |
| | Removal of stone, sialolithotomy | |
| 0355 | From duct, by incision | 1.5 |
| 0356 | From gland substance | 5.0 |
| | Thymus gland | |
| 0360 | Thymectomy | 22.5 |
| | Thyroid gland and goiter | |
| 0370 | Thyroidectomy, total or subtotal | 17.5 |
| 0371 | Thyroid lobectomy, hemithyroidectomy | 15.0 |
| 0372 | Excision of thryoid adenoma or cyst | 12.5 |
| | **INJURIES AND INFECTIONS** | |
| | Abscesses, incision and drainage (not involving internal organs or orifices and not elsewhere specified) | |
| | Abscess | |
| | Deep | |
| 0510 | One abscess | 2.0 |
| 0511 | Each additional abscess | 1.0 |
| | Superficial | |
| 0512 | One abscess | .75 |
| 0513 | Each additional abscess | .4 |
| | Maximum | 2.5 |
| | Burns, debridement | |
| | Localized burn | |
| 0521 | Second degree | S.C. |
| 0522 | Third degree | S.C. |
| 0523 | More extensive burn, not localized | S.C. |
| | Other infections and injuries | |
| | Accidental lacerations of skin structures, suture of | |
| | Face, neck, genitalia, and hands, all lacerations combined | |
| 0550 | 1 inch or less | 1.5 |
| 0551 | More than 1 inch up to 2 inches | 2.0 |

| Code Number | Procedure | Relative Value |
|---|---|---|
| | INJURIES AND INFECTIONS (Continued) | |
| 0552 | More than 2 inches up to 4 inches | 3.0 |
| 0553 | More than 4 inches | S.C. |
| | Other than face, neck, genitalia, and hands, all lacerations combined | |
| 0555 | 1–3 sutures; or 1 inch or less | .75 |
| 0556 | 4–6 sutures; or more than 1 inch up to 2 inches | 1.0 |
| 0557 | 7–12 sutures; or more than 2 inches up to 4 inches | 1.5 |
| 0558 | 13–20 sutures; or more than 4 inches up to 6 inches | 2.0 |
| 0559 | More than 20 sutures; or more than 6 inches | S.C. |
| 0570 | Cellulitis, incisions and drainage for | 1.5 |
| | Carbuncle | |
| 0571 | Incisions and drainage of | 1.5 |
| 0572 | Excision of | 2.5 |
| | Foreign body, incision and removal of (except from eye or body cavity) | |
| 0580 | Superficial | 1.0 |
| 0581 | Deep seated | S.C. |
| | Nail bed or nail fold, excision of | |
| | Partial | |
| 0590 | One | 1.5 |
| 0591 | Each additional | .5 |
| | Complete | |
| 0592 | One | 2.0 |
| 0593 | Each additional | .5 |
| | PLASTIC SURGERY | |
| | Epispadias or hypospadias | |
| 0710 | Single stage, complete operation | 15.0 |
| 0711 | Two stage, complete operation, including cystostomy with subsequent closure and/or straightening of chordee | 20.0 |
| 0712 | Three or more stages, complete operation | 30.0 |
| | Labioplasty or cheiloplasty for harelip, complete procedure | |
| 0720 | Unilateral | 17.5 |
| 0721 | Bilateral | 25.0 |
| 0730 | Otoplasty | S.C. |
| 0750 | Rhinoplasty | S.C. |
| | Scar tissue or keloid, excision and plastic repair other than by skin grafting or Z-plasty | |
| | The values shown below should be doubled for the excision of scars from the face, neck, genitalia or hands. The listed values apply to the excision of scars from other body areas. | |
| | Linear scars or keloids | |
| | Total length of all scars in inches | |
| 0754 | One inch or less | 1.0 |
| 0755 | Each additional inch or part thereof | .5 |
| | Nonlinear scars or keloids | |
| | One | |
| 0756 | ½ inch or less in diameter | 1.0 |
| 0757 | More than ½ inch in diameter | 2.0 |
| | Each additional | |
| 0758 | ½ inch or less in diameter | .5 |
| 0759 | More than ½ inch in diameter | 1.0 |
| | Skin grafting (not elsewhere specified) | |
| | The value includes the excision of any lesion or abnormality, the surgical preparation and repair of the defect, and the procurement and placing of any grafts. The additional value for skin grafting of the donor site is 50% of the appropriate skin graft value. | |
| | The values depend upon the surgical area and are calculated by multiplying the listed values by an appropriate factor as follows: | |

| Code Number | Procedure | Relative Value |
|---|---|---|
| | **PLASTIC SURGERY (Continued)** | |
| | *Surgical area* — *Factor* | |
| | Eyelids and lips .......... 2½ times | |
| | Forehead, cheeks, chin, mouth, neck, genitalia, axilla, hands or feet .......... 2 times | |
| | Arms and legs .......... 1½ times | |
| | Trunk and scalp .......... 1 times | |
| | Direct, rotation, or pedicle flap | |
| 0760 | Less than 2 square inches | 3.0 |
| 0761 | Two or more square inches | 6.0 |
| | Free skin grafts | |
| | Split or pinch skin grafts | |
| | Total area of all grafts per operation | |
| 0762 | Less than 2 square inches | 3.0 |
| 0763 | 2 to 32 square inches | 6.0 |
| 0764 | Each additional 32 square inches or part thereof | 3.0 |
| | Full thickness | |
| | Total area of all grafts per operation | |
| 0765 | Less than 3 square inches | 6.0 |
| 0766 | Each additional 3 square inches or part thereof | 3.0 |
| | Tube, delayed pedicle, or delayed direct flap | |
| 0767 | Initial stage | 6.0 |
| 0768 | Subsequent delay or intermediate transfer, each | 4.5 |
| 0769 | Subsequent sectioning of pedicle of tube or flap graft | 4.5 |
| | Staphylorrhaphy or palatoplasty | |
| 0780 | First stage | 15.0 |
| 0781 | Each additional stage | 7.5 |
| | Syndactylism, repair of web | |
| 0784 | Without graft | 7.5 |
| 0785 | With graft | 10.0 |
| | Talipes equinus, correction of | |
| | By manipulation and cast under general anesthesia | |
| 0790 | Unilateral | 1.5 |
| 0791 | Bilateral | 2.5 |
| 0792 | By open operation | 15.0 |
| | Z-plasty | |
| | The value includes the excision of any lesion or abnormality and enlargement of the defect by one or more relaxing Z incisions with plastic closure by suturing. The values shown below should be doubled for the excision of lesions from the face, neck, genitalia or hands. The listed values apply to the excision of lesions from other body areas. | |
| | One lesion | |
| 0795 | 1 inch or less in diameter | 3.0 |
| 0796 | More than 1 inch in diameter | 6.0 |
| | Each additional lesion | |
| 0797 | 1 inch or less in diameter | 1.5 |
| 0798 | More than 1 inch in diameter | 3.0 |
| | **TUMORS OR CYSTS** | |
| | Cysts (not elsewhere specified) | |
| 0905 | Baker's cyst, excision of | 10.0 |
| | Branchial cyst, excision of | |
| 0910 | Superficial | 5.0 |
| 0911 | Deep | 15.0 |
| | Pilonidal cyst or sinus | |
| 0912 | Incision of | 2.0 |
| 0913 | Excision of | 9.0 |
| 0916 | Sebaceous cyst, excision of | 1.5 |
| 0918 | Thyroglossal cyst, excision of | 11.0 |

| Code Number | Procedure | Relative Value |
|---|---|---|
| | **TUMORS OR CYSTS (Continued)** | |
| | Tumors (not elsewhere specified) | |
| | Removal by surgical procedure | |
| | Benign tumors | |
| | Superficial, including warts | |
| | By excision, tumors of the face, neck, genitalia, hands or feet | |
| 0930 | One tumor | 2.0 |
| 0931 | Each additional tumor | 1.0 |
| | By excision, tumors of other body areas | |
| 0932 | One tumor | 1.0 |
| 0933 | Each additional tumor | .5 |
| | By electrocauterization or fulguration, including curettage, per day of such treatment | |
| 0934 | One tumor, except plantar wart | .5 |
| 0935 | More than one tumor, or each plantar wart | 1.0 |
| | Malignant tumors | |
| | Face, lip, or skin, simple excision of | |
| 0937 | One | 5.0 |
| 0938 | Each additional | 2.5 |
| 0939 | Not elsewhere specified | S.C. |
| | *MUSCULOSKELETAL SYSTEM* | |
| | **AMPUTATIONS** | |
| 1010 | Arm, through humerus | 12.5 |
| 1012 | Elbow, disarticulation at | 12.5 |
| | Finger or thumb (one or more phalanges) | |
| 1014 | One | 2.5 |
| 1015 | Each additional | 1.5 |
| 1018 | Foot, below ankle | 12.5 |
| 1020 | Forearm, through radius and ulna | 12.5 |
| 1022 | Hand, disarticulation at wrist | 12.5 |
| 1024 | Hip, disarticulation at | 25.0 |
| 1026 | Knee, disarticulation at | 15.0 |
| 1028 | Leg, through tibia and fibula, or at ankle | 15.0 |
| 1030 | Scapulothoracic amputation | 30.0 |
| 1032 | Shoulder, disarticulation at | 20.0 |
| 1034 | Thigh, through femur | 15.0 |
| | Toe (one or more phalanges) | |
| 1036 | One | 2.5 |
| 1037 | Each additional | 1.5 |
| | **BONES** | |
| | Bone or periosteal graft, autogenous, for nonunion, including the procurement and placing of graft | |
| 1210 | Femur | 27.5 |
| 1211 | Humerus or tibia | 22.5 |
| 1212 | Radius or ulna | 17.5 |
| 1220 | Coccyx, excision of | 7.5 |
| | Excision of bone cyst, chondroma, other benign tumor, or exostosis, except jaw and palate | |
| | Femur, tibia, fibula, humerus, radius or ulna | |
| 1240 | Without autogenous bone implant | 12.5 |
| 1241 | With autogenous bone implant | 17.5 |
| | Bones of hands and feet | |
| 1242 | Without autogenous bone implant | 6.0 |
| 1243 | With autogenous bone implant | 10.0 |
| 1244 | Other bones | S.C. |
| | Hallux valgus, operation for, radical | |
| 1250 | Unilateral | 8.0 |
| 1251 | Bilateral | 12.0 |

