DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

Office of Inspector General

42 CFR Parts 409, 410, 411, 412, 413, 419, 489, 498, and 1003

[HCFA–1005–CN]

RIN 0938–A156

Medicare Program; Prospective Payment System for Hospital Outpatient Services; Correction

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Correction of proposed rule.

SUMMARY: This document corrects technical and typographic errors that appeared in the proposed rule published in the **Federal Register** on September 8, 1998 entitled ''Medicare Program; Prospective Payment System for Hospital Outpatient Services.

FOR FURTHER INFORMATION CONTACT:

Janet Wellham, (410) 786–4510 (for general information).

Kitty Ahern, (410) 786–4515 (for information related to the classification of services into ambulatory payment classification (APC) groups).

Suzanne Letsch (410) 786–4558 (for information related to volume control measures and updates).

Janet Samen (410) 789–9161 (for information on the application of APCs to community health centers).

SUPPLEMENTARY INFORMATION:

Background

In FR Doc. 98–23383 of September 8, 1998 (63 FR 47551), we published a proposed rule that reflected a number of technical errors, resulting in inconsistencies between the proposed policies and the associated numerical values. Specifically, the numerical values in the proposed rule reflected incorrect data and data programming. This document sets forth corrected numerical values.

The problems in the data and data programming are a direct result of the frequent modifications to our databases during the initial development of the model prospective payment system and the changes we made during the development of the proposed rule to reflect the final legislative provision enacted on August 5, 1997 in the Balanced Budget Act of 1997 (BBA 1997), Public Law 105–33. We have corrected our databases and our data programming, and this document corrects the numerical values published in the September 8, 1998 proposed rule. Correcting the data errors does not mean that the proposed policies themselves need to be revised. Correcting the data changes the impacts of the proposed policies to a very limited extent, but this document does not revise any of the policies reflected in the September 8, 1998 proposed rule.

Accordingly, we have recalculated the current payment, total services (total units) and corrected relative weights, proposed payment rates, national unadjusted coinsurance, minimum unadjusted coinsurance, and service-mix index that were published on September 8, 1998.

The service-mix indices previously published in the proposed rule are significantly different from the service-mix index published in this correction notice (in Addendum I) because the ambulatory payment classification (APC) relative weights used to calculate the service mix published in the proposed rule were scaled using a factor ''for a high-level clinic visit for cardiovascular services (that is, APC 91356) rather than a mid-level clinic visit for cardiovascular services, identified as APC 91336.'' In addition, the service-mix index published in this correction notice incorporates the discount policy applied to multiple surgeries. However, the relative differences among hospitals did not change substantially between the proposed and corrected service-mix indices.

These data corrections required that we also correct our simulations of current payment, costs, and total units, leading to slight differences from the September 8, 1998 published version. Fully modeling proposed payment after accounting for data corrections, we calculated a new calendar year (CY) 1996 conversion factor of $46.87, which is slightly higher than the published CY 1996 conversion factor of $46.32. In addition to the data corrections mentioned above, we also made a correction in the computation of the conversion factor to appropriately account for wage index adjustments in proposed payments. The adjusted CY 1999 conversion factor is $51.42.

Corrected simulations of costs and total units impacted the results of the regression analyses that we use in conjunction with payment simulations to determine whether the payment system should include adjustments for specific classes of hospitals. However, the results do not change our conclusion hat no adjustments be proposed at this time.

These corrections require revisions to the impact tables and they also affect entries contained in Addendum A, Addendum B, Addendum C, Addendum D, and Addendum G. Addendum J, Addendum K, and Addendum L are revised to reflect the correct version of the wage index. Because of the many corrections to these ''materials, we are reprinting portions of the impact analysis and the entire impact tables and agenda, below, in this notice.

The September 8, 1998 proposed rule also contained other technical and typographic errors. Errors related to the incorrect assignment of status indicators to certain CPT codes listed in Addendum B are corrected and reflected in the revised Addendum B printed in full below.

In FR Doc. 98–23383 of September 8, 1998, make the following corrections to the preamble, regulations text and addenda:

Correction of Errors in the Preamble

1. On pages 47564 through 47565, the table titled ''Packaged Services by Revenue Center'' is corrected to read as follows:

PACKAGED SERVICES BY REVENUE CENTER

SURGERY	
250	PHARMACY
251	GENERIC
252	NONGENERIC
257	NONPRESCRIPTION DRUGS
258	IV SOLUTIONS
259	OTHER PHARMACY
270	M&S SUPPLIES
271	NONSTERILE SUPPLIES
272	STERILE SUPPLIES
276	INTRAOCULAR LENS
279	OTHER M&S SUPPLIES
370	ANESTHESIA
379	OTHER ANESTHESIA
380	BLOOD, GENERAL CLASS
381	PACKED RED CELLS
382	WHOLE BLOOD
383	PLASMA
384	PLATELETS
385	LEUCOCYTES
386	OTHER COMPONENTS
387	OTHER DERIVATIVES
389	OTHER BLOOD
390	BLOOD STORAGE AND PROCESSING
391	BLOOD ADMINISTRATION
399	OTHER BLOOD PROC/STORAGE
700	CAST ROOM
709	OTHER CAST ROOM
710	RECOVERY ROOM
719	OTHER RECOVERY ROOM
720	LABOR ROOM
721	LABOR
723	CIRCUMCISION
762	OBSERVATION ROOM
810	ORGAN ACQUISITION

PACKAGED SERVICES BY REVENUE CENTER—Continued

819	OTHER ORGAN ACQUISITION
890	OTHER DONOR BANK
891	BONE
892	ORGAN
893	SKIN
899	OTHER DONOR BANK, OTHER

MEDICAL VISIT

250	PHARMACY
251	GENERIC
252	NONGENERIC
257	NONPRESCRIPTION DRUGS
258	IV SOLUTIONS
259	OTHER PHARMACY
270	M&S SUPPLIES
271	NONSTERILE SUPPLIES
272	STERILE SUPPLIES
279	OTHER M&S SUPPLIES
380	BLOOD, GENERAL CLASS
381	PACKED RED CELLS
382	WHOLE BLOOD
383	PLASMA
384	PLATELETS
385	LEUCOCYTES
386	OTHER COMPONENTS
387	OTHER DERIVATIVES
389	OTHER BLOOD
390	BLOOD STORAGE AND PROCESSING
391	BLOOD ADMINISTRATION
399	OTHER BLOOD PROC/STORAGE
700	CAST ROOM
709	OTHER CAST ROOM
762	OBSERVATION ROOM

OTHER DIAGNOSTIC (BLENDED SERVICES)

254	PHARMACY INCIDENT TO OTHER DIAGNOSTIC
372	ANESTHESIA INCIDENT TO OTHER DIAGNOSTIC
380	BLOOD, GENERAL CLASS
381	PACKED RED CELLS
382	WHOLE BLOOD
383	PLASMA
384	PLATELETS
385	LEUCOCYTES
386	OTHER COMPONENTS
397	OTHER DERIVATIVES
389	OTHER BLOOD
390	BLOOD STORAGE AND PROCESSING
391	BLOOD ADMINISTRATION
399	OTHER BLOOD PROC/STORAGE
622	SUPPLIES INCIDENT TO OTHER DIAGNOSTIC
710	RECOVERY ROOM
719	OTHER RECOVERY ROOM
762	OBSERVATION ROOM

RADIOLOGY

255	PHARMACY INCIDENT TO RADIOLOGY
371	ANESTHESIA INCIDENT TO RADIOLOGY
380	BLOOD, GENERAL CLASS
381	PACKED RED CELLS
382	WHOLE BLOOD

PACKAGED SERVICES BY REVENUE CENTER—Continued

383	PLASMA
384	PLATELETS
385	LEUCOCYTES
386	OTHER COMPONENTS
387	OTHER DERIVATIVES
389	OTHER BLOOD
390	BLOOD STORAGE AND PROCESSING
391	BLOOD ADMINISTRATION
399	OTHER BLOOD PROC/STORAGE
621	SUPPLIES INCIDENT TO RADIOLOGY
710	RECOVERY ROOM
719	OTHER RECOVERY ROOM
762	OBSERVATION ROOM

ALL OTHER APC GROUPS

250	PHARMACY
251	GENERIC
252	NONGENERIC
257	NONPRESCRIPTION DRUGS
258	IV SOLUTIONS
259	OTHER PHARMACY
270	M&S SUPPLIES
271	NONSTERILE SUPPLIES
272	STERILE SUPPLIES
279	OTHER M&S SUPPLIES
380	BLOOD, GENERAL CLASS
381	PACKED RED CELLS
382	WHOLE BLOOD
383	PLASMA
384	PLATELETS
385	LEUCOCYTES
386	OTHER COMPONENTS
387	OTHER DERIVATIVES
389	OTHER BLOOD
390	BLOOD STORAGE AND PROCESSING
391	BLOOD ADMINISTRATION
399	OTHER BLOOD PROC/STORAGE
762	OBSERVATION ROOM

2. On page 47568, column two, line 16, the figure ''$208.25'' is corrected to read ''$206.71''.

3. On page 47572, column one, last paragraph, the date and **Federal Register** citation are corrected to read as follows: August 29, 1997 (62 FR 45984).

4. On page 47573, column three, line nine, ''$46.32'' is corrected to read ''$46.87''.

5. On page 47573, column three, line 12, ''1.0939'' is corrected to read ''1.097''.

6. On page 47573, column three, line 24, the text beginning with the sentence ''In estimating the update factor, HCFA's Office of the Actuary assumed * * *'' through the phrase ending ''Medicare absorbing this impact'' in line 44 is removed.

7. On page 47573, column three, line 46, ''$50.67'' is corrected to read ''$51.42''.

8. On page 47574, column two, in section 2(a)(ii), line four, ''29.2'' is corrected to read ''13.0''.

9. On page 47576, column two, line 26, ''1999'' is corrected to read ''1998''.

10. On page 47576, column two, line 28, the **Federal Register** title, date, and citation are corrected to read as follows: ''Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 1998 Rates (BPD–878–FC) published in the **Federal Register** on August 29, 1997 (62 FR 45995)''.

11. On page 47577, column one, paragraph two, line 39, ''1996'' is corrected to read ''1998''.

12. On page 47577, column two, last paragraph, line nine, ''$105'' is corrected to read ''$120''.

13. On page 47578, column two, second full paragraph, line four, the following new sentence is added to read as follows: ''The edits referred to in this section were not used in the development of the weights or the impact analysis described in this proposed rule.''

14. On page 47580, column one, First line, the words ''level 1'' are added after the words ''hospitals with'' and before the word ''trauma''.

15. On page 47580, column one, line two, the sentence beginning ''These costs were * * *'' is removed and is replaced with the following: ''These costs were 200 percent or more higher than the average cost per unit for all hospitals.''

16. On page 47580, column one, last paragraph, line one, ''83'' is corrected to read ''96''.

17. On page 47580, column one, last paragraph, line three, ''51'' is corrected to read ''46''.

18. On page 47580, column one, last paragraph, line six, ''32'' is corrected to read ''50''.

19. On page 47580, column two, line five, ''5,419'' is corrected to read ''5,335''.

20. On page 47580, column two, second full paragraph, line 14, the words ''level 1'' are added before the words ''trauma unit''.

21. On page 47580, column two, last paragraph, line four, the sentence beginning ''We also calculated * * *'' is removed and is replaced with the following: ''This service mix is ''discounted'' to reflect the reduced weight for additional surgical procedures performed at the same time, which is consistent with the proposed payment system.''

22. On page 47580, column two, last paragraph, line 10, the sentence beginning ''The national average * * *'' is removed and is replaced with the following: ''The national average service mix discounted for multiple procedures is 2.05.''

23. On page 47580, column two, last paragraph, last line, remove text from the sentence beginning ''The differences between * * *'' through line seven in column three.

24. On page 47580, column three, first full paragraph, line 13, ''0.68'' is corrected to read ''0.76''.

25. On page 47580, column three, first full paragraph, line 17, ''6.8 percent'' is corrected to read ''7.6 percent''.

26. On page 47580, column three, paragraph two, line 25, ''7.5 percent'' is corrected to read ''8.9 percent''.

27. On page 47580, column three, the third full paragraph through page 47581, column one, line 10, is removed and is replaced with the following: ''While the regression analysis shows less than a proportional relationship between the service mix and the cost per unit, the difference is relatively small. The coefficient of service mix ranged from 0.76 to 0.92 over the regression models we examined. We will continue to monitor the method of basing payments on median APC costs to ascertain whether it is representative of both high-weighted and low-weighted procedures.''

28. On page 47581, column one, first full paragraph, line nine, ''0.51 to 0.68'' is corrected to read ''0.40 to 0.58.''

29. On page 47581, column one, first full paragraph, lines 10 to 11, ''50 and 70 percent.'' is corrected to read ''40 and 60 percent.''

30. On page 47581, column one, first full paragraph, line 29, the sentence beginning ''The explanatory regression * * *'' is removed.

31. On page 47581, column two, first full paragraph, line 10, the word ''not'' is added before ''significant''.

32. On page 47581, column two, first full paragraph, line 13, ''4.5 percent [calculated ($e^{DSHP*0.11} - 1$)*100]'' is corrected read ''1.6 percent [calculated ($e^{DSHP*0.04} - 1$)*100]''.

33. On page 47581, column two, first full paragraph, line 16, the text beginning with ''Teaching intensity * * *'' through line 21 ending with ''services.'' is removed and is replaced with the following: ''The extremely small percentage difference in costs reflects the lack of significance observed for the disproportionate share variable. In most regression specifications, the teaching intensity variables were positive, significant ($p<0.05$), but small in magnitude.''

34. On page 47581, column two, last paragraph, line five, the text beginning with ''We determined * * *'' through line 23 in column three, is removed and is replaced with the following: ''The results of our threshold analysis of disproportionate share percentage reflected the lack of significance observed above. We could not identify a threshold at which hospitals with a disproportionate share of low-income patients evidenced higher standardized costs. The connection between disproportionate share and volume warrants further analysis. However, at this time, we cannot identify a threshold and, therefore, did not calculate a new disproportionate share variable. Positive and significant effects for the teaching variable do not occur for hospitals whose ratio of residents to inpatient and outpatient days is less than 0.28. We used these results to estimate a new ratio of residents to inpatient and outpatient ''days'' based on a 0.28 threshold. We subtracted this threshold from the original variable to create a new teaching variable. Subtracting The threshold removes the effect of values that are not significantly related to cost per unit and eliminates the sudden increase (notch effect) in the teaching variable at the threshold level. The new variable suggests that a hospital with a ratio of residents to inpatient and outpatient utilization 0.07 higher than the 0.28 threshold is approximately 1 percent more costly [calculated ($(1+IME)^{0.14} - 1$)*100].''

35. On page 47581, column three, first full paragraph, line eight, ''8 percent'' is corrected to read ''12 percent''.

36. On page 47581, column three, first full paragraph, line nine, ''other'' is added before ''urban''.

37. On page 47581, column three, second full paragraph, line two, ''(long-term care, children's, and psychiatric)'' is corrected to read ''(long-term care and children's)''.

38. On page 47581, column three, second full paragraph, line six, ''Cancer, children's and long-term care'' is removed and is replaced with ''These''.

39. On pages 47581 through 47582 and continued on page 47585, through line five of the first full paragraph in column two, the text in the section titled ''Estimated Payments'' is removed and is replaced with the following:

The appropriateness of potential payment adjustments must be based on both cost effects estimated by regression analysis and other factors including simulated payment impacts. We simulated the impact of the proposed system on hospitals by calculating the percentage difference between payments made under current law and payments under the proposed system (column 3). Section X. contains a more complete table that considers the impact of proposed payments on additional classes of hospitals, including TEFRA and cancer hospitals. Although Column 3 represents the net effect of the new PPS on hospitals, we though it was necessary to show the impacts on hospitals of simply changing the payment system without including the effects of the overall reduced payment to hospitals because the PPS system is not budget neutral to current payment. To reiterate, the conversion factor is set by summing Medicare payments under the current system and beneficiary copayment under the new system and dividing by the sum of the relative weights. Beneficiary copayments under the new system will reduce overall payments to most hospitals because 20 percent of the median group charges is less than 20 percent of actual charges. Therefore, we simulated the impacts as though the conversion factor were set as if the system were to be budget neutral. Column 4 demonstrates the distributional impacts resulting from implementing the new system after eliminating the overall reduction in payment most hospitals will experience due to the effect of the methodology used to set the conversion factor. We believe the column 4 percentage differences are what we should examine since any adjustment we would consider should correct for inequities caused by moving to a PPS (not the legislated reduction in total payment). Therefore, we based our decision about adjustments on these percentage differences rather than percentages combining the PPS and the overall reduction in coinsurance amounts required by law. We also estimated payment-to-cost ratios associated with the new payment methods and the percent change in total Medicare payments. All simulations used a labor share of 60 percent. The table below shows the results of two simulations. The first contains only the wage index adjustment to the APC rates. The second also includes the threshold adjustment for teaching intensity discussed above.

Based on our analyses, we are not proposing to make adjustments to the outpatient payment rates for disproportionate share patient percentage and teaching intensity and rural location for the following reasons.

1. Estimated effects of disproportionate share patient percentage on costs were small and most often not statistically significant.

2. After removing the copay effect, most teaching hospitals gain under the proposed system payments relative to current law. Although teaching hospitals with a large number of residents relative to outpatient and inpatient utilization demonstrate slightly higher costs, targeting these hospitals with a small adjustment does not greatly improve their payment

impacts. These impacts should also be evaluated in terms of the overall effect on Medicare payments because on average, outpatient services account for 10 percent of hospitals' Medicare payments. For example, the associated reduction of total Medicare payments for major teaching hospitals would be about 1 percent.

3. With the teaching adjustment we considered, estimated overall payment reductions for rural hospitals would be 7.9 percent under the proposed system, rather than 7.4 percent. These hospitals also receive a greater percent of their Medicare income (14.7 percent) from providing outpatient services. Similarly, payment reductions for low-volume rural hospitals would be 17.8 percent of current payments, rather than 17.4 percent, and these hospitals also earn a greater percentage of their Medicare income (18.4 percent) from providing outpatient services. Because of these potential shifts in payments, any adjustment should be based on stronger analytic results then those found with the current data.

4. We also believe the issue of payment adjustments should be reexamined using data from initial years of the implemented system because current cost calculations and relationships among key factors and costs probably are affected by variation in coding patterns.

5. HCFA is working towards standardizing payment across all sites of service. Fewer adjustments to the outpatient PPS would allow HCFA to move ahead more quickly with this approach.

6. We believe that we should monitor the impact of basing APC weight calculations on the median rather than the geometric mean because better correlation between costs and service mix would impact the size of adjustments.

Although the payment simulations show potentially large percentage losses and low payment-to-cost ratios for low-volume hospitals, we are not proposing an adjustment for volume. The low-volume hospitals get a much greater percent of their Medicare income from the provision of outpatient services than the average, and total Medicare payments would drop by 3.2 percent for rural low-volume hospitals and 1.7 percent for urban low-volume hospitals. Low-volume hospitals have higher than average standardized unit costs, which may be attributable to economies of scale, undercoding, or cost allocations to the outpatient departments that are not volume related. However, an adjustment to the rates based on volume alone might reward inefficiency and create adverse incentives such as a reduction in services in order to increase payment rates.

We are particularly concerned about the potential impact of the outpatient PPS on low-volume rural hospitals that are sole community hospitals or Medicare-dependent hospitals.

39a. On page 47585, column two, first full paragraph, line six, the sentence beginning ''Approximately 60 percent * * * is removed.

39b. On page 47585, the text in column three, first full paragraph, through the third full paragraph is removed and replaced with the following:

We also are not proposing adjustments for cancer or TEFRA hospitals at this time. We believe that claims from cancer and TEFRA hospitals have been undercoded, due to the lack of payment incentives for proper coding of these services under the current system. Further analysis will be conducted to determine if current coding practices explain the negative impact. If we determine that cancer hospitals would be unduly harmed because of the new outpatient PPS, we will consider whether an adjustment or perhaps a transition period is needed to moderate the impact. By statute, any adjustment would have to be budget neutral.

We do not believe that this action will restrict beneficiary access because other hospitals provide many of the same services provided at TEFRA hospitals. In addition, rehabilitation and long-term care hospitals are less dependent than other hospitals on Medicare outpatient revenues.

We are not proposing adjustments for any eye and ear hospitals because payment simulations demonstrated an increase in payments under the proposed PPS. We also are not proposing an adjustment for trauma hospitals because these hospitals did not demonstrate significantly higher costs and only lose a modest percentage of their total Medicare payments, 0.8 percent, compared to all hospitals. We will assess the need for additional adjustments and make any appropriate changes as data become available under the new system.''

40. On pages 47583 through 47584, the table ''Changes for 1999 Outpatient Prospective Payment System'' is retitled ''Changes for Outpatient Prospective Payment Systems'' and is corrected to read as follows:

CHANGES FOR OUTPATIENT PROSPECTIVE PAYMENT SYSTEM

			No teaching adjustment				Teaching adjustment			
	Number of hospitals	Outpatient percent	Percent change in Medicare outpatient payments	Copay Effect removed	Standardized payment to cost ratio	Percent change is total Medicare payments	Percent change in Medicare outpatient payments	Copay Effect removed	Standardized payment to cost ratio	Percent change in total Medicare payments
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
ALL HOSPITALS	5,335	9.9	−5.7	0.0	1.0000	−0.6	−5.7	0.0	1.0000	−0.6
NON-TEFRA HOSPITALS	4,818	10.0	−5.7	0.0	1.0001	−0.6	−5.7	0.0	1.0001	−0.6
NON-TEFRA HOSPITALS										
GEOGRAPHIC LOCATION:										
URBAN HOSPITALS	2,643	9.3	−5.3	0.4	1.0053	−0.5	−5.2	0.5	1.0065	−0.5
LARGE URBAN AREAS	1,492	9.1	−6.6	−0.9	0.9890	−0.6	−6.3	−0.6	0.9928	−0.6
OTHER URBAN AREAS	1,151	9.6	−3.5	2.4	1.0287	−0.3	−3.7	2.1	1.0262	−0.4
RURAL HOSPITALS	2,173	14.7	−7.4	−1.8	0.9784	−1.1	−7.9	−2.3	0.9734	−1.2
VOLUME (URBAN):										
0–4,999 UNITS	357	12.2	−13.6	−8.3	0.8493	−1.7	−13.9	−8.7	0.8458	−1.7
5,000–10, 999 UNITS	502	9.6	−6.6	−0.9	0.9577	−0.6	−7.0	−1.3	0.9535	−0.7
11,000–20,999 UNITS	597	9.0	−5.7	0.0	0.9839	−0.5	−6.1	−0.4	0.9802	−0.5
21,000–42,999 UNITS	756	8.8	−4.2	1.6	1.0202	−0.4	−4.4	1.4	1.0180	−0.4
43,000 OR MORE UNITS	431	9.7	−5.7	0.0	1.0133	−0.6	−5.1	0.7	1.0201	−0.5

CHANGES FOR OUTPATIENT PROSPECTIVE PAYMENT SYSTEM—Continued

	Number of hospitals	Outpatient percent	No teaching adjustment				Teaching adjustment			
			Percent change in Medicare outpatient payments	Copay Effect removed	Standardized payment to cost ratio	Percent change is total Medicare payments	Percent change in Medicare outpatient payments	Copay Effect removed	Standardized payment to cost ratio	Percent change in total Medicare payments
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
VOLUME (RURAL):										
0–4,999 UNITS	1,047	18.4	−17.4	−12.4	0.8216	−3.2	−17.8	−12.8	0.8170	−3.3
5,000–10,999 UNITS	601	15.3	−10.1	−4.6	0.9384	−1.5	−10.6	−5.2	0.9332	−1.6
11,000– 20,999 UNITS	333	13.7	−6.5	−0.8	0.9962	−0.9	−7.0	−1.4	0.9910	−1.0
21,000– 42,999 UNITS	170	13.5	−3.2	2.7	1.0435	−0.4	−3.7	2.2	1.0376	−0.5
43,000 OR MORE UNITS	22	13.3	−2.6	+3.3	1.0674	−0.3	−2.6	3.3	1.0677	−0.3
TEACHING STATUS:										
NON-TEACHING	3,814	11.2	−5.1	0.7	1.0029	−0.6	−5.6	0.1	0.9973	−0.6
FEWER THAN 100 RESIDENTS	758	9.1	−4.4	1.4	1.0256	−0.4	−4.9	0.9	1.0204	−0.4
100 OR MORE RESIDENTS	245	9.2	−10.6	−5.2	0.9414	−1.0	−7.9	−2.3	0.9697	−0.7
DISPROPORTIONATE SHARE PATIENT RATIO:										
0	17	20.3	−20.0	−15.1	0.7376	−4.1	−20.0	−15.1	0.7377	−4.1
0.001–0.099	904	10.3	−6.6	−0.9	0.9860	−0.7	−6.9	−1.2	0.9825	−0.7
0.100–0.159	1,008	10.9	−3.7	2.2	1.0307	−0.4	−4.1	1.7	1.0261	−0.4
0.160–0.229	971	10.2	−4.8	1.0	1.0143	−0.5	−4.9	0.9	1.0132	−0.5
0.230–0.349	956	9.6	−6.2	−0.5	0.9977	−0.6	−6.0	−0.3	1.0001	−0.6
0.350 AND GREATER	962	9.2	−8.4	−2.9	0.9579	−0.8	−7.5	−1.9	0.9675	−0.7

Note: Urban and rural breakouts in this table are based on MSA status/location only.

41. On page 47596, in the table titled ''Estimated Annual Burden'', column one, line two, ''419.42(b) and (d)'' is corrected to read ''419.42(b) and (c)''.

42. On page 47596, in the table titled ''Estimated Annual Burden'', column one, line three, ''419.42(f)'' is corrected to read ''419.42(e)''.

42a. On page 47597, column one, first full paragraph, line 14, ''$300'' is corrected to read ''$600''.

42b. On page 47597, column two, the table is corrected to read as follows:

Fiscal year	Impact ($ millions)
1998	−940
1999	−1640
2000	−1320
2001	−1070
2002	−990
2003	−700

42c. On page 47597, column two, line five of text, ''6.9'' is corrected to read ''10.9''.

43. On pages 47597 through 47598, entire section F. is removed and replaced with the following:

F. Quantitative Impact Analysis of the Proposed Policy Changes Under the Prospective Payment System for Operating Costs and Capital Costs

Basis and Methodology of Estimates

The data used in developing quantitative analyses presented below are taken from the CY 1996 cost and charge data and the most current provider-specific file that is used for payment purposes. Our analysis has several qualifications. First, we draw upon various sources for the data used to categorize hospitals in the tables. In some cases, there is a fair degree of variation in the data from different sources. We have attempted to construct these variables with the best available source overall. For individual hospitals, however, some miscategorizations are possible.

Using CY 1996 cost and charge data, we simulated payments using the current and proposed payment methodologies. We used both single and multiple bills to calculate current and proposed Medicare and beneficiary hospital outpatient payment amounts. Both current and proposed payment estimates include operating and capital costs. We excluded Kaiser, New York Health and Hospital Corporation, and all-inclusive providers because reported charges on their cost reports are not actual charges. Cost-to-charge ratios for these hospitals are not comparable to all other hospitals. The exempted Maryland hospitals were also excluded from the simulations; however, we included the 10 cancer hospitals that will be paid under the proposed system.

We also trimmed outlier hospitals from the impact analysis because we had indications that hospitals with extreme unit costs would not allow us to access the impacts among the various classes of hospitals accurately. First, we identified all the outlier hospitals by using an edit of three standard deviations from the mean of the logged unit costs. Trimming the data in this manner ensures that only the hospitals with extremely high and low costs are eliminated from the impacts. In doing this, we removed 96 hospitals of which 50 hospitals had extremely low unit costs and 46 hospitals had extremely high unit costs. We conducted a thorough analysis of these hospitals to ensure that we did not remove any particular type of hospital (for example, teaching hospitals) that would further harm the integrity of the data. We speculate many of these hospitals are not coding accurately, and we will continue to perform further analysis in this area after implementation of the new APC system.

After removing the 54 exempted Maryland hospitals, the all-inclusive rate hospitals, the outlier hospitals, and hospitals for which we could not identify payment variables, we included 5,335 hospitals in our analysis. The impact analysis focuses on this set of hospitals. The table below demonstrates the results of our analysis. The table categorizes hospitals by various geographic and special payment consideration groups to illustrate the varying impacts on different types of hospitals. The first column represents the number of hospitals in each category. The second column is the hospitals' Medicate outpatient payments as a percentage of the hospitals' total Medicare payment. The third column shows the percentage change in Medicare outpatient payments comparing the current and proposed payment systems. The fourth column shows the change in *total* Medicare

payments, resulting from implementing the PPS for outpatient services.

The top row of the table shows the overall impact on the 5,335 hospitals included in the analysis. We included as much of the data as possible to the extent that we were able to capture all the provider information necessary to determine payment. Further, our estimates include the same set of services for both current and proposed APC payments so that we could determine the impact as accurately as possible. Since payment under the proposed APC system can only be determined if bills are accurately coded, the data upon which the impacts were developed do not reflect all CY 1996 hospital outpatient services, but only those that were coded using valid HCPCS.

The second row identifies the hospitals in our analysis with the exception of psychiatric, long-term care, children, and rehabilitation hospitals, which account for 4,818 hospitals.

The next four rows of the table contain hospitals categorized according to their geographic location (all urban, which is further divided into large urban and other urban, or rural). There are 2,643 hospitals located in urban areas (MSAs or NECMAs) included in our analysis. Among these, there are 1,492 hospitals located in large urban areas (populations over 1 million), and 1,151 hospitals in other urban areas (populations of 1 million or fewer). In addition, there are 2,173 hospitals in rural areas. The next two groupings are by bed-size categories, shown separately for urban and rural hospitals. The next category includes the volume of outpatient services, also shown separately for urban and rural hospitals. The final groupings by geographic location are by census divisions, also shown separately for urban and rural hospitals.

The next three groupings examine the impacts of the proposed changes on hospitals grouped by whether or not they have residency programs (teaching hospitals that receive an indirect medical education (IME) adjustment), receive disproportionate share hospital (DSH) payments, or some combination of these two adjustments. There are 3,814 non-teaching hospitals in our analysis, 758 teaching hospitals with fewer than 100 residents, and 245 teaching hospitals with 100 or more residents.

In the DSH categories, hospitals are grouped according to their DSH payment status. The next category groups hospitals considered urban after geographic reclassification, in terms of whether they receive the IME adjustment, the DSH adjustment, both, or neither. The next five rows examine the impacts of the proposed changes on rural hospitals by special payment groups (rural referral centers (RRCs), sole community hospitals/essential access community hospitals (SCHs/EACHs), Medicare dependent hospitals (MDHs), and SCHs and RRCs), as well as rural hospitals not receiving a special payment designation. The RRCs (168), SCH/EACHs (626), MDHs (365), and SCH and RRCs (55) shown here were not reclassified for purposes of the standardized amount.

The next grouping is based on type of ownership. These data are taken primarily from the FY 1995 Medicare cost report files, if available (otherwise, FY 1994 data are used).

The next groupings are the specialty hospitals. The first set includes the categorizations of eye and ear hospitals and trauma hospitals (hospitals having a level one trauma center) and cancer hospitals. The final groupings are the TEFRA hospitals, specifically rehabilitation, psychiatric, long-term care, and children hospitals.

43a. On page 47598, the text in section G. Beginning in column two, first full paragraph, through page 47599, column three, line 16, is removed and replaced with the following:

G. Estimated Impact of the New APC System

Column 3 compares our estimate of payments, incorporating statutory and policy changes reflected in this proposed rule for CY 1996, to our estimate of payments in CY 1996 under the current payment system. Percent differences between current and proposed payment reflect the combined impact of a proportionally equal reduction in payments due to the calculation of the conversion factor and distributional differences attributable to variation in cost and charge structures among hospitals. The methodology described in section 1833(t)(3)(C) of the Act outlining the calculation of the conversion factor reduces payment to hospitals overall by 5.7 percent relative to current law. As noted, section 1833(t)(3)(C) of the Act requires us to set the conversion factor so that total 1999 payments to hospitals under the proposed PPS system equal Medicare payment amounts as calculated under the current payment system plus beneficiary copayments as calculated under the proposed system (20 percent of the APC median charge or, at minimum, 20 percent of the APC rate). The 5.7 percent loss implies that the difference between the median and charges higher than the median was proportionally larger than the difference between the median and charges lower than the median. Because this reduction is incorporated into the conversion factor, the 5.7 percent is distributed among hospitals proportional to their total payments. After removing the effect of the conversion factor calculation on total payments, the remaining percent differences demonstrate the redistribution of payments among hospitals and can be attributed to variation in both costs and charge structures. Variation in costs among hospitals results in differences between current and proposed Medicare payments, and variation in charge structures results in differences between current and proposed beneficiary copayment.

Redistributions may also occur as a result of current payment methods. Total Medicare outpatient payments are less than reported total costs because (in addition to the 5.8 and 10 percent reductions for operating and capital costs) the blended payment methods applicable to many surgical and diagnostic services often result in payments that are less than reported costs. Other services such as medical visits, chemotherapy services, and non-ASC approved surgeries are paid based on hospital costs. The new system redistributes the current total Medicare payments, based in part on cost-based payments and in part on blended payment amounts, across all services. Hospitals, in the aggregate, will receive proportionately less for services that are currently paid based on costs and more for services that had been paid under blended payment methods.

The impact on TEFRA hospitals is shown separately at the end of the table; however, these hospitals were not included in determining the impact on any of the other categories (for example, geographic location, bed size, volume, etc.). These hospitals demonstrated a very low service mix, but an average unit cost that approximates the national average. We believe that billing practices may account for this phenomenon. Some TEFRA hospitals appear to undercode HCPCS and units. This may be because correct coding is not required for payment or because they bill an all-inclusive rate. Undercoding or billing an all-inclusive rate could account for their low-volume, low-service mix, and average cost per unit. We expect that once these hospitals begin to code HCPCS according to the new payment system, new payments will better reflect current payments.

In general, differences among hospital classifications for short-term acute care

hospitals were relatively small. This is, payments under the proposed outpatient system were within a few percentage points of payments made under current law. The following discussion highlights some of the variation in payments among hospital classifications.

Based on comparing current and proposed payment estimates, minor teaching hospitals lose 4.4 percent, while major teaching hospitals experience a reduction of 10.6 percent. Non-teaching hospitals experience a decrease of 5.1 percent. However, major teaching hospitals gain less of their total Medicare income (9.2 percent) from outpatient services than the national average (10 percent). This results in a 1 percent loss in their total Medicare income.

Hospitals with a high percentage of low-income patients (disproportionate share patient percentage greater than or equal to 0.35) appear to experience payment reductions of 8.4 percent relative to current law. These hospitals have lower than average volume, and like major teaching hospitals, they receive a smaller than average percent of their Medicare income from outpatient services.

Rural hospitals would lose about 7.4 percent, large urban hospitals would lose about 6.6 percent, and other urban hospitals would lose 3.5 under the new system. Rural hospitals get a greater percentage of their Medicare income (14.7 percent) from outpatient services compared to the national average of 10 percent.

Low-volume hospitals appear to lose a large percentage of their payments under the new payment system (17.4 percent for rural and 13.6 percent for urban hospitals with less than 5,000 units of service). We believe several factors are contributing to this outcome, including undercoding, lack of economies of scale, and underpayment due to the reliance on the median instead of the geometric mean in the calculation of APC weights. The majority of these hospitals (about 75 percent) are rural. For these small hospitals, some of the higher standardized unit costs could be attributed to economies of scale. These low-volume rural hospitals also receive a greater percentage of their Medicare income (18.4 percent) from outpatient services than the average.

43b. On page 47599, the table titled: Estimated Impact of a Transition Policy on Medicare Outpatient Payment for Medicare-Dependent and Sole Community Hospitals,'' is corrected to read as follows:

ESTIMATED IMPACT OF A TRANSITION POLICY ON MEDICARE OUTPATIENT PAYMENTS FOR MEDICARE-DEPENDENT AND SOLE COMMUNITY HOSPITALS

[In percent]

	Year 1	Year 2	Year 3	Year 4
MDH	−2.8	−5.6	−8.5	−11.3
SCH	−3.2	−6.4	−9.7	−12.9
SCH/RRC	−1.9	−3.8	−5.8	−7.7

43c. On page 47599, the text in section G. beginning in column two, line seven from the bottom through page 47600, is corrected to read as follows:

As noted above, rural hospitals lose a larger percent of their payments than urban hospitals. Among the census divisions, rural New England hospitals experience the largest negative payment impact of 12.2 percent. This could be attributed to higher nonlabor costs in New England.

Urban census division breakouts reveal that Middle Atlantic urban hospitals have the largest negative payment impact of 9.7 percent.

Hospitals located in Puerto Rico gain because of the change in the beneficiary copayment. Previously these hospitals received 20 percent of their charges from the beneficiary, whereas under the new PPS they would receive 20 percent of the APC median charge or, at minimum, they would receive 20 percent of the payment rate. Hospitals in Puerto Rico gain under the new proposed system because 20 percent of their charges are lower than 20 percent of the APC median charges or 20 percent of the rates

Among special categories of rural hospitals, MDHs and SCHs/EACHs would experience decreases of 11.3 and 12.9 percent, respectively, Some of this decrease may be attributed to the impact on low-volume rural hospitals.

Cancer hospitals experience a 32.4 percent loss. Several factors may contribute to this loss. Undercoding could be a factor contributing to the percentage loss. In addition, the current requirements for batch billing of services such as chemotherapy and radiation therapy and the fact that we used only single procedure bills to calculate group weights may also have contributed to the impact on these hospitals. Further analysis will be conducted to determine if current coding practices explain the negative impact. We will be verifying the accuracy of the rates for these types of procedures. Specifically, the APC weights were calculated using single bill procedures. Using single bill procedures to compute a weight for services that are not typically billed as a single procedure could result in rates that are not accurate for these services. We will verify the accuracy of the rates for these types of procedures by analyzing the costs from the multiple bills. If further analysis reveals that cancer hospitals would be unduly harmed because of the new outpatient PPS, we will consider whether an adjustment or perhaps a transition period is needed to moderate the impact. By statute, any adjustment would have to be budget neutral. Until further analysis can be conducted, we are not proposing an adjustment for cancer hospitals.

In accordance with the provisions of Executive Order 12866, this regulation was reviewed by the Office of Management and Budget.

44. On pages 47601 through 47604, the table titled ''Changes for Outpatient Prospective Payment System'' is re-titled ''Impact of Outpatient Prospective Payment System'' and corrected to read as follows:

IMPACT OF OUTPATIENT PROSPECTIVE PAYMENT SYSTEM

	Number of hospitals (1)	Outpatient percent (2)	Percent change in Medicare outpatient payments (3)	Percent change in total Medicare payments (4)
ALL HOSPITALS	5,335	9.9	−5.7	−0.6
NON-TEFRA HOSPITALS	4,819	10.0	−5.7	−0.6
NON-TEFRA HOSPITALS				
GEOGRAPHIC LOCATION:				
URBAN HOSPITALS	2,643	9.3	−5.3	−0.5
LARGE URBAN AREAS	1,492	9.1	−6.6	−0.6
OTHER URBAN AREAS	1,151	9.6	−3.5	−0.3
RURAL HOSPITALS	2,173	14.7	−7.4	−1.1
BED SIZE (URBAN):				
0–99 BEDS	646	15.4	−7.3	−1.1
100–199 BEDS	910	10.4	−4.2	−0.4
200–299 BEDS	531	9.2	−3.8	−0.3
300–499 BEDS	418	8.6	−4.8	−0.4
500 OR MORE BEDS	138	8.3	−9.7	−0.8
BED SIZE (RURAL):				
0–49 BEDS	1,138	19.6	−13.8	−2.7
50–99 BEDS	641	15.5	−8.4	−1.3
100–149 BEDS	229	13.5	−6.0	−0.8
150–199 BEDS	91	13.0	−4.3	−0.6
200 OR MORE BEDS	74	11.4	−2.9	−0.3
VOLUME (URBAN):				
0–4,999 UNITS	357	12.2	−13.6	−1.7
5,000–10,999 UNITS	502	9.6	−6.6	−0.6
11,000–20,999 UNITS	597	9.0	−5.7	−0.5
21,000–42,999 UNITS	756	8.8	−4.2	−0.4
43,000 OR MORE UNITS	431	9.7	−5.7	−0.6
VOLUME (RURAL):				
0–4,999 UNITS	1,047	18.4	−17.4	−3.2
5,000–10,999 UNITS	601	15.3	−10.1	−1.5
11,000–20,999 UNITS	333	13.7	−6.5	−0.9
21,000–42,999 UNITS	170	13.5	−3.2	−0.4
43,000 OR MORE UNITS	22	13.3	−2.6	−0.3
URBAN BY CENSUS DIV.:				
NEW ENGLAND	148	10.8	−3.2	−0.3
MIDDLE ATLANTIC	391	8.3	−9.7	−0.8
SOUTH ATLANTIC	393	8.6	−5.8	−0.5
EAST NORTH CENTRAL	446	10.6	−4.3	−0.5
EAST SOUTH CENTRAL	158	7.9	−1.8	−0.1
WEST NORTH CENTRAL	187	9.5	−6.5	−0.6
WEST SOUTH CENTRAL	337	9.7	−7.4	−0.7
MOUNTAIN	120	10.3	−2.2	−0.2
PACIFIC	428	9.3	−1.8	−0.2
PUERTO RICO	35	6.6	8.5	0.6
RURAL BY CENSUS DIV.:				
NEW ENGLAND	56	16.9	−12.2	−2.1
MIDDLE ATLANTIC	81	13.5	0.2	0.0
SOUTH ATLANTIC	282	11.8	−7.7	−0.9
EAST NORTH CENTRAL	287	15.8	−6.1	−1.0
EAST SOUTH CENTRAL	266	11.2	−6.5	−0.7
WEST NORTH CENTRAL	516	19.6	−10.9	−2.1
WEST SOUTH CENTRAL	339	14.2	−10.6	−1.5
MOUNTAIN	207	16.7	−8.3	−1.4
PACIFIC	137	16.4	−3.4	−0.6
PUERTO RICO	2	6.6	28.5	1.9
TEACHING STATUS:				
NON-TEACHING	3,814	11.2	−5.1	−0.6
FEWER THAN 100 RESIDENTS	758	9.1	−4.4	−0.4
100 OR MORE RESIDENTS	245	9.2	−10.6	−1.0
DISPROPORTIONATE SHARE PATIENT RATIO:				
0	17	20.3	−20.0	−4.1
0.001–0.099	904	10.3	−6.6	−0.7
0.100–0.159	1,008	10.9	−3.7	−0.4
0.160–0.229	971	10.2	−4.8	−0.5
0.230–0.349	956	9.6	−6.2	−0.6
0.350 AND GREATER	962	9.2	−8.4	−0.8

IMPACT OF OUTPATIENT PROSPECTIVE PAYMENT SYSTEM—Continued

	Number of hospitals (1)	Outpatient percent (2)	Percent change in Medicare outpatient payments (3)	Percent change in total Medicare payments (4)
URBAN TEACHING AND DSH:				
BOTH TEACHING AND DSH	944	9.0	−6.6	−0.6
TEACHING AND NO DSH	2	19.8	−31.0	−6.1
NO TEACHING AND DSH	1,688	9.8	−3.7	−0.4
NO TEACHING AND NO DSH	9	30.4	7.2	2.2
RURAL HOSPITAL TYPES:				
NONSPECIAL STATUS HOSPITALS	944	15.0	−6.8	−1.0
RRC	168	12.4	−2.3	−0.3
SCH/EACH	626	16.4	−12.9	−2.1
MDH	365	18.2	−11.3	−2.1
SCHM/EACH AND RRC	55	13.7	−7.7	−1.1
TYPE OF OWNERSHIP:				
VOLUNTARY	2,839	9.9	−5.6	−0.6
PROPRIETARY	671	7.9	−4.7	−0.4
GOVERNMENT	1,308	12.3	−7.4	−0.9
SPECIALTY HOSPITALS:				
EYE AND EAR	10	31.1	10.4	3.2
TRAUMA	157	9.1	−8.4	−0.8
CANCER	10	22.0	−32.4	−7.1
TEFRA HOSPITALS:				
REHABILITATION	138	3.7	−11.1	−0.4
PSYCHIATRIC	278	10.7	−0.5	−0.1
LONG-TERM CARE	63	3.7	−19.6	−0.7
CHILDREN'S	38	9.4	−23.9	−2.2

Note: Urban and rural breakouts in this table are based on MSA status/location only.

Correction to the Regulations Text

§ 419.32 [Corrected]

45. On page 47613, in the regulations text, in column one, in paragraph (b)(1), in the second line, ''paragraph (c)(2)'' is corrected to read ''paragraph (b)(2)''; and in paragraph (b)(2), in the fourth line, ''paragraph (c)(1)'' is corrected to read ''paragraph (b)(1)''.

Corrections to the Addenda

46. On pages 47615 through 47620, Addendum A is corrected to read as follows:

ADDENDUM A.—LIST OF PROPOSED HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSES WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS

APC	Group title	Status indicator	Relative weight	Payment rate	[7] National unadjusted coinsurance	Minimum unadjusted coinsurance
[6] 020	Partial Hospitalizaiton	P	4.02	$206.71	$46.78	$41.34
031	Dental procedures	S	1.37	$70.45	$14.09	$14.09
061	Level I Chemotherapeutic agents	X	1.15	$59.13	$37.52	$11.83
062	Level II Chemotherapeutic agents	X	1.78	$91.53	$36.61	$18.31
063	Level III Chemotherapeutic agents	X	2.94	$151.17	$110.97	$30.24
064	Level IV Chemotherapeutic agents	X	4.15	$213.39	$138.99	$42.68
089	Neuropsychological Testing	X	4.06	$208.77	$46.10	$41.75
090	Monitoring psychiatric drugs	X	0.85	$43.71	$12.20	$8.74
[1] 091	Brief Individual Psychotherapy	S	1.09	$56.05	$14.01	$11.21
[2] 092	Extended Individual Psychotherapy	S	1.63	$83.81	$21.47	$16.76
093	Family Psychotherapy	S	1.56	$80.22	$20.11	$16.04
094	Group Psychotherapy	S	1.31	$67.36	$19.89	$13.47
121	Level I needle biopsy/aspiration	T	0.63	$32.39	$21.02	$6.48
122	Level II needle biopsy/aspiration	T	4.59	$236.02	$113.00	$47.20
131	Level I incision & drainage	T	1.93	$99.24	$36.61	$19.85
132	Level II incision & drainage	T	5.63	$289.49	$132.89	$57.90
137	Nail procedures	T	0.60	$30.85	$9.27	$6.17
141	Level I Destruction of lesion	T	0.52	$26.74	$9.49	$5.35
142	Level II Destruction of lesion	T	2.94	$151.17	$54.24	$30.24
151	Level I debridement/destruction	T	1.63	$83.81	$33.22	$16.76
152	Level II debridement/destruction	T	10.07	$517.80	$251.54	$103.56
161	Level I excision/biopsy	T	3.43	$176.37	$75.71	$35.27
162	Level II excision/biopsy	T	5.59	$287.44	$125.66	$57.49
163	Level III excision/biopsy	T	10.48	$538.88	$260.80	$107.78
181	Level I skin repair	T	2.17	$111.58	$44.07	$22.32
182	Level II skin repair	T	4.11	$211.34	$92.43	$42.27
183	Level III skin repair	T	11.04	$567.68	$283.18	$113.54

ADDENDUM A.—LIST OF PROPOSED HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSES WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	[7] National unadjusted coinsurance	Minimum unadjusted coinsurance
184	Level IV skin repair	T	14.85	$763.59	$397.99	$152.72
197	Incision/excision breast	T	11.94	$613.95	$308.26	$122.79
198	Breast reconstruction/mastectomy	T	18.63	$957.95	$523.42	$191.59
200	Arthrocentesis & Ligament/Tendon Injection.	T	1.76	$90.50	$39.10	$18.10
207	Closed treatment fracture finger/toe/trunk	T	1.70	$87.41	$32.32	$17.48
209	Closed treatment fracture/dislocation/except finger/toe/trunk.	T	1.94	$99.75	$37.74	$19.95
210	Bone/joint manipulation under anesthesia	T	10.06	$517.29	$279.34	$103.46
216	Open/percutaneous treatment fracture or dislocation.	T	20.09	$1,033.03	$524.09	$206.61
217	Arthroplasty	T	20.54	$1,056.17	$530.42	$211.23
218	Arthroplasty with prosthesis	T	27.80	$1,429.48	$720.71	$285.90
226	Maxillofacial prostheses	T	1.56	$80.22	$21.92	$16.04
231	Level I skull and facial bone procedures	T	11.31	$581.56	$286.79	$116.31
232	Level II skull and facial bone procedures	T	23.82	$1,224.82	$636.87	$244.96
251	Level I musculoskeletal procedures	T	13.88	$713.71	$365.89	$142.74
252	Level II Musculoskeletal Procedures	T	19.24	$989.32	$512.34	$197.86
253	Level III Musculoskeletal Procedures	T	25.74	$1,323.55	$684.55	$264.71
254	Level IV Musculoskeletal Procedures	T	32.70	$1,681.43	$922.98	$336.29
261	Level I Hand Musculoskeletal Procedures	T	10.41	$535.28	$259.00	$107.06
262	Level II Hand Musculoskeletal Procedures	T	18.07	$929.16	$475.96	$185.83
271	Level I Foot Musculoskeletal Procedures	T	14.12	$726.05	$365.44	$145.21
272	Level II Foot Musculoskeletal Procedures	T	16.11	$828.38	$411.09	$165.68
276	Bunion Procedures	T	19.00	$976.98	$495.39	$195.40
280	Diagnostic Arthroscopy	T	22.15	$1,138.95	$581.72	$227.79
281	Level I Surgical Arthroscopy	T	22.37	$1,150.27	$589.18	$230.05
282	Level II Surgical Arthroscopy	T	23.65	$1,216.08	$609.97	$243.22
286	Arthroscopically-Aided Procedures	T	27.69	$1,423.82	$791.90	$284.76
311	Level I ENT Procedures	T	1.41	$72.50	$20.57	$14.50
312	Level II ENT Procedures	T	7.07	$363.54	$170.86	$72.71
313	Level III ENT Procedures	T	15.46	$794.95	$407.70	$158.99
314	Level IV ENT Procedures	T	25.15	$1,293.21	$687.72	$258.64
[5] 317	Implantation of Cochlear Device	T	.....	.....	.....	.....
318	Nasal Cauterization/Packing	T	2.07	$106.44	$38.87	$21.29
319	Tonsil/Adenoid Procedures	T	16.20	$833.00	$463.53	$166.60
320	Thoracentesis/Lavage Procedures	T	3.09	$158.89	$80.91	$31.78
331	Level I Endoscopy Upper Airway	T	0.57	$29.31	$14.01	$5.86
332	Level II Endoscopy Upper Airway	T	9.67	$497.23	$242.72	$99.45
333	Level III Endoscopy Upper Airway	T	16.81	$864.37	$461.04	$172.87
336	Endoscopy Lower Airway	T	7.24	$372.28	$195.49	$74.46
339	Injection of Sclerosing Solution	T	0.98	$50.39	$19.66	$10.08
341	Level I Needle and Catheter Placement	T	0.09	$4.63	$2.49	$0.93
342	Level II Needle and Catheter Placement	T	2.61	$134.21	$68.70	$26.84
343	Level III Needle and Catheter Placement	T	8.76	$450.44	$240.24	$90.09
346	Placement Transvenous Caths/Cutdown	T	4.63	$238.07	$121.59	$47.61
347	Injection Procedures for Interventional Radiology.	T	2.57	$132.15	$62.38	$26.43
360	Removal/Revision, Pacemaker/Vascular Device.	T	6.04	$310.58	$138.54	$62.12
367	Vascular Ligation	T	17.02	$875.17	$441.15	$175.03
368	Vascular Repair/Fistula Construction	T	22.59	$1,161.58	$647.49	$232.32
369	Blood and Blood Product Exchange	T	6.33	$325.49	$155.49	$65.10
396	Lymph Node Excisions	T	12.98	$667.43	$334.48	$133.49
397	Thyroid/Lymphadenectomy Procedures	T	19.12	$983.15	$542.17	$196.63
406	Esophageal Dilation without Endoscopy	T	4.17	$214.42	$106.67	$42.88
407	Esophagoscopy	T	6.89	$354.28	$189.39	$70.86
417	Diagnostic Upper GI Endoscopy	T	6.35	$326.52	$179.22	$65.30
418	Therapeutic Upper GI Endoscopy	T	7.44	$382.56	$213.57	$76.51
419	Small Intestine Endoscopy	T	6.83	$351.20	$164.08	$70.24
426	Diagnostic Lower GI Endoscopy	T	6.74	$346.57	$185.32	$69.31
427	Therapeutic Lower GI Endoscopy	T	8.09	$415.99	$222.84	$83.20
437	Therapeutic Anoscopy	T	6.54	$336.29	$173.79	$67.26
446	Diagnostic Sigmoidoscopy	T	2.54	$130.61	$64.86	$26.12
447	Therapeutic Proctosigmoidoscopy	T	7.06	$363.03	$191.87	$72.61
448	Therapeutic Flexible Sigmoidoscopy	T	5.28	$271.50	$139.22	$54.30
449	Complex GI Endoscopy	T	7.63	$392.33	$213.57	$78.47
451	Level I Anal/Rectal Procedures	T	2.42	$124.44	$53.56	$24.89
452	Level II Anal/Rectal Procedures	T	4.52	$232.42	$103.06	$46.48
453	Level III Anal/Rectal Procedures	T	16.26	$836.09	$440.47	$167.22
456	Endoscopic Retrograde Cholangio-Pancreatography (ERCP).	T	9.61	$494.15	$249.05	$98.83
458	Percutaneous Biliary Endoscopic Procedures.	T	6.81	$350.17	$181.70	$70.03
459	Peritoneal and Abdominal Procedures	T	17.85	$917.85	$497.88	$183.57
466	Hernia/Hydrocele Procedures	T	20.67	$1,062.85	$556.64	$212.57
470	Tube Procedures	T	2.19	$112.61	$54.92	$22.52
521	Level I Cystourethroscopy and other Genitourinary Procedures.	T	4.89	$251.44	$110.06	$50.29

ADDENDUM A.—LIST OF PROPOSED HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSES WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS—Continued

APC	Group title	Status indicator	Relative weight	Payment rate	[7] National unadjusted coinsurance	Minimum unadjusted coinsurance
522	Level II Cystourethroscopy and other Genitourinary Procedures.	T	10.15	$521.91	$259.45	$104.38
523	Level III Cystourethroscopy and other Genitourinary Procedures.	T	16.35	$840.72	$438.89	$168.14
524	Level IV Cystourethroscopy and other Genitourinary Procedures.	T	27.20	$1,398.62	$824.90	$279.72
527	Lithotripsy	T	43.48	$2,235.74	$1,372.95	$447.15
529	Simple Urinary Studies and Procedures	T	2.33	$119.81	$59.66	$23.96
530	Genitourinary Procedures	T	2.46	$126.49	$53.34	$25.30
531	Level I Urethral Procedures	T	18.59	$955.90	$531.55	$191.18
532	Level II Urethral Procedures	T	23.02	$1,183.69	$588.50	$236.74
536	Circumcision	T	12.89	$662.80	$321.60	$132.56
537	Penile Procedures	T	28.65	$1,473.18	$872.36	$294.64
538	Insertion of Penile Prosthesis	T	48.41	$2,489.24	$1,563.47	$497.85
546	Testes/Epididymis Procedures	T	16.54	$850.49	$449.51	$170.10
547	Prostate Biopsy	T	4.39	$225.73	$125.20	$45.15
550	Surgical Hysteroscopy	T	16.46	$846.37	$445.22	$169.27
551	Level I Laparoscopy	T	24.61	$1,265.45	$701.73	$253.09
552	Level II Laparoscopy	T	37.09	$1,907.17	$1,053.84	$381.43
561	Level I Female Reproductive Procedures	T	1.46	$75.07	$24.41	$15.01
562	Level II Female Reproductive Procedures	T	12.30	$632.47	$325.44	$126.49
563	Level III Female Reproductive Procedures	T	16.50	$848.43	$461.72	$169.69
567	D & C	T	13.18	$677.72	$360.70	$135.54
568	Infertility Procedures	T	2.79	$143.46	$55.60	$28.69
578	Pregnancy and Neonatal Care Procedures	T	1.17	$60.16	$32.77	$12.03
580	Vaginal Delivery	T	4.31	$221.62	$44.32	$44.32
586	Therapeutic Abortion	T	11.98	$616.01	$409.29	$123.20
587	Spontaneous Abortion	T	12.96	$666.40	$347.14	$133.28
600	Spinal Tap	T	2.41	$123.92	$61.47	$24.78
601	Level I Nervous System Injections	T	3.00	$154.26	$74.13	$30.85
602	Level II Nervous System Injections	T	3.19	$164.03	$87.01	$32.81
616	Implantation of Neurostimulator Electrodes	T	11.85	$609.33	$329.06	$121.87
617	Revision/Removal Neurological Device	T	11.31	$581.56	$280.01	$116.31
618	Implantation of Neurological Device	T	24.78	$1,274.19	$808.18	$254.84
631	Level I Nerve Procedures	T	12.70	$653.03	$329.06	$130.61
632	Level II Nerve Procedures	T	16.48	$847.40	$453.58	$169.48
648	Laser Retinal Procedures	T	3.76	$193.34	$93.56	$38.67
649	Laser Eye Procedures except Retinal	T	4.37	$224.71	$111.64	$44.94
651	Level I Anterior Segment Eye Procedures	T	6.85	$352.23	$171.99	$70.45
652	Level II Anterior Segment Eye Procedures	T	16.35	$840.72	$433.92	$168.14
667	Cataract Procedures	T	20.35	$1,046.40	$538.11	$209.28
668	Cataract Procedures with IOL Insert	T	22.02	$1,132.27	$617.21	$226.45
670	Corneal Transplant	T	30.78	$1,582.71	$885.92	$316.54
676	Posterior Segment Eye Procedures	T	5.87	$301.84	$138.54	$60.37
677	Strabismus/Muscle Procedures	T	16.11	$828.38	$428.95	$165.68
681	Level I Eye Procedures	T	1.65	$84.84	$30.51	$16.97
682	Level II Eye Procedures	T	3.41	$175.34	$80.68	$35.07
683	Level III Eye Procedures	T	9.56	$491.58	$252.44	$98.32
684	Level IV Eye Procedures	T	13.26	$681.83	$341.94	$136.37
690	Vitrectomy	T	30.39	$1,562.65	$845.69	$312.53
700	Plain Film	X	0.80	$41.14	$22.37	$8.23
706	Miscellaneous Radiological Procedures	X	1.43	$73.53	$39.10	$14.71
710	Computerized Axial Tomography	S	4.98	$256.07	$173.12	$51.21
716	Fluoroscopy	X	1.39	$71.47	$40.00	$14.29
720	Magnetic Resonance Angiography	S	6.37	$327.55	$204.98	$65.51
726	Magnetic Resonance Imaging	S	7.91	$406.73	$256.06	$81.35
728	Myelography	S	3.50	$179.97	$91.98	$35.99
730	Arthography	S	2.30	$118.27	$65.77	$23.65
736	Digestive Radiology	S	1.85	$95.13	$53.79	$19.03
737	Diagnostic Urography	S	2.69	$138.32	$81.81	$27.66
738	Therapeutic Radiologic Procedures	S	3.74	$192.31	$104.86	$38.46
739	Diagnostic Angiography and Venography	S	5.33	$274.07	$150.74	$54.81
746	Mammography	S	0.69	$35.48	$19.44	$7.10
747	Diagnostic Ultrasound Except Vascular	S	1.65	$84.84	$54.47	$16.97
749	Guidance under Ultrasound	X	2.22	$114.15	$70.06	$22.83
750	Therapeutic Radiation Treatment Planning	X	0.96	$49.36	$25.99	$9.87
751	Level I Therapeutic Radiation Treatment Preparation.	X	1.15	$59.13	$33.22	$11.83
752	Level II Therapeutic Radiation Treatment Preparation.	X	3.48	$178.94	$86.56	$35.79
757	Radiation Therapy	S	2.26	$116.21	$52.43	$23.24
758	Hyperthermic Therapies	S	5.08	$261.21	$137.18	$52.24
759	Brachytherapy and Complex Radioelement Applications.	S	7.98	$410.33	$157.97	$82.07
760	PET Scans	S	14.89	$765.64	$419.46	$153.13
761	Standard Non-Imaging Nuclear Medicine	S	1.80	$92.56	$54.01	$18.51
762	Complex Non-Imaging Nuclear Medicine	S	2.02	$103.87	$55.82	$20.77
771	Standard Planar Nuclear Medicine	S	3.81	$195.91	$117.29	$39.18

ADDENDUM A.—LIST OF PROPOSED HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSES WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS—Continued

APC	Group title		Status indicator	Relative weight	Payment rate	[7] National unadjusted coinsurance	Minimum unadjusted coinsurance
772	Complex Planar Nuclear Medicine		S	4.26	$219.05	$128.37	$43.81
781	Standard SPECT Nuclear Medicine		S	5.43	$279.21	$155.04	$55.84
782	Complex SPECT Nuclear Medicine		S	9.00	$462.78	$267.13	$92.56
791	Standard Therapeutic Nuclear Medicine		S	14.74	$757.93	$539.91	$151.59
792	Complex Therapeutic Nuclear Medicine		S	4.81	$247.33	$143.06	$49.47
861	Immunology Tests		X	0.13	$6.68	$3.62	$1.34
881	Level I Pathology		X	0.22	$11.31	$6.78	$2.26
882	Level II Pathology		X	0.39	$20.05	$11.75	$4.01
883	Level III Pathology		X	0.69	$35.48	$20.34	$7.10
900	Critical Care		S	7.54	$387.71	$145.09	$77.54
901	Level I Immunization		X	0.07	$3.60	$2.49	$0.72
902	Level II Immunization		X	1.31	$67.36	$38.19	$13.47
903	Level III Immunization		X	1.00	$51.42	$24.86	$10.28
906	Infusion Therapy except Chemotherapy		X	1.93	$99.24	$57.18	$19.85
907	Intramuscular Injections		X	0.74	$38.05	$11.53	$7.61
[3] 91111	Low Level Clinic Visits	Well care and administrative	V	1.24	$63.76	$15.14	$12.75
91118	Low Level Clinic Visits	Skin and breast diseases	V	0.83	$42.68	$9.27	$8.54
91124	Low Level Clinic Visits	Musculoskeletal diseases	V	0.87	$44.74	$9.49	$8.95
91131	Low Level Clinic Visits	Ear, nose, mouth and throat diseases	V	0.81	$41.65	$9.04	$8.33
91133	Low Level Clinic Visits	Respiratory system diseases	V	0.83	$42.68	$8.59	$8.54
91136	Low Level Clinic Visits	Cardiovascular system diseases	V	0.87	$44.74	$8.95	$8.95
91141	Low Level Clinic Visits	Digestive system diseases	V	0.96	$49.36	$10.40	$9.87
91153	Low Level Clinic Visits	Kidney, urinary tract and male genital diseases.	V	0.91	$46.79	$9.49	$9.36
91156	Low Level Clinic Visits	Female genital system diseases	V	0.93	$47.82	$9.56	$9.56
91157	Low Level Clinic Visits	Pregnancy and neonatal care	V	1.37	$70.45	$17.85	$14.09
91163	Low Level Clinic Visits	Nervous system diseases	V	0.98	$50.39	$10.17	$10.08
91168	Low Level Clinic Visits	Eye diseases	V	0.96	$49.36	$10.40	$9.87
91172	Low Level Clinic Visits	Trauma and poisoning	V	1.06	$54.51	$14.24	$10.90
91178	Low Level Clinic Visits	Major signs, symptoms and findings	V	1.52	$78.16	$21.47	$15.63
91182	Low Level Clinic Visits	Endocrine, nutritional and metabolic diseases.	V	0.87	$44.74	$9.04	$8.95
91186	Low Level Clinic Visits	Immunologic and hematologic diseases	V	1.07	$55.02	$11.53	$11.00
91188	Low Level Clinic Visits	Malignancy	V	0.72	$37.02	$8.14	$7.40
[1] 91191	Low Level Clinic Visits	Psychiatric disorders	V	1.09	$56.05	$14.01	$11.21
91197	Low Level Clinic Visits	Infectious disease	V	1.02	$52.45	$11.53	$10.49
[4] 91199	Low Level Clinic Visits	Unknown cause of mortality	V	1.41	$72.50	$24.86	$14.50
[3] 91311	Mid Level Clinic Visits	Well care and administrative	V	1.24	$63.76	$15.14	$12.75
91318	Mid Level Clinic Visits	Skin and breast diseases	V	0.98	$50.39	$10.08	$10.08
91324	Mid Level Clinic Visits	Musculoskeletal diseases	V	0.96	$49.36	$9.87	$9.87
91331	Mid Level Clinic Visits	Ear, nose, mouth and throat diseases	V	0.94	$48.33	$9.67	$9.67
91333	Mid Level Clinic Visits	Respiratory system diseases	V	0.93	$47.82	$9.56	$9.56
91336	Mid Level Clinic Visits	Cardiovascular system diseases	V	1.00	$51.42	$10.28	$10.28
91341	Mid Level Clinic Visits	Digestive system diseases	V	1.00	$51.42	$10.28	$10.28
91353	Mid Level Clinic Visits	Kidney, urinary tract and male genital diseases.	V	1.00	$51.42	$10.28	$10.28
91356	Mid Level Clinic Visits	Female genital system diseases	V	1.04	$53.48	$10.70	$10.70
91357	Mid Level Clinic Visits	Pregnancy and neonatal care	V	1.33	$68.39	$13.68	$13.68
91363	Mid Level Clinic Visits	Nervous system diseases	V	1.04	$53.48	$10.70	$10.70
91368	Mid Level Clinic Visits	Eye diseases	V	0.85	$43.71	$8.74	$8.74
91372	Mid Level Clinic Visits	Trauma and poisoning	V	1.06	$54.51	$10.90	$10.90
91378	Mid Level Clinic Visits	Major signs, symptoms and findings	V	1.13	$58.10	$11.62	$11.62
91382	Mid Level Clinic Visits	Endocrine, nutritional and metabolic diseases.	V	1.00	$51.42	$10.28	$10.28
91386	Mid Level Clinic Visits	Immunologic and hematologic diseases	V	1.04	$53.48	$10.70	$10.70
91388	Mid Level Clinic Visits	Malignancy	V	0.83	$42.68	$8.54	$8.54
[1] 91391	Mid Level Clinic Visits	Psychiatric disorders	V	1.09	$56.05	$14.01	$11.21
91397	Mid Level Clinic Visits	Infectious disease	V	1.04	$53.48	$10.70	$10.70
[4] 91399	Mid Level Clinic Visits	Unknown cause of mortality	V	1.41	$72.50	$24.86	$14.50
[3] 91511	High Level Clinic Visits	Well care and administrative	V	1.24	$63.76	$15.14	$12.75
91518	High Level Clinic Visits	Skin and breast diseases	V	1.72	$88.44	$19.21	$17.69
91524	High Level Clinic Visits	Musculoskeletal diseases	V	1.46	$75.07	$15.37	$15.01
91531	High Level Clinic Visits	Ear, nose, mouth and throat diseases	V	1.35	$69.42	$14.24	$13.88
91533	High Level Clinic Visits	Respiratory system diseases	V	1.44	$74.04	$14.81	$14.81
91536	High Level Clinic Visits	Cardiovascular system diseases	V	1.46	$75.07	$15.37	$15.01
91541	High Level Clinic Visits	Digestive system diseases	V	1.54	$79.19	$15.84	$15.84
91553	High Level Clinic Visits	Kidney, urinary tract and male genital diseases.	V	1.44	$74.04	$14.81	$14.81
91556	High Level Clinic Visits	Female genital system diseases	V	1.44	$74.04	$15.14	$14.81
91557	High Level Clinic Visits	Pregnancy and neonatal care	V	1.76	$90.50	$22.83	$18.10
91563	High Level Clinic Visits	Nervous system diseases	V	1.50	$77.13	$16.05	$15.43
91568	High Level Clinic Visits	Eye diseases	V	1.33	$68.39	$13.79	$13.68
91572	High Level Clinic Visits	Trauma and poisoning	V	1.72	$88.44	$22.15	$17.69
91578	High Level Clinic Visits	Major signs, symptoms and findings	V	1.89	$97.18	$29.15	$19.44
91582	High Level Clinic Visits	Endocrine, nutritional and metabolic diseases.	V	1.46	$75.07	$15.14	$15.01
91586	High Level Clinic Visits	Immunologic and hematologic diseases	V	1.76	$90.50	$19.21	$18.10
91588	High Level Clinic Visits	Malignancy	V	1.19	$61.19	$12.88	$12.24

ADDENDUM A.—LIST OF PROPOSED HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSES WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS—Continued

APC	Group title		Status indicator	Relative weight	Payment rate	[7] National unadjusted coinsurance	Minimum unadjusted coinsurance
[2] 91591	High Level Clinic Visits	Psychiatric disorders	V	1.63	$83.81	$21.47	$16.76
91597	High Level Clinic Visits	Infectious disease	V	1.76	$90.50	$19.66	$18.10
[4] 91599	High Level Clinic Visits	Unknown cause of mortality	V	1.41	$72.50	$24.86	$14.50
919	Electroconvulsive Therapy		S	3.09	$158.89	$80.00	$31.78
920	Biofeedback and other Training		S	1.17	$60.16	$29.61	$12.03
[5] 921	Diabetes Education		S				
926	Dialysis for other than ESRD patients		S	4.22	$216.99	$69.83	$43.40
928	Alimentary Tests		X	2.91	$149.63	$79.78	$29.93
930	Minor Eye Examinations		X	1.04	$53.48	$22.83	$10.70
931	Level I Eye Tests		X	0.74	$38.05	$21.47	$7.61
932	Level II Eye Tests		X	2.41	$123.92	$63.73	$24.78
936	Fitting of Vision Aids		X	0.48	$24.68	$9.49	$4.94
940	Otorhinolaryngologic Function Tests		X	3.13	$160.94	$52.21	$32.19
941	Level I Audiometry		X	0.74	$38.05	$13.33	$7.61
942	Level II Audiometry		X	1.46	$75.07	$22.15	$15.01
947	Resuscitation and Cardioversion		S	4.11	$211.34	$106.22	$42.27
948	Cardiac Rehabilitation		X	0.81	$41.65	$16.95	$8.33
949	Cardiovascular Stress Test		X	1.43	$73.53	$61.92	$14.71
950	Electrocardiogram (ECG)		X	0.35	$18.00	$15.82	$3.60
[3] 95111	Low Level ER Visits	Well care and administrative	V	1.24	$63.76	$15.14	$12.75
95118	Low Level ER Visits	Skin and breast diseases	V	1.17	$60.16	$19.21	$12.03
95124	Low Level ER Visits	Musculoskeletal diseases	V	1.17	$60.16	$20.11	$12.03
95131	Low Level ER Visits	Ear, nose, mouth and throat diseases	V	1.11	$57.08	$17.63	$11.42
95133	Low Level ER Visits	Respiratory system diseases	V	1.15	$59.13	$18.53	$11.83
95136	Low Level ER Visits	Cardiovascular system diseases	V	1.26	$64.79	$19.89	$12.96
95141	Low Level ER Visits	Digestive system diseases	V	1.30	$66.85	$21.02	$13.37
95153	Low Level ER Visits	Kidney, urinary tract and male genital diseases.	V	1.43	$73.53	$24.86	$14.71
95156	Low Level ER Visits	Female genital system diseases	V	1.41	$72.50	$23.96	$14.50
95157	Low Level ER Visits	Pregnancy and neonatal care	V	1.46	$75.07	$24.63	$15.01
95163	Low Level ER Visits	Nervous system diseases	V	1.30	$66.85	$22.60	$13.37
95168	Low Level ER Visits	Eye diseases	V	1.20	$61.70	$20.79	$12.34
95172	Low Level ER Visits	Trauma and poisoning	V	1.28	$65.82	$22.15	$13.16
95178	Low Level ER Visits	Major signs, symptoms and findings	V	1.94	$99.75	$36.39	$19.95
95182	Low Level ER Visits	Endocrine, nutritional and metabolic diseases.	V	1.50	$77.13	$24.63	$15.43
95186	Low Level ER Visits	Immunologic and hematologic diseases	V	1.46	$75.07	$26.89	$15.01
95188	Low Level ER Visits	Malignancy	V	1.57	$80.73	$27.35	$16.15
[1] 95191	Low Level ER Visits	Psychiatric Disorders	V	1.09	$56.05	$14.01	$11.21
95197	Low Level ER Visits	Infectious disease	V	1.24	$63.76	$20.57	$12.75
[4] 95199	Low Level ER Visits	Unknown cause of mortality	V	1.41	$72.50	$24.86	$14.50
[3] 95311	Mid Level ER Visits	Well care and administrative	V	1.24	$63.76	$15.14	$12.75
95318	Mid Level ER Visits	Skin and breast diseases	V	1.89	$97.18	$34.80	$19.44
95324	Mid Level ER Visits	Musculoskeletal diseases	V	1.78	$91.53	$32.32	$18.31
95331	Mid Level ER Visits	Ear, nose, mouth and throat diseases	V	1.80	$92.56	$31.64	$18.51
95333	Mid Level ER Visits	Respiratory system diseases	V	1.91	$98.21	$33.67	$19.64
95336	Mid Level ER Visits	Cardiovascular system diseases	V	2.02	$103.87	$36.16	$20.77
95341	Mid Level ER Visits	Digestive system diseases	V	2.02	$103.87	$36.61	$20.77
95353	Mid Level ER Visits	Kidney, urinary tract and male genital diseases.	V	2.06	$105.93	$38.65	$21.19
95356	Mid Level ER Visits	Female genital system diseases	V	2.06	$105.93	$36.84	$21.19
95357	Mid Level ER Visits	Pregnancy and neonatal care	V	2.10	$107.98	$40.68	$21.60
95363	Mid Level ER Visits	Nervous system diseases	V	1.89	$97.18	$35.03	$19.44
95368	Mid Level ER Visits	Eye diseases	V	1.67	$85.87	$33.00	$17.17
95372	Mid Level ER Visits	Trauma and poisoning	V	2.02	$103.87	$39.10	$20.77
95378	Mid Level ER Visits	Major signs, symptoms and findings	V	3.07	$157.86	$58.76	$31.57
95382	Mid Level ER Visits	Endocrine, nutritional and metabolic diseases.	V	2.30	$118.27	$43.84	$23.65
95386	Mid Level ER Visits	Immunologic and hematologic diseases	V	2.48	$127.52	$49.27	$25.50
95388	Mid Level ER Visits	Malignancy	V	2.17	$111.58	$42.26	$22.32
95391	Mid Level ER Visits	Psychiatric Disorders	V	2.02	$103.87	$35.93	$20.77
95397	Mid Level ER Visits	Infectious disease	V	1.99	$102.33	$36.61	$20.47
[4] 95399	Mid Level ER Visits	Unknown cause of mortality	V	1.41	$72.50	$24.86	$14.50
[3] 95511	High Level ER Visits	Well care and administrative	V	1.24	$63.76	$15.14	$12.75
95518	High Level ER Visits	Skin and breast diseases	V	2.59	$133.18	$46.78	$26.64
95524	High Level ER Visits	Musculoskeletal diseases	V	2.46	$126.49	$41.36	$25.30
95531	High Level ER Visits	Ear, nose, mouth and throat diseases	V	2.57	$132.15	$44.07	$26.43
95533	High Level ER Visits	Respiratory system diseases	V	3.13	$160.94	$54.69	$32.19
95536	High Level ER Visits	Cardiovascular system diseases	V	3.13	$160.94	$54.69	$32.19
95541	High Level ER Visits	Digestive system diseases	V	2.89	$148.60	$54.69	$29.72
95553	High Level ER Visits	Kidney, urinary tract and male genital diseases.	V	2.87	$147.58	$54.69	$29.52
95556	High Level ER Visits	Female genital system diseases	V	2.70	$138.83	$51.08	$27.77
95557	High Level ER Visits	Pregnancy and neonatal care	V	2.89	$148.60	$54.92	$29.72
95563	High Level ER Visits	Nervous system diseases	V	2.74	$140.89	$52.43	$28.18
95568	High Level ER Visits	Eye diseases	V	2.33	$119.81	$40.23	$23.96
95572	High Level ER Visits	Trauma and poisoning	V	2.72	$139.86	$50.17	$27.97
95578	High Level ER Visits	Major signs, symptoms and findings	V	6.83	$351.20	$148.48	$70.24

ADDENDUM A.—LIST OF PROPOSED HOSPITAL OUTPATIENT AMBULATORY PAYMENT CLASSES WITH STATUS INDICATORS, RELATIVE WEIGHTS, PAYMENT RATES, AND COINSURANCE AMOUNTS—Continued

APC	Group title		Status indicator	Relative weight	Payment rate	[7] National unadjusted coinsurance	Minimum unadjusted coinsurance
95582	High Level ER Visits	Endocrine, nutritional and metabolic diseases.	V	3.26	$167.63	$64.86	$33.53
95586	High Level ER Visits	Immunologic and hematologic diseases	V	3.89	$200.02	$81.81	$40.00
95588	High Level ER Visits	Malignancy	V	3.63	$186.65	$68.48	$37.33
95591	High Level ER Visits	Psychiatric Disorders	V	3.48	$178.94	$62.60	$35.79
95597	High Level ER Visits	Infectious disease	V	2.78	$142.95	$53.11	$28.59
[4] 95599	High Level ER Visits	Unknown cause of mortality	V	1.41	$72.50	$24.86	$14.50
956	Continuous ECG and Blood Pressure Monitoring.		X	1.09	$56.05	$54.47	$11.21
957	Echocardiography		S	4.04	$207.74	$114.13	$41.55
958	Diagnostic Cardiac Catheterization		S	23.74	$1,220.71	$705.57	$244.14
960	Cardiac Electrophysiologic Tests/Procedures.		S	4.80	$246.82	$143.74	$49.36
966	Electronic Analysis of Pacemakers/other Devices.		X	0.39	$20.05	$12.43	$4.01
967	Non-Invasive Vascular Studies		X	1.70	$87.41	$57.40	$17.48
968	Vascular Ultrasound		X	2.39	$122.89	$79.55	$24.58
969	Hyperbaric Oxygen		S	2.65	$136.26	$141.70	$27.25
971	Level I Pulmonary Tests		X	0.98	$50.39	$26.44	$10.08
972	Level II Pulmonary Tests		X	1.00	$51.42	$29.38	$10.28
973	Level III Pulmonary Tests		S	1.81	$93.07	$55.82	$18.61
976	Pulmonary Therapy		S	0.44	$22.62	$14.69	$4.53
977	Allergy Tests		X	0.56	$28.80	$11.30	$5.76
978	Allergy Injections		X	0.30	$15.43	$3.39	$3.09
979	Extended EEG Studies and Sleep Studies		S	10.15	$521.91	$287.25	$104.38
980	Electroencephalogram		S	2.15	$110.55	$57.86	$22.11
981	Level I Nerve and Muscle Tests		X	1.22	$62.73	$34.35	$12.55
982	Level II Nerve and Muscle Tests		X	1.37	$70.45	$38.42	$14.09
987	Subcutaneous or Intramuscular Chemotherapy.		S	2.09	$107.47	$65.09	$21.49
988	Chemotherapy except by Extended Infusion.		S	4.02	$206.71	$110.29	$41.34
989	Chemotherapy by Extended Infusion		S	1.91	$98.21	$44.52	$19.64
990	Photochemotherapy		S	0.43	$22.11	$8.14	$4.42
997	Manipulation Therapy		S	0.69	$35.48	$7.46	$7.10
999	Therapeutic Phlebotomy		X	0.43	$22.11	$11.07	$4.42

Notes:
[1] Median costs APCs 091, 91191, 91391, 95191 computed together because there is no differences in facility resources.
[2] Median costs APCs 092 and 91591 computed together because there is no differences in facility resources.
[3] Median costs for all claims in combined visit levels for MDC 11; one rate is paid for multiple levels.
[4] Median costs for all claims in combined visit levels for MDC 99; one rate is paid for multiple levels.
[5] APCs 317 and 921 have anomalous weights. Refer to preamble for discussion.
[6] This APC reflects the per-diem payment for patients recieving services under a partial hospitalization program.
[7] The national unadjusted coinsurance amount is subtracted from the proposed payment rate to determine the amount Medicare pays.

47. On pages 47621 through 47761, Addendum B is corrected to read as follows:

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
00100	N	Anesth, skin surgery					
00102	N	Anesth, repair of cleft lip					
00103	N	Anesth, blepharoplasty					
00104	N	Anesth for electroshock					
00120	N	Anesthesia for ear surgery					
00124	N	Anesthesia for ear exam					
00126	N	Anesth, tympanotomy					
00140	N	Anesth, procedures on eye					
00142	N	Anesthesia for lens surgery					
00144	N	Anesth, corneal transplant					
00145	N	Anesth, vitrectomy					
00147	N	Anesth, iridectomy					
00148	N	Anesthesia for eye exam					
00160	N	Anesth, nose, sinus surgery					
00162	N	Anesth, nose, sinus surgery					
00164	N	Anesth, biopsy of nose					
00170	N	Anesth, procedure on mouth					
00172	N	Anesth, cleft palate repair					
00174	C	Anesth, pharyngeal surgery					
00176	C	Anesth, pharyngeal surgery					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
00190	N	Anesth, facial bone surgery					
00192	C	Anesth, facial bone surgery					
00210	N	Anesth, open head surgery					
00212	N	Anesth, skull drainage					
00214	C	Anesth, skull drainage					
00215	C	Anesth, skull fracture					
00216	N	Anesth, head vessel surgery					
00218	N	Anesth, special head surgery					
00220	N	Anesth, spinal fluid shunt					
00222	N	Anesth, head nerve surgery					
00300	N	Anesth, skin surgery, neck					
00320	N	Anesth, neck organ surgery					
00322	N	Anesth, biopsy of thyroid					
00350	N	Anesth, neck vessel surgery					
00352	N	Anesth, neck vessel surgery					
00400	N	Anesth, chest skin surgery					
00402	N	Anesth, surgery of breast					
00404	C	Anesth, surgery of breast					
00406	C	Anesth, surgery of breast					
00410	N	Anesth, correct heart rhythm					
00420	N	Anesth, skin surgery, back					
00450	N	Anesth, surgery of shoulder					
00452	C	Anesth, surgery of shoulder					
00454	N	Anesth, collar bone biopsy					
00470	N	Anesth, removal of rib					
00472	N	Anesth, chest wall repair					
00474	C	Anesth, surgery of rib(s)					
00500	N	Anesth, esophageal surgery					
00520	N	Anesth, chest procedure					
00522	N	Anesth, chest lining biopsy					
00524	C	Anesth, chest drainage					
00528	N	Anesth, chest partition view					
00530	C	Anesth, pacemaker insertion					
00532	N	Anesth, vascular access					
00534	N	Anesth, cardioverter/defib					
00540	C	Anesth, chest surgery					
00542	C	Anesth, release of lung					
00544	C	Anesth, chest lining removal					
00546	C	Anesth, lung,chest wall surg					
00548	N	Anesth, trachea,bronchi surg					
00560	C	Anesth, open heart surgery					
00562	C	Anesth, open heart surgery					
00580	C	Anesth,heart/lung transplant					
00600	N	Anesth, spine, cord surgery					
00604	C	Anesth, surgery of vertebra					
00620	N	Anesth, spine, cord surgery					
00622	C	Anesth, removal of nerves					
00630	N	Anesth, spine, cord surgery					
00632	C	Anesth, removal of nerves					
00634	C	Anesth for chemonucleolysis					
00670	C	Anesth, spine, cord surgery					
00700	N	Anesth, abdominal wall surg					
00702	N	Anesth, for liver biopsy					
00730	N	Anesth, abdominal wall surg					
00740	N	Anesth, gi visualization					
00750	N	Anesth, repair of hernia					
00752	N	Anesth, repair of hernia					
00754	N	Anesth, repair of hernia					
00756	N	Anesth, repair of hernia					
00770	N	Anesth, blood vessel repair					
00790	N	Anesth, surg upper abdomen					
00792	C	Anesth, part liver removal					
00794	C	Anesth, pancreas removal					
00796	C	Anesth, for liver transplant					
00800	N	Anesth, abdominal wall surg					
00802	C	Anesth, fat layer removal					
00810	N	Anesth, intestine endoscopy					
00820	N	Anesth, abdominal wall surg					
00830	N	Anesth, repair of hernia					
00832	N	Anesth, repair of hernia					
00840	N	Anesth, surg lower abdomen					
00842	N	Anesth, amniocentesis					
00844	C	Anesth, pelvis surgery					
00846	C	Anesth, hysterectomy					
00848	C	Anesth, pelvic organ surg					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
00850	C	Anesth, cesarean section					
00855	C	Anesth, hysterectomy					
00857	C	Analgesia, labor & c-section					
00860	N	Anesth, surgery of abdomen					
00862	N	Anesth, kidney, ureter surg					
00864	C	Anesth, removal of bladder					
00865	C	Anesth, removal of prostate					
00866	C	Anesth, removal of adrenal					
00868	C	Anesth, kidney transplant					
00870	N	Anesth, bladder stone surg					
00872	N	Anesth,kidney stone destruct					
00873	N	Anesth,kidney stone destruct					
00880	N	Anesth, abdomen vessel surg					
00882	C	Anesth, major vein ligation					
00884	C	Anesth, major vein revision					
00900	N	Anesth, perineal procedure					
00902	N	Anesth, anorectal surgery					
00904	C	Anesth, perineal surgery					
00906	N	Anesth, removal of vulva					
00908	C	Anesth, removal of prostate					
00910	N	Anesth, bladder surgery					
00912	N	Anesth, bladder tumor surg					
00914	N	Anesth, removal of prostate					
00916	N	Anesth, bleeding control					
00918	N	Anesth, stone removal					
00920	N	Anesth, genitalia surgery					
00922	N	Anesth, sperm duct surgery					
00924	N	Anesth, testis exploration					
00926	N	Anesth, removal of testis					
00928	C	Anesth, removal of testis					
00930	N	Anesth, testis suspension					
00932	C	Anesth, amputation of penis					
00934	C	Anesth, penis, nodes removal					
00936	C	Anesth, penis, nodes removal					
00938	N	Anesth, insert penis device					
00940	N	Anesth, vaginal procedures					
00942	N	Anesth, surgery on vagina					
00944	C	Anesth, vaginal hysterectomy					
00946	N	Anesth, vaginal delivery					
00948	N	Anesth, repair of cervix					
00950	N	Anesth, vaginal endoscopy					
00952	N	Anesth, uterine endoscopy					
00955	C	Analgesia, vaginal delivery					
01000	N	Anesth, skin surgery, pelvis					
01110	N	Anesth, skin surgery, pelvis					
01120	N	Anesth, pelvis surgery					
01130	N	Anesth, body cast procedure					
01140	C	Anesth, amputation at pelvis					
01150	C	Anesth, pelvic tumor surgery					
01160	N	Anesth, pelvis procedure					
01170	N	Anesth, pelvis surgery					
01180	N	Anesth, pelvis nerve removal					
01190	C	Anesth, pelvis nerve removal					
01200	N	Anesth, hip joint procedure					
01202	N	Anesth, arthroscopy of hip					
01210	N	Anesth, hip joint surgery					
01212	C	Anesth, hip disarticulation					
01214	C	Anesth, replacement of hip					
01220	N	Anesth, procedure on femur					
01230	N	Anesth, surgery of femur					
01232	C	Anesth, amputation of femur					
01234	C	Anesth, radical femur surg					
01240	N	Anesth, upper leg skin surg					
01250	N	Anesth, upper leg surgery					
01260	N	Anesth, upper leg veins surg					
01270	N	Anesth, thigh arteries surg					
01272	C	Anesth, femoral artery surg					
01274	C	Anesth, femoral embolectomy					
01300	N	Anesth, skin surgery, knee					
01320	N	Anesth, knee area surgery					
01340	N	Anesth, knee area procedure					
01360	N	Anesth, knee area surgery					
01380	N	Anesth, knee joint procedure					
01382	N	Anesth, knee arthroscopy					
01390	N	Anesth, knee area procedure					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
01392	N	Anesth, knee area surgery					
01400	N	Anesth, knee joint surgery					
01402	C	Anesth, replacement of knee					
01404	C	Anesth, amputation at knee					
01420	N	Anesth, knee joint casting					
01430	N	Anesth, knee veins surgery					
01432	N	Anesth, knee vessel surg					
01440	N	Anesth, knee arteries surg					
01442	C	Anesth, knee artery surg					
01444	C	Anesth, knee artery repair					
01460	N	Anesth, lower leg skin surg					
01462	N	Anesth, lower leg procedure					
01464	N	Anesth, ankle arthroscopy					
01470	N	Anesth, lower leg surgery					
01472	N	Anesth, achilles tendon surg					
01474	N	Anesth, lower leg surgery					
01480	N	Anesth, lower leg bone surg					
01482	N	Anesth, radical leg surgery					
01484	N	Anesth, lower leg revision					
01486	C	Anesth, ankle replacement					
01490	N	Anesth, lower leg casting					
01500	N	Anesth, leg arteries surg					
01502	C	Anesth, lowerleg embolectomy					
01520	N	Anesth, lower leg vein surg					
01522	N	Anesth, lower leg vein surg					
01600	N	Anesth, shoulder skin surg					
01610	N	Anesth, surgery of shoulder					
01620	N	Anesth, shoulder procedure					
01622	N	Anesth, shoulder arthroscopy					
01630	N	Anesth, surgery of shoulder					
01632	C	Anesth, surgery of shoulder					
01634	C	Anesth, shoulder joint amput					
01636	C	Anesth, forequarter amput					
01638	C	Anesth, shoulder replacement					
01650	N	Anesth, shoulder artery surg					
01652	C	Anesth, shoulder vessel surg					
01654	C	Anesth, shoulder vessel surg					
01656	C	Anesth, arm-leg vessel surg					
01670	N	Anesth, shoulder vein surg					
01680	N	Anesth, shoulder casting					
01682	N	Anesth, airplane cast					
01700	N	Anesth, elbow area skin surg					
01710	N	Anesth, elbow area surgery					
01712	N	Anesth, upperarm tendon surg					
01714	N	Anesth, upperarm tendon surg					
01716	N	Anesth, biceps tendon repair					
01730	N	Anesth, upperarm procedure					
01732	N	Anesth, elbow arthroscopy					
01740	N	Anesth, upper arm surgery					
01742	N	Anesth, humerus surgery					
01744	N	Anesth, humerus repair					
01756	C	Anesth, radical humerus surg					
01758	N	Anesth, humeral lesion surg					
01760	N	Anesth, elbow replacement					
01770	N	Anesth, upperarm artery surg					
01772	C	Anesth, upperarm embolectomy					
01780	N	Anesth, upper arm vein surg					
01782	C	Anesth, upperarm vein repair					
01784	N	Anesth, av fistula repair					
01800	N	Anesth, lower arm skin surg					
01810	N	Anesth, lower arm surgery					
01820	N	Anesth, lower arm procedure					
01830	N	Anesth, lower arm surgery					
01832	N	Anesth, wrist replacement					
01840	N	Anesth, lowerarm artery surg					
01842	C	Anesth, lowerarm embolectomy					
01844	N	Anesth, vascular shunt surg					
01850	N	Anesth, lower arm vein surg					
01852	C	Anesth, lowerarm vein repair					
01860	N	Anesth, lower arm casting					
01900	N	Anesth, uterus/tube inject					
01902	C	Anesth, burr holes, skull					
01904	C	Anesth, skull x-ray inject					
01906	N	Anesth, lumbar myelography					
01908	N	Anesth, cervical myelography					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
01910	N	Anesth, skull myelography	.....	.....	.....	.....	.....
01912	N	Anesth, lumbar discography	.....	.....	.....	.....	.....
01914	N	Anesth, cervical discography	.....	.....	.....	.....	.....
01916	C	Anesth, head arteriogram	.....	.....	.....	.....	.....
01918	C	Anesth, limb arteriogram	.....	.....	.....	.....	.....
01920	N	Anesth, catheterize heart	.....	.....	.....	.....	.....
01921	C	Anesth, vessel surgery	.....	.....	.....	.....	.....
01922	N	Anesth, cat or MRI scan	.....	.....	.....	.....	.....
01990	C	Support for organ donor	.....	.....	.....	.....	.....
01995	N	Regional anesthesia, limb	.....	.....	.....	.....	.....
01996	N	Manage daily drug therapy	.....	.....	.....	.....	.....
01999	N	Unlisted anesth procedure	.....	.....	.....	.....	.....
10040	T	Acne surgery of skin abscess	131	1.93	$99.24	$36.61	$19.85
10060	T	Drainage of skin abscess	131	1.93	$99.24	$36.61	$19.85
10061	T	Drainage of skin abscess	131	1.93	$99.24	$36.61	$19.85
10080	T	Drainage of pilonidal cyst	131	1.93	$99.24	$36.61	$19.85
10081	T	Drainage of pilonidal cyst	131	1.93	$99.24	$36.61	$19.85
10120	T	Remove foreign body	131	1.93	$99.24	$36.61	$19.85
10121	T	Remove foreign body	163	10.48	$538.88	$260.80	$107.78
10140	T	Drainage of hematoma/fluid	131	1.93	$99.24	$36.61	$19.85
10160	T	Puncture drainage of lesion	131	1.93	$99.24	$36.61	$19.85
10180	T	Complex drainage, wound	131	1.93	$99.24	$36.61	$19.85
11000	T	Debride infected skin	151	1.63	$83.81	$33.22	$16.76
11001	T	Debride infect skin add-on	151	1.63	$83.81	$33.22	$16.76
11010	T	Debride skin, fx	163	10.48	$538.88	$260.80	$107.78
11011	T	Debride skin/muscle, fx	163	10.48	$538.88	$260.80	$107.78
11012	T	Debride skin/muscle/bone, fx	163	10.48	$538.88	$260.80	$107.78
11040	T	Debride skin partial	151	1.63	$83.81	$33.22	$16.76
11041	T	Debride skin full	151	1.63	$83.81	$33.22	$16.76
11042	T	Debride skin/tissue	151	1.63	$83.81	$33.22	$16.76
11043	T	Debride tissue/muscle	162	5.59	$287.44	$125.66	$57.49
11044	T	Debride tissue/muscle/bone	162	5.59	$287.44	$125.66	$57.49
[2] 11050	T	Trim skin lesion	151	1.63	$83.81	$33.22	$16.76
[2] 11051	T	Trim 2 to 4 skin lesions	151	1.63	$83.81	$33.22	$16.76
[2] 11052	T	Trim over 4 skin lesions	151	1.63	$83.81	$33.22	$16.76
11055	T	Trim skin lesion	151	1.63	$83.81	$33.22	$16.76
11056	T	Trim 2 to 4 skin lesions	151	1.63	$83.81	$33.22	$16.76
11057	T	Trim over 4 skin lesions	151	1.63	$83.81	$33.22	$16.76
11100	T	Biopsy of skin lesion	161	3.43	$176.37	$75.71	$35.27
11101	T	Biopsy, skin add-on	161	3.43	$176.37	$75.71	$35.27
11200	T	Removal of skin tags	151	1.63	$83.81	$33.22	$16.76
11201	T	Remove skin tags add-on	151	1.63	$83.81	$33.22	$16.76
11300	T	Shave skin lesion	151	1.63	$83.81	$33.22	$16.76
11301	T	Shave skin lesion	151	1.63	$83.81	$33.22	$16.76
11302	T	Shave skin lesion	151	1.63	$83.81	$33.22	$16.76
11303	T	Shave skin lesion	151	1.63	$83.81	$33.22	$16.76
11305	T	Shave skin lesion	151	1.63	$83.81	$33.22	$16.76
11306	T	Shave skin lesion	151	1.63	$83.81	$33.22	$16.76
11307	T	Shave skin lesion	151	1.63	$83.81	$33.22	$16.76
11308	T	Shave skin lesion	151	1.63	$83.81	$33.22	$16.76
11310	T	Shave skin lesion	151	1.63	$83.81	$33.22	$16.76
11311	T	Shave skin lesion	151	1.63	$83.81	$33.22	$16.76
11312	T	Shave skin lesion	151	1.63	$83.81	$33.22	$16.76
11313	T	Shave skin lesion	151	1.63	$83.81	$33.22	$16.76
11400	T	Removal of skin lesion	161	3.43	$176.37	$75.71	$35.27
11401	T	Removal of skin lesion	161	3.43	$176.37	$75.71	$35.27
11402	T	Removal of skin lesion	161	3.43	$176.37	$75.71	$35.27
11403	T	Removal of skin lesion	161	3.43	$176.37	$75.71	$35.27
11404	T	Removal of skin lesion	162	5.59	$287.44	$125.66	$57.49
11406	T	Removal of skin lesion	163	10.48	$538.88	$260.80	$107.78
11420	T	Removal of skin lesion	161	3.43	$176.37	$75.71	$35.27
11421	T	Removal of skin lesion	161	3.43	$176.37	$75.71	$35.27
11422	T	Removal of skin lesion	161	3.43	$176.37	$75.71	$35.27
11423	T	Removal of skin lesion	161	3.43	$176.37	$75.71	$35.27
11424	T	Removal of skin lesion	162	5.59	$287.44	$125.66	$57.49
11426	T	Removal of skin lesion	163	10.48	$538.88	$260.80	$107.78
11440	T	Removal of skin lesion	161	3.43	$176.37	$75.71	$35.27
11441	T	Removal of skin lesion	161	3.43	$176.37	$75.71	$35.27
11442	T	Removal of skin lesion	161	3.43	$176.37	$75.71	$35.27
11443	T	Removal of skin lesion	161	3.43	$176.37	$75.71	$35.27
11444	T	Removal of skin lesion	162	5.59	$287.44	$125.66	$57.49
11446	T	Removal of skin lesion	163	10.48	$538.88	$260.80	$107.78
11450	T	Removal, sweat gland lesion	163	10.48	$538.88	$260.80	$107.78
11451	T	Removal, sweat gland lesion	163	10.48	$538.88	$260.80	$107.78
11462	T	Removal, sweat gland lesion	163	10.48	$538.88	$260.80	$107.78

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
11463	T	Removal, sweat gland lesion	163	10.48	$538.88	$260.80	$107.78
11470	T	Removal, sweat gland lesion	163	10.48	$538.88	$260.80	$107.78
11471	T	Removal, sweat gland lesion	163	10.48	$538.88	$260.80	$107.78
11600	T	Removal of skin lesion	161	3.43	$176.37	$75.71	$35.27
11601	T	Removal of skin lesion	161	3.43	$176.37	$75.71	$35.27
11602	T	Removal of skin lesion	161	3.43	$176.37	$75.71	$35.27
11603	T	Removal of skin lesion	161	3.43	$176.37	$75.71	$35.27
11604	T	Removal of skin lesion	162	5.59	$287.44	$125.66	$57.49
11606	T	Removal of skin lesion	163	10.48	$538.88	$260.80	$107.78
11620	T	Removal of skin lesion	161	3.43	$176.37	$75.71	$35.27
11621	T	Removal of skin lesion	161	3.43	$176.37	$75.71	$35.27
11622	T	Removal of skin lesion	161	3.43	$176.37	$75.71	$35.27
11623	T	Removal of skin lesion	161	3.43	$176.37	$75.71	$35.27
11624	T	Removal of skin lesion	163	10.48	$538.88	$260.80	$107.78
11626	T	Removal of skin lesion	163	10.48	$538.88	$260.80	$107.78
11640	T	Removal of skin lesion	161	3.43	$176.37	$75.71	$35.27
11641	T	Removal of skin lesion	161	3.43	$176.37	$75.71	$35.27
11642	T	Removal of skin lesion	161	3.43	$176.37	$75.71	$35.27
11643	T	Removal of skin lesion	161	3.43	$176.37	$75.71	$35.27
11644	T	Removal of skin lesion	163	10.48	$538.88	$260.80	$107.78
11646	T	Removal of skin lesion	163	10.48	$538.88	$260.80	$107.78
[2] 11700	T	Scraping of 1-5 nails	137	0.60	$30.85	$9.27	$6.17
[2] 11701	T	Scraping of additional nails	137	0.60	$30.85	$9.27	$6.17
[2] 11710	T	Scraping of 1-5 nails	137	0.60	$30.85	$9.27	$6.17
[2] 11711	T	Scraping of additional nails	137	0.60	$30.85	$9.27	$6.17
11719	T	Trim nail(s)	137	0.60	$30.85	$9.27	$6.17
11720	T	Debride nail, 1-5	137	0.60	$30.85	$9.27	$6.17
11721	T	Debride nail, 6 or more	137	0.60	$30.85	$9.27	$6.17
11730	T	Removal of nail plate	151	1.63	$83.81	$33.22	$16.76
[2] 11731	T	Removal of second nail plate	151	1.63	$83.81	$33.22	$16.76
11732	T	Remove additional nail plate	151	1.63	$83.81	$33.22	$16.76
11740	T	Drain blood from under nail	137	0.60	$30.85	$9.27	$6.17
11750	T	Removal of nail bed	161	3.43	$176.37	$75.71	$35.27
11752	T	Remove nail bed/finger tip	163	10.48	$538.88	$260.80	$107.78
11755	T	Biopsy, nail unit	137	0.60	$30.85	$9.27	$6.17
11760	T	Reconstruction of nail bed	181	2.17	$111.58	$44.07	$22.32
11762	T	Reconstruction of nail bed	181	2.17	$111.58	$44.07	$22.32
11765	T	Excision of nail fold, toe	151	1.63	$83.81	$33.22	$16.76
11770	T	Removal of pilonidal lesion	162	5.59	$287.44	$125.66	$57.49
11771	T	Removal of pilonidal lesion	163	10.48	$538.88	$260.80	$107.78
11772	T	Removal of pilonidal lesion	163	10.48	$538.88	$260.80	$107.78
11900	T	Injection into skin lesions	151	1.63	$83.81	$33.22	$16.76
11901	T	Added skin lesions injection	151	1.63	$83.81	$33.22	$16.76
11920	T	Correct skin color defects	181	2.17	$111.58	$44.07	$22.32
11921	T	Correct skin color defects	181	2.17	$111.58	$44.07	$22.32
11922	T	Correct skin color defects	181	2.17	$111.58	$44.07	$22.32
11950	T	Therapy for contour defects	181	2.17	$111.58	$44.07	$22.32
11951	T	Therapy for contour defects	181	2.17	$111.58	$44.07	$22.32
11952	T	Therapy for contour defects	181	2.17	$111.58	$44.07	$22.32
11954	T	Therapy for contour defects	181	2.17	$111.58	$44.07	$22.32
11960	T	Insert tissue expander(s)	183	11.04	$567.68	$283.18	$113.54
11970	T	Replace tissue expander	183	11.04	$567.68	$283.18	$113.54
11971	T	Remove tissue expander(s)	163	10.48	$538.88	$260.80	$107.78
11975	E	Insert contraceptive cap	.....	.....	.....	.....	.....
11976	T	Removal of contraceptive cap	131	1.93	$99.24	$36.61	$19.85
11977	E	Removal/reinsert contra cap	.....	.....	.....	.....	.....
12001	T	Repair superficial wound(s)	181	2.17	$111.58	$44.07	$22.32
12002	T	Repair superficial wound(s)	181	2.17	$111.58	$44.07	$22.32
12004	T	Repair superficial wound(s)	181	2.17	$111.58	$44.07	$22.32
12005	T	Repair superficial wound(s)	181	2.17	$111.58	$44.07	$22.32
12006	T	Repair superficial wound(s)	181	2.17	$111.58	$44.07	$22.32
12007	T	Repair superficial wound(s)	181	2.17	$111.58	$44.07	$22.32
12011	T	Repair superficial wound(s)	181	2.17	$111.58	$44.07	$22.32
12013	T	Repair superficial wound(s)	181	2.17	$111.58	$44.07	$22.32
12014	T	Repair superficial wound(s)	181	2.17	$111.58	$44.07	$22.32
12015	T	Repair superficial wound(s)	181	2.17	$111.58	$44.07	$22.32
12016	T	Repair superficial wound(s)	181	2.17	$111.58	$44.07	$22.32
12017	T	Repair superficial wound(s)	181	2.17	$111.58	$44.07	$22.32
12018	T	Repair superficial wound(s)	181	2.17	$111.58	$44.07	$22.32
12020	T	Closure of split wound	181	2.17	$111.58	$44.07	$22.32
12021	T	Closure of split wound	181	2.17	$111.58	$44.07	$22.32
12031	T	Layer closure of wound(s)	181	2.17	$111.58	$44.07	$22.32
12032	T	Layer closure of wound(s)	181	2.17	$111.58	$44.07	$22.32
12034	T	Layer closure of wound(s)	181	2.17	$111.58	$44.07	$22.32
12035	T	Layer closure of wound(s)	181	2.17	$111.58	$44.07	$22.32

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
12036	T	Layer closure of wound(s)	181	2.17	$111.58	$44.07	$22.32
12037	T	Layer closure of wound(s)	183	11.04	$567.68	$283.18	$113.54
12041	T	Layer closure of wound(s)	181	2.17	$111.58	$44.07	$22.32
12042	T	Layer closure of wound(s)	181	2.17	$111.58	$44.07	$22.32
12044	T	Layer closure of wound(s)	181	2.17	$111.58	$44.07	$22.32
12045	T	Layer closure of wound(s)	181	2.17	$111.58	$44.07	$22.32
12046	T	Layer closure of wound(s)	181	2.17	$111.58	$44.07	$22.32
12047	T	Layer closure of wound(s)	183	11.04	$567.68	$283.18	$113.54
12051	T	Layer closure of wound(s)	181	2.17	$111.58	$44.07	$22.32
12052	T	Layer closure of wound(s)	181	2.17	$111.58	$44.07	$22.32
12053	T	Layer closure of wound(s)	181	2.17	$111.58	$44.07	$22.32
12054	T	Layer closure of wound(s)	181	2.17	$111.58	$44.07	$22.32
12055	T	Layer closure of wound(s)	181	2.17	$111.58	$44.07	$22.32
12056	T	Layer closure of wound(s)	181	2.17	$111.58	$44.07	$22.32
12057	T	Layer closure of wound(s)	183	11.04	$567.68	$283.18	$113.54
13100	T	Repair of wound or lesion	182	4.11	$211.34	$92.43	$42.27
13101	T	Repair of wound or lesion	182	4.11	$211.34	$92.43	$42.27
13120	T	Repair of wound or lesion	182	4.11	$211.34	$92.43	$42.27
13121	T	Repair of wound or lesion	182	4.11	$211.34	$92.43	$42.27
13131	T	Repair of wound or lesion	182	4.11	$211.34	$92.43	$42.27
13132	T	Repair of wound or lesion	182	4.11	$211.34	$92.43	$42.27
13150	T	Repair of wound or lesion	182	4.11	$211.34	$92.43	$42.27
13151	T	Repair of wound or lesion	182	4.11	$211.34	$92.43	$42.27
13152	T	Repair of wound or lesion	182	4.11	$211.34	$92.43	$42.27
13160	T	Late closure of wound	182	4.11	$211.34	$92.43	$42.27
13300	T	Repair of wound or lesion	182	4.11	$211.34	$92.43	$42.27
14000	T	Skin tissue rearrangement	183	11.04	$567.68	$283.18	$113.54
14001	T	Skin tissue rearrangement	183	11.04	$567.68	$283.18	$113.54
14020	T	Skin tissue rearrangement	183	11.04	$567.68	$283.18	$113.54
14021	T	Skin tissue rearrangement	183	11.04	$567.68	$283.18	$113.54
14040	T	Skin tissue rearrangement	183	11.04	$567.68	$283.18	$113.54
14041	T	Skin tissue rearrangement	183	11.04	$567.68	$283.18	$113.54
14060	T	Skin tissue rearrangement	183	11.04	$567.68	$283.18	$113.54
14061	T	Skin tissue rearrangement	183	11.04	$567.68	$283.18	$113.54
14300	T	Skin tissue rearrangement	183	11.04	$567.68	$283.18	$113.54
14350	T	Skin tissue rearrangement	183	11.04	$567.68	$283.18	$113.54
15000	T	Skin graft	183	11.04	$567.68	$283.18	$113.54
15050	T	Skin pinch graft	183	11.04	$567.68	$283.18	$113.54
15100	T	Skin split graft	183	11.04	$567.68	$283.18	$113.54
15101	T	Skin split graft add-on	183	11.04	$567.68	$283.18	$113.54
15120	T	Skin split graft	183	11.04	$567.68	$283.18	$113.54
15121	T	Skin split graft add-on	183	11.04	$567.68	$283.18	$113.54
15200	T	Skin full graft	183	11.04	$567.68	$283.18	$113.54
15201	T	Skin full graft add-on	183	11.04	$567.68	$283.18	$113.54
15220	T	Skin full graft	183	11.04	$567.68	$283.18	$113.54
15221	T	Skin full graft add-on	183	11.04	$567.68	$283.18	$113.54
15240	T	Skin full graft	183	11.04	$567.68	$283.18	$113.54
15241	T	Skin full graft add-on	183	11.04	$567.68	$283.18	$113.54
15260	T	Skin full graft	183	11.04	$567.68	$283.18	$113.54
15261	T	Skin full graft add-on	183	11.04	$567.68	$283.18	$113.54
15350	T	Skin homograft	183	11.04	$567.68	$283.18	$113.54
15400	T	Skin heterograft	183	11.04	$567.68	$283.18	$113.54
15570	T	Form skin pedicle flap	183	11.04	$567.68	$283.18	$113.54
15572	T	Form skin pedicle flap	183	11.04	$567.68	$283.18	$113.54
15574	T	Form skin pedicle flap	183	11.04	$567.68	$283.18	$113.54
15576	T	Form skin pedicle flap	183	11.04	$567.68	$283.18	$113.54
15580	T	Attach skin pedicle graft	183	11.04	$567.68	$283.18	$113.54
15600	T	Skin graft	183	11.04	$567.68	$283.18	$113.54
15610	T	Skin graft	183	11.04	$567.68	$283.18	$113.54
15620	T	Skin graft	183	11.04	$567.68	$283.18	$113.54
15625	T	Skin graft	183	11.04	$567.68	$283.18	$113.54
15630	T	Skin graft	183	11.04	$567.68	$283.18	$113.54
15650	T	Transfer skin pedicle flap	183	11.04	$567.68	$283.18	$113.54
15732	T	Muscle-skin graft, head/neck	184	14.85	$763.59	$397.99	$152.72
15734	T	Muscle-skin graft, trunk	184	14.85	$763.59	$397.99	$152.72
15736	T	Muscle-skin graft, arm	184	14.85	$763.59	$397.99	$152.72
15738	T	Muscle-skin graft, leg	184	14.85	$763.59	$397.99	$152.72
15740	T	Island pedicle flap graft	184	14.85	$763.59	$397.99	$152.72
15750	T	Neurovascular pedicle graft	184	14.85	$763.59	$397.99	$152.72
[2] 15755	C	Microvascular flap graft	.....	.....	.....	.....	.....
15756	C	Free muscle flap, microvasc	.....	.....	.....	.....	.....
15757	C	Free skin flap, microvasc	.....	.....	.....	.....	.....
15758	C	Free fascial flap, microvasc	.....	.....	.....	.....	.....
15760	T	Composite skin graft	184	14.85	$763.59	$397.99	$152.72
15770	T	Derma-fat-fascia graft	184	14.85	$763.59	$397.99	$152.72

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
15775	T	Hair transplant punch grafts	183	11.04	$567.68	$283.18	$113.54
15776	T	Hair transplant punch grafts	183	11.04	$567.68	$283.18	$113.54
15780	T	Abrasion treatment of skin	163	10.48	$538.88	$260.80	$107.78
15781	T	Abrasion treatment of skin	163	10.48	$538.88	$260.80	$107.78
15782	T	Abrasion treatment of skin	163	10.48	$538.88	$260.80	$107.78
15783	T	Abrasion treatment of skin	151	1.63	$83.81	$33.22	$16.76
15786	T	Abrasion, lesion, single	151	1.63	$83.81	$33.22	$16.76
15787	T	Abrasion, lesions, add-on	151	1.63	$83.81	$33.22	$16.76
15788	T	Chemical peel, face, epiderm	151	1.63	$83.81	$33.22	$16.76
15789	T	Chemical peel, face, dermal	151	1.63	$83.81	$33.22	$16.76
15792	T	Chemical peel, nonfacial	151	1.63	$83.81	$33.22	$16.76
15793	T	Chemical peel, nonfacial	151	1.63	$83.81	$33.22	$16.76
15810	T	Salabrasion	151	1.63	$83.81	$33.22	$16.76
15811	T	Salabrasion	163	10.48	$538.88	$260.80	$107.78
15819	T	Plastic surgery, neck	183	11.04	$567.68	$283.18	$113.54
15820	T	Revision of lower eyelid	183	11.04	$567.68	$283.18	$113.54
15821	T	Revision of lower eyelid	183	11.04	$567.68	$283.18	$113.54
15822	T	Revision of upper eyelid	183	11.04	$567.68	$283.18	$113.54
15823	T	Revision of upper eyelid	183	11.04	$567.68	$283.18	$113.54
15824	T	Removal of forehead wrinkles	184	14.85	$763.59	$397.99	$152.72
15825	T	Removal of neck wrinkles	183	11.04	$567.68	$283.18	$113.54
15826	T	Removal of brow wrinkles	184	14.85	$763.59	$397.99	$152.72
15828	T	Removal of face wrinkles	184	14.85	$763.59	$397.99	$152.72
15829	T	Removal of skin wrinkles	183	11.04	$567.68	$283.18	$113.54
15831	T	Excise excessive skin tissue	184	14.85	$763.59	$397.99	$152.72
15832	T	Excise excessive skin tissue	184	14.85	$763.59	$397.99	$152.72
15833	T	Excise excessive skin tissue	184	14.85	$763.59	$397.99	$152.72
15834	T	Excise excessive skin tissue	184	14.85	$763.59	$397.99	$152.72
15835	T	Excise excessive skin tissue	183	11.04	$567.68	$283.18	$113.54
15836	T	Excise excessive skin tissue	184	14.85	$763.59	$397.99	$152.72
15837	T	Excise excessive skin tissue	184	14.85	$763.59	$397.99	$152.72
15838	T	Excise excessive skin tissue	163	10.48	$538.88	$260.80	$107.78
15839	T	Excise excessive skin tissue	184	14.85	$763.59	$397.99	$152.72
15840	T	Graft for face nerve palsy	184	14.85	$763.59	$397.99	$152.72
15841	T	Graft for face nerve palsy	184	14.85	$763.59	$397.99	$152.72
15842	T	Graft for face nerve palsy	184	14.85	$763.59	$397.99	$152.72
15845	T	Skin and muscle repair, face	184	14.85	$763.59	$397.99	$152.72
15850	T	Removal of sutures	151	1.63	$83.81	$33.22	$16.76
15851	T	Removal of sutures	151	1.63	$83.81	$33.22	$16.76
15852	T	Dressing change,not for burn	151	1.63	$83.81	$33.22	$16.76
15860	N	Test for blood flow in graft	.....	.....	.....	.....	.....
15876	T	Suction assisted lipectomy	184	14.85	$763.59	$397.99	$152.72
15877	T	Suction assisted lipectomy	184	14.85	$763.59	$397.99	$152.72
15878	T	Suction assisted lipectomy	184	14.85	$763.59	$397.99	$152.72
15879	T	Suction assisted lipectomy	184	14.85	$763.59	$397.99	$152.72
15920	T	Removal of tail bone ulcer	163	10.48	$538.88	$260.80	$107.78
15922	T	Removal of tail bone ulcer	184	14.85	$763.59	$397.99	$152.72
15931	T	Remove sacrum pressure sore	163	10.48	$538.88	$260.80	$107.78
15933	T	Remove sacrum pressure sore	163	10.48	$538.88	$260.80	$107.78
15934	T	Remove sacrum pressure sore	184	14.85	$763.59	$397.99	$152.72
15935	T	Remove sacrum pressure sore	184	14.85	$763.59	$397.99	$152.72
15936	T	Remove sacrum pressure sore	184	14.85	$763.59	$397.99	$152.72
15937	T	Remove sacrum pressure sore	184	14.85	$763.59	$397.99	$152.72
15940	T	Removal of pressure sore	163	10.48	$538.88	$260.80	$107.78
15941	T	Removal of pressure sore	163	10.48	$538.88	$260.80	$107.78
15944	T	Removal of pressure sore	184	14.85	$763.59	$397.99	$152.72
15945	T	Removal of pressure sore	184	14.85	$763.59	$397.99	$152.72
15946	T	Removal of pressure sore	184	14.85	$763.59	$397.99	$152.72
15950	T	Remove thigh pressure sore	163	10.48	$538.88	$260.80	$107.78
15951	T	Remove thigh pressure sore	163	10.48	$538.88	$260.80	$107.78
15952	T	Remove thigh pressure sore	184	14.85	$763.59	$397.99	$152.72
15953	T	Remove thigh pressure sore	184	14.85	$763.59	$397.99	$152.72
15956	T	Remove thigh pressure sore	184	14.85	$763.59	$397.99	$152.72
15958	T	Remove thigh pressure sore	184	14.85	$763.59	$397.99	$152.72
15999	T	Removal of pressure sore	163	10.48	$538.88	$260.80	$107.78
16000	T	Initial treatment of burn(s)	151	1.63	$83.81	$33.22	$16.76
16010	T	Treatment of burn(s)	152	10.07	$517.80	$251.54	$103.56
16015	T	Treatment of burn(s)	152	10.07	$517.80	$251.54	$103.56
16020	T	Treatment of burn(s)	151	1.63	$83.81	$33.22	$16.76
16025	T	Treatment of burn(s)	151	1.63	$83.81	$33.22	$16.76
16030	T	Treatment of burn(s)	151	1.63	$83.81	$33.22	$16.76
16035	T	Incision of burn scab	162	5.59	$287.44	$125.66	$57.49
[2] 16040	T	Burn wound excision	162	5.59	$287.44	$125.66	$57.49
[2] 16041	T	Burn wound excision	162	5.59	$287.44	$125.66	$57.49
[2] 16042	T	Burn wound excision	162	5.59	$287.44	$125.66	$57.49

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
17000	T	Destroy benign/premal lesion	141	0.52	$26.74	$9.49	$5.35
[2]17001	T	Destruction of add'l lesions	141	0.52	$26.74	$9.49	$5.35
[2]17002	T	Destruction of add'l lesions	141	0.52	$26.74	$9.49	$5.35
17003	T	Destroy 2-14 lesions	141	0.52	$26.74	$9.49	$5.35
17004	T	Destroy 15 & more lesions	142	2.94	$151.17	$54.24	$30.24
[2]17100	T	Destruction of skin lesion	141	0.52	$26.74	$9.49	$5.35
[2]17101	T	Destruction of 2nd lesion	141	0.52	$26.74	$9.49	$5.35
[2]17102	T	Destruction of add'l lesions	141	0.52	$26.74	$9.49	$5.35
[2]17104	T	Destruction of skin lesions	142	2.94	$151.17	$54.24	$30.24
[2]17105	T	Destruction of skin lesions	142	2.94	$151.17	$54.24	$30.24
17106	T	Destruction of skin lesions	141	0.52	$26.74	$9.49	$5.35
17107	T	Destruction of skin lesions	142	2.94	$151.17	$54.24	$30.24
17108	T	Destruction of skin lesions	142	2.94	$151.17	$54.24	$30.24
17110	T	Destruct lesion, 1-14	141	0.52	$26.74	$9.49	$5.35
17111	T	Destruct lesion, 15 or more	142	2.94	$151.17	$54.24	$30.24
[2]17200	T	Electrocautery of skin tags	151	1.63	$83.81	$33.22	$16.76
[2]17201	T	Electrocautery added lesions	151	1.63	$83.81	$33.22	$16.76
17250	T	Chemical cautery, tissue	151	1.63	$83.81	$33.22	$16.76
17260	T	Destruction of skin lesions	151	1.63	$83.81	$33.22	$16.76
17261	T	Destruction of skin lesions	151	1.63	$83.81	$33.22	$16.76
17262	T	Destruction of skin lesions	151	1.63	$83.81	$33.22	$16.76
17263	T	Destruction of skin lesions	151	1.63	$83.81	$33.22	$16.76
17264	T	Destruction of skin lesions	151	1.63	$83.81	$33.22	$16.76
17266	T	Destruction of skin lesions	151	1.63	$83.81	$33.22	$16.76
17270	T	Destruction of skin lesions	151	1.63	$83.81	$33.22	$16.76
17271	T	Destruction of skin lesions	151	1.63	$83.81	$33.22	$16.76
17272	T	Destruction of skin lesions	151	1.63	$83.81	$33.22	$16.76
17273	T	Destruction of skin lesions	151	1.63	$83.81	$33.22	$16.76
17274	T	Destruction of skin lesions	151	1.63	$83.81	$33.22	$16.76
17276	T	Destruction of skin lesions	151	1.63	$83.81	$33.22	$16.76
17280	T	Destruction of skin lesions	151	1.63	$83.81	$33.22	$16.76
17281	T	Destruction of skin lesions	151	1.63	$83.81	$33.22	$16.76
17282	T	Destruction of skin lesions	151	1.63	$83.81	$33.22	$16.76
17283	T	Destruction of skin lesions	151	1.63	$83.81	$33.22	$16.76
17284	T	Destruction of skin lesions	151	1.63	$83.81	$33.22	$16.76
17286	T	Destruction of skin lesions	151	1.63	$83.81	$33.22	$16.76
17304	T	Chemosurgery of skin lesion	162	5.59	$287.44	$125.66	$57.49
17305	T	2nd stage chemosurgery	162	5.59	$287.44	$125.66	$57.49
17306	T	3rd stage chemosurgery	162	5.59	$287.44	$125.66	$57.49
17307	T	Followup skin lesion therapy	162	5.59	$287.44	$125.66	$57.49
17310	T	Extensive skin chemosurgery	162	5.59	$287.44	$125.66	$57.49
17340	T	Cryotherapy of skin	151	1.63	$83.81	$33.22	$16.76
17360	T	Skin peel therapy	151	1.63	$83.81	$33.22	$16.76
17380	T	Hair removal by electrolysis	151	1.63	$83.81	$33.22	$16.76
17999	T	Skin tissue procedure	121	0.63	$32.39	$21.02	$6.48
19000	T	Drainage of breast lesion	121	0.63	$32.39	$21.02	$6.48
19001	T	Drain breast lesion add-on	121	0.63	$32.39	$21.02	$6.48
19020	T	Incision of breast lesion	132	5.63	$289.49	$132.89	$57.90
19030	T	Injection for breast x-ray	347	2.57	$132.15	$62.38	$26.43
19100	T	Biopsy of breast	122	4.59	$236.02	$113.00	$47.20
19101	T	Biopsy of breast	197	11.94	$613.95	$308.26	$122.79
19110	T	Nipple exploration	197	11.94	$613.95	$308.26	$122.79
19112	T	Excise breast duct fistula	197	11.94	$613.95	$308.26	$122.79
19120	T	Removal of breast lesion	197	11.94	$613.95	$308.26	$122.79
19125	T	Excision, breast lesion	197	11.94	$613.95	$308.26	$122.79
19126	T	Excision,add'l breast lesion	197	11.94	$613.95	$308.26	$122.79
19140	T	Removal of breast tissue	197	11.94	$613.95	$308.26	$122.79
19160	T	Removal of breast tissue	198	18.63	$957.95	$523.42	$191.59
19162	T	Remove breast tissue, nodes	198	18.63	$957.95	$523.42	$191.59
19180	T	Removal of breast	198	18.63	$957.95	$523.42	$191.59
19182	T	Removal of breast	198	18.63	$957.95	$523.42	$191.59
19200	C	Removal of breast					
19220	C	Removal of breast					
19240	C	Removal of breast					
19260	C	Removal of chest wall lesion					
19271	C	Revision of chest wall					
19272	C	Extensive chest wall surgery					
19290	T	Place needle wire, breast	197	11.94	$613.95	$308.26	$122.79
19291	T	Place needle wire, breast	197	11.94	$613.95	$308.26	$122.79
19316	T	Suspension of breast	198	18.63	$957.95	$523.42	$191.59
19318	T	Reduction of large breast	198	18.63	$957.95	$523.42	$191.59
19324	T	Enlarge breast	198	18.63	$957.95	$523.42	$191.59
19325	T	Enlarge breast with implant	198	18.63	$957.95	$523.42	$191.59
19328	T	Removal of breast implant	198	18.63	$957.95	$523.42	$191.59
19330	T	Removal of implant material	198	18.63	$957.95	$523.42	$191.59

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
19340	T	Immediate breast prosthesis	198	18.63	$957.95	$523.42	$191.59
19342	T	Delayed breast prosthesis	198	18.63	$957.95	$523.42	$191.59
19350	T	Breast reconstruction	198	18.63	$957.95	$523.42	$191.59
19355	T	Correct inverted nipple(s)	198	18.63	$957.95	$523.42	$191.59
19357	T	Breast reconstruction	198	18.63	$957.95	$523.42	$191.59
19361	C	Breast reconstruction					
19364	C	Breast reconstruction					
19366	T	Breast reconstruction	198	18.63	$957.95	$523.42	$191.59
19367	C	Breast reconstruction					
19368	C	Breast reconstruction					
19369	C	Breast reconstruction					
19370	T	Surgery of breast capsule	198	18.63	$957.95	$523.42	$191.59
19371	T	Removal of breast capsule	198	18.63	$957.95	$523.42	$191.59
19380	T	Revise breast reconstruction	198	18.63	$957.95	$523.42	$191.59
19396	T	Design custom breast implant	197	11.94	$613.95	$308.26	$122.79
19499	T	Breast surgery procedure	197	11.94	$613.95	$308.26	$122.79
20000	T	Incision of abscess	131	1.93	$99.24	$36.61	$19.85
20005	T	Incision of deep abscess	251	13.88	$713.71	$365.89	$142.74
20100	C	Explore wound, neck					
20101	C	Explore wound, chest					
20102	C	Explore wound, abdomen					
20103	C	Explore wound, extremity					
20150	C	Excise epiphyseal bar					
20200	T	Muscle biopsy	162	5.59	$287.44	$125.66	$57.49
20205	T	Deep muscle biopsy	162	5.59	$287.44	$125.66	$57.49
20206	T	Needle biopsy, muscle	122	4.59	$236.02	$113.00	$47.20
20220	T	Bone biopsy, trocar/needle	162	5.59	$287.44	$125.66	$57.49
20225	T	Bone biopsy, trocar/needle	162	5.59	$287.44	$125.66	$57.49
20240	T	Bone biopsy, excisional	163	10.48	$538.88	$260.80	$107.78
20245	T	Bone biopsy, excisional	163	10.48	$538.88	$260.80	$107.78
20250	T	Open bone biopsy	251	13.88	$713.71	$365.89	$142.74
20251	T	Open bone biopsy	251	13.88	$713.71	$365.89	$142.74
20500	T	Injection of sinus tract	181	2.17	$111.58	$44.07	$22.32
20501	T	Inject sinus tract for x-ray	347	2.57	$132.15	$62.38	$26.43
20520	T	Removal of foreign body	161	3.43	$176.37	$75.71	$35.27
20525	T	Removal of foreign body	163	10.48	$538.88	$260.80	$107.78
20550	T	Inj tendon/ligament/cyst	200	1.76	$90.50	$39.10	$18.10
20600	T	Drain/inject joint/bursa	200	1.76	$90.50	$39.10	$18.10
20605	T	Drain/inject joint/bursa	200	1.76	$90.50	$39.10	$18.10
20610	T	Drain/inject joint/bursa	200	1.76	$90.50	$39.10	$18.10
20615	T	Treatment of bone cyst	121	0.63	$32.39	$21.02	$6.48
20650	T	Insert and remove bone pin	251	13.88	$713.71	$365.89	$142.74
20660	C	Apply,remove fixation device					
20661	C	Application of head brace					
20662	C	Application of pelvis brace					
20663	C	Application of thigh brace					
20664	C	Halo brace application					
20665	N	Removal of fixation device					
20670	T	Removal of support implant	162	5.59	$287.44	$125.66	$57.49
20680	T	Removal of support implant	163	10.48	$538.88	$260.80	$107.78
20690	T	Apply bone fixation device	252	19.24	$989.32	$512.34	$197.86
20692	T	Apply bone fixation device	252	19.24	$989.32	$512.34	$197.86
20693	T	Adjust bone fixation device	251	13.88	$713.71	$365.89	$142.74
20694	T	Remove bone fixation device	251	13.88	$713.71	$365.89	$142.74
20802	C	Replantation, arm, complete					
20805	C	Replant forearm, complete					
20808	C	Replantation, hand, complete					
20816	C	Replantation digit, complete					
20822	C	Replantation digit, complete					
20824	C	Replantation thumb, complete					
20827	C	Replantation thumb, complete					
20838	C	Replantation, foot, complete					
20900	T	Removal of bone for graft	252	19.24	$989.32	$512.34	$197.86
20902	T	Removal of bone for graft	252	19.24	$989.32	$512.34	$197.86
20910	T	Remove cartilage for graft	183	11.04	$567.68	$283.18	$113.54
20912	T	Remove cartilage for graft	183	11.04	$567.68	$283.18	$113.54
20920	T	Removal of fascia for graft	183	11.04	$567.68	$283.18	$113.54
20922	T	Removal of fascia for graft	183	11.04	$567.68	$283.18	$113.54
20924	T	Removal of tendon for graft	252	19.24	$989.32	$512.34	$197.86
20926	T	Removal of tissue for graft	183	11.04	$567.68	$283.18	$113.54
20930	C	Spinal bone allograft					
20931	C	Spinal bone allograft					
20936	C	Spinal bone autograft					
20937	C	Spinal bone autograft					
20938	C	Spinal bone autograft					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
20950	T	Record fluid pressure,muscle	132	5.63	$289.49	$132.89	$57.90
20955	C	Fibula bone graft, microvasc					
20956	C	Iliac bone graft, microvasc					
20957	C	Mt bone graft, microvasc					
[2] 20960	C	Microvascular rib graft					
20962	C	Other bone graft, microvasc					
20969	C	Bone/skin graft, microvasc					
20970	C	Bone/skin graft, iliac crest					
[2] 20971	C	Bone-skin graft, rib					
20972	C	Bone-skin graft, metatarsal					
20973	C	Bone-skin graft, great toe					
20974	A	Electrical bone stimulation					
20975	T	Electrical bone stimulation	251	13.88	$713.71	$365.89	$142.74
20999	N	Musculoskeletal surgery					
21010	T	Incision of jaw joint	232	23.82	$1,224.82	$636.87	$244.96
21015	T	Resection of facial tumor	231	11.31	$581.56	$286.79	$116.31
21025	T	Excision of bone, lower jaw	231	11.31	$581.56	$286.79	$116.31
21026	T	Excision of facial bone(s)	231	11.31	$581.56	$286.79	$116.31
21029	T	Contour of face bone lesion	231	11.31	$581.56	$286.79	$116.31
21030	T	Removal of face bone lesion	231	11.31	$581.56	$286.79	$116.31
21031	T	Remove exostosis, mandible	231	11.31	$581.56	$286.79	$116.31
21032	T	Remove exostosis, maxilla	231	11.31	$581.56	$286.79	$116.31
21034	T	Removal of face bone lesion	232	23.82	$1,224.82	$636.87	$244.96
21040	T	Removal of jaw bone lesion	231	11.31	$581.56	$286.79	$116.31
21041	T	Removal of jaw bone lesion	231	11.31	$581.56	$286.79	$116.31
21044	T	Removal of jaw bone lesion	232	23.82	$1,224.82	$636.87	$244.96
21045	C	Extensive jaw surgery					
21050	T	Removal of jaw joint	232	23.82	$1,224.82	$636.87	$244.96
21060	T	Remove jaw joint cartilage	232	23.82	$1,224.82	$636.87	$244.96
21070	T	Remove coronoid process	232	23.82	$1,224.82	$636.87	$244.96
21076	T	Prepare face/oral prosthesis	226	1.56	$80.22	$21.92	$16.04
21077	T	Prepare face/oral prosthesis	226	1.56	$80.22	$21.92	$16.04
21079	T	Prepare face/oral prosthesis	226	1.56	$80.22	$21.92	$16.04
21080	T	Prepare face/oral prosthesis	226	1.56	$80.22	$21.92	$16.04
21081	T	Prepare face/oral prosthesis	226	1.56	$80.22	$21.92	$16.04
21082	T	Prepare face/oral prosthesis	226	1.56	$80.22	$21.92	$16.04
21083	T	Prepare face/oral prosthesis	226	1.56	$80.22	$21.92	$16.04
21084	T	Prepare face/oral prosthesis	226	1.56	$80.22	$21.92	$16.04
21085	N	Prepare face/oral prosthesis					
21086	T	Prepare face/oral prosthesis	226	1.56	$80.22	$21.92	$16.04
21087	T	Prepare face/oral prosthesis	226	1.56	$80.22	$21.92	$16.04
21088	T	Prepare face/oral prosthesis	226	1.56	$80.22	$21.92	$16.04
21089	T	Prepare face/oral prosthesis	226	1.56	$80.22	$21.92	$16.04
21100	T	Maxillofacial fixation	231	11.31	$581.56	$286.79	$116.31
21110	T	Interdental fixation	231	11.31	$581.56	$286.79	$116.31
21116	T	Injection, jaw joint x-ray	347	2.57	$132.15	$62.38	$26.43
21120	T	Reconstruction of chin	231	11.31	$581.56	$286.79	$116.31
21121	T	Reconstruction of chin	232	23.82	$1,224.82	$636.87	$244.96
21122	T	Reconstruction of chin	232	23.82	$1,224.82	$636.87	$244.96
21123	T	Reconstruction of chin	232	23.82	$1,224.82	$636.87	$244.96
21125	T	Augmentation lower jaw bone	231	11.31	$581.56	$286.79	$116.31
21127	T	Augmentation lower jaw bone	232	23.82	$1,224.82	$636.87	$244.96
21137	C	Reduction of forehead					
21138	C	Reduction of forehead					
21139	C	Reduction of forehead					
21141	C	Reconstruct midface, lefort					
21142	C	Reconstruct midface, lefort					
21143	C	Reconstruct midface, lefort					
21145	C	Reconstruct midface, lefort					
21146	C	Reconstruct midface, lefort					
21147	C	Reconstruct midface, lefort					
21150	C	Reconstruct midface, lefort					
21151	C	Reconstruct midface, lefort					
21154	C	Reconstruct midface, lefort					
21155	C	Reconstruct midface, lefort					
21159	C	Reconstruct midface, lefort					
21160	C	Reconstruct midface, lefort					
21172	C	Reconstruct orbit/forehead					
21175	C	Reconstruct orbit/forehead					
21179	C	Reconstruct entire forehead					
21180	C	Reconstruct entire forehead					
21181	T	Contour cranial bone lesion	232	23.82	$1,224.82	$636.87	$244.96
21182	C	Reconstruct cranial bone					
21183	C	Reconstruct cranial bone					
21184	C	Reconstruct cranial bone					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
21188	C	Reconstruction of midface					
21193	C	Reconstruct lower jaw bone					
21194	C	Reconstruct lower jaw bone					
21195	C	Reconstruct lower jaw bone					
21196	C	Reconstruct lower jaw bone					
21198	C	Reconstruct lower jaw bone					
21206	T	Reconstruct upper jaw bone	232	23.82	$1,224.82	$636.87	$244.96
21208	T	Augmentation of facial bones	232	23.82	$1,224.82	$636.87	$244.96
21209	T	Reduction of facial bones	232	23.82	$1,224.82	$636.87	$244.96
21210	T	Face bone graft	232	23.82	$1,224.82	$636.87	$244.96
21215	T	Lower jaw bone graft	232	23.82	$1,224.82	$636.87	$244.96
21230	T	Rib cartilage graft	232	23.82	$1,224.82	$636.87	$244.96
21235	T	Ear cartilage graft	232	23.82	$1,224.82	$636.87	$244.96
21240	T	Reconstruction of jaw joint	232	23.82	$1,224.82	$636.87	$244.96
21242	T	Reconstruction of jaw joint	232	23.82	$1,224.82	$636.87	$244.96
21243	T	Reconstruction of jaw joint	218	27.80	$1,429.48	$720.71	$285.90
21244	T	Reconstruction of lower jaw	232	23.82	$1,224.82	$636.87	$244.96
21245	T	Reconstruction of jaw	232	23.82	$1,224.82	$636.87	$244.96
21246	T	Reconstruction of jaw	232	23.82	$1,224.82	$636.87	$244.96
21247	C	Reconstruct lower jaw bone					
21248	T	Reconstruction of jaw	232	23.82	$1,224.82	$636.87	$244.96
21249	T	Reconstruction of jaw	232	23.82	$1,224.82	$636.87	$244.96
21255	C	Reconstruct lower jaw bone					
21256	C	Reconstruction of orbit					
21260	T	Revise eye sockets	232	23.82	$1,224.82	$636.87	$244.96
21261	C	Revise eye sockets					
21263	C	Revise eye sockets					
21267	T	Revise eye sockets	232	23.82	$1,224.82	$636.87	$244.96
21268	C	Revise eye sockets					
21270	T	Augmentation cheek bone	232	23.82	$1,224.82	$636.87	$244.96
21275	T	Revision orbitofacial bones	232	23.82	$1,224.82	$636.87	$244.96
21280	T	Revision of eyelid	231	11.31	$581.56	$286.79	$116.31
21282	T	Revision of eyelid	231	11.31	$581.56	$286.79	$116.31
21295	T	Revision of jaw muscle/bone	231	11.31	$581.56	$286.79	$116.31
21296	T	Revision of jaw muscle/bone	231	11.31	$581.56	$286.79	$116.31
21299	T	Cranio/maxillofacial surgery	231	11.31	$581.56	$286.79	$116.31
21300	T	Treatment of skull fracture	231	11.31	$581.56	$286.79	$116.31
21310	T	Treatment of nose fracture	231	11.31	$581.56	$286.79	$116.31
21315	T	Treatment of nose fracture	231	11.31	$581.56	$286.79	$116.31
21320	T	Treatment of nose fracture	231	11.31	$581.56	$286.79	$116.31
21325	T	Repair of nose fracture	231	11.31	$581.56	$286.79	$116.31
21330	T	Repair of nose fracture	232	23.82	$1,224.82	$636.87	$244.96
21335	T	Repair of nose fracture	232	23.82	$1,224.82	$636.87	$244.96
21336	T	Repair nasal septal fracture	216	20.09	$1,033.03	$524.09	$206.61
21337	T	Repair nasal septal fracture	231	11.31	$581.56	$286.79	$116.31
21338	T	Repair nasoethmoid fracture	232	23.82	$1,224.82	$636.87	$244.96
21339	T	Repair nasoethmoid fracture	232	23.82	$1,224.82	$636.87	$244.96
21340	T	Repair of nose fracture	232	23.82	$1,224.82	$636.87	$244.96
21343	T	Repair of sinus fracture	232	23.82	$1,224.82	$636.87	$244.96
21344	C	Repair of sinus fracture					
21345	T	Repair of nose/jaw fracture	232	23.82	$1,224.82	$636.87	$244.96
21346	C	Repair of nose/jaw fracture					
21347	C	Repair of nose/jaw fracture					
21348	C	Repair of nose/jaw fracture					
21355	T	Repair cheek bone fracture	231	11.31	$581.56	$286.79	$116.31
21356	C	Repair cheek bone fracture					
21360	C	Repair cheek bone fracture					
21365	C	Repair cheek bone fracture					
21366	C	Repair cheek bone fracture					
21385	C	Repair eye socket fracture					
21386	C	Repair eye socket fracture					
21387	C	Repair eye socket fracture					
21390	C	Repair eye socket fracture					
21395	C	Repair eye socket fracture					
21400	T	Treat eye socket fracture	231	11.31	$581.56	$286.79	$116.31
21401	T	Repair eye socket fracture	231	11.31	$581.56	$286.79	$116.31
21406	C	Repair eye socket fracture					
21407	C	Repair eye socket fracture					
21408	C	Repair eye socket fracture					
21421	T	Treat mouth roof fracture	232	23.82	$1,224.82	$636.87	$244.96
21422	C	Repair mouth roof fracture					
21423	C	Repair mouth roof fracture					
21431	C	Treat craniofacial fracture					
21432	C	Repair craniofacial fracture					
21433	C	Repair craniofacial fracture					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
21435	C	Repair craniofacial fracture					
21436	C	Repair craniofacial fracture					
21440	T	Repair dental ridge fracture	231	11.31	$581.56	$286.79	$116.31
21445	T	Repair dental ridge fracture	232	23.82	$1,224.82	$636.87	$244.96
21450	T	Treat lower jaw fracture	232	23.82	$1,224.82	$636.87	$244.96
21451	T	Treat lower jaw fracture	231	11.31	$581.56	$286.79	$116.31
21452	T	Treat lower jaw fracture	232	23.82	$1,224.82	$636.87	$244.96
21453	T	Treat lower jaw fracture	232	23.82	$1,224.82	$636.87	$244.96
21454	T	Treat lower jaw fracture	232	23.82	$1,224.82	$636.87	$244.96
21461	T	Repair lower jaw fracture	232	23.82	$1,224.82	$636.87	$244.96
21462	T	Repair lower jaw fracture	232	23.82	$1,224.82	$636.87	$244.96
21465	T	Repair lower jaw fracture	232	23.82	$1,224.82	$636.87	$244.96
21470	C	Repair lower jaw fracture					
21480	T	Reset dislocated jaw	231	11.31	$581.56	$286.79	$116.31
21485	T	Reset dislocated jaw	231	11.31	$581.56	$286.79	$116.31
21490	T	Repair dislocated jaw	232	23.82	$1,224.82	$636.87	$244.96
21493	T	Treat hyoid bone fracture	231	11.31	$581.56	$286.79	$116.31
21494	T	Repair hyoid bone fracture	231	11.31	$581.56	$286.79	$116.31
21495	C	Repair hyoid bone fracture					
21497	T	Interdental wiring	231	11.31	$581.56	$286.79	$116.31
21499	T	Head surgery procedure	231	11.31	$581.56	$286.79	$116.31
21501	T	Drain neck/chest lesion	132	5.63	$289.49	$132.89	$57.90
21502	T	Drain chest lesion	252	19.24	$989.32	$512.34	$197.86
21510	C	Drainage of bone lesion					
21550	T	Biopsy of neck/chest	161	3.43	$176.37	$75.71	$35.27
21555	T	Remove lesion neck/chest	163	10.48	$538.88	$260.80	$107.78
21556	T	Remove lesion neck/chest	163	10.48	$538.88	$260.80	$107.78
21557	C	Remove tumor, neck or chest					
21600	T	Partial removal of rib	252	19.24	$989.32	$512.34	$197.86
21610	T	Partial removal of rib	252	19.24	$989.32	$512.34	$197.86
21615	C	Removal of rib					
21616	C	Removal of rib and nerves					
21620	C	Partial removal of sternum					
21627	C	Sternal debridement					
21630	C	Extensive sternum surgery					
21632	C	Extensive sternum surgery					
21700	T	Revision of neck muscle	132	5.63	$289.49	$132.89	$57.90
21705	C	Revision of neck muscle/rib					
21720	T	Revision of neck muscle	132	5.63	$289.49	$132.89	$57.90
21725	T	Revision of neck muscle	132	5.63	$289.49	$132.89	$57.90
21740	C	Reconstruction of sternum					
21750	C	Repair of sternum separation					
21800	T	Treatment of rib fracture	207	1.70	$87.41	$32.32	$17.48
21805	T	Treatment of rib fracture	216	20.09	$1,033.03	$524.09	$206.61
21810	C	Treatment of rib fracture(s)					
21820	T	Treat sternum fracture	207	1.70	$87.41	$32.32	$17.48
21825	C	Repair sternum fracture					
21899	T	Neck/chest surgery procedure	207	1.70	$87.41	$32.32	$17.48
21920	T	Biopsy soft tissue of back	161	3.43	$176.37	$75.71	$35.27
21925	T	Biopsy soft tissue of back	163	10.48	$538.88	$260.80	$107.78
21930	T	Remove lesion, back or flank	163	10.48	$538.88	$260.80	$107.78
21935	T	Remove tumor of back	163	10.48	$538.88	$260.80	$107.78
22100	C	Remove part of neck vertebra					
22101	C	Remove part, thorax vertebra					
22102	C	Remove part, lumbar vertebra					
22103	C	Remove extra spine segment					
22110	C	Remove part of neck vertebra					
22112	C	Remove part, thorax vertebra					
22114	C	Remove part, lumbar vertebra					
22116	C	Remove extra spine segment					
22210	C	Revision of neck spine					
22212	C	Revision of thorax spine					
22214	C	Revision of lumbar spine					
22216	C	Revise, extra spine segment					
22220	C	Revision of neck spine					
22222	C	Revision of thorax spine					
22224	C	Revision of lumbar spine					
22226	C	Revise, extra spine segment					
22305	T	Treat spine process fracture	207	1.70	$87.41	$32.32	$17.48
22310	T	Treat spine fracture	207	1.70	$87.41	$32.32	$17.48
22315	T	Treat spine fracture	207	1.70	$87.41	$32.32	$17.48
22325	C	Repair of spine fracture					
22326	C	Repair neck spine fracture					
22327	C	Repair thorax spine fracture					
22328	C	Repair each add spine fx					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
22505	T	Manipulation of spine	210	10.06	$517.29	$279.34	$103.46
22548	C	Neck spine fusion					
22554	C	Neck spine fusion					
22556	C	Thorax spine fusion					
22558	C	Lumbar spine fusion					
22585	C	Additional spinal fusion					
22590	C	Spine & skull spinal fusion					
22595	C	Neck spinal fusion					
22600	C	Neck spine fusion					
22610	C	Thorax spine fusion					
22612	C	Lumbar spine fusion					
22614	C	Spine fusion, extra segment					
22630	C	Lumbar spine fusion					
22632	C	Spine fusion, extra segment					
22800	C	Fusion of spine					
22802	C	Fusion of spine					
22804	C	Fusion of spine					
22808	C	Fusion of spine					
22810	C	Fusion of spine					
22812	C	Fusion of spine					
22818	C	Kyphectomy, 1-2 segments					
22819	C	Kyphectomy, 3 & more segment					
22830	C	Exploration of spinal fusion					
22840	C	Insert spine fixation device					
22841	C	Insert spine fixation device					
22842	C	Insert spine fixation device					
22843	C	Insert spine fixation device					
22844	C	Insert spine fixation device					
22845	C	Insert spine fixation device					
22846	C	Insert spine fixation device					
22847	C	Insert spine fixation device					
22848	C	Insert pelvic fixationdevice					
22849	C	Reinsert spinal fixation					
22850	C	Remove spine fixation device					
22851	C	Apply spine prosth device					
22852	C	Remove spine fixation device					
22855	C	Remove spine fixation device					
22899	T	Spine surgery procedure	207	1.70	$87.41	$32.32	$17.48
22900	T	Remove abdominal wall lesion	163	10.48	$538.88	$260.80	$107.78
22999	T	Abdomen surgery procedure	163	10.48	$538.88	$260.80	$107.78
23000	T	Removal of calcium deposits	162	5.59	$287.44	$125.66	$57.49
23020	T	Release shoulder joint	253	25.74	$1,323.55	$684.55	$264.71
23030	T	Drain shoulder lesion	132	5.63	$289.49	$132.89	$57.90
23031	T	Drain shoulder bursa	132	5.63	$289.49	$132.89	$57.90
23035	C	Drain shoulder bone lesion					
23040	T	Exploratory shoulder surgery	252	19.24	$989.32	$512.34	$197.86
23044	T	Exploratory shoulder surgery	252	19.24	$989.32	$512.34	$197.86
23065	T	Biopsy shoulder tissues	161	3.43	$176.37	$75.71	$35.27
23066	T	Biopsy shoulder tissues	163	10.48	$538.88	$260.80	$107.78
23075	T	Removal of shoulder lesion	162	5.59	$287.44	$125.66	$57.49
23076	T	Removal of shoulder lesion	163	10.48	$538.88	$260.80	$107.78
23077	T	Remove tumor of shoulder	163	10.48	$538.88	$260.80	$107.78
23100	T	Biopsy of shoulder joint	251	13.88	$713.71	$365.89	$142.74
23101	T	Shoulder joint surgery	252	19.24	$989.32	$512.34	$197.86
23105	T	Remove shoulder joint lining	252	19.24	$989.32	$512.34	$197.86
23106	T	Incision of collarbone joint	252	19.24	$989.32	$512.34	$197.86
23107	T	Explore,treat shoulder joint	252	19.24	$989.32	$512.34	$197.86
23120	T	Partial removal, collar bone	253	25.74	$1,323.55	$684.55	$264.71
23125	C	Removal of collarbone					
23130	T	Partial removal,shoulderbone	253	25.74	$1,323.55	$684.55	$264.71
23140	T	Removal of bone lesion	251	13.88	$713.71	$365.89	$142.74
23145	T	Removal of bone lesion	252	19.24	$989.32	$512.34	$197.86
23146	T	Removal of bone lesion	252	19.24	$989.32	$512.34	$197.86
23150	T	Removal of humerus lesion	252	19.24	$989.32	$512.34	$197.86
23155	T	Removal of humerus lesion	252	19.24	$989.32	$512.34	$197.86
23156	T	Removal of humerus lesion	252	19.24	$989.32	$512.34	$197.86
23170	T	Remove collarbone lesion	252	19.24	$989.32	$512.34	$197.86
23172	T	Remove shoulder blade lesion	252	19.24	$989.32	$512.34	$197.86
23174	T	Remove humerus lesion	252	19.24	$989.32	$512.34	$197.86
23180	T	Remove collar bone lesion	252	19.24	$989.32	$512.34	$197.86
23182	T	Remove shoulder blade lesion	252	19.24	$989.32	$512.34	$197.86
23184	T	Remove humerus lesion	252	19.24	$989.32	$512.34	$197.86
23190	T	Partial removal of scapula	252	19.24	$989.32	$512.34	$197.86
23195	C	Removal of head of humerus					
23200	C	Removal of collar bone					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
23210	C	Removal of shoulderblade					
23220	C	Partial removal of humerus					
23221	C	Partial removal of humerus					
23222	C	Partial removal of humerus					
23330	T	Remove shoulder foreign body	163	10.48	$538.88	$260.80	$107.78
23331	T	Remove shoulder foreign body	163	10.48	$538.88	$260.80	$107.78
23332	C	Remove shoulder foreign body					
23350	T	Injection for shoulder x-ray	347	2.57	$132.15	$62.38	$26.43
23395	C	Muscle transfer,shoulder/arm					
23397	C	Muscle transfers					
23400	C	Fixation of shoulder blade					
23405	T	Incision of tendon & muscle	252	19.24	$989.32	$512.34	$197.86
23406	T	Incise tendon(s) & muscle(s)	252	19.24	$989.32	$512.34	$197.86
23410	T	Repair of tendon(s)	254	32.70	$1,681.43	$922.98	$336.29
23412	T	Repair of tendon(s)	254	32.70	$1,681.43	$922.98	$336.29
23415	T	Release of shoulder ligament	253	25.74	$1,323.55	$684.55	$264.71
23420	T	Repair of shoulder	254	32.70	$1,681.43	$922.98	$336.29
23430	T	Repair biceps tendon	254	32.70	$1,681.43	$922.98	$336.29
23440	C	Removal/transplant tendon					
23450	T	Repair shoulder capsule	254	32.70	$1,681.43	$922.98	$336.29
23455	T	Repair shoulder capsule	254	32.70	$1,681.43	$922.98	$336.29
23460	T	Repair shoulder capsule	254	32.70	$1,681.43	$922.98	$336.29
23462	T	Repair shoulder capsule	254	32.70	$1,681.43	$922.98	$336.29
23465	T	Repair shoulder capsule	254	32.70	$1,681.43	$922.98	$336.29
23466	T	Repair shoulder capsule	254	32.70	$1,681.43	$922.98	$336.29
23470	C	Reconstruct shoulder joint					
23472	C	Reconstruct shoulder joint					
23480	T	Revision of collarbone	253	25.74	$1,323.55	$684.55	$264.71
23485	T	Revision of collar bone	253	25.74	$1,323.55	$684.55	$264.71
23490	T	Reinforce clavicle	253	25.74	$1,323.55	$684.55	$264.71
23491	T	Reinforce shoulder bones	253	25.74	$1,323.55	$684.55	$264.71
23500	T	Treat clavicle fracture	207	1.70	$87.41	$32.32	$17.48
23505	T	Treat clavicle fracture	207	1.70	$87.41	$32.32	$17.48
23515	T	Repair clavicle fracture	216	20.09	$1,033.03	$524.09	$206.61
23520	T	Treat clavicle dislocation	207	1.70	$87.41	$32.32	$17.48
23525	T	Treat clavicle dislocation	207	1.70	$87.41	$32.32	$17.48
23530	T	Repair clavicle dislocation	216	20.09	$1,033.03	$524.09	$206.61
23532	T	Repair clavicle dislocation	216	20.09	$1,033.03	$524.09	$206.61
23540	T	Treat clavicle dislocation	207	1.70	$87.41	$32.32	$17.48
23545	T	Treat clavicle dislocation	207	1.70	$87.41	$32.32	$17.48
23550	T	Repair clavicle dislocation	216	20.09	$1,033.03	$524.09	$206.61
23552	T	Repair clavicle dislocation	216	20.09	$1,033.03	$524.09	$206.61
23570	T	Treat shoulderblade fracture	207	1.70	$87.41	$32.32	$17.48
23575	T	Treat shoulderblade fracture	207	1.70	$87.41	$32.32	$17.48
23585	T	Repair scapula fracture	216	20.09	$1,033.03	$524.09	$206.61
23600	T	Treat humerus fracture	209	1.94	$99.75	$37.74	$19.95
23605	T	Treat humerus fracture	209	1.94	$99.75	$37.74	$19.95
23615	T	Repair humerus fracture	216	20.09	$1,033.03	$524.09	$206.61
23616	T	Repair humerus fracture	216	20.09	$1,033.03	$524.09	$206.61
23620	T	Treat humerus fracture	209	1.94	$99.75	$37.74	$19.95
23625	T	Treat humerus fracture	209	1.94	$99.75	$37.74	$19.95
23630	T	Repair humerus fracture	216	20.09	$1,033.03	$524.09	$206.61
23650	T	Treat shoulder dislocation	207	1.70	$87.41	$32.32	$17.48
23655	T	Treat shoulder dislocation	210	10.06	$517.29	$279.34	$103.46
23660	T	Repair shoulder dislocation	216	20.09	$1,033.03	$524.09	$206.61
23665	T	Treat dislocation/fracture	209	1.94	$99.75	$37.74	$19.95
23670	T	Repair dislocation/fracture	216	20.09	$1,033.03	$524.09	$206.61
23675	T	Treat dislocation/fracture	209	1.94	$99.75	$37.74	$19.95
23680	T	Repair dislocation/fracture	216	20.09	$1,033.03	$524.09	$206.61
23700	T	Fixation of shoulder	210	10.06	$517.29	$279.34	$103.46
23800	T	Fusion of shoulder joint	253	25.74	$1,323.55	$684.55	$264.71
23802	T	Fusion of shoulder joint	253	25.74	$1,323.55	$684.55	$264.71
23900	C	Amputation of arm & girdle					
23920	C	Amputation at shoulder joint					
23921	T	Amputation follow-up surgery	183	11.04	$567.68	$283.18	$113.54
23929	T	Shoulder surgery procedure	207	1.70	$87.41	$32.32	$17.48
23930	T	Drainage of arm lesion	132	5.63	$289.49	$132.89	$57.90
23931	T	Drainage of arm bursa	132	5.63	$289.49	$132.89	$57.90
23935	T	Drain arm/elbow bone lesion	251	13.88	$713.71	$365.89	$142.74
24000	T	Exploratory elbow surgery	252	19.24	$989.32	$512.34	$197.86
24006	T	Release elbow joint	252	19.24	$989.32	$512.34	$197.86
24065	T	Biopsy arm/elbow soft tissue	161	3.43	$176.37	$75.71	$35.27
24066	T	Biopsy arm/elbow soft tissue	163	10.48	$538.88	$260.80	$107.78
24075	T	Remove arm/elbow lesion	162	5.59	$287.44	$125.66	$57.49
24076	T	Remove arm/elbow lesion	163	10.48	$538.88	$260.80	$107.78

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
24077	T	Remove tumor of arm/elbow	163	10.48	$538.88	$260.80	$107.78
24100	T	Biopsy elbow joint lining	251	13.88	$713.71	$365.89	$142.74
24101	T	Explore/treat elbow joint	252	19.24	$989.32	$512.34	$197.86
24102	T	Remove elbow joint lining	252	19.24	$989.32	$512.34	$197.86
24105	T	Removal of elbow bursa	251	13.88	$713.71	$365.89	$142.74
24110	T	Remove humerus lesion	251	13.88	$713.71	$365.89	$142.74
24115	T	Remove/graft bone lesion	252	19.24	$989.32	$512.34	$197.86
24116	T	Remove/graft bone lesion	252	19.24	$989.32	$512.34	$197.86
24120	T	Remove elbow lesion	251	13.88	$713.71	$365.89	$142.74
24125	T	Remove/graft bone lesion	252	19.24	$989.32	$512.34	$197.86
24126	T	Remove/graft bone lesion	252	19.24	$989.32	$512.34	$197.86
24130	T	Removal of head of radius	252	19.24	$989.32	$512.34	$197.86
24134	T	Removal of arm bone lesion	252	19.24	$989.32	$512.34	$197.86
24136	T	Remove radius bone lesion	252	19.24	$989.32	$512.34	$197.86
24138	T	Remove elbow bone lesion	252	19.24	$989.32	$512.34	$197.86
24140	T	Partial removal of arm bone	252	19.24	$989.32	$512.34	$197.86
24145	T	Partial removal of radius	252	19.24	$989.32	$512.34	$197.86
24147	T	Partial removal of elbow	252	19.24	$989.32	$512.34	$197.86
24149	C	Radical resection of elbow	.....	.....	.....	.....	.....
24150	C	Extensive humerus surgery	.....	.....	.....	.....	.....
24151	C	Extensive humerus surgery	.....	.....	.....	.....	.....
24152	C	Extensive radius surgery	.....	.....	.....	.....	.....
24153	C	Extensive radius surgery	.....	.....	.....	.....	.....
24155	T	Removal of elbow joint	253	25.74	$1,323.55	$684.55	$264.71
24160	T	Remove elbow joint implant	252	19.24	$989.32	$512.34	$197.86
24164	T	Remove radius head implant	252	19.24	$989.32	$512.34	$197.86
24200	T	Removal of arm foreign body	161	3.43	$176.37	$75.71	$35.27
24201	T	Removal of arm foreign body	163	10.48	$538.88	$260.80	$107.78
24220	T	Injection for elbow x-ray	347	2.57	$132.15	$62.38	$26.43
24301	T	Muscle/tendon transfer	252	19.24	$989.32	$512.34	$197.86
24305	T	Arm tendon lengthening	252	19.24	$989.32	$512.34	$197.86
24310	T	Revision of arm tendon	251	13.88	$713.71	$365.89	$142.74
24320	T	Repair of arm tendon	253	25.74	$1,323.55	$684.55	$264.71
24330	T	Revision of arm muscles	253	25.74	$1,323.55	$684.55	$264.71
24331	T	Revision of arm muscles	253	25.74	$1,323.55	$684.55	$264.71
24340	T	Repair of biceps tendon	253	25.74	$1,323.55	$684.55	$264.71
24341	T	Repair tendon/muscle arm	253	25.74	$1,323.55	$684.55	$264.71
24342	T	Repair of ruptured tendon	253	25.74	$1,323.55	$684.55	$264.71
24350	T	Repair of tennis elbow	252	19.24	$989.32	$512.34	$197.86
24351	T	Repair of tennis elbow	252	19.24	$989.32	$512.34	$197.86
24352	T	Repair of tennis elbow	252	19.24	$989.32	$512.34	$197.86
24354	T	Repair of tennis elbow	252	19.24	$989.32	$512.34	$197.86
24356	T	Revision of tennis elbow	252	19.24	$989.32	$512.34	$197.86
24360	T	Reconstruct elbow joint	217	20.54	$1,056.17	$530.42	$211.23
24361	T	Reconstruct elbow joint	218	27.80	$1,429.48	$720.71	$285.90
24362	T	Reconstruct elbow joint	218	27.80	$1,429.48	$720.71	$285.90
24363	T	Replace elbow joint	218	27.80	$1,429.48	$720.71	$285.90
24365	T	Reconstruct head of radius	217	20.54	$1,056.17	$530.42	$211.23
24366	T	Reconstruct head of radius	218	27.80	$1,429.48	$720.71	$285.90
24400	T	Revision of humerus	252	19.24	$989.32	$512.34	$197.86
24410	T	Revision of humerus	252	19.24	$989.32	$512.34	$197.86
24420	T	Revision of humerus	253	25.74	$1,323.55	$684.55	$264.71
24430	T	Repair of humerus	253	25.74	$1,323.55	$684.55	$264.71
24435	T	Repair humerus with graft	253	25.74	$1,323.55	$684.55	$264.71
24470	T	Revision of elbow joint	253	25.74	$1,323.55	$684.55	$264.71
24495	T	Decompression of forearm	252	19.24	$989.32	$512.34	$197.86
24498	T	Reinforce humerus	253	25.74	$1,323.55	$684.55	$264.71
24500	T	Treat humerus fracture	209	1.94	$99.75	$37.74	$19.95
24505	T	Treat humerus fracture	209	1.94	$99.75	$37.74	$19.95
24515	T	Repair humerus fracture	216	20.09	$1,033.03	$524.09	$206.61
24516	T	Repair humerus fracture	216	20.09	$1,033.03	$524.09	$206.61
24530	T	Treat humerus fracture	209	1.94	$99.75	$37.74	$19.95
24535	T	Treat humerus fracture	209	1.94	$99.75	$37.74	$19.95
24538	T	Treat humerus fracture	216	20.09	$1,033.03	$524.09	$206.61
24545	T	Repair humerus fracture	216	20.09	$1,033.03	$524.09	$206.61
24546	T	Repair humerus fracture	216	20.09	$1,033.03	$524.09	$206.61
24560	T	Treat humerus fracture	209	1.94	$99.75	$37.74	$19.95
24565	T	Treat humerus fracture	209	1.94	$99.75	$37.74	$19.95
24566	T	Treat humerus fracture	216	20.09	$1,033.03	$524.09	$206.61
24575	T	Repair humerus fracture	216	20.09	$1,033.03	$524.09	$206.61
24576	T	Treat humerus fracture	209	1.94	$99.75	$37.74	$19.95
24577	T	Treat humerus fracture	209	1.94	$99.75	$37.74	$19.95
24579	T	Repair humerus fracture	216	20.09	$1,033.03	$524.09	$206.61
24582	T	Treat humerus fracture	216	20.09	$1,033.03	$524.09	$206.61
24586	T	Repair elbow fracture	216	20.09	$1,033.03	$524.09	$206.61