EXHIBIT II—*Continued*

| Code Number | Procedure | Relative Value |
|---|---|---|
| BONES (Continued) | | |
| 1255 | Lengthening of femur, tibia, humerus, radius or ulna, including bone grafting | 27.5 |
| 1258 | Metal band, plate, screws or nails, removal of | 5.0 |
| | Ostectomy, complete | |
| | Carpal bones | |
| 1260 | One | 8.0 |
| 1261 | More than one | 10.0 |
| | Metacarpal bone | |
| 1262 | One | 6.0 |
| 1263 | Each additional | 3.0 |
| | Metatarsal bone | |
| 1264 | One | 6.0 |
| 1265 | Each additional | 3.0 |
| | Phalanx | |
| 1270 | One | 4.0 |
| 1271 | Each additional | 3.0 |
| 1272 | Sesamoid bones of foot | 4.0 |
| | Tarsal bones | |
| 1273 | One | 8.0 |
| 1274 | More than one | 10.0 |
| | Osteomyelitis or bone abscess, operation for | |
| | Partial ostectomy or excision of bone, saucerization (Orr operation, craterization, guttering), including incidental sequestrectomy | |
| 1280 | Femur, tibia, fibula, humerus, radius, ulna | 12.5 |
| 1281 | Bones of hands and feet | 6.0 |
| 1282 | Other bones | S.C. |
| 1290 | Sequestrectomy, independent procedure | S.C. |
| | Shortening of bone including bone grafting (osteoplasty) | |
| 1294 | Femur | 24.0 |
| 1295 | Tibia, humerus | 15.0 |
| 1296 | Radius, ulna | 10.0 |
| 1297 | Mandible for prognathism or micrognathism, one or more stages | 30.0 |
| BURSAE | | |
| | Aspiration | |
| 1410 | Initial | 1.0 |
| 1411 | Subsequent | .5 |
| 1420 | Bursectomy (excision of bursa) | 6.0 |
| | Bursotomy | |
| 1430 | For removal of calcareous deposits | 4.5 |
| 1431 | For drainage | 2.0 |
| | Irrigation by multiple needles | |
| 1440 | Initial | 1.0 |
| 1441 | Subsequent | .5 |
| DISLOCATIONS | | |
| | Closed reduction is correction of displacement by manipulation without incision; open reduction is correction with incision. | |
| | Astragalo-tarsal bones | |
| 1610 | Closed reduction | 4.0 |
| 1611 | Open reduction | 10.0 |
| | Carpal bones, one or more | |
| 1614 | Closed reduction | 3.0 |
| 1615 | Open reduction | 8.0 |
| | Clavicle, sterno or acromioclavicular dislocation | |
| 1618 | Closed reduction | 3.0 |
| 1619 | Open reduction | 10.0 |
| | Elbow | |
| 1622 | Closed reduction | 4.0 |

| Code Number | Procedure | Relative Value |
|---|---|---|
| | DISLOCATIONS (Continued) | |
| 1623 | Open reduction | 10.0 |
| | Finger or thumb, one or more joints | |
| | One finger | |
| 1626 | Closed reduction | 1.0 |
| 1627 | Open reduction | 3.0 |
| | Each additional finger | |
| 1628 | Closed reduction | .5 |
| 1629 | Open reduction | 1.5 |
| | Hip | |
| 1632 | Closed reduction including congenital (unilateral or bilateral) | 7.5 |
| 1633 | Open reduction | 17.5 |
| | Knee, except patella | |
| 1636 | Closed reduction | 5.0 |
| 1637 | Open reduction | 15.0 |
| | Metacarpal bone | |
| | One | |
| 1640 | Closed reduction | 2.0 |
| 1641 | Open reduction | 5.0 |
| | Each additional | |
| 1642 | Closed reduction | 1.0 |
| 1643 | Open reduction | 2.5 |
| | Metatarsal bone | |
| | One | |
| 1646 | Closed reduction | 2.0 |
| 1647 | Open reduction | 5.0 |
| | Each additional | |
| 1648 | Closed reduction | 1.0 |
| 1649 | Open reduction | 2.5 |
| | Patella | |
| 1652 | Closed reduction | 2.0 |
| 1653 | Open reduction | 10.0 |
| | Shoulder | |
| 1658 | Closed reduction | 3.5 |
| 1659 | Open reduction | 12.5 |
| | Tarsal bones, one or more | |
| 1662 | Closed reduction | 4.0 |
| 1663 | Open reduction | 10.0 |
| 1666 | Temporomandibular, closed reduction | 1.5 |
| | Toe, one or more joints | |
| | One toe | |
| 1668 | Closed reduction | 1.0 |
| 1669 | Open reduction | 3.0 |
| | Each additional toe | |
| 1670 | Closed reduction | .5 |
| 1671 | Open reduction | 1.5 |
| | Vertebrae | |
| 1674 | Closed reduction, under general anesthesia | 10.0 |
| 1675 | Open reduction | 22.5 |

FRACTURES

Epiphyseal separations are considered fractures of the bone involved. Two or more fractures of a bone and comminuted (splintered) fractures are considered as a single fracture of the bone involved.

Closed reduction is correction of displacement of a simple or compound fracture by manipulation without incision including application of casts or traction. The value for closed reduction includes debridement at fracture site.

For closed reduction with skeletal pinning and external fixation, the value is 1½ times the value for closed reduction except where specified to the contrary.

| Code Number | Procedure | Relative Value |
|---|---|---|
| FRACTURES (Continued) | | |
| | Open reduction is correction of displacement by manipulation *and* incision with or without skeletal traction or metallic fixation. | |
| Skull | | |
| 2010 | Nonoperative treatment of fracture of skull | 2.5 |
| | Depressed fracture of skull | |
| 2018 | Operation involving brain tissue or reduction by craniotomy | 30.0 |
| 2019 | Others | 15.0 |
| Facial bones | | |
| | Malar bone including zygomatic process | |
| 2020 | Closed reduction | 2.0 |
| | Open reduction | |
| 2021 | External approach only | 9.0 |
| 2022 | External and intraoral approaches | 15.0 |
| | Mandible, unilateral or bilateral | |
| | Closed reduction | |
| 2024 | Without wiring of teeth | 3.0 |
| 2025 | With wiring of teeth | 10.0 |
| 2026 | Skeletal pinning with external fixation | 12.5 |
| 2027 | Open reduction, with or without wiring of teeth | 15.0 |
| | Maxilla (excluding alveolar process), including malar | |
| | Closed reduction | |
| 2030 | Without wiring of teeth | 2.0 |
| 2031 | With wiring of teeth | 10.0 |
| 2032 | Open reduction, with or without wiring of teeth | 15.0 |
| | Nasal bones | |
| 2034 | Closed reduction | 2.0 |
| 2035 | Open reduction | 6.5 |
| Upper extremity | | |
| | Carpal bones, one or more, including navicular | |
| 2040 | Closed reduction | 4.0 |
| 2041 | Open reduction | 8.0 |
| | Elbow, distal end of humerus or proximal end of radius or ulna, one or more bones | |
| 2050 | Closed reduction | 6.0 |
| 2051 | Open reduction | 15.0 |
| | Finger or thumb | |
| | One | |
| 2054 | Closed reduction | 2.0 |
| 2055 | Open reduction | 4.0 |
| | Each additional | |
| 2056 | Closed reduction | 1.0 |
| 2057 | Open reduction | 2.0 |
| | Humerus (except elbow) | |
| 2060 | Closed reduction | 7.5 |
| 2061 | Open reduction | 15.0 |
| | Metacarpal | |
| | One | |
| | Closed reduction | |
| 2070 | Without skeletal pinning | 2.5 |
| 2071 | Skeletal pinning with external fixation | 4.5 |
| 2072 | Open reduction | 6.0 |
| | Each additional | |
| | Closed reduction | |
| 2073 | Without skeletal pinning | 1.5 |
| 2074 | Skeletal pinning with external fixation | 2.5 |
| 2075 | Open reduction | 3.0 |

EXHIBIT II—*Continued*

| Code Number | Procedure | Relative Value |
|---|---|---|
| FRACTURES | (Continued) | |
| | Radius, including Colles' (except elbow) | |
| 2080 | Closed reduction | 5.0 |
| 2081 | Open reduction | 10.0 |
| | Radius and ulna (except elbow) | |
| 2084 | Closed reduction | 7.0 |
| 2085 | Open reduction | 14.0 |
| | Ulna (except elbow) | |
| 2090 | Closed reduction | 4.0 |
| 2091 | Open reduction | 10.0 |
| Spine and trunk | | |
| | Clavicle | |
| 2100 | Closed reduction | 3.0 |
| 2101 | Open reduction | 10.0 |
| 2110 | Coccyx, reduction of | 1.5 |
| 2130 | Ribs, closed reduction, one or more | 2.0 |
| 2140 | Sacrum, closed reduction | 4.0 |
| | Scapula | |
| 2150 | Closed reduction | 3.5 |
| 2151 | Open reduction | 10.0 |
| | Sternum | |
| 2154 | Closed reduction | 1.5 |
| 2155 | Depressed, open reduction | 7.5 |
| | Vertebra, except coccyx, body of, one or more | |
| 2160 | Closed reduction | 10.0 |
| 2161 | Open reduction | 22.5 |
| | Vertebra, lateral or spinous process of, one or more | |
| 2170 | Closed reduction | 2.5 |
| 2171 | Open reduction | 10.0 |
| Pelvis | | |
| | Innominate bone (ilium, ischium, or os pubis), one or more | |
| | Closed reduction | |
| 2180 | Without acetabulum displacement | 4.0 |
| 2181 | With acetabulum displacement | 7.5 |
| 2182 | Open reduction | 17.5 |
| Lower extremity | | |
| | Ankle | |
| | Malleolus of tibia or fibula | |
| 2200 | Closed reduction | 5.0 |
| 2201 | Open reduction | 10.0 |
| | Bimalleolar (Potts) | |
| 2202 | Closed reduction | 6.0 |
| 2203 | Open reduction | 15.0 |
| | Trimalleolar | |
| 2204 | Closed reduction | 7.5 |
| 2205 | Open reduction | 17.5 |
| | Astragalus and/or os calcis | |
| 2210 | Closed reduction | 5.0 |
| 2211 | Open reduction | 12.5 |
| | Femur (except knee) | |
| 2216 | Closed reduction | 12.0 |
| 2217 | Open reduction | 24.0 |
| | Fibula (except ankle) | |
| 2222 | Closed reduction | 4.0 |
| 2223 | Open reduction | 8.0 |
| | Knee, distal end of femur or proximal end of tibia, one or both bones | |
| 2228 | Closed reduction | 7.5 |
| 2229 | Open reduction | 15.0 |

EXHIBIT II—*Continued*

| Code Number | Procedure | Relative Value |
|---|---|---|
| FRACTURES (Continued) | | |
| | Metatarsal bone | |
| | One | |
| 2232 | Closed reduction | 2.5 |
| 2233 | Open reduction | 6.0 |
| | Each additional | |
| 2236 | Closed reduction | 1.5 |
| 2237 | Open reduction | 3.0 |
| | Patella | |
| 2258 | Closed reduction | 5.0 |
| 2259 | Open reduction | 10.0 |
| | Tarsal bones (except astragalus and os calcis), one or more | |
| 2270 | Closed reduction | 4.0 |
| 2271 | Open reduction | 8.0 |
| | Tibia (except ankle and knee) | |
| 2280 | Closed reduction | 7.5 |
| 2281 | Open reduction | 15.0 |
| | Tibia and fibula (except ankle) | |
| 2284 | Closed reduction | 10.0 |
| 2285 | Open reduction | 20.0 |
| | Toe | |
| | One | |
| 2292 | Closed reduction | 2.0 |
| 2293 | Open reduction | 4.0 |
| | Each additional | |
| 2294 | Closed reduction | 1.0 |
| 2295 | Open reduction | 2.0 |
| JOINTS | | |
| Arthrodesis (operative ankylosis) or arthrectomy with or without tendon transplantation | | |
| 2410 | Ankle | 15.0 |
| 2411 | Elbow | 15.0 |
| 2412 | Foot, triple arthrodesis | 17.5 |
| | Hammer toe | |
| 2413 | One | 6.0 |
| 2414 | Each additional | 3.0 |
| 2415 | Hip | 27.5 |
| 2416 | Knee | 17.5 |
| | Intervertebral disc, excision of | |
| 2417 | Without spinal fusion | 22.5 |
| 2418 | With spinal fusion | 30.0 |
| 2419 | Semilunar cartilage, excision | 12.5 |
| 2420 | Shoulder | 17.5 |
| 2422 | Spine, including sacro-iliac, not including coccyx | 22.5 |
| 2423 | Temporomandibular joint, meniscectomy | 15.0 |
| 2424 | Wrist | 15.0 |
| Arthroplasty | | |
| 2430 | Ankle | 15.0 |
| 2432 | Elbow | 15.0 |
| 2434 | Hip | 27.5 |
| 2436 | Knee | 20.0 |
| | Metatarsal-phalangeal joints (bunionectomy) | |
| 2440 | One | 8.0 |
| 2441 | Each additional | 4.0 |
| 2442 | Shoulder including Nicola or Bankhardt operation | 17.5 |
| 2444 | Wrist | 15.0 |
| Arthrotomy or capsulotomy with exploration, drainage or removal of loose bodies | | |
| 2450 | Ankle | 10.0 |
| 2451 | Elbow | 10.0 |
| 2452 | Hip | 17.5 |
| 2455 | Knee | 12.5 |