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
24587	T	Repair elbow fracture	216	20.09	$1,033.03	$524.09	$206.61
24600	T	Treat elbow dislocation	209	1.94	$99.75	$37.74	$19.95
24605	T	Treat elbow dislocation	210	10.06	$517.29	$279.34	$103.46
24615	T	Repair elbow dislocation	216	20.09	$1,033.03	$524.09	$206.61
24620	T	Treat elbow fracture	209	1.94	$99.75	$37.74	$19.95
24635	T	Repair elbow fracture	216	20.09	$1,033.03	$524.09	$206.61
24640	T	Treat elbow dislocation	209	1.94	$99.75	$37.74	$19.95
24650	T	Treat radius fracture	209	1.94	$99.75	$37.74	$19.95
24655	T	Treat radius fracture	209	1.94	$99.75	$37.74	$19.95
24665	T	Repair radius fracture	216	20.09	$1,033.03	$524.09	$206.61
24666	T	Repair radius fracture	216	20.09	$1,033.03	$524.09	$206.61
24670	T	Treatment of ulna fracture	209	1.94	$99.75	$37.74	$19.95
24675	T	Treatment of ulna fracture	209	1.94	$99.75	$37.74	$19.95
24685	T	Repair ulna fracture	216	20.09	$1,033.03	$524.09	$206.61
24800	T	Fusion of elbow joint	253	25.74	$1,323.55	$684.55	$264.71
24802	T	Fusion/graft of elbow joint	253	25.74	$1,323.55	$684.55	$264.71
24900	C	Amputation of upper arm					
24920	C	Amputation of upper arm					
24925	T	Amputation follow-up surgery	251	13.88	$713.71	$365.89	$142.74
24930	C	Amputation follow-up surgery					
24931	C	Amputate upper arm & implant					
24935	C	Revision of amputation					
24940	C	Revision of upper arm					
24999	T	Upper arm/elbow surgery	209	1.94	$99.75	$37.74	$19.95
25000	T	Incision of tendon sheath	251	13.88	$713.71	$365.89	$142.74
25020	T	Decompression of forearm	251	13.88	$713.71	$365.89	$142.74
25023	T	Decompression of forearm	252	19.24	$989.32	$512.34	$197.86
25028	T	Drainage of forearm lesion	251	13.88	$713.71	$365.89	$142.74
25031	T	Drainage of forearm bursa	251	13.88	$713.71	$365.89	$142.74
25035	T	Treat forearm bone lesion	251	13.88	$713.71	$365.89	$142.74
25040	T	Explore/treat wrist joint	252	19.24	$989.32	$512.34	$197.86
25065	T	Biopsy forearm soft tissues	161	3.43	$176.37	$75.71	$35.27
25066	T	Biopsy forearm soft tissues	163	10.48	$538.88	$260.80	$107.78
25075	T	Removal of forearm lesion	162	5.59	$287.44	$125.66	$57.49
25076	T	Removal of forearm lesion	163	10.48	$538.88	$260.80	$107.78
25077	T	Remove tumor, forearm/wrist	163	10.48	$538.88	$260.80	$107.78
25085	T	Incision of wrist capsule	251	13.88	$713.71	$365.89	$142.74
25100	T	Biopsy of wrist joint	251	13.88	$713.71	$365.89	$142.74
25101	T	Explore/treat wrist joint	252	19.24	$989.32	$512.34	$197.86
25105	T	Remove wrist joint lining	252	19.24	$989.32	$512.34	$197.86
25107	T	Remove wrist joint cartilage	252	19.24	$989.32	$512.34	$197.86
25110	T	Remove wrist tendon lesion	251	13.88	$713.71	$365.89	$142.74
25111	T	Remove wrist tendon lesion	261	10.41	$535.28	$259.00	$107.06
25112	T	Reremove wrist tendon lesion	261	10.41	$535.28	$259.00	$107.06
25115	T	Remove wrist/forearm lesion	251	13.88	$713.71	$365.89	$142.74
25116	T	Remove wrist/forearm lesion	251	13.88	$713.71	$365.89	$142.74
25118	T	Excise wrist tendon sheath	252	19.24	$989.32	$512.34	$197.86
25119	T	Partial removal of ulna	252	19.24	$989.32	$512.34	$197.86
25120	T	Removal of forearm lesion	252	19.24	$989.32	$512.34	$197.86
25125	T	Remove/graft forearm lesion	252	19.24	$989.32	$512.34	$197.86
25126	T	Remove/graft forearm lesion	252	19.24	$989.32	$512.34	$197.86
25130	T	Removal of wrist lesion	252	19.24	$989.32	$512.34	$197.86
25135	T	Remove & graft wrist lesion	252	19.24	$989.32	$512.34	$197.86
25136	T	Remove & graft wrist lesion	252	19.24	$989.32	$512.34	$197.86
25145	T	Remove forearm bone lesion	252	19.24	$989.32	$512.34	$197.86
25150	T	Partial removal of ulna	252	19.24	$989.32	$512.34	$197.86
25151	T	Partial removal of radius	252	19.24	$989.32	$512.34	$197.86
25170	C	Extensive forearm surgery					
25210	T	Removal of wrist bone	262	18.07	$929.16	$475.96	$185.83
25215	T	Removal of wrist bones	262	18.07	$929.16	$475.96	$185.83
25230	T	Partial removal of radius	252	19.24	$989.32	$512.34	$197.86
25240	T	Partial removal of ulna	252	19.24	$989.32	$512.34	$197.86
25246	T	Injection for wrist x-ray	347	2.57	$132.15	$62.38	$26.43
25248	T	Remove forearm foreign body	251	13.88	$713.71	$365.89	$142.74
25250	T	Removal of wrist prosthesis	252	19.24	$989.32	$512.34	$197.86
25251	T	Removal of wrist prosthesis	252	19.24	$989.32	$512.34	$197.86
25260	T	Repair forearm tendon/muscle	252	19.24	$989.32	$512.34	$197.86
25263	T	Repair forearm tendon/muscle	252	19.24	$989.32	$512.34	$197.86
25265	T	Repair forearm tendon/muscle	252	19.24	$989.32	$512.34	$197.86
25270	T	Repair forearm tendon/muscle	252	19.24	$989.32	$512.34	$197.86
25272	T	Repair forearm tendon/muscle	252	19.24	$989.32	$512.34	$197.86
25274	T	Repair forearm tendon/muscle	252	19.24	$989.32	$512.34	$197.86
25280	T	Revise wrist/forearm tendon	252	19.24	$989.32	$512.34	$197.86
25290	T	Incise wrist/forearm tendon	252	19.24	$989.32	$512.34	$197.86
25295	T	Release wrist/forearm tendon	251	13.88	$713.71	$365.89	$142.74

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
25300	T	Fusion of tendons at wrist	252	19.24	$989.32	$512.34	$197.86
25301	T	Fusion of tendons at wrist	252	19.24	$989.32	$512.34	$197.86
25310	T	Transplant forearm tendon	253	25.74	$1,323.55	$684.55	$264.71
25312	T	Transplant forearm tendon	253	25.74	$1,323.55	$684.55	$264.71
25315	T	Revise palsy hand tendon(s)	253	25.74	$1,323.55	$684.55	$264.71
25316	T	Revise palsy hand tendon(s)	253	25.74	$1,323.55	$684.55	$264.71
25320	T	Repair/revise wrist joint	253	25.74	$1,323.55	$684.55	$264.71
[2] 25330	T	Revise wrist joint	217	20.54	$1,056.17	$530.42	$211.23
[2] 25331	T	Revise wrist joint	217	20.54	$1,056.17	$530.42	$211.23
25332	T	Revise wrist joint	217	20.54	$1,056.17	$530.42	$211.23
25335	T	Realignment of hand	253	25.74	$1,323.55	$684.55	$264.71
25337	T	Reconstruct ulna/radioulnar	253	25.74	$1,323.55	$684.55	$264.71
25350	T	Revision of radius	253	25.74	$1,323.55	$684.55	$264.71
25355	T	Revision of radius	253	25.74	$1,323.55	$684.55	$264.71
25360	T	Revision of ulna	252	19.24	$989.32	$512.34	$197.86
25365	T	Revise radius & ulna	252	19.24	$989.32	$512.34	$197.86
25370	T	Revise radius or ulna	253	25.74	$1,323.55	$684.55	$264.71
25375	T	Revise radius & ulna	253	25.74	$1,323.55	$684.55	$264.71
25390	C	Shorten radius/ulna	.....	.....	.....	.....	.....
25391	C	Lengthen radius/ulna	.....	.....	.....	.....	.....
25392	C	Shorten radius & ulna	.....	.....	.....	.....	.....
25393	C	Lengthen radius & ulna	.....	.....	.....	.....	.....
25400	T	Repair radius or ulna	252	19.24	$989.32	$512.34	$197.86
25405	C	Repair/graft radius or ulna	.....	.....	.....	.....	.....
25415	T	Repair radius & ulna	252	19.24	$989.32	$512.34	$197.86
25420	C	Repair/graft radius & ulna	.....	.....	.....	.....	.....
25425	T	Repair/graft radius or ulna	253	25.74	$1,323.55	$684.55	$264.71
25426	T	Repair/graft radius & ulna	253	25.74	$1,323.55	$684.55	$264.71
25440	T	Repair/graft wrist bone	253	25.74	$1,323.55	$684.55	$264.71
25441	T	Reconstruct wrist joint	218	27.80	$1,429.48	$720.71	$285.90
25442	T	Reconstruct wrist joint	218	27.80	$1,429.48	$720.71	$285.90
25443	T	Reconstruct wrist joint	218	27.80	$1,429.48	$720.71	$285.90
25444	T	Reconstruct wrist joint	218	27.80	$1,429.48	$720.71	$285.90
25445	T	Reconstruct wrist joint	218	27.80	$1,429.48	$720.71	$285.90
25446	T	Wrist replacement	218	27.80	$1,429.48	$720.71	$285.90
25447	T	Repair wrist joint(s)	217	20.54	$1,056.17	$530.42	$211.23
25449	T	Remove wrist joint implant	217	20.54	$1,056.17	$530.42	$211.23
25450	T	Revision of wrist joint	253	25.74	$1,323.55	$684.55	$264.71
25455	T	Revision of wrist joint	253	25.74	$1,323.55	$684.55	$264.71
25490	T	Reinforce radius	253	25.74	$1,323.55	$684.55	$264.71
25491	T	Reinforce ulna	253	25.74	$1,323.55	$684.55	$264.71
25492	T	Reinforce radius and ulna	253	25.74	$1,323.55	$684.55	$264.71
25500	T	Treat fracture of radius	209	1.94	$99.75	$37.74	$19.95
25505	T	Treat fracture of radius	209	1.94	$99.75	$37.74	$19.95
25515	T	Repair fracture of radius	216	20.09	$1,033.03	$524.09	$206.61
25520	T	Repair fracture of radius	209	1.94	$99.75	$37.74	$19.95
25525	T	Repair fracture of radius	216	20.09	$1,033.03	$524.09	$206.61
25526	T	Repair fracture of radius	216	20.09	$1,033.03	$524.09	$206.61
25530	T	Treat fracture of ulna	209	1.94	$99.75	$37.74	$19.95
25535	T	Treat fracture of ulna	209	1.94	$99.75	$37.74	$19.95
25545	T	Repair fracture of ulna	216	20.09	$1,033.03	$524.09	$206.61
25560	T	Treat fracture radius & ulna	209	1.94	$99.75	$37.74	$19.95
25565	T	Treat fracture radius & ulna	209	1.94	$99.75	$37.74	$19.95
25574	T	Treat fracture radius & ulna	216	20.09	$1,033.03	$524.09	$206.61
25575	T	Repair fracture radius/ulna	216	20.09	$1,033.03	$524.09	$206.61
25600	T	Treat fracture radius/ulna	209	1.94	$99.75	$37.74	$19.95
25605	T	Treat fracture radius/ulna	209	1.94	$99.75	$37.74	$19.95
25611	T	Repair fracture radius/ulna	216	20.09	$1,033.03	$524.09	$206.61
25620	T	Repair fracture radius/ulna	216	20.09	$1,033.03	$524.09	$206.61
25622	T	Treat wrist bone fracture	209	1.94	$99.75	$37.74	$19.95
25624	T	Treat wrist bone fracture	209	1.94	$99.75	$37.74	$19.95
25628	T	Repair wrist bone fracture	216	20.09	$1,033.03	$524.09	$206.61
25630	T	Treat wrist bone fracture	209	1.94	$99.75	$37.74	$19.95
25635	T	Treat wrist bone fracture	209	1.94	$99.75	$37.74	$19.95
25645	T	Repair wrist bone fracture	216	20.09	$1,033.03	$524.09	$206.61
25650	T	Repair wrist bone fracture	209	1.94	$99.75	$37.74	$19.95
25660	T	Treat wrist dislocation	209	1.94	$99.75	$37.74	$19.95
25670	T	Repair wrist dislocation	216	20.09	$1,033.03	$524.09	$206.61
25675	T	Treat wrist dislocation	209	1.94	$99.75	$37.74	$19.95
25676	T	Repair wrist dislocation	216	20.09	$1,033.03	$524.09	$206.61
25680	T	Treat wrist fracture	209	1.94	$99.75	$37.74	$19.95
25685	T	Repair wrist fracture	216	20.09	$1,033.03	$524.09	$206.61
25690	T	Treat wrist dislocation	209	1.94	$99.75	$37.74	$19.95
25695	T	Repair wrist dislocation	216	20.09	$1,033.03	$524.09	$206.61
25800	T	Fusion of wrist joint	253	25.74	$1,323.55	$684.55	$264.71

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
25805	T	Fusion/graft of wrist joint	253	25.74	$1,323.55	$684.55	$264.71
25810	T	Fusion/graft of wrist joint	253	25.74	$1,323.55	$684.55	$264.71
25820	T	Fusion of hand bones	261	10.41	$535.28	$259.00	$107.06
25825	T	Fusion hand bones with graft	262	18.07	$929.16	$475.96	$185.83
25830	T	Fusion radioulnar jnt/ulna	253	25.74	$1,323.55	$684.55	$264.71
25900	C	Amputation of forearm					
25905	C	Amputation of forearm					
25907	T	Amputation follow-up surgery	251	13.88	$713.71	$365.89	$142.74
25909	C	Amputation follow-up surgery					
25915	C	Amputation of forearm					
25920	C	Amputate hand at wrist					
25922	T	Amputate hand at wrist	251	13.88	$713.71	$365.89	$142.74
25924	C	Amputation follow-up surgery					
25927	C	Amputation of hand					
25929	T	Amputation follow-up surgery	183	11.04	$567.68	$283.18	$113.54
25931	C	Amputation follow-up surgery					
25999	T	Forearm or wrist surgery	209	1.94	$99.75	$37.74	$19.95
26010	T	Drainage of finger abscess	131	1.93	$99.24	$36.61	$19.85
26011	T	Drainage of finger abscess	131	1.93	$99.24	$36.61	$19.85
26020	T	Drain hand tendon sheath	261	10.41	$535.28	$259.00	$107.06
26025	T	Drainage of palm bursa	261	10.41	$535.28	$259.00	$107.06
26030	T	Drainage of palm bursa(s)	261	10.41	$535.28	$259.00	$107.06
26034	T	Treat hand bone lesion	261	10.41	$535.28	$259.00	$107.06
26035	T	Decompress fingers/hand	261	10.41	$535.28	$259.00	$107.06
26037	T	Decompress fingers/hand	261	10.41	$535.28	$259.00	$107.06
26040	T	Release palm contracture	262	18.07	$929.16	$475.96	$185.83
26045	T	Release palm contracture	262	18.07	$929.16	$475.96	$185.83
26055	T	Incise finger tendon sheath	261	10.41	$535.28	$259.00	$107.06
26060	T	Incision of finger tendon	261	10.41	$535.28	$259.00	$107.06
26070	T	Explore/treat hand joint	261	10.41	$535.28	$259.00	$107.06
26075	T	Explore/treat finger joint	261	10.41	$535.28	$259.00	$107.06
26080	T	Explore/treat finger joint	261	10.41	$535.28	$259.00	$107.06
26100	T	Biopsy hand joint lining	261	10.41	$535.28	$259.00	$107.06
26105	T	Biopsy finger joint lining	261	10.41	$535.28	$259.00	$107.06
26110	T	Biopsy finger joint lining	261	10.41	$535.28	$259.00	$107.06
26115	T	Removal of hand lesion	163	10.48	$538.88	$260.80	$107.78
26116	T	Removal of hand lesion	163	10.48	$538.88	$260.80	$107.78
26117	T	Remove tumor, hand/finger	163	10.48	$538.88	$260.80	$107.78
26121	T	Release palm contracture	262	18.07	$929.16	$475.96	$185.83
26123	T	Release palm contracture	262	18.07	$929.16	$475.96	$185.83
26125	T	Release palm contracture	262	18.07	$929.16	$475.96	$185.83
26130	T	Remove wrist joint lining	261	10.41	$535.28	$259.00	$107.06
26135	T	Revise finger joint, each	262	18.07	$929.16	$475.96	$185.83
26140	T	Revise finger joint, each	261	10.41	$535.28	$259.00	$107.06
26145	T	Tendon excision, palm/finger	261	10.41	$535.28	$259.00	$107.06
26160	T	Remove tendon sheath lesion	261	10.41	$535.28	$259.00	$107.06
26170	T	Removal of palm tendon, each	261	10.41	$535.28	$259.00	$107.06
26180	T	Removal of finger tendon	261	10.41	$535.28	$259.00	$107.06
26185	T	Remove finger bone	261	10.41	$535.28	$259.00	$107.06
26200	T	Remove hand bone lesion	261	10.41	$535.28	$259.00	$107.06
26205	T	Remove/graft bone lesion	262	18.07	$929.16	$475.96	$185.83
26210	T	Removal of finger lesion	261	10.41	$535.28	$259.00	$107.06
26215	T	Remove/graft finger lesion	261	10.41	$535.28	$259.00	$107.06
26230	T	Partial removal of hand bone	261	10.41	$535.28	$259.00	$107.06
26235	T	Partial removal, finger bone	261	10.41	$535.28	$259.00	$107.06
26236	T	Partial removal, finger bone	261	10.41	$535.28	$259.00	$107.06
26250	T	Extensive hand surgery	261	10.41	$535.28	$259.00	$107.06
26255	T	Extensive hand surgery	262	18.07	$929.16	$475.96	$185.83
26260	T	Extensive finger surgery	261	10.41	$535.28	$259.00	$107.06
26261	T	Extensive finger surgery	261	10.41	$535.28	$259.00	$107.06
26262	T	Partial removal of finger	261	10.41	$535.28	$259.00	$107.06
26320	T	Removal of implant from hand	163	10.48	$538.88	$260.80	$107.78
26350	T	Repair finger/hand tendon	262	18.07	$929.16	$475.96	$185.83
26352	T	Repair/graft hand tendon	262	18.07	$929.16	$475.96	$185.83
26356	T	Repair finger/hand tendon	262	18.07	$929.16	$475.96	$185.83
26357	T	Repair finger/hand tendon	262	18.07	$929.16	$475.96	$185.83
26358	T	Repair/graft hand tendon	262	18.07	$929.16	$475.96	$185.83
26370	T	Repair finger/hand tendon	262	18.07	$929.16	$475.96	$185.83
26372	T	Repair/graft hand tendon	262	18.07	$929.16	$475.96	$185.83
26373	T	Repair finger/hand tendon	262	18.07	$929.16	$475.96	$185.83
26390	T	Revise hand/finger tendon	262	18.07	$929.16	$475.96	$185.83
26392	T	Repair/graft hand tendon	262	18.07	$929.16	$475.96	$185.83
26410	T	Repair hand tendon	261	10.41	$535.28	$259.00	$107.06
26412	T	Repair/graft hand tendon	262	18.07	$929.16	$475.96	$185.83
26415	T	Excision, hand/finger tendon	262	18.07	$929.16	$475.96	$185.83

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
26416	T	Graft hand or finger tendon	262	18.07	$929.16	$475.96	$185.83
26418	T	Repair finger tendon	261	10.41	$535.28	$259.00	$107.06
26420	T	Repair/graft finger tendon	262	18.07	$929.16	$475.96	$185.83
26426	T	Repair finger/hand tendon	262	18.07	$929.16	$475.96	$185.83
26428	T	Repair/graft finger tendon	262	18.07	$929.16	$475.96	$185.83
26432	T	Repair finger tendon	261	10.41	$535.28	$259.00	$107.06
26433	T	Repair finger tendon	261	10.41	$535.28	$259.00	$107.06
26434	T	Repair/graft finger tendon	262	18.07	$929.16	$475.96	$185.83
26437	T	Realignment of tendons	261	10.41	$535.28	$259.00	$107.06
26440	T	Release palm/finger tendon	261	10.41	$535.28	$259.00	$107.06
26442	T	Release palm & finger tendon	262	18.07	$929.16	$475.96	$185.83
26445	T	Release hand/finger tendon	261	10.41	$535.28	$259.00	$107.06
26449	T	Release forearm/hand tendon	262	18.07	$929.16	$475.96	$185.83
26450	T	Incision of palm tendon	261	10.41	$535.28	$259.00	$107.06
26455	T	Incision of finger tendon	261	10.41	$535.28	$259.00	$107.06
26460	T	Incise hand/finger tendon	261	10.41	$535.28	$259.00	$107.06
26471	T	Fusion of finger tendons	261	10.41	$535.28	$259.00	$107.06
26474	T	Fusion of finger tendons	261	10.41	$535.28	$259.00	$107.06
26476	T	Tendon lengthening	261	10.41	$535.28	$259.00	$107.06
26477	T	Tendon shortening	261	10.41	$535.28	$259.00	$107.06
26478	T	Lengthening of hand tendon	261	10.41	$535.28	$259.00	$107.06
26479	T	Shortening of hand tendon	261	10.41	$535.28	$259.00	$107.06
26480	T	Transplant hand tendon	262	18.07	$929.16	$475.96	$185.83
26483	T	Transplant/graft hand tendon	262	18.07	$929.16	$475.96	$185.83
26485	T	Transplant palm tendon	262	18.07	$929.16	$475.96	$185.83
26489	T	Transplant/graft palm tendon	262	18.07	$929.16	$475.96	$185.83
26490	T	Revise thumb tendon	262	18.07	$929.16	$475.96	$185.83
26492	T	Tendon transfer with graft	262	18.07	$929.16	$475.96	$185.83
26494	T	Hand tendon/muscle transfer	262	18.07	$929.16	$475.96	$185.83
26496	T	Revise thumb tendon	262	18.07	$929.16	$475.96	$185.83
26497	T	Finger tendon transfer	262	18.07	$929.16	$475.96	$185.83
26498	T	Finger tendon transfer	262	18.07	$929.16	$475.96	$185.83
26499	T	Revision of finger	262	18.07	$929.16	$475.96	$185.83
26500	T	Hand tendon reconstruction	261	10.41	$535.28	$259.00	$107.06
26502	T	Hand tendon reconstruction	262	18.07	$929.16	$475.96	$185.83
26504	T	Hand tendon reconstruction	262	18.07	$929.16	$475.96	$185.83
26508	T	Release thumb contracture	261	10.41	$535.28	$259.00	$107.06
26510	T	Thumb tendon transfer	262	18.07	$929.16	$475.96	$185.83
26516	T	Fusion of knuckle joint	262	18.07	$929.16	$475.96	$185.83
26517	T	Fusion of knuckle joints	262	18.07	$929.16	$475.96	$185.83
26518	T	Fusion of knuckle joints	262	18.07	$929.16	$475.96	$185.83
26520	T	Release knuckle contracture	261	10.41	$535.28	$259.00	$107.06
26525	T	Release finger contracture	261	10.41	$535.28	$259.00	$107.06
26530	T	Revise knuckle joint	217	20.54	$1,056.17	$530.42	$211.23
26531	T	Revise knuckle with implant	218	27.80	$1,429.48	$720.71	$285.90
26535	T	Revise finger joint	217	20.54	$1,056.17	$530.42	$211.23
26536	T	Revise/implant finger joint	218	27.80	$1,429.48	$720.71	$285.90
26540	T	Repair hand joint	261	10.41	$535.28	$259.00	$107.06
26541	T	Repair hand joint with graft	262	18.07	$929.16	$475.96	$185.83
26542	T	Repair hand joint with graft	261	10.41	$535.28	$259.00	$107.06
26545	T	Reconstruct finger joint	262	18.07	$929.16	$475.96	$185.83
26546	T	Repair non-union hand	262	18.07	$929.16	$475.96	$185.83
26548	T	Reconstruct finger joint	262	18.07	$929.16	$475.96	$185.83
26550	T	Construct thumb replacement	262	18.07	$929.16	$475.96	$185.83
26551	C	Great toe-hand transfer	.....	.....	.....	.....	.....
[2] 26552	C	Construct thumb replacement	.....	.....	.....	.....	.....
26553	C	Single toe-hand transfer	.....	.....	.....	.....	.....
26554	C	Double toe-hand transfer	.....	.....	.....	.....	.....
26555	T	Positional change of finger	262	18.07	$929.16	$475.96	$185.83
26556	C	Toe joint transfer	.....	.....	.....	.....	.....
[2] 26557	C	Construct finger replacement	.....	.....	.....	.....	.....
[2] 26558	C	Added finger surgery	.....	.....	.....	.....	.....
[2] 26559	C	Added finger surgery	.....	.....	.....	.....	.....
26560	T	Repair of web finger	261	10.41	$535.28	$259.00	$107.06
26561	T	Repair of web finger	262	18.07	$929.16	$475.96	$185.83
26562	T	Repair of web finger	262	18.07	$929.16	$475.96	$185.83
26565	T	Correct metacarpal flaw	262	18.07	$929.16	$475.96	$185.83
26567	T	Correct finger deformity	262	18.07	$929.16	$475.96	$185.83
26568	T	Lengthen metacarpal/finger	262	18.07	$929.16	$475.96	$185.83
26580	T	Repair hand deformity	262	18.07	$929.16	$475.96	$185.83
26585	T	Repair finger deformity	262	18.07	$929.16	$475.96	$185.83
26587	T	Reconstruct extra finger	261	10.41	$535.28	$259.00	$107.06
26590	T	Repair finger deformity	262	18.07	$929.16	$475.96	$185.83
26591	T	Repair muscles of hand	262	18.07	$929.16	$475.96	$185.83
26593	T	Release muscles of hand	261	10.41	$535.28	$259.00	$107.06

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
26596	T	Excision constricting tissue	262	18.07	$929.16	$475.96	$185.83
26597	T	Release of scar contracture	262	18.07	$929.16	$475.96	$185.83
26600	T	Treat metacarpal fracture	209	1.94	$99.75	$37.74	$19.95
26605	T	Treat metacarpal fracture	209	1.94	$99.75	$37.74	$19.95
26607	T	Treat metacarpal fracture	209	1.94	$99.75	$37.74	$19.95
26608	T	Treat metacarpal fracture	216	20.09	$1,033.03	$524.09	$206.61
26615	T	Repair metacarpal fracture	216	20.09	$1,033.03	$524.09	$206.61
26641	T	Treat thumb dislocation	209	1.94	$99.75	$37.74	$19.95
26645	T	Treat thumb fracture	209	1.94	$99.75	$37.74	$19.95
26650	T	Repair thumb fracture	216	20.09	$1,033.03	$524.09	$206.61
26665	T	Repair thumb fracture	216	20.09	$1,033.03	$524.09	$206.61
26670	T	Treat hand dislocation	209	1.94	$99.75	$37.74	$19.95
26675	T	Treat hand dislocation	210	10.06	$517.29	$279.34	$103.46
26676	T	Pin hand dislocation	216	20.09	$1,033.03	$524.09	$206.61
26685	T	Repair hand dislocation	216	20.09	$1,033.03	$524.09	$206.61
26686	T	Repair hand dislocation	216	20.09	$1,033.03	$524.09	$206.61
26700	T	Treat knuckle dislocation	207	1.70	$87.41	$32.32	$17.48
26705	T	Treat knuckle dislocation	210	10.06	$517.29	$279.34	$103.46
26706	T	Pin knuckle dislocation	209	1.94	$99.75	$37.74	$19.95
26715	T	Repair knuckle dislocation	216	20.09	$1,033.03	$524.09	$206.61
26720	T	Treat finger fracture, each	207	1.70	$87.41	$32.32	$17.48
26725	T	Treat finger fracture, each	207	1.70	$87.41	$32.32	$17.48
26727	T	Treat finger fracture, each	216	20.09	$1,033.03	$524.09	$206.61
26735	T	Repair finger fracture, each	216	20.09	$1,033.03	$524.09	$206.61
26740	T	Treat finger fracture, each	207	1.70	$87.41	$32.32	$17.48
26742	T	Treat finger fracture, each	209	1.94	$99.75	$37.74	$19.95
26746	T	Repair finger fracture, each	216	20.09	$1,033.03	$524.09	$206.61
26750	T	Treat finger fracture, each	207	1.70	$87.41	$32.32	$17.48
26755	T	Treat finger fracture, each	207	1.70	$87.41	$32.32	$17.48
26756	T	Pin finger fracture, each	216	20.09	$1,033.03	$524.09	$206.61
26765	T	Repair finger fracture, each	216	20.09	$1,033.03	$524.09	$206.61
26770	T	Treat finger dislocation	207	1.70	$87.41	$32.32	$17.48
26775	T	Treat finger dislocation	210	10.06	$517.29	$279.34	$103.46
26776	T	Pin finger dislocation	216	20.09	$1,033.03	$524.09	$206.61
26785	T	Repair finger dislocation	216	20.09	$1,033.03	$524.09	$206.61
26820	T	Thumb fusion with graft	262	18.07	$929.16	$475.96	$185.83
26841	T	Fusion of thumb	262	18.07	$929.16	$475.96	$185.83
26842	T	Thumb fusion with graft	262	18.07	$929.16	$475.96	$185.83
26843	T	Fusion of hand joint	262	18.07	$929.16	$475.96	$185.83
26844	T	Fusion/graft of hand joint	262	18.07	$929.16	$475.96	$185.83
26850	T	Fusion of knuckle	262	18.07	$929.16	$475.96	$185.83
26852	T	Fusion of knuckle with graft	262	18.07	$929.16	$475.96	$185.83
26860	T	Fusion of finger joint	262	18.07	$929.16	$475.96	$185.83
26861	T	Fusion of finger joint,added	262	18.07	$929.16	$475.96	$185.83
26862	T	Fusion/graft of finger joint	262	18.07	$929.16	$475.96	$185.83
26863	T	Fuse/graft added joint	262	18.07	$929.16	$475.96	$185.83
26910	T	Amputate metacarpal bone	262	18.07	$929.16	$475.96	$185.83
26951	T	Amputation of finger/thumb	261	10.41	$535.28	$259.00	$107.06
26952	T	Amputation of finger/thumb	261	10.41	$535.28	$259.00	$107.06
26989	T	Hand/finger surgery	207	1.70	$87.41	$32.32	$17.48
26990	T	Drainage of pelvis lesion	251	13.88	$713.71	$365.89	$142.74
26991	T	Drainage of pelvis bursa	251	13.88	$713.71	$365.89	$142.74
26992	C	Drainage of bone lesion	.....	.....	.....	.....	.....
27000	T	Incision of hip tendon	251	13.88	$713.71	$365.89	$142.74
27001	T	Incision of hip tendon	252	19.24	$989.32	$512.34	$197.86
27003	T	Incision of hip tendon	252	19.24	$989.32	$512.34	$197.86
27005	C	Incision of hip tendon	.....	.....	.....	.....	.....
27006	C	Incision of hip tendons	.....	.....	.....	.....	.....
27025	C	Incision of hip/thigh fascia	.....	.....	.....	.....	.....
27030	C	Drainage of hip joint	.....	.....	.....	.....	.....
27033	T	Exploration of hip joint	253	25.74	$1,323.55	$684.55	$264.71
27035	C	Denervation of hip joint	.....	.....	.....	.....	.....
27036	C	Excision of hip joint/muscle	.....	.....	.....	.....	.....
27040	T	Biopsy of soft tissues	162	5.59	$287.44	$125.66	$57.49
27041	T	Biopsy of soft tissues	163	10.48	$538.88	$260.80	$107.78
27047	T	Remove hip/pelvis lesion	163	10.48	$538.88	$260.80	$107.78
27048	T	Remove hip/pelvis lesion	163	10.48	$538.88	$260.80	$107.78
27049	T	Remove tumor, hip/pelvis	163	10.48	$538.88	$260.80	$107.78
27050	T	Biopsy of sacroiliac joint	251	13.88	$713.71	$365.89	$142.74
27052	T	Biopsy of hip joint	251	13.88	$713.71	$365.89	$142.74
27054	C	Removal of hip joint lining	.....	.....	.....	.....	.....
27060	T	Removal of ischial bursa	251	13.88	$713.71	$365.89	$142.74
27062	T	Remove femur lesion/bursa	251	13.88	$713.71	$365.89	$142.74
27065	T	Removal of hip bone lesion	251	13.88	$713.71	$365.89	$142.74
27066	T	Removal of hip bone lesion	252	19.24	$989.32	$512.34	$197.86

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
27067	T	Remove/graft hip bone lesion	252	19.24	$989.32	$512.34	$197.86
27070	C	Partial removal of hip bone					
27071	C	Partial removal of hip bone					
27075	C	Extensive hip surgery					
27076	C	Extensive hip surgery					
27077	C	Extensive hip surgery					
27078	C	Extensive hip surgery					
27079	C	Extensive hip surgery					
27080	T	Removal of tail bone	252	19.24	$989.32	$512.34	$197.86
27086	T	Remove hip foreign body	251	13.88	$713.71	$365.89	$142.74
27087	T	Remove hip foreign body	251	13.88	$713.71	$365.89	$142.74
27090	C	Removal of hip prosthesis					
27091	C	Removal of hip prosthesis					
27093	T	Injection for hip x-ray	347	2.57	$132.15	$62.38	$26.43
27095	T	Injection for hip x-ray	347	2.57	$132.15	$62.38	$26.43
27097	T	Revision of hip tendon	252	19.24	$989.32	$512.34	$197.86
27098	T	Transfer tendon to pelvis	252	19.24	$989.32	$512.34	$197.86
27100	T	Transfer of abdominal muscle	253	25.74	$1,323.55	$684.55	$264.71
27105	T	Transfer of spinal muscle	253	25.74	$1,323.55	$684.55	$264.71
27110	T	Transfer of iliopsoas muscle	253	25.74	$1,323.55	$684.55	$264.71
27111	T	Transfer of iliopsoas muscle	253	25.74	$1,323.55	$684.55	$264.71
27120	C	Reconstruction of hip socket					
27122	C	Reconstruction of hip socket					
27125	C	Partial hip replacement					
27130	C	Total hip replacement					
27132	C	Total hip replacement					
27134	C	Revise hip joint replacement					
27137	C	Revise hip joint replacement					
27138	C	Revise hip joint replacement					
27140	C	Transplant of femur ridge					
27146	C	Incision of hip bone					
27147	C	Revision of hip bone					
27151	C	Incision of hip bones					
27156	C	Revision of hip bones					
27158	C	Revision of pelvis					
27161	C	Incision of neck of femur					
27165	C	Incision/fixation of femur					
27170	C	Repair/graft femur head/neck					
27175	C	Treat slipped epiphysis					
27176	C	Treat slipped epiphysis					
27177	C	Repair slipped epiphysis					
27178	C	Repair slipped epiphysis					
27179	C	Revise head/neck of femur					
27181	C	Repair slipped epiphysis					
27185	C	Revision of femur epiphysis					
27187	C	Reinforce hip bones					
27193	T	Treat pelvic ring fracture	209	1.94	$99.75	$37.74	$19.95
27194	T	Treat pelvic ring fracture	210	10.06	$517.29	$279.34	$103.46
27200	T	Treat tail bone fracture	207	1.70	$87.41	$32.32	$17.48
27202	T	Repair tail bone fracture	216	20.09	$1,033.03	$524.09	$206.61
27215	C	Pelvic fracture(s) treatment					
27216	C	Treat pelvic ring fracture					
27217	C	Treat pelvic ring fracture					
27218	C	Treat pelvic ring fracture					
27220	T	Treat hip socket fracture	209	1.94	$99.75	$37.74	$19.95
27222	C	Treat hip socket fracture					
27226	C	Treat hip wall fracture					
27227	C	Treat hip fracture(s)					
27228	C	Treat hip fracture(s)					
27230	T	Treat fracture of thigh	209	1.94	$99.75	$37.74	$19.95
27232	C	Treat fracture of thigh					
27235	C	Repair of thigh fracture					
27236	C	Repair of thigh fracture					
27238	T	Treatment of thigh fracture	209	1.94	$99.75	$37.74	$19.95
27240	C	Treatment of thigh fracture					
27244	C	Repair of thigh fracture					
27245	C	Repair of thigh fracture					
27246	T	Treatment of thigh fracture	209	1.94	$99.75	$37.74	$19.95
27248	C	Repair of thigh fracture					
27250	T	Treat hip dislocation	209	1.94	$99.75	$37.74	$19.95
27252	T	Treat hip dislocation	210	10.06	$517.29	$279.34	$103.46
27253	C	Repair of hip dislocation					
27254	C	Repair of hip dislocation					
27256	T	Treatment of hip dislocation	209	1.94	$99.75	$37.74	$19.95
27257	T	Treatment of hip dislocation	210	10.06	$517.29	$279.34	$103.46

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
27258	C	Repair of hip dislocation	.....	.....	.....	.....	.....
27259	C	Repair of hip dislocation	.....	.....	.....	.....	.....
27265	T	Treatment of hip dislocation	209	1.94	$99.75	$37.74	$19.95
27266	T	Treatment of hip dislocation	217	20.54	$1,056.17	$530.42	$211.23
27275	T	Manipulation of hip joint	210	10.06	$517.29	$279.34	$103.46
27280	C	Fusion of sacroiliac joint	.....	.....	.....	.....	.....
27282	C	Fusion of pubic bones	.....	.....	.....	.....	.....
27284	C	Fusion of hip joint	.....	.....	.....	.....	.....
27286	C	Fusion of hip joint	.....	.....	.....	.....	.....
27290	C	Amputation of leg at hip	.....	.....	.....	.....	.....
27295	C	Amputation of leg at hip	.....	.....	.....	.....	.....
27299	T	Pelvis/hip joint surgery	207	1.70	$87.41	$32.32	$17.48
27301	T	Drain thigh/knee lesion	132	5.63	$289.49	$132.89	$57.90
27303	C	Drainage of bone lesion	.....	.....	.....	.....	.....
27305	T	Incise thigh tendon & fascia	251	13.88	$713.71	$365.89	$142.74
27306	T	Incision of thigh tendon	251	13.88	$713.71	$365.89	$142.74
27307	T	Incision of thigh tendons	251	13.88	$713.71	$365.89	$142.74
27310	T	Exploration of knee joint	252	19.24	$989.32	$512.34	$197.86
27315	T	Partial removal, thigh nerve	631	12.70	$653.03	$329.06	$130.61
27320	T	Partial removal, thigh nerve	631	12.70	$653.03	$329.06	$130.61
27323	T	Biopsy thigh soft tissues	162	5.59	$287.44	$125.66	$57.49
27324	T	Biopsy thigh soft tissues	163	10.48	$538.88	$260.80	$107.78
27327	T	Removal of thigh lesion	163	10.48	$538.88	$260.80	$107.78
27328	T	Removal of thigh lesion	163	10.48	$538.88	$260.80	$107.78
27329	T	Remove tumor, thigh/knee	163	10.48	$538.88	$260.80	$107.78
27330	T	Biopsy knee joint lining	252	19.24	$989.32	$512.34	$197.86
27331	T	Explore/treat knee joint	252	19.24	$989.32	$512.34	$197.86
27332	T	Removal of knee cartilage	252	19.24	$989.32	$512.34	$197.86
27333	T	Removal of knee cartilage	252	19.24	$989.32	$512.34	$197.86
27334	T	Remove knee joint lining	252	19.24	$989.32	$512.34	$197.86
27335	T	Remove knee joint lining	252	19.24	$989.32	$512.34	$197.86
27340	T	Removal of kneecap bursa	251	13.88	$713.71	$365.89	$142.74
27345	T	Removal of knee cyst	251	13.88	$713.71	$365.89	$142.74
27350	T	Removal of kneecap	252	19.24	$989.32	$512.34	$197.86
27355	T	Remove femur lesion	252	19.24	$989.32	$512.34	$197.86
27356	T	Remove femur lesion/graft	252	19.24	$989.32	$512.34	$197.86
27357	T	Remove femur lesion/graft	252	19.24	$989.32	$512.34	$197.86
27358	T	Remove femur lesion/fixation	252	19.24	$989.32	$512.34	$197.86
27360	T	Partial removal leg bone(s)	252	19.24	$989.32	$512.34	$197.86
27365	C	Extensive leg surgery	.....	.....	.....	.....	.....
27370	T	Injection for knee x-ray	347	2.57	$132.15	$62.38	$26.43
27372	T	Removal of foreign body	163	10.48	$538.88	$260.80	$107.78
27380	T	Repair of kneecap tendon	251	13.88	$713.71	$365.89	$142.74
27381	T	Repair/graft kneecap tendon	251	13.88	$713.71	$365.89	$142.74
27385	T	Repair of thigh muscle	251	13.88	$713.71	$365.89	$142.74
27386	T	Repair/graft of thigh muscle	251	13.88	$713.71	$365.89	$142.74
27390	T	Incision of thigh tendon	251	13.88	$713.71	$365.89	$142.74
27391	T	Incision of thigh tendons	251	13.88	$713.71	$365.89	$142.74
27392	T	Incision of thigh tendons	251	13.88	$713.71	$365.89	$142.74
27393	T	Lengthening of thigh tendon	252	19.24	$989.32	$512.34	$197.86
27394	T	Lengthening of thigh tendons	252	19.24	$989.32	$512.34	$197.86
27395	T	Lengthening of thigh tendons	253	25.74	$1,323.55	$684.55	$264.71
27396	T	Transplant of thigh tendon	252	19.24	$989.32	$512.34	$197.86
27397	T	Transplants of thigh tendons	253	25.74	$1,323.55	$684.55	$264.71
27400	T	Revise thigh muscles/tendons	253	25.74	$1,323.55	$684.55	$264.71
27403	T	Repair of knee cartilage	252	19.24	$989.32	$512.34	$197.86
27405	T	Repair of knee ligament	253	25.74	$1,323.55	$684.55	$264.71
27407	T	Repair of knee ligament	253	25.74	$1,323.55	$684.55	$264.71
27409	T	Repair of knee ligaments	253	25.74	$1,323.55	$684.55	$264.71
27418	T	Repair degenerated kneecap	253	25.74	$1,323.55	$684.55	$264.71
27420	T	Revision of unstable kneecap	253	25.74	$1,323.55	$684.55	$264.71
27422	T	Revision of unstable kneecap	253	25.74	$1,323.55	$684.55	$264.71
27424	T	Revision/removal of kneecap	253	25.74	$1,323.55	$684.55	$264.71
27425	T	Lateral retinacular release	252	19.24	$989.32	$512.34	$197.86
27427	T	Reconstruction, knee	254	32.70	$1,681.43	$922.98	$336.29
27428	T	Reconstruction, knee	254	32.70	$1,681.43	$922.98	$336.29
27429	T	Reconstruction, knee	254	32.70	$1,681.43	$922.98	$336.29
27430	T	Revision of thigh muscles	253	25.74	$1,323.55	$684.55	$264.71
27435	T	Incision of knee joint	253	25.74	$1,323.55	$684.55	$264.71
27437	T	Revise kneecap	217	20.54	$1,056.17	$530.42	$211.23
27438	T	Revise kneecap with implant	218	27.80	$1,429.48	$720.71	$285.90
27440	T	Revision of knee joint	217	20.54	$1,056.17	$530.42	$211.23
27441	T	Revision of knee joint	217	20.54	$1,056.17	$530.42	$211.23
27442	T	Revision of knee joint	217	20.54	$1,056.17	$530.42	$211.23
27443	T	Revision of knee joint	217	20.54	$1,056.17	$530.42	$211.23

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
27445	C	Revision of knee joint					
27446	C	Revision of knee joint					
27447	C	Total knee replacement					
27448	C	Incision of thigh					
27450	C	Incision of thigh					
27454	C	Realignment of thigh bone					
27455	C	Realignment of knee					
27457	C	Realignment of knee					
27465	C	Shortening of thigh bone					
27466	C	Lengthening of thigh bone					
27468	C	Shorten/lengthen thighs					
27470	C	Repair of thigh					
27472	C	Repair/graft of thigh					
27475	C	Surgery to stop leg growth					
27477	C	Surgery to stop leg growth					
27479	C	Surgery to stop leg growth					
27485	C	Surgery to stop leg growth					
27486	C	Revise knee joint replace					
27487	C	Revise knee joint replace					
27488	C	Removal of knee prosthesis					
27495	C	Reinforce thigh					
27496	T	Decompression of thigh/knee	251	13.88	$713.71	$365.89	$142.74
27497	T	Decompression of thigh/knee	251	13.88	$713.71	$365.89	$142.74
27498	T	Decompression of thigh/knee	251	13.88	$713.71	$365.89	$142.74
27499	T	Decompression of thigh/knee	251	13.88	$713.71	$365.89	$142.74
27500	T	Treatment of thigh fracture	209	1.94	$99.75	$37.74	$19.95
27501	T	Treatment of thigh fracture	209	1.94	$99.75	$37.74	$19.95
27502	T	Treatment of thigh fracture	209	1.94	$99.75	$37.74	$19.95
27503	T	Treatment of thigh fracture	209	1.94	$99.75	$37.74	$19.95
27506	C	Repair of thigh fracture					
27507	C	Treatment of thigh fracture					
27508	T	Treatment of thigh fracture	209	1.94	$99.75	$37.74	$19.95
27509	T	Treatment of thigh fracture	216	20.09	$1,033.03	$524.09	$206.61
27510	T	Treatment of thigh fracture	209	1.94	$99.75	$37.74	$19.95
27511	C	Treatment of thigh fracture					
27513	C	Treatment of thigh fracture					
27514	C	Repair of thigh fracture					
27516	T	Repair of thigh growth plate	209	1.94	$99.75	$37.74	$19.95
27517	T	Repair of thigh growth plate	209	1.94	$99.75	$37.74	$19.95
27519	C	Repair of thigh growth plate					
27520	T	Treat kneecap fracture	209	1.94	$99.75	$37.74	$19.95
27524	C	Repair of kneecap fracture					
27530	T	Treatment of knee fracture	209	1.94	$99.75	$37.74	$19.95
27532	T	Treatment of knee fracture	209	1.94	$99.75	$37.74	$19.95
27535	C	Treatment of knee fracture					
27536	C	Repair of knee fracture					
27538	T	Treat knee fracture(s)	209	1.94	$99.75	$37.74	$19.95
27540	C	Repair of knee fracture					
27550	T	Treat knee dislocation	209	1.94	$99.75	$37.74	$19.95
27552	T	Treat knee dislocation	210	10.06	$517.29	$279.34	$103.46
27556	T	Repair of knee dislocation	216	20.09	$1,033.03	$524.09	$206.61
27557	C	Repair of knee dislocation					
27558	C	Repair of knee dislocation					
27560	T	Treat kneecap dislocation	209	1.94	$99.75	$37.74	$19.95
27562	T	Treat kneecap dislocation	210	10.06	$517.29	$279.34	$103.46
27566	T	Repair kneecap dislocation	216	20.09	$1,033.03	$524.09	$206.61
27570	T	Fixation of knee joint	210	10.06	$517.29	$279.34	$103.46
27580	C	Fusion of knee					
27590	C	Amputate leg at thigh					
27591	C	Amputate leg at thigh					
27592	C	Amputate leg at thigh					
27594	T	Amputation follow-up surgery	251	13.88	$713.71	$365.89	$142.74
27596	C	Amputation follow-up surgery					
27598	C	Amputate lower leg at knee					
27599	T	Leg surgery procedure	209	1.94	$99.75	$37.74	$19.95
27600	T	Decompression of lower leg	251	13.88	$713.71	$365.89	$142.74
27601	T	Decompression of lower leg	251	13.88	$713.71	$365.89	$142.74
27602	T	Decompression of lower leg	251	13.88	$713.71	$365.89	$142.74
27603	T	Drain lower leg lesion	132	5.63	$289.49	$132.89	$57.90
27604	T	Drain lower leg bursa	251	13.88	$713.71	$365.89	$142.74
27605	T	Incision of achilles tendon	271	14.12	$726.05	$365.44	$145.21
27606	T	Incision of achilles tendon	251	13.88	$713.71	$365.89	$142.74
27607	T	Treat lower leg bone lesion	251	13.88	$713.71	$365.89	$142.74
27610	T	Explore/treat ankle joint	252	19.24	$989.32	$512.34	$197.86
27612	T	Exploration of ankle joint	252	19.24	$989.32	$512.34	$197.86

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
27613	T	Biopsy lower leg soft tissue	161	3.43	$176.37	$75.71	$35.27
27614	T	Biopsy lower leg soft tissue	163	10.48	$538.88	$260.80	$107.78
27615	T	Remove tumor, lower leg	216	20.09	$1,033.03	$524.09	$206.61
27618	T	Remove lower leg lesion	163	10.48	$538.88	$260.80	$107.78
27619	T	Remove lower leg lesion	163	10.48	$538.88	$260.80	$107.78
27620	T	Explore, treat ankle joint	252	19.24	$989.32	$512.34	$197.86
27625	T	Remove ankle joint lining	252	19.24	$989.32	$512.34	$197.86
27626	T	Remove ankle joint lining	252	19.24	$989.32	$512.34	$197.86
27630	T	Removal of tendon lesion	251	13.88	$713.71	$365.89	$142.74
27635	T	Remove lower leg bone lesion	252	19.24	$989.32	$512.34	$197.86
27637	T	Remove/graft leg bone lesion	252	19.24	$989.32	$512.34	$197.86
27638	T	Remove/graft leg bone lesion	252	19.24	$989.32	$512.34	$197.86
27640	T	Partial removal of tibia	253	25.74	$1,323.55	$684.55	$264.71
27641	T	Partial removal of fibula	252	19.24	$989.32	$512.34	$197.86
27645	C	Extensive lower leg surgery					
27646	C	Extensive lower leg surgery					
27647	T	Extensive ankle/heel surgery	253	25.74	$1,323.55	$684.55	$264.71
27648	T	Injection for ankle x-ray	347	2.57	$132.15	$62.38	$26.43
27650	T	Repair achilles tendon	253	25.74	$1,323.55	$684.55	$264.71
27652	T	Repair/graft achilles tendon	253	25.74	$1,323.55	$684.55	$264.71
27654	T	Repair of achilles tendon	253	25.74	$1,323.55	$684.55	$264.71
27656	T	Repair leg fascia defect	251	13.88	$713.71	$365.89	$142.74
27658	T	Repair of leg tendon, each	251	13.88	$713.71	$365.89	$142.74
27659	T	Repair of leg tendon, each	251	13.88	$713.71	$365.89	$142.74
27664	T	Repair of leg tendon, each	251	13.88	$713.71	$365.89	$142.74
27665	T	Repair of leg tendon, each	252	19.24	$989.32	$512.34	$197.86
27675	T	Repair lower leg tendons	251	13.88	$713.71	$365.89	$142.74
27676	T	Repair lower leg tendons	252	19.24	$989.32	$512.34	$197.86
27680	T	Release of lower leg tendon	252	19.24	$989.32	$512.34	$197.86
27681	T	Release of lower leg tendons	252	19.24	$989.32	$512.34	$197.86
27685	T	Revision of lower leg tendon	252	19.24	$989.32	$512.34	$197.86
27686	T	Revise lower leg tendons	252	19.24	$989.32	$512.34	$197.86
27687	T	Revision of calf tendon	252	19.24	$989.32	$512.34	$197.86
27690	T	Revise lower leg tendon	253	25.74	$1,323.55	$684.55	$264.71
27691	T	Revise lower leg tendon	253	25.74	$1,323.55	$684.55	$264.71
27692	T	Revise additional leg tendon	253	25.74	$1,323.55	$684.55	$264.71
27695	T	Repair of ankle ligament	252	19.24	$989.32	$512.34	$197.86
27696	T	Repair of ankle ligaments	252	19.24	$989.32	$512.34	$197.86
27698	T	Repair of ankle ligament	252	19.24	$989.32	$512.34	$197.86
27700	T	Revision of ankle joint	217	20.54	$1,056.17	$530.42	$211.23
27702	C	Reconstruct ankle joint					
27703	C	Reconstruction, ankle joint					
27704	T	Removal of ankle implant	251	13.88	$713.71	$365.89	$142.74
27705	T	Incision of tibia	253	25.74	$1,323.55	$684.55	$264.71
27707	T	Incision of fibula	251	13.88	$713.71	$365.89	$142.74
27709	T	Incision of tibia & fibula	252	19.24	$989.32	$512.34	$197.86
27712	C	Realignment of lower leg					
27715	C	Revision of lower leg					
27720	C	Repair of tibia					
27722	C	Repair/graft of tibia					
27724	C	Repair/graft of tibia					
27725	C	Repair of lower leg					
27727	C	Repair of lower leg					
27730	T	Repair of tibia epiphysis	252	19.24	$989.32	$512.34	$197.86
27732	T	Repair of fibula epiphysis	252	19.24	$989.32	$512.34	$197.86
27734	T	Repair lower leg epiphyses	252	19.24	$989.32	$512.34	$197.86
27740	T	Repair of leg epiphyses	252	19.24	$989.32	$512.34	$197.86
27742	T	Repair of leg epiphyses	253	25.74	$1,323.55	$684.55	$264.71
27745	T	Reinforce tibia	253	25.74	$1,323.55	$684.55	$264.71
27750	T	Treatment of tibia fracture	209	1.94	$99.75	$37.74	$19.95
27752	T	Treatment of tibia fracture	209	1.94	$99.75	$37.74	$19.95
27756	T	Repair of tibia fracture	216	20.09	$1,033.03	$524.09	$206.61
27758	T	Repair of tibia fracture	216	20.09	$1,033.03	$524.09	$206.61
27759	T	Repair of tibia fracture	216	20.09	$1,033.03	$524.09	$206.61
27760	T	Treatment of ankle fracture	209	1.94	$99.75	$37.74	$19.95
27762	T	Treatment of ankle fracture	209	1.94	$99.75	$37.74	$19.95
27766	T	Repair of ankle fracture	216	20.09	$1,033.03	$524.09	$206.61
27780	T	Treatment of fibula fracture	209	1.94	$99.75	$37.74	$19.95
27781	T	Treatment of fibula fracture	209	1.94	$99.75	$37.74	$19.95
27784	T	Repair of fibula fracture	216	20.09	$1,033.03	$524.09	$206.61
27786	T	Treatment of ankle fracture	209	1.94	$99.75	$37.74	$19.95
27788	T	Treatment of ankle fracture	209	1.94	$99.75	$37.74	$19.95
27792	T	Repair of ankle fracture	216	20.09	$1,033.03	$524.09	$206.61
27808	T	Treatment of ankle fracture	209	1.94	$99.75	$37.74	$19.95
27810	T	Treatment of ankle fracture	209	1.94	$99.75	$37.74	$19.95

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
27814	T	Repair of ankle fracture	216	20.09	$1,033.03	$524.09	$206.61
27816	T	Treatment of ankle fracture	209	1.94	$99.75	$37.74	$19.95
27818	T	Treatment of ankle fracture	209	1.94	$99.75	$37.74	$19.95
27822	T	Repair of ankle fracture	216	20.09	$1,033.03	$524.09	$206.61
27823	T	Repair of ankle fracture	216	20.09	$1,033.03	$524.09	$206.61
27824	T	Treat lower leg fracture	209	1.94	$99.75	$37.74	$19.95
27825	T	Treat lower leg fracture	209	1.94	$99.75	$37.74	$19.95
27826	T	Treat lower leg fracture	216	20.09	$1,033.03	$524.09	$206.61
27827	T	Treat lower leg fracture	216	20.09	$1,033.03	$524.09	$206.61
27828	T	Treat lower leg fracture	216	20.09	$1,033.03	$524.09	$206.61
27829	T	Treat lower leg joint	216	20.09	$1,033.03	$524.09	$206.61
27830	T	Treat lower leg dislocation	209	1.94	$99.75	$37.74	$19.95
27831	T	Treat lower leg dislocation	210	10.06	$517.29	$279.34	$103.46
27832	T	Repair lower leg dislocation	216	20.09	$1,033.03	$524.09	$206.61
27840	T	Treat ankle dislocation	209	1.94	$99.75	$37.74	$19.95
27842	T	Treat ankle dislocation	210	10.06	$517.29	$279.34	$103.46
27846	T	Repair ankle dislocation	216	20.09	$1,033.03	$524.09	$206.61
27848	T	Repair ankle dislocation	216	20.09	$1,033.03	$524.09	$206.61
27860	T	Fixation of ankle joint	210	10.06	$517.29	$279.34	$103.46
27870	T	Fusion of ankle joint	253	25.74	$1,323.55	$684.55	$264.71
27871	T	Fusion of tibiofibular joint	253	25.74	$1,323.55	$684.55	$264.71
27880	C	Amputation of lower leg	.....	.....	.....	.....	.....
27881	C	Amputation of lower leg	.....	.....	.....	.....	.....
27882	C	Amputation of lower leg	.....	.....	.....	.....	.....
27884	T	Amputation follow-up surgery	251	13.88	$713.71	$365.89	$142.74
27886	C	Amputation follow-up surgery	.....	.....	.....	.....	.....
27888	C	Amputation of foot at ankle	.....	.....	.....	.....	.....
27889	T	Amputation of foot at ankle	252	19.24	$989.32	$512.34	$197.86
27892	T	Decompression of leg	251	13.88	$713.71	$365.89	$142.74
27893	T	Decompression of leg	251	13.88	$713.71	$365.89	$142.74
27894	T	Decompression of leg	251	13.88	$713.71	$365.89	$142.74
27899	T	Leg/ankle surgery procedure	209	1.94	$99.75	$37.74	$19.95
28001	T	Drainage of bursa of foot	132	5.63	$289.49	$132.89	$57.90
28002	T	Treatment of foot infection	251	13.88	$713.71	$365.89	$142.74
28003	T	Treatment of foot infection	251	13.88	$713.71	$365.89	$142.74
28005	T	Treat foot bone lesion	271	14.12	$726.05	$365.44	$145.21
28008	T	Incision of foot fascia	271	14.12	$726.05	$365.44	$145.21
28010	T	Incision of toe tendon	271	14.12	$726.05	$365.44	$145.21
28011	T	Incision of toe tendons	271	14.12	$726.05	$365.44	$145.21
28020	T	Exploration of a foot joint	271	14.12	$726.05	$365.44	$145.21
28022	T	Exploration of a foot joint	271	14.12	$726.05	$365.44	$145.21
28024	T	Exploration of a toe joint	271	14.12	$726.05	$365.44	$145.21
28030	T	Removal of foot nerve	631	12.70	$653.03	$329.06	$130.61
28035	T	Decompression of tibia nerve	631	12.70	$653.03	$329.06	$130.61
28043	T	Excision of foot lesion	162	5.59	$287.44	$125.66	$57.49
28045	T	Excision of foot lesion	271	14.12	$726.05	$365.44	$145.21
28046	T	Resection of tumor, foot	271	14.12	$726.05	$365.44	$145.21
28050	T	Biopsy of foot joint lining	271	14.12	$726.05	$365.44	$145.21
28052	T	Biopsy of foot joint lining	271	14.12	$726.05	$365.44	$145.21
28054	T	Biopsy of toe joint lining	271	14.12	$726.05	$365.44	$145.21
28060	T	Partial removal foot fascia	272	16.11	$828.38	$411.09	$165.68
28062	T	Removal of foot fascia	272	16.11	$828.38	$411.09	$165.68
28070	T	Removal of foot joint lining	272	16.11	$828.38	$411.09	$165.68
28072	T	Removal of foot joint lining	272	16.11	$828.38	$411.09	$165.68
28080	T	Removal of foot lesion	271	14.12	$726.05	$365.44	$145.21
28086	T	Excise foot tendon sheath	271	14.12	$726.05	$365.44	$145.21
28088	T	Excise foot tendon sheath	271	14.12	$726.05	$365.44	$145.21
28090	T	Removal of foot lesion	271	14.12	$726.05	$365.44	$145.21
28092	T	Removal of toe lesions	271	14.12	$726.05	$365.44	$145.21
28100	T	Removal of ankle/heel lesion	271	14.12	$726.05	$365.44	$145.21
28102	T	Remove/graft foot lesion	272	16.11	$828.38	$411.09	$165.68
28103	T	Remove/graft foot lesion	272	16.11	$828.38	$411.09	$165.68
28104	T	Removal of foot lesion	271	14.12	$726.05	$365.44	$145.21
28106	T	Remove/graft foot lesion	272	16.11	$828.38	$411.09	$165.68
28107	T	Remove/graft foot lesion	272	16.11	$828.38	$411.09	$165.68
28108	T	Removal of toe lesions	271	14.12	$726.05	$365.44	$145.21
28110	T	Part removal of metatarsal	276	19.00	$976.98	$495.39	$195.40
28111	T	Part removal of metatarsal	271	14.12	$726.05	$365.44	$145.21
28112	T	Part removal of metatarsal	271	14.12	$726.05	$365.44	$145.21
28113	T	Part removal of metatarsal	271	14.12	$726.05	$365.44	$145.21
28114	T	Removal of metatarsal heads	271	14.12	$726.05	$365.44	$145.21
28116	T	Revision of foot	271	14.12	$726.05	$365.44	$145.21
28118	T	Removal of heel bone	271	14.12	$726.05	$365.44	$145.21
28119	T	Removal of heel spur	271	14.12	$726.05	$365.44	$145.21
28120	T	Part removal of ankle/heel	271	14.12	$726.05	$365.44	$145.21

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
28122	T	Partial removal of foot bone	271	14.12	$726.05	$365.44	$145.21
28124	T	Partial removal of toe	271	14.12	$726.05	$365.44	$145.21
28126	T	Partial removal of toe	271	14.12	$726.05	$365.44	$145.21
28130	T	Removal of ankle bone	271	14.12	$726.05	$365.44	$145.21
28140	T	Removal of metatarsal	271	14.12	$726.05	$365.44	$145.21
28150	T	Removal of toe	271	14.12	$726.05	$365.44	$145.21
28153	T	Partial removal of toe	271	14.12	$726.05	$365.44	$145.21
28160	T	Partial removal of toe	271	14.12	$726.05	$365.44	$145.21
28171	T	Extensive foot surgery	271	14.12	$726.05	$365.44	$145.21
28173	T	Extensive foot surgery	271	14.12	$726.05	$365.44	$145.21
28175	T	Extensive foot surgery	271	14.12	$726.05	$365.44	$145.21
28190	T	Removal of foot foreign body	161	3.43	$176.37	$75.71	$35.27
28192	T	Removal of foot foreign body	163	10.48	$538.88	$260.80	$107.78
28193	T	Removal of foot foreign body	163	10.48	$538.88	$260.80	$107.78
28200	T	Repair of foot tendon	271	14.12	$726.05	$365.44	$145.21
28202	T	Repair/graft of foot tendon	272	16.11	$828.38	$411.09	$165.68
28208	T	Repair of foot tendon	271	14.12	$726.05	$365.44	$145.21
28210	T	Repair/graft of foot tendon	271	14.12	$726.05	$365.44	$145.21
28220	T	Release of foot tendon	271	14.12	$726.05	$365.44	$145.21
28222	T	Release of foot tendons	271	14.12	$726.05	$365.44	$145.21
28225	T	Release of foot tendon	271	14.12	$726.05	$365.44	$145.21
28226	T	Release of foot tendons	271	14.12	$726.05	$365.44	$145.21
28230	T	Incision of foot tendon(s)	271	14.12	$726.05	$365.44	$145.21
28232	T	Incision of toe tendon	271	14.12	$726.05	$365.44	$145.21
28234	T	Incision of foot tendon	271	14.12	$726.05	$365.44	$145.21
28238	T	Revision of foot tendon	272	16.11	$828.38	$411.09	$165.68
28240	T	Release of big toe	271	14.12	$726.05	$365.44	$145.21
28250	T	Revision of foot fascia	272	16.11	$828.38	$411.09	$165.68
28260	T	Release of midfoot joint	272	16.11	$828.38	$411.09	$165.68
28261	T	Revision of foot tendon	272	16.11	$828.38	$411.09	$165.68
28262	T	Revision of foot and ankle	272	16.11	$828.38	$411.09	$165.68
28264	T	Release of midfoot joint	272	16.11	$828.38	$411.09	$165.68
28270	T	Release of foot contracture	271	14.12	$726.05	$365.44	$145.21
28272	T	Release of toe joint, each	271	14.12	$726.05	$365.44	$145.21
28280	T	Fusion of toes	271	14.12	$726.05	$365.44	$145.21
28285	T	Repair of hammertoe	271	14.12	$726.05	$365.44	$145.21
28286	T	Repair of hammertoe	271	14.12	$726.05	$365.44	$145.21
28288	T	Partial removal of foot bone	272	16.11	$828.38	$411.09	$165.68
28290	T	Correction of bunion	276	19.00	$976.98	$495.39	$195.40
28292	T	Correction of bunion	276	19.00	$976.98	$495.39	$195.40
28293	T	Correction of bunion	276	19.00	$976.98	$495.39	$195.40
28294	T	Correction of bunion	276	19.00	$976.98	$495.39	$195.40
28296	T	Correction of bunion	276	19.00	$976.98	$495.39	$195.40
28297	T	Correction of bunion	276	19.00	$976.98	$495.39	$195.40
28298	T	Correction of bunion	276	19.00	$976.98	$495.39	$195.40
28299	T	Correction of bunion	276	19.00	$976.98	$495.39	$195.40
28300	T	Incision of heel bone	272	16.11	$828.38	$411.09	$165.68
28302	T	Incision of ankle bone	272	16.11	$828.38	$411.09	$165.68
28304	T	Incision of midfoot bones	272	16.11	$828.38	$411.09	$165.68
28305	T	Incise/graft midfoot bones	272	16.11	$828.38	$411.09	$165.68
28306	T	Incision of metatarsal	272	16.11	$828.38	$411.09	$165.68
28307	T	Incision of metatarsal	272	16.11	$828.38	$411.09	$165.68
28308	T	Incision of metatarsal	272	16.11	$828.38	$411.09	$165.68
28309	T	Incision of metatarsals	272	16.11	$828.38	$411.09	$165.68
28310	T	Revision of big toe	271	14.12	$726.05	$365.44	$145.21
28312	T	Revision of toe	271	14.12	$726.05	$365.44	$145.21
28313	T	Repair deformity of toe	271	14.12	$726.05	$365.44	$145.21
28315	T	Removal of sesamoid bone	271	14.12	$726.05	$365.44	$145.21
28320	T	Repair of foot bones	272	16.11	$828.38	$411.09	$165.68
28322	T	Repair of metatarsals	272	16.11	$828.38	$411.09	$165.68
28340	T	Resect enlarged toe tissue	271	14.12	$726.05	$365.44	$145.21
28341	T	Resect enlarged toe	271	14.12	$726.05	$365.44	$145.21
28344	T	Repair extra toe(s)	272	16.11	$828.38	$411.09	$165.68
28345	T	Repair webbed toe(s)	272	16.11	$828.38	$411.09	$165.68
28360	T	Reconstruct cleft foot	272	16.11	$828.38	$411.09	$165.68
28400	T	Treatment of heel fracture	209	1.94	$99.75	$37.74	$19.95
28405	T	Treatment of heel fracture	209	1.94	$99.75	$37.74	$19.95
28406	T	Treatment of heel fracture	216	20.09	$1,033.03	$524.09	$206.61
28415	T	Repair of heel fracture	216	20.09	$1,033.03	$524.09	$206.61
28420	T	Repair/graft heel fracture	216	20.09	$1,033.03	$524.09	$206.61
28430	T	Treatment of ankle fracture	209	1.94	$99.75	$37.74	$19.95
28435	T	Treatment of ankle fracture	209	1.94	$99.75	$37.74	$19.95
28436	T	Treatment of ankle fracture	216	20.09	$1,033.03	$524.09	$206.61
28445	T	Repair of ankle fracture	216	20.09	$1,033.03	$524.09	$206.61
28450	T	Treat midfoot fracture, each	209	1.94	$99.75	$37.74	$19.95

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
28455	T	Treat midfoot fracture, each	209	1.94	$99.75	$37.74	$19.95
28456	T	Repair midfoot fracture	216	20.09	$1,033.03	$524.09	$206.61
28465	T	Repair midfoot fracture,each	216	20.09	$1,033.03	$524.09	$206.61
28470	T	Treat metatarsal fracture	209	1.94	$99.75	$37.74	$19.95
28475	T	Treat metatarsal fracture	209	1.94	$99.75	$37.74	$19.95
28476	T	Repair metatarsal fracture	216	20.09	$1,033.03	$524.09	$206.61
28485	T	Repair metatarsal fracture	216	20.09	$1,033.03	$524.09	$206.61
28490	T	Treat big toe fracture	207	1.70	$87.41	$32.32	$17.48
28495	T	Treat big toe fracture	207	1.70	$87.41	$32.32	$17.48
28496	T	Repair big toe fracture	216	20.09	$1,033.03	$524.09	$206.61
28505	T	Repair big toe fracture	216	20.09	$1,033.03	$524.09	$206.61
28510	T	Treatment of toe fracture	207	1.70	$87.41	$32.32	$17.48
28515	T	Treatment of toe fracture	207	1.70	$87.41	$32.32	$17.48
28525	T	Repair of toe fracture	216	20.09	$1,033.03	$524.09	$206.61
28530	T	Treat sesamoid bone fracture	209	1.94	$99.75	$37.74	$19.95
28531	T	Treat sesamoid bone fracture	216	20.09	$1,033.03	$524.09	$206.61
28540	T	Treat foot dislocation	209	1.94	$99.75	$37.74	$19.95
28545	T	Treat foot dislocation	210	10.06	$517.29	$279.34	$103.46
28546	T	Treat foot dislocation	216	20.09	$1,033.03	$524.09	$206.61
28555	T	Repair foot dislocation	216	20.09	$1,033.03	$524.09	$206.61
28570	T	Treat foot dislocation	209	1.94	$99.75	$37.74	$19.95
28575	T	Treat foot dislocation	210	10.06	$517.29	$279.34	$103.46
28576	T	Treat foot dislocation	216	20.09	$1,033.03	$524.09	$206.61
28585	T	Repair foot dislocation	216	20.09	$1,033.03	$524.09	$206.61
28600	T	Treat foot dislocation	209	1.94	$99.75	$37.74	$19.95
28605	T	Treat foot dislocation	210	10.06	$517.29	$279.34	$103.46
28606	T	Treat foot dislocation	216	20.09	$1,033.03	$524.09	$206.61
28615	T	Repair foot dislocation	216	20.09	$1,033.03	$524.09	$206.61
28630	T	Treat toe dislocation	207	1.70	$87.41	$32.32	$17.48
28635	T	Treat toe dislocation	210	10.06	$517.29	$279.34	$103.46
28636	T	Treat toe dislocation	216	20.09	$1,033.03	$524.09	$206.61
28645	T	Repair toe dislocation	216	20.09	$1,033.03	$524.09	$206.61
28660	T	Treat toe dislocation	207	1.70	$87.41	$32.32	$17.48
28665	T	Treat toe dislocation	210	10.06	$517.29	$279.34	$103.46
28666	T	Treat toe dislocation	216	20.09	$1,033.03	$524.09	$206.61
28675	T	Repair of toe dislocation	216	20.09	$1,033.03	$524.09	$206.61
28705	T	Fusion of foot bones	272	16.11	$828.38	$411.09	$165.68
28715	T	Fusion of foot bones	272	16.11	$828.38	$411.09	$165.68
28725	T	Fusion of foot bones	272	16.11	$828.38	$411.09	$165.68
28730	T	Fusion of foot bones	272	16.11	$828.38	$411.09	$165.68
28735	T	Fusion of foot bones	272	16.11	$828.38	$411.09	$165.68
28737	T	Revision of foot bones	271	14.12	$726.05	$365.44	$145.21
28740	T	Fusion of foot bones	272	16.11	$828.38	$411.09	$165.68
28750	T	Fusion of big toe joint	271	14.12	$726.05	$365.44	$145.21
28755	T	Fusion of big toe joint	271	14.12	$726.05	$365.44	$145.21
28760	T	Fusion of big toe joint	272	16.11	$828.38	$411.09	$165.68
28800	C	Amputation of midfoot	.....	.....	.....	.....	.....
28805	C	Amputation thru metatarsal	.....	.....	.....	.....	.....
28810	T	Amputation toe & metatarsal	271	14.12	$726.05	$365.44	$145.21
28820	T	Amputation of toe	271	14.12	$726.05	$365.44	$145.21
28825	T	Partial amputation of toe	271	14.12	$726.05	$365.44	$145.21
28899	T	Foot/toes surgery procedure	207	1.70	$87.41	$32.32	$17.48
29000	N	Application of body cast	.....	.....	.....	.....	.....
29010	N	Application of body cast	.....	.....	.....	.....	.....
29015	N	Application of body cast	.....	.....	.....	.....	.....
29020	N	Application of body cast	.....	.....	.....	.....	.....
29025	N	Application of body cast	.....	.....	.....	.....	.....
29035	N	Application of body cast	.....	.....	.....	.....	.....
29040	N	Application of body cast	.....	.....	.....	.....	.....
29044	N	Application of body cast	.....	.....	.....	.....	.....
29046	N	Application of body cast	.....	.....	.....	.....	.....
29049	N	Application of figure eight	.....	.....	.....	.....	.....
29055	N	Application of shoulder cast	.....	.....	.....	.....	.....
29058	N	Application of shoulder cast	.....	.....	.....	.....	.....
29065	N	Application of long arm cast	.....	.....	.....	.....	.....
29075	N	Application of forearm cast	.....	.....	.....	.....	.....
29085	N	Apply hand/wrist cast	.....	.....	.....	.....	.....
29105	N	Apply long arm splint	.....	.....	.....	.....	.....
29125	N	Apply forearm splint	.....	.....	.....	.....	.....
29126	N	Apply forearm splint	.....	.....	.....	.....	.....
29130	N	Application of finger splint	.....	.....	.....	.....	.....
29131	N	Application of finger splint	.....	.....	.....	.....	.....
29200	N	Strapping of chest	.....	.....	.....	.....	.....
29220	N	Strapping of low back	.....	.....	.....	.....	.....
29240	N	Strapping of shoulder	.....	.....	.....	.....	.....