EXHIBIT II—*Continued*

| Code Number | Procedure | Relative Value |
|---|---|---|
| JOINTS (Continued) | | |
| 2457 | Shoulder | 12.5 |
| 2458 | Wrist | 10.0 |
| Synovectomy | | |
| 2470 | Ank e | 12.5 |
| 2471 | Elbow | 12.5 |
| 2472 | Hip | 20.0 |
| 2475 | Knee, except Baker's cyst | 15.0 |
| Miscellaneous | | |
| | Arthrocentesis or tapping of joint | |
| 2491 | Initial | 1.0 |
| 2492 | Subsequent | .5 |
| 2495 | Manipulation of frozen shoulder or hip joint under general or spinal anesthesia, or brachial block | 4.0 |
| MUSCLES | | |
| | Division of scalenus anticus muscle | |
| 2610 | Without cervical rib resection | 7.5 |
| 2611 | With cervical rib resection | 12.5 |
| 2614 | Division of sternocleidomastoid muscle for wry neck (torticollis) | 7.5 |
| | Repair or suture of ruptured muscle | |
| 2630 | Quadriceps | 10.0 |
| 2631 | Biceps | 7.5 |
| 2632 | Diaphragm | 20.0 |
| 2633 | Other | S.C. |
| TENDONS | | |
| Including tendon sheaths, fascia and ligaments | | |
| 2810 | Excision of ganglion | 4.0 |
| 2814 | Fasiectomy for Dupuytren's contracture | 12.5 |
| | Graft, transfer or transplant of tendon, distal to shoulder or hip | |
| 2820 | Single | 11.0 |
| 2821 | Each additional tendon | 2.5 |
| 2822 | Each additional incision for rerouting or retrieving tendon, or procuring graft | 2.5 |
| 2830 | Lengthening or shortening of tendon | 7.5 |
| | Suture of tendon laceration | |
| 2840 | One | 5.0 |
| 2841 | Each additional | 2.5 |
| | Tenotomy, one or more tendons | |
| | Fingers | |
| 2850 | One | 2.5 |
| 2851 | Each additional | 1.5 |
| | Other than fingers | |
| 2852 | Subcutaneous | 3.0 |
| 2853 | Open | 10.0 |

*EYE, EAR, NOSE, AND THROAT*

| Code Number | Procedure | Relative Value |
|---|---|---|
| EAR | | |
| 3010 | Amputation of ear | 10.0 |
| | Aural polyps, removal of, one or more, external canal | |
| 3020 | Unilateral | 1.5 |
| 3021 | Bilateral | 3.0 |
| 3030 | Fenestration operation for otosclerosis | 30.0 |
| 3050 | Labyrinthectomy | 30.0 |
| 3060 | Labyrinthotomy | 20.0 |

| Code Number | Procedure | Relative Value |
|---|---|---|
| EAR (Continued) | | |
| | Mastoidectomy | |
| 3070 | Simple | 15.0 |
| 3071 | Radical | 20.0 |
| 3080 | Myringotomy or tympanotomy, including paracentesis tympani | 1.5 |
| 3090 | Stapes mobilization | 15.0 |
| EYE | | |
| | Chalazion, excision or curettage | |
| 3212 | Single | 1.5 |
| 3213 | Multiple | 2.5 |
| | Conjunctiva | |
| 3217 | Excision of lesions, one or more, each eye | 2.0 |
| 3218 | Free graft of conjunctiva or mucous membrane | 10.0 |
| 3219 | Rotation flap operation | 4.0 |
| 3220 | Suture of laceration | 2.5 |
| 3223 | Cornea or sclera, suture of perforating wound | 10.0 |
| 3226 | Corneal paracentesis | 3.5 |
| 3228 | Corneal transplantation | 27.5 |
| 3230 | Corneal or scleral ulcer, cauterization or curettage of | 1.5 |
| 3232 | Dacryosystectomy or dacryoadenectomy | 10.0 |
| 3234 | Dacryocystorhinostomy with or without anterior ethmoidectomy | 15.0 |
| 3238 | Dacryocystotomy or dacryocystostomy | 2.5 |
| | Detached retina, electrocoagulation, including sclerectomy or scleral buckle | |
| 3240 | Initial | 25.0 |
| 3241 | Subsequent | 12.5 |
| | Entropion or ectropion | |
| 3242 | Cautery puncture | 1.5 |
| 3243 | Plastic operation for correction with or without rotation graft | 11.0 |
| | Enucleation or evisceration of eyeball | |
| 3246 | Without implantation | 10.0 |
| 3247 | With implantation | 15.0 |
| 3250 | Extraction of lens for cataract | 20.0 |
| | Foreign bodies | |
| 3252 | Imbedded in cornea or sclera, removal by magnet or spud | 1.0 |
| | Intraocular | |
| 3253 | Removal by magnet without sclerotomy | 10.0 |
| 3254 | Removal by sclerotomy with or without magnet | 15.0 |
| 3255 | Removal from anterior chamber by keratotomy with or without magnet | 12.5 |
| 3256 | Goniotomy | 10.0 |
| 3257 | Hordeolum, operation for | 1.0 |
| 3258 | Iridectomy | 12.5 |
| 3259 | Iridotomy | 7.5 |
| 3260 | Keratectomy except pterygium | 10.0 |
| 3261 | Keratotomy except for foreign body | 5.0 |
| | Lacrimal duct, dilation, probing or catheterization, or any combination of | |
| 3262 | Initial | 1.0 |
| 3263 | Subsequent | .5 |
| | Needling of lens, discission | |
| | Primary, congenital or traumatic cataract | |
| 3264 | Initial | 7.5 |
| | Subsequent | 4.0 |
| 3265 | Secondary membrane (after cataract surgery) | 5.0 |
| 3266 | Orbit, reconstruction of | S.C. |
| | Pterygium, excision or transplant | |
| 3267 | Without graft | 4.0 |
| 3268 | With graft | 7.5 |
| 3269 | Ptosis, muscle operation for | 13.5 |

| Code Number | Procedure | Relative Value |
|---|---|---|
| **EYE (Continued)** | | |
| 3270 | Scleral paracentesis (posterior sclerotomy) | 7.5 |
| 3271 | Sclerectomy for glaucoma | 17.5 |
| | Strabismus, operation for | |
| 3272 | One eye | 13.5 |
| 3273 | Both eyes | 17.5 |
| 3274 | Each additional operation, one or both eyes | 7.5 |
| **TONGUE** | | |
| 3436 | Frenotomy or frenectomy | 1.0 |
| | Glossectomy | |
| 3442 | Complete | 17.5 |
| 3446 | Hemiglossectomy | 10.0 |
| 3447 | Local excision of lesion | 2.5 |
| 3448 | With radical neck dissection | 25.0 |
| **NOSE AND THROAT** | | |
| 3610 | Adenoidectomy only | 3.0 |
| | Laryngectomy | |
| 3614 | Without radical neck dissection | 22.5 |
| 3615 | With radical neck dissection | 30.0 |
| | Nasal polyps, removal of one or more, one or more stages | |
| 3622 | Unilateral | 1.5 |
| 3623 | Bilateral | 2.5 |
| 3628 | Nasal septum, submucous resection of, with or without reconstruction of the columella | 10.0 |
| | Sinuses, maxillary puncture of | |
| | Unilateral | |
| 3640 | Initial | 1.0 |
| 3641 | Subsequent | .5 |
| | Bilateral | |
| 3642 | Initial | 1.5 |
| 3643 | Subsequent | .5 |
| | Sinusotomy | |
| | Frontal external | |
| 3652 | Simple (trephine operation) | 6.0 |
| 3653 | Radical | 15.0 |
| | Maxillary | |
| | Intranasal antrum window | |
| 3654 | Unilateral | 4.0 |
| 3655 | Bilateral | 6.0 |
| | Radical (Caldwell-Luc) operation | |
| 3660 | Unilateral | 12.0 |
| 3661 | Bilateral | 18.0 |
| | Sphenoid or ethmoid or both | |
| | Intranasal, without antrum window | |
| 3666 | Unilateral | 6.0 |
| 3667 | Bilateral | 9.0 |
| | Intranasal, with antrum window | |
| 3668 | Unilateral | 8.0 |
| 3669 | Bilateral | 12.0 |
| | External | |
| 3670 | Unilateral | 12.0 |
| 3671 | Bilateral | 18.0 |
| | Combined external frontal, ethmoid and sphenoid | |
| 3675 | Unilateral | 20.0 |
| 3676 | Bilateral | 27.5 |
| 3680 | Tonsillar or peritonsillar abscess, incision and drainage | 1.5 |
| 3684 | Tonsillectomy with or without adenoidectomy | 4.0 |
| 3688 | Tracheotomy | 6.0 |
| 3690 | Turbinates, electrocauterization or infracture of, unilateral or bilateral | .75 |

| Code Number | Procedure | Relative Value |
|---|---|---|
| NOSE AND THROAT (Continued) | | |
| | Turbinectomy | |
| 3692 | Unilateral | 2.5 |
| 3693 | Bilateral | 3.5 |
| 3696 | Uvulectomy | 1.5 |
| | *HEART AND BLOOD VESSELS* | |
| ARTERIES AND VEINS | | |
| Arteries | | |
| | Artery excision with homograft or prosthesis | |
| 4010 | Intracranial | 30.0 |
| 4011 | Intra-abdominal | 30.0 |
| 4012 | Intrathoracic | 30.0 |
| 4013 | Extremities | 25.0 |
| | Arteriography | |
| | Peripheral | |
| 4016 | Unilateral | 2.0 |
| 4017 | Bilateral | 3.0 |
| | Cerebral or carotid | |
| 4018 | Unilateral | 5.0 |
| 4019 | Bilateral | 7.5 |
| 4020 | Aorta, lumbar or retrograde | 4.0 |
| | Arterial anastomosis | |
| 4024 | Aortic anastomosis | 30.0 |
| 4025 | Pulmonary anastomosis (Block, Potts or Blalock) | 30.0 |
| | Arteriotomy or endarterectomy, for exploration or removal of embolus | |
| 4032 | Intrathoracic | 20.0 |
| 4033 | Intra-abdominal | 17.5 |
| 4034 | Neck or extremities | 12.5 |
| 4036 | Coarctation of aorta, with or without graft | 30.0 |
| | Ligation | |
| 4040 | Carotid artery | 10.0 |
| 4041 | Internal mammary, unilateral or bilateral | 10.0 |
| 4050 | Patent ductus, ligation of | 30.0 |
| Veins | | |
| 4220 | Cut down to expose vein | 1.5 |
| | Ligation for other than varicosity | |
| 4230 | Common iliac vein | 12.5 |
| 4231 | Femoral or jugular | 7.5 |
| 4232 | Inferior Vena cava | 17.5 |
| | Thrombophlebectomy | |
| 4260 | Trunk | 15.0 |
| 4261 | Extremities | 10.0 |
| | Varicose veins | |
| | Injection treatment, unilateral or bilateral | |
| 4272 | Per day of treatment | .5 |
| | Maximum | 5.0 |
| | Ligation, with or without division, retrograde injection or distal interruptions | |
| | Saphenous vein, long | |
| | Without stripping | |
| 4276 | Unilateral | 7.5 |
| 4277 | Bilateral | 11.0 |
| | With stripping, on same or successive days | |
| 4278 | Unilateral | 10.0 |
| 4279 | Bilateral | 15.0 |
| | Saphenous vein, short | |
| | Without stripping | |
| 4280 | Unilateral | 4.0 |
| 4281 | Bilateral | 6.0 |
| | With stripping, on same or successive days | |
| 4282 | Unilateral | 6.0 |
| 4283 | Bilateral | 9.0 |
| | Saphenous vein, long and short | |
| | Without stripping | |
| 4284 | Unilateral | 9.0 |
| 4285 | Bilateral | 13.5 |