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
29260	N	Strapping of elbow or wrist					
29280	N	Strapping of hand or finger					
29305	N	Application of hip cast					
29325	N	Application of hip casts					
29345	N	Application of long leg cast					
29355	N	Application of long leg cast					
29358	N	Apply long leg cast brace					
29365	N	Application of long leg cast					
29405	N	Apply short leg cast					
29425	N	Apply short leg cast					
29435	N	Apply short leg cast					
29440	N	Addition of walker to cast					
29445	N	Apply rigid leg cast					
29450	N	Application of leg cast					
29505	N	Application long leg splint					
29515	N	Application lower leg splint					
29520	N	Strapping of hip					
29530	N	Strapping of knee					
29540	N	Strapping of ankle					
29550	N	Strapping of toes					
29580	N	Application of paste boot					
29590	N	Application of foot splint					
29700	N	Removal/revision of cast					
29705	N	Removal/revision of cast					
29710	N	Removal/revision of cast					
29715	N	Removal/revision of cast					
29720	N	Repair of body cast					
29730	N	Windowing of cast					
29740	N	Wedging of cast					
29750	N	Wedging of clubfoot cast					
29799	N	Casting/strapping procedure					
29800	T	Jaw arthroscopy/surgery	280	22.15	$1,138.95	$581.72	$227.79
29804	T	Jaw arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29815	T	Shoulder arthroscopy	280	22.15	$1,138.95	$581.72	$227.79
29819	T	Shoulder arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29820	T	Shoulder arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29821	T	Shoulder arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29822	T	Shoulder arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29823	T	Shoulder arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29825	T	Shoulder arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29826	T	Shoulder arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29830	T	Elbow arthroscopy	280	22.15	$1,138.95	$581.72	$227.79
29834	T	Elbow arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29835	T	Elbow arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29836	T	Elbow arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29837	T	Elbow arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29838	T	Elbow arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29840	T	Wrist arthroscopy	280	22.15	$1,138.95	$581.72	$227.79
29843	T	Wrist arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29844	T	Wrist arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29845	T	Wrist arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29846	T	Wrist arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29847	T	Wrist arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29848	T	Wrist endoscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29850	T	Knee arthroscopy/surgery	286	27.69	$1,423.82	$791.90	$284.76
29851	T	Knee arthroscopy/surgery	286	27.69	$1,423.82	$791.90	$284.76
29855	T	Tibial arthroscopy/surgery	286	27.69	$1,423.82	$791.90	$284.76
29856	T	Tibial arthroscopy/surgery	286	27.69	$1,423.82	$791.90	$284.76
29860	T	Hip arthroscopy, dx	281	22.37	$1,150.27	$589.18	$230.05
29861	T	Hip arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29862	T	Hip arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29863	T	Hip arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29870	T	Knee arthroscopy, diagnostic	280	22.15	$1,138.95	$581.72	$227.79
29871	T	Knee arthroscopy/drainage	282	23.65	$1,216.08	$609.97	$243.22
29874	T	Knee arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29875	T	Knee arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29876	T	Knee arthroscopy/surgery	282	23.65	$1,216.08	$609.97	$243.22
29877	T	Knee arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29879	T	Knee arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29880	T	Knee arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29881	T	Knee arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29882	T	Knee arthroscopy/surgery	282	23.65	$1,216.08	$609.97	$243.22
29883	T	Knee arthroscopy/surgery	282	23.65	$1,216.08	$609.97	$243.22
29884	T	Knee arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29885	T	Knee arthroscopy/surgery	282	23.65	$1,216.08	$609.97	$243.22

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
29886	T	Knee arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29887	T	Knee arthroscopy/surgery	282	23.65	$1,216.08	$609.97	$243.22
29888	T	Knee arthroscopy/surgery	286	27.69	$1,423.82	$791.90	$284.76
29889	T	Knee arthroscopy/surgery	286	27.69	$1,423.82	$791.90	$284.76
29891	T	Ankle arthroscopy/surgery	282	23.65	$1,216.08	$609.97	$243.22
29892	T	Ankle arthroscopy/surgery	286	27.69	$1,423.82	$791.90	$284.76
29893	T	Scope, plantar fasciotomy	271	14.12	$726.05	$365.44	$145.21
29894	T	Ankle arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29895	T	Ankle arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29897	T	Ankle arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29898	T	Ankle arthroscopy/surgery	281	22.37	$1,150.27	$589.18	$230.05
29909	T	Arthroscopy of joint	280	22.15	$1,138.95	$581.72	$227.79
30000	T	Drainage of nose lesion	311	1.41	$72.50	$20.57	$14.50
30020	T	Drainage of nose lesion	311	1.41	$72.50	$20.57	$14.50
30100	T	Intranasal biopsy	311	1.41	$72.50	$20.57	$14.50
30110	T	Removal of nose polyp(s)	311	1.41	$72.50	$20.57	$14.50
30115	T	Removal of nose polyp(s)	313	15.46	$794.95	$407.70	$158.99
30117	T	Removal of intranasal lesion	311	1.41	$72.50	$20.57	$14.50
30118	T	Removal of intranasal lesion	313	15.46	$794.95	$407.70	$158.99
30120	T	Revision of nose	313	15.46	$794.95	$407.70	$158.99
30124	T	Removal of nose lesion	311	1.41	$72.50	$20.57	$14.50
30125	T	Removal of nose lesion	313	15.46	$794.95	$407.70	$158.99
30130	T	Removal of turbinate bones	313	15.46	$794.95	$407.70	$158.99
30140	T	Removal of turbinate bones	313	15.46	$794.95	$407.70	$158.99
30150	T	Partial removal of nose	313	15.46	$794.95	$407.70	$158.99
30160	T	Removal of nose	313	15.46	$794.95	$407.70	$158.99
30200	T	Injection treatment of nose	347	2.57	$132.15	$62.38	$26.43
30210	T	Nasal sinus therapy	311	1.41	$72.50	$20.57	$14.50
30220	T	Insert nasal septal button	311	1.41	$72.50	$20.57	$14.50
30300	T	Remove nasal foreign body	311	1.41	$72.50	$20.57	$14.50
30310	T	Remove nasal foreign body	313	15.46	$794.95	$407.70	$158.99
30320	T	Remove nasal foreign body	313	15.46	$794.95	$407.70	$158.99
30400	T	Reconstruction of nose	314	25.15	$1,293.21	$687.72	$258.64
30410	T	Reconstruction of nose	314	25.15	$1,293.21	$687.72	$258.64
30420	T	Reconstruction of nose	314	25.15	$1,293.21	$687.72	$258.64
30430	T	Revision of nose	313	15.46	$794.95	$407.70	$158.99
30435	T	Revision of nose	314	25.15	$1,293.21	$687.72	$258.64
30450	T	Revision of nose	314	25.15	$1,293.21	$687.72	$258.64
30460	T	Revision of nose	314	25.15	$1,293.21	$687.72	$258.64
30462	T	Revision of nose	314	25.15	$1,293.21	$687.72	$258.64
30520	T	Repair of nasal septum	313	15.46	$794.95	$407.70	$158.99
30540	T	Repair nasal defect	313	15.46	$794.95	$407.70	$158.99
30545	T	Repair nasal defect	314	25.15	$1,293.21	$687.72	$258.64
30560	T	Release of nasal adhesions	311	1.41	$72.50	$20.57	$14.50
30580	T	Repair upper jaw fistula	313	15.46	$794.95	$407.70	$158.99
30600	T	Repair mouth/nose fistula	313	15.46	$794.95	$407.70	$158.99
30620	T	Intranasal reconstruction	313	15.46	$794.95	$407.70	$158.99
30630	T	Repair nasal septum defect	313	15.46	$794.95	$407.70	$158.99
30801	T	Cauterization inner nose	312	7.07	$363.54	$170.86	$72.71
30802	T	Cauterization inner nose	312	7.07	$363.54	$170.86	$72.71
30901	T	Control of nosebleed	318	2.07	$106.44	$38.87	$21.29
30903	T	Control of nosebleed	318	2.07	$106.44	$38.87	$21.29
30905	T	Control of nosebleed	318	2.07	$106.44	$38.87	$21.29
30906	T	Repeat control of nosebleed	318	2.07	$106.44	$38.87	$21.29
30915	T	Ligation nasal sinus artery	367	17.02	$875.17	$441.15	$175.03
30920	T	Ligation upper jaw artery	367	17.02	$875.17	$441.15	$175.03
30930	T	Therapy fracture of nose	312	7.07	$363.54	$170.86	$72.71
30999	T	Nasal surgery procedure	318	2.07	$106.44	$38.87	$21.29
31000	T	Irrigation maxillary sinus	311	1.41	$72.50	$20.57	$14.50
31002	T	Irrigation sphenoid sinus	311	1.41	$72.50	$20.57	$14.50
31020	T	Exploration maxillary sinus	313	15.46	$794.95	$407.70	$158.99
31030	T	Exploration maxillary sinus	313	15.46	$794.95	$407.70	$158.99
31032	T	Explore sinus,remove polyps	313	15.46	$794.95	$407.70	$158.99
31040	T	Exploration behind upper jaw	314	25.15	$1,293.21	$687.72	$258.64
31050	T	Exploration sphenoid sinus	313	15.46	$794.95	$407.70	$158.99
31051	T	Sphenoid sinus surgery	313	15.46	$794.95	$407.70	$158.99
31070	T	Exploration of frontal sinus	313	15.46	$794.95	$407.70	$158.99
31075	T	Exploration of frontal sinus	314	25.15	$1,293.21	$687.72	$258.64
31080	T	Removal of frontal sinus	314	25.15	$1,293.21	$687.72	$258.64
31081	T	Removal of frontal sinus	314	25.15	$1,293.21	$687.72	$258.64
31084	T	Removal of frontal sinus	314	25.15	$1,293.21	$687.72	$258.64
31085	T	Removal of frontal sinus	314	25.15	$1,293.21	$687.72	$258.64
31086	T	Removal of frontal sinus	314	25.15	$1,293.21	$687.72	$258.64
31087	T	Removal of frontal sinus	314	25.15	$1,293.21	$687.72	$258.64
31090	T	Exploration of sinuses	314	25.15	$1,293.21	$687.72	$258.64

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
31200	T	Removal of ethmoid sinus	313	15.46	$794.95	$407.70	$158.99
31201	T	Removal of ethmoid sinus	314	25.15	$1,293.21	$687.72	$258.64
31205	T	Removal of ethmoid sinus	314	25.15	$1,293.21	$687.72	$258.64
31225	C	Removal of upper jaw					
31230	C	Removal of upper jaw					
31231	T	Nasal endoscopy, dx	331	0.57	$29.31	$14.01	$5.86
31233	T	Nasal/sinus endoscopy, dx	332	9.67	$497.23	$242.72	$99.45
31235	T	Nasal/sinus endoscopy, dx	332	9.67	$497.23	$242.72	$99.45
31237	T	Nasal/sinus endoscopy, surg	332	9.67	$497.23	$242.72	$99.45
31238	T	Nasal/sinus endoscopy, surg	332	9.67	$497.23	$242.72	$99.45
31239	T	Nasal/sinus endoscopy, surg	333	16.81	$864.37	$461.04	$172.87
31240	T	Nasal/sinus endoscopy, surg	332	9.67	$497.23	$242.72	$99.45
31254	T	Revision of ethmoid sinus	333	16.81	$864.37	$461.04	$172.87
31255	T	Removal of ethmoid sinus	333	16.81	$864.37	$461.04	$172.87
31256	T	Exploration maxillary sinus	333	16.81	$864.37	$461.04	$172.87
31267	T	Endoscopy, maxillary sinus	333	16.81	$864.37	$461.04	$172.87
31276	T	Sinus surgical endoscopy	333	16.81	$864.37	$461.04	$172.87
31287	T	Nasal/sinus endoscopy, surg	333	16.81	$864.37	$461.04	$172.87
31288	T	Nasal/sinus endoscopy, surg	333	16.81	$864.37	$461.04	$172.87
31290	C	Nasal/sinus endoscopy, surg					
31291	C	Nasal/sinus endoscopy, surg					
31292	C	Nasal/sinus endoscopy, surg					
31293	C	Nasal/sinus endoscopy, surg					
31294	C	Nasal/sinus endoscopy, surg					
31299	T	Sinus surgery procedure	331	0.57	$29.31	$14.01	$5.86
31300	T	Removal of larynx lesion	314	25.15	$1,293.21	$687.72	$258.64
31320	T	Diagnostic incision larynx	313	15.46	$794.95	$407.70	$158.99
31360	C	Removal of larynx					
31365	C	Removal of larynx					
31367	C	Partial removal of larynx					
31368	C	Partial removal of larynx					
31370	C	Partial removal of larynx					
31375	C	Partial removal of larynx					
31380	C	Partial removal of larynx					
31382	C	Partial removal of larynx					
31390	C	Removal of larynx & pharynx					
31395	C	Reconstruct larynx & pharynx					
31400	T	Revision of larynx	314	25.15	$1,293.21	$687.72	$258.64
31420	T	Removal of epiglottis	314	25.15	$1,293.21	$687.72	$258.64
31500	S	Insert emergency airway	947	4.11	$211.34	$106.22	$42.27
31502	T	Change of windpipe airway	470	2.19	$112.61	$54.92	$22.52
31505	T	Diagnostic laryngoscopy	331	0.57	$29.31	$14.01	$5.86
31510	T	Laryngoscopy with biopsy	332	9.67	$497.23	$242.72	$99.45
31511	T	Remove foreign body, larynx	332	9.67	$497.23	$242.72	$99.45
31512	T	Removal of larynx lesion	332	9.67	$497.23	$242.72	$99.45
31513	T	Injection into vocal cord	332	9.67	$497.23	$242.72	$99.45
31515	T	Laryngoscopy for aspiration	332	9.67	$497.23	$242.72	$99.45
31520	T	Diagnostic laryngoscopy	332	9.67	$497.23	$242.72	$99.45
31525	T	Diagnostic laryngoscopy	332	9.67	$497.23	$242.72	$99.45
31526	T	Diagnostic laryngoscopy	332	9.67	$497.23	$242.72	$99.45
31527	T	Laryngoscopy for treatment	333	16.81	$864.37	$461.04	$172.87
31528	T	Laryngoscopy and dilatation	332	9.67	$497.23	$242.72	$99.45
31529	T	Laryngoscopy and dilatation	332	9.67	$497.23	$242.72	$99.45
31530	T	Operative laryngoscopy	333	16.81	$864.37	$461.04	$172.87
31531	T	Operative laryngoscopy	333	16.81	$864.37	$461.04	$172.87
31535	T	Operative laryngoscopy	333	16.81	$864.37	$461.04	$172.87
31536	T	Operative laryngoscopy	333	16.81	$864.37	$461.04	$172.87
31540	T	Operative laryngoscopy	333	16.81	$864.37	$461.04	$172.87
31541	T	Operative laryngoscopy	333	16.81	$864.37	$461.04	$172.87
31560	T	Operative laryngoscopy	333	16.81	$864.37	$461.04	$172.87
31561	T	Operative laryngoscopy	333	16.81	$864.37	$461.04	$172.87
31570	T	Laryngoscopy with injection	333	16.81	$864.37	$461.04	$172.87
31571	T	Laryngoscopy with injection	333	16.81	$864.37	$461.04	$172.87
31575	T	Diagnostic laryngoscopy	331	0.57	$29.31	$14.01	$5.86
31576	T	Laryngoscopy with biopsy	332	9.67	$497.23	$242.72	$99.45
31577	T	Remove foreign body, larynx	332	9.67	$497.23	$242.72	$99.45
31578	T	Removal of larynx lesion	332	9.67	$497.23	$242.72	$99.45
31579	T	Diagnostic laryngoscopy	331	0.57	$29.31	$14.01	$5.86
31580	C	Revision of larynx					
31582	C	Revision of larynx					
31584	C	Repair of larynx fracture					
31585	T	Repair of larynx fracture	207	1.70	$87.41	$32.32	$17.48
31586	T	Repair of larynx fracture	209	1.94	$99.75	$37.74	$19.95
31587	C	Revision of larynx					
31588	T	Revision of larynx	314	25.15	$1,293.21	$687.72	$258.64

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
31590	T	Reinnervate larynx	314	25.15	$1,293.21	$687.72	$258.64
31595	T	Larynx nerve surgery	313	15.46	$794.95	$407.70	$158.99
31599	T	Larynx surgery procedure	207	1.70	$87.41	$32.32	$17.48
31600	C	Incision of windpipe					
31601	C	Incision of windpipe					
31603	T	Incision of windpipe	311	1.41	$72.50	$20.57	$14.50
31605	T	Incision of windpipe	311	1.41	$72.50	$20.57	$14.50
31610	C	Incision of windpipe					
31611	T	Surgery/speech prosthesis	313	15.46	$794.95	$407.70	$158.99
31612	T	Puncture/clear windpipe	312	7.07	$363.54	$170.86	$72.71
31613	T	Repair windpipe opening	313	15.46	$794.95	$407.70	$158.99
31614	T	Repair windpipe opening	313	15.46	$794.95	$407.70	$158.99
31615	T	Visualization of windpipe	336	7.24	$372.28	$195.49	$74.46
31622	T	Dx bronchoscope/wash	336	7.24	$372.28	$195.49	$74.46
31625	T	Bronchoscopy with biopsy	336	7.24	$372.28	$195.49	$74.46
31628	T	Bronchoscopy with biopsy	336	7.24	$372.28	$195.49	$74.46
31629	T	Bronchoscopy with biopsy	336	7.24	$372.28	$195.49	$74.46
31630	T	Bronchoscopy with repair	336	7.24	$372.28	$195.49	$74.46
31631	T	Bronchoscopy with dilation	336	7.24	$372.28	$195.49	$74.46
31635	T	Remove foreign body, airway	336	7.24	$372.28	$195.49	$74.46
31640	T	Bronchoscopy & remove lesion	336	7.24	$372.28	$195.49	$74.46
31641	T	Bronchoscopy, treat blockage	336	7.24	$372.28	$195.49	$74.46
31645	T	Bronchoscopy, clear airways	336	7.24	$372.28	$195.49	$74.46
31646	T	Bronchoscopy,reclear airways	336	7.24	$372.28	$195.49	$74.46
31656	T	Bronchoscopy,inject for xray	336	7.24	$372.28	$195.49	$74.46
31700	T	Insertion of airway catheter	332	9.67	$497.23	$242.72	$99.45
31708	T	Instill airway contrast dye	347	2.57	$132.15	$62.38	$26.43
31710	T	Insertion of airway catheter	347	2.57	$132.15	$62.38	$26.43
31715	T	Injection for bronchus x-ray	347	2.57	$132.15	$62.38	$26.43
31717	T	Bronchial brush biopsy	332	9.67	$497.23	$242.72	$99.45
31720	T	Clearance of airways	332	9.67	$497.23	$242.72	$99.45
31725	C	Clearance of airways					
31730	T	Intro windpipe wire/tube	332	9.67	$497.23	$242.72	$99.45
31750	T	Repair of windpipe	314	25.15	$1,293.21	$687.72	$258.64
31755	T	Repair of windpipe	314	25.15	$1,293.21	$687.72	$258.64
31760	C	Repair of windpipe					
31766	C	Reconstruction of windpipe					
31770	C	Repair/graft of bronchus					
31775	C	Reconstruct bronchus					
31780	C	Reconstruct windpipe					
31781	C	Reconstruct windpipe					
31785	C	Remove windpipe lesion					
31786	C	Remove windpipe lesion					
31800	C	Repair of windpipe injury					
31805	C	Repair of windpipe injury					
31820	T	Closure of windpipe lesion	313	15.46	$794.95	$407.70	$158.99
31825	T	Repair of windpipe defect	313	15.46	$794.95	$407.70	$158.99
31830	T	Revise windpipe scar	313	15.46	$794.95	$407.70	$158.99
31899	T	Airways surgical procedure	336	7.24	$372.28	$195.49	$74.46
32000	T	Drainage of chest	320	3.09	$158.89	$80.91	$31.78
32002	T	Treatment of collapsed lung	320	3.09	$158.89	$80.91	$31.78
32005	C	Treat lung lining chemically					
32020	T	Insertion of chest tube	320	3.09	$158.89	$80.91	$31.78
32035	C	Exploration of chest					
32036	C	Exploration of chest					
32095	C	Biopsy through chest wall					
32100	C	Exploration/biopsy of chest					
32110	C	Explore/repair chest					
32120	C	Re-exploration of chest					
32124	C	Explore chest,free adhesions					
32140	C	Removal of lung lesion(s)					
32141	C	Remove/treat lung lesions					
32150	C	Removal of lung lesion(s)					
32151	C	Remove lung foreign body					
32160	C	Open chest heart massage					
32200	C	Open drainage, lung lesion					
32201	C	Percut drainage, lung lesion					
32215	C	Treat chest lining					
32220	C	Release of lung					
32225	C	Partial release of lung					
32310	C	Removal of chest lining					
32320	C	Free/remove chest lining					
32400	T	Needle biopsy chest lining	122	4.59	$236.02	$113.00	$47.20
32402	C	Open biopsy chest lining					
32405	T	Biopsy, lung or mediastinum	122	4.59	$236.02	$113.00	$47.20

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
32420	T	Puncture/clear lung	320	3.09	$158.89	$80.91	$31.78
32440	C	Removal of lung					
32442	C	Sleeve pneumonectomy					
32445	C	Removal of lung					
32480	C	Partial removal of lung					
32482	C	Bilobectomy					
32484	C	Segmentectomy					
32486	C	Sleeve lobectomy					
32488	C	Completion pneumonectomy					
32491	C	Lung volume reduction					
32500	C	Partial removal of lung					
32501	C	Repair bronchus (add-on)					
32520	C	Remove lung & revise chest					
32522	C	Remove lung & revise chest					
32525	C	Remove lung & revise chest					
32540	C	Removal of lung lesion					
32601	C	Thoracoscopy, diagnostic					
32602	C	Thoracoscopy, diagnostic					
32603	C	Thoracoscopy, diagnostic					
32604	C	Thoracoscopy, diagnostic					
32605	C	Thoracoscopy, diagnostic					
32606	C	Thoracoscopy, diagnostic					
32650	C	Thoracoscopy, surgical					
32651	C	Thoracoscopy, surgical					
32652	C	Thoracoscopy, surgical					
32653	C	Thoracoscopy, surgical					
32654	C	Thoracoscopy, surgical					
32655	C	Thoracoscopy, surgical					
32656	C	Thoracoscopy, surgical					
32657	C	Thoracoscopy, surgical					
32658	C	Thoracoscopy, surgical					
32659	C	Thoracoscopy, surgical					
32660	C	Thoracoscopy, surgical					
32661	C	Thoracoscopy, surgical					
32662	C	Thoracoscopy, surgical					
32663	C	Thoracoscopy, surgical					
32664	C	Thoracoscopy, surgical					
32665	C	Thoracoscopy, surgical					
32800	C	Repair lung hernia					
32810	C	Close chest after drainage					
32815	C	Close bronchial fistula					
32820	C	Reconstruct injured chest					
32850	C	Donor pneumonectomy					
32851	C	Lung transplant, single					
32852	C	Lung transplant w/bypass					
32853	C	Lung transplant, double					
32854	C	Lung transplant w/bypass					
32900	C	Removal of rib(s)					
32905	C	Revise & repair chest wall					
32906	C	Revise & repair chest wall					
32940	C	Revision of lung					
32960	T	Therapeutic pneumothorax	320	3.09	$158.89	$80.91	$31.78
32999	T	Chest surgery procedure	320	3.09	$158.89	$80.91	$31.78
33010	T	Drainage of heart sac	320	3.09	$158.89	$80.91	$31.78
33011	T	Repeat drainage of heart sac	320	3.09	$158.89	$80.91	$31.78
33015	C	Incision of heart sac					
33020	C	Incision of heart sac					
33025	C	Incision of heart sac					
33030	C	Partial removal of heart sac					
33031	C	Partial removal of heart sac					
33050	C	Removal of heart sac lesion					
33120	C	Removal of heart lesion					
33130	C	Removal of heart lesion					
33200	C	Insertion of heart pacemaker					
33201	C	Insertion of heart pacemaker					
33206	C	Insertion of heart pacemaker					
33207	C	Insertion of heart pacemaker					
33208	C	Insertion of heart pacemaker					
33210	C	Insertion of heart electrode					
33211	C	Insertion of heart electrode					
33212	C	Insertion of pulse generator					
33213	C	Insertion of pulse generator					
33214	C	Upgrade of pacemaker system					
33216	C	Revision implanted electrode					
33217	C	Insert/revise electrode					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
33218	C	Repair pacemaker electrodes					
33220	C	Repair pacemaker electrode					
33222	T	Pacemaker aicd pocket	360	6.04	$310.58	$138.54	$62.12
33223	T	Pacemaker aicd pocket	360	6.04	$310.58	$138.54	$62.12
33233	C	Removal of pacemaker system					
33234	C	Removal of pacemaker system					
33235	C	Removal pacemaker electrode					
33236	C	Remove electrode/thoracotomy					
33237	C	Remove electrode/thoracotomy					
33238	C	Remove electrode/thoracotomy					
33240	C	Insert/replace pulse gener					
33241	C	Remove pulse generator only					
33242	C	Repair pulse generator/leads					
33243	C	Remove generator/thoracotomy					
33244	C	Remove generator					
33245	C	Implant heart defibrillator					
33246	C	Implant heart defibrillator					
33247	C	Insert/replace leads					
33249	C	Insert/replace leads/gener					
33250	C	Ablate heart dysrhythm focus					
33251	C	Ablate heart dysrhythm focus					
33253	C	Reconstruct atria					
33261	C	Ablate heart dysrhythm focus					
33300	C	Repair of heart wound					
33305	C	Repair of heart wound					
33310	C	Exploratory heart surgery					
33315	C	Exploratory heart surgery					
33320	C	Repair major blood vessel(s)					
33321	C	Repair major vessel					
33322	C	Repair major blood vessel(s)					
33330	C	Insert major vessel graft					
33332	C	Insert major vessel graft					
33335	C	Insert major vessel graft					
33400	C	Repair of aortic valve					
33401	C	Valvuloplasty, open					
33403	C	Valvuloplasty, w/cp bypass					
33404	C	Prepare heart-aorta conduit					
33405	C	Replacement of aortic valve					
33406	C	Replacement, aortic valve					
33411	C	Replacement of aortic valve					
33412	C	Replacement of aortic valve					
33413	C	Replacement, aortic valve					
33414	C	Repair, aortic valve					
33415	C	Revision, subvalvular tissue					
33416	C	Revise ventricle muscle					
33417	C	Repair of aortic valve					
33420	C	Revision of mitral valve					
33422	C	Revision of mitral valve					
33425	C	Repair of mitral valve					
33426	C	Repair of mitral valve					
33427	C	Repair of mitral valve					
33430	C	Replacement of mitral valve					
33460	C	Revision of tricuspid valve					
33463	C	Valvuloplasty, tricuspid					
33464	C	Valvuloplasty, tricuspid					
33465	C	Replace tricuspid valve					
33468	C	Revision of tricuspid valve					
33470	C	Revision of pulmonary valve					
33471	C	Valvotomy, pulmonary valve					
33472	C	Revision of pulmonary valve					
33474	C	Revision of pulmonary valve					
33475	C	Replacement, pulmonary valve					
33476	C	Revision of heart chamber					
33478	C	Revision of heart chamber					
33496	C	Repair, prosth valve clot					
33500	C	Repair heart vessel fistula					
33501	C	Repair heart vessel fistula					
33502	C	Coronary artery correction					
33503	C	Coronary artery graft					
33504	C	Coronary artery graft					
33505	C	Repair artery w/tunnel					
33506	C	Repair artery, translocation					
33510	C	CABG, vein, single					
33511	C	CABG, vein, two					
33512	C	CABG, vein, three					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
33513	C	CABG, vein, four					
33514	C	CABG, vein, five					
33516	C	CABG, vein, six+					
33517	C	CABG, artery-vein, single					
33518	C	CABG, artery-vein, two					
33519	C	CABG, artery-vein, three					
33521	C	CABG, artery-vein, four					
33522	C	CABG, artery-vein, five					
33523	C	CABG, artery-vein, six+					
33530	C	Coronary artery, bypass/reop					
33533	C	CABG, arterial, single					
33534	C	CABG, arterial, two					
33535	C	CABG, arterial, three					
33536	C	CABG, arterial, four+					
33542	C	Removal of heart lesion					
33545	C	Repair of heart damage					
33572	C	Open coronary endarterectomy					
33600	C	Closure of valve					
33602	C	Closure of valve					
33606	C	Anastomosis/artery-aorta					
33608	C	Repair anomaly w/conduit					
33610	C	Repair by enlargement					
33611	C	Repair double ventricle					
33612	C	Repair double ventricle					
33615	C	Repair (simple fontan)					
33617	C	Repair by modified fontan					
33619	C	Repair single ventricle					
33641	C	Repair heart septum defect					
33645	C	Revision of heart veins					
33647	C	Repair heart septum defects					
33660	C	Repair of heart defects					
33665	C	Repair of heart defects					
33670	C	Repair of heart chambers					
33681	C	Repair heart septum defect					
33684	C	Repair heart septum defect					
33688	C	Repair heart septum defect					
33690	C	Reinforce pulmonary artery					
33692	C	Repair of heart defects					
33694	C	Repair of heart defects					
33697	C	Repair of heart defects					
33702	C	Repair of heart defects					
33710	C	Repair of heart defects					
33720	C	Repair of heart defect					
33722	C	Repair of heart defect					
33730	C	Repair heart-vein defect(s)					
33732	C	Repair heart-vein defect					
33735	C	Revision of heart chamber					
33736	C	Revision of heart chamber					
33737	C	Revision of heart chamber					
33750	C	Major vessel shunt					
33755	C	Major vessel shunt					
33762	C	Major vessel shunt					
33764	C	Major vessel shunt & graft					
33766	C	Major vessel shunt					
33767	C	Major vessel shunt					
33770	C	Repair great vessels defect					
33771	C	Repair great vessels defect					
33774	C	Repair great vessels defect					
33775	C	Repair great vessels defect					
33776	C	Repair great vessels defect					
33777	C	Repair great vessels defect					
33778	C	Repair great vessels defect					
33779	C	Repair great vessels defect					
33780	C	Repair great vessels defect					
33781	C	Repair great vessels defect					
33786	C	Repair arterial trunk					
33788	C	Revision of pulmonary artery					
33800	C	Aortic suspension					
33802	C	Repair vessel defect					
33803	C	Repair vessel defect					
33813	C	Repair septal defect					
33814	C	Repair septal defect					
33820	C	Revise major vessel					
33822	C	Revise major vessel					
33824	C	Revise major vessel					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
33840	C	Remove aorta constriction					
33845	C	Remove aorta constriction					
33851	C	Remove aorta constriction					
33852	C	Repair septal defect					
33853	C	Repair septal defect					
33860	C	Ascending aorta graft					
33861	C	Ascending aorta graft					
33863	C	Ascending aorta graft					
33870	C	Transverse aortic arch graft					
33875	C	Thoracic aorta graft					
33877	C	Thoracoabdominal graft					
33910	C	Remove lung artery emboli					
33915	C	Remove lung artery emboli					
33916	C	Surgery of great vessel					
33917	C	Repair pulmonary artery					
33918	C	Repair pulmonary atresia					
33919	C	Repair pulmonary atresia					
33920	C	Repair pulmonary atresia					
33922	C	Transect pulmonary artery					
33924	C	Remove pulmonary shunt					
33930	C	Removal of donor heart/lung					
33935	C	Transplantation, heart/lung					
33940	C	Removal of donor heart					
33945	C	Transplantation of heart					
33960	C	External circulation assist					
33961	C	External circulation assist					
33970	C	Aortic circulation assist					
33971	C	Aortic circulation assist					
33973	C	Insert balloon device					
33974	C	Remove intra-aortic balloon					
33975	C	Implant ventricular device					
33976	C	Implant ventricular device					
33977	C	Remove ventricular device					
33978	C	Remove ventricular device					
33999	T	Cardiac surgery procedure	320	3.09	$158.89	$80.91	$31.78
34001	C	Removal of artery clot					
34051	C	Removal of artery clot					
34101	C	Removal of artery clot					
34111	C	Removal of arm artery clot					
34151	C	Removal of artery clot					
34201	C	Removal of artery clot					
34203	C	Removal of leg artery clot					
34401	C	Removal of vein clot					
34421	C	Removal of vein clot					
34451	C	Removal of vein clot					
34471	C	Removal of vein clot					
34490	C	Removal of vein clot					
34501	C	Repair valve, femoral vein					
34502	C	Reconstruct, vena cava					
34510	C	Transposition of vein valve					
34520	C	Cross-over vein graft					
34530	C	Leg vein fusion					
35001	C	Repair defect of artery					
35002	C	Repair artery rupture, neck					
35005	C	Repair defect of artery					
35011	C	Repair defect of artery					
35013	C	Repair artery rupture, arm					
35021	C	Repair defect of artery					
35022	C	Repair artery rupture, chest					
35045	C	Repair defect of arm artery					
35081	C	Repair defect of artery					
35082	C	Repair artery rupture, aorta					
35091	C	Repair defect of artery					
35092	C	Repair artery rupture, aorta					
35102	C	Repair defect of artery					
35103	C	Repair artery rupture, groin					
35111	C	Repair defect of artery					
35112	C	Repair artery rupture,spleen					
35121	C	Repair defect of artery					
35122	C	Repair artery rupture, belly					
35131	C	Repair defect of artery					
35132	C	Repair artery rupture, groin					
35141	C	Repair defect of artery					
35142	C	Repair artery rupture, thigh					
35151	C	Repair defect of artery					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
35152	C	Repair artery rupture, knee					
35161	C	Repair defect of artery					
35162	C	Repair artery rupture					
35180	C	Repair blood vessel lesion					
35182	C	Repair blood vessel lesion					
35184	C	Repair blood vessel lesion					
35188	T	Repair blood vessel lesion	368	22.59	$1,161.58	$647.49	$232.32
35189	C	Repair blood vessel lesion					
35190	C	Repair blood vessel lesion					
35201	C	Repair blood vessel lesion					
35206	C	Repair blood vessel lesion					
35207	T	Repair blood vessel lesion	368	22.59	$1,161.58	$647.49	$232.32
35211	C	Repair blood vessel lesion					
35216	C	Repair blood vessel lesion					
35221	C	Repair blood vessel lesion					
35226	C	Repair blood vessel lesion					
35231	C	Repair blood vessel lesion					
35236	C	Repair blood vessel lesion					
35241	C	Repair blood vessel lesion					
35246	C	Repair blood vessel lesion					
35251	C	Repair blood vessel lesion					
35256	C	Repair blood vessel lesion					
35261	C	Repair blood vessel lesion					
35266	C	Repair blood vessel lesion					
35271	C	Repair blood vessel lesion					
35276	C	Repair blood vessel lesion					
35281	C	Repair blood vessel lesion					
35286	C	Repair blood vessel lesion					
35301	C	Rechanneling of artery					
35311	C	Rechanneling of artery					
35321	C	Rechanneling of artery					
35331	C	Rechanneling of artery					
35341	C	Rechanneling of artery					
35351	C	Rechanneling of artery					
35355	C	Rechanneling of artery					
35361	C	Rechanneling of artery					
35363	C	Rechanneling of artery					
35371	C	Rechanneling of artery					
35372	C	Rechanneling of artery					
35381	C	Rechanneling of artery					
35390	C	Reoperation, carotid add-on					
35400	C	Angioscopy					
35450	C	Repair arterial blockage					
35452	C	Repair arterial blockage					
35454	C	Repair arterial blockage					
35456	C	Repair arterial blockage					
35458	C	Repair arterial blockage					
35459	C	Repair arterial blockage					
35460	C	Repair venous blockage					
35470	C	Repair arterial blockage					
35471	C	Repair arterial blockage					
35472	C	Repair arterial blockage					
35473	C	Repair arterial blockage					
35474	C	Repair arterial blockage					
35475	C	Repair arterial blockage					
35476	C	Repair venous blockage					
35480	C	Atherectomy, open					
35481	C	Atherectomy, open					
35482	C	Atherectomy, open					
35483	C	Atherectomy, open					
35484	C	Atherectomy, open					
35485	C	Atherectomy, open					
35490	C	Atherectomy, percutaneous					
35491	C	Atherectomy, percutaneous					
35492	C	Atherectomy, percutaneous					
35493	C	Atherectomy, percutaneous					
35494	C	Atherectomy, percutaneous					
35495	C	Atherectomy, percutaneous					
35501	C	Artery bypass graft					
35506	C	Artery bypass graft					
35507	C	Artery bypass graft					
35508	C	Artery bypass graft					
35509	C	Artery bypass graft					
35511	C	Artery bypass graft					
35515	C	Artery bypass graft					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
35516	C	Artery bypass graft					
35518	C	Artery bypass graft					
35521	C	Artery bypass graft					
35526	C	Artery bypass graft					
35531	C	Artery bypass graft					
35533	C	Artery bypass graft					
35536	C	Artery bypass graft					
35541	C	Artery bypass graft					
35546	C	Artery bypass graft					
35548	C	Artery bypass graft					
35549	C	Artery bypass graft					
35551	C	Artery bypass graft					
35556	C	Artery bypass graft					
35558	C	Artery bypass graft					
35560	C	Artery bypass graft					
35563	C	Artery bypass graft					
35565	C	Artery bypass graft					
35566	C	Artery bypass graft					
35571	C	Artery bypass graft					
35582	C	Vein bypass graft					
35583	C	Vein bypass graft					
35585	C	Vein bypass graft					
35587	C	Vein bypass graft					
35601	C	Artery bypass graft					
35606	C	Artery bypass graft					
35612	C	Artery bypass graft					
35616	C	Artery bypass graft					
35621	C	Artery bypass graft					
35623	C	Bypass graft, not vein					
35626	C	Artery bypass graft					
35631	C	Artery bypass graft					
35636	C	Artery bypass graft					
35641	C	Artery bypass graft					
35642	C	Artery bypass graft					
35645	C	Artery bypass graft					
35646	C	Artery bypass graft					
35650	C	Artery bypass graft					
35651	C	Artery bypass graft					
35654	C	Artery bypass graft					
35656	C	Artery bypass graft					
35661	C	Artery bypass graft					
35663	C	Artery bypass graft					
35665	C	Artery bypass graft					
35666	C	Artery bypass graft					
35671	C	Artery bypass graft					
35681	C	Composite bypass graft					
35691	C	Arterial transposition					
35693	C	Arterial transposition					
35694	C	Arterial transposition					
35695	C	Arterial transposition					
35700	C	Reoperation, bypass graft					
35701	C	Exploration, carotid artery					
35721	C	Exploration, femoral artery					
35741	C	Exploration popliteal artery					
35761	C	Exploration of artery/vein					
35800	C	Explore neck vessels					
35820	C	Explore chest vessels					
35840	C	Explore abdominal vessels					
35860	C	Explore limb vessels					
35870	C	Repair vessel graft defect					
35875	T	Removal of clot in graft	368	22.59	$1,161.58	$647.49	$232.32
35876	T	Removal of clot in graft	368	22.59	$1,161.58	$647.49	$232.32
35901	C	Excision, graft, neck					
35903	C	Excision, graft, extremity					
35905	C	Excision, graft, thorax					
35907	C	Excision, graft, abdomen					
36000	N	Place needle in vein					
36005	T	Injection, venography	347	2.57	$132.15	$62.38	$26.43
36010	T	Place catheter in vein	342	2.61	$134.21	$68.70	$26.84
36011	T	Place catheter in vein	342	2.61	$134.21	$68.70	$26.84
36012	T	Place catheter in vein	342	2.61	$134.21	$68.70	$26.84
36013	T	Place catheter in artery	342	2.61	$134.21	$68.70	$26.84
36014	T	Place catheter in artery	342	2.61	$134.21	$68.70	$26.84
36015	T	Place catheter in artery	342	2.61	$134.21	$68.70	$26.84
36100	T	Establish access to artery	342	2.61	$134.21	$68.70	$26.84

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
36120	T	Establish access to artery	342	2.61	$134.21	$68.70	$26.84
36140	T	Establish access to artery	342	2.61	$134.21	$68.70	$26.84
36145	N	Artery to vein shunt					
36160	T	Establish access to aorta	342	2.61	$134.21	$68.70	$26.84
36200	T	Place catheter in aorta	342	2.61	$134.21	$68.70	$26.84
36215	T	Place catheter in artery	343	8.76	$450.44	$240.24	$90.09
36216	T	Place catheter in artery	343	8.76	$450.44	$240.24	$90.09
36217	T	Place catheter in artery	343	8.76	$450.44	$240.24	$90.09
36218	T	Place catheter in artery	343	8.76	$450.44	$240.24	$90.09
36245	T	Place catheter in artery	343	8.76	$450.44	$240.24	$90.09
36246	T	Place catheter in artery	343	8.76	$450.44	$240.24	$90.09
36247	T	Place catheter in artery	343	8.76	$450.44	$240.24	$90.09
36248	T	Place catheter in artery	343	8.76	$450.44	$240.24	$90.09
36260	T	Insertion of infusion pump	368	22.59	$1,161.58	$647.49	$232.32
36261	T	Revision of infusion pump	360	6.04	$310.58	$138.54	$62.12
36262	T	Removal of infusion pump	360	6.04	$310.58	$138.54	$62.12
36299	T	Vessel injection procedure	360	6.04	$310.58	$138.54	$62.12
36400	N	Drawing blood					
36405	N	Drawing blood					
36406	N	Drawing blood					
36410	T	Drawing blood	341	0.09	$4.63	$2.49	$0.93
36415	E	Drawing blood					
36420	T	Establish access to vein	341	0.09	$4.63	$2.49	$0.93
36425	T	Establish access to vein	341	0.09	$4.63	$2.49	$0.93
36430	T	Blood transfusion service	369	6.33	$325.49	$155.49	$65.10
36440	T	Blood transfusion service	369	6.33	$325.49	$155.49	$65.10
36450	T	Exchange transfusion service	369	6.33	$325.49	$155.49	$65.10
36455	T	Exchange transfusion service	369	6.33	$325.49	$155.49	$65.10
36460	T	Transfusion service, fetal	369	6.33	$325.49	$155.49	$65.10
36468	T	Injection(s); spider veins	339	0.98	$50.39	$19.66	$10.08
36469	T	Injection(s); spider veins	339	0.98	$50.39	$19.66	$10.08
36470	T	Injection therapy of vein	339	0.98	$50.39	$19.66	$10.08
36471	T	Injection therapy of veins	339	0.98	$50.39	$19.66	$10.08
36481	T	Insertion of catheter, vein	343	8.76	$450.44	$240.24	$90.09
36488	T	Insertion of catheter, vein	346	4.63	$238.07	$121.59	$47.61
36489	T	Insertion of catheter, vein	346	4.63	$238.07	$121.59	$47.61
36490	T	Insertion of catheter, vein	346	4.63	$238.07	$121.59	$47.61
36491	T	Insertion of catheter, vein	346	4.63	$238.07	$121.59	$47.61
36493	T	Repositioning of cvc	346	4.63	$238.07	$121.59	$47.61
36500	T	Insertion of catheter, vein	342	2.61	$134.21	$68.70	$26.84
36510	C	Insertion of catheter, vein					
36520	T	Plasma and/or cell exchange	369	6.33	$325.49	$155.49	$65.10
36522	T	Photopheresis	369	6.33	$325.49	$155.49	$65.10
36530	T	Insertion of infusion pump	368	22.59	$1,161.58	$647.49	$232.32
36531	T	Revision of infusion pump	360	6.04	$310.58	$138.54	$62.12
36532	T	Removal of infusion pump	360	6.04	$310.58	$138.54	$62.12
36533	T	Insertion of access port	368	22.59	$1,161.58	$647.49	$232.32
36534	T	Revision of access port	360	6.04	$310.58	$138.54	$62.12
36535	T	Removal of access port	360	6.04	$310.58	$138.54	$62.12
36600	N	Withdrawal of arterial blood					
36620	T	Insertion catheter, artery	342	2.61	$134.21	$68.70	$26.84
36625	T	Insertion catheter, artery	342	2.61	$134.21	$68.70	$6.84
36640	T	Insertion catheter, artery	346	4.63	$238.07	$121.59	$47.61
36660	C	Insertion catheter, artery					
36680	X	Insert needle, bone cavity	906	1.93	$99.24	$57.18	$19.85
36800	T	Insertion of cannula	368	22.59	$1,161.58	$647.49	$232.32
36810	T	Insertion of cannula	368	22.59	$1,161.58	$647.49	$232.32
36815	T	Insertion of cannula	368	22.59	$1,161.58	$647.49	$232.32
36821	T	Artery-vein fusion	368	22.59	$1,161.58	$647.49	$232.32
36822	C	Insertion of cannula(s)					
36825	T	Artery-vein graft	368	22.59	$1,161.58	$647.49	$232.32
36830	T	Artery-vein graft	368	22.59	$1,161.58	$647.49	$232.32
36832	T	Av fistula revision	368	22.59	$1,161.58	$647.49	$232.32
36834	C	Repair A-V aneurysm					
36835	T	Artery to vein shunt	368	22.59	$1,161.58	$647.49	$232.32
36860	T	External cannula declotting	368	22.59	$1,161.58	$647.49	$232.32
36861	T	Cannula declotting	368	22.59	$1,161.58	$647.49	$232.32
37140	C	Revision of circulation					
37145	C	Revision of circulation					
37160	C	Revision of circulation					
37180	C	Revision of circulation					
37181	C	Splice spleen/kidney veins					
37195	C	Thrombolytic therapy, stroke					
37200	C	Transcatheter biopsy					
37201	C	Transcatheter therapy infuse					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
37202	C	Transcatheter therapy infuse					
37203	T	Transcatheter retrieval	360	6.04	$310.58	$138.54	$62.12
37204	C	Transcatheter occlusion					
37205	C	Transcatheter stent					
37206	C	Transcatheter stent add-on					
37207	C	Transcatheter stent					
37208	C	Transcatheter stent add-on					
37209	C	Exchange arterial catheter					
37250	C	Intravascular us					
37251	C	Intravascular us					
37565	C	Ligation of neck vein					
37600	C	Ligation of neck artery					
37605	C	Ligation of neck artery					
37606	C	Ligation of neck artery					
37607	T	Ligation of fistula	368	22.59	$1,161.58	$647.49	$232.32
37609	T	Temporal artery procedure	162	5.59	$287.44	$125.66	$57.49
37615	C	Ligation of neck artery					
37616	C	Ligation of chest artery					
37617	C	Ligation of abdomen artery					
37618	T	Ligation of extremity artery	367	17.02	$875.17	$441.15	$175.03
37620	C	Revision of major vein					
37650	T	Revision of major vein	367	17.02	$875.17	$441.15	$175.03
37660	C	Revision of major vein					
37700	T	Revise leg vein	367	17.02	$875.17	$441.15	$175.03
37720	T	Removal of leg vein	367	17.02	$875.17	$441.15	$175.03
37730	T	Removal of leg veins	367	17.02	$875.17	$441.15	$175.03
37735	T	Removal of leg veins/lesion	367	17.02	$875.17	$441.15	$175.03
37760	T	Revision of leg veins	367	17.02	$875.17	$441.15	$175.03
37780	T	Revision of leg vein	367	17.02	$875.17	$441.15	$175.03
37785	T	Revise secondary varicosity	367	17.02	$875.17	$441.15	$175.03
37788	C	Revascularization, penis					
37790	T	Penile venous occlusion	537	28.65	$1,473.18	$872.36	$294.64
37799	T	Vascular surgery procedure	162	5.59	$287.44	$125.66	$57.49
38100	C	Removal of spleen, total					
38101	C	Removal of spleen, partial					
38102	C	Removal of spleen, total					
38115	C	Repair of ruptured spleen					
38200	T	Injection for spleen x-ray	347	2.57	$132.15	$62.38	$26.43
38230	T	Bone marrow collection	369	6.33	$325.49	$155.49	$65.10
38231	T	Stem cell collection	369	6.33	$325.49	$155.49	$65.10
38240	C	Bone marrow/stem transplant					
38241	C	Bone marrow/stem transplant					
38300	T	Drainage lymph node lesion	132	5.63	$289.49	$132.89	$57.90
38305	T	Drainage lymph node lesion	132	5.63	$289.49	$132.89	$57.90
38308	T	Incision of lymph channels	396	12.98	$667.43	$334.48	$133.49
38380	C	Thoracic duct procedure					
38381	C	Thoracic duct procedure					
38382	C	Thoracic duct procedure					
38500	T	Biopsy/removal,lymph node(s)	396	12.98	$667.43	$334.48	$133.49
38505	T	Needle biopsy, lymph node(s)	122	4.59	$236.02	$113.00	$47.20
38510	T	Biopsy/removal,lymph node(s)	396	12.98	$667.43	$334.48	$133.49
38520	T	Biopsy/removal,lymph node(s)	396	12.98	$667.43	$334.48	$133.49
38525	T	Biopsy/removal,lymph node(s)	396	12.98	$667.43	$334.48	$133.49
38530	T	Biopsy/removal,lymph node(s)	396	12.98	$667.43	$334.48	$133.49
38542	T	Explore deep node(s), neck	397	19.12	$983.15	$542.17	$196.63
38550	T	Removal neck/armpit lesion	396	12.98	$667.43	$334.48	$133.49
38555	T	Removal neck/armpit lesion	397	19.12	$983.15	$542.17	$196.63
38562	C	Removal, pelvic lymph nodes					
38564	C	Removal, abdomen lymph nodes					
38700	C	Removal of lymph nodes, neck					
38720	C	Removal of lymph nodes, neck					
38724	C	Removal of lymph nodes, neck					
38740	T	Remove armpit lymph nodes	397	19.12	$983.15	$542.17	$196.63
38745	T	Remove armpits lymph nodes	397	19.12	$983.15	$542.17	$196.63
38746	C	Remove thoracic lymph nodes					
38747	C	Remove abdominal lymph nodes					
38760	T	Remove groin lymph nodes	397	19.12	$983.15	$542.17	$196.63
38765	C	Remove groin lymph nodes					
38770	C	Remove pelvis lymph nodes					
38780	C	Remove abdomen lymph nodes					
38790	T	Injection for lymphatic xray	347	2.57	$132.15	$62.38	$26.43
38794	T	Access thoracic lymph duct	342	2.61	$134.21	$68.70	$26.84
38999	T	Blood/lymph system procedure	132	5.63	$289.49	$132.89	$57.90
39000	C	Exploration of chest					
39010	C	Exploration of chest					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
39200	C	Removal chest lesion					
39220	C	Removal chest lesion					
39400	C	Visualization of chest					
39499	C	Chest procedure					
39501	C	Repair diaphragm laceration					
39502	C	Repair paraesophageal hernia					
39503	C	Repair of diaphragm hernia					
39520	C	Repair of diaphragm hernia					
39530	C	Repair of diaphragm hernia					
39531	C	Repair of diaphragm hernia					
39540	C	Repair of diaphragm hernia					
39541	C	Repair of diaphragm hernia					
39545	C	Revision of diaphragm					
39599	C	Diaphragm surgery procedure					
40490	T	Biopsy of lip	311	1.41	$72.50	$20.57	$14.50
40500	T	Partial excision of lip	313	15.46	$794.95	$407.70	$158.99
40510	T	Partial excision of lip	313	15.46	$794.95	$407.70	$158.99
40520	T	Partial excision of lip	313	15.46	$794.95	$407.70	$158.99
40525	T	Reconstruct lip with flap	313	15.46	$794.95	$407.70	$158.99
40527	T	Reconstruct lip with flap	313	15.46	$794.95	$407.70	$158.99
40530	T	Partial removal of lip	313	15.46	$794.95	$407.70	$158.99
40650	T	Repair lip	313	15.46	$794.95	$407.70	$158.99
40652	T	Repair lip	313	15.46	$794.95	$407.70	$158.99
40654	T	Repair lip	313	15.46	$794.95	$407.70	$158.99
40700	T	Repair cleft lip/nasal	314	25.15	$1,293.21	$687.72	$258.64
40701	T	Repair cleft lip/nasal	314	25.15	$1,293.21	$687.72	$258.64
40702	T	Repair cleft lip/nasal	314	25.15	$1,293.21	$687.72	$258.64
40720	T	Repair cleft lip/nasal	314	25.15	$1,293.21	$687.72	$258.64
40761	T	Repair cleft lip/nasal	314	25.15	$1,293.21	$687.72	$258.64
40799	T	Lip surgery procedure	311	1.41	$72.50	$20.57	$14.50
40800	T	Drainage of mouth lesion	311	1.41	$72.50	$20.57	$14.50
40801	T	Drainage of mouth lesion	311	1.41	$72.50	$20.57	$14.50
40804	T	Removal foreign body, mouth	311	1.41	$72.50	$20.57	$14.50
40805	T	Removal foreign body, mouth	311	1.41	$72.50	$20.57	$14.50
40806	T	Incision of lip fold	311	1.41	$72.50	$20.57	$14.50
40808	T	Biopsy of mouth lesion	311	1.41	$72.50	$20.57	$14.50
40810	T	Excision of mouth lesion	311	1.41	$72.50	$20.57	$14.50
40812	T	Excise/repair mouth lesion	311	1.41	$72.50	$20.57	$14.50
40814	T	Excise/repair mouth lesion	313	15.46	$794.95	$407.70	$158.99
40816	T	Excision of mouth lesion	313	15.46	$794.95	$407.70	$158.99
40818	T	Excise oral mucosa for graft	313	15.46	$794.95	$407.70	$158.99
40819	T	Excise lip or cheek fold	313	15.46	$794.95	$407.70	$158.99
40820	T	Treatment of mouth lesion	311	1.41	$72.50	$20.57	$14.50
40830	T	Repair mouth laceration	312	7.07	$363.54	$170.86	$72.71
40831	T	Repair mouth laceration	312	7.07	$363.54	$170.86	$72.71
40840	T	Reconstruction of mouth	313	15.46	$794.95	$407.70	$158.99
40842	T	Reconstruction of mouth	313	15.46	$794.95	$407.70	$158.99
40843	T	Reconstruction of mouth	314	25.15	$1,293.21	$687.72	$258.64
40844	T	Reconstruction of mouth	314	25.15	$1,293.21	$687.72	$258.64
40845	T	Reconstruction of mouth	314	25.15	$1,293.21	$687.72	$258.64
40899	T	Mouth surgery procedure	311	1.41	$72.50	$20.57	$14.50
41000	T	Drainage of mouth lesion	311	1.41	$72.50	$20.57	$14.50
41005	T	Drainage of mouth lesion	311	1.41	$72.50	$20.57	$14.50
41006	T	Drainage of mouth lesion	313	15.46	$794.95	$407.70	$158.99
41007	T	Drainage of mouth lesion	313	15.46	$794.95	$407.70	$158.99
41008	T	Drainage of mouth lesion	313	15.46	$794.95	$407.70	$158.99
41009	T	Drainage of mouth lesion	313	15.46	$794.95	$407.70	$158.99
41010	T	Incision of tongue fold	313	15.46	$794.95	$407.70	$158.99
41015	T	Drainage of mouth lesion	313	15.46	$794.95	$407.70	$158.99
41016	T	Drainage of mouth lesion	313	15.46	$794.95	$407.70	$158.99
41017	T	Drainage of mouth lesion	313	15.46	$794.95	$407.70	$158.99
41018	T	Drainage of mouth lesion	313	15.46	$794.95	$407.70	$158.99
41100	T	Biopsy of tongue	311	1.41	$72.50	$20.57	$14.50
41105	T	Biopsy of tongue	311	1.41	$72.50	$20.57	$14.50
41108	T	Biopsy of floor of mouth	311	1.41	$72.50	$20.57	$14.50
41110	T	Excision of tongue lesion	311	1.41	$72.50	$20.57	$14.50
41112	T	Excision of tongue lesion	313	15.46	$794.95	$407.70	$158.99
41113	T	Excision of tongue lesion	313	15.46	$794.95	$407.70	$158.99
41114	T	Excision of tongue lesion	313	15.46	$794.95	$407.70	$158.99
41115	T	Excision of tongue fold	311	1.41	$72.50	$20.57	$14.50
41116	T	Excision of mouth lesion	313	15.46	$794.95	$407.70	$158.99
41120	T	Partial removal of tongue	313	15.46	$794.95	$407.70	$158.99
41130	C	Partial removal of tongue					
41135	C	Tongue and neck surgery					
41140	C	Removal of tongue					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
41145	C	Tongue removal; neck surgery	.....	.....	.....	.....	.....
41150	C	Tongue, mouth, jaw surgery	.....	.....	.....	.....	.....
41153	C	Tongue, mouth, neck surgery	.....	.....	.....	.....	.....
41155	C	Tongue, jaw, & neck surgery	.....	.....	.....	.....	.....
41250	T	Repair tongue laceration	312	7.07	$363.54	$170.86	$72.71
41251	T	Repair tongue laceration	312	7.07	$363.54	$170.86	$72.71
41252	T	Repair tongue laceration	312	7.07	$363.54	$170.86	$72.71
41500	T	Fixation of tongue	312	7.07	$363.54	$170.86	$72.71
41510	T	Tongue to lip surgery	312	7.07	$363.54	$170.86	$72.71
41520	T	Reconstruction, tongue fold	313	15.46	$794.95	$407.70	$158.99
41599	T	Tongue and mouth surgery	311	1.41	$72.50	$20.57	$14.50
41800	T	Drainage of gum lesion	312	7.07	$363.54	$170.86	$72.71
41805	T	Removal foreign body, gum	311	1.41	$72.50	$20.57	$14.50
41806	T	Removal foreign body,jawbone	311	1.41	$72.50	$20.57	$14.50
41820	T	Excision, gum, each quadrant	311	1.41	$72.50	$20.57	$14.50
41821	T	Excision of gum flap	311	1.41	$72.50	$20.57	$14.50
41822	T	Excision of gum lesion	231	11.31	$581.56	$286.79	$116.31
41823	T	Excision of gum lesion	231	11.31	$581.56	$286.79	$116.31
41825	T	Excision of gum lesion	311	1.41	$72.50	$20.57	$14.50
41826	T	Excision of gum lesion	311	1.41	$72.50	$20.57	$14.50
41827	T	Excision of gum lesion	313	15.46	$794.95	$407.70	$158.99
41828	T	Excision of gum lesion	311	1.41	$72.50	$20.57	$14.50
41830	T	Removal of gum tissue	311	1.41	$72.50	$20.57	$14.50
41850	T	Treatment of gum lesion	311	1.41	$72.50	$20.57	$14.50
41870	T	Gum graft	311	1.41	$72.50	$20.57	$14.50
41872	T	Repair gum	311	1.41	$72.50	$20.57	$14.50
41874	T	Repair tooth socket	311	1.41	$72.50	$20.57	$14.50
41899	T	Dental surgery procedure	311	1.41	$72.50	$20.57	$14.50
42000	T	Drainage mouth roof lesion	311	1.41	$72.50	$20.57	$14.50
42100	T	Biopsy roof of mouth	311	1.41	$72.50	$20.57	$14.50
42104	T	Excision lesion, mouth roof	311	1.41	$72.50	$20.57	$14.50
42106	T	Excision lesion, mouth roof	311	1.41	$72.50	$20.57	$14.50
42107	T	Excision lesion, mouth roof	313	15.46	$794.95	$407.70	$158.99
42120	T	Remove palate/lesion	313	15.46	$794.95	$407.70	$158.99
42140	T	Excision of uvula	311	1.41	$72.50	$20.57	$14.50
42145	C	Repair, palate,pharynx/uvula	.....	.....	.....	.....	.....
42160	T	Treatment mouth roof lesion	311	1.41	$72.50	$20.57	$14.50
42180	T	Repair palate	313	15.46	$794.95	$407.70	$158.99
42182	T	Repair palate	313	15.46	$794.95	$407.70	$158.99
42200	T	Reconstruct cleft palate	313	15.46	$794.95	$407.70	$158.99
42205	T	Reconstruct cleft palate	313	15.46	$794.95	$407.70	$158.99
42210	T	Reconstruct cleft palate	314	25.15	$1,293.21	$687.72	$258.64
42215	T	Reconstruct cleft palate	313	15.46	$794.95	$407.70	$158.99
42220	T	Reconstruct cleft palate	313	15.46	$794.95	$407.70	$158.99
42225	T	Reconstruct cleft palate	314	25.15	$1,293.21	$687.72	$258.64
42226	T	Lengthening of palate	314	25.15	$1,293.21	$687.72	$258.64
42227	T	Lengthening of palate	314	25.15	$1,293.21	$687.72	$258.64
42235	T	Repair palate	313	15.46	$794.95	$407.70	$158.99
42260	T	Repair nose to lip fistula	313	15.46	$794.95	$407.70	$158.99
42280	T	Preparation, palate mold	311	1.41	$72.50	$20.57	$14.50
42281	T	Insertion, palate prosthesis	311	1.41	$72.50	$20.57	$14.50
42299	T	Palate/uvula surgery	311	1.41	$72.50	$20.57	$14.50
42300	T	Drainage of salivary gland	312	7.07	$363.54	$170.86	$72.71
42305	T	Drainage of salivary gland	312	7.07	$363.54	$170.86	$72.71
42310	T	Drainage of salivary gland	312	7.07	$363.54	$170.86	$72.71
42320	T	Drainage of salivary gland	312	7.07	$363.54	$170.86	$72.71
42325	T	Create salivary cyst drain	313	15.46	$794.95	$407.70	$158.99
42326	T	Create salivary cyst drain	313	15.46	$794.95	$407.70	$158.99
42330	T	Removal of salivary stone	311	1.41	$72.50	$20.57	$14.50
42335	T	Removal of salivary stone	311	1.41	$72.50	$20.57	$14.50
42340	T	Removal of salivary stone	313	15.46	$794.95	$407.70	$158.99
42400	T	Biopsy of salivary gland	122	4.59	$236.02	$113.00	$47.20
42405	T	Biopsy of salivary gland	312	7.07	$363.54	$170.86	$72.71
42408	T	Excision of salivary cyst	313	15.46	$794.95	$407.70	$158.99
42409	T	Drainage of salivary cyst	313	15.46	$794.95	$407.70	$158.99
42410	T	Excise parotid gland/lesion	313	15.46	$794.95	$407.70	$158.99
42415	T	Excise parotid gland/lesion	314	25.15	$1,293.21	$687.72	$258.64
42420	T	Excise parotid gland/lesion	314	25.15	$1,293.21	$687.72	$258.64
42425	T	Excise parotid gland/lesion	314	25.15	$1,293.21	$687.72	$258.64
42426	C	Excise parotid gland/lesion	.....	.....	.....	.....	.....
42440	T	Excision submaxillary gland	313	15.46	$794.95	$407.70	$158.99
42450	T	Excision sublingual gland	313	15.46	$794.95	$407.70	$158.99
42500	T	Repair salivary duct	313	15.46	$794.95	$407.70	$158.99
42505	T	Repair salivary duct	313	15.46	$794.95	$407.70	$158.99
42507	T	Parotid duct diversion	313	15.46	$794.95	$407.70	$158.99

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
42508	T	Parotid duct diversion	313	15.46	$794.95	$407.70	$158.99
42509	T	Parotid duct diversion	314	25.15	$1,293.21	$687.72	$258.64
42510	T	Parotid duct diversion	313	15.46	$794.95	$407.70	$158.99
42550	T	Injection for salivary x-ray	347	2.57	$132.15	$62.38	$26.43
42600	T	Closure of salivary fistula	313	15.46	$794.95	$407.70	$158.99
42650	T	Dilation of salivary duct	311	1.41	$72.50	$20.57	$14.50
42660	T	Dilation of salivary duct	311	1.41	$72.50	$20.57	$14.50
42665	T	Ligation of salivary duct	311	1.41	$72.50	$20.57	$14.50
42699	T	Salivary surgery procedure	311	1.41	$72.50	$20.57	$14.50
42700	T	Drainage of tonsil abscess	312	7.07	$363.54	$170.86	$72.71
42720	T	Drainage of throat abscess	312	7.07	$363.54	$170.86	$72.71
42725	T	Drainage of throat abscess	313	15.46	$794.95	$407.70	$158.99
42800	T	Biopsy of throat	312	7.07	$363.54	$170.86	$72.71
42802	T	Biopsy of throat	312	7.07	$363.54	$170.86	$72.71
42804	T	Biopsy of upper nose/throat	312	7.07	$363.54	$170.86	$72.71
42806	T	Biopsy of upper nose/throat	312	7.07	$363.54	$170.86	$72.71
42808	T	Excise pharynx lesion	312	7.07	$363.54	$170.86	$72.71
42809	T	Remove pharynx foreign body	151	1.63	$83.81	$33.22	$16.76
42810	T	Excision of neck cyst	313	15.46	$794.95	$407.70	$158.99
42815	T	Excision of neck cyst	313	15.46	$794.95	$407.70	$158.99
42820	T	Remove tonsils and adenoids	319	16.20	$833.00	$463.53	$166.60
42821	T	Remove tonsils and adenoids	319	16.20	$833.00	$463.53	$166.60
42825	T	Removal of tonsils	319	16.20	$833.00	$463.53	$166.60
42826	T	Removal of tonsils	319	16.20	$833.00	$463.53	$166.60
42830	T	Removal of adenoids	319	16.20	$833.00	$463.53	$166.60
42831	T	Removal of adenoids	319	16.20	$833.00	$463.53	$166.60
42835	T	Removal of adenoids	319	16.20	$833.00	$463.53	$166.60
42836	T	Removal of adenoids	319	16.20	$833.00	$463.53	$166.60
42842	T	Extensive surgery of throat	314	25.15	$1,293.21	$687.72	$258.64
42844	T	Extensive surgery of throat	314	25.15	$1,293.21	$687.72	$258.64
42845	C	Extensive surgery of throat	.....	.....	.....	.....	.....
42860	T	Excision of tonsil tags	319	16.20	$833.00	$463.53	$166.60
42870	T	Excision of lingual tonsil	319	16.20	$833.00	$463.53	$166.60
[2] 42880	C	Excise nose/throat lesion	.....	.....	.....	.....	.....
42890	T	Partial removal of pharynx	314	25.15	$1,293.21	$687.72	$258.64
42892	T	Revision of pharyngeal walls	314	25.15	$1,293.21	$687.72	$258.64
42894	C	Revision of pharyngeal walls	.....	.....	.....	.....	.....
42900	T	Repair throat wound	313	15.46	$794.95	$407.70	$158.99
42950	T	Reconstruction of throat	313	15.46	$794.95	$407.70	$158.99
42953	C	Repair throat, esophagus	.....	.....	.....	.....	.....
42955	T	Surgical opening of throat	313	15.46	$794.95	$407.70	$158.99
42960	T	Control throat bleeding	318	2.07	$106.44	$38.87	$21.29
42961	C	Control throat bleeding	.....	.....	.....	.....	.....
42962	T	Control throat bleeding	313	15.46	$794.95	$407.70	$158.99
42970	T	Control nose/throat bleeding	318	2.07	$106.44	$38.87	$21.29
42971	C	Control nose/throat bleeding	.....	.....	.....	.....	.....
42972	T	Control nose/throat bleeding	313	15.46	$794.95	$407.70	$158.99
42999	T	Throat surgery procedure	318	2.07	$106.44	$38.87	$21.29
43020	T	Incision of esophagus	313	15.46	$794.95	$407.70	$158.99
43030	T	Throat muscle surgery	313	15.46	$794.95	$407.70	$158.99
43045	C	Incision of esophagus	.....	.....	.....	.....	.....
43100	C	Excision of esophagus lesion	.....	.....	.....	.....	.....
43101	C	Excision of esophagus lesion	.....	.....	.....	.....	.....
43107	C	Removal of esophagus	.....	.....	.....	.....	.....
43108	C	Removal of esophagus	.....	.....	.....	.....	.....
43112	C	Removal of esophagus	.....	.....	.....	.....	.....
43113	C	Removal of esophagus	.....	.....	.....	.....	.....
43116	C	Partial removal of esophagus	.....	.....	.....	.....	.....
43117	C	Partial removal of esophagus	.....	.....	.....	.....	.....
43118	C	Partial removal of esophagus	.....	.....	.....	.....	.....
43121	C	Partial removal of esophagus	.....	.....	.....	.....	.....
43122	C	Parital removal of esophagus	.....	.....	.....	.....	.....
43123	C	Partial removal of esophagus	.....	.....	.....	.....	.....
43124	C	Removal of esophagus	.....	.....	.....	.....	.....
43130	C	Removal of esophagus pouch	.....	.....	.....	.....	.....
43135	C	Removal of esophagus pouch	.....	.....	.....	.....	.....
43200	T	Esophagus endoscopy	417	6.35	$326.52	$179.22	$65.30
43202	T	Esophagus endoscopy, biopsy	417	6.35	$326.52	$179.22	$65.30
43204	T	Esophagus endoscopy & inject	407	6.89	$354.28	$189.39	$70.86
43205	T	Esophagus endoscopy/ligation	407	6.89	$354.28	$189.39	$70.86
43215	T	Esophagus endoscopy	407	6.89	$354.28	$189.39	$70.86
43216	T	Esophagus endoscopy/lesion	407	6.89	$354.28	$189.39	$70.86
43217	T	Esophagus endoscopy	407	6.89	$354.28	$189.39	$70.86
43219	T	Esophagus endoscopy	449	7.63	$392.33	$213.57	$78.47
43220	T	Esophagus endoscopy,dilation	407	6.89	$354.28	$189.39	$70.86

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
43226	T	Esophagus endoscopy,dilation	407	6.89	$354.28	$189.39	$70.86
43227	T	Esophagus endoscopy, repair	407	6.89	$354.28	$189.39	$70.86
43228	T	Esophagus endoscopy,ablation	449	7.63	$392.33	$213.57	$78.47
43234	T	Upper GI endoscopy, exam	417	6.35	$326.52	$179.22	$65.30
43235	T	Upper gi endoscopy,diagnosis	417	6.35	$326.52	$179.22	$65.30
43239	T	Upper GI endoscopy, biopsy	417	6.35	$326.52	$179.22	$65.30
43241	T	Upper GI endoscopy with tube	418	7.44	$382.56	$213.57	$76.51
43243	T	Upper GI endoscopy & inject.	418	7.44	$382.56	$213.57	$76.51
43244	T	Upper GI endoscopy/ligation	418	7.44	$382.56	$213.57	$76.51
43245	T	Operative upper GI endoscopy	418	7.44	$382.56	$213.57	$76.51
43246	T	Place gastrostomy tube	418	7.44	$382.56	$213.57	$76.51
43247	T	Operative upper GI endoscopy	418	7.44	$382.56	$213.57	$76.51
43248	T	Upper GI endoscopy/guidewire	418	7.44	$382.56	$213.57	$76.51
43249	T	Esophagus endoscopy,dilation	418	7.44	$382.56	$213.57	$76.51
43250	T	Upper GI endoscopy/tumor	418	7.44	$382.56	$213.57	$76.51
43251	T	Operative upper GI endoscopy	418	7.44	$382.56	$213.57	$76.51
43255	T	Operative upper GI endoscopy	418	7.44	$382.56	$213.57	$76.51
43258	T	Operative upper GI endoscopy	449	7.63	$392.33	$213.57	$78.47
43259	T	Endoscopic ultrasound exam	449	7.63	$392.33	$213.57	$78.47
43260	T	Endoscopy,bile duct/pancreas	456	9.61	$494.15	$249.05	$98.83
43261	T	Endoscopy,bile duct/pancreas	456	9.61	$494.15	$249.05	$98.83
43262	T	Endoscopy,bile duct/pancreas	456	9.61	$494.15	$249.05	$98.83
43263	T	Endoscopy,bile duct/pancreas	456	9.61	$494.15	$249.05	$98.83
43264	T	Endoscopy,bile duct/pancreas	456	9.61	$494.15	$249.05	$98.83
43265	T	Endoscopy,bile duct/pancreas	456	9.61	$494.15	$249.05	$98.83
43267	T	Endoscopy,bile duct/pancreas	456	9.61	$494.15	$249.05	$98.83
43268	T	Endoscopy,bile duct/pancreas	456	9.61	$494.15	$249.05	$98.83
43269	T	Endoscopy,bile duct/pancreas	456	9.61	$494.15	$249.05	$98.83
43271	T	Endoscopy,bile duct/pancreas	456	9.61	$494.15	$249.05	$98.83
43272	T	Endoscopy,bile duct/pancreas	449	7.63	$392.33	$213.57	$78.47
43300	C	Repair of esophagus					
43305	C	Repair esophagus and fistula					
43310	C	Repair of esophagus					
43312	C	Repair esophagus and fistula					
43320	C	Fuse esophagus & stomach					
43324	C	Revise esophagus & stomach					
43325	C	Revise esophagus & stomach					
43326	C	Revise esophagus & stomach					
43330	C	Repair of esophagus					
43331	C	Repair of esophagus					
43340	C	Fuse esophagus & intestine					
43341	C	Fuse esophagus & intestine					
43350	C	Surgical opening, esophagus					
43351	C	Surgical opening, esophagus					
43352	C	Surgical opening, esophagus					
43360	C	Gastrointestinal repair					
43361	C	Gastrointestinal repair					
43400	C	Ligate esophagus veins					
43401	C	Esophagus surgery for veins					
43405	C	Ligate/staple esophagus					
43410	C	Repair esophagus wound					
43415	C	Repair esophagus wound					
43420	C	Repair esophagus opening					
43425	C	Repair esophagus opening					
43450	T	Dilate esophagus	406	4.17	$214.42	$106.67	$42.88
43453	T	Dilate esophagus	406	4.17	$214.42	$106.67	$42.88
43456	T	Dilate esophagus	406	4.17	$214.42	$106.67	$42.88
43458	T	Dilation of esophagus	406	4.17	$214.42	$106.67	$42.88
43460	C	Pressure treatment esophagus					
43496	C	Free jejunum flap, microvasc					
43499	T	Esophagus surgery procedure	406	4.17	$214.42	$106.67	$42.88
43500	C	Surgical opening of stomach					
43501	C	Surgical repair of stomach					
43502	C	Surgical repair of stomach					
43510	C	Surgical opening of stomach					
43520	C	Incision of pyloric muscle					
43600	T	Biopsy of stomach	417	6.35	$326.52	$179.22	$65.30
43605	C	Biopsy of stomach					
43610	C	Excision of stomach lesion					
43611	C	Excision of stomach lesion					
43620	C	Removal of stomach					
43621	C	Removal of stomach					
43622	C	Removal of stomach					
43631	C	Removal of stomach, partial					
43632	C	Removal stomach, partial					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
43633	C	Removal stomach, partial					
43634	C	Removal stomach, partial					
43635	C	Partial removal of stomach					
43638	C	Partial removal of stomach					
43639	C	Removal stomach, partial					
43640	C	Vagotomy & pylorus repair					
43641	C	Vagotomy & pylorus repair					
43750	T	Place gastrostomy tube	418	7.44	$382.56	$213.57	$76.51
43760	T	Change gastrostomy tube	470	2.19	$112.61	$54.92	$22.52
43761	T	Reposition gastrostomy tube	470	2.19	$112.61	$54.92	$22.52
43800	C	Reconstruction of pylorus					
43810	C	Fusion of stomach and bowel					
43820	C	Fusion of stomach and bowel					
43825	C	Fusion of stomach and bowel					
43830	C	Place gastrostomy tube					
43831	C	Place gastrostomy tube					
43832	C	Place gastrostomy tube					
43840	C	Repair of stomach lesion					
43842	C	Gastroplasty for obesity					
43843	C	Gastroplasty for obesity					
43846	C	Gastric bypass for obesity					
43847	C	Gastric bypass for obesity					
43848	C	Revision gastroplasty					
43850	C	Revise stomach-bowel fusion					
43855	C	Revise stomach-bowel fusion					
43860	C	Revise stomach-bowel fusion					
43865	C	Revise stomach-bowel fusion					
43870	T	Repair stomach opening	182	4.11	$211.34	$92.43	$42.27
43880	C	Repair stomach-bowel fistula					
43999	T	Stomach surgery procedure	470	2.19	$112.61	$54.92	$22.52
44005	C	Freeing of bowel adhesion					
44010	C	Incision of small bowel					
44015	C	Insert needle catheter, bowel					
44020	C	Exploration of small bowel					
44021	C	Decompress small bowel					
44025	C	Incision of large bowel					
44050	C	Reduce bowel obstruction					
44055	C	Correct malrotation of bowel					
44100	T	Biopsy of bowel	417	6.35	$326.52	$179.22	$65.30
44110	C	Excision of bowel lesion(s)					
44111	C	Excision of bowel lesion(s)					
44120	C	Removal of small intestine					
44121	C	Removal of small intestine					
44125	C	Removal of small intestine					
44130	C	Bowel to bowel fusion					
44139	C	Mobilization of colon					
44140	C	Partial removal of colon					
44141	C	Partial removal of colon					
44143	C	Partial removal of colon					
44144	C	Partial removal of colon					
44145	C	Partial removal of colon					
44146	C	Partial removal of colon					
44147	C	Partial removal of colon					
44150	C	Removal of colon					
44151	C	Removal of colon/ileostomy					
44152	C	Removal of colon/ileostomy					
44153	C	Removal of colon/ileostomy					
44155	C	Removal of colon					
44156	C	Removal of colon/ileostomy					
44160	C	Removal of colon					
44300	C	Open bowel to skin					
44310	C	Ileostomy/jejunostomy					
44312	T	Revision of ileostomy	183	11.04	$567.68	$283.18	$113.54
44314	C	Revision of ileostomy					
44316	C	Devise bowel pouch					
44320	C	Colostomy					
44322	C	Colostomy with biopsies					
44340	T	Revision of colostomy	183	11.04	$567.68	$283.18	$113.54
44345	C	Revision of colostomy					
44346	C	Revision of colostomy					
44360	T	Small bowel endoscopy	419	6.83	$351.20	$164.08	$70.24
44361	T	Small bowel endoscopy,biopsy	419	6.83	$351.20	$164.08	$70.24
44363	T	Small bowel endoscopy	419	6.83	$351.20	$164.08	$70.24
44364	T	Small bowel endoscopy	419	6.83	$351.20	$164.08	$70.24
44365	T	Small bowel endoscopy	419	6.83	$351.20	$164.08	$70.24

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
44366	T	Small bowel endoscopy	419	6.83	$351.20	$164.08	$70.24
44369	T	Small bowel endoscopy	449	7.63	$392.33	$213.57	$78.47
44372	T	Small bowel endoscopy	419	6.83	$351.20	$164.08	$70.24
44373	T	Small bowel endoscopy	419	6.83	$351.20	$164.08	$70.24
44376	T	Small bowel endoscopy	419	6.83	$351.20	$164.08	$70.24
44377	T	Small bowel endoscopy	419	6.83	$351.20	$164.08	$70.24
44378	T	Small bowel endoscopy	419	6.83	$351.20	$164.08	$70.24
44380	T	Small bowel endoscopy	426	6.74	$346.57	$185.32	$69.31
44382	T	Small bowel endoscopy	426	6.74	$346.57	$185.32	$69.31
44385	T	Endoscopy of bowel pouch	426	6.74	$346.57	$185.32	$69.31
44386	T	Endoscopy,bowel pouch, biopsy	426	6.74	$346.57	$185.32	$69.31
44388	T	Colon endoscopy	426	6.74	$346.57	$185.32	$69.31
44389	T	Colonoscopy with biopsy	426	6.74	$346.57	$185.32	$69.31
44390	T	Colonoscopy for foreign body	427	8.09	$415.99	$222.84	$83.20
44391	T	Colonoscopy for bleeding	427	8.09	$415.99	$222.84	$83.20
44392	T	Colonoscopy & polypectomy	427	8.09	$415.99	$222.84	$83.20
44393	T	Colonoscopy, lesion removal	449	7.63	$392.33	$213.57	$78.47
44394	T	Colonoscopy w/snare	427	8.09	$415.99	$222.84	$83.20
44500	C	Intro, gastrointestinal tube					
44602	C	Suture, small intestine					
44603	C	Suture, small intestine					
44604	C	Suture, large intestine					
44605	C	Repair of bowel lesion					
44615	C	Intestinal stricturoplasty					
44620	C	Repair bowel opening					
44625	C	Repair bowel opening					
44626	C	Repair bowel opening					
44640	C	Repair bowel-skin fistula					
44650	C	Repair bowel fistula					
44660	C	Repair bowel-bladder fistula					
44661	C	Repair bowel-bladder fistula					
44680	C	Surgical revision, intestine					
44700	C	Suspend bowel w/prosthesis					
44799	T	Intestine surgery procedure	419	6.83	$351.20	$164.08	$70.24
44800	C	Excision of bowel pouch					
44820	C	Excision of mesentery lesion					
44850	C	Repair of mesentery					
44899	C	Bowel surgery procedure					
44900	C	Drain, app abscess, open					
44901	C	Drain, app abscess, perc					
44950	C	Appendectomy					
44955	C	Appendectomy add-on					
44960	C	Appendectomy					
45000	T	Drainage of pelvic abscess	452	4.52	$232.42	$103.06	$46.48
45005	T	Drainage of rectal abscess	452	4.52	$232.42	$103.06	$46.48
45020	T	Drainage of rectal abscess	452	4.52	$232.42	$103.06	$46.48
45100	T	Biopsy of rectum	452	4.52	$232.42	$103.06	$46.48
45108	T	Removal of anorectal lesion	453	16.26	$836.09	$440.47	$167.22
45110	C	Removal of rectum					
45111	C	Partial removal of rectum					
45112	C	Removal of rectum					
45113	C	Partial proctectomy					
45114	C	Partial removal of rectum					
45116	C	Partial removal of rectum					
45119	C	Remove, rectum w/reservoir					
45120	C	Removal of rectum					
45121	C	Removal of rectum and colon					
45123	C	Partial proctectomy					
45130	C	Excision of rectal prolapse					
45135	C	Excision of rectal prolapse					
45150	T	Excision of rectal stricture	453	16.26	$836.09	$440.47	$167.22
45160	T	Excision of rectal lesion	453	16.26	$836.09	$440.47	$167.22
45170	T	Excision of rectal lesion	453	16.26	$836.09	$440.47	$167.22
45190	T	Destruction, rectal tumor	453	16.26	$836.09	$440.47	$167.22
45300	T	Proctosigmoidoscopy	446	2.54	$130.61	$64.86	$26.12
45303	T	Proctosigmoidoscopy	447	7.06	$363.03	$191.87	$72.61
45305	T	Proctosigmoidoscopy; biopsy	446	2.54	$130.61	$64.86	$26.12
45307	T	Proctosigmoidoscopy	447	7.06	$363.03	$191.87	$72.61
45308	T	Proctosigmoidoscopy	447	7.06	$363.03	$191.87	$72.61
45309	T	Proctosigmoidoscopy	447	7.06	$363.03	$191.87	$72.61
45315	T	Proctosigmoidoscopy	447	7.06	$363.03	$191.87	$72.61
45317	T	Proctosigmoidoscopy	447	7.06	$363.03	$191.87	$72.61
45320	T	Proctosigmoidoscopy	447	7.06	$363.03	$191.87	$72.61
45321	T	Proctosigmoidoscopy	447	7.06	$363.03	$191.87	$72.61
45330	T	Sigmoidoscopy, diagnostic	446	2.54	$130.61	$64.86	$26.12