| Code Number | Procedure | Relative Value |
|---|---|---|
| ARTERIES AND VEINS (Continued) | | |
| | With stripping, on same or successive days | |
| 4286 | Unilateral | 12.0 |
| 4287 | Bilateral | 18.0 |
| | Venous anastomosis | |
| 4292 | Porto-caval | 30.0 |
| 4293 | Mesenteric | 30.0 |
| 4294 | Spleno-renal | 30.0 |
| HEART | | |
| 4416 | Cardiotomy or cardiorrhaphy with exploration or removal of foreign body | 30.0 |
| 4424 | Commissurotomy or valvotomy | 30.0 |
| 4464 | Pericardiectomy | 30.0 |
| 4468 | Pericardiocentesis (tapping) | 2.0 |
| 4472 | Pericardiotomy | 25.0 |
| 4490 | Tetralogy of Fallot, operation for | 30.0 |
| | *THORAX OR CHEST* | |
| | Esophagus | |
| | Dilation | |
| 5110 | Initial | 1.5 |
| 5111 | Subsequent | 1.0 |
| | Removal of diverticulum | |
| 5112 | Cervical approach | 17.5 |
| 5113 | Thoracic approach | 30.0 |
| 5114 | Resection | 30.0 |
| | Lobectomy | |
| 5210 | Total, subtotal or segmental | 30.0 |
| 5214 | Wedge resection | 22.5 |
| 5310 | Pleurectomy or pleural decortication, any type | 25.0 |
| 5410 | Pneumolysis, extrapleural or intrapleural (open operation) | 20.0 |
| 5420 | Pneumonectomy, total | 30.0 |
| 5430 | Pneumonotomy, complete procedure | 15.0 |
| | Pneumothorax | |
| 5440 | Initial | 2.0 |
| 5441 | Subsequent | .75 |
| | Thoracoplasty | |
| 5510 | First stage | 20.0 |
| 5512 | Each subsequent stage | 10.0 |
| | Thoracentesis | |
| 5610 | Initial | 1.5 |
| 5611 | Subsequent | .5 |
| | Thoracotomy, including drainage | |
| 5620 | Without rib resection, for empyema or pleural biopsy | 5.0 |
| 5621 | With rib resection, for empyema | 10.0 |
| 5622 | Exploratory, with control of hemorrhage, biopsy of lung, or cardiac massage | 15.0 |
| | *ABDOMEN* | |
| | Abdominal paracentesis (tapping) | |
| 6010 | Initial | 1.5 |
| 6011 | Subsequent | .5 |
| | Abscess, intra-abdominal, incision and drainage of | |
| 6020 | Appendiceal abscess | 10.0 |
| 6021 | Subdiaphragmatic or subphrenic | 15.0 |
| 6030 | Adhesions, division of | 12.5 |
| 6040 | Appendectomy, with or without incision and drainage of appendiceal abscess | 11.0 |
| 6100 | Cholecystectomy, with or without exploration of common duct | 17.5 |
| 6110 | Cholecystoduodenostomy or cholecystoenterostomy | 15.0 |
| 6120 | Cholecystotomy or cholecystostomy | 15.0 |
| 6130 | Choledochotomy or choledochostomy | 17.5 |

| Code Number | Procedure | Relative Value |
|---|---|---|
| ABDOMEN (Continued) | | |
| 6200 | Closure of colostomy or enterostomy | 10.0 |
| | Colon resection | |
| 6210 | Partial, with or without colostomy | 25.0 |
| 6211 | Total | 30.0 |
| 6220 | Colostomy | 12.5 |
| 6250 | Common duct, resection or choledochoplasty | 25.0 |
| 6270 | Diverticulum (Meckel's), excision of | 11.0 |
| 6300 | Enterectomy, small intestine, with or without anastomosis | 20.0 |
| 6310 | Enterorrhaphy, for perforated ulcer, wound or rupture | 15.0 |
| 6320 | Enterotomy, including removal of foreign body | 15.0 |
| 6330 | Excision of one or more intestinal lesions, not requiring anastomosis | 15.0 |
| | Gastrectomy, with or without vagotomy | |
| 6400 | Total | 30.0 |
| 6401 | Partial | 25.0 |
| 6410 | Gastric or duodenal ulcer, perforation, closure of | 15.0 |
| 6420 | Gastroenterostomy, gastrojejunostomy, gastroduodenostomy | 20.0 |
| 6430 | Gastrostomy | 12.5 |
| 6440 | Gastrotomy | 15.0 |
| 6470 | Hepatectomy, partial | 20.0 |
| 6480 | Hepatorrhaphy | 15.0 |
| | Herniotomy, herniorrhaphy or hernioplasty | |
| | Single | |
| 6499 | Inguinal, femoral, or umbilical | 11.0 |
| 6500 | Ventral or incisional | 12.5 |
| 6501 | Bilateral, inguinal or femoral | 15.0 |
| 6502 | Hiatus or diaphragmatic | 25.0 |
| 6600 | Intestinal obstruction, operation for, not requiring resection | 15.0 |
| 6610 | Intestine, reduction of volvulus or intussusception by incision without resection | 15.0 |
| 6620 | Laparotomy, exploratory | 11.0 |
| 6625 | Pancreatectomy, subtotal | 22.5 |
| 6630 | Pancreatotomy for adhesions, drainage or removal of calculi | 15.0 |
| | Pneumoperitoneum | |
| 6650 | Initial | 1.5 |
| 6651 | Subsequent | .5 |
| 6700 | Pyloric stenosis, operation for (Ramstedt's operation in infants) | 12.5 |
| 6710 | Splenectomy | 20.0 |
| 6715 | Splenorrhaphy | 15.0 |
| 6770 | Vagotomy | 15.0 |

*PROCTOLOGY AND UROLOGY*

| Code Number | Procedure | Relative Value |
|---|---|---|
| PROCTOLOGICAL SURGERY | | |
| | Abscess, incision and drainage | |
| 7010 | Perianal or perirectal | 2.0 |
| 7011 | Ischiorectal | 3.5 |
| 7030 | Cryptectomy, single or multiple | 2.0 |
| 7040 | Fissurectomy with or without sphincterotomy, single or multiple | 4.0 |
| | Fistulectomy or Fistulotomy | |
| 7050 | Single | 6.5 |
| 7051 | Multiple | 9.0 |
| 7060 | Fistulectomy or Fistulotomy with incision and drainage of ischiorectal abscess | 9.0 |
| | Hemorrhoidectomy (by excision) | |
| 7070 | External except tabs or tags | 2.5 |
| | External and internal, or internal | |
| 7072 | Without fistulectomy | 8.0 |
| 7073 | With fistulectomy | 10.0 |

| Code Number | Procedure | Relative Value |
|---|---|---|
| | **PROCTOLOGICAL SURGERY (Continued)** | |
| | Hemorrhoids, injections of sclerosing solution | |
| 7076 | Per day of injection | .5 |
| | Maximum | 3.0 |
| 7077 | Hemorrhoids, tabs or tags, excision of | 1.5 |
| 7078 | Hemorrhoids, thrombosed, incision or removal of thrombus | 1.0 |
| 7080 | Papillectomy, one or more | 1.5 |
| 7100 | Proctectomy, complete, combined abdominal-perineal procedure, one or more stages | 30.0 |
| | Prolapsed rectum, repair of | |
| 7150 | Abdominal | 15.0 |
| 7151 | Wiring (Thiersch) | 6.0 |
| | Pruritus ani | |
| 7170 | Under cutting for | 5.0 |
| 7171 | Injection procedure by destructive agent | 2.5 |
| 7180 | Rectal polyps, removal of one or more by proctoscopy | 2.5 |
| 7190 | Sphincter, anal, dilation of, under anesthesia | 1.0 |
| 7194 | Sphincterotomy, not in the course of another operation | 2.5 |
| | **UROLOGICAL SURGERY** | |
| 7510 | Abscess perirenal or renal, incision and drainage | 12.5 |
| 7512 | Abscess, prostatic, external incision and drainage | 7.5 |
| | Circumcision | |
| 7520 | Less than 1 year old | 1.0 |
| 7521 | 1 year old or more | 2.0 |
| | Cystectomy | |
| 7540 | Complete, including transplantation of ureters | 30.0 |
| 7541 | Segmental or excision of diverticulum | 17.5 |
| 7544 | Cystorrhaphy, for wound or rupture | 12.5 |
| | Cystotomy | |
| 7546 | Exploration or fulguration | 12.5 |
| 7547 | Excision of bladder tumor | 15.0 |
| 7548 | Cystolithotomy | 12.5 |
| 7549 | Cystostomy | 11.0 |
| | Epididymectomy | |
| 7600 | Unilateral | 7.5 |
| 7601 | Bilateral | 10.0 |
| | Epispadias or hypospadias, see Plastic Surgery | |
| | Hydrocele | |
| | Paracentesis or aspiration including injection of sclerosing solution | |
| 7603 | Initial | 1.5 |
| 7604 | Subsequent | .5 |
| | Excision | |
| 7605 | Unilateral | 7.5 |
| 7607 | Bilateral | 10.0 |
| 7620 | Meatotomy, urethral | 1.5 |
| 7650 | Nephrectomy or heminephrectomy | 22.5 |
| 7652 | Nephrolithotomy | 20.0 |
| 7654 | Nephropexy | 17.5 |
| 7658 | Nephrorrhaphy for kidney wound or injury | 20.0 |
| 7660 | Nephrostomy, including drainage | 17.5 |
| 7662 | Nephrotomy for exploration | 17.5 |
| | Orchidectomy | |
| | Simple | |
| 7680 | Unilateral | 7.5 |
| 7681 | Bilateral | 10.0 |
| 7682 | Radical, unilateral or bilateral, with retroperitoneal gland dissection | 30.0 |
| 7686 | Orchidopexy, one or more stages, with or without hernia repair | 15.0 |
| | Penis, amputation of | |
| 7690 | Simple | 12.5 |

EXHIBIT II—*Continued*

| Code Number | Procedure | Relative Value |
|---|---|---|
| | UROLOGICAL SURGERY (Continued) | |
| 7691 | Radical with inguinal node dissection | 22.5 |
| | Prostatectomy | |
| 7700 | Perineal | 27.5 |
| 7701 | Retropubic | 25.0 |
| 7702 | Suprapubic, one or more stages | 25.0 |
| 7703 | Transurethral, one or more stages including control of postoperative bleeding | 20.0 |
| 7720 | Pyelotomy or pyelolithotomy with removal of calculus | 17.5 |
| 7721 | Pyelostomy, including drainage | 15.0 |
| 7730 | Renal capsulectomy, or decapsulation of kidney | 15.0 |
| | Ureteral transplantation to intestine | |
| 7800 | Unilateral | 17.5 |
| 7801 | Bilateral | 25.0 |
| 7804 | Ureterolithotomy, open | 15.0 |
| 7806 | Ureteroplasty for stricture | 20.0 |
| | Urethrotomy | |
| 7812 | External or anterior | 3.5 |
| 7813 | Perineal or posterior | 7.5 |
| | Urinary fistula, excision or closure of | |
| 7840 | Bladder (any type) | 15.0 |
| 7841 | Urethral (any type) | 10.0 |
| | Varicocelectomy | |
| 7860 | Unilateral | 7.5 |
| 7861 | Bilateral | 10.0 |
| 7870 | Vasectomy, unilateral or bilateral | 3.0 |
| 7880 | Vesiculectomy, seminal, unilateral or bilateral | 17.5 |

## *GYNECOLOGY AND OBSTETRICS*

| Code Number | Procedure | Relative Value |
|---|---|---|
| | GYNECOLOGICAL SURGERY | |
| | Bartholin's or Skene's glands | |
| | Excision of gland or cyst | |
| 8009 | Bartholin | 5.0 |
| 8010 | Skene | 1.0 |
| | Incision and drainage | |
| 8011 | Bartholin | 1.0 |
| 8012 | Skene | .75 |
| 8020 | Caruncle, urethral, excision or fulguration of | 2.5 |
| | Cervix | |
| 8040 | Amputation of | 7.5 |
| 8041 | Electrocauterization of, nonpuerperal | 1.5 |
| 8042 | Conization of | 3.0 |
| 8043 | Dilation of, and curettage of uterus, nonpuerperal, with or without electrocauterization, conization or polypectomy | 4.0 |
| 8044 | Polypectomy, one or more, without dilation and curettage | 1.5 |
| 8050 | Colpotomy for drainage of pelvic abscess | 3.0 |
| 8060 | Fistula, rectovaginal, vaginosigmoid, or vesicovaginal, excision or closure of | 15.0 |
| 8070 | Hymenectomy | 2.5 |
| 8071 | Hymenotomy | 1.0 |
| | Hysterectomy, with or without dilation and curettage | |
| 8080 | Complete (pan-hysterectomy), with or without adnexa | 18.0 |
| 8081 | Subtotal or supracervical, with or without adnexa | 15.0 |
| 8082 | Radical, for malignancy | 25.0 |
| 8083 | Vaginal, with or without pelvic floor repair | 18.0 |
| 8100 | Myomectomy, abdominal approach | 12.5 |
| 8110 | Tubal insufflation or uterography | 1.5 |
| 8134 | Uterus or cervix, insertion and removal of radioactive substance | 5.0 |
| 8138 | Uterus, suspension of, any type, with or without dilation and curettage or surgery on tubes or ovaries | 12.5 |

| Code Number | Procedure | Relative Value |
|---|---|---|
| GYNECOLOGICAL SURGERY (Continued) | | |
| 8150 | Vaginal septum or cyst, excision of | 2.5 |
| | Vulvectomy | |
| 8160 | Simple, complete | 12.5 |
| 8161 | Radical with inguinal node dissection, one or more stages | 22.5 |
| Oviduct and Ovary | | |
| 8210 | Oophorectomy or oophoroplasty, unilateral or bilateral | 12.5 |
| 8220 | Salpingectomy or salpingoplasty, unilateral or bilateral | 12.5 |
| 8224 | Salpingo-oophorectomy, unilateral or bilateral | 12.5 |
| 8230 | Transection or ligation of Fallopian tubes, unilateral or bilateral | 12.5 |
| Repair Procedures (nonpuerperal) | | |
| 8310 | Atresia of vagina, plastic repair of | 10.0 |
| 8320 | Colporrhaphy or perineorraphy, without other procedure | 2.5 |
| 8325 | Trachelorrhaphy, without other procedure | 5.0 |
| 8330 | Cystocele and/or urethrocele, repair of, without other procedure | 10.0 |
| 8335 | Enterocele, repair of, abdominal or vaginal, without other procedure | 12.5 |
| 8350 | Rectocele, repair of, without other procedure | 7.5 |
| 8380 | Combination of cystocele, enterocele or rectocele, or combination of urethrocele, enterocele or rectocele, with or without other repair procedures | 14.0 |
| OBSTETRICAL | | |
| 8610 | Abdominal operation for extra-uterine or ectopic pregnancy | 12.5 |
| | Caesarean section (abdominal or vaginal) | |
| 8630 | Delivery of child or children | 15.0 |
| 8634 | Delivery of child or children and hysterectomy | 18.0 |
| 8650 | Delivery of child or children | 7.5 |
| | Miscarriage (including therapeutic or spontaneous abortion), treatment of | |
| 8670 | With dilation and curettage | 4.0 |
| 8672 | Without dilation and curettage | 2.5 |
| | Dilation and curettage of uterus for | |
| 8680 | Hydatidiform mole | 5.0 |
| 8682 | Postpartum bleeding | 4.0 |
| | *NEUROSURGERY* | |
| CRANIAL VAULT, INCLUDING BRAIN | | |
| 9010 | Cisternal puncture | 2.0 |
| | Craniotomy (other than trephination only) | |
| 9011 | Cranioplasty with bone graft, metal or plastic insert | 25.0 |
| 9015 | Decompression, unilateral or bilateral | 17.5 |
| 9017 | Drainage of subdural, epidural or brain abscess or hematoma | 30.0 |
| 9021 | Excision of brain cyst, neoplasm or abscess | 30.0 |
| | Trephination or Burr holes | |
| | Exploratory | |
| 9050 | Unilateral | 10.0 |
| 9051 | Bilateral | 15.0 |
| | Drainage of subdural, epidural or brain abscess or hematoma | |
| 9053 | Initial trephination | 15.0 |
| 9055 | Subsequent needling | 3.0 |
| | Frontal lobotomy or leukotomy | |
| 9057 | Transorbital | 7.5 |
| | Others | |
| 9058 | Unilateral | 12.5 |
| 9059 | Bilateral | 17.5 |
| 9060 | Pneumoventriculography | 10.0 |
| 9061 | Pneumoencephalography | 5.0 |

| Code Number | Procedure | Relative Value |
|---|---|---|
| **PERIPHERAL NERVES** | | |
| | Injection of nerve with destructive agent | |
| 9220 | Initial | 2.5 |
| 9221 | Subsequent | 1.5 |
| | Neuroma, excision of, without anastomosis | |
| 9240 | Superficial | 3.0 |
| 9241 | Deep | 10.0 |
| 9260 | Phrenicectomy or phreniclasis | 6.0 |
| | Suture or neurolysis | |
| 9270 | One nerve | S.C. |
| 9271 | More than one nerve | S.C. |
| | Transplant | |
| 9280 | One nerve | S.C. |
| 9281 | More than one nerve | S.C. |
| **SPINAL CORD AND SPINAL MENINGES** | | |
| 9420 | Chordotomy | 30.0 |
| 9430 | Laminectomy or hemilaminectomy | 22.5 |
| 9434 | Lumbar puncture, diagnostic or therapeutic | 1.5 |
| 9440 | Meningocele, spinal, repair of | 20.0 |
| 9450 | Myelography or discography | 3.5 |
| 9470 | Section (rhizotomy) of anterior or posterior nerve roots | 22.5 |
| 9480 | Spinal cord tumor, removal of | 30.0 |
| **SYMPATHETIC NERVOUS SYSTEM** | | |
| 9640 | Presacral plexus, resection of | 12.5 |
| | Splanchnicectomy | |
| 9660 | Unilateral | 17.5 |
| 9661 | Bilateral | 27.5 |
| | Sympathectomy | |
| | Cervical | |
| 9680 | Unilateral | 17.5 |
| 9681 | Bilateral | 25.0 |
| | Dorsal | |
| 9684 | Unilateral | 17.5 |
| 9685 | Bilateral | 27.5 |
| 9688 | Dorsolumbar or thoracolumbar, bilateral | 30.0 |
| | Lumbar | |
| 9690 | Unilateral | 15.0 |
| 9691 | Bilateral | 22.5 |
| 9694 | Periarterial | 15.0 |

### *ORAL SURGERY*

| Code Number | Procedure | Relative Value |
|---|---|---|
| | The values shown apply to operations which are not performed on the same day as any extraction of teeth for the same condition. | |
| 3410 | Alveolar abscesses, excluding pyorrhea, incision and drainage | .5 |
| | Alveolectomy | |
| 3414 | One socket area | .5 |
| 3415 | Each additional socket area on same day | .2 |
| 3418 | Apicoectomy | 2.0 |
| | Cysts of jaw (mandible or maxilla), excision of | |
| 3425 | Involving area of one or two teeth | 2.0 |
| 3426 | Involving area of three or four teeth | 4.0 |
| 3427 | Involving area of 5 or more teeth | 10.0 |
| 3428 | Epulis, excision | 1.5 |
| | Impacted tooth, one, excision of | |
| | Partially unerupted from jaw bone | |
| 3450 | Maxilla | 1.5 |
| 3452 | Mandible | 2.5 |
| 3456 | Completely unerupted from jaw bone | 5.0 |
| 3490 | Torus palatinus, excision | 5.0 |

## DISCUSSION OF PRECEDING PAPER

D. W. PETTENGILL:

Morton D. Miller's paper on the "1957 Study of Group Surgical Expense Insurance Claims" is another one of those scholarly pieces of actuarial research that we have come to expect from this illustrious member of our Society. While I thus commend the entire paper to your study, I should like to call particular attention to the 1957 Schedule of Relative Values contained in the Appendix.

The insurance business has needed such an up-to-date surgical schedule ever since 1954 when it first became evident that the relative values of the 1947 Schedule no longer reflected current surgical practice. In 1956, the California Medical Society published a relative value fee schedule and, for a moment, it looked as though it were the answer to our needs. Unfortunately, the California schedule is written in technical medical terms that the typical doctor understands but seldom uses when completing claim forms for insurance companies. It is, therefore, a difficult schedule for the lay claim adjuster to handle.

Some way of solving this difficulty might have been found if the other state medical societies had adopted the California schedule as their own. So far, however, most of the state medical societies that have adopted relative value schedules have adopted ones that differ from California's and from each other's. Consequently, companies doing business in more than one state still need a single relative value schedule that will be reasonably appropriate in all states. Mr. Miller's 1957 Schedule fills this need, and in my opinion, fills it very well.

I do feel, however, that this 1957 Schedule should have an abbreviated form that can be used for policies, certificates and employee announcement literature. Accordingly, and with Mr. Miller's consent, I have had such an abbreviated schedule prepared, as reproduced on page 489. The procedures included in this short form accounted for 80% of all the claims included in the 1957 Study. While no two of us would make the same abbreviation, I hope, in the interest of uniformity, that this one will serve the purpose for most of you.

ARTHUR G. WEAVER:

This paper is a valuable addition to the growing list of contributions to the Society by Mr. Miller. Our congratulations and thanks to him!

The 1957 Study of Group Surgical Expense Insurance Claims will be used for a variety of purposes, the most important single application being

# SCHEDULE OF PROCEDURES

**Two or more procedures performed during the course of a single operation through the same incision, or in the same natural body orifice, or in the same operative field are to be considered as one procedure with a relative value equal to the largest of the values for the respective procedures, except where the Schedule specifies to the contrary.**

## GENERAL

| Procedure | Relative Value |
|---|---|
| Accidental lacerations of skin structures, suture of | |
| Face, neck, genitalia and hands, all lacerations combined | |
| 1 inch or less | 1.5 |
| More than 1 inch up to 2 inches | 2.0 |
| Other body areas, all lacerations combined | |
| 1 inch or less | .75 |
| More than 1 inch up to 2 inches | 1.0 |
| Bronchoscopy—Diagnostic, with or without biopsy | 4.5 |
| —Operative removal of tumors or foreign bodies | 7.5 |
| Cystoscopy | |
| Diagnostic, with or without biopsy | |
| Without ureteral catheterization | 2.5 |
| With ureteral catheterization | 3.5 |
| Operative—Transurethral resection of bladder neck or bladder tumors or crushing of bladder stones | 11.0 |
| —Fulguration of bladder tumors or removal of bladder stones without crushing | 5.0 |
| Cysts, excision of—Pilonidal cyst | 9.0 |
| —Sebaceous cyst | 1.5 |
| Mammary glands | |
| Excision of benign tumors or cysts—Unilateral | 5.0 |
| —Bilateral | 7.5 |
| Mastectomy—Total | 10.0 |
| —Radical, with axillary node dissection | 20.0 |
| Skin abscess, superficial, incision and drainage—One | .75 |
| —Each additional | .40 |
| —Maximum | 2.5 |
| Thyroid gland | |
| Thyroidectomy, total or subtotal | 17.5 |
| Thyroid lobectomy, hemithyroidectomy | 15.0 |
| Excision of thyroid adenoma or cyst | 12.5 |
| Tumors, benign, superficial | |
| Excision from face, neck, genitalia, hands, or feet—One | 2.0 |
| —Each additional | 1.0 |
| Excision from other body areas—One | 1.0 |
| —Each additional | .50 |
| Electrocauterization or fulguration, with or without curettage, per day of such treatment | |
| One tumor, except plantar wart | .50 |
| More than one tumor, or each plantar wart | 1.0 |