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
45331	T	Sigmoidoscopy and biopsy	446	2.54	$130.61	$64.86	$26.12
45332	T	Sigmoidoscopy	448	5.28	$271.50	$139.22	$54.30
45333	T	Sigmoidoscopy & polypectomy	448	5.28	$271.50	$139.22	$54.30
45334	T	Sigmoidoscopy for bleeding	448	5.28	$271.50	$139.22	$54.30
45337	T	Sigmoidoscopy, decompression	458	5.28	$271.50	$139.22	$54.30
45338	T	Sigmoidoscopy	448	5.28	$271.50	$139.22	$54.30
45339	T	Sigmoidoscopy	449	7.63	$392.33	$213.57	$78.47
45355	T	Surgical colonoscopy	427	8.09	$415.99	$222.84	$83.20
45378	T	Diagnostic colonoscopy	426	6.74	$346.57	$185.32	$69.31
45379	T	Colonoscopy	427	8.09	$415.99	$222.84	$83.20
45380	T	Colonoscopy and biopsy	426	6.74	$346.57	$185.32	$69.31
45382	T	Colonoscopy,control bleeding	427	8.09	$415.99	$222.84	$83.20
45383	T	Colonoscopy, lesion removal	449	7.63	$392.33	$213.57	$78.47
45384	T	Colonoscopy	427	8.09	$415.99	$222.84	$83.20
45385	T	Colonoscopy, lesion removal	427	8.09	$415.99	$222.84	$83.20
45500	T	Repair of rectum	453	16.26	$836.09	$440.47	$167.22
45505	T	Repair of rectum	453	16.26	$836.09	$440.47	$167.22
45520	T	Treatment of rectal prolapse	339	0.98	$50.39	$19.66	$10.08
45540	C	Correct rectal prolapse					
45541	C	Correct rectal prolapse					
45550	C	Repair rectum;remove sigmoid					
45560	T	Repair of rectocele	453	16.26	$836.09	$440.47	$167.22
45562	C	Exploration/repair of rectum					
45563	C	Exploration/repair of rectum					
45800	C	Repair rectumbladder fistula					
45805	C	Repair fistula; colostomy					
45820	C	Repair rectourethral fistula					
45825	C	Repair fistula; colostomy					
45900	T	Reduction of rectal prolapse	452	4.52	$232.42	$103.06	$46.48
45905	T	Dilation of anal sphincter	452	4.52	$232.42	$103.06	$46.48
45910	T	Dilation of rectal narrowing	452	4.52	$232.42	$103.06	$46.48
45915	T	Remove rectal obstruction	452	4.52	$232.42	$103.06	$46.48
45999	T	Rectum surgery procedure	452	4.52	$232.42	$103.06	$46.48
46030	T	Removal of rectal marker	452	4.52	$232.42	$103.06	$46.48
46040	T	Incision of rectal abscess	452	4.52	$232.42	$103.06	$46.48
46045	T	Incision of rectal abscess	453	16.26	$836.09	$440.47	$167.22
46050	T	Incision of anal abscess	452	4.52	$232.42	$103.06	$46.48
46060	T	Incision of rectal abscess	453	16.26	$836.09	$440.47	$167.22
46070	T	Incision of anal septum	451	2.42	$124.44	$53.56	$24.89
46080	T	Incision of anal sphincter	452	4.52	$232.42	$103.06	$46.48
46083	T	Incise external hemorrhoid	451	2.42	$124.44	$53.56	$24.89
46200	T	Removal of anal fissure	453	16.26	$836.09	$440.47	$167.22
46210	T	Removal of anal crypt	452	4.52	$232.42	$103.06	$46.48
46211	T	Removal of anal crypts	453	16.26	$836.09	$440.47	$167.22
46220	T	Removal of anal tab	451	2.42	$124.44	$53.56	$24.89
46221	T	Ligation of hemorrhoid(s)	451	2.42	$124.44	$53.56	$24.89
46230	T	Removal of anal tabs	451	2.42	$124.44	$53.56	$24.89
46250	T	Hemorrhoidectomy	453	16.26	$836.09	$440.47	$167.22
46255	T	Hemorrhoidectomy	453	16.26	$836.09	$440.47	$167.22
46257	T	Remove hemorrhoids & fissure	453	16.26	$836.09	$440.47	$167.22
46258	T	Remove hemorrhoids & fistula	453	16.26	$836.09	$440.47	$167.22
46260	T	Hemorrhoidectomy	453	16.26	$836.09	$440.47	$167.22
46261	T	Remove hemorrhoids & fissure	453	16.26	$836.09	$440.47	$167.22
46262	T	Remove hemorrhoids & fistula	453	16.26	$836.09	$440.47	$167.22
46270	T	Removal of anal fistula	453	16.26	$836.09	$440.47	$167.22
46275	T	Removal of anal fistula	453	16.26	$836.09	$440.47	$167.22
46280	T	Removal of anal fistula	453	16.26	$836.09	$440.47	$167.22
46285	T	Removal of anal fistula	453	16.26	$836.09	$440.47	$167.22
46288	T	Repair anal fistula	453	16.26	$836.09	$440.47	$167.22
46320	T	Removal of hemorrhoid clot	451	2.42	$124.44	$53.56	$24.89
46500	T	Injection into hemorrhoids	451	2.42	$124.44	$53.56	$24.89
46600	N	Diagnostic anoscopy					
46604	N	Anoscopy and dilation					
46606	T	Anoscopy and biopsy	437	6.54	$336.29	$173.79	$67.26
46608	T	Anoscopy;remove foreign body	437	6.54	$336.29	$173.79	$67.26
46610	T	Anoscopy; remove lesion	437	6.54	$336.29	$173.79	$67.26
46611	T	Anoscopy	437	6.54	$336.29	$173.79	$67.26
46612	T	Anoscopy; remove lesions	437	6.54	$336.29	$173.79	$67.26
46614	T	Anoscopy; control bleeding	437	6.54	$336.29	$173.79	$67.26
46615	T	Anoscopy	437	6.54	$336.29	$173.79	$67.26
46700	T	Repair of anal stricture	453	16.26	$836.09	$440.47	$167.22
46705	C	Repair of anal stricture					
46715	C	Repair of anovaginal fistula					
46716	C	Repair of anovaginal fistula					
46730	C	Construction of absent anus					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
46735	C	Construction of absent anus					
46740	C	Construction of absent anus					
46742	C	Repair, imperforated anus					
46744	C	Repair, cloacal anomaly					
46746	C	Repair, cloacal anomaly					
46748	C	Repair, cloacal anomaly					
46750	T	Repair of anal sphincter	453	16.26	$836.09	$440.47	$167.22
46751	C	Repair of anal sphincter					
46753	T	Reconstruction of anus	453	16.26	$836.09	$440.47	$167.22
46754	T	Removal of suture from anus	452	4.52	$232.42	$103.06	$46.48
46760	T	Repair of anal sphincter	453	16.26	$836.09	$440.47	$167.22
46761	T	Repair of anal sphincter	453	16.26	$836.09	$440.47	$167.22
46762	T	Implant artificial sphincter	453	16.26	$836.09	$440.47	$167.22
46900	T	Destruction, anal lesion(s)	152	10.07	$517.80	$251.54	$103.56
46910	T	Destruction, anal lesion(s)	152	10.07	$517.80	$251.54	$103.56
46916	T	Cryosurgery, anal lesion(s)	152	10.07	$517.80	$251.54	$103.56
46917	T	Laser surgery,anal lesion(s)	152	10.07	$517.80	$251.54	$103.56
46922	T	Excision of anal lesion(s)	152	10.07	$517.80	$251.54	$103.56
46924	T	Destruction, anal lesion(s)	152	10.07	$517.80	$251.54	$103.56
46934	T	Destruction of hemorrhoids	451	2.42	$124.44	$53.56	$24.89
46935	T	Destruction of hemorrhoids	451	2.42	$124.44	$53.56	$24.89
46936	T	Destruction of hemorrhoids	451	2.42	$124.44	$53.56	$24.89
46937	T	Cryotherapy of rectal lesion	453	16.26	$836.09	$440.47	$167.22
46938	T	Cryotherapy of rectal lesion	453	16.26	$836.09	$440.47	$167.22
46940	T	Treatment of anal fissure	451	2.42	$124.44	$53.56	$24.89
46942	T	Treatment of anal fissure	451	2.42	$124.44	$53.56	$24.89
46945	T	Ligation of hemorrhoids	451	2.42	$124.44	$53.56	$24.89
46946	T	Ligation of hemorrhoids	451	2.42	$124.44	$53.56	$24.89
46999	T	Anus surgery procedure	452	4.52	$232.42	$103.06	$46.48
47000	T	Needle biopsy of liver	122	4.59	$236.02	$113.00	$47.20
47001	C	Needle biopsy, liver add-on					
47010	C	Open drainage, liver lesion					
47011	C	Percut drain, liver lesion					
47015	C	Inject/aspirate liver cyst					
47100	C	Wedge biopsy of liver					
47120	C	Partial removal of liver					
47122	C	Extensive removal of liver					
47125	C	Partial removal of liver					
47130	C	Partial removal of liver					
47133	C	Removal of donor liver					
47134	C	Partial removal, donor liver					
47135	C	Transplantation of liver					
47136	C	Transplantation of liver					
47300	C	Surgery for liver lesion					
47350	C	Repair liver wound					
47360	C	Repair liver wound					
47361	C	Repair liver wound					
47362	C	Repair liver wound					
47399	T	Liver surgery procedure	122	4.59	$236.02	$113.00	$47.20
47400	C	Incision of liver duct					
47420	C	Incision of bile duct					
47425	C	Incision of bile duct					
47460	C	Incise bile duct sphincter					
47480	C	Incision of gallbladder					
47490	C	Incision of gallbladder					
47500	T	Injection for liver x-rays	347	2.57	$132.15	$62.38	$26.43
47505	T	Injection for liver x-rays	347	2.57	$132.15	$62.38	$26.43
47510	T	Insert catheter, bile duct	458	6.81	$350.17	$181.70	$70.03
47511	T	Insert bile duct drain	458	6.81	$350.17	$181.70	$70.03
47525	T	Change bile duct catheter	470	2.19	$112.61	$54.92	$22.52
47530	T	Revise, reinsert bile tube	470	2.19	$112.61	$54.92	$22.52
47550	C	Bile duct endoscopy add-on					
47552	T	Biliary endoscopy, thru skin	458	6.81	$350.17	$181.70	$70.03
47553	T	Biliary endoscopy, thru skin	458	6.81	$350.17	$181.70	$70.03
47554	T	Biliary endoscopy, thru skin	458	6.81	$350.17	$181.70	$70.03
47555	T	Biliary endoscopy, thru skin	458	6.81	$350.17	$181.70	$70.03
47556	T	Biliary endoscopy, thru skin	458	6.81	$350.17	$181.70	$70.03
47600	C	Removal of gallbladder					
47605	C	Removal of gallbladder					
47610	C	Removal of gallbladder					
47612	C	Removal of gallbladder					
47620	C	Removal of gallbladder					
47630	T	Remove bile duct stone	458	6.81	$350.17	$181.70	$70.03
47700	C	Exploration of bile ducts					
47701	C	Bile duct revision					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
47711	C	Excision of bile duct tumor					
47712	C	Excision of bile duct tumor					
47715	C	Excision of bile duct cyst					
47716	C	Fusion of bile duct cyst					
47720	C	Fuse gallbladder & bowel					
47721	C	Fuse upper gi structures					
47740	C	Fuse gallbladder & bowel					
47741	C	Fuse gallbladder & bowel					
47760	C	Fuse bile ducts and bowel					
47765	C	Fuse liver ducts & bowel					
47780	C	Fuse bile ducts and bowel					
47785	C	Fuse bile ducts and bowel					
47800	C	Reconstruction of bile ducts					
47801	C	Placement, bile duct support					
47802	C	Fuse liver duct & intestine					
47900	C	Suture bile duct injury					
47999	T	Bile tract surgery procedure	470	2.19	$112.61	$54.92	$22.52
48000	C	Drainage of abdomen					
48001	C	Placement of drain, pancreas					
48005	C	Resect/debride pancreas					
48020	C	Removal of pancreatic stone					
48100	C	Biopsy of pancreas					
48102	T	Needle biopsy, pancreas	122	4.59	$236.02	$113.00	$47.20
48120	C	Removal of pancreas lesion					
48140	C	Partial removal of pancreas					
48145	C	Partial removal of pancreas					
48146	C	Pancreatectomy					
48148	C	Removal of pancreatic duct					
48150	C	Partial removal of pancreas					
48152	C	Pancreatectomy					
48153	C	Pancreatectomy					
48154	C	Pancreatectomy					
48155	C	Removal of pancreas					
48160	E	Pancreas removal, transplant					
48180	C	Fuse pancreas and bowel					
48400	C	Injection, intraop add-on					
48500	C	Surgery of pancreas cyst					
48510	C	Drain pancreatic pseudocyst					
48511	C	Drain pancreatic pseudocyst					
48520	C	Fuse pancreas cyst and bowel					
48540	C	Fuse pancreas cyst and bowel					
48545	C	Pancreatorrhaphy					
48547	C	Duodenal exclusion					
48550	E	Donor pancreatectomy					
48554	E	Transplantallograft pancreas					
48556	C	Removal, allograft pancreas					
48999	T	Pancreas surgery procedure	122	4.59	$236.02	$113.00	$47.20
49000	C	Exploration of abdomen					
49002	C	Reopening of abdomen					
49010	C	Exploration behind abdomen					
49020	C	Drain abdominal abscess					
49021	C	Drain abdominal abscess					
49040	C	Open drainage abdom abscess					
49041	C	Percut drain abdom abscess					
49060	C	Open drain retroper abscess					
49061	C	Percutdrain retroper abscess					
49062	C	Drain to peritoneal cavity					
49080	T	Puncture, peritoneal cavity	320	3.09	$158.89	$80.91	$31.78
49081	T	Removal of abdominal fluid	320	3.09	$158.89	$80.91	$31.78
49085	T	Remove abdomen foreign body	459	17.85	$917.85	$497.88	$183.57
49180	T	Biopsy, abdominal mass	122	4.59	$236.02	$113.00	$47.20
49200	C	Removal of abdominal lesion					
49201	C	Removal of abdominal lesion					
49215	C	Excise sacral spine tumor					
49220	C	Multiple surgery, abdomen					
49250	T	Excision of umbilicus	459	17.85	$917.85	$497.88	$183.57
49255	C	Removal of omentum					
49400	T	Air injection into abdomen	347	2.57	$132.15	$62.38	$26.43
49420	T	Insert abdominal drain	459	17.85	$917.85	$497.88	$183.57
49421	T	Insert abdominal drain	459	17.85	$917.85	$497.88	$183.57
49422	T	Remove perm cannula/catheter	470	2.19	$112.61	$54.92	$22.52
49423	T	Exchange drainage cath	459	17.85	$917.85	$497.88	$183.57
49424	T	Assess cyst, contrast inj	347	2.57	$132.15	$62.38	$26.43
49425	C	Insert abdomen-venous drain					
49426	T	Revise abdomen-venous shunt	459	17.85	$917.85	$497.88	$183.57

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
49427	T	Injection, abdominal shunt	347	2.57	$132.15	$62.38	$26.43
49428	C	Ligation of shunt					
49429	T	Removal of shunt	470	2.19	$112.61	$54.92	$22.52
49495	T	Repair inguinal hernia, init	466	20.67	$1,062.85	$556.64	$212.57
49496	T	Repair inguinal hernia, init	466	20.67	$1,062.85	$556.64	$212.57
49500	T	Repair inguinal hernia	466	20.67	$1,062.85	$556.64	$212.57
49501	T	Repair inguinal hernia, init	466	20.67	$1,062.85	$556.64	$212.57
49505	T	Repair inguinal hernia	466	20.67	$1,062.85	$556.64	$212.57
49507	T	Repair, inguinal hernia	466	20.67	$1,062.85	$556.64	$212.57
49520	T	Rerepair inguinal hernia	466	20.67	$1,062.85	$556.64	$212.57
49521	T	Repair inguinal hernia, rec	466	20.67	$1,062.85	$556.64	$212.57
49525	T	Repair inguinal hernia	466	20.67	$1,062.85	$556.64	$212.57
49540	T	Repair lumbar hernia	466	20.67	$1,062.85	$556.64	$212.57
49550	T	Repair femoral hernia	466	20.67	$1,062.85	$556.64	$212.57
49553	T	Repair femoral hernia, init	466	20.67	$1,062.85	$556.64	$212.57
49555	T	Repair femoral hernia	466	20.67	$1,062.85	$556.64	$212.57
49557	T	Repair femoral hernia, recur	466	20.67	$1,062.85	$556.64	$212.57
49560	T	Repair abdominal hernia	466	20.67	$1,062.85	$556.64	$212.57
49561	T	Repair incisional hernia	466	20.67	$1,062.85	$556.64	$212.57
49565	T	Rerepair abdominal hernia	466	20.67	$1,062.85	$556.64	$212.57
49566	T	Repair incisional hernia	466	20.67	$1,062.85	$556.64	$212.57
49568	T	Hernia repair w/mesh	466	20.67	$1,062.85	$556.64	$212.57
49570	T	Repair epigastric hernia	466	20.67	$1,062.85	$556.64	$212.57
49572	T	Repair, epigastric hernia	466	20.67	$1,062.85	$556.64	$212.57
49580	T	Repair umbilical hernia	466	20.67	$1,062.85	$556.64	$212.57
49582	T	Repair umbilical hernia	466	20.67	$1,062.85	$556.64	$212.57
49585	T	Repair umbilical hernia	466	20.67	$1,062.85	$556.64	$212.57
49587	T	Repair umbilical hernia	466	20.67	$1,062.85	$556.64	$212.57
49590	T	Repair abdominal hernia	466	20.67	$1,062.85	$556.64	$212.57
49600	T	Repair umbilical lesion	466	20.67	$1,062.85	$556.64	$212.57
49605	C	Repair umbilical lesion					
49606	C	Repair umbilical lesion					
49610	C	Repair umbilical lesion					
49611	C	Repair umbilical lesion					
49900	C	Repair of abdominal wall					
49905	C	Omental flap					
49906	C	Free omental flap, microvasc					
49999	T	Abdomen surgery procedure	470	2.19	$112.61	$54.92	$22.52
50010	C	Exploration of kidney					
50020	C	Open drain renal abscess					
50021	C	Percut drain renal abscess					
50040	C	Drainage of kidney					
50045	C	Exploration of kidney					
50060	C	Removal of kidney stone					
50065	C	Incision of kidney					
50070	C	Incision of kidney					
50075	C	Removal of kidney stone					
50080	C	Removal of kidney stone					
50081	C	Removal of kidney stone					
50100	C	Revise kidney blood vessels					
50120	C	Exploration of kidney					
50125	C	Explore and drain kidney					
50130	C	Removal of kidney stone					
50135	C	Exploration of kidney					
50200	T	Biopsy of kidney	122	4.59	$236.02	$113.00	$47.20
50205	C	Biopsy of kidney					
50220	C	Removal of kidney					
50225	C	Removal of kidney					
50230	C	Removal of kidney					
50234	C	Removal of kidney & ureter					
50236	C	Removal of kidney & ureter					
50240	C	Partial removal of kidney					
50280	C	Removal of kidney lesion					
50290	C	Removal of kidney lesion					
50300	C	Removal of donor kidney					
50320	C	Removal of donor kidney					
50340	C	Removal of kidney					
50360	C	Transplantation of kidney					
50365	C	Transplantation of kidney					
50370	C	Remove transplanted kidney					
50380	C	Reimplantation of kidney					
50390	T	Drainage of kidney lesion	122	4.59	$236.02	$113.00	$47.20
50392	T	Insert kidney drain	347	2.57	$132.15	$62.38	$26.43
50393	T	Insert ureteral tube	347	2.57	$132.15	$62.38	$26.43
50394	T	Injection for kidney x-ray	347	2.57	$132.15	$62.38	$26.43

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
50395	T	Create passage to kidney	347	2.57	$132.15	$62.38	$26.43
50396	T	Measure kidney pressure	529	2.33	$119.81	$59.66	$23.96
50398	T	Change kidney tube	521	4.89	$251.44	$110.06	$50.29
50400	C	Revision of kidney/ureter					
50405	C	Revision of kidney/ureter					
50500	C	Repair of kidney wound					
50520	C	Close kidney-skin fistula					
50525	C	Repair renal-abdomen fistula					
50526	C	Repair renal-abdomen fistula					
50540	C	Revision of horseshoe kidney					
50551	T	Kidney endoscopy	522	10.15	$521.91	$259.45	$104.38
50553	T	Kidney endoscopy	522	10.15	$521.91	$259.45	$104.38
50555	T	Kidney endoscopy & biopsy	522	10.15	$521.91	$259.45	$104.38
50557	T	Kidney endoscopy & treatment	522	10.15	$521.91	$259.45	$104.38
50559	T	Renal endoscopy; radiotracer	522	10.15	$521.91	$259.45	$104.38
50561	T	Kidney endoscopy & treatment	522	10.15	$521.91	$259.45	$104.38
50570	C	Kidney endoscopy					
50572	C	Kidney endoscopy					
50574	C	Kidney endoscopy & biopsy					
50575	C	Kidney endoscopy					
50576	C	Kidney endoscopy & treatment					
50578	C	Renal endoscopy; radiotracer					
50580	C	Kidney endoscopy & treatment					
50590	T	Fragmenting of kidney stone	527	43.48	$2,235.74	$1,372.95	$447.15
50600	C	Exploration of ureter					
50605	C	Insert ureteral support					
50610	C	Removal of ureter stone					
50620	C	Removal of ureter stone					
50630	C	Removal of ureter stone					
50650	C	Removal of ureter					
50660	C	Removal of ureter					
50684	T	Injection for ureter x-ray	347	2.57	$132.15	$62.38	$26.43
50686	T	Measure ureter pressure	529	2.33	$119.81	$59.66	$23.96
50688	T	Change of ureter tube	470	2.19	$112.61	$54.92	$22.52
50690	T	Injection for ureter x-ray	347	2.57	$132.15	$62.38	$26.43
50700	C	Revision of ureter					
50715	C	Release of ureter					
50722	C	Release of ureter					
50725	C	Release/revise ureter					
50727	C	Revise ureter					
50728	C	Revise ureter					
50740	C	Fusion of ureter & kidney					
50750	C	Fusion of ureter & kidney					
50760	C	Fusion of ureters					
50770	C	Splicing of ureters					
50780	C	Reimplant ureter in bladder					
50782	C	Reimplant ureter in bladder					
50783	C	Reimplant ureter in bladder					
50785	C	Reimplant ureter in bladder					
50800	C	Implant ureter in bowel					
50810	C	Fusion of ureter & bowel					
50815	C	Urine shunt to bowel					
50820	C	Construct bowel bladder					
50825	C	Construct bowel bladder					
50830	C	Revise urine flow					
50840	C	Replace ureter by bowel					
50845	C	Appendico-vesicostomy					
50860	C	Transplant ureter to skin					
50900	C	Repair of ureter					
50920	C	Closure ureter/skin fistula					
50930	C	Closure ureter/bowel fistula					
50940	C	Release of ureter					
50951	T	Endoscopy of ureter	523	16.35	$840.72	$438.89	$168.14
50953	T	Endoscopy of ureter	523	16.35	$840.72	$438.89	$168.14
50955	T	Ureter endoscopy & biopsy	523	16.35	$840.72	$438.89	$168.14
50957	T	Ureter endoscopy & treatment	523	16.35	$840.72	$438.89	$168.14
50959	T	Ureter endoscopy & tracer	523	16.35	$840.72	$438.89	$168.14
50961	T	Ureter endoscopy & treatment	523	16.35	$840.72	$438.89	$168.14
50970	C	Ureter endoscopy					
50972	C	Ureter endoscopy & catheter					
50974	C	Ureter endoscopy & biopsy					
50976	C	Ureter endoscopy & treatment					
50978	C	Ureter endoscopy & tracer					
50980	C	Ureter endoscopy & treatment					
51000	T	Drainage of bladder	530	2.46	$126.49	$53.34	$25.30

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
51005	T	Drainage of bladder	530	2.46	$126.49	$53.34	$25.30
51010	T	Drainage of bladder	530	2.46	$126.49	$53.34	$25.30
51020	T	Incise & treat bladder	523	16.35	$840.72	$438.89	$168.14
51030	T	Incise & treat bladder	523	16.35	$840.72	$438.89	$168.14
51040	T	Incise & drain bladder	523	16.35	$840.72	$438.89	$168.14
51045	T	Incise bladder, drain ureter	523	16.35	$840.72	$438.89	$168.14
51050	T	Removal of bladder stone	523	16.35	$840.72	$438.89	$168.14
51060	C	Removal of ureter stone					
51065	T	Removal of ureter stone	523	16.35	$840.72	$438.89	$168.14
51080	T	Drainage of bladder abscess	132	5.63	$289.49	$132.89	$57.90
51500	T	Removal of bladder cyst	466	20.67	$1,062.85	$556.64	$212.57
51520	T	Removal of bladder lesion	523	16.35	$840.72	$438.89	$168.14
51525	C	Removal of bladder lesion					
51530	C	Removal of bladder lesion					
51535	C	Repair of ureter lesion					
51550	C	Partial removal of bladder					
51555	C	Partial removal of bladder					
51565	C	Revise bladder & ureter(s)					
51570	C	Removal of bladder					
51575	C	Removal of bladder & nodes					
51580	C	Remove bladder; revise tract					
51585	C	Removal of bladder & nodes					
51590	C	Remove bladder; revise tract					
51595	C	Remove bladder; revise tract					
51596	C	Remove bladder, create pouch					
51597	C	Removal of pelvic structures					
51600	T	Injection for bladder x-ray	347	2.57	$132.15	$62.38	$26.43
51605	T	Preparation for bladder x-ray	347	2.57	$132.15	$62.38	$26.43
51610	T	Injection for bladder x-ray	347	2.57	$132.15	$62.38	$26.43
51700	T	Irrigation of bladder	530	2.46	$126.49	$53.34	$25.30
51705	T	Change of bladder tube	470	2.19	$112.61	$54.92	$22.52
51710	T	Change of bladder tube	470	2.19	$112.61	$54.92	$22.52
51715	T	Endoscopic injection/implant	531	18.59	$955.90	$531.55	$191.18
51720	T	Treatment of bladder lesion	530	2.46	$126.49	$53.34	$25.30
51725	T	Simple cystometrogram	529	2.33	$119.81	$59.66	$23.96
51726	T	Complex cystometrogram	529	2.33	$119.81	$59.66	$23.96
51736	T	Urine flow measurement	529	2.33	$119.81	$59.66	$23.96
51741	T	Electro-uroflowmetry, first	529	2.33	$119.81	$59.66	$23.96
51772	T	Urethra pressure profile	529	2.33	$119.81	$59.66	$23.96
51784	T	Anal/urinary muscle study	529	2.33	$119.81	$59.66	$23.96
51785	T	Anal/urinary muscle study	529	2.33	$119.81	$59.66	$23.96
51792	T	Urinary reflex study	529	2.33	$119.81	$59.66	$23.96
51795	T	Urine voiding pressure study	529	2.33	$119.81	$59.66	$23.96
51797	T	Intraabdominal pressure test	529	2.33	$119.81	$59.66	$23.96
51800	C	Revision of bladder/urethra					
51820	C	Revision of urinary tract					
51840	C	Attach bladder/urethra					
51841	C	Attach bladder/urethra					
51845	C	Repair bladder neck					
51860	C	Repair of bladder wound					
51865	C	Repair of bladder wound					
51880	T	Repair of bladder opening	523	16.35	$840.72	$438.89	$168.14
51900	C	Repair bladder/vagina lesion					
51920	C	Close bladder-uterus fistula					
51925	C	Hysterectomy/bladder repair					
51940	C	Correction of bladder defect					
51960	C	Revision of bladder & bowel					
51980	C	Construct bladder opening					
52000	T	Cystoscopy	521	4.89	$251.44	$110.06	$50.29
52005	T	Cystoscopy & ureter catheter	522	10.15	$521.91	$259.45	$104.38
52007	T	Cystoscopy and biopsy	522	10.15	$521.91	$259.45	$104.38
52010	T	Cystoscopy & duct catheter	522	10.15	$521.91	$259.45	$104.38
52204	T	Cystoscopy	522	10.15	$521.91	$259.45	$104.38
52214	T	Cystoscopy and treatment	522	10.15	$521.91	$259.45	$104.38
52224	T	Cystoscopy and treatment	522	10.15	$521.91	$259.45	$104.38
52234	T	Cystoscopy and treatment	523	16.35	$840.72	$438.89	$168.14
52235	T	Cystoscopy and treatment	523	16.35	$840.72	$438.89	$168.14
52240	T	Cystoscopy and treatment	523	16.35	$840.72	$438.89	$168.14
52250	T	Cystoscopy & radiotracer	523	16.35	$840.72	$438.89	$168.14
52260	T	Cystoscopy & treatment	522	10.15	$521.91	$259.45	$104.38
52265	T	Cystoscopy & treatment	521	4.89	$251.44	$110.06	$50.29
52270	T	Cystoscopy & revise urethra	522	10.15	$521.91	$259.45	$104.38
52275	T	Cystoscopy & revise urethra	522	10.15	$521.91	$259.45	$104.38
52276	T	Cystoscopy and treatment	522	10.15	$521.91	$259.45	$104.38
52277	T	Cystoscopy and treatment	523	16.35	$840.72	$438.89	$168.14

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
52281	T	Cystoscopy and treatment	522	10.15	$521.91	$259.45	$104.38
52282	T	Cystoscopy, implant stent	523	16.35	$840.72	$438.89	$168.14
52283	T	Cystoscopy and treatment	522	10.15	$521.91	$259.45	$104.38
52285	T	Cystoscopy and treatment	522	10.15	$521.91	$259.45	$104.38
52290	T	Cystoscopy and treatment	522	10.15	$521.91	$259.45	$104.38
52300	T	Cystoscopy and treatment	522	10.15	$521.91	$259.45	$104.38
52301	T	Cystoscopy and treatment	522	10.15	$521.91	$259.45	$104.38
52305	T	Cystoscopy and treatment	522	10.15	$521.91	$259.45	$104.38
52310	T	Cystoscopy and treatment	522	10.15	$521.91	$259.45	$104.38
52315	T	Cystoscopy and treatment	522	10.15	$521.91	$259.45	$104.38
52317	T	Remove bladder stone	523	16.35	$840.72	$438.89	$168.14
52318	T	Remove bladder stone	523	16.35	$840.72	$438.89	$168.14
52320	T	Cystoscopy and treatment	523	16.35	$840.72	$438.89	$168.14
52325	T	Cystoscopy, stone removal	523	16.35	$840.72	$438.89	$168.14
52327	T	Cystoscopy, inject material	522	10.15	$521.91	$259.45	$104.38
52330	T	Cystoscopy and treatment	523	16.35	$840.72	$438.89	$168.14
52332	T	Cystoscopy and treatment	523	16.35	$840.72	$438.89	$168.14
52334	T	Create passage to kidney	523	16.35	$840.72	$438.89	$168.14
52335	T	Endoscopy of urinary tract	523	16.35	$840.72	$438.89	$168.14
52336	T	Cystoscopy, stone removal	523	16.35	$840.72	$438.89	$168.14
52337	T	Cystoscopy, stone removal	524	27.20	$1,398.62	$824.90	$279.72
52338	T	Cystoscopy and treatment	523	16.35	$840.72	$438.89	$168.14
52339	T	Cystoscopy and treatment	523	16.35	$840.72	$438.89	$168.14
52340	T	Cystoscopy and treatment	523	16.35	$840.72	$438.89	$168.14
52450	T	Incision of prostate	523	16.35	$840.72	$438.89	$168.14
52500	T	Revision of bladder neck	523	16.35	$840.72	$438.89	$168.14
52510	T	Dilation prostatic urethra	522	10.15	$521.91	$259.45	$104.38
52601	T	Prostatectomy (TURP)	524	27.20	$1,398.62	$824.90	$279.72
52606	T	Control postop bleeding	523	16.35	$840.72	$438.89	$168.14
52612	T	Prostatectomy, first stage	524	27.20	$1,398.62	$824.90	$279.72
52614	T	Prostatectomy, second stage	524	27.20	$1,398.62	$824.90	$279.72
52620	T	Remove residual prostate	524	27.20	$1,398.62	$824.90	$279.72
52630	T	Remove prostate regrowth	524	27.20	$1,398.62	$824.90	$279.72
52640	T	Relieve bladder contracture	523	16.35	$840.72	$438.89	$168.14
52647	T	Laser surgery of prostate	524	27.20	$1,398.62	$824.90	$279.72
52648	T	Laser surgery of prostate	524	27.20	$1,398.62	$824.90	$279.72
52700	T	Drainage of prostate abscess	523	16.35	$840.72	$438.89	$168.14
53000	T	Incision of urethra	531	18.59	$955.90	$531.55	$191.18
53010	T	Incision of urethra	531	18.59	$955.90	$531.55	$191.18
53020	T	Incision of urethra	531	18.59	$955.90	$531.55	$191.18
53025	T	Incision of urethra	531	18.59	$955.90	$531.55	$191.18
53040	T	Drainage of urethra abscess	531	18.59	$955.90	$531.55	$191.18
53060	T	Drainage of urethra abscess	531	18.59	$955.90	$531.55	$191.18
53080	T	Drainage of urinary leakage	531	18.59	$955.90	$531.55	$191.18
53085	C	Drainage of urinary leakage	.....	.....	.....	.....	.....
53200	T	Biopsy of urethra	531	18.59	$955.90	$531.55	$191.18
53210	T	Removal of urethra	532	23.02	$1,183.69	$588.50	$236.74
53215	T	Removal of urethra	532	23.02	$1,183.69	$588.50	$236.74
53220	T	Treatment of urethra lesion	532	23.02	$1,183.69	$588.50	$236.74
53230	T	Removal of urethra lesion	532	23.02	$1,183.69	$588.50	$236.74
53235	T	Removal of urethra lesion	532	23.02	$1,183.69	$588.50	$236.74
53240	T	Surgery for urethra pouch	532	23.02	$1,183.69	$588.50	$236.74
53250	T	Removal of urethra gland	531	18.59	$955.90	$531.55	$191.18
53260	T	Treatment of urethra lesion	531	18.59	$955.90	$531.55	$191.18
53265	T	Treatment of urethra lesion	531	18.59	$955.90	$531.55	$191.18
53270	T	Removal of urethra gland	531	18.59	$955.90	$531.55	$191.18
53275	T	Repair of urethra defect	531	18.59	$955.90	$531.55	$191.18
53400	T	Revise urethra, 1st stage	532	23.02	$1,183.69	$588.50	$236.74
53405	T	Revise urethra, 2nd stage	532	23.02	$1,183.69	$588.50	$236.74
53410	T	Reconstruction of urethra	532	23.02	$1,183.69	$588.50	$236.74
53415	C	Reconstruction of urethra	.....	.....	.....	.....	.....
53420	T	Reconstruct urethra, stage 1	532	23.02	$1,183.69	$588.50	$236.74
53425	T	Reconstruct urethra, stage 2	532	23.02	$1,183.69	$588.50	$236.74
53430	T	Reconstruction of urethra	532	23.02	$1,183.69	$588.50	$236.74
53440	T	Correct bladder function	538	48.41	$2,489.24	$1,563.47	$497.85
53442	T	Remove perineal prosthesis	531	18.59	$955.90	$531.55	$191.18
53443	C	Reconstruction of urethra	.....	.....	.....	.....	.....
53445	T	Correct urine flow control	538	48.41	$2,489.24	$1,563.47	$497.85
53447	T	Remove artificial sphincter	532	23.02	$1,183.69	$588.50	$236.74
53449	T	Correct artificial sphincter	532	23.02	$1,183.69	$588.50	$236.74
53450	T	Revision of urethra	532	23.02	$1,183.69	$588.50	$236.74
53460	T	Revision of urethra	532	23.02	$1,183.69	$588.50	$236.74
53502	T	Repair of urethra injury	531	18.59	$955.90	$531.55	$191.18
53505	T	Repair of urethra injury	531	18.59	$955.90	$531.55	$191.18
53510	T	Repair of urethra injury	531	18.59	$955.90	$531.55	$191.18

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
53515	T	Repair of urethra injury	532	23.02	$1,183.69	$588.50	$236.74
53520	T	Repair of urethra defect	532	23.02	$1,183.69	$588.50	$236.74
53600	T	Dilate urethra stricture	530	2.46	$126.49	$53.34	$25.30
53601	T	Dilate urethra stricture	530	2.46	$126.49	$53.34	$25.30
53605	T	Dilate urethra stricture	522	10.15	$521.91	$259.45	$104.38
53620	T	Dilate urethra stricture	530	2.46	$126.49	$53.34	$25.30
53621	T	Dilate urethra stricture	530	2.46	$126.49	$53.34	$25.30
[2]53640	T	Relieve bladder retention	530	2.46	$126.49	$53.34	$25.30
53660	T	Dilation of urethra	530	2.46	$126.49	$53.34	$25.30
53661	T	Dilation of urethra	530	2.46	$126.49	$53.34	$25.30
53665	T	Dilation of urethra	531	18.59	$955.90	$531.55	$191.18
53670	N	Insert urinary catheter					
53675	T	Insert urinary catheter	530	2.46	$126.49	$53.34	$25.30
53850	T	Prostatic microwave thermotx	524	27.20	$1,398.62	$824.90	$279.72
53852	T	Prostatic rf thermotx	524	27.20	$1,398.62	$824.90	$279.72
53899	T	Urology surgery procedure	530	2.46	$126.49	$53.34	$25.30
54000	T	Slitting of prepuce	531	18.59	$955.90	$531.55	$191.18
54001	T	Slitting of prepuce	531	18.59	$955.90	$531.55	$191.18
54015	T	Drain penis lesion	132	5.63	$289.49	$132.89	$57.90
54050	T	Destruction, penis lesion(s)	152	10.07	$517.80	$251.54	$103.56
54055	T	Destruction, penis lesion(s)	152	10.07	$517.80	$251.54	$103.56
54056	T	Cryosurgery, penis lesion(s)	152	10.07	$517.80	$251.54	$103.56
54057	T	Laser surg, penis lesion(s)	152	10.07	$517.80	$251.54	$103.56
54060	T	Excision of penis lesion(s)	152	10.07	$517.80	$251.54	$103.56
54065	T	Destruction, penis lesion(s)	152	10.07	$517.80	$251.54	$103.56
54100	T	Biopsy of penis	162	5.59	$287.44	$125.66	$57.49
54105	T	Biopsy of penis	162	5.59	$287.44	$125.66	$57.49
54110	T	Treatment of penis lesion	537	28.65	$1,473.18	$872.36	$294.64
54111	T	Treat penis lesion, graft	537	28.65	$1,473.18	$872.36	$294.64
54112	T	Treat penis lesion, graft	537	28.65	$1,473.18	$872.36	$294.64
54115	T	Treatment of penis lesion	132	5.63	$289.49	$132.89	$57.90
54120	T	Partial removal of penis	537	28.65	$1,473.18	$872.36	$294.64
54125	C	Removal of penis					
54130	C	Remove penis & nodes					
54135	C	Remove penis & nodes					
54150	T	Circumcision	536	12.89	$662.80	$321.60	$132.56
54152	T	Circumcision	536	12.89	$662.80	$321.60	$132.56
54160	T	Circumcision	536	12.89	$662.80	$321.60	$132.56
54161	T	Circumcision	536	12.89	$662.80	$321.60	$132.56
54200	T	Treatment of penis lesion	530	2.46	$126.49	$53.34	$25.30
54205	T	Treatment of penis lesion	537	28.65	$1,473.18	$872.36	$294.64
54220	T	Treatment of penis lesion	530	2.46	$126.49	$53.34	$25.30
54230	T	Prepare penis study	347	2.57	$132.15	$62.38	$26.43
54231	T	Dynamic cavernosometry	530	2.46	$126.49	$53.34	$25.30
54235	T	Penile injection	530	2.46	$126.49	$53.34	$25.30
54240	T	Penis study	529	2.33	$119.81	$59.66	$23.96
54250	T	Penis study	529	2.33	$119.81	$59.66	$23.96
54300	T	Revision of penis	537	28.65	$1,473.18	$872.36	$294.64
54304	T	Revision of penis	537	28.65	$1,473.18	$872.36	$294.64
54308	T	Reconstruction of urethra	537	28.65	$1,473.18	$872.36	$294.64
54312	T	Reconstruction of urethra	537	28.65	$1,473.18	$872.36	$294.64
54316	T	Reconstruction of urethra	537	28.65	$1,473.18	$872.36	$294.64
54318	T	Reconstruction of urethra	537	28.65	$1,473.18	$872.36	$294.64
54322	T	Reconstruction of urethra	537	28.65	$1,473.18	$872.36	$294.64
54324	T	Reconstruction of urethra	537	28.65	$1,473.18	$872.36	$294.64
54326	T	Reconstruction of urethra	537	28.65	$1,473.18	$872.36	$294.64
54328	T	Revise penis, urethra	537	28.65	$1,473.18	$872.36	$294.64
54332	C	Revise penis, urethra					
54336	C	Revise penis, urethra					
54340	T	Secondary urethral surgery	537	28.65	$1,473.18	$872.36	$294.64
54344	T	Secondary urethral surgery	537	28.65	$1,473.18	$872.36	$294.64
54348	T	Secondary urethral surgery	537	28.65	$1,473.18	$872.36	$294.64
54352	T	Reconstruct urethra, penis	537	28.65	$1,473.18	$872.36	$294.64
54360	T	Penis plastic surgery	537	28.65	$1,473.18	$872.36	$294.64
54380	T	Repair penis	537	28.65	$1,473.18	$872.36	$294.64
54385	T	Repair penis	537	28.65	$1,473.18	$872.36	$294.64
54390	C	Repair penis and bladder					
54400	T	Insert semi-rigid prosthesis	538	48.41	$2,489.24	$1,563.47	$497.85
54401	T	Insert self-contd prosthesis	538	48.41	$2,489.24	$1,563.47	$497.85
54402	T	Remove penis prosthesis	537	28.65	$1,473.18	$872.36	$294.64
54405	T	Insert multi-comp prosthesis	538	48.41	$2,489.24	$1,563.47	$497.85
54407	T	Remove multi-comp prosthesis	537	28.65	$1,473.18	$872.36	$294.64
54409	T	Revise penis prosthesis	537	28.65	$1,473.18	$872.36	$294.64
54420	T	Revision of penis	537	28.65	$1,473.18	$872.36	$294.64
54430	C	Revision of penis					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
54435	T	Revision of penis	537	28.65	$1,473.18	$872.36	$294.64
54440	T	Repair of penis	537	28.65	$1,473.18	$872.36	$294.64
54450	T	Preputial stretching	530	2.46	$126.49	$53.34	$25.30
54500	T	Biopsy of testis	122	4.59	$236.02	$113.00	$47.20
54505	T	Biopsy of testis	546	16.54	$850.49	$449.51	$170.10
54510	T	Removal of testis lesion	546	16.54	$850.49	$449.51	$170.10
54520	T	Removal of testis	546	16.54	$850.49	$449.51	$170.10
54530	T	Removal of testis	546	16.54	$850.49	$449.51	$170.10
54535	C	Extensive testis surgery					
54550	T	Exploration for testis	546	16.54	$850.49	$449.51	$170.10
54560	C	Exploration for testis					
54600	T	Reduce testis torsion	546	16.54	$850.49	$449.51	$170.10
54620	T	Suspension of testis	546	16.54	$850.49	$449.51	$170.10
54640	T	Suspension of testis	546	16.54	$850.49	$449.51	$170.10
54650	C	Orchiopexy (Fowler-Stephens)					
54660	T	Revision of testis	546	16.54	$850.49	$449.51	$170.10
54670	T	Repair testis injury	546	16.54	$850.49	$449.51	$170.10
54680	T	Relocation of testis(es)	546	16.54	$850.49	$449.51	$170.10
54700	T	Drainage of scrotum	546	16.54	$850.49	$449.51	$170.10
54800	T	Biopsy of epididymis	122	4.59	$236.02	$113.00	$47.20
54820	T	Exploration of epididymis	546	16.54	$850.49	$449.51	$170.10
54830	T	Remove epididymis lesion	546	16.54	$850.49	$449.51	$170.10
54840	T	Remove epididymis lesion	546	16.54	$850.49	$449.51	$170.10
54860	T	Removal of epididymis	546	16.54	$850.49	$449.51	$170.10
54861	T	Removal of epididymis	546	16.54	$850.49	$449.51	$170.10
54900	T	Fusion of spermatic ducts	546	16.54	$850.49	$449.51	$170.10
54901	T	Fusion of spermatic ducts	546	16.54	$850.49	$449.51	$170.10
55000	T	Drainage of hydrocele	121	0.63	$32.39	$21.02	$6.48
55040	T	Removal of hydrocele	466	20.67	$1,062.85	$556.64	$212.57
55041	T	Removal of hydroceles	466	20.67	$1,062.85	$556.64	$212.57
55060	T	Repair of hydrocele	546	16.54	$850.49	$449.51	$170.10
55100	T	Drainage of scrotum abscess	132	5.63	$289.49	$132.89	$57.90
55110	T	Explore scrotum	546	16.54	$850.49	$449.51	$170.10
55120	T	Removal of scrotum lesion	546	16.54	$850.49	$449.51	$170.10
55150	T	Removal of scrotum	546	16.54	$850.49	$449.51	$170.10
55175	T	Revision of scrotum	546	16.54	$850.49	$449.51	$170.10
55180	T	Revision of scrotum	546	16.54	$850.49	$449.51	$170.10
55200	T	Incision of sperm duct	546	16.54	$850.49	$449.51	$170.10
55250	T	Removal of sperm duct(s)	546	16.54	$850.49	$449.51	$170.10
55300	T	Preparation,sperm duct x-ray	347	2.57	$132.15	$62.38	$26.43
55400	T	Repair of sperm duct	546	16.54	$850.49	$449.51	$170.10
55450	T	Ligation of sperm duct	546	16.54	$850.49	$449.51	$170.10
55500	T	Removal of hydrocele	546	16.54	$850.49	$449.51	$170.10
55520	T	Removal of sperm cord lesion	546	16.54	$850.49	$449.51	$170.10
55530	T	Revise spermatic cord veins	546	16.54	$850.49	$449.51	$170.10
55535	T	Revise spermatic cord veins	546	16.54	$850.49	$449.51	$170.10
55540	T	Revise hernia & sperm veins	546	16.54	$850.49	$449.51	$170.10
55600	C	Incise sperm duct pouch					
55605	C	Incise sperm duct pouch					
55650	C	Remove sperm duct pouch					
55680	T	Remove sperm pouch lesion	546	16.54	$850.49	$449.51	$170.10
55700	T	Biopsy of prostate	547	4.39	$225.73	$125.20	$45.15
55705	T	Biopsy of prostate	547	4.39	$225.73	$125.20	$45.15
55720	T	Drainage of prostate abscess	523	16.35	$840.72	$438.89	$168.14
55725	T	Drainage of prostate abscess	523	16.35	$840.72	$438.89	$168.14
55801	C	Removal of prostate					
55810	C	Extensive prostate surgery					
55812	C	Extensive prostate surgery					
55815	C	Extensive prostate surgery					
55821	C	Removal of prostate					
55831	C	Removal of prostate					
55840	C	Extensive prostate surgery					
55842	C	Extensive prostate surgery					
55845	C	Extensive prostate surgery					
55859	T	Percut/needle insert, pros	523	16.35	$840.72	$438.89	$168.14
55860	C	Surgical exposure, prostate					
55862	C	Extensive prostate surgery					
55865	C	Extensive prostate surgery					
55870	T	Electroejaculation	568	2.79	$143.46	$55.60	$28.69
55899	T	Genital surgery procedure	530	2.46	$126.49	$53.34	$25.30
55970	E	Sex transformation, M to F					
55980	E	Sex transformation, F to M					
56300	T	Laparoscopy; diagnostic	551	24.61	$1,265.45	$701.73	$253.09
56301	T	Laparoscopy; tubal cautery	551	24.61	$1,265.45	$701.73	$253.09
56302	T	Laparoscopy; tubal block	551	24.61	$1,265.45	$701.73	$253.09

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
56303	T	Laparoscopy; excise lesions	551	24.61	$1,265.45	$701.73	$253.09
56304	T	Laparoscopy; lysis	551	24.61	$1,265.45	$701.73	$253.09
56305	T	Laparoscopy; biopsy	551	24.61	$1,265.45	$701.73	$253.09
56306	T	Laparoscopy; aspiration	551	24.61	$1,265.45	$701.73	$253.09
56307	T	Laparoscopy; remove adnexa	552	37.09	$1,907.17	$1,053.84	$381.43
56308	C	Laparoscopy; hysterectomy					
56309	T	Laparoscopy; remove myoma	552	37.09	$1,907.17	$1,053.84	$381.43
56310	C	Laparoscopic enterolysis					
56311	T	Laparoscopic lymph node biop	552	37.09	$1,907.17	$1,053.84	$381.43
56312	T	Laparoscopic lymphadenectomy	552	37.09	$1,907.17	$1,053.84	$381.43
56313	T	Laparoscopic lymphadenectomy	552	37.09	$1,907.17	$1,053.84	$381.43
56314	C	Lapar; drain lymphocele					
56315	C	Laparoscopic appendectomy					
56316	T	Laparoscopic hernia repair	552	37.09	$1,907.17	$1,053.84	$381.43
56317	T	Laparoscopic hernia repair	552	37.09	$1,907.17	$1,053.84	$381.43
56318	T	Laparoscopic orchiectomy	552	37.09	$1,907.17	$1,053.84	$381.43
56320	T	Laparoscopy, spermatic veins	552	37.09	$1,907.17	$1,053.84	$381.43
56322	C	Laparoscopy, vagus nerves					
56323	C	Laparoscopy, vagus nerves					
56324	C	Laparoscopy, cholecystoenter					
56340	C	Laparoscopic cholecystectomy					
56341	C	Laparoscopic cholecystectomy					
56342	C	Laparoscopic cholecystectomy					
56343	T	Laparoscopic salpingostomy	552	37.09	$1,907.17	$1,053.84	$381.43
56344	T	Laparoscopic fimbrioplasty	552	37.09	$1,907.17	$1,053.84	$381.43
56345	C	Laparoscopic splenectomy					
56346	T	Laparoscopic gastrostomy	551	24.61	$1,265.45	$701.73	$253.09
56347	C	Laparoscopic jejunostomy					
56348	C	Laparo; resect intestine					
56349	C	Laparoscopy; fundoplasty					
56350	T	Hysteroscopy; diagnostic	562	12.30	$632.47	$325.44	$126.49
56351	T	Hysteroscopy; biopsy	550	16.46	$846.37	$445.22	$169.27
56352	T	Hysteroscopy; lysis	550	16.46	$846.37	$445.22	$169.27
56353	T	Hysteroscopy; resect septum	550	16.46	$846.37	$445.22	$169.27
56354	T	Hysteroscopy; remove myoma	550	16.46	$846.37	$445.22	$169.27
56355	T	Hysteroscopy; remove impact	550	16.46	$846.37	$445.22	$169.27
56356	T	Hysteroscopy; ablation	550	16.46	$846.37	$445.22	$169.27
[2]56360	T	Peritoneoscopy	551	24.61	$1,265.45	$701.73	$253.09
[2]56361	T	Peritoneoscopy w/biopsy	551	24.61	$1,265.45	$701.73	$253.09
56362	T	Laparoscopy w/cholangio	552	37.09	$1,907.17	$1,053.84	$381.43
56363	T	Laparoscopy w/biopsy	552	37.09	$1,907.17	$1,053.84	$381.43
56399	T	Laparoscopy procedure	562	12.30	$632.47	$325.44	$126.49
56405	T	I & D of vulva/perineum	561	1.46	$75.07	$24.41	$15.01
56420	T	Drainage of gland abscess	561	1.46	$75.07	$24.41	$15.01
56440	T	Surgery for vulva lesion	562	12.30	$632.47	$325.44	$126.49
56441	T	Lysis of labial lesion(s)	561	1.46	$75.07	$24.41	$15.01
56501	T	Destruction, vulva lesion(s)	152	10.07	$517.80	$251.54	$103.56
56515	T	Destruction, vulva lesion(s)	152	10.07	$517.80	$251.54	$103.56
56605	T	Biopsy of vulva/perineum	161	3.43	$176.37	$75.71	$35.27
56606	T	Biopsy of vulva/perineum	161	3.43	$176.37	$75.71	$35.27
56620	T	Partial removal of vulva	563	16.50	$848.43	$461.72	$169.69
56625	T	Complete removal of vulva	563	16.50	$848.43	$461.72	$169.69
56630	C	Extensive vulva surgery					
56631	C	Extensive vulva surgery					
56632	C	Extensive vulva surgery					
56633	C	Extensive vulva surgery					
56634	C	Extensive vulva surgery					
56637	C	Extensive vulva surgery					
56640	C	Extensive vulva surgery					
56700	T	Partial removal of hymen	562	12.30	$632.47	$325.44	$126.49
56720	T	Incision of hymen	562	12.30	$632.47	$325.44	$126.49
56740	T	Remove vagina gland lesion	562	12.30	$632.47	$325.44	$126.49
56800	T	Repair of vagina	562	12.30	$632.47	$325.44	$126.49
56805	C	Repair clitoris					
56810	T	Repair of perineum	562	12.30	$632.47	$325.44	$126.49
57000	T	Exploration of vagina	562	12.30	$632.47	$325.44	$126.49
57010	T	Drainage of pelvic abscess	562	12.30	$632.47	$325.44	$126.49
57020	T	Drainage of pelvic fluid	562	12.30	$632.47	$325.44	$126.49
57061	T	Destruction vagina lesion(s)	561	1.46	$75.07	$24.41	$15.01
57065	T	Destruction vagina lesion(s)	562	12.30	$632.47	$325.44	$126.49
57100	T	Biopsy of vagina	561	1.46	$75.07	$24.41	$15.01
57105	T	Biopsy of vagina	562	12.30	$632.47	$325.44	$126.49
[2]57108	C	Partial removal of vagina					
57110	C	Remove vagina wall, complete					
57120	C	Closure of vagina					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
57130	T	Remove vagina lesion	562	12.30	$632.47	$325.44	$126.49
57135	T	Remove vagina lesion	562	12.30	$632.47	$325.44	$126.49
57150	T	Treat vagina infection	561	1.46	$75.07	$24.41	$15.01
57160	T	Insertion of pessary/device	561	1.46	$75.07	$24.41	$15.01
57170	T	Fitting of diaphragm/cap	561	1.46	$75.07	$24.41	$15.01
57180	T	Treat vaginal bleeding	561	1.46	$75.07	$24.41	$15.01
57200	T	Repair of vagina	562	12.30	$632.47	$325.44	$126.49
57210	T	Repair vagina/perineum	562	12.30	$632.47	$325.44	$126.49
57220	T	Revision of urethra	563	16.50	$848.43	$461.72	$169.69
57230	T	Repair of urethral lesion	562	12.30	$632.47	$325.44	$126.49
57240	T	Repair bladder & vagina	563	16.50	$848.43	$461.72	$169.69
57250	T	Repair rectum & vagina	563	16.50	$848.43	$461.72	$169.69
57260	T	Repair of vagina	563	16.50	$848.43	$461.72	$169.69
57265	T	Extensive repair of vagina	563	16.50	$848.43	$461.72	$169.69
57268	T	Repair of bowel bulge	563	16.50	$848.43	$461.72	$169.69
57270	C	Repair of bowel pouch					
57280	C	Suspension of vagina					
57282	C	Repair of vaginal prolapse					
57284	T	Repair paravaginal defect	563	16.50	$848.43	$461.72	$169.69
57288	T	Repair bladder defect	563	16.50	$848.43	$461.72	$169.69
57289	T	Repair bladder & vagina	563	16.50	$848.43	$461.72	$169.69
57291	T	Construction of vagina	563	16.50	$848.43	$461.72	$169.69
57292	C	Construct vagina with graft					
57300	T	Repair rectum-vagina fistula	563	16.50	$848.43	$461.72	$169.69
57305	C	Repair rectum-vagina fistula					
57307	C	Fistula repair & colostomy					
57308	C	Fistula repair, transperine					
57310	C	Repair urethrovaginal lesion					
57311	C	Repair urethrovaginal lesion					
57320	C	Repair bladder-vagina lesion					
57330	C	Repair bladder-vagina lesion					
57335	C	Repair vagina					
57400	T	Dilation of vagina	562	12.30	$632.47	$325.44	$126.49
57410	T	Pelvic examination	562	12.30	$632.47	$325.44	$126.49
57415	T	Removal vaginal foreign body	562	12.30	$632.47	$325.44	$126.49
57452	T	Examination of vagina	561	1.46	$75.07	$24.41	$15.01
57454	T	Vagina examination & biopsy	561	1.46	$75.07	$24.41	$15.01
57460	T	Cervix excision	562	12.30	$632.47	$325.44	$126.49
57500	T	Biopsy of cervix	561	1.46	$75.07	$24.41	$15.01
57505	T	Endocervical curettage	561	1.46	$75.07	$24.41	$15.01
57510	T	Cauterization of cervix	561	1.46	$75.07	$24.41	$15.01
57511	T	Cryocautery of cervix	561	1.46	$75.07	$24.41	$15.01
57513	T	Laser surgery of cervix	561	1.46	$75.07	$24.41	$15.01
57520	T	Conization of cervix	563	16.50	$848.43	$461.72	$169.69
57522	T	Conization of cervix	563	16.50	$848.43	$461.72	$169.69
57530	T	Removal of cervix	563	16.50	$848.43	$461.72	$169.69
57531	C	Removal of cervix, radical					
57540	C	Removal of residual cervix					
57545	C	Remove cervix, repair pelvis					
57550	T	Removal of residual cervix	563	16.50	$848.43	$461.72	$169.69
57555	T	Remove cervix, repair vagina	563	16.50	$848.43	$461.72	$169.69
57556	T	Remove cervix, repair bowel	563	16.50	$848.43	$461.72	$169.69
57700	T	Revision of cervix	562	12.30	$632.47	$325.44	$126.49
57720	T	Revision of cervix	562	12.30	$632.47	$325.44	$126.49
57800	T	Dilation of cervical canal	561	1.46	$75.07	$24.41	$15.01
57820	T	D&c of residual cervix	567	13.18	$677.72	$360.70	$135.54
58100	T	Biopsy of uterus lining	561	1.46	$75.07	$24.41	$15.01
58120	T	Dilation and curettage (D&C)	567	13.18	$677.72	$360.70	$135.54
58140	C	Removal of uterus lesion					
58145	T	Removal of uterus lesion	563	16.50	$848.43	$461.72	$169.69
58150	C	Total hysterectomy					
58152	C	Total hysterectomy					
58180	C	Partial hysterectomy					
58200	C	Extensive hysterectomy					
58210	C	Extensive hysterectomy					
58240	C	Removal of pelvis contents					
58260	C	Vaginal hysterectomy					
58262	C	Vaginal hysterectomy					
58263	C	Vaginal hysterectomy					
58267	C	Hysterectomy & vagina repair					
58270	C	Hysterectomy & vagina repair					
58275	C	Hysterectomy, revise vagina					
58280	C	Hysterectomy, revise vagina					
58285	C	Extensive hysterectomy					
58300	E	Insert intrauterine device					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
58301	T	Remove intrauterine device	561	1.46	$75.07	$24.41	$15.01
58321	T	Artificial insemination	568	2.79	$143.46	$55.60	$28.69
58322	T	Artificial insemination	568	2.79	$143.46	$55.60	$28.69
58323	T	Sperm washing	568	2.79	$143.46	$55.60	$28.69
58340	T	Catheter for hysterography	347	2.57	$132.15	$62.38	$26.43
58345	T	Reopen fallopian tube	562	12.30	$632.47	$325.44	$126.49
58350	T	Reopen fallopian tube	562	12.30	$632.47	$325.44	$126.49
58400	C	Suspension of uterus					
58410	C	Suspension of uterus					
58520	C	Repair of ruptured uterus					
58540	C	Revision of uterus					
58600	C	Division of fallopian tube					
58605	C	Division of fallopian tube					
58611	C	Ligate oviduct(s) add-on					
58615	C	Occlude fallopian tube(s)					
58700	C	Removal of fallopian tube					
58720	C	Removal of ovary/tube(s)					
58740	C	Revise fallopian tube(s)					
58750	C	Repair oviduct					
58752	C	Revise ovarian tube(s)					
58760	C	Remove tubal obstruction					
58770	C	Create new tubal opening					
58800	T	Drainage of ovarian cyst(s)	563	16.50	$848.43	$461.72	$169.69
58805	C	Drainage of ovarian cyst(s)					
58820	T	Open drain ovary abscess	563	16.50	$848.43	$461.72	$169.69
58822	C	Percut drain ovary abscess					
58823	C	Percut drain pelvic abscess					
58825	C	Transposition, ovary(s)					
58900	C	Biopsy of ovary(s)					
58920	C	Partial removal of ovary(s)					
58925	C	Removal of ovarian cyst(s)					
58940	C	Removal of ovary(s)					
58943	C	Removal of ovary(s)					
58950	C	Resect ovarian malignancy					
58951	C	Resect ovarian malignancy					
58952	C	Resect ovarian malignancy					
58960	C	Exploration of abdomen					
58970	T	Retrieval of oocyte	562	12.30	$632.47	$325.44	$126.49
58974	T	Transfer of embryo	568	2.79	$143.46	$55.60	$28.69
58976	T	Transfer of embryo	568	2.79	$143.46	$55.60	$28.69
58999	T	Genital surgery procedure	161	3.43	$176.37	$75.71	$35.27
59000	T	Amniocentesis	578	1.17	$60.16	$32.77	$12.03
59012	T	Fetal cord puncture,prenatal	578	1.17	$60.16	$32.77	$12.03
59015	T	Chorion biopsy	578	1.17	$60.16	$32.77	$12.03
59020	T	Fetal contract stress test	578	1.17	$60.16	$32.77	$12.03
59025	T	Fetal non-stress test	578	1.17	$60.16	$32.77	$12.03
59030	T	Fetal scalp blood sample	578	1.17	$60.16	$32.77	$12.03
59050	T	Fetal monitor w/report	578	1.17	$60.16	$32.77	$12.03
59051	N	Fetal monitor/interpret only					
59100	C	Remove uterus lesion					
59120	C	Treat ectopic pregnancy					
59121	C	Treat ectopic pregnancy					
59130	C	Treat ectopic pregnancy					
59135	C	Treat ectopic pregnancy					
59136	C	Treat ectopic pregnancy					
59140	C	Treat ectopic pregnancy					
59150	C	Treat ectopic pregnancy					
59151	C	Treat ectopic pregnancy					
59160	T	D&C after delivery	567	13.18	$677.72	$360.70	$135.54
59200	T	Insert cervical dilator	561	1.46	$75.07	$24.41	$15.01
59300	T	Episiotomy or vaginal repair	562	12.30	$632.47	$325.44	$126.49
59320	T	Revision of cervix	562	12.30	$632.47	$325.44	$126.49
59325	C	Revision of cervix					
59350	C	Repair of uterus					
59400	E	Obstetrical care					
59409	T	Obstetrical care	580	4.31	$221.62	$44.32	$44.32
59410	E	Obstetrical care					
59412	T	Antepartum manipulation	580	4.31	$221.62	$44.32	$44.32
59414	T	Deliver placenta	580	4.31	$221.62	$44.32	$44.32
59425	E	Antepartum care only					
59426	E	Antepartum care only					
59430	E	Care after delivery					
59510	E	Cesarean delivery					
59514	C	Cesarean delivery only					
59515	E	Cesarean delivery					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
59525	C	Remove uterus after cesarean					
59610	E	Vbac delivery					
59612	T	Vbac delivery only	580	4.31	$221.62	$44.32	$44.32
59614	E	Vbac care after delivery					
59618	E	Attempted vbac delivery					
59620	C	Attempted vbac delivery only					
59622	E	Attempted vbac after care					
59812	T	Treatment of miscarriage	587	12.96	$666.40	$347.14	$133.28
59820	T	Care of miscarriage	587	12.96	$666.40	$347.14	$133.28
59821	T	Treatment of miscarriage	587	12.96	$666.40	$347.14	$33.28
59830	C	Treat uterus infection					
59840	T	Abortion	586	11.98	$616.01	$409.29	$123.20
59841	T	Abortion	586	11.98	$616.01	$409.29	$123.20
59850	C	Abortion					
59851	C	Abortion					
59852	C	Abortion					
59855	C	Abortion					
59856	C	Abortion					
59857	C	Abortion					
59866	C	Abortion					
59870	T	Evacuate mole of uterus	587	12.96	$666.40	$347.14	$133.28
59871	T	Remove cerclage suture	562	12.30	$632.47	$325.44	$126.49
59899	T	Maternity care procedure	578	1.17	$60.16	$32.77	$12.03
60000	T	Drain thyroid/tongue cyst	312	7.07	$363.54	$170.86	$72.71
60001	T	Aspirate/inject thyriod cyst	121	0.63	$32.39	$21.02	$6.48
60100	T	Biopsy of thyroid	122	4.59	$236.02	$113.00	$47.20
60200	T	Remove thyroid lesion	397	19.12	$983.15	$542.17	$196.63
60210	T	Partial excision thyroid	397	19.12	$983.15	$542.17	$196.63
60212	C	Parital thyroid excision					
60220	T	Partial removal of thyroid	397	19.12	$983.15	$542.17	$196.63
60225	T	Partial removal of thyroid	397	19.12	$983.15	$542.17	$196.63
60240	T	Removal of thyroid	397	19.12	$983.15	$542.17	$196.63
60252	C	Removal of thyroid					
60254	C	Extensive thyroid surgery					
60260	C	Repeat thyroid surgery					
60270	C	Removal of thyroid					
60271	C	Removal of thyroid					
60280	T	Remove thyroid duct lesion	397	19.12	$983.15	$542.17	$196.63
60281	T	Remove thyroid duct lesion	397	19.12	$983.15	$542.17	$196.63
60500	C	Explore parathyroid glands					
60502	C	Re-explore parathyroids					
60505	C	Explore parathyroid glands					
60512	C	Autotransplant, parathyroid					
60520	C	Removal of thymus gland					
60521	C	Removal thymus gland					
60522	C	Removal of thymus gland					
60540	C	Explore adrenal gland					
60545	C	Explore adrenal gland					
60600	C	Remove carotid body lesion					
60605	C	Remove carotid body lesion					
60699	T	Endocrine surgery procedure	121	0.63	$32.39	$21.02	$6.48
61000	T	Remove cranial cavity fluid	602	3.19	$164.03	$87.01	$32.81
61001	T	Remove cranial cavity fluid	602	3.19	$164.03	$87.01	$32.81
61020	T	Remove brain cavity fluid	602	3.19	$164.03	$87.01	$32.81
61026	T	Injection into brain canal	602	3.19	$164.03	$87.01	$32.81
61050	T	Remove brain canal fluid	602	3.19	$164.03	$87.01	$32.81
61055	T	Injection into brain canal	602	3.19	$164.03	$87.01	$32.81
61070	T	Brain canal shunt procedure	602	3.19	$164.03	$87.01	$32.81
61105	C	Twist drill hole					
[2]61106	C	Drill skull for exam/surgery					
61107	C	Drill skull for implantation					
61108	C	Drill skull for drainage					
61120	C	Burr hole for puncture					
[2]61130	C	Pierce skull, exam/surgery					
61140	C	Pierce skull for biopsy					
61150	C	Pierce skull for drainage					
61151	C	Pierce skull for drainage					
61154	C	Pierce skull, remove clot					
61156	C	Pierce skull for drainage					
61210	C	Pierce skull; implant device					
61215	T	Insert brain-fluid device	618	24.78	$1,274.19	$808.18	$254.84
61250	C	Pierce skull & explore					
61253	C	Pierce skull & explore					
61304	C	Open skull for exploration					
61305	C	Open skull for exploration					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
61312	C	Open skull for drainage					
61313	C	Open skull for drainage					
61314	C	Open skull for drainage					
61315	C	Open skull for drainage					
61320	C	Open skull for drainage					
61321	C	Open skull for drainage					
61330	C	Decompress eye socket					
61332	C	Explore/biopsy eye socket					
61333	C	Explore orbit; remove lesion					
61334	C	Explore orbit; remove object					
61340	C	Relieve cranial pressure					
61343	C	Incise skull,pressure relief					
61345	C	Relieve cranial pressure					
61440	C	Incise skull for surgery					
61450	C	Incise skull for surgery					
61458	C	Incise skull for brain wound					
61460	C	Incise skull for surgery					
61470	C	Incise skull for surgery					
61480	C	Incise skull for surgery					
61490	C	Incise skull for surgery					
61500	C	Removal of skull lesion					
61501	C	Remove infected skull bone					
61510	C	Removal of brain lesion					
61512	C	Remove brain lining lesion					
61514	C	Removal of brain abscess					
61516	C	Removal of brain lesion					
61518	C	Removal of brain lesion					
61519	C	Remove brain lining lesion					
61520	C	Removal of brain lesion					
61521	C	Removal of brain lesion					
61522	C	Removal of brain abscess					
61524	C	Removal of brain lesion					
61526	C	Removal of brain lesion					
61530	C	Removal of brain lesion					
61531	C	Implant brain electrodes					
61533	C	Implant brain electrodes					
61534	C	Removal of brain lesion					
61535	C	Remove brain electrodes					
61536	C	Removal of brain lesion					
61538	C	Removal of brain tissue					
61539	C	Removal of brain tissue					
61541	C	Incision of brain tissue					
61542	C	Removal of brain tissue					
61543	C	Removal of brain tissue					
61544	C	Remove & treat brain lesion					
61545	C	Excision of brain tumor					
61546	C	Removal of pituitary gland					
61548	C	Removal of pituitary gland					
61550	C	Release of skull seams					
61552	C	Release of skull seams					
61556	C	Incise skull/sutures					
61557	C	Incise skull/sutures					
61558	C	Excision of skull/sutures					
61559	C	Excision of skull/sutures					
61563	C	Excision of skull tumor					
61564	C	Excision of skull tumor					
61570	C	Remove brain foreign body					
61571	C	Incise skull for brain wound					
61575	C	Skull base/brainstem surgery					
61576	C	Skull base/brainstem surgery					
61580	C	Craniofacial approach, skull					
61581	C	Craniofacial approach, skull					
61582	C	Craniofacial approach, skull					
61583	C	Craniofacial approach, skull					
61584	C	Orbitocranial approach/skull					
61585	C	Orbitocranial approach/skull					
61586	C	Resect nasopharynx, skull					
61590	C	Infratemporal approach/skull					
61591	C	Infratemporal approach/skull					
61592	C	Orbitocranial approach/skull					
61595	C	Transtemporal approach/skull					
61596	C	Transcochlear approach/skull					
61597	C	Transcondylar approach/skull					
61598	C	Transpetrosal approach/skull					
61600	C	Resect/excise cranial lesion					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
61601	C	Resect/excise cranial lesion					
61605	C	Resect/excise cranial lesion					
61606	C	Resect/excise cranial lesion					
61607	C	Resect/excise cranial lesion					
61608	C	Resect/excise cranial lesion					
61609	C	Transect, artery, sinus					
61610	C	Transect, artery, sinus					
61611	C	Transect, artery, sinus					
61612	C	Transect, artery, sinus					
61613	C	Remove aneurysm, sinus					
61615	C	Resect/excise lesion, skull					
61616	C	Resect/excise lesion, skull					
61618	C	Repair dura					
61619	C	Repair dura					
61624	C	Occlusion/embolization cath					
61626	C	Occlusion/embolization cath					
61680	C	Intracranial vessel surgery					
61682	C	Intracranial vessel surgery					
61684	C	Intracranial vessel surgery					
61686	C	Intracranial vessel surgery					
61690	C	Intracranial vessel surgery					
61692	C	Intracranial vessel surgery					
61700	C	Inner skull vessel surgery					
61702	C	Inner skull vessel surgery					
61703	C	Clamp neck artery					
61705	C	Revise circulation to head					
61708	C	Revise circulation to head					
61710	C	Revise circulation to head					
61711	C	Fusion of skull arteries					
[2] 61712	C	Skull or spine microsurgery					
61720	C	Incise skull/brain surgery					
61735	C	Incise skull/brain surgery					
61750	C	Incise skull; brain biopsy					
61751	C	Brain biopsy with cat scan					
61760	C	Implant brain electrodes					
61770	C	Incise skull for treatment					
61790	T	Treat trigeminal nerve	631	12.70	$653.03	$329.06	$130.61
61791	C	Treat trigeminal tract					
61793	S	Focus radiation beam	757	2.26	$116.21	$52.43	$23.24
61795	C	Brain surgery using computer					
61850	C	Implant neuroelectrodes					
61855	C	Implant neuroelectrodes					
61860	C	Implant neuroelectrodes					
61865	C	Implant neuroelectrodes					
61870	C	Implant neuroelectrodes					
61875	C	Implant neuroelectrodes					
61880	C	Revise/remove neuroelectrode					
61885	T	Implant neuroreceiver	618	24.78	$1,274.19	$808.18	$254.84
61888	C	Revise/remove neuroreceiver					
62000	C	Repair of skull fracture					
62005	C	Repair of skull fracture					
62010	C	Treatment of head injury					
62100	C	Repair brain fluid leakage					
62115	C	Reduction of skull defect					
62116	C	Reduction of skull defect					
62117	C	Reduction of skull defect					
62120	C	Repair skull cavity lesion					
62121	C	Incise skull repair					
62140	C	Repair of skull defect					
62141	C	Repair of skull defect					
62142	C	Remove skull plate/flap					
62143	C	Replace skull plate/flap					
62145	C	Repair of skull & brain					
62146	C	Repair of skull with graft					
62147	C	Repair of skull with graft					
62180	C	Establish brain cavity shunt					
62190	C	Establish brain cavity shunt					
62192	C	Establish brain cavity shunt					
62194	T	Replace/irrigate catheter	602	3.19	$164.03	$87.01	$32.81
62200	C	Establish brain cavity shunt					
62201	C	Establish brain cavity shunt					
62220	C	Establish brain cavity shunt					
62223	C	Establish brain cavity shunt					
62225	T	Replace/irrigate catheter	602	3.19	$164.03	$87.01	$32.81
62230	T	Replace/revise brain shunt	617	11.31	$581.56	$280.01	$116.31

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
62256	C	Remove brain cavity shunt	.....	.....	.....	.....	.....
62258	C	Replace brain cavity shunt	.....	.....	.....	.....	.....
62268	T	Drain spinal cord cyst	602	3.19	$164.03	$87.01	$32.81
62269	T	Needle biopsy spinal cord	122	4.59	$236.02	$113.00	$47.20
62270	T	Spinal fluid tap, diagnostic	600	2.41	$123.92	$61.47	$24.78
62272	T	Drain spinal fluid	600	2.41	$123.92	$61.47	$24.78
62273	T	Treat lumbar spine lesion	602	3.19	$164.03	$87.01	$32.81
62274	T	Inject spinal anesthetic	602	3.19	$164.03	$87.01	$32.81
62275	T	Inject spinal anesthetic	602	3.19	$164.03	$87.01	$32.81
62276	T	Inject spinal anesthetic	602	3.19	$164.03	$87.01	$32.81
62277	T	Inject spinal anesthetic	602	3.19	$164.03	$87.01	$32.81
62278	T	Inject spinal anesthetic	602	3.19	$164.03	$87.01	$32.81
62279	T	Inject spinal anesthetic	602	3.19	$164.03	$87.01	$32.81
62280	T	Treat spinal cord lesion	602	3.19	$164.03	$87.01	$32.81
62281	T	Treat spinal cord lesion	602	3.19	$164.03	$87.01	$32.81
62282	T	Treat spinal canal lesion	602	3.19	$164.03	$87.01	$32.81
62284	T	Injection for myelogram	347	2.57	$132.15	$62.38	$26.43
62287	T	Percutaneous diskectomy	631	12.70	$653.03	$329.06	$130.61
62288	T	Injection into spinal canal	602	3.19	$164.03	$87.01	$32.81
62289	T	Injection into spinal canal	602	3.19	$164.03	$87.01	$32.81
62290	T	Inject for spine disk x-ray	347	2.57	$132.15	$62.38	$26.43
62291	T	Inject for spine disk x-ray	347	2.57	$132.15	$62.38	$26.43
62292	T	Injection into disk lesion	602	3.19	$164.03	$87.01	$32.81
62294	T	Injection into spinal artery	602	3.19	$164.03	$87.01	$32.81
62298	T	Injection into spinal canal	602	3.19	$164.03	$87.01	$32.81
62350	T	Implant spinal catheter	617	11.31	$581.56	$280.01	$116.31
62351	C	Implant spinal catheter	.....	.....	.....	.....	.....
62355	T	Remove spinal canal catheter	617	11.31	$581.56	$280.01	$116.31
62360	T	Insert spine infusion device	618	24.78	$1,274.19	$808.18	$254.84
62361	T	Implant spine infusion pump	618	24.78	$1,274.19	$808.18	$254.84
62362	T	Implant spine infusion pump	618	24.78	$1,274.19	$808.18	$254.84
62365	T	Remove spine infusion device	617	11.31	$581.56	$280.01	$116.31
62367	X	Analyze spine infusion pump	966	0.39	$20.05	$12.43	$4.01
62368	X	Analyze spine infusion pump	966	0.39	$20.05	$12.43	$4.01
63001	C	Removal of spinal lamina	.....	.....	.....	.....	.....
63003	C	Removal of spinal lamina	.....	.....	.....	.....	.....
63005	C	Removal of spinal lamina	.....	.....	.....	.....	.....
63011	C	Removal of spinal lamina	.....	.....	.....	.....	.....
63012	C	Removal of spinal lamina	.....	.....	.....	.....	.....
63015	C	Removal of spinal lamina	.....	.....	.....	.....	.....
63016	C	Removal of spinal lamina	.....	.....	.....	.....	.....
63017	C	Removal of spinal lamina	.....	.....	.....	.....	.....
63020	C	Neck spine disk surgery	.....	.....	.....	.....	.....
63030	C	Low back disk surgery	.....	.....	.....	.....	.....
63035	C	Spinal disk surgery add-on	.....	.....	.....	.....	.....
63040	C	Neck spine disk surgery	.....	.....	.....	.....	.....
63042	C	Low back disk surgery	.....	.....	.....	.....	.....
63045	C	Removal of spinal lamina	.....	.....	.....	.....	.....
63046	C	Removal of spinal lamina	.....	.....	.....	.....	.....
63047	C	Removal of spinal lamina	.....	.....	.....	.....	.....
63048	C	Remove spinal lamina add-on	.....	.....	.....	.....	.....
63055	C	Decompress spinal cord	.....	.....	.....	.....	.....
63056	C	Decompress spinal cord	.....	.....	.....	.....	.....
63057	C	Decompress spine cord add-on	.....	.....	.....	.....	.....
63064	C	Decompress spinal cord	.....	.....	.....	.....	.....
63066	C	Decompress spine cord add-on	.....	.....	.....	.....	.....
63075	C	Neck spine disk surgery	.....	.....	.....	.....	.....
63076	C	Neck spine disk surgery	.....	.....	.....	.....	.....
63077	C	Spine disk surgery, thorax	.....	.....	.....	.....	.....
63078	C	Spine disk surgery, thorax	.....	.....	.....	.....	.....
63081	C	Removal of vertebral body	.....	.....	.....	.....	.....
63082	C	Remove vertebral body add-on	.....	.....	.....	.....	.....
63085	C	Removal of vertebral body	.....	.....	.....	.....	.....
63086	C	Remove vertebral body add-on	.....	.....	.....	.....	.....
63087	C	Removal of vertebral body	.....	.....	.....	.....	.....
63088	C	Remove vertebral body add-on	.....	.....	.....	.....	.....
63090	C	Removal of vertebral body	.....	.....	.....	.....	.....
63091	C	Remove vertebral body add-on	.....	.....	.....	.....	.....
63170	C	Incise spinal cord tract(s)	.....	.....	.....	.....	.....
63172	C	Drainage of spinal cyst	.....	.....	.....	.....	.....
63173	C	Drainage of spinal cyst	.....	.....	.....	.....	.....
63180	C	Revise spinal cord ligaments	.....	.....	.....	.....	.....
63182	C	Revise spinal cord ligaments	.....	.....	.....	.....	.....
63185	C	Incise spinal column/nerves	.....	.....	.....	.....	.....
63190	C	Incise spinal column/nerves	.....	.....	.....	.....	.....