## MUSCULOSKELETAL

| Procedure | Relative Value |
|---|---|
| Amputations | |
| Finger, thumb, or toe (one or more phalanges)—One | 2.5 |
| —Each additional | 1.5 |
| Thigh, through femur | 15.0 |

| Procedure | Closed Reduction | Open Reduction |
|---|---|---|
| Dislocations | | |
| Elbow | 4.0 | 10.0 |
| Shoulder | 3.5 | 12.5 |
| Fractures, simple or compound | | |
| Ankle—Malleolus of tibia or fibula | 5.0 | 10.0 |
| —Bimalleolar (Potts) | 6.0 | 15.0 |
| Clavicle | 3.0 | 10.0 |
| Elbow, distal end of humerus or proximal end of radius or ulna, one or more bones | 6.0 | 15.0 |
| Femur (except knee) | 12.0 | 24.0 |
| Fibula (except ankle) | 4.0 | 8.0 |
| Finger, thumb or toe—One | 2.0 | 4.0 |
| —Each additional | 1.0 | 2.0 |
| Humerus (except elbow) | 7.5 | 15.0 |
| Knee, distal end of femur or proximal end of tibia, one or both bones | 7.5 | 15.0 |
| Radius, including Colles' (except elbow) | 5.0 | 10.0 |
| Radius and ulna (except elbow) | 7.0 | 14.0 |
| Ribs, one or more | 2.0 | |
| Tibia (except ankle and knee) | 7.5 | 15.0 |
| Tibia and fibula (except ankle) | 10.0 | 20.0 |
| Ulna (except elbow) | 4.0 | 10.0 |

**Closed reduction is correction of displacement by manipulation without incision including application of casts or traction and including debridement at fracture site. For closed reduction of a fracture with skeletal pinning and external fixation, the relative value is 1½ times the relative value for closed reduction.**

**Open reduction is correction of displacement by manipulation and incision with or without skeletal traction or metallic fixation.**

| Procedure | Relative Value |
|---|---|
| Intervertebral disc, excision of—Without spinal fusion | 22.5 |
| —With spinal fusion | 30.0 |
| Tendons—Excision of ganglion | 4.0 |
| Suture of tendon laceration—One | 5.0 |
| —Each additional | 2.5 |

## YE, EAR, NOSE AND THROAT

| Procedure | Relative Value |
|---|---|
| Chalazion, excision or curettage—Single | 1.5 |
| —Multiple | 2.5 |
| Extraction of lens for cataract | 20.0 |
| Strabismus, operation for—One eye | 13.5 |
| —Both eyes | 17.5 |
| Each additional operation, one or both eyes | 7.5 |
| Fenestration operation for otosclerosis | 30.0 |
| Myringotomy or tympanotomy | 1.5 |
| Nasal polyps, removal of one or more, one or more stages | |
| Unilateral | 1.5 |
| Bilateral | 2.5 |
| Nasal septum, submucous resection of | 10.0 |
| Tonsillectomy with or without adenoidectomy | 4.0 |

## HEART AND BLOOD VESSELS

| Procedure | Relative Value |
|---|---|
| Commissurotomy or valvotomy | 30.0 |
| Saphenous vein, long, ligation with or without retrograde injection or distal interruptions | |
| Without stripping—Unilateral | 7.5 |
| —Bilateral | 11.0 |
| With stripping on same or successive days—Unilateral | 10.0 |
| —Bilateral | 15.0 |

## CHEST

| Procedure | Relative Value |
|---|---|
| Lobectomy—Total, subtotal or segmental | 30.0 |
| —Wedge resection | 22.5 |
| Thoracotomy, for drainage of empyema | |
| Without rib resection | 5.0 |
| With rib resection | 10.0 |

## ABDOMEN

| Procedure | Relative Value |
|---|---|
| Appendectomy, with or without incision and drainage of appendiceal abscess | 11.0 |
| Cholecystectomy, with or without exploration of common duct | 17.5 |
| Colon resection—Partial, with or without colostomy | 25.0 |
| —Total | 30.0 |
| Gastrectomy, with or without vagotomy—Partial | 25.0 |
| —Total | 30.0 |
| Herniotomy, inguinal or femoral—Single | 11.0 |
| —Bilateral | 15.0 |

## PROCTOLOGY AND UROLOGY

| Procedure | Relative Value |
|---|---|
| Fistulectomy or fistulotomy—Single | 6.5 |
| —Multiple | 9.0 |
| Fistulectomy or fistulotomy (single or multiple), with incision and drainage of ischiorectal abscess | 9.0 |
| Hemorrhoidectomy, by excision, internal only or both internal and external—Without fistulectomy | 8.0 |
| —With fistulectomy | 10.0 |
| Hydrocele or varicocele, excision of—Unilateral | 7.5 |
| —Bilateral | 10.0 |
| Ischiorectal abscess, incision and drainage | 3.5 |
| Nephrectomy or heminephrectomy | 22.5 |
| Proctectomy, complete, combined abdominal—perineal procedure, one or more stages | 30.0 |
| Prostatectomy—Suprapubic, one or more stages | 25.0 |
| —Transurethral, one or more stages including control of postoperative bleeding | 20.0 |

## GYNECOLOGY

| Procedure | Relative Value |
|---|---|
| Conization of cervix | 3.0 |
| Cystocele, repair of | 10.0 |
| Rectocele, repair of | 7.5 |
| Cystocele and rectocele, repair of | 14.0 |
| Dilation of cervix and curettage of uterus, non-puerperal, with or without electrocauterization, conization or polypectomy | 4.0 |
| Electrocauterization of cervix, non-puerperal | 1.5 |
| Hysterectomy, with or without dilation and curettage | |
| Complete (pan-hysterectomy), with or without adnexa | 18.0 |
| Subtotal or supracervical, with or without adnexa | 15.0 |
| Radical, for malignancy | 25.0 |
| Salpingectomy or oophorectomy, or both, unilateral or bilateral | 12.5 |
| Uterus, suspension of, any type, with or without dilation and curettage or surgery on tubes or ovaries | 12.5 |

## NEUROSURGERY

| Procedure | Relative Value |
|---|---|
| Craniotomy (other than trephination only) | |
| Decompression, unilateral or bilateral | 17.5 |
| Excision of brain cyst, neoplasm, or abscess | 30.0 |
| Lumbar sympathectomy—Unilateral | 15.0 |
| —Bilateral | 22.5 |
| Trephination | |
| Drainage of subdural, epidural or brain abscess or hematoma—Initial trephination | 15.0 |
| —Subsequent needling | 3.0 |
| Pneumoventriculography | 10.0 |

## OBSTETRICS

| Procedure | Relative Value |
|---|---|
| Abdominal operation for extra-uterine or ectopic pregnancy | 12.5 |
| Caesarian section—Delivery of child or children | 15.0 |
| —Delivery of child or children and hysterectomy | 18.0 |
| Delivery of child or children | 7.5 |
| Miscarriage—With dilation and curettage | 4.0 |
| —Without dilation and curettage | 2.5 |

**he Insurance Company will determine a value consistent with the values listed, for a surgical procedure not listed in the foregoing Schedule such determination, in each case, to take into account the nature and complexity of the procedure involved and the exclusions and other strictions applicable.**

the development of a new group surgical expense insurance schedule of maximum reimbursements. Mr. Miller's paper is particularly timely for such a project, since his 1947 Schedule of Relative Values and Frequencies is outmoded as a result of technological advances in the field of surgery. Thus the frequency of appendectomy and tonsillectomy operations has decreased, while surgical treatment of benign tumors and cysts, cervical operations for adult females, thoracic surgery, neurosurgery and plastic surgery have increased both in frequency and in importance.

Health insurance patterns also have changed during the past 10 years. Group major medical expense insurance is the current style pattern while the future potential of group surgical expense insurance would appear to be limited. As a result, some may ask why companies should spend time and money in developing and marketing a new surgical schedule. A number of reasons come to mind:

1. A substantial amount of group surgical expense insurance is still being sold. The Life Insurance Association of America reports that, in 1957, 18,340 new group surgical expense insurance contracts were issued, covering almost 1,600,000 employees and 2,500,000 dependents. Nearly fifty million people now insured on a group basis for this coverage will find their protection increasingly inadequate over the next few years unless a modern schedule is substituted. Because of shifts in frequencies and average charges for different procedures, a straight percentage scaling up of the schedule is not the answer.
2. There is some indication that future group major medical expense insurance contracts may contain surgical schedules as inside limits, in order to control the mounting cost of surgical claims thereunder.
3. A great many surgical schedules have been prepared in recent years, mostly with a regional or competitive bias, by state medical societies, Blue Shield, insurance companies, consultants and brokers. The resulting confusion is not in the best interests of the public, the medical profession or the insurance industry. Mr. Miller's study provides an opportunity to substitute a single up-to-date schedule based on a nationwide sampling of surgical charges. This is because the author has demonstrated that while the over-all level of charges varies from area to area, there is little variation by geographical area group in the relationship between doctors' charges for different surgical procedures. One surgical schedule, suitably adjusted for level of charge, should be acceptable in all areas.

The Group Morbidity Committee of the Society, under whose aegis the surgical statistics have been compiled, has used the Surgical Procedures

Classification and Nomenclature published in 1956 by the Health Insurance Council. It is well to know that this classification and nomenclature system has been designed specifically for use in surgical schedules, and features both the medical name and lay term for each procedure. This dual terminology is important to a more complete understanding of surgical expense insurance by both the people insured and the surgeons to whom the benefits ultimately are payable. Again the nomenclature should facilitate fast and simple claims administration by lay personnel.

Will the 1957 Surgical Schedule be well received by the medical profession? We believe it will. However, we should point out that medical societies in several states, notably California, Georgia, Maine, Rhode Island, Tennessee and Wisconsin, have developed their own schedules or relative schedules. In other states, the medical profession has participated in the development of local Blue Shield schedules and is therefore familiar with and has a sense of loyalty to the local classification and nomenclature used. On the other hand, doctors and surgeons who have studied the problem recognize the need for a nationally accepted schedule based on statistics rather than on the result of continuous negotiation between the medical specialties. They also admit that surgical schedules couched in medical terms prove confusing to their patients, and while many would prefer to have a national schedule of relative fees sponsored by the American Medical Association, they see little indication that such a schedule will become available soon.

In our opinion the 1957 Surgical Schedule will find widespread acceptance for group surgical expense insurance purposes and gradually will replace the present $200 Schedule as the industry standard. Our company has decided to follow this approach and will offer the 1957 Surgical Schedule to the field in the near future.

Turning now to another aspect of Mr. Miller's paper, I have been intrigued with his Table M showing the geographical variation in surgeons' charges. Generally surgical charges by state vary less than hospital board and room charges by state. Thus a tabulation by state of hospital board and room charges under John Hancock Group Hospital Expense claims for the first six months of 1958 shows a standard deviation of 18.6% compared with 13.6% for Table M.

Significantly the standard deviation for our area classifications applicable to group major medical expense plans and with the same weighting by state as the hospital and surgical charges is only 7.5%. Our calculations show that, depending on what geographical variation is assumed in medical charges other than for surgery and in-hospital charges for special services, area classification factors should show standard deviations ranging between 10% and 15%, or between one and one-half and two times the

variation actually recognized. These considerations suggest that it may be necessary for companies which have not already done so to introduce wider geographical variations into major medical rates than has been the case in the past.