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
63191	C	Incise spinal column/nerves					
63194	C	Incise spinal column & cord					
63195	C	Incise spinal column & cord					
63196	C	Incise spinal column & cord					
63197	C	Incise spinal column & cord					
63198	C	Incise spinal column & cord					
63199	C	Incise spinal column & cord					
63200	C	Release of spinal cord					
63250	C	Revise spinal cord vessels					
63251	C	Revise spinal cord vessels					
63252	C	Revise spinal cord vessels					
63265	C	Excise intraspinal lesion					
63266	C	Excise intraspinal lesion					
63267	C	Excise intraspinal lesion					
63268	C	Excise intraspinal lesion					
63270	C	Excise intraspinal lesion					
63271	C	Excise intraspinal lesion					
63272	C	Excise intraspinal lesion					
63273	C	Excise intraspinal lesion					
63275	C	Biopsy/excise spinal tumor					
63276	C	Biopsy/excise spinal tumor					
63277	C	Biopsy/excise spinal tumor					
63278	C	Biopsy/excise spinal tumor					
63280	C	Biopsy/excise spinal tumor					
63281	C	Biopsy/excise spinal tumor					
63282	C	Biopsy/excise spinal tumor					
63283	C	Biopsy/excise spinal tumor					
63285	C	Biopsy/excise spinal tumor					
63286	C	Biopsy/excise spinal tumor					
63287	C	Biopsy/excise spinal tumor					
63290	C	Biopsy/excise spinal tumor					
63300	C	Removal of vertebral body					
63301	C	Removal of vertebral body					
63302	C	Removal of vertebral body					
63303	C	Removal of vertebral body					
63304	C	Removal of vertebral body					
63305	C	Removal of vertebral body					
63306	C	Removal of vertebral body					
63307	C	Removal of vertebral body					
63308	C	Remove vertebral body add-on					
63600	T	Remove spinal cord lesion	631	12.70	$653.03	$329.06	$130.61
63610	T	Stimulation of spinal cord	631	12.70	$653.03	$329.06	$130.61
63615	T	Remove lesion of spinal cord	631	12.70	$653.03	$329.06	$130.61
63650	T	Implant neuroelectrodes	616	11.85	$609.33	$329.06	$121.87
63655	C	Implant neuroelectrodes					
63660	T	Revise/remove neuroelectrode	617	11.31	$581.56	$280.01	$116.31
63685	T	Implant neuroreceiver	618	24.78	$1,274.19	$808.18	$254.84
63688	T	Revise/remove neuroreceiver	617	11.31	$581.56	$280.01	$116.31
[2] 63690	X	Analysis of neuroreceiver	966	0.39	$20.05	$12.43	$4.01
[2] 63691	X	Analysis of neuroreceiver	966	0.39	$20.05	$12.43	$4.01
63700	C	Repair of spinal herniation					
63702	C	Repair of spinal herniation					
63704	C	Repair of spinal herniation					
63706	C	Repair of spinal herniation					
63707	C	Repair spinal fluid leakage					
63709	C	Repair spinal fluid leakage					
63710	C	Graft repair of spine defect					
63740	C	Install spinal shunt					
63741	C	Install spinal shunt					
63744	T	Revision of spinal shunt	617	11.31	$581.56	$280.01	$116.31
63746	T	Removal of spinal shunt	617	11.31	$581.56	$280.01	$116.31
64400	T	Injection for nerve block	601	3.00	$154.26	$74.13	$30.85
64402	T	Injection for nerve block	601	3.00	$154.26	$74.13	$30.85
64405	T	Injection for nerve block	601	3.00	$154.26	$74.13	$30.85
64408	T	Injection for nerve block	601	3.00	$154.26	$74.13	$30.85
64410	T	Injection for nerve block	601	3.00	$154.26	$74.13	$30.85
64412	T	Injection for nerve block	601	3.00	$154.26	$74.13	$30.85
64413	T	Injection for nerve block	601	3.00	$154.26	$74.13	$30.85
64415	T	Injection for nerve block	601	3.00	$154.26	$74.13	$30.85
64417	T	Injection for nerve block	601	3.00	$154.26	$74.13	$30.85
64418	T	Injection for nerve block	601	3.00	$154.26	$74.13	$30.85
64420	T	Injection for nerve block	601	3.00	$154.26	$74.13	$30.85
64421	T	Injection for nerve block	601	3.00	$154.26	$74.13	$30.85
64425	T	Injection for nerve block	601	3.00	$154.26	$74.13	$30.85
64430	T	Injection for nerve block	601	3.00	$154.26	$74.13	$30.85

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
64435	T	Injection for nerve block	601	3.00	$154.26	$74.13	$30.85
64440	T	Injection for nerve block	601	3.00	$154.26	$74.13	$30.85
64441	T	Injection for nerve block	601	3.00	$154.26	$74.13	$30.85
64442	T	Injection for nerve block	601	3.00	$154.26	$74.13	$30.85
64443	T	Inject, nerve block add-on	601	3.00	$154.26	$74.13	$30.85
64445	T	Injection for nerve block	601	3.00	$154.26	$74.13	$30.85
64450	T	Injection for nerve block	601	3.00	$154.26	$74.13	$30.85
64505	T	Injection for nerve block	601	3.00	$154.26	$74.13	$30.85
64508	T	Injection for nerve block	601	3.00	$154.26	$74.13	$30.85
64510	T	Injection for nerve block	601	3.00	$154.26	$74.13	$30.85
64520	T	Injection for nerve block	601	3.00	$154.26	$74.13	$30.85
64530	T	Injection for nerve block	601	3.00	$154.26	$74.13	$30.85
64550	A	Apply neurostimulator	.....	.....	.....	.....	.....
64553	T	Implant neuroelectrodes	616	11.85	$609.33	$329.06	$121.87
64555	T	Implant neuroelectrodes	616	11.85	$609.33	$329.06	$121.87
64560	T	Implant neuroelectrodes	616	11.85	$609.33	$329.06	$121.87
64565	T	Implant neuroelectrodes	616	11.85	$609.33	$329.06	$121.87
64573	T	Implant neuroelectrodes	616	11.85	$609.33	$329.06	$121.87
64575	T	Implant neuroelectrodes	616	11.85	$609.33	$329.06	$121.87
64577	T	Implant neuroelectrodes	616	11.85	$609.33	$329.06	$121.87
64580	T	Implant neuroelectrodes	616	11.85	$609.33	$329.06	$121.87
64585	T	Revise/remove neuroelectrode	617	11.31	$581.56	$280.01	$116.31
64590	T	Implant neuroreceiver	618	24.78	$1,274.19	$808.18	$254.84
64595	T	Revise/remove neuroreceiver	617	11.31	$581.56	$280.01	$116.31
64600	T	Injection treatment of nerve	601	3.00	$154.26	$74.13	$30.85
64605	T	Injection treatment of nerve	601	3.00	$154.26	$74.13	$30.85
64610	T	Injection treatment of nerve	601	3.00	$154.26	$74.13	$30.85
64612	T	Destroy nerve, face muscle	601	3.00	$154.26	$74.13	$30.85
64613	T	Destroy nerve, spine muscle	601	3.00	$154.26	$74.13	$30.85
64620	T	Injection treatment of nerve	601	3.00	$154.26	$74.13	$30.85
64622	T	Injection treatment of nerve	601	3.00	$154.26	$74.13	$30.85
64623	T	Inject, tx of nerve add-on	601	3.00	$154.26	$74.13	$30.85
64630	T	Injection treatment of nerve	601	3.00	$154.26	$74.13	$30.85
64640	T	Injection treatment of nerve	601	3.00	$154.26	$74.13	$30.85
64680	T	Injection treatment of nerve	601	3.00	$154.26	$74.13	$30.85
64702	T	Revise finger/toe nerve	631	12.70	$653.03	$329.06	$130.61
64704	T	Revise hand/foot nerve	631	12.70	$653.03	$329.06	$130.61
64708	T	Revise arm/leg nerve	631	12.70	$653.03	$329.06	$130.61
64712	T	Revision of sciatic nerve	631	12.70	$653.03	$329.06	$130.61
64713	T	Revision of arm nerve(s)	631	12.70	$653.03	$329.06	$130.61
64714	T	Revise low back nerve(s)	631	12.70	$653.03	$329.06	$130.61
64716	T	Revision of cranial nerve	631	12.70	$653.03	$329.06	$130.61
64718	T	Revise ulnar nerve at elbow	631	12.70	$653.03	$329.06	$130.61
64719	T	Revise ulnar nerve at wrist	631	12.70	$653.03	$329.06	$130.61
64721	T	Carpal tunnel surgery	631	12.70	$653.03	$329.06	$130.61
64722	T	Relieve pressure on nerve(s)	631	12.70	$653.03	$329.06	$130.61
64726	T	Release foot/toe nerve	631	12.70	$653.03	$329.06	$130.61
64727	T	Internal nerve revision	631	12.70	$653.03	$329.06	$130.61
64732	T	Incision of brow nerve	631	12.70	$653.03	$329.06	$130.61
64734	T	Incision of cheek nerve	631	12.70	$653.03	$329.06	$130.61
64736	T	Incision of chin nerve	631	12.70	$653.03	$329.06	$130.61
64738	T	Incision of jaw nerve	631	12.70	$653.03	$329.06	$130.61
64740	T	Incision of tongue nerve	631	12.70	$653.03	$329.06	$130.61
64742	T	Incision of facial nerve	631	12.70	$653.03	$329.06	$130.61
64744	T	Incise nerve, back of head	631	12.70	$653.03	$329.06	$130.61
64746	T	Incise diaphragm nerve	631	12.70	$653.03	$329.06	$130.61
64752	C	Incision of vagus nerve	.....	.....	.....	.....	.....
64755	C	Incision of stomach nerves	.....	.....	.....	.....	.....
64760	C	Incision of vagus nerve	.....	.....	.....	.....	.....
64761	T	Incision of pelvis nerve	631	12.70	$653.03	$329.06	$130.61
64763	C	Incise hip/thigh nerve	.....	.....	.....	.....	.....
64766	C	Incise hip/thigh nerve	.....	.....	.....	.....	.....
64771	T	Sever cranial nerve	631	12.70	$653.03	$329.06	$130.61
64772	T	Incision of spinal nerve	631	12.70	$653.03	$329.06	$130.61
64774	T	Remove skin nerve lesion	631	12.70	$653.03	$329.06	$130.61
64776	T	Remove digit nerve lesion	631	12.70	$653.03	$329.06	$130.61
64778	T	Digit nerve surgery add-on	631	12.70	$653.03	$329.06	$130.61
64782	T	Remove limb nerve lesion	631	12.70	$653.03	$329.06	$130.61
64783	T	Limb nerve surgery add-on	631	12.70	$653.03	$329.06	$130.61
64784	T	Remove nerve lesion	631	12.70	$653.03	$329.06	$130.61
64786	T	Remove sciatic nerve lesion	632	16.48	$847.40	$453.58	$169.48
64787	T	Implant nerve end	631	12.70	$653.03	$329.06	$130.61
64788	T	Remove skin nerve lesion	631	12.70	$653.03	$329.06	$130.61
64790	T	Removal of nerve lesion	631	12.70	$653.03	$329.06	$130.61
64792	T	Removal of nerve lesion	632	16.48	$847.40	$453.58	$169.48

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
64795	T	Biopsy of nerve	631	12.70	$653.03	$329.06	$130.61
64802	C	Remove sympathetic nerves	.....	.....	.....	.....	.....
64804	C	Remove sympathetic nerves	.....	.....	.....	.....	.....
64809	C	Remove sympathetic nerves	.....	.....	.....	.....	.....
64818	C	Remove sympathetic nerves	.....	.....	.....	.....	.....
64820	C	Remove sympathetic nerves	.....	.....	.....	.....	.....
[2] 64830	T	Microrepair of nerve	631	12.70	$653.03	$329.06	$130.61
64831	T	Repair of digit nerve	632	16.48	$847.40	$453.58	$169.48
64832	T	Repair nerve add-on	632	16.48	$847.40	$453.58	$169.48
64834	T	Repair of hand or foot nerve	632	16.48	$847.40	$453.58	$169.48
64835	T	Repair of hand or foot nerve	632	16.48	$847.40	$453.58	$169.48
64836	T	Repair of hand or foot nerve	632	16.48	$847.40	$453.58	$169.48
64837	T	Repair nerve add-on	632	16.48	$847.40	$453.58	$169.48
64840	T	Repair of leg nerve	632	16.48	$847.40	$453.58	$169.48
64856	T	Repair/transpose nerve	632	16.48	$847.40	$453.58	$169.48
64857	T	Repair arm/leg nerve	632	16.48	$847.40	$453.58	$169.48
64858	T	Repair sciatic nerve	632	16.48	$847.40	$453.58	$169.48
64859	T	Nerve surgery	632	16.48	$847.40	$453.58	$169.48
64861	T	Repair of arm nerves	632	16.48	$847.40	$453.58	$169.48
64862	T	Repair of low back nerves	632	16.48	$847.40	$453.58	$169.48
64864	T	Repair of facial nerve	632	16.48	$847.40	$453.58	$169.48
64865	T	Repair of facial nerve	632	16.48	$847.40	$453.58	$169.48
64866	C	Fusion of facial/other nerve	.....	.....	.....	.....	.....
64868	C	Fusion of facial/other nerve	.....	.....	.....	.....	.....
64870	T	Fusion of facial/other nerve	632	16.48	$847.40	$453.58	$169.48
64872	T	Subsequent repair of nerve	632	16.48	$847.40	$453.58	$169.48
64874	T	Repair & revise nerve add-on	632	16.48	$847.40	$453.58	$169.48
64876	T	Repair nerve; shorten bone	632	16.48	$847.40	$453.58	$169.48
64885	T	Nerve graft, head or neck	632	16.48	$847.40	$453.58	$169.48
64886	T	Nerve graft, head or neck	632	16.48	$847.40	$453.58	$169.48
64890	T	Nerve graft, hand or foot	632	16.48	$847.40	$453.58	$169.48
64891	T	Nerve graft, hand or foot	632	16.48	$847.40	$453.58	$169.48
64892	T	Nerve graft, arm or leg	632	16.48	$847.40	$453.58	$169.48
64893	T	Nerve graft, arm or leg	632	16.48	$847.40	$453.58	$169.48
64895	T	Nerve graft, hand or foot	632	16.48	$847.40	$453.58	$169.48
64896	T	Nerve graft, hand or foot	632	16.48	$847.40	$453.58	$169.48
64897	T	Nerve graft, arm or leg	632	16.48	$847.40	$453.58	$169.48
64898	T	Nerve graft, arm or leg	632	16.48	$847.40	$453.58	$169.48
64901	T	Nerve graft add-on	632	16.48	$847.40	$453.58	$169.48
64902	T	Nerve graft add-on	632	16.48	$847.40	$453.58	$169.48
64905	T	Nerve pedicle transfer	632	16.48	$847.40	$453.58	$169.48
64907	T	Nerve pedicle transfer	632	16.48	$847.40	$453.58	$169.48
64999	T	Nervous system surgery	601	3.00	$154.26	$74.13	$30.85
65091	T	Revise eye	684	13.26	$681.83	$341.94	$136.37
65093	T	Revise eye with implant	684	13.26	$681.83	$341.94	$136.37
65101	T	Removal of eye	684	13.26	$681.83	$341.94	$136.37
65103	T	Remove eye/insert implant	684	13.26	$681.83	$341.94	$136.37
65105	T	Remove eye/attach implant	684	13.26	$681.83	$341.94	$136.37
65110	C	Removal of eye	.....	.....	.....	.....	.....
65112	C	Remove eye, revise socket	.....	.....	.....	.....	.....
65114	C	Remove eye, revise socket	.....	.....	.....	.....	.....
65125	T	Revise ocular implant	681	1.65	$84.84	$30.51	$16.97
65130	T	Insert ocular implant	684	13.26	$681.83	$341.94	$136.37
65135	T	Insert ocular implant	684	13.26	$681.83	$341.94	$136.37
65140	T	Attach ocular implant	684	13.26	$681.83	$341.94	$136.37
65150	T	Revise ocular implant	684	13.26	$681.83	$341.94	$136.37
65155	T	Reinsert ocular implant	684	13.26	$681.83	$341.94	$136.37
65175	T	Removal of ocular implant	683	9.56	$491.58	$252.44	$98.32
65205	T	Remove foreign body from eye	681	1.65	$84.84	$30.51	$16.97
65210	T	Remove foreign body from eye	681	1.65	$84.84	$30.51	$16.97
65220	T	Remove foreign body from eye	681	1.65	$84.84	$30.51	$16.97
65222	T	Remove foreign body from eye	681	1.65	$84.84	$30.51	$16.97
65235	T	Remove foreign body from eye	652	16.35	$840.72	$433.92	$168.14
65260	T	Remove foreign body from eye	676	5.87	$301.84	$138.54	$60.37
65265	T	Remove foreign body from eye	676	5.87	$301.84	$138.54	$60.37
65270	T	Repair of eye wound	183	11.04	$567.68	$283.18	$113.54
65272	T	Repair of eye wound	651	6.85	$352.23	$171.99	$70.45
65273	C	Repair of eye wound	.....	.....	.....	.....	.....
65275	T	Repair of eye wound	651	6.85	$352.23	$171.99	$70.45
65280	T	Repair of eye wound	652	16.35	$840.72	$433.92	$168.14
65285	T	Repair of eye wound	652	16.35	$840.72	$433.92	$168.14
65286	T	Repair of eye wound	651	6.85	$352.23	$171.99	$70.45
65290	T	Repair of eye socket wound	677	16.11	$828.38	$428.95	$165.68
65400	T	Removal of eye lesion	652	16.35	$840.72	$433.92	$168.14
65410	T	Biopsy of cornea	683	9.56	$491.58	$252.44	$98.32

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
65420	T	Removal of eye lesion	651	6.85	$352.23	$171.99	$70.45
65426	T	Removal of eye lesion	652	16.35	$840.72	$433.92	$168.14
65430	T	Corneal smear	681	1.65	$84.84	$30.51	$16.97
65435	T	Curette/treat cornea	681	1.65	$84.84	$30.51	$16.97
65436	T	Curette/treat cornea	651	6.85	$352.23	$171.99	$70.45
65450	T	Treatment of corneal lesion	651	6.85	$352.23	$171.99	$70.45
65600	T	Revision of cornea	681	1.65	$84.84	$30.51	$16.97
65710	T	Corneal transplant	670	30.78	$1,582.71	$885.92	$316.54
65730	T	Corneal transplant	670	30.78	$1,582.71	$885.92	$316.54
65750	T	Corneal transplant	670	30.78	$1,582.71	$885.92	$316.54
65755	T	Corneal transplant	670	30.78	$1,582.71	$885.92	$316.54
65760	E	Revision of cornea	.....	.....	.....	.....	.....
65765	E	Revision of cornea	.....	.....	.....	.....	.....
65767	E	Corneal tissue transplant	.....	.....	.....	.....	.....
65770	T	Revise cornea with implant	652	16.35	$840.72	$433.92	$168.14
65771	E	Radial keratotomy	.....	.....	.....	.....	.....
65772	T	Correction of astigmatism	651	6.85	$352.23	$171.99	$70.45
65775	T	Correction of astigmatism	652	16.35	$840.72	$433.92	$168.14
65800	T	Drainage of eye	683	9.56	$491.58	$252.44	$98.32
65805	T	Drainage of eye	683	9.56	$491.58	$252.44	$98.32
65810	T	Drainage of eye	651	6.85	$352.23	$171.99	$70.45
65815	T	Drainage of eye	651	6.85	$352.23	$171.99	$70.45
65820	T	Relieve inner eye pressure	651	6.85	$352.23	$171.99	$70.45
65850	T	Incision of eye	652	16.35	$840.72	$433.92	$168.14
65855	T	Laser surgery of eye	649	4.37	$224.71	$111.64	$44.94
65860	T	Incise inner eye adhesions	649	4.37	$224.71	$111.64	$44.94
65865	T	Incise inner eye adhesions	652	16.35	$840.72	$433.92	$168.14
65870	T	Incise inner eye adhesions	652	16.35	$840.72	$433.92	$168.14
65875	T	Incise inner eye adhesions	652	16.35	$840.72	$433.92	$168.14
65880	T	Incise inner eye adhesions	652	16.35	$840.72	$433.92	$168.14
65900	T	Remove eye lesion	652	16.35	$840.72	$433.92	$168.14
65920	T	Remove implant from eye	652	16.35	$840.72	$433.92	$168.14
65930	T	Remove blood clot from eye	652	16.35	$840.72	$433.92	$168.14
66020	T	Injection treatment of eye	683	9.56	$491.58	$252.44	$98.32
66030	T	Injection treatment of eye	683	9.56	$491.58	$252.44	$98.32
66130	T	Remove eye lesion	651	6.85	$352.23	$171.99	$70.45
66150	T	Glaucoma surgery	652	16.35	$840.72	$433.92	$168.14
66155	T	Glaucoma surgery	652	16.35	$840.72	$433.92	$168.14
66160	T	Glaucoma surgery	652	16.35	$840.72	$433.92	$168.14
66165	T	Glaucoma surgery	652	16.35	$840.72	$433.92	$168.14
66170	T	Glaucoma surgery	652	16.35	$840.72	$433.92	$168.14
66172	T	Incision of eye	652	16.35	$840.72	$433.92	$168.14
66180	T	Implant eye shunt	652	16.35	$840.72	$433.92	$168.14
66185	T	Revise eye shunt	652	16.35	$840.72	$433.92	$168.14
66220	T	Repair eye lesion	676	5.87	$301.84	$138.54	$60.37
66225	T	Repair/graft eye lesion	652	16.35	$840.72	$433.92	$168.14
66250	T	Follow-up surgery of eye	652	16.35	$840.72	$433.92	$168.14
66500	T	Incision of iris	651	6.85	$352.23	$171.99	$70.45
66505	T	Incision of iris	651	6.85	$352.23	$171.99	$70.45
66600	T	Remove iris and lesion	651	6.85	$352.23	$171.99	$70.45
66605	T	Removal of iris	652	16.35	$840.72	$433.92	$168.14
66625	T	Removal of iris	651	6.85	$352.23	$171.99	$70.45
66630	T	Removal of iris	651	6.85	$352.23	$171.99	$70.45
66635	T	Removal of iris	652	16.35	$840.72	$433.92	$168.14
66680	T	Repair iris & ciliary body	652	16.35	$840.72	$433.92	$168.14
66682	T	Repair iris and ciliary body	652	16.35	$840.72	$433.92	$168.14
66700	T	Destruction, ciliary body	651	6.85	$352.23	$171.99	$70.45
66710	T	Destruction, ciliary body	651	6.85	$352.23	$171.99	$70.45
66720	T	Destruction, ciliary body	651	6.85	$352.23	$171.99	$70.45
66740	T	Destruction, ciliary body	652	16.35	$840.72	$433.92	$168.14
66761	T	Revision of iris	649	4.37	$224.71	$111.64	$44.94
66762	T	Revision of iris	649	4.37	$224.71	$111.64	$44.94
66770	T	Removal of inner eye lesion	649	4.37	$224.71	$111.64	$44.94
66820	T	Incision, secondary cataract	651	6.85	$352.23	$171.99	$70.45
66821	T	After cataract laser surgery	649	4.37	$224.71	$111.64	$44.94
66825	T	Reposition intraocular lens	651	6.85	$352.23	$171.99	$70.45
66830	T	Removal of lens lesion	652	16.35	$840.72	$433.92	$168.14
66840	T	Removal of lens material	667	20.35	$1,046.40	$538.11	$209.28
66850	T	Removal of lens material	667	20.35	$1,046.40	$538.11	$209.28
66852	T	Removal of lens material	667	20.35	$1,046.40	$538.11	$209.28
66920	T	Extraction of lens	667	20.35	$1,046.40	$538.11	$209.28
66930	T	Extraction of lens	667	20.35	$1,046.40	$538.11	$209.28
66940	T	Extraction of lens	667	20.35	$1,046.40	$538.11	$209.28
66983	T	Remove cataract, insert lens	668	22.02	$1,132.27	$617.21	$226.45
66984	T	Remove cataract, insert lens	668	22.02	$1,132.27	$617.21	$226.45

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
66985	T	Insert lens prosthesis	668	22.02	$1,132.27	$617.21	$226.45
66986	T	Exchange lens prosthesis	668	22.02	$1,132.27	$617.21	$226.45
66999	T	Eye surgery procedure	649	4.37	$224.71	$111.64	$44.94
67005	T	Partial removal of eye fluid	676	5.87	$301.84	$138.54	$60.37
67010	T	Partial removal of eye fluid	676	5.87	$301.84	$138.54	$60.37
67015	T	Release of eye fluid	676	5.87	$301.84	$138.54	$60.37
67025	T	Replace eye fluid	683	9.56	$491.58	$252.44	$98.32
67027	T	Implant eye drug system	690	30.39	$1,562.65	$845.69	$312.53
67028	T	Injection eye drug	682	3.41	$175.34	$80.68	$35.07
67030	T	Incise inner eye strands	676	5.87	$301.84	$138.54	$60.37
67031	T	Laser surgery, eye strands	649	4.37	$224.71	$111.64	$44.94
67036	T	Removal of inner eye fluid	690	30.39	$1,562.65	$845.69	$312.53
67038	T	Strip retinal membrane	690	30.39	$1,562.65	$845.69	$312.53
67039	T	Laser treatment of retina	690	30.39	$1,562.65	$845.69	$312.53
67040	T	Laser treatment of retina	690	30.39	$1,562.65	$845.69	$312.53
67101	T	Repair, detached retina	676	5.87	$301.84	$138.54	$60.37
67105	T	Repair, detached retina	648	3.76	$193.34	$93.56	$38.67
67107	T	Repair detached retina	690	30.39	$1,562.65	$845.69	$312.53
67108	T	Repair detached retina	690	30.39	$1,562.65	$845.69	$312.53
67110	T	Repair detached retina	676	5.87	$301.84	$138.54	$60.37
67112	T	Re-repair detached retina	690	30.39	$1,562.65	$845.69	$312.53
67115	T	Release, encircling material	676	5.87	$301.84	$138.54	$60.37
67120	T	Remove eye implant material	676	5.87	$301.84	$138.54	$60.37
67121	T	Remove eye implant material	676	5.87	$301.84	$138.54	$60.37
67141	T	Treatment of retina	676	5.87	$301.84	$138.54	$60.37
67145	T	Treatment of retina	648	3.76	$193.34	$93.56	$38.67
67208	T	Treatment of retinal lesion	676	5.87	$301.84	$138.54	$60.37
67210	T	Treatment of retinal lesion	648	3.76	$193.34	$93.56	$38.67
67218	T	Treatment of retinal lesion	676	5.87	$301.84	$138.54	$60.37
67227	T	Treatment of retinal lesion	676	5.87	$301.84	$138.54	$60.37
67228	T	Treatment of retinal lesion	648	3.76	$193.34	$93.56	$38.67
67250	T	Reinforce eye wall	684	13.26	$681.83	$341.94	$136.37
67255	T	Reinforce/graft eye wall	684	13.26	$681.83	$341.94	$136.37
67299	T	Eye surgery procedure	649	4.37	$224.71	$111.64	$44.94
67311	T	Revise eye muscle	677	16.11	$828.38	$428.95	$165.68
67312	T	Revise two eye muscles	677	16.11	$828.38	$428.95	$165.68
67314	T	Revise eye muscle	677	16.11	$828.38	$428.95	$165.68
67316	T	Revise two eye muscles	677	16.11	$828.38	$428.95	$165.68
67318	T	Revise eye muscle(s)	677	16.11	$828.38	$428.95	$165.68
67320	T	Revise eye muscle(s) add-on	677	16.11	$828.38	$428.95	$165.68
67331	T	Eye surgery follow-up add-on	677	16.11	$828.38	$428.95	$165.68
67332	T	Rerevise eye muscles add-on	677	16.11	$828.38	$428.95	$165.68
67334	T	Revise eye muscle w/suture	677	16.11	$828.38	$428.95	$165.68
67335	T	Eye suture during surgery	677	16.11	$828.38	$428.95	$165.68
67340	T	Revise eye muscle add-on	677	16.11	$828.38	$428.95	$165.68
67343	T	Release eye tissue	677	16.11	$828.38	$428.95	$165.68
67345	T	Destroy nerve of eye muscle	681	1.65	$84.84	$30.51	$16.97
67350	T	Biopsy eye muscle	162	5.59	$287.44	$125.66	$57.49
67399	T	Eye muscle surgery procedure	162	5.59	$287.44	$125.66	$57.49
67400	T	Explore/biopsy eye socket	684	13.26	$681.83	$341.94	$136.37
67405	T	Explore/drain eye socket	684	13.26	$681.83	$341.94	$136.37
67412	T	Explore/treat eye socket	684	13.26	$681.83	$341.94	$136.37
67413	T	Explore/treat eye socket	684	13.26	$681.83	$341.94	$136.37
67414	C	Explore/decompress eye socke	.....	.....	.....	.....	.....
67415	T	Aspiration orbital contents	122	4.59	$236.02	$113.00	$47.20
67420	T	Explore/treat eye socket	232	23.82	$1,224.82	$636.87	$244.96
67430	T	Explore/treat eye socket	232	23.82	$1,224.82	$636.87	$244.96
67440	T	Explore/drain eye socket	232	23.82	$1,224.82	$636.87	$244.96
67445	C	Explore/decompress eye socke	.....	.....	.....	.....	.....
67450	T	Explore/biopsy eye socket	232	23.82	$1,224.82	$636.87	$244.96
67500	T	Inject/treat eye socket	681	1.65	$84.84	$30.51	$16.97
67505	T	Inject/treat eye socket	681	1.65	$84.84	$30.51	$16.97
67515	T	Inject/treat eye socket	681	1.65	$84.84	$30.51	$16.97
67550	T	Insert eye socket implant	684	13.26	$681.83	$341.94	$136.37
67560	T	Revise eye socket implant	684	13.26	$681.83	$341.94	$136.37
67570	C	Decompress optic nerve	.....	.....	.....	.....	.....
67599	T	Orbit surgery procedure	681	1.65	$84.84	$30.51	$16.97
67700	T	Drainage of eyelid abscess	682	3.41	$175.34	$80.68	$35.07
67710	T	Incision of eyelid	682	3.41	$175.34	$80.68	$35.07
67715	T	Incision of eyelid fold	683	9.56	$491.58	$252.44	$98.32
67800	T	Remove eyelid lesion	682	3.41	$175.34	$80.68	$35.07
67801	T	Remove eyelid lesions	682	3.41	$175.34	$80.68	$35.07
67805	T	Remove eyelid lesions	682	3.41	$175.34	$80.68	$35.07
67808	T	Remove eyelid lesion(s)	684	13.26	$681.83	$341.94	$136.37
67810	T	Biopsy of eyelid	682	3.41	$175.34	$80.68	$35.07

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
67820	T	Revise eyelashes	682	3.41	$175.34	$80.68	$35.07
67825	T	Revise eyelashes	682	3.41	$175.34	$80.68	$35.07
67830	T	Revise eyelashes	683	9.56	$491.58	$252.44	$98.32
67835	T	Revise eyelashes	684	13.26	$681.83	$341.94	$136.37
67840	T	Remove eyelid lesion	682	3.41	$175.34	$80.68	$35.07
67850	T	Treat eyelid lesion	682	3.41	$175.34	$80.68	$35.07
67875	T	Closure of eyelid by suture	682	3.41	$175.34	$80.68	$35.07
67880	T	Revision of eyelid	683	9.56	$491.58	$252.44	$98.32
67882	T	Revision of eyelid	684	13.26	$681.83	$341.94	$136.37
67900	T	Repair brow defect	684	13.26	$681.83	$341.94	$136.37
67901	T	Repair eyelid defect	684	13.26	$681.83	$341.94	$136.37
67902	T	Repair eyelid defect	684	13.26	$681.83	$341.94	$136.37
67903	T	Repair eyelid defect	684	13.26	$681.83	$341.94	$136.37
67904	T	Repair eyelid defect	684	13.26	$681.83	$341.94	$136.37
67906	T	Repair eyelid defect	684	13.26	$681.83	$341.94	$136.37
67908	T	Repair eyelid defect	684	13.26	$681.83	$341.94	$136.37
67909	T	Revise eyelid defect	684	13.26	$681.83	$341.94	$136.37
67911	T	Revise eyelid defect	684	13.26	$681.83	$341.94	$136.37
67914	T	Repair eyelid defect	684	13.26	$681.83	$341.94	$136.37
67915	T	Repair eyelid defect	682	3.41	$175.34	$80.68	$35.07
67916	T	Repair eyelid defect	684	13.26	$681.83	$341.94	$136.37
67917	T	Repair eyelid defect	684	13.26	$681.83	$341.94	$136.37
67921	T	Repair eyelid defect	684	13.26	$681.83	$341.94	$136.37
67922	T	Repair eyelid defect	682	3.41	$175.34	$80.68	$35.07
67923	T	Repair eyelid defect	684	13.26	$681.83	$341.94	$136.37
67924	T	Repair eyelid defect	684	13.26	$681.83	$341.94	$136.37
67930	T	Repair eyelid wound	682	3.41	$175.34	$80.68	$35.07
67935	T	Repair eyelid wound	683	9.56	$491.58	$252.44	$98.32
67938	T	Remove eyelid foreign body	682	3.41	$175.34	$80.68	$35.07
67950	T	Revision of eyelid	684	13.26	$681.83	$341.94	$136.37
67961	T	Revision of eyelid	684	13.26	$681.83	$341.94	$136.37
67966	T	Revision of eyelid	684	13.26	$681.83	$341.94	$136.37
67971	T	Reconstruction of eyelid	684	13.26	$681.83	$341.94	$136.37
67973	T	Reconstruction of eyelid	684	13.26	$681.83	$341.94	$136.37
67974	T	Reconstruction of eyelid	684	13.26	$681.83	$341.94	$136.37
67975	T	Reconstruction of eyelid	684	13.26	$681.83	$341.94	$136.37
67999	T	Revision of eyelid	682	3.41	$175.34	$80.68	$35.07
68020	T	Incise/drain eyelid lining	682	3.41	$175.34	$80.68	$35.07
68040	T	Treatment of eyelid lesions	682	3.41	$175.34	$80.68	$35.07
68100	T	Biopsy of eyelid lining	162	5.59	$287.44	$125.66	$57.49
68110	T	Remove eyelid lining lesion	162	5.59	$287.44	$125.66	$57.49
68115	T	Remove eyelid lining lesion	162	5.59	$287.44	$125.66	$57.49
68130	T	Remove eyelid lining lesion	652	16.35	$840.72	$433.92	$168.14
68135	T	Remove eyelid lining lesion	162	5.59	$287.44	$125.66	$57.49
68200	T	Treat eyelid by injection	681	1.65	$84.84	$30.51	$16.97
68320	T	Revise/graft eyelid lining	684	13.26	$681.83	$341.94	$136.37
68325	T	Revise/graft eyelid lining	684	13.26	$681.83	$341.94	$136.37
68326	T	Revise/graft eyelid lining	684	13.26	$681.83	$341.94	$136.37
68328	T	Revise/graft eyelid lining	684	13.26	$681.83	$341.94	$136.37
68330	T	Revise eyelid lining	652	16.35	$840.72	$433.92	$168.14
68335	T	Revise/graft eyelid lining	684	13.26	$681.83	$341.94	$136.37
68340	T	Separate eyelid adhesions	684	13.26	$681.83	$341.94	$136.37
68360	T	Revise eyelid lining	652	16.35	$840.72	$433.92	$168.14
68362	T	Revise eyelid lining	652	16.35	$840.72	$433.92	$168.14
68399	T	Eyelid lining surgery	162	5.59	$287.44	$125.66	$57.49
68400	T	Incise/drain tear gland	682	3.41	$175.34	$80.68	$35.07
68420	T	Incise/drain tear sac	682	3.41	$175.34	$80.68	$35.07
68440	T	Incise tear duct opening	682	3.41	$175.34	$80.68	$35.07
68500	T	Removal of tear gland	684	13.26	$681.83	$341.94	$136.37
68505	T	Partial removal tear gland	684	13.26	$681.83	$341.94	$136.37
68510	T	Biopsy of tear gland	683	9.56	$491.58	$252.44	$98.32
68520	T	Removal of tear sac	684	13.26	$681.83	$341.94	$136.37
68525	T	Biopsy of tear sac	683	9.56	$491.58	$252.44	$98.32
68530	T	Clearance of tear duct	682	3.41	$175.34	$80.68	$35.07
68540	T	Remove tear gland lesion	684	13.26	$681.83	$341.94	$136.37
68550	T	Remove tear gland lesion	684	13.26	$681.83	$341.94	$136.37
68700	T	Repair tear ducts	684	13.26	$681.83	$341.94	$136.37
68705	T	Revise tear duct opening	682	3.41	$175.34	$80.68	$35.07
68720	T	Create tear sac drain	684	13.26	$681.83	$341.94	$136.37
68745	T	Create tear duct drain	684	13.26	$681.83	$341.94	$136.37
68750	T	Create tear duct drain	684	13.26	$681.83	$341.94	$136.37
68760	T	Close tear duct opening	682	3.41	$175.34	$80.68	$35.07
68761	T	Close tear duct opening	681	1.65	$84.84	$30.51	$16.97
68770	T	Close tear system fistula	684	13.26	$681.83	$341.94	$136.37
[2] 68800	T	Dilate tear duct opening(s)	682	3.41	$175.34	$80.68	$35.07

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
68801	T	Dilate tear duct opening	682	3.41	$175.34	$80.68	$35.07
68810	T	Probe nasolacrimal duct	683	9.56	$491.58	$252.44	$98.32
68811	T	Probe nasolacrimal duct	684	13.26	$681.83	$341.94	$136.37
68815	T	Probe nasolacrimal duct	684	13.26	$681.83	$341.94	$136.37
[2] 68820	T	Explore tear duct system	683	9.56	$491.58	$252.44	$98.32
[2] 68825	T	Explore tear duct system	683	9.56	$491.58	$252.44	$98.32
[2] 68830	T	Reopen tear duct channel	683	9.56	$491.58	$252.44	$98.32
68840	T	Explore/irrigate tear ducts	682	3.41	$175.34	$80.68	$35.07
68850	T	Injection for tear sac x-ray	347	2.57	$132.15	$62.38	$26.43
68899	T	Tear duct system surgery	681	1.65	$84.84	$30.51	$16.97
69000	T	Drain external ear lesion	131	1.93	$99.24	$36.61	$19.85
69005	T	Drain external ear lesion	131	1.93	$99.24	$36.61	$19.85
69020	T	Drain outer ear canal lesion	131	1.93	$99.24	$36.61	$19.85
69090	E	Pierce earlobes	.....	.....	.....	.....	.....
69100	T	Biopsy of external ear	161	3.43	$176.37	$75.71	$35.27
69105	T	Biopsy of external ear canal	161	3.43	$176.37	$75.71	$35.27
69110	T	Partial removal external ear	163	10.48	$538.88	$260.80	$107.78
69120	T	Removal of external ear	313	15.46	$794.95	$407.70	$158.99
69140	T	Remove ear canal lesion(s)	313	15.46	$794.95	$407.70	$158.99
69145	T	Remove ear canal lesion(s)	163	10.48	$538.88	$260.80	$107.78
69150	T	Extensive ear canal surgery	314	25.15	$1,293.21	$687.72	$258.64
69155	C	Extensive ear/neck surgery	.....	.....	.....	.....	.....
69200	T	Clear outer ear canal	311	1.41	$72.50	$20.57	$14.50
69205	T	Clear outer ear canal	163	10.48	$538.88	$260.80	$107.78
69210	T	Remove impacted ear wax	311	1.41	$72.50	$20.57	$14.50
69220	T	Clean out mastoid cavity	151	1.63	$83.81	$33.22	$16.76
69222	T	Clean out mastoid cavity	311	1.41	$72.50	$20.57	$14.50
69300	T	Revise external ear	313	15.46	$794.95	$407.70	$158.99
69310	T	Rebuild outer ear canal	314	25.15	$1,293.21	$687.72	$258.64
69320	T	Rebuild outer ear canal	314	25.15	$1,293.21	$687.72	$258.64
69399	T	Outer ear surgery procedure	311	1.41	$72.50	$20.57	$14.50
69400	T	Inflate middle ear canal	311	1.41	$72.50	$20.57	$14.50
69401	N	Inflate middle ear canal	.....	.....	.....	.....	.....
69405	T	Catheterize middle ear canal	311	1.41	$72.50	$20.57	$14.50
69410	T	Inset middle ear baffle	311	1.41	$72.50	$20.57	$14.50
69420	T	Incision of eardrum	311	1.41	$72.50	$20.57	$14.50
69421	T	Incision of eardrum	312	7.07	$363.54	$170.86	$72.71
69424	T	Remove ventilating tube	311	1.41	$72.50	$20.57	$14.50
69433	T	Create eardrum opening	312	7.07	$363.54	$170.86	$72.71
69436	T	Create eardrum opening	312	7.07	$363.54	$170.86	$72.71
69440	T	Exploration of middle ear	313	15.46	$794.95	$407.70	$158.99
69450	T	Eardrum revision	313	15.46	$794.95	$407.70	$158.99
69501	T	Mastoidectomy	314	25.15	$1,293.21	$687.72	$258.64
69502	T	Mastoidectomy	314	25.15	$1,293.21	$687.72	$258.64
69505	T	Remove mastoid structures	314	25.15	$1,293.21	$687.72	$258.64
69511	T	Extensive mastoid surgery	314	25.15	$1,293.21	$687.72	$258.64
69530	T	Extensive mastoid surgery	314	25.15	$1,293.21	$687.72	$258.64
69535	C	Remove part of temporal bone	.....	.....	.....	.....	.....
69540	T	Remove ear lesion	311	1.41	$72.50	$20.57	$14.50
69550	T	Remove ear lesion	314	25.15	$1,293.21	$687.72	$258.64
69552	T	Remove ear lesion	314	25.15	$1,293.21	$687.72	$258.64
69554	C	Remove ear lesion	.....	.....	.....	.....	.....
69601	T	Mastoid surgery revision	314	25.15	$1,293.21	$687.72	$258.64
69602	T	Mastoid surgery revision	314	25.15	$1,293.21	$687.72	$258.64
69603	T	Mastoid surgery revision	314	25.15	$1,293.21	$687.72	$258.64
69604	T	Mastoid surgery revision	314	25.15	$1,293.21	$687.72	$258.64
69605	T	Mastoid surgery revision	314	25.15	$1,293.21	$687.72	$258.64
69610	T	Repair of eardrum	311	1.41	$72.50	$20.57	$14.50
69620	T	Repair of eardrum	313	15.46	$794.95	$407.70	$158.99
69631	T	Repair eardrum structures	314	25.15	$1,293.21	$687.72	$258.64
69632	T	Rebuild eardrum structures	314	25.15	$1,293.21	$687.72	$258.64
69633	T	Rebuild eardrum structures	314	25.15	$1,293.21	$687.72	$258.64
69635	T	Repair eardrum structures	314	25.15	$1,293.21	$687.72	$258.64
69636	T	Rebuild eardrum structures	314	25.15	$1,293.21	$687.72	$258.64
69637	T	Rebuild eardrum structures	314	25.15	$1,293.21	$687.72	$258.64
69641	T	Revise middle ear & mastoid	314	25.15	$1,293.21	$687.72	$258.64
69642	T	Revise middle ear & mastoid	314	25.15	$1,293.21	$687.72	$258.64
69643	T	Revise middle ear & mastoid	314	25.15	$1,293.21	$687.72	$258.64
69644	T	Revise middle ear & mastoid	314	25.15	$1,293.21	$687.72	$258.64
69645	T	Revise middle ear & mastoid	314	25.15	$1,293.21	$687.72	$258.64
69646	T	Revise middle ear & mastoid	314	25.15	$1,293.21	$687.72	$258.64
69650	T	Release middle ear bone	314	25.15	$1,293.21	$687.72	$258.64
69660	T	Revise middle ear bone	314	25.15	$1,293.21	$687.72	$258.64
69661	T	Revise middle ear bone	314	25.15	$1,293.21	$687.72	$258.64
69662	T	Revise middle ear bone	314	25.15	$1,293.21	$687.72	$258.64

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
69666	T	Repair middle ear structures	314	25.15	$1,293.21	$687.72	$258.64
69667	T	Repair middle ear structures	314	25.15	$1,293.21	$687.72	$258.64
69670	T	Remove mastoid air cells	314	25.15	$1,293.21	$687.72	$258.64
69676	T	Remove middle ear nerve	314	25.15	$1,293.21	$687.72	$258.64
69700	T	Close mastoid fistula	314	25.15	$1,293.21	$687.72	$258.64
69710	E	Implant/replace hearing aid	.....	.....	.....	.....	.....
69711	T	Remove/repair hearing aid	314	25.15	$1,293.21	$687.72	$258.64
69720	T	Release facial nerve	314	25.15	$1,293.21	$687.72	$258.64
69725	T	Release facial nerve	314	25.15	$1,293.21	$687.72	$258.64
69740	T	Repair facial nerve	314	25.15	$1,293.21	$687.72	$258.64
69745	T	Repair facial nerve	314	25.15	$1,293.21	$687.72	$258.64
69799	T	Middle ear surgery procedure	311	1.41	$72.50	$20.57	$14.50
69801	T	Incise inner ear	314	25.15	$1,293.21	$687.72	$258.64
69802	T	Incise inner ear	314	25.15	$1,293.21	$687.72	$258.64
69805	T	Explore inner ear	314	25.15	$1,293.21	$687.72	$258.64
69806	T	Explore inner ear	314	25.15	$1,293.21	$687.72	$258.64
69820	T	Establish inner ear window	314	25.15	$1,293.21	$687.72	$258.64
69840	T	Revise inner ear window	314	25.15	$1,293.21	$687.72	$258.64
69905	T	Remove inner ear	314	25.15	$1,293.21	$687.72	$258.64
69910	T	Remove inner ear & mastoid	314	25.15	$1,293.21	$687.72	$258.64
69915	T	Incise inner ear nerve	314	25.15	$1,293.21	$687.72	$258.64
69930	T	Implant cochlear device	317	.....	.....	.....	.....
69949	T	Inner ear surgery procedure	314	25.15	$1,293.21	$687.72	$258.64
69950	C	Incise inner ear nerve	.....	.....	.....	.....	.....
69955	C	Release facial nerve	.....	.....	.....	.....	.....
69960	C	Release inner ear canal	.....	.....	.....	.....	.....
69970	C	Remove inner ear lesion	.....	.....	.....	.....	.....
69979	C	Temporal bone surgery	.....	.....	.....	.....	.....
70010	S	Contrast x-ray of brain	728	3.50	$179.97	$91.98	$35.99
70015	S	Contrast x-ray of brain	728	3.50	$179.97	$91.98	$35.99
70030	X	X-ray eye for foreign body	700	0.80	$41.14	$22.37	$8.23
70100	X	X-ray exam of jaw	700	0.80	$41.14	$22.37	$8.23
70110	X	X-ray exam of jaw	700	0.80	$41.14	$22.37	$8.23
70120	X	X-ray exam of mastoids	700	0.80	$41.14	$22.37	$8.23
70130	X	X-ray exam of mastoids	700	0.80	$41.14	$22.37	$8.23
70134	X	X-ray exam of middle ear	700	0.80	$41.14	$22.37	$8.23
70140	X	X-ray exam of facial bones	700	0.80	$41.14	$22.37	$8.23
70150	X	X-ray exam of facial bones	700	0.80	$41.14	$22.37	$8.23
70160	X	X-ray exam of nasal bones	700	0.80	$41.14	$22.37	$8.23
70170	X	X-ray exam of tear duct	706	1.43	$73.53	$39.10	$14.71
70190	X	X-ray exam of eye sockets	700	0.80	$41.14	$22.37	$8.23
70200	X	X-ray exam of eye sockets	700	0.80	$41.14	$22.37	$8.23
70210	X	X-ray exam of sinuses	700	0.80	$41.14	$22.37	$8.23
70220	X	X-ray exam of sinuses	700	0.80	$41.14	$22.37	$8.23
70240	X	X-ray exam pituitary saddle	700	0.80	$41.14	$22.37	$8.23
70250	X	X-ray exam of skull	700	0.80	$41.14	$22.37	$8.23
70260	X	X-ray exam of skull	700	0.80	$41.14	$22.37	$8.23
70300	X	X-ray exam of teeth	700	0.80	$41.14	$22.37	$8.23
70310	X	X-ray exam of teeth	700	0.80	$41.14	$22.37	$8.23
70320	X	Full mouth x-ray of teeth	700	0.80	$41.14	$22.37	$8.23
70328	X	X-ray exam of jaw joint	700	0.80	$41.14	$22.37	$8.23
70330	X	X-ray exam of jaw joints	700	0.80	$41.14	$22.37	$8.23
70332	S	X-ray exam of jaw joint	730	2.30	$118.27	$65.77	$23.65
70336	S	Magnetic image jaw joint	726	7.91	$406.73	$256.06	$81.35
70350	X	X-ray head for orthodontia	700	0.80	$41.14	$22.37	$8.23
70355	X	Panoramic x-ray of jaws	700	0.80	$41.14	$22.37	$8.23
70360	X	X-ray exam of neck	700	0.80	$41.14	$22.37	$8.23
70370	X	Throat x-ray & fluoroscopy	716	1.39	$71.47	$40.00	$14.29
70371	X	Speech evaluation, complex	716	1.39	$71.47	$40.00	$14.29
70373	X	Contrast x-ray of larynx	706	1.43	$73.53	$39.10	$14.71
70380	X	X-ray exam of salivary gland	700	0.80	$41.14	$22.37	$8.23
70390	X	X-ray exam of salivary duct	706	1.43	$73.53	$39.10	$14.71
70450	S	CAT scan of head or brain	710	4.98	$256.07	$173.12	$51.21
70460	S	Contrast CAT scan of head	710	4.98	$256.07	$173.12	$51.21
70470	S	Contrast CAT scans of head	710	4.98	$256.07	$173.12	$51.21
70480	S	CAT scan of skull	710	4.98	$256.07	$173.12	$51.21
70481	S	Contrast CAT scan of skull	710	4.98	$256.07	$173.12	$51.21
70482	S	Contrast CAT scans of skull	710	4.98	$256.07	$173.12	$51.21
70486	S	CAT scan of face, jaw	710	4.98	$256.07	$173.12	$51.21
70487	S	Contrast CAT scan, face/jaw	710	4.98	$256.07	$173.12	$51.21
70488	S	Contrast CAT scans face/jaw	710	4.98	$256.07	$173.12	$51.21
70490	S	CAT scan of neck tissue	710	4.98	$256.07	$173.12	$51.21
70491	S	Contrast CAT of neck tissue	710	4.98	$256.07	$173.12	$51.21
70492	S	Contrast CAT of neck tissue	710	4.98	$256.07	$173.12	$51.21
70540	S	Magnetic image, face, neck	726	7.91	$406.73	$256.06	$81.35

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
70541	S	Magnetic image, head (MRA)	720	6.37	$327.55	$204.98	$65.51
70551	S	Magnetic image, brain (MRI)	726	7.91	$406.73	$256.06	$81.35
70552	S	Magnetic image, brain (MRI)	726	7.91	$406.73	$256.06	$81.35
70553	S	Magnetic image, brain	726	7.91	$406.73	$256.06	$81.35
71010	X	Chest x-ray	700	0.80	$41.14	$22.37	$8.23
71015	X	X-ray exam of chest	700	0.80	$41.14	$22.37	$8.23
71020	X	Chest x-ray	700	0.80	$41.14	$22.37	$8.23
71021	X	Chest x-ray	700	0.80	$41.14	$22.37	$8.23
71022	X	Chest x-ray	700	0.80	$41.14	$22.37	$8.23
71023	X	Chest x-ray and fluoroscopy	716	1.39	$71.47	$40.00	$14.29
71030	X	Chest x-ray	700	0.80	$41.14	$22.37	$8.23
71034	X	Chest x-ray & fluoroscopy	716	1.39	$71.47	$40.00	$14.29
71035	X	Chest x-ray	700	0.80	$41.14	$22.37	$8.23
71036	X	X-ray guidance for biopsy	716	1.39	$71.47	$40.00	$14.29
[2] 71038	X	X-ray guidance for biopsy	716	1.39	$71.47	$40.00	$14.29
71040	X	Contrast x-ray of bronchi	706	1.43	$73.53	$39.10	$14.71
71060	X	Contrast x-ray of bronchi	706	1.43	$73.53	$39.10	$14.71
71090	X	X-ray & pacemaker insertion	716	1.39	$71.47	$40.00	$14.29
71100	X	X-ray exam of ribs	700	0.80	$41.14	$22.37	$8.23
71101	X	X-ray exam of ribs, chest	700	0.80	$41.14	$22.37	$8.23
71110	X	X-ray exam of ribs	700	0.80	$41.14	$22.37	$8.23
71111	X	X-ray exam of ribs, chest	700	0.80	$41.14	$22.37	$8.23
71120	X	X-ray exam of breastbone	700	0.80	$41.14	$22.37	$8.23
71130	X	X-ray exam of breastbone	700	0.80	$41.14	$22.37	$8.23
71250	S	Cat scan of chest	710	4.98	$256.07	$173.12	$51.21
71260	S	Contrast CAT scan of chest	710	4.98	$256.07	$173.12	$51.21
71270	S	Contrast CAT scans of chest	710	4.98	$256.07	$173.12	$51.21
71550	S	Magnetic image, chest	726	7.91	$406.73	$256.06	$81.35
71555	E	Magnetic imaging/chest (MRA)	.....	.....	.....	.....	.....
72010	X	X-ray exam of spine	700	0.80	$41.14	$22.37	$8.23
72020	X	X-ray exam of spine	700	0.80	$41.14	$22.37	$8.23
72040	X	X-ray exam of neck spine	700	0.80	$41.14	$22.37	$8.23
72050	X	X-ray exam of neck spine	700	0.80	$41.14	$22.37	$8.23
72052	X	X-ray exam of neck spine	700	0.80	$41.14	$22.37	$8.23
72069	X	X-ray exam of trunk spine	700	0.80	$41.14	$22.37	$8.23
72070	X	X-ray exam of thorax spine	700	0.80	$41.14	$22.37	$8.23
72072	X	X-ray exam of thoracic spine	700	0.80	$41.14	$22.37	$8.23
72074	X	X-ray exam of thoracic spine	700	0.80	$41.14	$22.37	$8.23
72080	X	X-ray exam of trunk spine	700	0.80	$41.14	$22.37	$8.23
72090	X	X-ray exam of trunk spine	700	0.80	$41.14	$22.37	$8.23
72100	X	X-ray exam of lower spine	700	0.80	$41.14	$22.37	$8.23
72110	X	X-ray exam of lower spine	700	0.80	$41.14	$22.37	$8.23
72114	X	X-ray exam of lower spine	700	0.80	$41.14	$22.37	$8.23
72120	X	X-ray exam of lower spine	700	0.80	$41.14	$22.37	$8.23
72125	S	CAT scan of neck spine	710	4.98	$256.07	$173.12	$51.21
72126	S	Contrast CAT scan of neck	710	4.98	$256.07	$173.12	$51.21
72127	S	Contrast CAT scans of neck	710	4.98	$256.07	$173.12	$51.21
72128	S	CAT scan of thorax spine	710	4.98	$256.07	$173.12	$51.21
72129	S	Contrast CAT scan of thorax	710	4.98	$256.07	$173.12	$51.21
72130	S	Contrast CAT scans of thorax	710	4.98	$256.07	$173.12	$51.21
72131	S	CAT scan of lower spine	710	4.98	$256.07	$173.12	$51.21
72132	S	Contrast CAT of lower spine	710	4.98	$256.07	$173.12	$51.21
72133	S	Contrast CAT scans,low spine	710	4.98	$256.07	$173.12	$51.21
72141	S	Magnetic image, neck spine	726	7.91	$406.73	$256.06	$81.35
72142	S	Magnetic image, neck spine	726	7.91	$406.73	$256.06	$81.35
72146	S	Magnetic image, chest spine	726	7.91	$406.73	$256.06	$81.35
72147	S	Magnetic image, chest spine	726	7.91	$406.73	$256.06	$81.35
72148	S	Magnetic image, lumbar spine	726	7.91	$406.73	$256.06	$81.35
72149	S	Magnetic image, lumbar spine	726	7.91	$406.73	$256.06	$81.35
72156	S	Magnetic image, neck spine	726	7.91	$406.73	$256.06	$81.35
72157	S	Magnetic image, chest spine	726	7.91	$406.73	$256.06	$81.35
72158	S	Magnetic image, lumbar spine	726	7.91	$406.73	$256.06	$81.35
72159	E	Magnetic imaging/spine (MRA)	.....	.....	.....	.....	.....
72170	X	X-ray exam of pelvis	700	0.80	$41.14	$22.37	$8.23
72190	X	X-ray exam of pelvis	700	0.80	$41.14	$22.37	$8.23
72192	S	CAT scan of pelvis	710	4.98	$256.07	$173.12	$51.21
72193	S	Contrast CAT scan of pelvis	710	4.98	$256.07	$173.12	$51.21
72194	S	Contrast CAT scans of pelvis	710	4.98	$256.07	$173.12	$51.21
72196	S	Magnetic image, pelvis	726	7.91	$406.73	$256.06	$81.35
72198	E	Magnetic imaging/pelvis(MRA)	.....	.....	.....	.....	.....
72200	X	X-ray exam sacroiliac joints	700	0.80	$41.14	$22.37	$8.23
72202	X	X-ray exam sacroiliac joints	700	0.80	$41.14	$22.37	$8.23
72220	X	X-ray exam of tailbone	700	0.80	$41.14	$22.37	$8.23
72240	S	Contrast x-ray of neck spine	728	3.50	$179.97	$91.98	$35.99
72255	S	Contrast x-ray thorax spine	728	3.50	$179.97	$91.98	$35.99

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
72265	S	Contrast x-ray lower spine	728	3.50	$179.97	$91.98	$35.99
72270	S	Contrast x-ray of spine	728	3.50	$179.97	$91.98	$35.99
72285	S	X-ray of neck spine disk	728	3.50	$179.97	$91.98	$35.99
72295	S	X-ray of lower spine disk	728	3.50	$179.97	$91.98	$35.99
73000	X	X-ray exam of collarbone	700	0.80	$41.14	$22.37	$8.23
73010	X	X-ray exam of shoulder blade	700	0.80	$41.14	$22.37	$8.23
73020	X	X-ray exam of shoulder	700	0.80	$41.14	$22.37	$8.23
73030	X	X-ray exam of shoulder	700	0.80	$41.14	$22.37	$8.23
73040	S	Contrast x-ray of shoulder	730	2.30	$118.27	$65.77	$23.65
73050	X	X-ray exam of shoulders	700	0.80	$41.14	$22.37	$8.23
73060	X	X-ray exam of humerus	700	0.80	$41.14	$22.37	$8.23
73070	X	X-ray exam of elbow	700	0.80	$41.14	$22.37	$8.23
73080	X	X-ray exam of elbow	700	0.80	$41.14	$22.37	$8.23
73085	S	Contrast x-ray of elbow	730	2.30	$118.27	$65.77	$23.65
73090	X	X-ray exam of forearm	700	0.80	$41.14	$22.37	$8.23
73092	X	X-ray exam of arm, infant	700	0.80	$41.14	$22.37	$8.23
73100	X	X-ray exam of wrist	700	0.80	$41.14	$22.37	$8.23
73110	X	X-ray exam of wrist	700	0.80	$41.14	$22.37	$8.23
73115	S	Contrast x-ray of wrist	730	2.30	$118.27	$65.77	$23.65
73120	X	X-ray exam of hand	700	0.80	$41.14	$22.37	$8.23
73130	X	X-ray exam of hand	700	0.80	$41.14	$22.37	$8.23
73140	X	X-ray exam of finger(s)	700	0.80	$41.14	$22.37	$8.23
73200	S	CAT scan of arm	710	4.98	$256.07	$173.12	$51.21
73201	S	Contrast CAT scan of arm	710	4.98	$256.07	$173.12	$51.21
73202	S	Contrast CAT scans of arm	710	4.98	$256.07	$173.12	$51.21
73220	S	Magnetic image, arm, hand	726	7.91	$406.73	$256.06	$81.35
73221	S	Magnetic image, joint of arm	726	7.91	$406.73	$256.06	$81.35
73225	E	Magnetic imaging/upper (MRA)	.....	.....	.....	.....	.....
73500	X	X-ray exam of hip	700	0.80	$41.14	$22.37	$8.23
73510	X	X-ray exam of hip	700	0.80	$41.14	$22.37	$8.23
73520	X	X-ray exam of hips	700	0.80	$41.14	$22.37	$8.23
73525	S	Contrast x-ray of hip	730	2.30	$118.27	$65.77	$23.65
73530	X	X-ray exam of hip	700	0.80	$41.14	$22.37	$8.23
73540	X	X-ray exam of pelvis & hips	700	0.80	$41.14	$22.37	$8.23
73550	X	X-ray exam of thigh	700	0.80	$41.14	$22.37	$8.23
73560	X	X-ray exam of knee, 1 or 2	700	0.80	$41.14	$22.37	$8.23
73562	X	X-ray exam of knee, 3	700	0.80	$41.14	$22.37	$8.23
73564	X	X-ray exam of knee, 4+	700	0.80	$41.14	$22.37	$8.23
73565	X	X-ray exam of knee	700	0.80	$41.14	$22.37	$8.23
73580	S	Contrast x-ray of knee joint	730	2.30	$118.27	$65.77	$23.65
73590	X	X-ray exam of lower leg	700	0.80	$41.14	$22.37	$8.23
73592	X	X-ray exam of leg, infant	700	0.80	$41.14	$22.37	$8.23
73600	X	X-ray exam of ankle	700	0.80	$41.14	$22.37	$8.23
73610	X	X-ray exam of ankle	700	0.80	$41.14	$22.37	$8.23
73615	S	Contrast x-ray of ankle	730	2.30	$118.27	$65.77	$23.65
73620	X	X-ray exam of foot	700	0.80	$41.14	$22.37	$8.23
73630	X	X-ray exam of foot	700	0.80	$41.14	$22.37	$8.23
73650	X	X-ray exam of heel	700	0.80	$41.14	$22.37	$8.23
73660	X	X-ray exam of toe(s)	700	0.80	$41.14	$22.37	$8.23
73700	S	CAT scan of leg	710	4.98	$256.07	$173.12	$51.21
73701	S	Contrast CAT scan of leg	710	4.98	$256.07	$173.12	$51.21
73702	S	Contrast CAT scans of leg	710	4.98	$256.07	$173.12	$51.21
73720	S	Magnetic image, leg, foot	726	7.91	$406.73	$256.06	$81.35
73721	S	Magnetic image, joint of leg	726	7.91	$406.73	$256.06	$81.35
73725	E	Magnetic imaging/lower (MRA)	.....	.....	.....	.....	.....
74000	X	X-ray exam of abdomen	700	0.80	$41.14	$22.37	$8.23
74010	X	X-ray exam of abdomen	700	0.80	$41.14	$22.37	$8.23
74020	X	X-ray exam of abdomen	700	0.80	$41.14	$22.37	$8.23
74022	X	X-ray exam series, abdomen	700	0.80	$41.14	$22.37	$8.23
74150	S	CAT scan of abdomen	710	4.98	$256.07	$173.12	$51.21
74160	S	Contrast CAT scan of abdomen	710	4.98	$256.07	$173.12	$51.21
74170	S	Contrast CAT scans, abdomen	710	4.98	$256.07	$173.12	$51.21
74181	S	Magnetic image,abdomen (MRI)	726	7.91	$406.73	$256.06	$81.35
74185	E	Magnetic image/abdomen (MRA)	.....	.....	.....	.....	.....
74190	X	X-ray exam of peritoneum	706	1.43	$73.53	$39.10	$14.71
74210	S	Contrast xray exam of throat	736	1.85	$95.13	$53.79	$19.03
74220	S	Contrast xray exam,esophagus	736	1.85	$95.13	$53.79	$19.03
74230	S	Cinema xray throat/esophagus	736	1.85	$95.13	$53.79	$19.03
74235	S	Remove esophagus obstruction	738	3.74	$192.31	$104.86	$38.46
74240	S	X-ray exam upper GI tract	736	1.85	$95.13	$53.79	$19.03
74241	S	X-ray exam upper GI tract	736	1.85	$95.13	$53.79	$19.03
74245	S	X-ray exam upper GI tract	736	1.85	$95.13	$53.79	$19.03
74246	S	Contrast xray upper GI tract	736	1.85	$95.13	$53.79	$19.03
74247	S	Contrast xray upper GI tract	736	1.85	$95.13	$53.79	$19.03
74249	S	Contrast xray upper GI tract	736	1.85	$95.13	$53.79	$19.03

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
74250	S	X-ray exam of small bowel	736	1.85	$95.13	$53.79	$19.03
74251	S	X-ray exam of small bowel	736	1.85	$95.13	$53.79	$19.03
74260	S	X-ray exam of small bowel	736	1.85	$95.13	$53.79	$19.03
74270	S	Contrast x-ray exam of colon	736	1.85	$95.13	$53.79	$19.03
74280	S	Contrast x-ray exam of colon	736	1.85	$95.13	$53.79	$19.03
74283	S	Contrast x-ray exam of colon	736	1.85	$95.13	$53.79	$19.03
74290	S	Contrast x-ray, gallbladder	736	1.85	$95.13	$53.79	$19.03
74291	S	Contrast x-rays, gallbladder	736	1.85	$95.13	$53.79	$19.03
74300	C	X-ray bile ducts, pancreas	.....	.....	.....	.....	.....
74301	C	X-rays at surgery add-on	.....	.....	.....	.....	.....
74305	X	X-ray bile ducts, pancreas	706	1.43	$73.53	$39.10	$14.71
74320	X	Contrast x-ray of bile ducts	706	1.43	$73.53	$39.10	$14.71
74327	S	X-ray for bile stone removal	738	3.74	$192.31	$104.86	$38.46
74328	X	X-ray for bile duct endoscopy	706	1.43	$73.53	$39.10	$14.71
74329	X	X-ray for pancreas endoscopy	706	1.43	$73.53	$39.10	$14.71
74330	X	X-ray, bile/pancreas endoscopy	706	1.43	$73.53	$39.10	$14.71
74340	X	X-ray guide for GI tube	716	1.39	$71.47	$40.00	$14.29
74350	X	X-ray guide, stomach tube	706	1.43	$73.53	$39.10	$14.71
74355	X	X-ray guide, intestinal tube	706	1.43	$73.53	$39.10	$14.71
74360	S	X-ray guide, GI dilation	738	3.74	$192.31	$104.86	$38.46
74363	S	X-ray, bile duct dilation	738	3.74	$192.31	$104.86	$38.46
74400	S	Contrast x-ray urinary tract	737	2.69	$138.32	$81.81	$27.66
[2] 74405	S	Contrast x-ray urinary tract	737	2.69	$138.32	$81.81	$27.66
74410	S	Contrast x-ray urinary tract	737	2.69	$138.32	$81.81	$27.66
74415	S	Contrast x-ray urinary tract	737	2.69	$138.32	$81.81	$27.66
74420	S	Contrast x-ray urinary tract	737	2.69	$138.32	$81.81	$27.66
74425	S	Contrast x-ray urinary tract	737	2.69	$138.32	$81.81	$27.66
74430	S	Contrast x-ray of bladder	737	2.69	$138.32	$81.81	$27.66
74440	S	X-ray exam male genital tract	737	2.69	$138.32	$81.81	$27.66
74445	S	X-ray exam of penis	737	2.69	$138.32	$81.81	$27.66
74450	S	X-ray exam urethra/bladder	737	2.69	$138.32	$81.81	$27.66
74455	S	X-ray exam urethra/bladder	737	2.69	$138.32	$81.81	$27.66
74470	X	X-ray exam of kidney lesion	706	1.43	$73.53	$39.10	$14.71
74475	S	X-ray control catheter insert	738	3.74	$192.31	$104.86	$38.46
74480	S	X-ray control catheter insert	738	3.74	$192.31	$104.86	$38.46
74485	S	X-ray guide, GU dilation	738	3.74	$192.31	$104.86	$38.46
74710	X	X-ray measurement of pelvis	700	0.80	$41.14	$22.37	$8.23
74740	X	X-ray female genital tract	706	1.43	$73.53	$39.10	$14.71
74742	X	X-ray fallopian tube	706	1.43	$73.53	$39.10	$14.71
74775	S	X-ray exam of perineum	737	2.69	$138.32	$81.81	$27.66
75552	S	Magnetic image, myocardium	726	7.91	$406.73	$256.06	$81.35
75553	S	Magnetic image, myocardium	726	7.91	$406.73	$256.06	$81.35
75554	S	Cardiac MRI/function	726	7.91	$406.73	$256.06	$81.35
75555	S	Cardiac MRI/limited study	726	7.91	$406.73	$256.06	$81.35
75556	E	Cardiac MRI/flow mapping	.....	.....	.....	.....	.....
75600	S	Contrast x-ray exam of aorta	739	5.33	$274.07	$150.74	$54.81
75605	S	Contrast x-ray exam of aorta	739	5.33	$274.07	$150.74	$54.81
75625	S	Contrast x-ray exam of aorta	739	5.33	$274.07	$150.74	$54.81
75630	S	X-ray aorta, leg arteries	739	5.33	$274.07	$150.74	$54.81
75650	S	Artery x-rays, head & neck	739	5.33	$274.07	$150.74	$54.81
75658	S	X-ray exam of arm arteries	739	5.33	$274.07	$150.74	$54.81
75660	S	Artery x-rays, head & neck	739	5.33	$274.07	$150.74	$54.81
75662	S	Artery x-rays, head & neck	739	5.33	$274.07	$150.74	$54.81
75665	S	Artery x-rays, head & neck	739	5.33	$274.07	$150.74	$54.81
75671	S	Artery x-rays, head & neck	739	5.33	$274.07	$150.74	$54.81
75676	S	Artery x-rays, neck	739	5.33	$274.07	$150.74	$54.81
75680	S	Artery x-rays, neck	739	5.33	$274.07	$150.74	$54.81
75685	S	Artery x-rays, spine	739	5.33	$274.07	$150.74	$54.81
75705	S	Artery x-rays, spine	739	5.33	$274.07	$150.74	$54.81
75710	S	Artery x-rays, arm/leg	739	5.33	$274.07	$150.74	$54.81
75716	S	Artery x-rays, arms/legs	739	5.33	$274.07	$150.74	$54.81
75722	S	Artery x-rays, kidney	739	5.33	$274.07	$150.74	$54.81
75724	S	Artery x-rays, kidneys	739	5.33	$274.07	$150.74	$54.81
75726	S	Artery x-rays, abdomen	739	5.33	$274.07	$150.74	$54.81
75731	S	Artery x-rays, adrenal gland	739	5.33	$274.07	$150.74	$54.81
75733	S	Artery x-rays,adrenal glands	739	5.33	$274.07	$150.74	$54.81
75736	S	Artery x-rays, pelvis	739	5.33	$274.07	$150.74	$54.81
75741	S	Artery x-rays, lung	739	5.33	$274.07	$150.74	$54.81
75743	S	Artery x-rays, lungs	739	5.33	$274.07	$150.74	$54.81
75746	S	Artery x-rays, lung	739	5.33	$274.07	$150.74	$54.81
75756	S	Artery x-rays, chest	739	5.33	$274.07	$150.74	$54.81
75774	S	Artery x-ray, each vessel	739	5.33	$274.07	$150.74	$54.81
75790	S	Visualize A-V shunt	739	5.33	$274.07	$150.74	$54.81
75801	X	Lymph vessel x-ray, arm/leg	706	1.43	$73.53	$39.10	$14.71
75803	X	Lymph vessel x-ray, arms/legs	706	1.43	$73.53	$39.10	$14.71

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
75805	X	Lymph vessel x-ray, trunk	706	1.43	$73.53	$39.10	$14.71
75807	X	Lymph vessel x-ray, trunk	706	1.43	$73.53	$39.10	$14.71
75809	X	Nonvascular shunt, x-ray	706	1.43	$73.53	$39.10	$14.71
75810	S	Vein x-ray, spleen/liver	739	5.33	$274.07	$150.74	$54.81
75820	S	Vein x-ray, arm/leg	739	5.33	$274.07	$150.74	$54.81
75822	S	Vein x-ray, arms/legs	739	5.33	$274.07	$150.74	$54.81
75825	S	Vein x-ray, trunk	739	5.33	$274.07	$150.74	$54.81
75827	S	Vein x-ray, chest	739	5.33	$274.07	$150.74	$54.81
75831	S	Vein x-ray, kidney	739	5.33	$274.07	$150.74	$54.81
75833	S	Vein x-ray, kidneys	739	5.33	$274.07	$150.74	$54.81
75840	S	Vein x-ray, adrenal gland	739	5.33	$274.07	$150.74	$54.81
75842	S	Vein x-ray, adrenal glands	739	5.33	$274.07	$150.74	$54.81
75860	S	Vein x-ray, neck	739	5.33	$274.07	$150.74	$54.81
75870	S	Vein x-ray, skull	739	5.33	$274.07	$150.74	$54.81
75872	S	Vein x-ray, skull	739	5.33	$274.07	$150.74	$54.81
75880	S	Vein x-ray, eye socket	739	5.33	$274.07	$150.74	$54.81
75885	S	Vein x-ray, liver	739	5.33	$274.07	$150.74	$54.81
75887	S	Vein x-ray, liver	739	5.33	$274.07	$150.74	$54.81
75889	S	Vein x-ray, liver	739	5.33	$274.07	$150.74	$54.81
75891	S	Vein x-ray, liver	739	5.33	$274.07	$150.74	$54.81
75893	N	Venous sampling by catheter					
75894	C	X-rays, transcatheter therapy					
75896	C	X-rays, transcatheter therapy					
75898	X	Follow-up angiogram	706	1.43	$73.53	$39.10	$14.71
75900	C	Arterial catheter exchange					
75940	C	X-ray placement, vein filter					
75945	C	Intravascular us					
75946	C	Intravascular us add-on					
75960	C	Transcatheter intro, stent					
75961	C	Retrieval, broken catheter					
75962	C	Repair arterial blockage					
75964	C	Repair artery blockage, each					
75966	C	Repair arterial blockage					
75968	C	Repair artery blockage, each					
75970	C	Vascular biopsy					
75978	C	Repair venous blockage					
75980	S	Contrast xray exam bile duct	738	3.74	$192.31	$104.86	$38.46
75982	S	Contrast xray exam bile duct	738	3.74	$192.31	$104.86	$38.46
75984	S	X-ray control catheter change	738	3.74	$192.31	$104.86	$38.46
75989	X	Abscess drainage under x-ray	716	1.39	$71.47	$40.00	$14.29
75992	C	Atherectomy, x-ray exam					
75993	C	Atherectomy, x-ray exam					
75994	C	Atherectomy, x-ray exam					
75995	C	Atherectomy, x-ray exam					
75996	C	Atherectomy, x-ray exam					
76000	X	Fluoroscope examination	716	1.39	$71.47	$40.00	$14.29
76001	X	Fluoroscope exam, extensive	716	1.39	$71.47	$40.00	$14.29
76003	X	Needle localization by x-ray	716	1.39	$71.47	$40.00	$14.29
76010	X	X-ray, nose to rectum	700	0.80	$41.14	$22.37	$8.23
76020	X	X-rays for bone age	700	0.80	$41.14	$22.37	$8.23
76040	X	X-rays, bone evaluation	700	0.80	$41.14	$22.37	$8.23
76061	X	X-rays, bone survey	700	0.80	$41.14	$22.37	$8.23
76062	X	X-rays, bone survey	700	0.80	$41.14	$22.37	$8.23
76065	X	X-rays, bone evaluation	700	0.80	$41.14	$22.37	$8.23
76066	X	Joint(s) survey, single film	700	0.80	$41.14	$22.37	$8.23
76070	E	CT scan, bone density study					
76075	X	Dual energy x-ray study	706	1.43	$73.53	$39.10	$14.71
76076	X	Dual energy x-ray study	700	0.80	$41.14	$22.37	$8.23
76078	X	Photodensitometry	700	0.80	$41.14	$22.37	$8.23
76080	X	X-ray exam of fistula	706	1.43	$73.53	$39.10	$14.71
76086	X	X-ray of mammary duct	706	1.43	$73.53	$39.10	$14.71
76088	X	X-ray of mammary ducts	706	1.43	$73.53	$39.10	$14.71
76090	S	Mammogram, one breast	746	0.69	$35.48	$19.44	$7.10
76091	S	Mammogram, both breasts	746	0.69	$35.48	$19.44	$7.10
76092	A	Mammogram, screening					
76093	S	Magnetic image, breast	726	7.91	$406.73	$256.06	$81.35
76094	S	Magnetic image, both breasts	726	7.91	$406.73	$256.06	$81.35
76095	X	Stereotactic breast biopsy	706	1.43	$73.53	$39.10	$14.71
76096	X	X-ray of needle wire, breast	706	1.43	$73.53	$39.10	$14.71
76098	X	X-ray exam, breast specimen	700	0.80	$41.14	$22.37	$8.23
76100	X	X-ray exam of body section	700	0.80	$41.14	$22.37	$8.23
76101	X	Complex body section x-ray	706	1.43	$73.53	$39.10	$14.71
76102	X	Complex body section x-rays	706	1.43	$73.53	$39.10	$14.71
76120	X	Cinematic x-rays	700	0.80	$41.14	$22.37	$8.23
76125	X	Cinematic x-rays add-on	700	0.80	$41.14	$22.37	$8.23

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
76140	E	X-ray consultation	.....	.....	.....	.....	.....
76150	X	X-ray exam, dry process	700	0.80	$41.14	$22.37	$8.23
76350	N	Special x-ray contrast study	.....	.....	.....	.....	.....
76355	S	CAT scan for localization	710	4.98	$256.07	$173.12	$51.21
76360	S	CAT scan for needle biopsy	710	4.98	$256.07	$173.12	$51.21
76365	S	CAT scan for cyst aspiration	710	4.98	$256.07	$173.12	$51.21
76370	S	CAT scan for therapy guide	710	4.98	$256.07	$173.12	$51.21
76375	S	3d/holograph reconstr add-on	710	4.98	$256.07	$173.12	$51.21
76380	S	CAT scan follow-up study	710	4.98	$256.07	$173.12	$51.21
76390	S	Mr spectroscopy	726	7.91	$406.73	$256.06	$81.35
76400	S	Magnetic image, bone marrow	726	7.91	$406.73	$256.06	$81.35
76499	X	Radiographic procedure	700	0.80	$41.14	$22.37	$8.23
76506	S	Echo exam of head	747	1.65	$84.84	$54.47	$16.97
76511	S	Echo exam of eye	747	1.65	$84.84	$54.47	$16.97
76512	S	Echo exam of eye	747	1.65	$84.84	$54.47	$16.97
76513	S	Echo exam of eye, water bath	747	1.65	$84.84	$54.47	$16.97
76516	S	Echo exam of eye	747	1.65	$84.84	$54.47	$16.97
76519	S	Echo exam of eye	747	1.65	$84.84	$54.47	$16.97
76529	S	Echo exam of eye	747	1.65	$84.84	$54.47	$16.97
76536	S	Echo exam of head and neck	747	1.65	$84.84	$54.47	$16.97
76604	S	Echo exam of chest	747	1.65	$84.84	$54.47	$16.97
76645	S	Echo exam of breast	747	1.65	$84.84	$54.47	$16.97
76700	S	Echo exam of abdomen	747	1.65	$84.84	$54.47	$16.97
76705	S	Echo exam of abdomen	747	1.65	$84.84	$54.47	$16.97
76770	S	Echo exam abdomen back wall	747	1.65	$84.84	$54.47	$16.97
76775	S	Echo exam abdomen back wall	747	1.65	$84.84	$54.47	$16.97
76778	S	Echo exam kidney transplant	747	1.65	$84.84	$54.47	$16.97
76800	S	Echo exam spinal canal	747	1.65	$84.84	$54.47	$16.97
76805	S	Echo exam of pregnant uterus	747	1.65	$84.84	$54.47	$16.97
76810	S	Echo exam of pregnant uterus	747	1.65	$84.84	$54.47	$16.97
76815	S	Echo exam of pregnant uterus	747	1.65	$84.84	$54.47	$16.97
76816	S	Echo exam followup or repeat	747	1.65	$84.84	$54.47	$16.97
76818	S	Fetal biophysical profile	747	1.65	$84.84	$54.47	$16.97
76825	S	Echo exam of fetal heart	957	4.04	$207.74	$114.13	$41.55
76826	S	Echo exam of fetal heart	957	4.04	$207.74	$114.13	$41.55
76827	S	Echo exam of fetal heart	957	4.04	$207.74	$114.13	$41.55
76828	S	Echo exam of fetal heart	957	4.04	$207.74	$114.13	$41.55
76830	S	Echo exam, transvaginal	747	1.65	$84.84	$54.47	$16.97
76831	S	Echo exam, uterus	747	1.65	$84.84	$54.47	$16.97
76856	S	Echo exam of pelvis	747	1.65	$84.84	$54.47	$16.97
76857	S	Echo exam of pelvis	747	1.65	$84.84	$54.47	$16.97
76870	S	Echo exam of scrotum	747	1.65	$84.84	$54.47	$16.97
76872	S	Echo exam, transrectal	747	1.65	$84.84	$54.47	$16.97
76880	S	Echo exam of extremity	747	1.65	$84.84	$54.47	$16.97
76885	S	Echo exam, infant hips	747	1.65	$84.84	$54.47	$16.97
76886	S	Echo exam, infant hips	747	1.65	$84.84	$54.47	$16.97
76930	X	Echo guide for heart sac tap	749	2.22	$114.15	$70.06	$22.83
76932	X	Echo guide for heart biopsy	749	2.22	$114.15	$70.06	$22.83
76934	X	Echo guide for chest tap	749	2.22	$114.15	$70.06	$22.83
76936	X	Echo guide for artery repair	749	2.22	$114.15	$70.06	$22.83
76938	X	Echo exam for drainage	749	2.22	$114.15	$70.06	$22.83
76941	X	Echo guide for transfusion	749	2.22	$114.15	$70.06	$22.83
76942	X	Echo guide for biopsy	749	2.22	$114.15	$70.06	$22.83
76945	X	Echo guide, villus sampling	749	2.22	$114.15	$70.06	$22.83
76946	X	Echo guide for amniocentesis	749	2.22	$114.15	$70.06	$22.83
76948	X	Echo guide, ova aspiration	749	2.22	$114.15	$70.06	$22.83
76950	X	Echo guidance radiotherapy	749	2.22	$114.15	$70.06	$22.83
76960	X	Echo guidance radiotherapy	749	2.22	$114.15	$70.06	$22.83
76965	X	Echo guidance radiotherapy	749	2.22	$114.15	$70.06	$22.83
76970	S	Ultrasound exam follow-up	747	1.65	$84.84	$54.47	$16.97
76975	S	GI endoscopic ultrasound	747	1.65	$84.84	$54.47	$16.97
76986	S	Echo exam at surgery	747	1.65	$84.84	$54.47	$16.97
76999	S	Echo examination procedure	747	1.65	$84.84	$54.47	$16.97
77261	X	Radiation therapy planning	750	0.96	$49.36	$25.99	$9.87
77262	X	Radiation therapy planning	750	0.96	$49.36	$25.99	$9.87
77263	X	Radiation therapy planning	750	0.96	$49.36	$25.99	$9.87
77280	X	Set radiation therapy field	752	3.48	$178.94	$86.56	$35.79
77285	X	Set radiation therapy field	752	3.48	$178.94	$86.56	$35.79
77290	X	Set radiation therapy field	752	3.48	$178.94	$86.56	$35.79
77295	X	Set radiation therapy field	752	3.48	$178.94	$86.56	$35.79
77299	X	Radiation therapy planning	751	1.15	$59.13	$33.22	$11.83
77300	X	Radiation therapy dose plan	751	1.15	$59.13	$33.22	$11.83
77305	X	Radiation therapy dose plan	751	1.15	$59.13	$33.22	$11.83
77310	X	Radiation therapy dose plan	751	1.15	$59.13	$33.22	$11.83
77315	X	Radiation therapy dose plan	751	1.15	$59.13	$33.22	$11.83