We have also attempted to measure the degree of correlation between charges, state by state, for hospital board and room, for surgery, for all medical care and for major medical expense insurance. The results are rather interesting:

| Charges Correlated | Correlation Coefficient ($r$) |
|---|---|
| Hospital Room and Board, Surgery | .72 |
| Hospital Room and Board, Major Medical rates | .92 |
| Surgery, Major Medical rates | .75 |
| All Medical Care, Major Medical rates | .90–.93 |

The correlation with major medical rates is surprisingly good in view of the difference between actual and statistically desirable area classification factors. The significance is that hospital board and room charges which are readily available can apparently be used as a criterion for periodic revisions of major medical area classification factors. On the other hand, surgical charges by themselves would not be particularly suitable for this purpose.

C. GILBERT NOREN:

The 1957 Study is a valuable addition to the portfolio of current Group Accident and Health statistics, for which Mr. Miller and his committee are to be commended. There is one area, however, which causes us some concern.

The multiple procedure rule at the beginning of the Schedule of Relative Values is far tighter than the one now commonly in use. Currently payments are restricted for multiple surgery "performed through the same abdominal incision." The proposed rule which involves consideration of operative field and surgical approach will require greater technical knowledge on the part of claims personnel. A substantial amount of training and use of higher paid clerks may be necessary to successfully administer it.

The savings in claim dollars intended by the proposed new rule have, to a large extent, already been achieved by including in the schedule itself many of the common combinations of multiple operations. By adding to the schedule a few more high-frequency multiple procedures, practically all of the savings could be so achieved. With such additions, we believe it would be better to stick with the present "same abdominal incision" multiple procedures rule.

HERBERT J. STARK:

Mr. M. D. Miller ably presents the results of the 1957 Study. In particular, the Society owes him a debt for the care and patience which went into the preparation of the 1957 Schedule of Relative Values of Surgical Procedures.

One minor comment, which I think should nevertheless be placed upon the record, is that whereas Mr. Miller states that group surgical expense insurance for employees and their dependents underwritten by insurance companies was first introduced about 1936, the Metropolitan Life Insurance Company made group surgical expense insurance available to its own employees as early as 1928—before the initiation of the first Blue Shield plan. Coverage was extended to dependents of Metropolitan employees in 1939.

It is not clear from Mr. Miller's paper whether the large sample of claims studied all relate to a more or less uniform group surgical schedule or, if different schedules are included, what benefits the average schedule would provide. Without this information, it is difficult to interpret Mr. Miller's Table I, in particular, which shows the ratio of total reimbursement to total surgical charges. I hope that Mr. Miller will enlighten us further in this connection.

One interesting aspect of the study which is not stressed in Mr. Miller's paper arises from the fact that the sample of surgical claims used is sufficiently large to be taken as giving a general picture of the utilization of surgical procedures in the United States and Canada during the period covered by the study.

Table Q of the paper shows in great detail what operations were performed and what the average level of charges for each of the procedures was at that time. The detail shown tends, however, to be overwhelming.

With this in mind, I thought it would be worth while to prepare, from Table Q, a short table in which the sample of operations would be classified by degree of "severity," taking as a measure of severity the average surgical charge for each procedure. To avoid confusion, only the single procedure claims in Table Q were used and the obstetrical claims were omitted. Accordingly, the table covers some 111,000 claims for which the doctors' charges aggregated nearly $7\frac{1}{2}$ million.

It should be noted that the table is quite different from one which would be prepared by classifying all of the claims according to the doctor's charge for that particular case. Such a table could, of course, be prepared, but the dispersion of the doctors' charges for each particular procedure, as revealed by Mr. Miller's Table L, would tend to mask some of the interesting features shown by the severity table.

The severity table enables the total volume of surgery performed to be broken down into severe surgery and minor surgery and shows the proportion of the charges and of the number of claims falling into each category. If preferred, the claims could be classified in more than two categories—say, severe, moderately severe, and minor. Since the dividing points, for such classifications as these, are determined by the particular interests and the subjective approach of the individual making the classification, I have not attempted to present such a classification but have allowed the table to speak for itself.

SURGICAL OPERATIONS BY DEGREE OF SEVERITY*

| Procedures with Average Surgical Charges as Follows | Number of Procedures | Percentage of Total Number of Procedures | Number of Claims | Percentage of Total Claims | Amount of Doctors' Charges | Percentage of Total Charges |
|---|---|---|---|---|---|---|
| $ 20 and under | 25 | 4.8% | 24,556 | 22.1% | $ 393,031 | 5.3% |
| 21-$25 | 20 | 3.8 | 14,342 | 12.9 | 328,037 | 4.4 |
| 26- 30 | 28 | 5.4 | 6,915 | 6.2 | 200,901 | 2.7 |
| 31- 40 | 38 | 7.3 | 5,880 | 5.3 | 210,764 | 2.8 |
| 41- 50 | 39 | 7.5 | 3,753 | 3.4 | 165,332 | 2.2 |
| 51- 75 | 63 | 12.1 | 29,206 | 26.2 | 1,588,872 | 22.7 |
| 76-100 | 61 | 11.7 | 2,849 | 2.6 | 248,957 | 3.3 |
| 101-150 | 78 | 14.8 | 13,139 | 11.8 | 1,775,638 | 23.8 |
| 151-200 | 65 | 12.5 | 3,114 | 2.8 | 552,448 | 7.4 |
| 201-300 | 70 | 13.4 | 6,294 | 5.7 | 1,506,325 | 20.2 |
| 301 and over | 35 | 6.7 | 1,114 | 1.0 | 390,535 | 5.2 |
| Totals | 522 | 100.0% | 111,162 | 100.0% | $7,460,840 | 100.0% |

* Severity measured by average charge shown in Table Q of 1957 Study of Group Surgical Expense Insurance Claims; Multiple Procedures and Obstetrical Surgery excluded.

Nevertheless, it is a striking fact that whereas half the claims were based on procedures for which the average charge was less than $50, these include only 17% of the total charges. Presumably these procedures represented a still lower percentage of the total income of those doctors specializing in surgery, since many of these less costly procedures are performed by general practitioners or, as indicated by Mr. Miller's paper, in a hospital's out-patient department.

The table also reveals a remarkable degree of "heaping up" of the surgeon's income for procedures with certain levels of average charge due to the prevalence of particular operations which fall in those average charge levels. In particular, average charges in the range from $51 to $75 account for 26.2% of the total claims and 22.7% of the total surgical charges. This is partly accounted for by the frequency of tonsillectomies, which alone continue to account for 10% of the total single procedure surgical charges.

It may be noted, however, that there would still be a "heaping up" at this point if tonsillectomies were excluded.

Similarly, the procedures for which the average charges were in the range from $101 to $150 account for 11.8% of the total claims and 23.8% of the total surgical charges. In this category fall such frequent operations as appendectomies, the principal class of herniotomies, and the principal class of hemorrhoidectomies. Appendectomies, like tonsillectomies, account for about 10% of the total of surgical charges here considered.

Finally, there is another "heaping up" in the range of average charges from $201 to $300. These include 5.7% of the total claims and 20.2% of the total charges. Included are such comparatively frequent operations as cholecystectomies and hysterectomies.

The three ranges noted above include two-thirds of all the surgical charges in the table; the eight remaining ranges thus cover the remaining one-third of the charges.

Of interest is the fact that the most serious group of operations—those for which the average surgical charges exceeded $300—account in this study for only 5.2% of the surgeons' income and 1% of the number of claims.

There have been included in the table the number of procedures in each range of average charges and the percentage each forms of the total of 522 procedures which were performed one or more times in the study sample. The number of procedures tends to rise as severity increases; this reflects not only the greater complexity of major surgery, but the tendency toward more detailed coding classifications for the more serious operations.

This table may have value in giving some indication of the extent to which the amount of surgical reimbursement would be reduced by a deductible, or by the combined effect of a deductible and coinsurance, whether treated as a separate coverage or included as one part of a major medical plan. For this purpose, it should be considered in conjunction with Mr. Miller's Tables F, G and K which show the extent to which certain surgical procedures are performed otherwise than as a hospital bed-patient and the relationship between charges for such surgery and for surgery performed on hospital bed-patients. It may be assumed that if the operation is performed either in the out-patient department or out-of-hospital, it is likely that any nonsurgical medical expenses associated with the condition are small. It is also likely that the amount of medical expense for that individual which is not associated with this particular operation, but which falls within the claim period of the plan, does not exceed that for the average of the persons covered under the plan.

JAMES B. ROSS:

In the Appendix to the 1957 Study of Group Surgical Expense Insurance Claims Mr. Miller states: "If surgical expense insurance is to be fully effective, it should provide reimbursement for the different kinds of operations reasonably proportionate to the fees which surgeons may be expected to charge." This statement makes such common sense that it is easy to overlook the fact that such a "proportionate" schedule is somewhat arbitrary, and further that "the fees which surgeons may be expected to charge," while obviously incapable of precise prediction, can be approximated in several widely different ways.

Proportionate reimbursement across the entire range of surgical procedures has both an equitable and a mathematical appeal. This principle has been at the root of almost all formal surgical schedules devised in the past; their deviations from each other reflected the differences in opinion of the schedule drafters as to the probable relative level of surgeons' fees by procedure. In the development of comprehensive medical insurance we have seen a surgical benefit component which, while not employing a rigid schedule of reimbursements by procedure, uses a "universal formula" consisting of a deductible and a coinsurance percentage. This form of surgical coverage does not produce reimbursement which is "reasonably proportionate" to probable fees, especially if the surgical deductible is of any size. Particularly striking, of course, is the fact that no reimbursement may be payable at all for the simpler procedures excluded in whole or part by the deductible. Practically speaking, it is perfectly possible to write and administer schedules which are poorly designed with respect to the probable charges by procedure or even which bear no relation at all to such probable charges. We are all familiar with instances in which changing medical practice has rendered obsolete schedules of benefits considered most appropriate at the time they were written.

Given that the objective of proportionately covering charges for all kinds of operations is desirable, there remains a genuine question as to the best method of constructing a schedule of relative values which will achieve this goal. Mr. Miller has elected to employ claim data covering group surgical claims incurred in calendar year 1955. This material was analyzed by procedure and the average charge by the physician calculated for each. From the resulting array of average charges, supplemented to a generous extent by reference to other schedules, a complete set of relative values for the range of operations was constructed.

This approach is a retrospective one, and leans rather heavily on the thesis that medical practice, while acknowledgedly changing, is not chang-

ing so rapidly as to vitiate the usefulness of the material during the period from one intercompany investigation to the next. Further implicit in the choice of these data as a source for constructing a relative value scale is the hope that the underlying material was not markedly biased by the existence of the surgical schedules in force with respect to the claims from which the study was made. It is not likely, for example, that a particularly poor or ill-fitting schedule will materially alter the relative frequencies themselves; however, such a schedule may have a definitely deleterious effect upon the average charge for the various procedures. A certain amount of distortion is thus automatically introduced into the study's basic materials because of the insured schedules which give rise to the data.

It is possible to construct scales of relative values in ways other than by the analysis of large volumes of material accumulated under the actual operation of insured surgical schedules. The perfectly ingenuous approach of polling a large block of doctors for the express purpose of obtaining their views as to what reasonable relative values might actually be is an approach which has been carried to fruition by the California Medical Association. Here the basic data were a large number of participating physicians' opinions as to the relative values of various operations. Bias due to the constraints of insurance schedules was not present, although bias could be present where all physicians are not fully acquainted with the intricacies of some of the specialty operations carried on the surgical schedule, or where it appears to be to the long-run pecuniary advantage of the specialist to magnify values in his area. This approach has the decided advantage that if unanimity of professional medical opinion can be secured there exists the pre-sale assurance that the schedule will perform equitably with respect to charges as far as the doctors are concerned. If that is the case it is likely that employer and employee satisfaction will follow in the wake of surgical schedules placed at an adequate reimbursement level.

Aside from the matter of relative value schedules, actuaries are indebted to Mr. Miller for his role in assembling an up-to-date tool which permits placing a consistent price upon any surgical schedule. The tabulations of relative frequencies of surgical procedures show marked differences from those included in the last previous Intercompany Surgical Study (1947), and no doubt will produce substantial shifts in the pure premium rates for the standard schedules now commonly offered.

WILLIAM CUNNINGHAM:

Companies which do not participate in the intercompany morbidity studies are indebted to those companies which do contribute. The tables

contained in Mr. Miller's paper will be of invaluable aid to actuaries of all companies. It is unfortunate that this type of study and others of a similar nature are not made more frequently. I feel that Mr. Miller should not have continued his paper by the inclusion of the Appendix on relative values and it is clear that the Appendix was not unanimously supported by the members of the Group Morbidity Committee. My purpose in discussing Mr. Miller's paper is to point out certain pitfalls in usage that any company may make of appendix Exhibit II with regard to the following areas:

Relationship with medical profession
The development of a relative value schedule by actuaries
Coding nomenclature
Geographical costs
Age and income variations
Fees for assistants and anesthesiologists
Charges made by the medical profession for other than surgery.

*Relationship with the Medical Profession*

The medical profession is very jealous, and rightly so, of any interference by a third party in the patient-doctor relationship. Responsible bodies in the medical profession know that they have "dirty linen" which needs to be cleaned and accept this to be their responsibility alone. The insurance industry has done a poor job in cooperating and developing a mutual understanding of joint problems with the medical profession in the past. Although some efforts have been and are being made in this direction today, we are not doing all that should be done and I feel that Mr. Miller's relative values will be construed as another example of interference rather than cooperation. The following quotation is from the Foreword of the second edition of the *Relative Value Study* adopted by the California Medical Association:

> The medical profession, having personal knowledge of the relative values of the procedures utilized in the practice of medicine and surgery, and in fact having exclusive knowledge of these procedures, is in the unique position of being the only group able to determine the relation of one procedure to another. This imposes upon medicine the duty to ascertain such relativity and inform the public as a whole.

Pacific Mutual is in complete agreement with the above quotation and it was mainly for this reason that we adopted the California Relative Value Schedule not only as the schedule in our basic medical plans but also in our comprehensive medical policy. We have contacted various medical associations at the county level and asked them to set the dollar value per unit that was reasonable for their area. We were hopeful and, I

might add, still retain hope that this contact work could be approached on an industry basis. Up to this moment we have had very little support. We feel that the beneficial results would have been substantial had this development work been conducted by the industry at large based upon the successful results we have achieved in California, Arizona and elsewhere.

*The Development of a Relative Value Schedule by Actuaries*

When the 1947 Surgical Study was completed there was no interest on the part of the medical profession to establish a fee schedule and it was only logical that the insurance companies develop schedules based upon information then available. Thus the old $200 and $300 Surgical Schedules served a very worth-while purpose. The following quotations are again from the California Medical Association Relative Value Schedule:

> The profession has pointed out irregularities and inadequacies in every fee schedule yet produced. In the absence of standards, confusion, disappointment with health insurance and economic injustice for physician, for the insured, the patient or for the insurance company have been the rule.
>
> Now that standards of nomenclature and relative values have been officially adopted by the profession in California, we hope for and urge their early use by everyone concerned with setting up fee schedules and health insurance indemnities, by everyone who buys, sells or administers health insurance or who controls other private and public plans and mechanisms through which money is paid for the services of doctors of medicine.

The surgical section of the California Relative Value Schedule contains a maximum range, except for certain procedures involving time and procedure reports, of 100 units, whereas Mr. Miller's Schedule has a maximum range of 30 units. If the two schedules were similar, it is apparent that the California unit value would be $3\frac{1}{3}$ times that produced by Mr. Miller's unit value. Although the relationship between the majority of procedures is approximately 3 to 1, many of them vary from 2 to 1 up to 5 to 1. It is obvious that the medical profession will be critical and not accept a relative value schedule such as suggested by Mr. Miller.

It is my feeling that much more could be accomplished if the insurance industry would encourage the medical profession at either a local or state or a national level, preferably the latter, to devise relative value schedules and, if necessary, offer to assist with the statistical work involved.

*Coding Nomenclature*

It would be very beneficial if all fee schedules would adopt a standard nomenclature and code system and I know that at the present time such

progressive steps have been suggested. It should be the responsibility of the medical profession to suggest such a common system. Both California and Michigan Medical Associations are apparently using the same coding system and yet we in the insurance industry have not as yet seen fit to accept this system.

*Geographical Costs*

There is a wide variation in charges by geographical area, although I am not sure that there is or should be any variation in the relative value between procedures. The basis of charges for determining the Actuaries' Relative Value Schedule was from claims paid on the old $200 and $300 Surgical Schedules. It must be recognized that these old schedules did not consider geographic differences and I have no doubt that the fees charged by the medical profession were not based on what they might normally charge but rather on the amount the patient was allowed by his medical insurance. I believe, therefore, that the use of these charges results in statistics of questionable value. From our experience, we know that some doctors vary the description of the procedure slightly in order to qualify the patient for a higher amount of reimbursement from his insurance coverage. For these reasons, if for no other reasons, I question the actuarial soundness of the Relative Value Schedule proposed by Mr. Miller.

*Age and Income Variations*

It has been the standard practice by the medical profession to vary their fee by the level of the income of the patient, and from other statistics we know that income and health insurance both play an important part in the level of medical services sought by the patient. Generally, income increases by age; thus we may expect that an older patient will be charged more than a younger patient for the same surgical procedure. Other procedures are more common, either at the older or younger ages, and again the charge made by the attending surgeon will vary for the same reason. It appears questionable to use a group of disssimilar claims for statistical study and interpret the results that come forth as being homogeneous.

*Fees for Assistants and Anesthesiologists*

Fee charges made by assistants and anesthesiologists are an integral part of medical services and, from an insurance company's viewpoint, very important in determining the extent or amount of major medical or comprehensive medical claims. In our old base medical plans we did not recognize assistants' fees unless the charge made by the attending surgeon was less than our scheduled allowance or the charges made by anesthesiologists were included in the special services section of our hospital

benefits. Our statistics in these two areas are thus vague and insignificant and we must look to the medical profession for standards. Any relative value schedule that does not include these two integral components is of limited value to an insurance company in determining reasonable medical charges.

*Charges Made by the Medical Profession for Other Than Surgery*

The same arguments as used in the foregoing paragraph are applicable.

(AUTHOR'S REVIEW OF DISCUSSION)

MORTON D. MILLER:

Mr. Pettengill has done us all a splendid service by providing an abbreviated schedule in connection with the 1957 Schedule of Relative Values of Surgical Procedures. One of the principal aims in preparing appendix Exhibit II was to make available a schedule based on the data in the study that might be used by all who wish to do so, and thereby in the interests of the public and the medical profession secure some uniformity in the schedules offered by the companies. For those who use the 1957 Schedule, Mr. Pettengill's addendum should be very helpful in furthering this desirable goal in connection with the descriptions of the Schedule in policy contracts, individual certificates, employee announcement booklets, proposals, and other material.

Mr. Weaver demonstrates the lesser variation by geographic area in surgical charges as compared with hospital charges very neatly. The importance of there being a high correlation between hospital room and board charges and major medical expense insurance premiums, as also shown by him, is supported by the fact that about half of the major medical expense claim dollar is accounted for by hospital charges as against 20% to 25% for surgical charges.

I am sorry that the rule governing multiple procedures does not seem to be as workable as Mr. Noren would like to see it. The points that he raised were fully considered in the preparation of the 1957 Schedule and it was felt that the Schedule, together with the stated rule, did a pretty good job. Unfortunately, the 1957 Schedule, as will any schedule, represents a compromise of different points of view in a number of areas and will not satisfy everybody one hundred percent. I hope that those who use it will bear this in mind and, again in the interest of uniformity, do so with as little change as possible.

Mr. Stark asks whether all the claims in the study related to a more or less uniform group surgical schedule. A large proportion of the claims arose under the 1947 Relative Value Schedule, which has a range of from

10 to 200 units, although a significant proportion were on other surgical schedules, principally the one with a range of from 10 to 150 units commonly used by companies before the development of the 1947 Schedule. The unit values associated with these schedules varied from $1.00 to $2.00 per unit.

We have made an analysis of the data and find that the benefits paid on the average correspond to those which would arise under the 1947 Relative Value Schedule with a value of $1.20 for each unit—in other words, with a range of reimbursement from $12 to $240. The average nonobstetrical benefit paid per claim works out to be about $54 and the average obstetrical benefit $63.

The table of operations by degree of severity developed by Mr. Stark is extremely interesting in bringing out both the large proportion of minor surgical procedures and the heaping of procedures at other points. Based on Mr. Stark's table, we have estimated the value of several different deductible amounts in relation to the surgeons' charges reported, without consideration of any other charges that might have been incurred in connection with the surgery. Deducting up to $20 of the charge for each claim eliminates about 28.5% of the total surgical charges. For deductibles of $25, $40, and $50, the percentages of total surgical charges eliminated are 33.9%, 47.1%, and 54.7%, respectively.

Mr. Cunningham has not brought out the tremendous activity by the industry through the Health Insurance Council in seeking the cooperative understanding of voluntary health insurance on the part of doctors and hospitals and the other health care professions, and in attempting to meet the problems that these professions have found arising from the extraordinary growth of health insurance in the last 20 years. Only recently the Health Insurance Council greatly expanded its efforts by the establishment of Health Insurance Council committees in each state to meet with doctors and hospitals locally. The California Medical Association took a big forward step in developing their Relative Value Schedule. There is no thought in this paper of discouraging medical associations in other areas from adopting the California Schedule, or indeed from setting up a schedule that would apply nationwide. No attempt was made in the paper to develop relative values for surgical assistants, anesthesiologists, or medical services other than in connection with surgery, which were referred to by Mr. Cunningham, since there were no data available in connection with charges for such services.

I agree with Mr. Ross that the principle of proportionality of reimbursement for different types of surgical procedures has no bearing under

the comprehensive major medical type plan. It is only where the surgical benefits are being provided in accordance with the usual schedule that it is important.

The use of data such as we have in this study to assist in the development of a schedule of relative values is, of course, not the only way in which a schedule can be devised. Workmen's Compensation schedules and many of the earlier insurance surgical schedules were developed on a judgmental basis by securing the opinions of physicians as to what relative values should be. Sometimes this is done by a small committee of physicians and others, or the technique can be extended, as in California, to get a broader sampling of physician opinion by specific inquiry of many doctors. Even for the latter method, someone has to put the results together in a consistent pattern and fill in appropriate values for procedures not specifically covered in the sampling. In any event, the end result is the product of the substantial application of judgment and must be regarded as a practical document. Whether this other approach is a better way to develop the numbers in a relative value schedule than that which we have used, in fact whether it is really a different method, is a moot question. The advantage of having a schedule produced by the physicians and adopted by the medical association lies in the greater acceptability that the resultant schedule may achieve if their widespread support is thereby secured.

TABLE R

COST OF THE 1957 SCHEDULE OF RELATIVE VALUES, USING A MULTIPLE OF 10, AS A PERCENTAGE OF THE COST OF THE 1947 SCHEDULE WITH A MAXIMUM UNIT VALUE OF 200 FOR NONOBSTETRICAL PROCEDURES

| | |
|---|---|
| Male Employee | 132.0% |
| Female Employee | 129.6 |
| Total Employees | 131.2% |
| Wife | 127.4% |
| Child | 129.3 |
| Total Dependents | 128.2% |
| Grand Total | 129.4% |

I am taking the liberty of furnishing an additional table, Table R, which compares the cost of the 1957 Schedule of Relative Values with the 1947 Schedule for nonobstetrical procedures. The unit values in the

1957 Schedule were multiplied by 10, producing a maximum of 300 units, while the 1947 Schedule with 200 units as a maximum was used in the comparison. The relative frequencies included in Table P were utilized. No comparison was made for husbands because of the paucity of data. It is suggested that the relationship shown for male employees is probably the most appropriate.

I am most appreciative of the thoughtful discussions of the paper which these gentlemen have prepared and I feel that they have added a great deal to its value.