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
77321	X	Radiation therapy port plan	751	1.15	$59.13	$33.22	$11.83
77326	X	Radiation therapy dose plan	751	1.15	$59.13	$33.22	$11.83
77327	X	Radiation therapy dose plan	751	1.15	$59.13	$33.22	$11.83
77328	X	Radiation therapy dose plan	751	1.15	$59.13	$33.22	$11.83
77331	X	Special radiation dosimetry	751	1.15	$59.13	$33.22	$11.83
77332	X	Radiation treatment aid(s)	751	1.15	$59.13	$33.22	$11.83
77333	X	Radiation treatment aid(s)	751	1.15	$59.13	$33.22	$11.83
77334	X	Radiation treatment aid(s)	751	1.15	$59.13	$33.22	$11.83
77336	X	Radiation physics consult	750	0.96	$49.36	$25.99	$9.87
77370	X	Radiation physics consult	750	0.96	$49.36	$25.99	$9.87
77399	X	External radiation dosimetry	750	0.96	$49.36	$25.99	$9.87
77401	S	Radiation treatment delivery	757	2.26	$116.21	$52.43	$23.24
77402	S	Radiation treatment delivery	757	2.26	$116.21	$52.43	$23.24
77403	S	Radiation treatment delivery	757	2.26	$116.21	$52.43	$23.24
77404	S	Radiation treatment delivery	757	2.26	$116.21	$52.43	$23.24
77406	S	Radiation treatment delivery	757	2.26	$116.21	$52.43	$23.24
77407	S	Radiation treatment delivery	757	2.26	$116.21	$52.43	$23.24
77408	S	Radiation treatment delivery	757	2.26	$116.21	$52.43	$23.24
77409	S	Radiation treatment delivery	757	2.26	$116.21	$52.43	$23.24
77411	S	Radiation treatment delivery	757	2.26	$116.21	$52.43	$23.24
77412	S	Radiation treatment delivery	757	2.26	$116.21	$52.43	$23.24
77413	S	Radiation treatment delivery	757	2.26	$116.21	$52.43	$23.24
77414	S	Radiation treatment delivery	757	2.26	$116.21	$52.43	$23.24
77416	S	Radiation treatment delivery	757	2.26	$116.21	$52.43	$23.24
77417	X	Radiology port film(s)	700	0.80	$41.14	$22.37	$8.23
77419	E	Weekly radiation therapy					
77420	E	Weekly radiation therapy					
77425	E	Weekly radiation therapy					
77430	E	Weekly radiation therapy					
77431	X	Radiation therapy management	750	0.96	$49.36	$25.99	$9.87
77432	X	Stereotactic radiation trmt	750	0.96	$49.36	$25.99	$9.87
77470	S	Special radiation treatment	757	2.26	$116.21	$52.43	$23.24
77499	N	Radiation therapy management					
77600	S	Hyperthermia treatment	758	5.08	$261.21	$137.18	$52.24
77605	S	Hyperthermia treatment	758	5.08	$261.21	$137.18	$52.24
77610	S	Hyperthermia treatment	758	5.08	$261.21	$137.18	$52.24
77615	S	Hyperthermia treatment	758	5.08	$261.21	$137.18	$52.24
77620	S	Hyperthermia treatment	758	5.08	$261.21	$137.18	$52.24
77750	S	Infuse radioactive materials	759	7.98	$410.33	$157.97	$82.07
77761	S	Radioelement application	759	7.98	$410.33	$157.97	$82.07
77762	S	Radioelement application	759	7.98	$410.33	$157.97	$82.07
77763	S	Radioelement application	759	7.98	$410.33	$157.97	$82.07
77776	S	Radioelement application	759	7.98	$410.33	$157.97	$82.07
77777	S	Radioelement application	759	7.98	$410.33	$157.97	$82.07
77778	S	Radioelement application	759	7.98	$410.33	$157.97	$82.07
77781	S	High intensity brachytherapy	759	7.98	$410.33	$157.97	$82.07
77782	S	High intensity brachytherapy	759	7.98	$410.33	$157.97	$82.07
77783	S	High intensity brachytherapy	759	7.98	$410.33	$157.97	$82.07
77784	S	High intensity brachytherapy	759	7.98	$410.33	$157.97	$82.07
77789	S	Radioelement application	759	7.98	$410.33	$157.97	$82.07
77790	N	Radioelement handling					
77799	S	Radium/radioisotope therapy	759	7.98	$410.33	$157.97	$82.07
78000	S	Thyroid, single uptake	761	1.80	$92.56	$54.01	$18.51
78001	S	Thyroid, multiple uptakes	762	2.02	$103.87	$55.82	$20.77
78003	S	Thyroid suppress/stimul	762	2.02	$103.87	$55.82	$20.77
78006	S	Thyroid,imaging with uptake	771	3.81	$195.91	$117.29	$39.18
78007	S	Thyroid, image, mult uptakes	772	4.26	$219.05	$128.37	$43.81
78010	S	Thyroid imaging	771	3.81	$195.91	$117.29	$39.18
78011	S	Thyroid imaging with flow	771	3.81	$195.91	$117.29	$39.18
78015	S	Thyroid met imaging	771	3.81	$195.91	$117.29	$39.18
78016	S	Thyroid met imaging/studies	772	4.26	$219.05	$128.37	$43.81
[2] 78017	S	Thyroid met imaging, mult	772	4.26	$219.05	$128.37	$43.81
78018	S	Thyroid, met imaging, body	772	4.26	$219.05	$128.37	$43.81
78070	S	Parathyroid nuclear imaging	772	4.26	$219.05	$128.37	$43.81
78075	S	Adrenal nuclear imaging	772	4.26	$219.05	$128.37	$43.81
78099	S	Endocrine nuclear procedure	761	1.80	$92.56	$54.01	$18.51
78102	S	Bone marrow imaging, ltd	771	3.81	$195.91	$117.29	$39.18
78103	S	Bone marrow imaging, mult	771	3.81	$195.91	$117.29	$39.18
78104	S	Bone marrow imaging, body	771	3.81	$195.91	$117.29	$39.18
78110	S	Plasma volume, single	761	1.80	$92.56	$54.01	$18.51
78111	S	Plasma volume, multiple	761	1.80	$92.56	$54.01	$18.51
78120	S	Red cell mass, single	761	1.80	$92.56	$54.01	$18.51
78121	S	Red cell mass, multiple	762	2.02	$103.87	$55.82	$20.77
78122	S	Blood volume	762	2.02	$103.87	$55.82	$20.77
78130	S	Red cell survival study	762	2.02	$103.87	$55.82	$20.77

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
78135	S	Red cell survival kinetics	762	2.02	$103.87	$55.82	$20.77
78140	S	Red cell sequestration	762	2.02	$103.87	$55.82	$20.77
78160	S	Plasma iron turnover	762	2.02	$103.87	$55.82	$20.77
78162	S	Iron absorption exam	762	2.02	$103.87	$55.82	$20.77
78170	S	Red cell iron utilization	762	2.02	$103.87	$55.82	$20.77
78172	S	Total body iron estimation	762	2.02	$103.87	$55.82	$20.77
78185	S	Spleen imaging	771	3.81	$195.91	$117.29	$39.18
78190	S	Platelet survival, kinetics	762	2.02	$103.87	$55.82	$20.77
78191	S	Platelet survival	762	2.02	$103.87	$55.82	$20.77
78195	S	Lymph system imaging	772	4.26	$219.05	$128.37	$43.81
78199	S	Blood/lymph nuclear exam	761	1.80	$92.56	$54.01	$18.51
78201	S	Liver imaging	771	3.81	$195.91	$117.29	$39.18
78202	S	Liver imaging with flow	771	3.81	$195.91	$117.29	$39.18
78205	S	Liver imaging (3D)	781	5.43	$279.21	$155.04	$55.84
78215	S	Liver and spleen imaging	771	3.81	$195.91	$117.29	$39.18
78216	S	Liver & spleen image, flow	771	3.81	$195.91	$117.29	$39.18
78220	S	Liver function study	772	4.26	$219.05	$128.37	$43.81
78223	S	Hepatobiliary imaging	772	4.26	$219.05	$128.37	$43.81
78230	S	Salivary gland imaging	771	3.81	$195.91	$117.29	$39.18
78231	S	Serial salivary imaging	771	3.81	$195.91	$117.29	$39.18
78232	S	Salivary gland function exam	772	4.26	$219.05	$128.37	$43.81
78258	S	Esophageal motility study	772	4.26	$219.05	$128.37	$43.81
78261	S	Gastric mucosa imaging	771	3.81	$195.91	$117.29	$39.18
78262	S	Gastroesophageal reflux exam	772	4.26	$219.05	$128.37	$43.81
78264	S	Gastric emptying study	772	4.26	$219.05	$128.37	$43.81
78270	S	Vit B-12 absorption exam	761	1.80	$92.56	$54.01	$18.51
78271	S	Vit B-12 absorp exam, IF	761	1.80	$92.56	$54.01	$18.51
78272	S	Vit B-12 absorp, combined	761	1.80	$92.56	$54.01	$18.51
78278	S	Acute GI blood loss imaging	772	4.26	$219.05	$128.37	$43.81
78282	S	GI protein loss exam	761	1.80	$92.56	$54.01	$18.51
78290	S	Meckel's divert exam	771	3.81	$195.91	$117.29	$39.18
78291	S	Leveen/shunt patency exam	772	4.26	$219.05	$128.37	$43.81
78299	S	GI nuclear procedure	761	1.80	$92.56	$54.01	$18.51
78300	S	Bone imaging, limited area	771	3.81	$195.91	$117.29	$39.18
78305	S	Bone imaging, multiple areas	771	3.81	$195.91	$117.29	$39.18
78306	S	Bone imaging, whole body	771	3.81	$195.91	$117.29	$39.18
78315	S	Bone imaging, 3 phase	772	4.26	$219.05	$128.37	$43.81
78320	S	Bone imaging (3D)	781	5.43	$279.21	$155.04	$55.84
78350	X	Bone mineral, single photon	700	0.80	$41.14	$22.37	$8.23
78351	E	Bone mineral, dual photon	.....	.....	.....	.....	.....
78399	S	Musculoskeletal nuclear exam	771	3.81	$195.91	$117.29	$39.18
78414	S	Non-imaging heart function	762	2.02	$103.87	$55.82	$20.77
78428	S	Cardiac shunt imaging	771	3.81	$195.91	$117.29	$39.18
78445	S	Vascular flow imaging	771	3.81	$195.91	$117.29	$39.18
78455	S	Venous thrombosis study	762	2.02	$103.87	$55.82	$20.77
78457	S	Venous thrombosis imaging	771	3.81	$195.91	$117.29	$39.18
78458	S	Ven thrombosis images, bilat	771	3.81	$195.91	$117.29	$39.18
78459	S	Heart muscle imaging (PET)	760	14.89	$765.64	$419.46	$153.13
78460	S	Heart muscle blood single	771	3.81	$195.91	$117.29	$39.18
78461	S	Heart muscle blood multiple	772	4.26	$219.05	$128.37	$43.81
78464	S	Heart image (3D) single	781	5.43	$279.21	$155.04	$55.84
78465	S	Heart image (3D) multiple	782	9.00	$462.78	$267.13	$92.56
78466	S	Heart infarct image	771	3.81	$195.91	$117.29	$39.18
78468	S	Heart infarct image, EF	772	4.26	$219.05	$128.37	$43.81
78469	S	Heart infarct image (3D)	781	5.43	$279.21	$155.04	$55.84
78472	S	Gated heart, planar single	772	4.26	$219.05	$128.37	$43.81
78473	S	Gated heart, multiple	772	4.26	$219.05	$128.37	$43.81
78478	S	Heart wall motion add-on	771	3.81	$195.91	$117.29	$39.18
78480	S	Heart function add-on	771	3.81	$195.91	$117.29	$39.18
78481	S	Heart first pass single	771	3.81	$195.91	$117.29	$39.18
78483	S	Heart first pass multiple	772	4.26	$219.05	$128.37	$43.81
78491	E	Heart image (pet) single	.....	.....	.....	.....	.....
78492	E	Heart image (pet) multiple	.....	.....	.....	.....	.....
78499	S	Cardiovascular nuclear exam	762	2.02	$103.87	$55.82	$20.77
78580	S	Lung perfusion imaging	771	3.81	$195.91	$117.29	$39.18
78584	S	Lung V/Q image single breath	772	4.26	$219.05	$128.37	$43.81
78585	S	Lung V/Q imaging	772	4.26	$219.05	$128.37	$43.81
78586	S	Aerosol lung image, single	771	3.81	$195.91	$117.29	$39.18
78587	S	Aerosol lung image, multiple	771	3.81	$195.91	$117.29	$39.18
78591	S	Vent image, 1 breath, 1 proj	771	3.81	$195.91	$117.29	$39.18
78593	S	Vent image, 1 proj, gas	771	3.81	$195.91	$117.29	$39.18
78594	S	Vent image, mult proj, gas	772	4.26	$219.05	$128.37	$43.81
78596	S	Lung differential function	772	4.26	$219.05	$128.37	$43.81
78599	S	Respiratory nuclear exam	771	3.81	$195.91	$117.29	$39.18
78600	S	Brain imaging, ltd static	771	3.81	$195.91	$117.29	$39.18

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
78601	S	Brain ltd imaging & flow	771	3.81	$195.91	$117.29	$39.18
78605	S	Brain imaging, complete	771	3.81	$195.91	$117.29	$39.18
78606	S	Brain imaging comp & flow	772	4.26	$219.05	$128.37	$43.81
78607	S	Brain imaging (3D)	781	5.43	$279.21	$155.04	$55.84
78608	S	Brain imaging (PET)	760	14.89	$765.64	$419.46	$153.13
78609	S	Brain imaging (PET)	760	14.89	$765.64	$419.46	$153.13
78610	S	Brain flow imaging only	771	3.81	$195.91	$117.29	$39.18
78615	S	Cerebral blood flow imaging	772	4.26	$219.05	$128.37	$43.81
78630	S	Cerebrospinal fluid scan	772	4.26	$219.05	$128.37	$43.81
78635	S	CSF ventriculography	772	4.26	$219.05	$128.37	$43.81
78645	S	CSF shunt evaluation	772	4.26	$219.05	$128.37	$43.81
78647	S	Cerebrospinal fluid scan	781	5.43	$279.21	$155.04	$55.84
78650	S	CSF leakage imaging	772	4.26	$219.05	$128.37	$43.81
78660	S	Nuclear exam of tear flow	771	3.81	$195.91	$117.29	$39.18
78699	S	Nervous system nuclear exam	771	3.81	$195.91	$117.29	$39.18
78700	S	Kidney imaging, static	771	3.81	$195.91	$117.29	$39.18
78701	S	Kidney imaging with flow	771	3.81	$195.91	$117.29	$39.18
78704	S	Imaging renogram	771	3.81	$195.91	$117.29	$39.18
78707	S	Kidney flow & function image	771	3.81	$195.91	$117.29	$39.18
78708	S	Kidney flow & function image	772	4.26	$219.05	$128.37	$43.81
78709	S	Kidney flow & function image	772	4.26	$219.05	$128.37	$43.81
78710	S	Kidney imaging (3D)	781	5.43	$279.21	$155.04	$55.84
78715	S	Renal vascular flow exam	771	3.81	$195.91	$117.29	$39.18
78725	S	Kidney function study	761	1.80	$92.56	$54.01	$18.51
78730	S	Urinary bladder retention	771	3.81	$195.91	$117.29	$39.18
78740	S	Ureteral reflux study	772	4.26	$219.05	$128.37	$43.81
78760	S	Testicular imaging	771	3.81	$195.91	$117.29	$39.18
78761	S	Testicular imaging & flow	771	3.81	$195.91	$117.29	$39.18
78799	S	Genitourinary nuclear exam	771	3.81	$195.91	$117.29	$39.18
78800	S	Tumor imaging, limited area	772	4.26	$219.05	$128.37	$43.81
78801	S	Tumor imaging, mult areas	772	4.26	$219.05	$128.37	$43.81
78802	S	Tumor imaging, whole body	772	4.26	$219.05	$128.37	$43.81
78803	S	Tumor imaging (3D)	782	9.00	$462.78	$267.13	$92.56
78805	S	Abscess imaging, ltd area	772	4.26	$219.05	$128.37	$43.81
78806	S	Abscess imaging, whole body	772	4.26	$219.05	$128.37	$43.81
78807	S	Nuclear localization/abscess	782	9.00	$462.78	$267.13	$92.56
78810	S	Tumor imaging (PET)	760	14.89	$765.64	$419.46	$153.13
78890	N	Nuclear medicine data proc					
78891	N	Nuclear med data proc					
78990	N	Provide diag radionuclide(s)					
78999	S	Nuclear diagnostic exam	761	1.80	$92.56	$54.01	$18.51
79000	S	Intial hyperthyroid therapy	792	4.81	$247.33	$143.06	$49.47
79001	S	Repeat hyperthyroid therapy	791	14.74	$757.93	$539.91	$151.59
79020	S	Thyroid ablation	792	4.81	$247.33	$143.06	$49.47
79030	S	Thyroid ablation, carcinoma	792	4.81	$247.33	$143.06	$49.47
79035	S	Thyroid metastatic therapy	792	4.81	$247.33	$143.06	$49.47
79100	S	Hematopoetic nuclear therapy	791	14.74	$757.93	$539.91	$151.59
79200	S	Intracavitary nuc treatment	792	4.81	$247.33	$143.06	$49.47
79300	S	Interstitial nuclear therapy	791	14.74	$757.93	$539.91	$151.59
79400	S	Nonhemato nuclear therapy	791	14.74	$757.93	$539.91	$151.59
79420	S	Intravascular nuc therapy	791	14.74	$757.93	$539.91	$151.59
79440	S	Nuclear joint therapy	791	14.74	$757.93	$539.91	$151.59
79900	N	Provide ther radiopharm(s)					
79999	S	Nuclear medicine therapy	791	14.74	$757.93	$539.91	$151.59
80049	A	Metabolic panel, basic					
80050	A	General health panel					
80051	A	Electrolyte panel					
80054	A	Comprehen metabolic panel					
80055	A	Obstetric panel					
80058	A	Hepatic function panel					
80059	A	Hepatitis panel					
80061	A	Lipid panel					
80072	A	Arthritis panel					
80090	A	Torch antibody panel					
80091	A	Thyroid panel					
80092	A	Thyroid panel w/TSH					
80100	A	Drug screen					
80101	A	Drug screen					
80102	A	Drug confirmation					
80103	N	Drug analysis, tissue prep					
80150	A	Assay of amikacin					
80152	A	Assay of amitriptyline					
80154	A	Assay of benzodiazepines					
80156	A	Assay carbamazepine					
80158	A	Assay of cyclosporine					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
80160	A	Assay of desipramine					
80162	A	Assay for digoxin					
80164	A	Assay, dipropylacetic acid					
80166	A	Assay of doxepin					
80168	A	Assay of ethosuximide					
80170	A	Gentamicin					
80172	A	Assay for gold					
80174	A	Assay of imipramine					
80176	A	Assay for lidocaine					
80178	A	Assay for lithium					
80182	A	Assay for nortriptyline					
80184	A	Assay for phenobarbital					
80185	A	Assay for phenytoin					
80186	A	Assay for phenytoin, free					
80188	A	Assay for primidone					
80190	A	Assay for procainamide					
80192	A	Assay for procainamide					
80194	A	Assay for quinidine					
80196	A	Assay for salicylate					
80197	A	Assay for tacrolimus					
80198	A	Assay for theophylline					
80200	A	Assay for tobramycin					
80201	A	Assay for topiramate					
80202	A	Assay for vancomycin					
80299	A	Quantitative assay, drug					
80400	A	Acth stimulation panel					
80402	A	Acth stimulation panel					
80406	A	Acth stimulation panel					
80408	A	Aldosterone suppression eval					
80410	A	Calcitonin stimul panel					
80412	A	CRH stimulation panel					
80414	A	Testosterone response					
80415	A	Estradiol response panel					
80416	A	Renin stimulation panel					
80417	A	Renin stimulation panel					
80418	A	Pituitary evaluation panel					
80420	A	Dexamethasone panel					
80422	A	Glucagon tolerance panel					
80424	A	Glucagon tolerance panel					
80426	A	Gonadotropin hormone panel					
80428	A	Growth hormone panel					
80430	A	Growth hormone panel					
80432	A	Insulin suppression panel					
80434	A	Insulin tolerance panel					
80435	A	Insulin tolerance panel					
80436	A	Metyrapone panel					
80438	A	TRH stimulation panel					
80439	A	TRH stimulation panel					
80440	A	TRH stimulation panel					
80500	X	Lab pathology consultation	882	0.39	$20.05	$11.75	$4.01
80502	X	Lab pathology consultation	882	0.39	$20.05	$11.75	$4.01
81000	A	Urinalysis, nonauto, w/scope					
81001	A	Urinalysis, auto, w/scope					
81002	A	Urinalysis nonauto w/o scope					
81003	A	Urinalysis, auto, w/o scope					
81005	A	Urinalysis					
81007	A	Urine screen for bacteria					
81015	A	Microscopic exam of urine					
81020	A	Urinalysis, glass test					
81025	A	Urine pregnancy test					
81050	A	Urinalysis, volume measure					
81099	A	Urinalysis test procedure					
82000	A	Assay blood acetaldehyde					
82003	A	Assay acetaminophen					
82009	A	Test for acetone/ketones					
82010	A	Acetone assay					
82013	A	Acetylcholinesterase assay					
82024	A	ACTH					
82030	A	ADP & AMP					
82040	A	Assay serum albumin					
82042	A	Assay urine albumin					
82043	A	Microalbumin, quantitative					
82044	A	Microalbumin, semiquant					
82055	A	Assay ethanol					
82075	A	Assay breath ethanol					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
82085	A	Assay of aldolase					
82088	A	Aldosterone					
82101	A	Assay of urine alkaloids					
82103	A	Alpha-1-antitrypsin, total					
82104	A	Alpha-1-antitrypsin, pheno					
82105	A	Alpha-fetoprotein, serum					
82106	A	Alpha-fetoprotein; amniotic					
82108	A	Assay, aluminum					
82128	A	Amino acids, mult qual					
[2]82130	A	Amino acids analysis					
82131	A	Amino acids, single quant					
82135	A	Assay, aminolevulinic acid					
82140	A	Assay of ammonia					
82143	A	Amniotic fluid scan					
82145	A	Assay of amphetamines					
82150	A	Assay of amylase					
82154	A	Androstanediol glucuronide					
82157	A	Assay of androstenedione					
82160	A	Androsterone assay					
82163	A	Assay of angiotensin II					
82164	A	Angiotensin I enzyme test					
82172	A	Apolipoprotein					
82175	A	Assay of arsenic					
82180	A	Assay of ascorbic acid					
82190	A	Atomic absorption					
82205	A	Assay of barbiturates					
82232	A	Beta-2 protein					
82239	A	Bile acids, total					
82240	A	Bile acids, cholylglycine					
[2]82250	A	Assay bilirubin					
82251	A	Assay bilirubin					
82252	A	Fecal bilirubin test					
82270	A	Test feces for blood					
82273	A	Test for blood, other source					
82286	A	Assay of bradykinin					
82300	A	Assay cadmium					
82306	A	Assay of vitamin D					
82307	A	Assay of vitamin D					
82308	A	Assay of calcitonin					
82310	A	Assay calcium					
82330	A	Assay calcium					
82331	A	Calcium infusion test					
82340	A	Assay calcium in urine					
82355	A	Calculus (stone) analysis					
82360	A	Calculus (stone) assay					
82365	A	Calculus (stone) assay					
82370	A	X-ray assay,calculus (stone)					
82374	A	Assay blood carbon dioxide					
82375	A	Assay blood carbon monoxide					
82376	A	Test for carbon monoxide					
82378	A	Carcinoembryonic antigen					
82380	A	Assay carotene					
82382	A	Assay urine catecholamines					
82383	A	Assay blood catecholamines					
82384	A	Assay three catecholamines					
82387	A	Cathepsin-D					
82390	A	Assay ceruloplasmin					
82397	A	Chemiluminescent assay					
82415	A	Assay chloramphenicol					
82435	A	Assay blood chloride					
82436	A	Assay urine chloride					
82438	A	Assay other fluid chlorides					
82441	A	Test for chlorohydrocarbons					
82465	A	Assay serum cholesterol					
82480	A	Assay serum cholinesterase					
82482	A	Assay rbc cholinesterase					
82485	A	Assay chondroitin sulfate					
82486	A	Gas/liquid chromatography					
82487	A	Paper chromatography					
82488	A	Paper chromatography					
82489	A	Thin layer chromatography					
82491	A	Chromotography, quantitative					
82495	A	Assay chromium					
82507	A	Assay citrate					
82520	A	Assay for cocaine					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
82523	A	Collagen crosslinks					
82525	A	Assay copper					
82528	A	Assay corticosterone					
82530	A	Cortisol, free					
82533	A	Total cortisol					
82540	A	Assay creatine					
82550	A	Assay CK (CPK)					
82552	A	Assay CPK in blood					
82553	A	Creatine, MB fraction					
82554	A	Creatine, isoforms					
82565	A	Assay creatinine					
82570	A	Assay urine creatinine					
82575	A	Creatinine clearance test					
82585	A	Assay cryofibrinogen					
82595	A	Assay cryoglobulin					
82600	A	Assay cyanide					
82607	A	Vitamin B-12					
82608	A	B-12 binding capacity					
82615	A	Test for urine cystines					
82626	A	Dehydroepiandrosterone					
82627	A	Dehydroepiandrosterone					
82633	A	Desoxycorticosterone					
82634	A	Deoxycortisol					
82638	A	Assay dibucaine number					
82646	A	Assay of dihydrocodeinone					
82649	A	Assay of dihydromorphinone					
82651	A	Dihydrotestosterone assay					
82652	A	Assay, dihydroxyvitamin D					
82654	A	Assay of dimethadione					
82664	A	Electrophoretic test					
82666	A	Epiandrosterone assay					
82668	A	Erythropoietin					
82670	A	Estradiol					
82671	A	Estrogens assay					
82672	A	Estrogen assay					
82677	A	Estriol					
82679	A	Estrone					
82690	A	Ethchlorvynol					
82693	A	Ethylene glycol					
82696	A	Etiocholanolone					
82705	A	Fats/lipids,feces,qualitativ					
82710	A	Fats/lipids,feces,quantitati					
82715	A	Fecal fat assay					
82725	A	Assay blood fatty acids					
82728	A	Assay ferritin					
82735	A	Assay fluoride					
82742	A	Assay of flurazepam					
82746	A	Blood folic acid serum					
82747	A	Folic acid, RBC					
82757	A	Assay semen fructose					
82759	A	RBC galactokinase assay					
82760	A	Assay galactose					
82775	A	Assay galactose transferase					
82776	A	Galactose transferase test					
82784	A	Assay gammaglobulin IgM					
82785	A	Assay, gammaglobulin IgE					
82787	A	IgG1, 2, 3 and 4					
82800	A	Blood pH					
82803	A	Blood gases: pH, pO2 & pCO2					
82805	A	Blood gases W/02 saturation					
82810	A	Blood gases, O2 sat only					
82820	A	Hemoglobin-oxygen affinity					
82926	A	Assay gastric acid					
82928	A	Assay gastric acid					
82938	A	Gastrin test					
82941	A	Assay of gastrin					
82943	A	Assay of glucagon					
82946	A	Glucagon tolerance test					
82947	A	Assay quantitative, glucose					
82948	A	Reagent strip/blood glucose					
82950	A	Glucose test					
82951	A	Glucose tolerance test (GTT)					
82952	A	GTT-added samples					
82953	A	Glucose-tolbutamide test					
82955	A	Assay G6PD enzyme					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
82960	A	Test for G6PD enzyme					
82962	A	Glucose blood test					
82963	A	Glucosidase assay					
82965	A	Assay GDH enzyme					
82975	A	Assay glutamine					
82977	A	Assay of GGT					
82978	A	Glutathione assay					
82979	A	Assay RBC glutathione enzyme					
82980	A	Assay of glutethimide					
82985	A	Glycated protein					
83001	A	Gonadotropin (FSH)					
83002	A	Gonadotropin (LH)					
83003	A	Assay growth hormone (HGH)					
83008	A	Assay guanosine					
83010	A	Quant assay haptoglobin					
83012	A	Assay haptoglobins					
83015	A	Heavy metal screen					
83018	A	Quantitative screen, metals					
[2] 83019	A	Breath isotope test					
83020	A	Hemoglobin electrophoresis					
83026	A	Hemoglobin, copper sulfate					
83030	A	Fetal hemoglobin assay					
83033	A	Fetal fecal hemoglobin assay					
83036	A	Glycated hemoglobin test					
83045	A	Blood methemoglobin test					
83050	A	Blood methemoglobin assay					
83051	A	Assay plasma hemoglobin					
83055	A	Blood sulfhemoglobin test					
83060	A	Blood sulfhemoglobin assay					
83065	A	Hemoglobin heat assay					
83068	A	Hemoglobin stability screen					
83069	A	Assay urine hemoglobin					
83070	A	Qualt assay hemosiderin					
83071	A	Quant assay of hemosiderin					
83088	A	Assay histamine					
83150	A	Assay for HVA					
83491	A	Assay of corticosteroids					
83497	A	Assay 5-HIAA					
83498	A	Assay of progesterone					
83499	A	Assay of progesterone					
83500	A	Assay free hydroxyproline					
83505	A	Assay total hydroxyproline					
83516	A	Immunoassay, non antibody					
83518	A	Immunoassay, dipstick					
83519	A	Immunoassay nonantibody					
83520	A	Immunoassay, RIA					
83525	A	Assay of insulin					
83527	A	Assay of insulin					
83528	A	Assay intrinsic factor					
83540	A	Assay iron					
83550	A	Iron binding test					
83570	A	Assay IDH enzyme					
83582	A	Assay ketogenic steroids					
83586	A	Assay 17-(17-KS)ketosteroids					
83593	A	Fractionation ketosteroids					
83605	A	Lactic acid assay					
83615	A	Lactate (LD) (LDH) enzyme					
83625	A	Assay LDH enzymes					
83632	A	Placental lactogen					
83633	A	Test urine for lactose					
83634	A	Assay urine for lactose					
83655	A	Assay for lead					
83661	A	Assay L/S ratio					
83662	A	L/S ratio, foam stability					
83670	A	Assay LAP enzyme					
83690	A	Assay lipase					
83715	A	Assay blood lipoproteins					
[2] 83717	A	Assay blood lipoproteins					
83718	A	Blood lipoprotein assay					
83719	A	Blood lipoprotein assay					
83721	A	Blood lipoprotein assay					
83727	A	LRH hormone assay					
83735	A	Assay magnesium					
83775	A	Assay of md enzyme					
83785	A	Assay of manganese					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
83805	A	Assay of meprobamate					
83825	A	Assay mercury					
83835	A	Assay metanephrines					
83840	A	Assay methadone					
83857	A	Assay methemalbumin					
83858	A	Assay methsuximide					
83864	A	Mucopolysaccharides					
83866	A	Mucopolysaccharides screen					
83872	A	Assay synovial fluid mucin					
83873	A	Assay, CSF protein					
83874	A	Myoglobin					
83883	A	Nephelometry, not specified					
83885	A	Assay for nickel					
83887	A	Assay nicotine					
83890	A	Molecule isolate					
83892	A	Molecular diagnostics					
83894	A	Molecule gel electrophor					
83896	A	Molecular diagnostics					
83898	A	Molecule nucleic amp					
83902	A	Molecular diagnostics					
83912	A	Genetic examination					
83915	A	Assay nucleotidase					
83916	A	Oligoclonal bands					
83918	A	Assay organic acids quant					
83925	A	Opiates					
83930	A	Assay blood osmolality					
83935	A	Assay urine osmolality					
83937	A	Assay for osteocalcin					
83945	A	Assay oxalate					
83970	A	Assay of parathormone					
83986	A	Assay body fluid acidity					
83992	A	Assay for phencyclidine					
84022	A	Assay of phenothiazine					
84030	A	Assay blood PKU					
84035	A	Assay phenylketones					
84060	A	Assay acid phosphatase					
84061	A	Phosphatase, forensic exam					
84066	A	Assay prostate phosphatase					
84075	A	Assay alkaline phosphatase					
84078	A	Assay alkaline phosphatase					
84080	A	Assay alkaline phosphatases					
84081	A	Amniotic fluid enzyme test					
84085	A	Assay RBC PG6D enzyme					
84087	A	Assay phosphohexose enzymes					
84100	A	Assay phosphorus					
84105	A	Assay urine phosphorus					
84106	A	Test for porphobilinogen					
84110	A	Assay porphobilinogen					
84119	A	Test urine for porphyrins					
84120	A	Assay urine porphyrins					
84126	A	Assay feces porphyrins					
84127	A	Porphyrins, feces					
84132	A	Assay serum potassium					
84133	A	Assay urine potassium					
84134	A	Prealbumin					
84135	A	Assay pregnanediol					
84138	A	Assay pregnanetriol					
84140	A	Assay for pregnenolone					
84143	A	Assay/17-hydroxypregnenolone					
84144	A	Assay progesterone					
84146	A	Assay for prolactin					
84150	A	Assay of prostaglandin					
84153	A	Psa total					
84155	A	Assay protein					
84160	A	Assay serum protein					
84165	A	Assay serum proteins					
84181	A	Western blot test					
84182	A	Protein, western blot test					
84202	A	Assay RBC protoporphyrin					
84203	A	Test RBC protoporphyrin					
84206	A	Assay of proinsulin					
84207	A	Assay vitamin B-6					
84210	A	Assay pyruvate					
84220	A	Assay pyruvate kinase					
84228	A	Assay quinine					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
84233	A	Assay estrogen					
84234	A	Assay progesterone					
84235	A	Assay endocrine hormone					
84238	A	Assay non-endocrine receptor					
84244	A	Assay of renin					
84252	A	Assay vitamin B-2					
84255	A	Assay selenium					
84260	A	Assay serotonin					
84270	A	Sex hormone globulin (SHBG)					
84275	A	Assay sialic acid					
84285	A	Assay silica					
84295	A	Assay serum sodium					
84300	A	Assay urine sodium					
84305	A	Somatomedin					
84307	A	Somatostatin					
84311	A	Spectrophotometry					
84315	A	Body fluid specific gravity					
84375	A	Chromatogram assay, sugars					
84392	A	Assay urine sulfate					
84402	A	Testosterone					
84403	A	Assay total testosterone					
84425	A	Assay vitamin B-1					
84430	A	Assay thiocyanate					
84432	A	Thyroglobulin					
84436	A	Assay, total thyroxine					
84437	A	Assay neonatal thyroxine					
84439	A	Assay, free thyroxine					
84442	A	Thyroid activity (TBG) assay					
84443	A	Assay thyroid stim hormone					
84445	A	Thyroid immunoglobulins TSI					
84446	A	Assay vitamin E					
84449	A	Assay for transcortin					
84450	A	Transferase (AST) (SGOT)					
84460	A	Alanine amino (ALT) (SGPT)					
84466	A	Transferrin					
84478	A	Assay triglycerides					
84479	A	Assay thyroid (t-3 or t-4)					
84480	A	Assay triiodothyronine (t-3)					
84481	A	Free assay (FT-3)					
84482	A	T3 reverse					
84484	A	Troponin, quant					
84485	A	Assay duodenal fluid trypsin					
84488	A	Test feces for trypsin					
84490	A	Assay feces for trypsin					
84510	A	Assay tyrosine					
84512	A	Troponin, qual					
84520	A	Assay urea nitrogen					
84525	A	Urea nitrogen semi-quant					
84540	A	Assay urine urea-N					
84545	A	Urea-N clearance test					
84550	A	Assay blood uric acid					
84560	A	Assay urine uric acid					
84577	A	Assay feces urobilinogen					
84578	A	Test urine urobilinogen					
84580	A	Assay urine urobilinogen					
84583	A	Assay urine urobilinogen					
84585	A	Assay urine VMA					
84586	A	VIP assay					
84588	A	Assay vasopressin					
84590	A	Assay vitamin-A					
84597	A	Assay vitamin-K					
84600	A	Assay for volatiles					
84620	A	Xylose tolerance test					
84630	A	Assay zinc					
84681	A	Assay C-peptide					
84702	A	Chorionic gonadotropin test					
84703	A	Chorionic gonadotropin assay					
84830	A	Ovulation tests					
84999	A	Clinical chemistry test					
85002	A	Bleeding time test					
85007	A	Differential WBC count					
85008	A	Nondifferential WBC count					
85009	A	Differential WBC count					
85013	A	Hematocrit					
85014	A	Hematocrit					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
85018	A	Hemoglobin					
85021	A	Automated hemogram					
85022	A	Automated hemogram					
85023	A	Automated hemogram					
85024	A	Automated hemogram					
85025	A	Automated hemogram					
85027	A	Automated hemogram					
[2]85029	A	Automated hemogram					
[2]85030	A	Automated hemogram					
85031	A	Manual hemogram,complete cbc					
85041	A	Red blood cell (RBC) count					
85044	A	Reticulocyte count					
85045	A	Reticulocyte count					
85048	A	White blood cell (WBC) count					
85060	X	Blood smear interpretation	882	0.39	$20.05	$11.75	$4.01
85095	S	Bone marrow aspiration	121	0.63	$32.39	$21.02	$6.48
85097	X	Bone marrow interpretation	882	0.39	$20.05	$11.75	$4.01
85102	S	Bone marrow biopsy	121	0.63	$32.39	$21.02	$6.48
85130	A	Chromogenic substrate assay					
85170	A	Blood clot retraction					
85175	A	Blood clot lysis time					
85210	A	Blood clot factor II test					
85220	A	Blood clot factor V test					
85230	A	Blood clot factor VII test					
85240	A	Blood clot factor VIII test					
85244	A	Blood clot factor VIII test					
85245	A	Blood clot factor VIII test					
85246	A	Blood clot factor VIII test					
85247	A	Blood clot factor VIII test					
85250	A	Blood clot factor IX test					
85260	A	Blood clot factor X test					
85270	A	Blood clot factor XI test					
85280	A	Blood clot factor XII test					
85290	A	Blood clot factor XIII test					
85291	A	Blood clot factor XIII test					
85292	A	Blood clot factor assay					
85293	A	Blood clot factor assay					
85300	A	Antithrombin III test					
85301	A	Antithrombin III test					
85302	A	Blood clot inhibitor antigen					
85303	A	Blood clot inhibitor test					
85305	A	Blood clot inhibitor assay					
85306	A	Blood clot inhibitor test					
85335	A	Factor inhibitor test					
85337	A	Thrombomodulin					
85345	A	Coagulation time					
85347	A	Coagulation time					
85348	A	Coagulation time					
85360	A	Euglobulin lysis					
85362	A	Fibrin degradation products					
85366	A	Fibrinogen test					
85370	A	Fibrinogen test					
85378	A	Fibrin degradation					
85379	A	Fibrin degradation					
85384	A	Fibrinogen					
85385	A	Fibrinogen					
85390	A	Fibrinolysins screen					
85400	A	Fibrinolytic plasmin					
85410	A	Fibrinolytic antiplasmin					
85415	A	Fibrinolytic plasminogen					
85420	A	Fibrinolytic plasminogen					
85421	A	Fibrinolytic plasminogen					
85441	A	Heinz bodies; direct					
85445	A	Heinz bodies; induced					
85460	A	Hemoglobin, fetal					
85461	A	Hemoglobin, fetal					
85475	A	Hemolysin					
85520	A	Heparin assay					
85525	A	Heparin					
85530	A	Heparin-protamine tolerance					
85535	A	Iron stain, blood cells					
85540	A	Wbc alkaline phosphatase					
85547	A	RBC mechanical fragility					
85549	A	Muramidase					
85555	A	RBC osmotic fragility					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
85557	A	RBC osmotic fragility					
85576	A	Blood platelet aggregation					
85585	A	Blood platelet estimation					
85590	A	Platelet manual count					
85595	A	Platelet count, automated					
85597	A	Platelet neutralization					
85610	A	Prothrombin time					
85611	A	Prothrombin test					
85612	A	Viper venom prothrombin time					
85613	A	Russell viper venom, diluted					
85635	A	Reptilase test					
85651	A	Rbc sed rate, nonauto					
85652	A	Rbc sed rate, auto					
85660	A	RBC sickle cell test					
85670	A	Thrombin time, plasma					
85675	A	Thrombin time, titer					
85705	A	Thromboplastin inhibition					
85730	A	Thromboplastin time, partial					
85732	A	Thromboplastin time, partial					
85810	A	Blood viscosity examination					
85999	A	Hematology procedure					
86000	A	Agglutinins; febrile					
86003	A	Allergen specific IgE					
86005	A	Allergen specific IgE					
86021	A	WBC antibody identification					
86022	A	Platelet antibodies					
86023	A	Immunoglobulin assay					
86038	A	Antinuclear antibodies					
86039	A	Antinuclear antibodies (ANA)					
86060	A	Antistreptolysin O titer					
86063	A	Antistreptolysin O screen					
86077	X	Physician blood bank service	882	0.39	$20.05	$11.75	$4.01
86078	X	Physician blood bank service	882	0.39	$20.05	$11.75	$4.01
86079	X	Physician blood bank service	882	0.39	$20.05	$11.75	$4.01
86140	A	C-reactive protein					
86147	A	Cardiolipin antibody					
86148	A	Phospholipid antibody					
86155	A	Chemotaxis assay					
86156	A	Cold agglutinin screen					
86157	A	Cold agglutinin, titer					
86160	A	Complement, antigen					
86161	A	Complement/function activity					
86162	A	Complement, total (CH50)					
86171	A	Complement fixation, each					
86185	A	Counterimmunoelectrophoresis					
86215	A	Deoxyribonuclease, antibody					
86225	A	DNA antibody					
86226	A	DNA antibody, single strand					
86235	A	Nuclear antigen antibody					
86243	A	Fc receptor					
86255	A	Fluorescent antibody; screen					
86256	A	Fluorescent antibody; titer					
86277	A	Growth hormone antibody					
86280	A	Hemagglutination inhibition					
86308	A	Heterophile antibodies					
86309	A	Heterophile antibodies					
86310	A	Heterophile antibodies					
86316	A	Immunoassay, tumor antigen					
86317	A	Immunoassay, infectious agent					
86318	A	Immunoassay, infectious agent					
86320	A	Serum immunoelectrophoresis					
86325	A	Other immunoelectrophoresis					
86327	A	Immunoelectrophoresis assay					
86329	A	Immunodiffusion					
86331	A	Immunodiffusion ouchterlony					
86332	A	Immune complex assay					
86334	A	Immunofixation procedure					
86337	A	Insulin antibodies					
86340	A	Intrinsic factor antibody					
86341	A	Islet cell antibody					
86343	A	Leukocyte histamine release					
86344	A	Leukocyte phagocytosis					
86353	A	Lymphocyte transformation					
86359	A	T cells, total count					
86360	A	T cell absolute count/ratio					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
86361	A	T cell absolute count					
86376	A	Microsomal antibody					
86378	A	Migration inhibitory factor					
86382	A	Neutralization test, viral					
86384	A	Nitroblue tetrazolium dye					
86403	A	Particle agglutination test					
86406	A	Particle agglutination test					
86430	A	Rheumatoid factor test					
86431	A	Rheumatoid factor, quant					
86485	X	Skin test, candida	861	0.13	$6.68	$3.62	$1.34
86490	X	Coccidioidomycosis skin test	861	0.13	$6.68	$3.62	$1.34
86510	X	Histoplasmosis skin test	861	0.13	$6.68	$3.62	$1.34
86580	X	TB intradermal test	861	0.13	$6.68	$3.62	$1.34
86585	X	TB tine test	861	0.13	$6.68	$3.62	$1.34
86586	X	Skin test, unlisted	861	0.13	$6.68	$3.62	$1.34
86588	A	Streptocollus, direct screen					
86590	A	Streptokinase, antibody					
86592	A	Blood serology, qualitative					
86593	A	Blood serology, quantitative					
86602	A	Antinomyces antibody					
86603	A	Adenovirus, antibody					
86606	A	Aspergillus antibody					
86609	A	Bacterium, antibody					
86612	A	Blastomyces, antibody					
86615	A	Bordetella antibody					
86617	A	Lyme disease antibody					
86618	A	Lyme disease antibody					
86619	A	Borrelia antibody					
86622	A	Brucella, antibody					
86625	A	Campylobacter, antibody					
86628	A	Candida, antibody					
86631	A	Chlamydia, antibody					
86632	A	Chlamydia, IgM, antibody					
86635	A	Coccidioides, antibody					
86638	A	Q fever antibody					
86641	A	Cryptococcus antibody					
86644	A	CMV antibody					
86645	A	CMV antibody, IgM					
86648	A	Diphtheria antibody					
86651	A	Encephalitis antibody					
86652	A	Encephalitis antibody					
86653	A	Encephalitis, antibody					
86654	A	Encephalitis, antibody					
86658	A	Enterovirus, antibody					
86663	A	Epstein-barr antibody					
86664	A	Epstein-barr antibody					
86665	A	Epstein-barr, antibody					
86668	A	Francisella tularensis					
86671	A	Fungus, antibody					
86674	A	Giardia lamblia					
86677	A	Helicobacter pylori					
86682	A	Helminth, antibody					
86684	A	Hemophilus influenza					
86687	A	HTLV I					
86688	A	HTLV-II					
86689	A	HTLV/HIV confirmatory test					
86692	A	Hepatitis, delta agent					
86694	A	Herpes simplex test					
86695	A	Herpes simplex test					
86698	A	Histoplasma					
86701	A	HIV-1					
86702	A	HIV-2					
86703	A	HIV-1/HIV-2, single assay					
86704	A	Hep b core ab test, igg & m					
86705	A	Hep b core ab test, igm					
86706	A	Hepatitis b surface ab test					
86707	A	Hepatitis be ab test					
86708	A	Hep a ab test, igg & m					
86709	A	Hep a ab test, igm					
86710	A	Influenza virus					
86713	A	Legionella					
86717	A	Leishmania					
86720	A	Leptospira					
86723	A	Listeria monocytogenes					
86727	A	Lymph choriomeningitis					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
86729	A	Lympho venereum					
86732	A	Mucormycosis					
86735	A	Mumps					
86738	A	Mycoplasma					
86741	A	Neisseria meningitidis					
86744	A	Nocardia					
86747	A	Parvovirus					
86750	A	Malaria					
86753	A	Protozoa, not elsewhere					
86756	A	Respiratory virus					
86759	A	Rotavirus					
86762	A	Rubella					
86765	A	Rubeola					
86768	A	Salmonella					
86771	A	Shigella					
86774	A	Tetanus					
86777	A	Toxoplasma					
86778	A	Toxoplasma, IgM					
86781	A	Treponema pallidum confirm					
86784	A	Trichinella					
86787	A	Varicella-zoster					
86790	A	Virus, not specified					
86793	A	Yersinia					
86800	A	Thyroglobulin antibody					
86803	A	Hepatitis c ab test					
86804	A	Hep c ab test, confirm					
86805	A	Lymphocytotoxicity assay					
86806	A	Lymphocytotoxicity assay					
86807	A	Cytotoxic antibody screening					
86808	A	Cytotoxic antibody screening					
86812	A	HLA typing, A, B, or C					
86813	A	HLA typing, A, B, or C					
86816	A	HLA typing, DR/DQ					
86817	A	HLA typing, DR/DQ					
86821	A	Lymphocyte culture, mixed					
86822	A	Lymphocyte culture, primed					
86849	A	Immunology procedure					
86850	A	RBC antibody screen					
86860	A	RBC antibody elution					
86870	A	RBC antibody identification					
86880	A	Coombs test					
86885	A	Coombs test					
86886	A	Coombs test					
86890	A	Autologous blood process					
86891	A	Autologous blood, op salvage					
86900	A	Blood typing, ABO					
86901	A	Blood typing, Rh (D)					
86903	A	Blood typing, antigen screen					
86904	A	Blood typing, patient serum					
86905	A	Blood typing, RBC antigens					
86906	A	Blood typing, Rh phenotype					
86910	E	Blood typing, paternity test					
86911	E	Blood typing, antigen system					
86915	A	Bone marrow					
86920	A	Compatibility test					
86921	A	Compatibility test					
86922	A	Compatibility test					
86927	A	Plasma, fresh frozen					
86930	A	Frozen blood prep					
86931	A	Frozen blood thaw					
86932	A	Frozen blood, freeze/thaw					
86940	A	Hemolysins/agglutinins auto					
86941	A	Hemolysins/agglutinins					
86945	A	Blood product/irradiation					
86950	A	Leukacyte transfusion					
86965	A	Pooling blood platelets					
86970	A	RBC pretreatment					
86971	A	RBC pretreatment					
86972	A	RBC pretreatment					
86975	A	RBC pretreatment, serum					
86976	A	RBC pretreatment, serum					
86977	A	RBC pretreatment, serum					
86978	A	RBC pretreatment, serum					
86985	A	Split blood or products					
86999	A	Transfusion procedure					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
87001	A	Small animal inoculation					
87003	A	Small animal inoculation					
87015	A	Specimen concentration					
87040	A	Blood culture for bacteria					
87045	A	Stool culture for bacteria					
87060	A	Nose/throat culture,bacteria					
87070	A	Culture specimen, bacteria					
87072	A	Culture of specimen by kit					
87075	A	Culture specimen, bacteria					
87076	A	Bacteria identification					
87081	A	Bacteria culture screen					
87082	A	Culture of specimen by kit					
87083	A	Culture of specimen by kit					
87084	A	Culture of specimen by kit					
87085	A	Culture of specimen by kit					
87086	A	Urine culture, colony count					
87087	A	Urine bacteria culture					
87088	A	Urine bacteria culture					
87101	A	Skin fungus culture					
87102	A	Fungus isolation culture					
87103	A	Blood fungus culture					
87106	A	Fungus identification					
87109	A	Mycoplasma culture					
87110	A	Culture, chlamydia					
87116	A	Mycobacteria culture					
87117	A	Mycobacteria culture					
87118	A	Mycobacteria identification					
87140	A	Culture typing, fluorescent					
87143	A	Culture typing, GLC method					
87145	A	Culture typing, phage method					
87147	A	Culture typing, serologic					
87151	A	Culture typing, serologic					
87155	A	Culture typing, precipitin					
87158	A	Culture typing, added method					
87163	A	Special microbiology culture					
87164	A	Dark field examination					
87166	A	Dark field examination					
87174	A	Endotoxin, bacterial					
87175	A	Assay, endotoxin, bacterial					
87176	A	Endotoxin, bacterial					
87177	A	Ova and parasites smears					
87181	A	Antibiotic sensitivity, each					
87184	A	Antibiotic sensitivity, each					
87186	A	Antibiotic sensitivity, MIC					
87187	A	Antibiotic sensitivity, MBC					
87188	A	Antibiotic sensitivity, each					
87190	A	TB antibiotic sensitivity					
87192	A	Antibiotic sensitivity, each					
87197	A	Bactericidal level, serum					
87205	A	Smear, stain & interpret					
87206	A	Smear, stain & interpret					
87207	A	Smear, stain & interpret					
87208	A	Smear, stain & interpret					
87210	A	Smear, stain & interpret					
87211	A	Smear, stain & interpret					
87220	A	Tissue exam for fungi					
87230	A	Assay, toxin or antitoxin					
87250	A	Virus inoculation for test					
87252	A	Virus inoculation for test					
87253	A	Virus inoculation for test					
87260	A	Adenovirus ag, dfa					
87265	A	Pertussis ag, dfa					
87270	A	Chylmd trach ag, dfa					
87272	A	Cryptosporidum ag, dfa					
87274	A	Herpes simplex ag, dfa					
87276	A	Influenza ag, dfa					
87278	A	Legion pneumo ag, dfa					
87280	A	Resp syncytial ag, dfa					
87285	A	Trepon pallidum ag, dfa					
87290	A	Varicella ag, dfa					
87299	A	Ag detection nos, dfa					
87301	A	Adenovirus ag, eia					
87320	A	Chylmd trach ag, eia					
87324	A	Clostridium ag, eia					
87328	A	Cryptospor ag, eia					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
87332	A	Cytomegalovirus ag, eia					
87335	A	E coli 0157 ag, eia					
87340	A	Hepatitis b surface ag, eia					
87350	A	Hepatitis b ag, eia					
87380	A	Hepatitis delta ag, eia					
87385	A	Histoplasma capsul ag, eia					
87390	A	Hiv-1 ag, eia					
87391	A	Hiv-2 ag, eia					
87420	A	Resp syncytial ag, eia					
87425	A	Rotavirus ag, eia					
87430	A	Strep a ag, eia					
87449	A	Ag detect nos, eia, mult					
87450	A	Ag detect nos, eia, single					
87470	A	Bartonella, dna, dir probe					
87471	A	Bartonella, dna, amp probe					
87472	A	Bartonella, dna, quant					
87475	A	Lyme dis, dna, dir probe					
87476	A	Lyme dis, dna, amp probe					
87477	A	Lyme dis, dna, quant					
87480	A	Candida, dna, dir probe					
87481	A	Candida, dna, amp probe					
87482	A	Candida, dna, quant					
87485	A	Chylmd pneum, dna, dir probe					
87486	A	Chylmd pneum, dna, amp probe					
87487	A	Chylmd pneum, dna, quant					
87490	A	Chylmd trach, dna, dir probe					
87491	A	Chylmd trach, dna, amp probe					
87492	A	Chylmd trach, dna, quant					
87495	A	Cytomeg, dna, dir probe					
87496	A	Cytomeg, dna, amp probe					
87497	A	Cytomeg, dna, quant					
87510	A	Gardner vag, dna, dir probe					
87511	A	Gardner vag, dna, amp probe					
87512	A	Gardner vag, dna, quant					
87515	A	Hepatitis b, dna, dir probe					
87516	A	Hepatitis b, dna, amp probe					
87517	A	Hepatitis b, dna, quant					
87520	A	Hepatitis c, rna, dir probe					
87521	A	Hepatitis c, rna, amp probe					
87522	A	Hepatitis c, rna, quant					
87525	A	Hepatitis g, dna, dir probe					
87526	A	Hepatitis g, dna, amp probe					
87527	A	Hepatitis g, dna, quant					
87528	A	Hsv, dna, dir probe					
87529	A	Hsv, dna, amp probe					
87530	A	Hsv, dna, quant					
87531	A	Hhv-6, dna, dir probe					
87532	A	Hhv-6, dna, amp probe					
87533	A	Hhv-6, dna, quant					
87534	A	Hiv-1, dna, dir probe					
87535	A	Hiv-1, dna, amp probe					
87536	A	Hiv-1, dna, quant					
87537	A	Hiv-2, dna, dir probe					
87538	A	Hiv-2, dna, amp probe					
87539	A	Hiv-2, dna, quant					
87540	A	Legion pneumo, dna, dir prob					
87541	A	Legion pneumo, dna, amp prob					
87542	A	Legion pneumo, dna, quant					
87550	A	Mycobacteria, dna, dir probe					
87551	A	Mycobacteria, dna, amp probe					
87552	A	Mycobacteria, dna, quant					
87555	A	M.tuberculo, dna, dir probe					
87556	A	M.tuberculo, dna, amp probe					
87557	A	M.tuberculo, dna, quant					
87560	A	M.avium-intra, dna, dir prob					
87561	A	M.avium-intra, dna, amp prob					
87562	A	M.avium-intra, dna, quant					
87580	A	M.pneumon, dna, dir probe					
87581	A	M.pneumon, dna, amp probe					
87582	A	M.pneumon, dna, quant					
87590	A	N.gonorrhoeae, dna, dir prob					
87591	A	N.gonorrhoeae, dna, amp prob					
87592	A	N.gonorrhoeae, dna, quant					
87620	A	Hpv, dna, dir probe					
87621	A	Hpv, dna, amp probe					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
87622	A	Hpv, dna, quant					
87650	A	Strep a, dna, dir probe					
87651	A	Strep a, dna, amp probe					
87652	A	Strep a, dna, quant					
87797	A	Detect agent nos, dna, dir					
87798	A	Detect agent nos, dna, amp					
87799	A	Detect agent nos, dna, quant					
87810	A	Chylmd trach assay w/optic					
87850	A	N. gonorrhoeae assay w/optic					
87880	A	Strep a assay w/optic					
87899	A	Agent nos assay w/optic					
87999	A	Microbiology procedure					
88000	E	Autopsy (necropsy), gross					
88005	E	Autopsy (necropsy), gross					
88007	E	Autopsy (necropsy), gross					
88012	E	Autopsy (necropsy), gross					
88014	E	Autopsy (necropsy), gross					
88016	E	Autopsy (necropsy), gross					
88020	E	Autopsy (necropsy), complete					
88025	E	Autopsy (necropsy), complete					
88027	E	Autopsy (necropsy), complete					
88028	E	Autopsy (necropsy), complete					
88029	E	Autopsy (necropsy), complete					
88036	E	Limited autopsy					
88037	E	Limited autopsy					
88040	E	Forensic autopsy (necropsy)					
88045	E	Coroner's autopsy (necropsy)					
88099	E	Necropsy (autopsy) procedure					
88104	X	Cytopathology, fluids	882	0.39	$20.05	$11.75	$4.01
88106	X	Cytopathology, fluids	882	0.39	$20.05	$11.75	$4.01
88107	X	Cytopathology, fluids	882	0.39	$20.05	$11.75	$4.01
88108	X	Cytopath, concentrate tech	882	0.39	$20.05	$11.75	$4.01
88125	X	Forensic cytopathology	881	0.22	$11.31	$6.78	$2.26
88130	A	Sex chromatin identification					
88140	A	Sex chromatin identification					
88141	N	Cytpath c/vag interpret					
88142	A	Cytpath c/vag t/layer					
88150	A	Cytpath c/vag manual					
88152	A	Cytpath c/vag auto redo					
88155	A	Cytpath c/vag index add-on					
[2] 88156	A	Cytopath cerv/vag tbs					
[2] 88158	A	Cytopath cerv/vag tbs auto					
88160	X	Cytopath smear, other source	882	0.39	$20.05	$11.75	$4.01
88161	X	Cytopath smear, other source	882	0.39	$20.05	$11.75	$4.01
88162	X	Cytopath smear, other source	882	0.39	$20.05	$11.75	$4.01
88170	S	Fine needle aspiration	121	0.63	$32.39	$21.02	$6.48
88171	S	Fine needle aspiration	121	0.63	$32.39	$21.02	$6.48
88172	X	Evaluation of smear	882	0.39	$20.05	$11.75	$4.01
88173	X	Interpretation of smear	882	0.39	$20.05	$11.75	$4.01
88180	X	Cell marker study	882	0.39	$20.05	$11.75	$4.01
88182	X	Cell marker study	882	0.39	$20.05	$11.75	$4.01
88199	X	Cytopathology procedure	881	0.22	$11.31	$6.78	$2.26
88230	A	Tissue culture, lymphocyte					
88233	A	Tissue culture, skin/biopsy					
88235	A	Tissue culture, placenta					
88237	A	Tissue culture, bone marrow					
88239	A	Tissue culture, tumor					
88245	A	Chromosome analysis, 20-25					
88248	A	Chromosome analysis, 50-100					
[2] 88250	A	Chromosome analysis					
[2] 88260	A	Chromosome analysis: 5 cells					
88261	A	Chromosome analysis, 5					
88262	A	Chromosome analysis, 15-20					
88263	A	Chromosome analysis, 45					
88267	A	Chromosome analysis: placenta					
88269	A	Chromosome analysis: amniotic					
88280	A	Chromosome karyotype study					
88283	A	Chromosome banding study					
88285	A	Chromosome count: additional					
88289	A	Chromosome study: additional					
88299	A	Cytogenetic study					
88300	X	Surg path, gross	881	0.22	$11.31	$6.78	$2.26
88302	X	Tissue exam by pathologist	882	0.39	$20.05	$11.75	$4.01
88304	X	Tissue exam by pathologist	882	0.39	$20.05	$11.75	$4.01
88305	X	Tissue exam by pathologist	882	0.39	$20.05	$11.75	$4.01

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
88307	X	Tissue exam by pathologist	883	0.69	$35.48	$20.34	$7.10
88309	X	Tissue exam by pathologist	883	0.69	$35.48	$20.34	$7.10
88311	X	Decalcify tissue	881	0.22	$11.31	$6.78	$2.26
88312	X	Special stains	882	0.39	$20.05	$11.75	$4.01
88313	X	Special stains	881	0.22	$11.31	$6.78	$2.26
88314	X	Histochemical stain	882	0.39	$20.05	$11.75	$4.01
88318	X	Chemical histochemistry	882	0.39	$20.05	$11.75	$4.01
88319	X	Enzyme histochemistry	882	0.39	$20.05	$11.75	$4.01
88321	X	Microslide consultation	882	0.39	$20.05	$11.75	$4.01
88323	X	Microslide consultation	882	0.39	$20.05	$11.75	$4.01
88325	X	Comprehensive review of data	882	0.39	$20.05	$11.75	$4.01
88329	X	Pathology consult in surgery	882	0.39	$20.05	$11.75	$4.01
88331	X	Pathology consult in surgery	882	0.39	$20.05	$11.75	$4.01
88332	X	Pathology consult in surgery	882	0.39	$20.05	$11.75	$4.01
88342	X	Immunocytochemistry	882	0.39	$20.05	$11.75	$4.01
88346	X	Immunofluorescent study	882	0.39	$20.05	$11.75	$4.01
88347	X	Immunofluorescent study	882	0.39	$20.05	$11.75	$4.01
88348	X	Electron microscopy	883	0.69	$35.48	$20.34	$7.10
88349	X	Scanning electron microscopy	883	0.69	$35.48	$20.34	$7.10
88355	X	Analysis, skeletal muscle	883	0.69	$35.48	$20.34	$7.10
88356	X	Analysis, nerve	883	0.69	$35.48	$20.34	$7.10
88358	X	Analysis, tumor	883	0.69	$35.48	$20.34	$7.10
88362	X	Nerve teasing preparations	883	0.69	$35.48	$20.34	$7.10
88365	X	Tissue hybridization	883	0.69	$35.48	$20.34	$7.10
88371	A	Protein, western blot tissue					
88372	A	Protein analysis w/probe					
88399	X	Surgical pathology procedure	881	0.22	$11.31	$6.78	$2.26
89050	A	Body fluid cell count					
89051	A	Body fluid cell count					
89060	A	Exam,synovial fluid crystals					
89100	X	Sample intestinal contents	928	2.91	$149.63	$79.78	$29.93
89105	X	Sample intestinal contents	928	2.91	$149.63	$79.78	$29.93
89125	A	Specimen fat stain					
89130	X	Sample stomach contents	928	2.91	$149.63	$79.78	$29.93
89132	X	Sample stomach contents	928	2.91	$149.63	$79.78	$29.93
89135	X	Sample stomach contents	928	2.91	$149.63	$79.78	$29.93
89136	X	Sample stomach contents	928	2.91	$149.63	$79.78	$29.93
89140	X	Sample stomach contents	928	2.91	$149.63	$79.78	$29.93
89141	X	Sample stomach contents	928	2.91	$149.63	$79.78	$29.93
89160	A	Exam feces for meat fibers					
89190	A	Nasal smear for eosinophils					
89250	A	Fertilization of oocyte					
89251	A	Culture oocyte w/embryos					
89252	A	Assist oocyte fertilization					
89253	A	Embryo hatching					
89254	A	Oocyte identification					
89255	A	Prepare embryo for transfer					
89256	A	Prepare cryopreserved embryo					
89257	A	Sperm identification					
89258	A	Cryopreservation, embryo					
89259	A	Cryopreservation, sperm					
89260	A	Sperm isolation, simple					
89261	A	Sperm isolation, complex					
89300	A	Semen analysis					
89310	A	Semen analysis					
89320	A	Semen analysis					
89325	A	Sperm antibody test					
89329	A	Sperm evaluation test					
89330	A	Evaluation, cervical mucus					
89350	X	Sputum specimen collection	881	0.22	$11.31	$6.78	$2.26
89355	A	Exam feces for starch					
89360	X	Collect sweat for test	881	0.22	$11.31	$6.78	$2.26
89365	A	Water load test					
89399	X	Pathology lab procedure	881	0.22	$11.31	$6.78	$2.26
90700	X	Dtap vaccine, im	901	0.07	$3.60	$2.49	$0.72
90701	X	Dtp vaccine, im	901	0.07	$3.60	$2.49	$0.72
90702	X	Dt vaccine, im	901	0.07	$3.60	$2.49	$0.72
90703	X	Tetanus vaccine, im	901	0.07	$3.60	$2.49	$0.72
90704	X	Mumps vaccine, sc	901	0.07	$3.60	$2.49	$0.72
90705	X	Measles vaccine, sc	901	0.07	$3.60	$2.49	$0.72
90706	X	Rubella vaccine, sc	901	0.07	$3.60	$2.49	$0.72
90707	X	Mmr vaccine, sc	902	1.31	$67.36	$38.19	$13.47
90708	X	Measles-rubella vaccine sc	901	0.07	$3.60	$2.49	$0.72
90709	X	Rubella & mumps vaccine sc	901	0.07	$3.60	$2.49	$0.72
90710	X	Mmrv vaccine, sc	901	0.07	$3.60	$2.49	$0.72

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
[2]90711	X	Combined vaccine	901	0.07	$3.60	$2.49	$0.72
90712	X	Oral poliovirus vaccine	902	1.31	$67.36	$38.19	$13.47
90713	X	Poliovirus, ipv, sc	902	1.31	$67.36	$38.19	$13.47
[2]90714	X	Typhoid immunization	901	0.07	$3.60	$2.49	$0.72
90716	X	Chicken pox vaccine, sc	902	1.31	$67.36	$38.19	$13.47
90717	X	Yellow fever vaccine, sc	902	1.31	$67.36	$38.19	$13.47
90718	X	Td vaccine, im	901	0.07	$3.60	$2.49	$0.72
90719	X	Diphtheria vaccine, im	901	0.07	$3.60	$2.49	$0.72
90720	X	Dtp/hib vaccine, im	902	1.31	$67.36	$38.19	$13.47
90721	X	Dtap/hib vaccine, im	903	1.00	$51.42	$24.86	$10.28
[2]90724	X	Influenza immunization	901	0.07	$3.60	$2.49	$0.72
90725	X	Cholera vaccine, injectable	901	0.07	$3.60	$2.49	$0.72
[2]90726	X	Rabies immunization	903	1.00	$51.42	$24.86	$10.28
90727	X	Plague vaccine, im	903	1.00	$51.42	$24.86	$10.28
[2]90728	X	BCG immunization	903	1.00	$51.42	$24.86	$10.28
[2]90730	X	Hepatitis A vaccine	901	0.07	$3.60	$2.49	$0.72
90732	X	Pneumococcal vaccine, adult	901	0.07	$3.60	$2.49	$0.72
90733	X	Meningococcal vaccine, sc	902	1.31	$67.36	$38.19	$13.47
90735	X	Encephalitis vaccine, sc	903	1.00	$51.42	$24.86	$10.28
[2]90737	X	Influenza B immunization	902	1.31	$67.36	$38.19	$13.47
[2]90741	X	Passive immunization, ISG	902	1.31	$67.36	$38.19	$13.47
[2]90742	X	Special passive immunization	903	1.00	$51.42	$24.86	$10.28
90744	X	Hepb vaccine, ped/adol, im	902	1.31	$67.36	$38.19	$13.47
90745	X	Hepb vaccine, adol/risk, im	902	1.31	$67.36	$38.19	$13.47
90746	X	Hepb vaccine, adult, im	902	1.31	$67.36	$38.19	$13.47
90747	X	Hepb vaccine, ill pat, im	902	1.31	$67.36	$38.19	$13.47
90748	X	Hepb/hib vaccine, im	901	0.07	$3.60	$2.49	$0.72
90749	X	Vaccine toxoid	901	0.07	$3.60	$2.49	$0.72
90780	X	IV infusion therapy, 1 hour	906	1.93	$99.24	$57.18	$19.85
90781	X	IV infusion, additional hour	906	1.93	$99.24	$57.18	$19.85
90782	X	Injection (SC)/(IM)	907	0.74	$38.05	$11.53	$7.61
90783	X	Injection (IA)	907	0.74	$38.05	$11.53	$7.61
90784	X	Injection (IV)	907	0.74	$38.05	$11.53	$7.61
90788	X	Injection of antibiotic	907	0.74	$38.05	$11.53	$7.61
90799	X	Therapeutic/diag injection	907	0.74	$38.05	$11.53	$7.61
[1]90801	S	Psy dx interview	092	1.63	$83.81	$21.47	$16.76
90802	S	Intac psy dx interview	092	1.63	$83.81	$21.47	$16.76
90804	S	Psytx, office (20-30)	091	1.09	$56.05	$14.01	$11.21
90805	S	Psytx, office (20-30) w/e&m	091	1.09	$56.05	$14.01	$11.21
90806	S	Psytx, office (45-50)	092	1.63	$83.81	$21.47	$16.76
90807	S	Psytx, office (45-50) w/e&m	092	1.63	$83.81	$21.47	$16.76
90808	S	Psytx, office (75-80)	092	1.63	$83.81	$21.47	$16.76
90809	S	Psytx, office (75-80) w/e&m	092	1.63	$83.81	$21.47	$16.76
90810	S	Intac psytx, office (20-30)	091	1.09	$56.05	$14.01	$11.21
90811	S	Intac psytx, off 20-30 w/e&m	091	1.09	$56.05	$14.01	$11.21
90812	S	Intac psytx, office (45-50)	092	1.63	$83.81	$21.47	$16.76
90813	S	Intac psytx, off 45-50 w/e&m	092	1.63	$83.81	$21.47	$16.76
90814	S	Intac psytx, office (75-80)	092	1.63	$83.81	$21.47	$16.76
90815	S	Intac psytx, off 75-80 w/e&m	092	1.63	$83.81	$21.47	$16.76
90816	S	Psytx, hosp (20-30)	091	1.09	$56.05	$14.01	$11.21
90817	S	Psytx, hosp (20-30) w/e&m	091	1.09	$56.05	$14.01	$11.21
90818	S	Psytx, hosp (45-50)	092	1.63	$83.81	$21.47	$16.76
90819	S	Psytx, hosp (45-50) w/e&m	092	1.63	$83.81	$21.47	$16.76
[1 2]90820	S	Diagnostic interview	092	1.63	$83.81	$21.47	$16.76
90821	S	Psytx, hosp (75-80)	092	1.63	$83.81	$21.47	$16.76
90822	S	Psytx, hosp (75-80) w/e&m	092	1.63	$83.81	$21.47	$16.76
90823	S	Intac psytx, hosp (20-30)	091	1.09	$56.05	$14.01	$11.21
90824	S	Intac psytx, hsp 20-30 w/e&m	091	1.09	$56.05	$14.01	$11.21
90826	S	Intac psytx, hosp (45-50)	092	1.63	$83.81	$21.47	$16.76
90827	S	Intac psytx, hsp 45-50 w/e&m	092	1.63	$83.81	$21.47	$16.76
90828	S	Intac psytx, hosp (75-80)	092	1.63	$83.81	$21.47	$16.76
90829	S	Intac psytx, hsp 75-80 w/e&m	092	1.63	$83.81	$21.47	$16.76
[1 2]90835	S	Special interview	092	1.63	$83.81	$21.47	$16.76
[1 2]90842	S	Psychotherapy, 75-80 min.	092	1.63	$83.81	$21.47	$16.76
[1 2]90843	S	Psychotherapy, 20-30 min.	091	1.09	$56.05	$14.01	$11.21
[1 2]90844	S	Psychotherapy, 45-50 min.	092	1.63	$83.81	$21.47	$16.76
[1]90845	S	Psychoanalysis	092	1.63	$83.81	$21.47	$16.76
[1]90846	S	Family psytx w/o patient	093	1.56	$80.22	$20.11	$16.04
[1]90847	S	Family psytx w/patient	093	1.56	$80.22	$20.11	$16.04
[1]90849	S	Multiple family group psytx	094	1.31	$67.36	$19.89	$13.47
[1]90853	S	Group psychotherapy	094	1.31	$67.36	$19.89	$13.47
[1 2]90855	S	Individual psychotherapy	092	1.63	$83.81	$21.47	$16.76
[1]90857	S	Intac group psytx	094	1.31	$67.36	$19.89	$13.47
[1]90862	X	Medication management	090	0.85	$43.71	$12.20	$8.74
90865	S	Narcosynthesis	092	1.63	$83.81	$21.47	$16.76

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
90870	S	Electroconvulsive therapy	919	3.09	$158.89	$80.00	$31.78
90871	S	Electroconvulsive therapy	919	3.09	$158.89	$80.00	$31.78
90875	E	Psychophysiological therapy					
90876	E	Psychophysiological therapy					
[1] 90880	S	Hypnotherapy	092	1.63	$83.81	$21.47	$16.76
90882	E	Environmental manipulation					
90885	N	Psy evaluation of records					
90887	N	Consultation with family					
90889	N	Preparation of report					
[1] 90899	S	Psychiatric service/therapy	091	1.09	$56.05	$14.01	$11.21
[2] 90900	S	Biofeedback, electromyogram	920	1.17	$60.16	$29.61	$12.03
90901	S	Biofeedback, any method	920	1.17	$60.16	$29.61	$12.03
[2] 90902	S	Biofeedback, nerve impulse	920	1.17	$60.16	$29.61	$12.03
[2] 90904	S	Biofeedback, blood pressure	920	1.17	$60.16	$29.61	$12.03
[2] 90906	S	Biofeedback, blood flow	920	1.17	$60.16	$29.61	$12.03
[2] 90908	S	Biofeedback, brain waves	920	1.17	$60.16	$29.61	$12.03
[2] 90910	S	Biofeedback, oculogram	920	1.17	$60.16	$29.61	$12.03
90911	S	Biofeedback peri/uro/rectal	920	1.17	$60.16	$29.61	$12.03
[2] 90915	S	Biofeedback, unspecified	920	1.17	$60.16	$29.61	$12.03
90918	A	ESRD related services, month					
90919	A	ESRD related services, month					
90920	A	ESRD related services, month					
90921	A	ESRD related services, month					
90922	A	ESRD related services, day					
90923	A	Esrd related services, day					
90924	A	Esrd related services, day					
90925	A	Esrd related services, day					
90935	S	Hemodialysis, one evaluation	926	4.22	$216.99	$69.83	$43.40
90937	S	Hemodialysis, repeated eval.	926	4.22	$216.99	$69.83	$43.40
90945	S	Dialysis, one evaluation	926	4.22	$216.99	$69.83	$43.40
90947	S	Dialysis, repeated eval.	926	4.22	$216.99	$69.83	$43.40
90989	E	Dialysis training/complete					
90993	N	Dialysis training/incomplete					
90997	S	Hemoperfusion	926	4.22	$216.99	$69.83	$43.40
90999	S	Dialysis procedure	926	4.22	$216.99	$69.83	$43.40
91000	X	Esophageal intubation	928	2.91	$149.63	$79.78	$29.93
91010	X	Esophagus motility study	928	2.91	$149.63	$79.78	$29.93
91011	X	Esophagus motility study	928	2.91	$149.63	$79.78	$29.93
91012	X	Esophagus motility study	928	2.91	$149.63	$79.78	$29.93
91020	X	Gastric motility	928	2.91	$149.63	$79.78	$29.93
91030	X	Acid perfusion of esophagus	928	2.91	$149.63	$79.78	$29.93
91032	X	Esophagus, acid reflux test	928	2.91	$149.63	$79.78	$29.93
91033	X	Prolonged acid reflux test	928	2.91	$149.63	$79.78	$29.93
91052	X	Gastric analysis test	928	2.91	$149.63	$79.78	$29.93
91055	X	Gastric intubation for smear	928	2.91	$149.63	$79.78	$29.93
91060	X	Gastric saline load test	928	2.91	$149.63	$79.78	$29.93
91065	X	Breath hydrogen test	928	2.91	$149.63	$79.78	$29.93
91100	X	Pass intestine bleeding tube	928	2.91	$149.63	$79.78	$29.93
91105	X	Gastric intubation treatment	928	2.91	$149.63	$79.78	$29.93
91122	N	Anal pressure record					
91299	X	Gastroenterology procedure	928	2.91	$149.63	$79.78	$29.93
92002	V	Eye exam, new patient	913				
92004	V	Eye exam, new patient	915				
92012	V	Eye exam established pt	913				
92014	V	Eye exam & treatment	915				
92015	E	Refraction					
92018	S	New eye exam & treatment	676	5.87	$301.84	$138.54	$60.37
92019	S	Eye exam & treatment	676	5.87	$301.84	$138.54	$60.37
92020	N	Special eye evaluation					
92060	X	Special eye evaluation	930	1.04	$53.48	$22.83	$10.70
92065	X	Orthoptic/pleoptic training	930	1.04	$53.48	$22.83	$10.70
92070	N	Fitting of contact lens					
92081	X	Visual field examination(s)	930	1.04	$53.48	$22.83	$10.70
92082	X	Visual field examination(s)	930	1.04	$53.48	$22.83	$10.70
92083	X	Visual field examination(s)	930	1.04	$53.48	$22.83	$10.70
92100	N	Serial tonometry exam(s)					
92120	X	Tonography & eye evaluation	931	0.74	$38.05	$21.47	$7.61
92130	X	Water provocation tonography	931	0.74	$38.05	$21.47	$7.61
92140	X	Glaucoma provocative tests	930	1.04	$53.48	$22.83	$10.70
92225	N	Special eye exam, initial					
92226	N	Special eye exam, subsequent					
92230	X	Eye exam with photos	931	0.74	$38.05	$21.47	$7.61
92235	X	Eye exam with photos	932	2.41	$123.92	$63.73	$24.78
92240	X	Icg angiography	931	0.74	$38.05	$21.47	$7.61
92250	X	Eye exam with photos	931	0.74	$38.05	$21.47	$7.61

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
92260	N	Ophthalmoscopy/dynamometry					
92265	X	Eye muscle evaluation	932	2.41	$123.92	$63.73	$24.78
92270	X	Electro-oculography	932	2.41	$123.92	$63.73	$24.78
92275	X	Electroretinography	981	1.22	$62.73	$34.35	$12.55
92283	X	Color vision examination	930	1.04	$53.48	$22.83	$10.70
92284	X	Dark adaptation eye exam	930	1.04	$53.48	$22.83	$10.70
92285	X	Eye photography	930	1.04	$53.48	$22.83	$10.70
92286	X	Internal eye photography	932	2.41	$123.92	$63.73	$24.78
92287	X	Internal eye photography	932	2.41	$123.92	$63.73	$24.78
92310	E	Contact lens fitting					
92311	X	Contact lens fitting	936	0.48	$24.68	$9.49	$4.94
92312	X	Contact lens fitting	936	0.48	$24.68	$9.49	$4.94
92313	X	Contact lens fitting	936	0.48	$24.68	$9.49	$4.94
92314	E	Prescription of contact lens					
92315	X	Prescription of contact lens	936	0.48	$24.68	$9.49	$4.94
92316	X	Prescription of contact lens	936	0.48	$24.68	$9.49	$4.94
92317	X	Prescription of contact lens	936	0.48	$24.68	$9.49	$4.94
92325	X	Modification of contact lens	936	0.48	$24.68	$9.49	$4.94
92326	X	Replacement of contact lens	936	0.48	$24.68	$9.49	$4.94
92330	X	Fitting of artificial eye	936	0.48	$24.68	$9.49	$4.94
92335	N	Fitting of artificial eye					
92340	E	Fitting of spectacles					
92341	E	Fitting of spectacles					
92342	E	Fitting of spectacles					
92352	X	Special spectacles fitting	936	0.48	$24.68	$9.49	$4.94
92353	X	Special spectacles fitting	936	0.48	$24.68	$9.49	$4.94
92354	X	Special spectacles fitting	936	0.48	$24.68	$9.49	$4.94
92355	X	Special spectacles fitting	936	0.48	$24.68	$9.49	$4.94
92358	X	Eye prosthesis service	936	0.48	$24.68	$9.49	$4.94
92370	E	Repair & adjust spectacles					
92371	X	Repair & adjust spectacles	936	0.48	$24.68	$9.49	$4.94
92390	E	Supply of spectacles					
92391	E	Supply of contact lenses					
92392	E	Supply of low vision aids					
92393	E	Supply of artificial eye					
92395	E	Supply of spectacles					
92396	E	Supply of contact lenses					
92499	X	Eye service or procedure	931	0.74	$38.05	$21.47	$7.61
92502	S	Ear and throat examination	311	1.41	$72.50	$20.57	$14.50
92504	N	Ear microscopy examination					
92506	A	Speech & hearing evaluation					
92507	A	Speech/hearing therapy					
92508	A	Speech/hearing therapy					
92510	A	Rehab for ear implant					
92511	S	Nasopharyngoscopy	331	0.57	$29.31	$14.01	$5.86
92512	X	Nasal function studies	940	3.13	$160.94	$52.21	$32.19
92516	X	Facial nerve function test	940	3.13	$160.94	$52.21	$32.19
92520	X	Laryngeal function studies	940	3.13	$160.94	$52.21	$32.19
92525	A	Oral function evaluation					
92526	A	Oral function therapy					
92531	N	Spontaneous nystagmus study					
92532	N	Positional nystagmus study					
92533	N	Caloric vestibular test					
92534	N	Optokinetic nystagmus					
92541	X	Spontaneous nystagmus test	940	3.13	$160.94	$52.21	$32.19
92542	X	Positional nystagmus test	940	3.13	$160.94	$52.21	$32.19
92543	X	Caloric vestibular test	940	3.13	$160.94	$52.21	$32.19
92544	X	Optokinetic nystagmus test	940	3.13	$160.94	$52.21	$32.19
92545	X	Oscillating tracking test	940	3.13	$160.94	$52.21	$32.19
92546	X	Sinusoidal rotational test	940	3.13	$160.94	$52.21	$32.19
92547	X	Supplemental electrical test	940	3.13	$160.94	$52.21	$32.19
92548	X	Posturography	940	3.13	$160.94	$52.21	$32.19
92551	E	Pure tone hearing test, air					
92552	X	Pure tone audiometry, air	941	0.74	$38.05	$13.33	$7.61
92553	X	Audiometry, air & bone	941	0.74	$38.05	$13.33	$7.61
92555	X	Speech threshold audiometry	941	0.74	$38.05	$13.33	$7.61
92556	X	Speech audiometry, complete	941	0.74	$38.05	$13.33	$7.61
92557	X	Comprehensive hearing test	942	1.46	$75.07	$22.15	$15.01
92559	E	Group audiometric testing					
92560	E	Bekesy audiometry, screen					
92561	X	Bekesy audiometry, diagnosis	942	1.46	$75.07	$22.15	$15.01
92562	X	Loudness balance test	942	1.46	$75.07	$22.15	$15.01
92563	X	Tone decay hearing test	942	1.46	$75.07	$22.15	$15.01
92564	X	Sisi hearing test	942	1.46	$75.07	$22.15	$15.01
92565	X	Stenger test, pure tone	942	1.46	$75.07	$22.15	$15.01

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
92567	X	Tympanometry	941	0.74	$38.05	$13.33	$7.61
92568	X	Acoustic reflex testing	942	1.46	$75.07	$22.15	$15.01
92569	X	Acoustic reflex decay test	942	1.46	$75.07	$22.15	$15.01
92571	X	Filtered speech hearing test	942	1.46	$75.07	$22.15	$15.01
92572	X	Staggered spondaic word test	942	1.46	$75.07	$22.15	$15.01
92573	X	Lombard test	942	1.46	$75.07	$22.15	$15.01
92575	X	Sensorineural acuity test	942	1.46	$75.07	$22.15	$15.01
92576	X	Synthetic sentence test	942	1.46	$75.07	$22.15	$15.01
92577	X	Stenger test, speech	942	1.46	$75.07	$22.15	$15.01
92579	X	Visual audiometry (vra)	942	1.46	$75.07	$22.15	$15.01
92582	X	Conditioning play audiometry	942	1.46	$75.07	$22.15	$15.01
92583	X	Select picture audiometry	942	1.46	$75.07	$22.15	$15.01
92584	X	Electrocochleography	940	3.13	$160.94	$52.21	$32.19
92585	X	Auditory evoked potential	982	1.37	$70.45	$38.42	$14.09
92587	X	Evoked auditory test	940	3.13	$160.94	$52.21	$32.19
92588	X	Evoked auditory test	940	3.13	$160.94	$52.21	$32.19
92589	X	Auditory function test(s)	942	1.46	$75.07	$22.15	$15.01
92590	E	Hearing aid exam, one ear					
92591	E	Hearing aid exam, both ears					
92592	E	Hearing aid check, one ear					
92593	E	Hearing aid check, both ears					
92594	E	Electro hearing aid test,one					
92595	E	Electro hearingaid test,both					
92596	X	Ear protector evaluation	942	1.46	$75.07	$22.15	$15.01
92597	A	Oral speech device eval					
92598	A	Modify oral speech device					
92599	X	ENT procedure/service	941	0.74	$38.05	$13.33	$7.61
92950	S	Heart/lung resuscitation(CPR	947	4.11	$211.34	$106.22	$42.27
92953	S	Temporary external pacing	947	4.11	$211.34	$106.22	$42.27
92960	S	Heart electroconversion	947	4.11	$211.34	$106.22	$42.27
92970	C	Cardioassist, internal					
92971	C	Cardioassist, external					
92975	C	Dissolve clot, heart vessel					
92977	C	Dissolve clot, heart vessel					
92978	C	Intravas us, heart add-on					
92979	C	Intravas us, heart (add-on)					
92980	C	Insert intracoronary stent					
92981	C	Insert intracoronary stent					
92982	C	Coronary artery dilation					
92984	C	Coronary artery dilation					
92986	C	Revision of aortic valve					
92987	C	Revision of mitral valve					
92990	C	Revision of pulmonary valve					
92992	C	Revision of heart chamber					
92993	C	Revision of heart chamber					
92995	C	Coronary atherectomy					
92996	C	Coronary atherectomy add-on					
92997	C	Pul art balloon repair, perc					
92998	C	Pul art balloon repair, perc					
93000	N	Electrocardiogram, complete					
93005	X	Electrocardiogram, tracing	950	0.35	$18.00	$15.82	$3.60
93010	N	Electrocardiogram report					
93012	X	Transmission of ecg	956	1.09	$56.05	$54.47	$11.21
93014	N	Report on transmitted ecg					
93015	N	Cardiovascular stress test					
93016	N	Cardiovascular stress test					
93017	X	Cardiovascular stress test	949	1.43	$73.53	$61.92	$14.71
93018	N	Cardiovascular stress test					
93024	X	Cardiac drug stress test	949	1.43	$73.53	$61.92	$14.71
93040	N	Rhythm ECG with report					
93041	X	Rhythm ECG, tracing	950	0.35	$18.00	$15.82	$3.60
93042	N	Rhythm ECG, report					
93224	X	ECG monitor/report, 24 hrs	956	1.09	$56.05	$54.47	$11.21
93225	X	ECG monitor/record, 24 hrs	956	1.09	$56.05	$54.47	$11.21
93226	X	ECG monitor/report, 24 hrs	956	1.09	$56.05	$54.47	$11.21
93227	N	ECG monitor/review, 24 hrs					
93230	X	ECG monitor/report, 24 hrs	956	1.09	$56.05	$54.47	$11.21
93231	X	Ecg monitor/record, 24 hrs	956	1.09	$56.05	$54.47	$11.21
93232	X	ECG monitor/report, 24 hrs	956	1.09	$56.05	$54.47	$11.21
93233	N	ECG monitor/review, 24 hrs					
93235	X	ECG monitor/report, 24 hrs	956	1.09	$56.05	$54.47	$11.21
93236	X	ECG monitor/report, 24 hrs	956	1.09	$56.05	$54.47	$11.21
93237	N	ECG monitor/review, 24 hrs					
93268	X	ECG record/review	956	1.09	$56.05	$54.47	$11.21
93270	X	ECG recording	956	1.09	$56.05	$54.47	$11.21

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
93271	X	Ecg/monitoring and anaylysis	956	1.09	$56.05	$54.47	$11.21
93272	N	Ecg/review, interpret only	.....	.....	.....	.....	.....
93278	X	ECG/signal-averaged	956	1.09	$56.05	$54.47	$11.21
93303	S	Echo transthoracic	957	4.04	$207.74	$114.13	$41.55
93304	S	Echo transthoracic	957	4.04	$207.74	$114.13	$41.55
93307	S	Echo exam of heart	957	4.04	$207.74	$114.13	$41.55
93308	S	Echo exam of heart	957	4.04	$207.74	$114.13	$41.55
93312	S	Echo transesophageal	957	4.04	$207.74	$114.13	$41.55
93313	S	Echo transesophageal	957	4.04	$207.74	$114.13	$41.55
93314	N	Echo transesophageal	.....	.....	.....	.....	.....
93315	S	Echo transesophageal	957	4.04	$207.74	$114.13	$41.55
93316	S	Echo transesophageal	957	4.04	$207.74	$114.13	$41.55
93317	N	Echo transesophageal	.....	.....	.....	.....	.....
93320	S	Doppler echo exam, heart	957	4.04	$207.74	$114.13	$41.55
93321	S	Doppler echo exam, heart	957	4.04	$207.74	$114.13	$41.55
93325	S	Doppler color flow add-on	957	4.04	$207.74	$114.13	$41.55
93350	S	Echo transthoracic	957	4.04	$207.74	$114.13	$41.55
93501	S	Right heart catheterization	958	23.74	$1,220.71	$705.57	$244.14
93503	S	Insert/place heart catheter	958	23.74	$1,220.71	$705.57	$244.14
93505	S	Biopsy of heart lining	958	23.74	$1,220.71	$705.57	$244.14
93508	S	Cath placement, angiography	343	8.76	$450.44	$240.24	$90.09
93510	S	Left heart catheterization	958	23.74	$1,220.71	$705.57	$244.14
93511	S	Left heart catheterization	958	23.74	$1,220.71	$705.57	$244.14
93514	S	Left heart catheterization	958	23.74	$1,220.71	$705.57	$244.14
93524	S	Left heart catheterization	958	23.74	$1,220.71	$705.57	$244.14
93526	S	Rt & Lt heart catheters	958	23.74	$1,220.71	$705.57	$244.14
93527	S	Rt & Lt heart catheters	958	23.74	$1,220.71	$705.57	$244.14
93528	S	Rt & Lt heart catheters	958	23.74	$1,220.71	$705.57	$244.14
93529	S	Rt, Lt heart catheterization	958	23.74	$1,220.71	$705.57	$244.14
93530	S	Rt heart cath, congenital	958	23.74	$1,220.71	$705.57	$244.14
93531	S	R & l heart cath, congenital	958	23.74	$1,220.71	$705.57	$244.14
93532	S	R & l heart cath, congenital	958	23.74	$1,220.71	$705.57	$244.14
93533	S	R & l heart cath, congenital	958	23.74	$1,220.71	$705.57	$244.14
93536	S	Insert circulation assi	958	23.74	$1,220.71	$705.57	$244.14
93539	N	Injection, cardiac cath	.....	.....	.....	.....	.....
93540	N	Injection, cardiac cath	.....	.....	.....	.....	.....
93541	N	Injection for lung angiogram	.....	.....	.....	.....	.....
93542	N	Injection for heart x-rays	.....	.....	.....	.....	.....
93543	N	Injection for heart x-rays	.....	.....	.....	.....	.....
93544	N	Injection for aortography	.....	.....	.....	.....	.....
93545	N	Injection for coronary x-rays	.....	.....	.....	.....	.....
93555	N	Imaging, cardiac cath	.....	.....	.....	.....	.....
93556	N	Imaging, cardiac cath	.....	.....	.....	.....	.....
93561	N	Cardiac output measurement	.....	.....	.....	.....	.....
93562	N	Cardiac output measurement	.....	.....	.....	.....	.....
93600	S	Bundle of His recording	960	4.80	$246.82	$143.74	$49.36
93602	S	Intra-atrial recording	960	4.80	$246.82	$143.74	$49.36
93603	S	Right ventricular recording	960	4.80	$246.82	$143.74	$49.36
93607	S	Right ventricular recording	960	4.80	$246.82	$143.74	$49.36
93609	S	Mapping of tachycardia	960	4.80	$246.82	$143.74	$49.36
93610	S	Intra-atrial pacing	960	4.80	$246.82	$143.74	$49.36
93612	S	Intraventricular pacing	960	4.80	$246.82	$143.74	$49.36
93615	S	Esophageal recording	960	4.80	$246.82	$143.74	$49.36
93616	S	Esophageal recording	960	4.80	$246.82	$143.74	$49.36
93618	S	Heart rhythm pacing	960	4.80	$246.82	$143.74	$49.36
93619	S	Electrophysiology evaluation	960	4.80	$246.82	$143.74	$49.36
93620	S	Electrophysiology evaluation	960	4.80	$246.82	$143.74	$49.36
93621	S	Electrophysiology evaluation	960	4.80	$246.82	$143.74	$49.36
93622	S	Electrophysiology evaluation	960	4.80	$246.82	$143.74	$49.36
93623	S	Stimulation, pacing heart	960	4.80	$246.82	$143.74	$49.36
93624	S	Electrophysiologic study	960	4.80	$246.82	$143.74	$49.36
93631	S	Heart pacing, mapping	960	4.80	$246.82	$143.74	$49.36
93640	S	Evaluation heart device	960	4.80	$246.82	$143.74	$49.36
93641	S	Electrophysiology evaluation	960	4.80	$246.82	$143.74	$49.36
93642	S	Electrophysiology evaluation	960	4.80	$246.82	$143.74	$49.36
93650	S	Ablate heart dysrhythm focus	960	4.80	$246.82	$143.74	$49.36
93651	S	Ablate heart dysrhythm focus	960	4.80	$246.82	$143.74	$49.36
93652	S	Ablate heart dysrhythm focus	960	4.80	$246.82	$143.74	$49.36
93660	S	Tilt table evaluation	960	4.80	$246.82	$143.74	$49.36
93720	X	Total body plethysmography	967	1.70	$87.41	$57.40	$17.48
93721	X	Plethysmography tracing	967	1.70	$87.41	$57.40	$17.48
93722	N	Plethysmography report	.....	.....	.....	.....	.....
93724	S	Analyze pacemaker system	960	4.80	$246.82	$143.74	$49.36
93731	X	Analyze pacemaker system	966	0.39	$20.05	$12.43	$4.01
93732	X	Analyze pacemaker system	966	0.39	$20.05	$12.43	$4.01

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
93733	X	Telephone analysis, pacemaker	966	0.39	$20.05	$12.43	$4.01
93734	X	Analyze pacemaker system	966	0.39	$20.05	$12.43	$4.01
93735	X	Analyze pacemaker system	966	0.39	$20.05	$12.43	$4.01
93736	X	Telephone analysis, pacemaker	966	0.39	$20.05	$12.43	$4.01
93737	X	Analyze cardio/defibrillator	966	0.39	$20.05	$12.43	$4.01
93738	X	Analyze cardio/defibrillator	966	0.39	$20.05	$12.43	$4.01
93740	X	Temperature gradient studies	967	1.70	$87.41	$57.40	$17.48
93760	E	Cephalic thermogram					
93762	E	Peripheral thermogram					
93770	N	Measure venous pressure					
93784	E	Ambulatory BP monitoring					
93786	E	Ambulatory BP recording					
93788	E	Ambulatory BP analysis					
93790	E	Review/report BP recording					
93797	X	Cardiac rehab	948	0.81	$41.65	$16.95	$8.33
93798	X	Cardiac rehab/monitor	948	0.81	$41.65	$16.95	$8.33
93799	X	Cardiovascular procedure	967	1.70	$87.41	$57.40	$17.48
93875	X	Extracranial study	968	2.39	$122.89	$79.55	$24.58
93880	X	Extracranial study	968	2.39	$122.89	$79.55	$24.58
93882	X	Extracranial study	968	2.39	$122.89	$79.55	$24.58
93886	X	Intracranial study	968	2.39	$122.89	$79.55	$24.58
93888	X	Intracranial study	968	2.39	$122.89	$79.55	$24.58
93922	X	Extremity study	967	1.70	$87.41	$57.40	$17.48
93923	X	Extremity study	967	1.70	$87.41	$57.40	$17.48
93924	X	Extremity study	967	1.70	$87.41	$57.40	$17.48
93925	X	Lower extremity study	968	2.39	$122.89	$79.55	$24.58
93926	X	Lower extremity study	968	2.39	$122.89	$79.55	$24.58
93930	X	Upper extremity study	968	2.39	$122.89	$79.55	$24.58
93931	X	Upper extremity study	968	2.39	$122.89	$79.55	$24.58
93965	X	Extremity study	967	1.70	$87.41	$57.40	$17.48
93970	X	Extremity study	968	2.39	$122.89	$79.55	$24.58
93971	X	Extremity study	968	2.39	$122.89	$79.55	$24.58
93975	X	Vascular study	968	2.39	$122.89	$79.55	$24.58
93976	X	Vascular study	968	2.39	$122.89	$79.55	$24.58
93978	X	Vascular study	968	2.39	$122.89	$79.55	$24.58
93979	X	Vascular study	968	2.39	$122.89	$79.55	$24.58
93980	X	Penile vascular study	968	2.39	$122.89	$79.55	$24.58
93981	X	Penile vascular study	968	2.39	$122.89	$79.55	$24.58
93990	X	Doppler flow testing	968	2.39	$122.89	$79.55	$24.58
94010	X	Breathing capacity test	971	0.98	$50.39	$26.44	$10.08
94060	X	Evaluation of wheezing	971	0.98	$50.39	$26.44	$10.08
94070	S	Evaluation of wheezing	973	1.81	$93.07	$55.82	$18.61
94150	N	Vital capacity test					
[2] 94160	X	Vital capacity screening	971	0.98	$50.39	$26.44	$10.08
94200	X	Lung function test (MBC/MVV)	971	0.98	$50.39	$26.44	$10.08
94240	X	Residual lung capacity	972	1.00	$51.42	$29.38	$10.28
94250	X	Expired gas collection	971	0.98	$50.39	$26.44	$10.08
94260	X	Thoracic gas volume	971	0.98	$50.39	$26.44	$10.08
94350	X	Lung nitrogen washout curve	972	1.00	$51.42	$29.38	$10.28
94360	X	Measure airflow resistance	971	0.98	$50.39	$26.44	$10.08
94370	X	Breath airway closing volume	972	1.00	$51.42	$29.38	$10.28
94375	X	Respiratory flow volume loop	971	0.98	$50.39	$26.44	$10.08
94400	X	CO2 breathing response curve	971	0.98	$50.39	$26.44	$10.08
94450	X	Hypoxia response curve	971	0.98	$50.39	$26.44	$10.08
94620	S	Pulmonary stress test/simple	973	1.81	$93.07	$55.82	$18.61
94640	S	Airway inhalation treatment	976	0.44	$22.62	$14.69	$4.53
94642	S	Aerosol inhalation treatment	976	0.44	$22.62	$14.69	$4.53
94650	S	Pressure breathing (IPPB)	976	0.44	$22.62	$14.69	$4.53
94651	S	Pressure breathing (IPPB)	976	0.44	$22.62	$14.69	$4.53
94652	C	Pressure breathing (IPPB)					
94656	C	Initial ventilator mgmt					
94657	S	Cont. ventilator	976	0.44	$22.62	$14.69	$4.53
94660	S	Pos airway pressure, CPAP	976	0.44	$22.62	$14.69	$4.53
94662	S	Neg pressure ventilation, cnp	976	0.44	$22.62	$14.69	$4.53
94664	S	Aerosol or vapor inhalations	976	0.44	$22.62	$14.69	$4.53
94665	S	Aerosol or vapor inhalations	976	0.44	$22.62	$14.69	$4.53
94667	S	Chest wall manipulation	976	0.44	$22.62	$14.69	$4.53
94668	S	Chest wall manipulation	976	0.44	$22.62	$14.69	$4.53
94680	X	Exhaled air analysis: O2	972	1.00	$51.42	$29.38	$10.28
94681	X	Exhaled air analysis: O2, CO2	972	1.00	$51.42	$29.38	$10.28
94690	X	Exhaled air analysis	972	1.00	$51.42	$29.38	$10.28
94720	X	Monoxide diffusing capacity	972	1.00	$51.42	$29.38	$10.28
94725	X	Membrane diffusion capacity	972	1.00	$51.42	$29.38	$10.28
94750	S	Pulmonary compliance study	973	1.81	$93.07	$55.82	$18.61
94760	N	Measure blood oxygen level					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
94761	N	Measure blood oxygen level	.....	.....	.....	.....	.....
94762	X	Measure blood oxygen level	971	0.98	$50.39	$26.44	$10.08
94770	X	Exhaled carbon dioxide test	971	0.98	$50.39	$26.44	$10.08
94772	S	Breath recording, infant	973	1.81	$93.07	$55.82	$18.61
94799	X	Pulmonary service/procedure	971	0.98	$50.39	$26.44	$10.08
95004	X	Allergy skin tests	977	0.56	$28.80	$11.30	$5.76
95010	X	Sensitivity skin tests	977	0.56	$28.80	$11.30	$5.76
95015	X	Sensitivity skin tests	977	0.56	$28.80	$11.30	$5.76
95024	X	Allergy skin tests	977	0.56	$28.80	$11.30	$5.76
95027	X	Skin end point titration	977	0.56	$28.80	$11.30	$5.76
95028	X	Allergy skin tests	977	0.56	$28.80	$11.30	$5.76
95044	X	Allergy patch tests	977	0.56	$28.80	$11.30	$5.76
95052	X	Photo patch test	977	0.56	$28.80	$11.30	$5.76
95056	X	Photosensitivity tests	977	0.56	$28.80	$11.30	$5.76
95060	X	Eye allergy tests	977	0.56	$28.80	$11.30	$5.76
95065	X	Nose allergy test	977	0.56	$28.80	$11.30	$5.76
95070	S	Bronchial allergy tests	973	1.81	$93.07	$55.82	$18.61
95071	S	Bronchial allergy tests	973	1.81	$93.07	$55.82	$18.61
95075	X	Ingestion challenge test	928	2.91	$149.63	$79.78	$29.93
95078	X	Provocative testing	977	0.56	$28.80	$11.30	$5.76
95115	X	Immunotherapy, one injection	978	0.30	$15.43	$3.39	$3.09
95117	X	Immunotherapy injections	978	0.30	$15.43	$3.39	$3.09
95120	E	Immunotherapy, one injection	.....	.....	.....	.....	.....
95125	E	Immunotherapy, many antigens	.....	.....	.....	.....	.....
95130	E	Immunotherapy, insect venom	.....	.....	.....	.....	.....
95131	E	Immunotherapy, insect venoms	.....	.....	.....	.....	.....
95132	E	Immunotherapy, insect venoms	.....	.....	.....	.....	.....
95133	E	Immunotherapy, insect venoms	.....	.....	.....	.....	.....
95134	E	Immunotherapy, insect venoms	.....	.....	.....	.....	.....
95144	X	Antigen therapy services	978	0.30	$15.43	$3.39	$3.09
95145	X	Antigen therapy services	978	0.30	$15.43	$3.39	$3.09
95146	X	Antigen therapy services	978	0.30	$15.43	$3.39	$3.09
95147	X	Antigen therapy services	978	0.30	$15.43	$3.39	$3.09
95148	X	Antigen therapy services	978	0.30	$15.43	$3.39	$3.09
95149	X	Antigen therapy services	901	0.07	$3.60	$2.49	$0.72
95165	X	Antigen therapy services	978	0.30	$15.43	$3.39	$3.09
95170	X	Antigen therapy services	901	0.07	$3.60	$2.49	$0.72
95180	X	Rapid desensitization	977	0.56	$28.80	$11.30	$5.76
95199	X	Allergy immunology services	977	0.56	$28.80	$11.30	$5.76
95805	S	Multiple sleep latency test	979	10.15	$521.91	$287.25	$104.38
95806	S	Sleep study, unattended	979	10.15	$521.91	$287.25	$104.38
95807	S	Sleep study, attended	979	10.15	$521.91	$287.25	$104.38
95808	S	Polysomnography, 1-3	979	10.15	$521.91	$287.25	$104.38
95810	S	Polysomnography, 4 or more	979	10.15	$521.91	$287.25	$104.38
95811	S	Polysomnography w/cpap	979	10.15	$521.91	$287.25	$104.38
95812	S	Electroencephalogram (EEG)	979	10.15	$521.91	$287.25	$104.38
95813	S	Electroencephalogram (EEG)	979	10.15	$521.91	$287.25	$104.38
95816	S	Electroencephalogram (EEG)	980	2.15	$110.55	$57.86	$22.11
95819	S	Electroencephalogram (EEG)	980	2.15	$110.55	$57.86	$22.11
95822	S	Sleep electroencephalogram	980	2.15	$110.55	$57.86	$22.11
95824	S	Electroencephalography	980	2.15	$110.55	$57.86	$22.11
95827	S	Night electroencephalogram	979	10.15	$521.91	$287.25	$104.38
95829	S	Surgery electrocorticogram	980	2.15	$110.55	$57.86	$22.11
95830	N	Insert electrodes for EEG	.....	.....	.....	.....	.....
95831	N	Limb muscle testing, manual	.....	.....	.....	.....	.....
95832	N	Hand muscle testing, manual	.....	.....	.....	.....	.....
95833	N	Body muscle testing, manual	.....	.....	.....	.....	.....
95834	N	Body muscle testing, manual	.....	.....	.....	.....	.....
95851	N	Range of motion measurements	.....	.....	.....	.....	.....
95852	N	Range of motion measurements	.....	.....	.....	.....	.....
95857	X	Tensilon test	981	1.22	$62.73	$34.35	$12.55
95858	X	Tensilon test & myogram	982	1.37	$70.45	$38.42	$14.09
95860	X	Muscle test, one limb	982	1.37	$70.45	$38.42	$14.09
95861	X	Muscle test, two limbs	982	1.37	$70.45	$38.42	$14.09
95863	X	Muscle test, 3 limbs	982	1.37	$70.45	$38.42	$14.09
95864	X	Muscle test, 4 limbs	982	1.37	$70.45	$38.42	$14.09
95867	X	Muscle test, head or neck	981	1.22	$62.73	$34.35	$12.55
95868	X	Muscle test, head or neck	982	1.37	$70.45	$38.42	$14.09
95869	X	Muscle test, thor paraspinal	981	1.22	$62.73	$34.35	$12.55
95870	X	Muscle test, non-paraspinal	981	1.22	$62.73	$34.35	$12.55
95872	X	Muscle test, one fiber	982	1.37	$70.45	$38.42	$14.09
95875	X	Limb exercise test	982	1.37	$70.45	$38.42	$14.09
95900	X	Motor nerve conduction test	981	1.22	$62.73	$34.35	$12.55
95903	X	Motor nerve conduction test	982	1.37	$70.45	$38.42	$14.09
95904	X	Sense nerve conduction test	982	1.37	$70.45	$38.42	$14.09

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
95920	C	Intraop nerve test add-on	.....	.....	.....	.....	.....
95921	X	Autonomic nervous func test	981	1.22	$62.73	$34.35	$12.55
95922	X	Autonomic nervous func test	981	1.22	$62.73	$34.35	$12.55
95923	X	Autonomic nervous func test	981	1.22	$62.73	$34.35	$12.55
95925	X	Somatosensory testing	982	1.37	$70.45	$38.42	$14.09
95926	X	Somatosensory testing	981	1.22	$62.73	$34.35	$12.55
95927	X	Somatosensory testing	981	1.22	$62.73	$34.35	$12.55
95930	X	Visual evoked potential test	981	1.22	$62.73	$34.35	$12.55
95933	X	Blink reflex test	981	1.22	$62.73	$34.35	$12.55
95934	X	'h' reflex test	981	1.22	$62.73	$34.35	$12.55
95936	X	'h' reflex test	981	1.22	$62.73	$34.35	$12.55
95937	X	Neuromuscular junction test	981	1.22	$62.73	$34.35	$12.55
95950	X	Ambulatory eeg monitoring	981	1.22	$62.73	$34.35	$12.55
95951	S	EEG monitoring/videorecord	979	10.15	$521.91	$287.25	$104.38
95953	S	EEG monitoring/computer	979	10.15	$521.91	$287.25	$104.38
95954	S	EEG monitoring/giving drugs	979	10.15	$521.91	$287.25	$104.38
95955	S	EEG during surgery	980	2.15	$110.55	$57.86	$22.11
95956	N	EEG monitoring/cable/radio	.....	.....	.....	.....	.....
95957	N	EEG digital analysis	.....	.....	.....	.....	.....
95958	S	EEG monitoring/function test	979	10.15	$521.91	$287.25	$104.38
95961	C	Electrode stimulation, brain	.....	.....	.....	.....	.....
95962	C	Electrode stimulation, brain	.....	.....	.....	.....	.....
95999	N	Neurological procedure	.....	.....	.....	.....	.....
[1] 96100	X	Psychological testing	089	4.06	$208.77	$46.10	$41.75
96105	X	Assessment of aphasia	089	4.06	$208.77	$46.10	$41.75
96110	X	Developmental test, lim	089	4.06	$208.77	$46.10	$41.75
96111	X	Developmental test, extend	089	4.06	$208.77	$46.10	$41.75
[1] 96115	X	Neurobehavior status exam	089	4.06	$208.77	$46.10	$41.75
[1] 96117	X	Neuropsych test battery	089	4.06	$208.77	$46.10	$41.75
96400	S	Chemotherapy, (SC)/(IM)	987	2.09	$107.47	$65.09	$21.49
96405	S	Intralesional chemo admin	987	2.09	$107.47	$65.09	$21.49
96406	S	Intralesional chemo admin	987	2.09	$107.47	$65.09	$21.49
96408	S	Chemotherapy, push technique	988	4.02	$206.71	$110.29	$41.34
96410	S	Chemotherapy,infusion method	988	4.02	$206.71	$110.29	$41.34
96412	S	Chemotx infuse method add-on	988	4.02	$206.71	$110.29	$41.34
96414	S	Chemotx infuse method add-on	989	1.91	$98.21	$44.52	$19.64
96420	S	Chemotherapy, push technique	988	4.02	$206.71	$110.29	$41.34
96422	S	Chemotherapy,infusion method	988	4.02	$206.71	$110.29	$41.34
96423	S	Chemotx infuse method add-on	988	4.02	$206.71	$110.29	$41.34
96425	S	Chemotherapy,infusion method	989	1.91	$98.21	$44.52	$19.64
96440	S	Chemotherapy, intracavitary	989	1.91	$98.21	$44.52	$19.64
96445	S	Chemotherapy, intracavitary	989	1.91	$98.21	$44.52	$19.64
96450	S	Chemotherapy, into CNS	989	1.91	$98.21	$44.52	$19.64
96520	E	Pump refilling, maintenance	.....	.....	.....	.....	.....
96530	E	Pump refilling, maintenance	.....	.....	.....	.....	.....
96542	S	Chemotherapy injection	989	1.91	$98.21	$44.52	$19.64
96545	E	Provide chemotherapy agent	.....	.....	.....	.....	.....
96549	S	Chemotherapy, unspecified	987	2.09	$107.47	$65.09	$21.49
96900	S	Ultraviolet light therapy	990	0.43	$22.11	$8.14	$4.42
96902	N	Trichogram	.....	.....	.....	.....	.....
96910	S	Photochemotherapy with UV-B	990	0.43	$22.11	$8.14	$4.42
96912	S	Photochemotherapy with UV-A	990	0.43	$22.11	$8.14	$4.42
96913	S	Photochemotherapy, UV-A or B	990	0.43	$22.11	$8.14	$4.42
96999	S	Dermatological procedure	990	0.43	$22.11	$8.14	$4.42
97001	A	Pt evaluation	.....	.....	.....	.....	.....
97002	A	Pt re-evaluation	.....	.....	.....	.....	.....
97003	A	Ot evaluation	.....	.....	.....	.....	.....
97004	A	Ot re-evaluation	.....	.....	.....	.....	.....
97010	A	Hot or cold packs therapy	.....	.....	.....	.....	.....
97012	A	Mechanical traction therapy	.....	.....	.....	.....	.....
97014	A	Electric stimulation therapy	.....	.....	.....	.....	.....
97016	A	Vasopneumatic device therapy	.....	.....	.....	.....	.....
97018	A	Paraffin bath therapy	.....	.....	.....	.....	.....
97020	A	Microwave therapy	.....	.....	.....	.....	.....
97022	A	Whirlpool therapy	.....	.....	.....	.....	.....
97024	A	Diathermy treatment	.....	.....	.....	.....	.....
97026	A	Infrared therapy	.....	.....	.....	.....	.....
97028	A	Ultraviolet therapy	.....	.....	.....	.....	.....
97032	A	Electrical stimulation	.....	.....	.....	.....	.....
97033	A	Electric current therapy	.....	.....	.....	.....	.....
97034	A	Contrast bath therapy	.....	.....	.....	.....	.....
97035	A	Ultrasound therapy	.....	.....	.....	.....	.....
97036	A	Hydrotherapy	.....	.....	.....	.....	.....
97039	A	Physical therapy treatment	.....	.....	.....	.....	.....
97110	A	Therapeutic exercises	.....	.....	.....	.....	.....

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
97112	A	Neuromuscular reeducation					
97113	A	Aquatic therapy/exercises					
97116	A	Gait training therapy					
[2]97122	A	Manual traction therapy					
97124	A	Massage therapy					
97139	A	Physical medicine procedure					
97150	A	Group therapeutic procedures					
[2]97250	S	Myofascial release	997	0.69	$35.48	$7.46	$7.10
[2]97260	S	Regional manipulation	997	0.69	$35.48	$7.46	$7.10
[2]97261	S	Supplemental manipulations	997	0.69	$35.48	$7.46	$7.10
[2]97265	A	Joint mobilization					
97504	A	Orthotic training					
97520	A	Prosthetic training					
[1]97530	A	Therapeutic activities					
97535	A	Self care mngment training					
[1]97537	A	Community/work reintegration					
97542	A	Wheelchair mngement training					
97545	A	Work hardening					
97546	A	Work hardening add-on					
97703	A	Prosthetic checkout					
97750	A	Physical performance test					
[1]97770	A	Cognitive skills development					
97780	E	Acupuncture w/o stim					
97781	E	Acupuncture w/stim					
97799	A	Physical medicine procedure					
98925	S	Osteopathic manipulation	997	0.69	$35.48	$7.46	$7.10
98926	S	Osteopathic manipulation	997	0.69	$35.48	$7.46	$7.10
98927	S	Osteopathic manipulation	997	0.69	$35.48	$7.46	$7.10
98928	S	Osteopathic manipulation	997	0.69	$35.48	$7.46	$7.10
98929	S	Osteopathic manipulation	997	0.69	$35.48	$7.46	$7.10
98940	S	Chiropractic manipulation	997	0.69	$35.48	$7.46	$7.10
98941	S	Chiropractic manipulation	997	0.69	$35.48	$7.46	$7.10
98942	S	Chiropractic manipulation	997	0.69	$35.48	$7.46	$7.10
98943	E	Chiropractic manipulation					
99000	E	Specimen handling					
99001	N	Specimen handling					
99002	E	Device handling					
99024	N	Post-op follow-up visit					
99025	N	Initial surgical evaluation					
99050	E	Medical services after hrs					
99052	E	Medical services at night					
99054	E	Medical services, unusual hrs					
99056	E	Non-office medical services					
99058	E	Office emergency care					
99070	E	Special supplies					
99071	E	Patient education materials					
99075	E	Medical testimony					
99078	S	Group health education	921				
99080	E	Special reports or forms					
99082	E	Unusual physician travel					
99090	E	Computer data analysis					
99100	N	Special anesthesia service					
99116	N	Anesthesia with hypothermia					
99135	N	Special anesthesia procedure					
99140	N	Emergency anesthesia					
99141	N	Sedation, iv/im or inhalant					
99142	N	Sedation, oral/rectal/nasal					
99175	N	Induction of vomiting					
99183	S	Hyperbaric oxygen therapy	969	2.65	$136.26	$141.70	$27.25
99185	N	Regional hypothermia					
99186	N	Total body hypothermia					
99190	C	Special pump services					
99191	C	Special pump services					
99192	C	Special pump services					
99195	X	Phlebotomy	999	0.43	$22.11	$11.07	$4.42
99199	N	Special service or report					
99201	V	Office/outpatient visit, new	911				
99202	V	Office/outpatient visit, new	911				
99203	V	Office/outpatient visit, new	913				
99204	V	Office/outpatient visit, new	915				
99205	V	Office/outpatient visit, new	915				
99211	V	Office/outpatient visit, est	911				
99212	V	Office/outpatient visit, est	911				
99213	V	Office/outpatient visit, est	913				
99214	V	Office/outpatient visit, est	915				

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
99215	V	Office/outpatient visit, est	915				
99217	N	Observation care discharge					
99218	N	Observation care					
99219	N	Observation care					
99220	N	Observation care					
99221	E	Initial hospital care					
99222	E	Initial hospital care					
99223	E	Initial hospital care					
99231	E	Subsequent hospital care					
99232	E	Subsequent hospital care					
99233	E	Subsequent hospital care					
99234	C	Observ/hosp same date					
99235	C	Observ/hosp same date					
99236	C	Observ/hosp same date					
99238	E	Hospital discharge day					
99239	E	Hospital discharge day					
99241	V	Office consultation	911				
99242	V	Office consultation	911				
99243	V	Office consultation	913				
99244	V	Office consultation	915				
99245	V	Office consultation	915				
99251	C	Initial inpatient consult					
99252	C	Initial inpatient consult					
99253	C	Initial inpatient consult					
99254	C	Initial inpatient consult					
99255	C	Initial inpatient consult					
99261	C	Follow-up inpatient consult					
99262	C	Follow-up inpatient consult					
99263	C	Follow-up inpatient consult					
99271	V	Confirmatory consultation	911				
99272	V	Confirmatory consultation	911				
99273	V	Confirmatory consultation	913				
99274	V	Confirmatory consultation	915				
99275	V	Confirmatory consultation	915				
99281	V	Emergency dept visit	951				
99282	V	Emergency dept visit	951				
99283	V	Emergency dept visit	953				
99284	V	Emergency dept visit	955				
99285	V	Emergency dept visit	955				
99288	E	Direct advanced life support					
99291	S	Critical care, first hour	900	7.54	$387.71	$145.09	$77.54
99292	N	Critical care, addt'l 30 min					
99295	C	Neonatal critical care					
99296	C	Neonatal critical care					
99297	C	Neonatal critical care					
99301	E	Nursing facility care					
99302	E	Nursing facility care					
99303	E	Nursing facility care					
99311	E	Nursing facility care, subseq					
99312	E	Nursing facility care, subseq					
99313	E	Nursing facility care, subseq					
99315	E	Nursing fac discharge day					
99316	E	Nursing fac discharge day					
99321	E	Rest home visit, new patient					
99322	E	Rest home visit, new patient					
99323	E	Rest home visit, new patient					
99331	E	Rest home visit, estab pat					
99332	E	Rest home visit, estab pat					
99333	E	Rest home visit, estab pat					
99341	E	Home visit, new patient					
99342	E	Home visit, new patient					
99343	E	Home visit, new patient					
99344	E	Home visit, new patient					
99345	E	Home visit, new patient					
99347	E	Home visit, estab patient					
99348	E	Home visit, estab patient					
99349	E	Home visit, estab patient					
99350	E	Home visit, estab patient					
99354	N	Prolonged service, office					
99355	N	Prolonged service, office					
99356	C	Prolonged service, inpatient					
99357	C	Prolonged service, inpatient					
99358	N	Prolonged serv, w/o contact					
99359	N	Prolonged serv, w/o contact					
99360	E	Physician standby services					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
99361	E	Physician/team conference					
99362	E	Physician/team conference					
99371	E	Physician phone consultation					
99372	E	Physician phone consultation					
99373	E	Physician phone consultation					
99374	E	Home health care supervision					
99375	E	Home health care supervision					
99377	E	Hospice care supervision					
99378	E	Hospice care supervision					
99379	E	Nursing fac care supervision					
99380	E	Nursing fac care supervision					
99381	E	Preventive visit, new, infant					
99382	E	Preventive visit, new, age 1-4					
99383	E	Preventive visit, new, age 5-11					
99384	E	Preventive visit, new, 12-17					
99385	E	Preventive visit, new, 18-39					
99386	E	Preventive visit, new, 40-64					
99387	E	Preventive visit, new, 65 & over					
99391	E	Preventive visit, est, infant					
99392	E	Preventive visit, est, age 1-4					
99393	E	Preventive visit, est, age 5-11					
99394	E	Preventive visit, est, 12-17					
99395	E	Preventive visit, est, 18-39					
99396	E	Preventive visit, est, 40-64					
99397	E	Preventive visit, est, 65 & over					
99401	E	Preventive counseling, indiv					
99402	E	Preventive counseling, indiv					
99403	E	Preventive counseling, indiv					
99404	E	Preventive counseling, indiv					
99411	E	Preventive counseling, group					
99412	E	Preventive counseling, group					
99420	E	Health risk assessment test					
99429	E	Unlisted preventive service					
99431	N	Initial care, normal newborn					
99432	N	Newborn care not in hospital					
99433	C	Normal newborn care,hospital					
99435	E	Hospital NB discharge day					
99436	N	Attendance, birth					
99440	S	Newborn resuscitation	947	4.11	$211.34	$106.22	$42.27
99450	E	Life/disability evaluation					
99455	E	Disability examination					
99456	E	Disability examination					
99499	E	Unlisted E/M service					
A0021	E	Outside state ambulance serv					
A0030	A	Air ambulance service					
A0040	A	Helicopter ambulance service					
A0050	A	Water amb service emergency					
A0080	E	Noninterest escort in non er					
A0090	E	Interest escort in non er					
A0100	E	Nonemergency transport taxi					
A0110	E	Nonemergency transport bus					
A0120	E	Noner transport mini-bus					
A0130	E	Noner transport wheelch van					
A0140	E	Nonemergency transport air					
A0160	E	Noner transport case worker					
A0170	E	Noner transport parking fees					
A0180	E	Noner transport lodgng recip					
A0190	E	Noner transport meals recip					
A0200	E	Noner transport lodgng escrt					
A0210	E	Noner transport meals escort					
A0225	A	Neonatal emergency transport					
A0300	A	Ambulance basic non-emer all					
A0302	A	Ambulance basic emergeny all					
A0304	A	Amb adv non-er no serv all					
A0306	A	Amb adv non-er spec serv all					
A0308	A	Amb adv er no spec serv all					
A0310	A	Amb adv er spec serv all					
A0320	A	Amb basic non-er + supplies					
A0322	A	Amb basic emerg + supplies					
A0324	A	Adv non-er serv sep mileage					
A0326	A	Adv non-er no serv sep mile					
A0328	A	Adv er no serv sep mileage					
A0330	A	Adv er spec serv sep mile					
A0340	A	Amb basic non-er + mileage					
A0342	A	Ambul basic emer + mileage					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
A0344	A	Amb adv non-er no serv +mile					
A0346	A	Amb adv non-er serv + mile					
A0348	A	Adv emer no spec serv + mile					
A0350	A	Adv emer spec serv + mileage					
A0360	A	Basic non-er sep mile & supp					
A0362	A	Basic emer sep mile & supply					
A0364	A	Adv non-er no serv sep mi&su					
A0366	A	Adv non-er serv sep mil&supp					
A0368	A	Adv er no serv sep mile&supp					
A0370	A	Adv er spec serv sep mi&supp					
A0380	A	Basic life support mileage					
A0382	A	Basic support routine suppls					
A0384	A	Bls defibrillation supplies					
A0390	A	Advanced life support mileag					
A0392	A	Als defibrillation supplies					
A0394	A	Als IV drug therapy supplies					
A0396	A	Als esophageal intub suppls					
A0398	A	Als routine disposble suppls					
A0420	A	Ambulance waiting 1/2 hr					
A0422	A	Ambulance 02 life sustaining					
A0424	A	Extra ambulance attendant					
A0888	E	Noncovered ambulance mileage					
A0999	A	Unlisted ambulance service					
A4206	A	1 CC sterile syringe & needle					
A4207	A	2 CC sterile syringe & needle					
A4208	A	3 CC sterile syringe & needle					
A4209	A	5+ CC sterile syringe & needle					
A4210	E	Nonneedle injection device					
A4211	A	Supp for self-adm injections					
A4212	A	Non coring needle or stylet					
A4213	A	20+ CC syringe only					
A4214	A	30 CC sterile water/saline					
A4215	A	Sterile needle					
A4220	A	Infusion pump refill kit					
A4221	A	Maint drug infus cath per wk					
A4222	A	Drug infusion pump supplies					
A4230	E	Infus insulin pump non needl					
A4231	E	Infusion insulin pump needle					
A4232	E	Syringe w/needle insulin 3cc					
A4244	A	Alcohol or peroxide per pint					
A4245	A	Alcohol wipes per box					
A4246	A	Betadine/phisohex solution					
A4247	A	Betadine/iodine swabs/wipes					
A4250	E	Urine reagent strips/tablets					
A4253	A	Blood glucose/reagent strips					
A4254	A	Battery for glucose monitor					
A4255	A	Glucose monitor platforms					
A4256	A	Calibrator solution/chips					
A4258	A	Lancet device each					
A4259	A	Lancets per box					
A4260	E	Levonorgestrel implant					
A4262	N	Temporary tear duct plug					
A4263	A	Permanent tear duct plug					
A4265	A	Paraffin					
A4270	A	Disposable endoscope sheath					
A4300	A	Cath impl vasc access portal					
A4301	A	Implantable access syst perc					
A4305	A	Drug delivery system ≤=50 ML					
A4306	A	Drug delivery system <=5 ML					
A4310	A	Insert tray w/o bag/cath					
A4311	A	Catheter w/o bag 2-way latex					
A4312	A	Cath w/o bag 2-way silicone					
A4313	A	Catheter w/bag 3-way					
A4314	A	Cath w/drainage 2-way latex					
A4315	A	Cath w/drainage 2-way silcne					
A4316	A	Cath w/drainage 3-way					
A4320	A	Irrigation tray					
A4321	A	Cath therapeutic irrig agent					
A4322	A	Irrigation syringe					
A4323	A	Saline irrigation solution					
A4326	A	Male external catheter					
A4327	A	Fem urinary collect dev cup					
A4328	A	Fem urinary collect pouch					
A4329	A	External catheter start set					
A4330	A	Stool collection pouch					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
A4335	A	Incontinence supply					
A4338	A	Indwelling catheter latex					
A4340	A	Indwelling catheter special					
A4344	A	Cath indw foley 2 way silicn					
A4346	A	Cath indw foley 3 way					
A4347	A	Male external catheter					
A4351	A	Straight tip urine catheter					
A4352	A	Coude tip urinary catheter					
A4353	A	Intermittent urinary cath					
A4354	A	Cath insertion tray w/bag					
A4355	A	Bladder irrigation tubing					
A4356	A	Ext ureth clmp or compr dvc					
A4357	A	Bedside drainage bag					
A4358	A	Urinary leg bag					
A4359	A	Urinary suspensory w/o leg b					
A4361	A	Ostomy face plate					
A4362	A	Solid skin barrier					
A4363	A	Liquid skin barrier					
A4364	A	Ostomy/cath adhesive					
A4365	A	Ostomy adhesive remover wipe					
A4367	A	Ostomy belt					
A4368	A	Ostomy filter					
A4397	A	Irrigation supply sleeve					
A4398	A	Ostomy irrigation bag					
A4399	A	Ostomy irrig cone/cath w brs					
A4400	A	Ostomy irrigation set					
A4402	A	Lubricant per ounce					
A4404	A	Ostomy ring each					
A4421	A	Ostomy supply misc					
A4454	A	Tape all types all sizes					
A4455	A	Adhesive remover per ounce					
A4460	A	Elastic compression bandage					
A4462	A	Abdmnl drssng holder/binder					
A4465	A	Non-elastic extremity binder					
A4470	A	Gravlee jet washer					
A4480	A	Vabra aspirator					
A4481	A	Tracheostoma filter					
A4490	E	Above knee surgical stocking					
A4495	E	Thigh length surg stocking					
A4500	E	Below knee surgical stocking					
A4510	E	Full length surg stocking					
A4550	E	Surgical trays					
A4554	E	Disposable underpads					
A4556	A	Electrodes					
A4557	A	Lead wires					
A4558	A	Conductive paste or gel					
A4560	A	Pessary					
A4565	A	Slings					
A4570	A	Splint					
A4572	A	Rib belt					
A4575	E	Hyperbaric o2 chamber disps					
A4580	A	Cast supplies (plaster)					
A4590	A	Special casting material					
A4595	A	TENS suppl 2 lead per month					
A4611	A	Heavy duty battery					
A4612	A	Battery cables					
A4613	A	Battery charger					
A4615	A	Cannula nasal					
A4616	A	Tubing (oxygen) per foot					
A4617	A	Mouth piece					
A4618	A	Breathing circuits					
A4619	A	Face tent					
A4620	A	Variable concentration mask					
A4621	A	Tracheotomy mask or collar					
A4622	A	Tracheostomy or larngectomy					
A4623	A	Tracheostomy inner cannula					
A4624	A	Tracheal suction tube					
A4625	A	Trach care kit for new trach					
A4626	A	Tracheostomy cleaning brush					
A4627	E	Spacer bag/reservoir					
A4628	A	Oropharyngeal suction cath					
A4629	A	Tracheostomy care kit					
A4630	A	Repl bat t.e.n.s. own by pt					
A4631	A	Wheelchair battery					
A4635	A	Underarm crutch pad					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
A4636	A	Handgrip for cane etc					
A4637	A	Repl tip cane/crutch/walker					
A4640	A	Alternating pressure pad					
A4641	N	Diagnostic imaging agent					
A4642	N	Satumomab pendetide per dose					
A4643	N	High dose contrast MRI					
A4644	N	Contrast 100-199 MGs iodine					
A4645	N	Contrast 200-299 MGs iodine					
A4646	N	Contrast 300-399 MGs iodine					
A4647	N	Supp- paramagnetic contr mat					
A4649	A	Surgical supplies					
A4650	A	Supp esrd centrifuge					
A4655	A	Esrd syringe/needle					
A4660	A	Esrd blood pressure device					
A4663	A	Esrd blood pressure cuff					
A4670	E	Auto blood pressure monitor					
A4680	A	Activated carbon filters					
A4690	A	Dialyzers					
A4700	A	Standard dialysate solution					
A4705	A	Bicarb dialysate solution					
A4712	A	Sterile water					
A4714	A	Treated water for dialysis					
A4730	A	Fistula cannulation set dial					
A4735	A	Local/topical anesthetics					
A4740	A	Esrd shunt accessory					
A4750	A	Arterial or venous tubing					
A4755	A	Arterial and venous tubing					
A4760	A	Standard testing solution					
A4765	A	Dialysate concentrate					
A4770	A	Blood testing supplies					
A4771	A	Blood clotting time tube					
A4772	A	Dextrostick/glucose strips					
A4773	A	Hemostix					
A4774	A	Ammonia test paper					
A4780	A	Esrd sterilizing agent					
A4790	A	Esrd cleansing agents					
A4800	A	Heparin/antidote dialysis					
A4820	A	Supplies hemodialysis kit					
A4850	A	Rubber tipped hemostats					
A4860	A	Disposable catheter caps					
A4870	A	Plumbing/electrical work					
A4880	A	Water storage tanks					
A4890	A	Contracts/repair/maintenance					
A4900	A	Capd supply kit					
A4901	A	Ccpd supply kit					
A4905	A	Ipd supply kit					
A4910	A	Esrd nonmedical supplies					
A4912	A	Gomco drain bottle					
A4913	A	Esrd supply					
A4914	A	Preparation kit					
A4918	A	Venous pressure clamp					
A4919	A	Supp dialysis dialyzer holde					
A4920	A	Harvard pressure clamp					
A4921	A	Measuring cylinder					
A4927	A	Gloves					
A5051	A	Pouch clsd w barr attached					
A5052	A	Clsd ostomy pouch w/o barr					
A5053	A	Clsd ostomy pouch faceplate					
A5054	A	Clsd ostomy pouch w/flange					
A5055	A	Stoma cap					
A5061	A	Pouch drainable w barrier at					
A5062	A	Drnble ostomy pouch w/o barr					
A5063	A	Drain ostomy pouch w/flange					
A5064	E	Drain ostomy pouch w/fceplte					
A5065	E	Drain ostomy pouch on fcplte					
A5071	A	Urinary pouch w/barrier					
A5072	A	Urinary pouch w/o barrier					
A5073	A	Urinary pouch on barr w/flng					
A5074	E	Urinary pouch w/faceplate					
A5075	E	Urinary pouch on faceplate					
A5081	A	Continent stoma plug					
A5082	A	Continent stoma catheter					
A5093	A	Ostomy accessory convex inse					
A5102	A	Bedside drain btl w/wo tube					
A5105	A	Urinary suspensory					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
A5112	A	Urinary leg bag					
A5113	A	Latex leg strap					
A5114	A	Foam/fabric leg strap					
A5119	A	Skin barrier wipes box pr 50					
A5121	A	Solid skin barrier 6x6					
A5122	A	Solid skin barrier 8x8					
A5123	A	Skin barrier with flange					
A5126	A	Adhesive disc/foam pad					
A5131	A	Appliance cleaner					
A5149	A	Incontinence/ostomy supply					
A5500	A	Diab shoe for density insert					
A5501	A	Diabetic custom molded shoe					
A5502	A	Diabetic shoe density insert					
A5503	A	Diabetic shoe w/roller/rockr					
A5504	A	Diabetic shoe with wedge					
A5505	A	Diab shoe w/metatarsal bar					
A5506	A	Diabetic shoe w/off set heel					
A5507	A	Modification diabetic shoe					
A6020	A	Collagen wound dressing					
A6025	E	Silicone gel sheet, each					
A6154	A	Wound pouch each					
A6196	A	Alginate dressing <=16 sq in					
A6197	A	Alginate drsg >16 <=48 sq in					
A6198	A	alginate dressing > 48 sq in					
A6199	A	Alginate drsg wound filler					
A6203	A	Composite drsg <= 16 sq in					
A6204	A	Composite drsg >16<=48 sq in					
A6205	A	Composite drsg > 48 sq in					
A6206	A	Contact layer <= 16 sq in					
A6207	A	Contact layer >16<= 48 sq in					
A6208	A	Contact layer > 48 sq in					
A6209	A	Foam drsg <=16 sq in w/o bdr					
A6210	A	Foam drg >16<=48 sq in w/o b					
A6211	A	Foam drg > 48 sq in w/o brdr					
A6212	A	Foam drg <=16 sq in w/border					
A6213	A	Foam drg >16<=48 sq in w/bdr					
A6214	A	Foam drg > 48 sq in w/border					
A6215	A	Foam dressing wound filler					
A6216	A	Non-sterile gauze<=16 sq in					
A6217	A	Non-sterile gauze >16<=48 sq					
A6218	A	Non-sterile gauze > 48 sq in					
A6219	A	Gauze <= 16 sq in w/border					
A6220	A	Gauze >16 <=48 sq in w/bordr					
A6221	A	Gauze > 48 sq in w/border					
A6222	A	Gauze <=16 in no w/sal w/o b					
A6223	A	Gauze >16<=48 no w/sal w/o b					
A6224	A	Gauze > 48 in no w/sal w/o b					
A6228	A	Gauze <= 16 sq in water/sal					
A6229	A	Gauze >16<=48 sq in watr/sal					
A6230	A	Gauze > 48 sq in water/salne					
A6234	A	Hydrocolld drg <=16 w/o bdr					
A6235	A	Hydrocolld drg >16<=48 w/o b					
A6236	A	Hydrocolld drg > 48 in w/o b					
A6237	A	Hydrocolld drg <=16 in w/bdr					
A6238	A	Hydrocolld drg >16<=48 w/bdr					
A6239	A	Hydrocolld drg > 48 in w/bdr					
A6240	A	Hydrocolld drg filler paste					
A6241	A	Hydrocolloid drg filler dry					
A6242	A	Hydrogel drg <=16 in w/o bdr					
A6243	A	Hydrogel drg >16<=48 w/o bdr					
A6244	A	Hydrogel drg >48 in w/o bdr					
A6245	A	Hydrogel drg <= 16 in w/bdr					
A6246	A	Hydrogel drg >16<=48 in w/b					
A6247	A	Hydrogel drg > 48 sq in w/b					
A6248	A	Hydrogel drsg gel filler					
A6250	A	Skin seal protect moisturizr					
A6251	A	Absorpt drg <=16 sq in w/o b					
A6252	A	Absorpt drg >16 <=48 w/o bdr					
A6253	A	Absorpt drg > 48 sq in w/o b					
A6254	A	Absorpt drg <=16 sq in w/bdr					
A6255	A	Absorpt drg >16<=48 in w/bdr					
A6256	A	Absorpt drg > 48 sq in w/bdr					
A6257	A	Transparent film <= 16 sq in					
A6258	A	Transparent film >16<=48 in					
A6259	A	Transparent film > 48 sq in					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
A6260	A	Wound cleanser any type/size					
A6261	A	Wound filler gel/paste /oz					
A6262	A	Wound filler dry form / gram					
A6263	A	Non-sterile elastic gauze/yd					
A6264	A	Non-sterile no elastic gauze					
A6265	A	Tape per 18 sq inches					
A6266	A	Impreg gauze no h20/sal/yard					
A6402	A	Sterile gauze <= 16 sq in					
A6403	A	Sterile gauze >16 <= 48 sq in					
A6404	A	Sterile gauze > 48 sq in					
A6405	A	Sterile elastic gauze /yd					
A6406	A	Sterile non-elastic gauze/yd					
A9150	E	Misc/exper non-prescript dru					
A9160	E	Podiatrist non-covered servi					
A9170	E	Chiropractor non-covered ser					
A9190	E	Misc/expe personal comfort i					
A9270	E	Non-covered item or service					
A9300	E	Exercise equipment					
A9500	N	Technetium TC 99m sestamibi					
A9502	N	Technetium TC99M tetrofosmin					
A9503	N	Technetium TC 99m medronate					
A9505	N	Thallous chloride TL 201/mci					
A9600	N	Strontium-89 chloride					
B4034	A	Enter feed supkit syr by day					
B4035	A	Enteral feed supp pump per d					
B4036	A	Enteral feed sup kit grav by					
B4081	A	Enteral ng tubing w/ stylet					
B4082	A	Enteral ng tubing w/o stylet					
B4083	A	Enteral stomach tube levine					
B4084	A	Gastrostomy/jejunostomy tubi					
B4085	A	Gastrostomy tube w/ring each					
B4150	A	Enteral formulae category i					
B4151	A	Enteral formulae category i-					
B4152	A	Enteral formulae category ii					
B4153	A	Enteral formulae category ii					
B4154	A	Enteral formulae category IV					
B4155	A	Enteral formulae category v					
B4156	A	Enteral formulae category vi					
B4164	A	Parenteral 50% dextrose solu					
B4168	A	Parenteral sol amino acid 3.					
B4172	A	Parenteral sol amino acid 5.					
B4176	A	Parenteral sol amino acid 7-					
B4178	A	Parenteral sol amino acid >					
B4180	A	Parenteral sol carb > 50%					
B4184	A	Parenteral sol lipids 10%					
B4186	A	Parenteral sol lipids 20%					
B4189	A	Parenteral sol amino acid &					
B4193	A	Parenteral sol 52-73 gm prot					
B4197	A	Parenteral sol 74-100 gm pro					
B4199	A	Parenteral sol > 100gm prote					
B4216	A	Parenteral nutrition additiv					
B4220	A	Parenteral supply kit premix					
B4222	A	Parenteral supply kit homemi					
B4224	A	Parenteral administration ki					
B5000	A	Parenteral sol renal-amirosy					
B5100	A	Parenteral sol hepatic-fream					
B5200	A	Parenteral sol stres-brnch c					
B9000	A	Enter infusion pump w/o alrm					
B9002	A	Enteral infusion pump w/ ala					
B9004	A	Parenteral infus pump portab					
B9006	A	Parenteral infus pump statio					
B9998	A	Enteral supp not otherwise c					
B9999	A	Parenteral supp not othrws c					
D0120	E	Periodic oral evaluation					
D0140	E	Limit oral eval problm focus					
D0150	S	Comprehensve oral evaluation	031	1.37	$70.45	$14.09	$14.09
D0160	E	Extensv oral eval prob focus					
D0210	E	Intraor complete film series					
D0220	E	Intraoral periapical first f					
D0230	E	Intraoral periapical ea add					
D0240	S	Intraoral occlusal film	031	1.37	$70.45	$14.09	$14.09
D0250	S	Extraoral first film	031	1.37	$70.45	$14.09	$14.09
D0260	S	Extraoral ea additional film	031	1.37	$70.45	$14.09	$14.09
D0270	S	Dental bitewing single film	031	1.37	$70.45	$14.09	$14.09
D0272	S	Dental bitewings two films	031	1.37	$70.45	$14.09	$14.09

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
D0274	S	Dental bitewings four films	031	1.37	$70.45	$14.09	$14.09
D0290	E	Dental film skull/facial bon					
D0310	E	Dental saliography					
D0320	E	Dental tmj arthrogram incl i					
D0321	E	Dental other tmj films					
D0322	E	Dental tomographic survey					
D0330	E	Dental panoramic film					
D0340	E	Dental cephalometric film					
D0415	E	Bacteriologic study					
D0425	E	Caries susceptibility test					
D0460	S	Pulp vitality test	031	1.37	$70.45	$14.09	$14.09
D0470	E	Diagnostic casts					
D0471	S	Diagnostic photographs	031	1.37	$70.45	$14.09	$14.09
D0501	S	Histopathologic examinations	031	1.37	$70.45	$14.09	$14.09
D0502	S	Other oral pathology procedu	031	1.37	$70.45	$14.09	$14.09
D0999	S	Unspecified diagnostic proce	031	1.37	$70.45	$14.09	$14.09
D1110	E	Dental prophylaxis adult					
D1120	E	Dental prophylaxis child					
D1201	E	Topical fluor w prophy child					
D1203	E	Topical fluor w/o prophy chi					
D1204	E	Topical fluor w/o prophy adu					
D1205	E	Topical fluoride w/ prophy a					
D1310	E	Nutri counsel-control caries					
D1320	E	Tobacco counseling					
D1330	E	Oral hygiene instruction					
D1351	E	Dental sealant per tooth					
D1510	S	Space maintainer fxd unilat	031	1.37	$70.45	$14.09	$14.09
D1515	S	Fixed bilat space maintainer	031	1.37	$70.45	$14.09	$14.09
D1520	S	Remove unilat space maintain	031	1.37	$70.45	$14.09	$14.09
D1525	S	Remove bilat space maintain	031	1.37	$70.45	$14.09	$14.09
D1550	S	Recement space maintainer	031	1.37	$70.45	$14.09	$14.09
D2110	E	Amalgam one surface primary					
D2120	E	Amalgam two surfaces primary					
D2130	E	Amalgam three surfaces prima					
D2131	E	Amalgam four/more surf prima					
D2140	E	Amalgam one surface permanen					
D2150	E	Amalgam two surfaces permane					
D2160	E	Amalgam three surfaces perma					
D2161	E	Amalgam 4 or > surfaces perm					
D2210	E	Slcate cement per restorat					
D2330	E	Resin one surface-anterior					
D2331	E	Resin two surfaces-anterior					
D2332	E	Resin three surfaces-anterio					
D2335	E	Resin 4/> surf or w incis an					
D2336	E	Composite resin crown					
D2380	E	Resin one surf poster primar					
D2381	E	Resin two surf poster primar					
D2382	E	Resin three/more surf post p					
D2385	E	Resin one surf poster perman					
D2386	E	Resin two surf poster perman					
D2387	E	Resin three/more surf post p					
D2410	E	Dental gold foil one surface					
D2420	E	Dental gold foil two surface					
D2430	E	Dental gold foil three surfa					
D2510	E	Dental inlay metalic 1 surf					
D2520	E	Dental inlay metallic 2 surf					
D2530	E	Dental inlay metl 3/more sur					
D2543	E	Dental onlay metallic 3 surf					
D2544	E	Dental onlay metl 4/more sur					
D2610	E	Inlay porcelain/ceramic 1 su					
D2620	E	Inlay porcelain/ceramic 2 su					
D2630	E	Dental onlay porc 3/more sur					
D2642	E	Dental onlay porcelin 2 surf					
D2643	E	Dental onlay porcelin 3 surf					
D2644	E	Dental onlay porc 4/more sur					
D2650	E	Inlay composite/resin one su					
D2651	E	Inlay composite/resin two su					
D2652	E	Dental inlay resin 3/mre sur					
D2662	E	Dental onlay resin 2 surface					
D2663	E	Dental onlay resin 3 surface					
D2664	E	Dental onlay resin 4/mre sur					
D2710	E	Crown resin laboratory					
D2720	E	Crown resin w/ high noble me					
D2721	E	Crown resin w/ base metal					
D2722	E	Crown resin w/ noble metal					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
D2740	E	Crown porcelain/ceramic subs					
D2750	E	Crown porcelain w/ h noble m					
D2751	E	Crown porcelain fused base m					
D2752	E	Crown porcelain w/ noble met					
D2790	E	Crown full cast high noble m					
D2791	E	Crown full cast base metal					
D2792	E	Crown full cast noble metal					
D2810	E	Crown 3/4 cast metallic					
D2910	E	Dental recement inlay					
D2920	E	Dental recement crown					
D2930	E	Prefab stnlss steel crwn pri					
D2931	E	Prefab stnlss steel crown pe					
D2932	E	Prefabricated resin crown					
D2933	E	Prefab stainless steel crown					
D2940	E	Dental sedative filling					
D2950	E	Core build-up incl any pins					
D2951	E	Tooth pin retention					
D2952	E	Post and core cast + crown					
D2954	E	Prefab post/core + crown					
D2955	E	Post removal					
D2960	E	Laminate labial veneer					
D2961	E	Lab labial veneer resin					
D2962	E	Lab labial veneer porcelain					
D2970	S	Temporary- fractured tooth	031	1.37	$70.45	$14.09	$14.09
D2980	E	Crown repair					
D2999	S	Dental unspec restorative pr	031	1.37	$70.45	$14.09	$14.09
D3110	E	Pulp cap direct					
D3120	E	Pulp cap indirect					
D3220	E	Therapeutic pulpotomy					
D3230	E	Pulpal therapy anterior prim					
D3240	E	Pulpal therapy posterior pri					
D3310	E	Anterior					
D3320	E	Root canal therapy 2 canals					
D3330	E	Root canal therapy 3 canals					
D3346	E	Retreat root canal anterior					
D3347	E	Retreat root canal bicuspid					
D3348	E	Retreat root canal molar					
D3351	E	Apexification/recalc initial					
D3352	E	Apexification/recalc interim					
D3353	E	Apexification/recalc final					
D3410	E	Apicoect/perirad surg anter					
D3421	E	Root surgery bicuspid					
D3425	E	Root surgery molar					
D3426	E	Root surgery ea add root					
D3430	E	Retrograde filling					
D3450	E	Root amputation					
D3460	S	Endodontic endosseous implan	031	1.37	$70.45	$14.09	$14.09
D3470	E	Intentional replantation					
D3910	E	Isolation- tooth w rubb dam					
D3920	E	Tooth splitting					
D3950	E	Canal prep/fitting of dowel					
D3960	E	Bleaching of discolored toot					
D3999	S	Endodontic procedure	031	1.37	$70.45	$14.09	$14.09
D4210	E	Gingivectomy/plasty per quad					
D4211	E	Gingivectomy/plasty per toot					
D4220	E	Gingival curettage per quadr					
D4240	E	Gingival flap proc w/ planin					
D4249	E	Crown lengthen hard tissue					
D4250	S	Mucogingival surg per quadra	031	1.37	$70.45	$14.09	$14.09
D4260	S	Osseous surgery per quadrant	031	1.37	$70.45	$14.09	$14.09
D4263	S	Bone replce graft first site	031	1.37	$70.45	$14.09	$14.09
D4264	S	Bone replce graft each add	031	1.37	$70.45	$14.09	$14.09
D4266	E	Guided tiss regen resorble					
D4267	E	Guided tiss regen nonresorb					
D4270	S	Pedicle soft tissue graft pr	031	1.37	$70.45	$14.09	$14.09
D4271	S	Free soft tissue graft proc	031	1.37	$70.45	$14.09	$14.09
D4273	S	Subepithelial tissue graft	031	1.37	$70.45	$14.09	$14.09
D4274	E	Distal/proximal wedge proc					
D4320	E	Provision splnt intracoronal					
D4321	E	Provisional splint extracoro					
D4341	E	Periodontal scaling & root					
D4355	S	Full mouth debridement	031	1.37	$70.45	$14.09	$14.09
D4381	S	Localized chemo delivery	031	1.37	$70.45	$14.09	$14.09
D4910	E	Periodontal maint procedures					
D4920	E	Unscheduled dressing change					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
D4999	E	Unspecified periodontal proc					
D5110	E	Dentures complete maxillary					
D5120	E	Dentures complete mandible					
D5130	E	Dentures immediat maxillary					
D5140	E	Dentures immediat mandible					
D5211	E	Dentures maxill part resin					
D5212	E	Dentures mand part resin					
D5213	E	Dentures maxill part metal					
D5214	E	Dentures mandibl part metal					
D5281	E	Removable partial denture					
D5410	E	Dentures adjust cmplt maxil					
D5411	E	Dentures adjust cmplt mand					
D5421	E	Dentures adjust part maxill					
D5422	E	Dentures adjust part mandbl					
D5510	E	Dentur repr broken compl bas					
D5520	E	Replace denture teeth complt					
D5610	E	Dentures repair resin base					
D5620	E	Rep part denture cast frame					
D5630	E	Rep partial denture clasp					
D5640	E	Replace part denture teeth					
D5650	E	Add tooth to partial denture					
D5660	E	Add clasp to partial denture					
D5710	E	Dentures rebase cmplt maxil					
D5711	E	Dentures rebase cmplt mand					
D5720	E	Dentures rebase part maxill					
D5721	E	Dentures rebase part mandbl					
D5730	E	Denture reln cmplt maxil ch					
D5731	E	Denture reln cmplt mand chr					
D5740	E	Denture reln part maxil chr					
D5741	E	Denture reln part mand chr					
D5750	E	Denture reln cmplt max lab					
D5751	E	Denture reln cmplt mand lab					
D5760	E	Denture reln part maxil lab					
D5761	E	Denture reln part mand lab					
D5810	E	Denture interm cmplt maxill					
D5811	E	Denture interm cmplt mandbl					
D5820	E	Denture interm part maxill					
D5821	E	Denture interm part mandbl					
D5850	E	Denture tiss conditn maxill					
D5851	E	Denture tiss condtin mandbl					
D5860	E	Overdenture complete					
D5861	E	Overdenture partial					
D5862	E	Precision attachment					
D5899	E	Removable prosthodontic proc					
D5911	S	Facial moulage sectional	031	1.37	$70.45	$14.09	$14.09
D5912	S	Facial moulage complete	031	1.37	$70.45	$14.09	$14.09
D5913	E	Nasal prosthesis					
D5914	E	Auricular prosthesis					
D5915	E	Orbital prosthesis					
D5916	E	Ocular prosthesis					
D5919	E	Facial prosthesis					
D5922	E	Nasal septal prosthesis					
D5923	E	Ocular prosthesis interim					
D5924	E	Cranial prosthesis					
D5925	E	Facial augmentation implant					
D5926	E	Replacement nasal prosthesis					
D5927	E	Auricular replacement					
D5928	E	Orbital replacement					
D5929	E	Facial replacement					
D5931	E	Surgical obturator					
D5932	E	Postsurgical obturator					
D5933	E	Refitting of obturator					
D5934	E	Mandibular flange prosthesis					
D5935	E	Mandibular denture prosth					
D5936	E	Temp obturator prosthesis					
D5937	E	Trismus appliance					
D5951	E	Feeding aid					
D5952	E	Pediatric speech aid					
D5953	E	Adult speech aid					
D5954	E	Superimposed prosthesis					
D5955	E	Palatal lift prosthesis					
D5958	E	Intraoral con def inter plt					
D5959	E	Intraoral con def mod palat					
D5960	E	Modify speech aid prosthesis					
D5982	E	Surgical stent					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
D5983	S	Radiation applicator	031	1.37	$70.45	$14.09	$14.09
D5984	S	Radiation shield	031	1.37	$70.45	$14.09	$14.09
D5985	S	Radiation cone locator	031	1.37	$70.45	$14.09	$14.09
D5986	E	Fluoride applicator					
D5987	S	Commissure splint	031	1.37	$70.45	$14.09	$14.09
D5988	E	Surgical splint					
D5999	E	Maxillofacial prosthesis					
D6010	E	Odontics endosteal implant					
D6020	E	Odontics abutment placement					
D6040	E	Odontics eposteal implant					
D6050	E	Odontics transosteal implnt					
D6055	E	Implant connecting bar					
D6080	E	Implant maintenance					
D6090	E	Repair implant					
D6095	E	Odontics repr abutment					
D6100	E	Removal of implant					
D6199	E	Implant procedure					
D6210	E	Prosthodont high noble metal					
D6211	E	Bridge base metal cast					
D6212	E	Bridge noble metal cast					
D6240	E	Bridge porcelain high noble					
D6241	E	Bridge porcelain base metal					
D6242	E	Bridge porcelain nobel metal					
D6250	E	Bridge resin w/high noble					
D6251	E	Bridge resin base metal					
D6252	E	Bridge resin w/noble metal					
D6520	E	Dental retainer two surfaces					
D6530	E	Retainer metallic 3+ surface					
D6543	E	Dental retainr onlay 3 surf					
D6544	E	Dental retainr onlay 4/more					
D6545	E	Dental retainr cast metl					
D6720	E	Retain crown resin w hi nble					
D6721	E	Crown resin w/base metal					
D6722	E	Crown resin w/noble metal					
D6750	E	Crown porcelain high noble					
D6751	E	Crown porcelain base metal					
D6752	E	Crown porcelain noble metal					
D6780	E	Crown 3/4 high noble metal					
D6790	E	Crown full high noble metal					
D6791	E	Crown full base metal cast					
D6792	E	Crown full noble metal cast					
D6920	S	Dental connector bar	031	1.37	$70.45	$14.09	$14.09
D6930	E	Dental recement bridge					
D6940	E	Stress breaker					
D6950	E	Precision attachment					
D6970	E	Post & core plus retainer					
D6971	E	Cast post bridge retainer					
D6972	E	Prefab post & core plus reta					
D6973	E	Core build up for retainer					
D6975	E	Coping metal					
D6980	E	Bridge repair					
D6999	E	Fixed prosthodontic proc					
D7110	S	Oral surgery single tooth	031	1.37	$70.45	$14.09	$14.09
D7120	S	Each add tooth extraction	031	1.37	$70.45	$14.09	$14.09
D7130	S	Tooth root removal	031	1.37	$70.45	$14.09	$14.09
D7210	S	Rem imp tooth w mucoper flp	031	1.37	$70.45	$14.09	$14.09
D7220	S	Impact tooth remov soft tiss	031	1.37	$70.45	$14.09	$14.09
D7230	S	Impact tooth remov part bony	031	1.37	$70.45	$14.09	$14.09
D7240	S	Impact tooth remov comp bony	031	1.37	$70.45	$14.09	$14.09
D7241	S	Impact tooth rem bony w/comp	031	1.37	$70.45	$14.09	$14.09
D7250	S	Tooth root removal	031	1.37	$70.45	$14.09	$14.09
D7260	S	Oral antral fistula closure	031	1.37	$70.45	$14.09	$14.09
D7270	E	Tooth reimplantation					
D7272	E	Tooth transplantation					
D7280	E	Exposure impact tooth orthod					
D7281	E	Exposure tooth aid eruption					
D7285	E	Biopsy of oral tissue hard					
D7286	E	Biopsy of oral tissue soft					
D7290	E	Repositioning of teeth					
D7291	S	Transseptal fiberotomy	031	1.37	$70.45	$14.09	$14.09
D7310	E	Alveoplasty w/ extraction					
D7320	E	Alveoplasty w/o extraction					
D7340	E	Vestibuloplasty ridge extens					
D7350	E	Vestibuloplasty exten graft					
D7410	E	Rad exc lesion up to 1.25 cm					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
D7420	E	Lesion > 1.25 cm					
D7430	E	Exc benign tumor to 1.25 cm					
D7431	E	Benign tumor exc > 1.25 cm					
D7440	E	Malig tumor exc to 1.25 cm					
D7441	E	Malig tumor > 1.25 cm					
D7450	E	Rem odontogen cyst to 1.25cm					
D7451	E	Rem odontogen cyst > 1.25 cm					
D7460	E	Rem nonodonto cyst to 1.25cm					
D7461	E	Rem nonodonto cyst > 1.25 cm					
D7465	E	Lesion destruction					
D7470	E	Rem exostosis maxilla/mandib					
D7480	E	Partial ostectomy					
D7490	E	Mandible resection					
D7510	E	I&d absc intraoral soft tiss					
D7520	E	I&d abscess extraoral					
D7530	E	Removal fb skin/areolar tiss					
D7540	E	Removal of fb reaction					
D7550	E	Removal of sloughed off bone					
D7560	E	Maxillary sinusotomy					
D7610	E	Maxilla open reduct simple					
D7620	E	Clsd reduct simpl maxilla fx					
D7630	E	Open red simpl mandible fx					
D7640	E	Clsd red simpl mandible fx					
D7650	E	Open red simp malar/zygom fx					
D7660	E	Clsd red simp malar/zygom fx					
D7670	E	Open red simple alveolus fx					
D7680	E	Reduct simple facial bone fx					
D7710	E	Maxilla open reduct compound					
D7720	E	Clsd reduct compd maxilla fx					
D7730	E	Open reduct compd mandble fx					
D7740	E	Clsd reduct compd mandble fx					
D7750	E	Open red comp malar/zygma fx					
D7760	E	Clsd red comp malar/zygma fx					
D7770	E	Open reduc compd alveolus fx					
D7780	E	Reduct compnd facial bone fx					
D7810	E	Tmj open reduct-dislocation					
D7820	E	Closed tmp manipulation					
D7830	E	Tmj manipulation under anest					
D7840	E	Removal of tmj condyle					
D7850	E	Tmj meniscectomy					
D7852	E	Tmj repair of joint disc					
D7854	E	Tmj excisn of joint membrane					
D7856	E	Tmj cutting of a muscle					
D7858	E	Tmj reconstruction					
D7860	E	Tmj cutting into joint					
D7865	E	Tmj reshaping components					
D7870	E	Tmj aspiration joint fluid					
D7872	E	Tmj diagnostic arthroscopy					
D7873	E	Tmj arthroscopy lysis adhesn					
D7874	E	Tmj arthroscopy disc reposit					
D7875	E	Tmj arthroscopy synovectomy					
D7876	E	Tmj arthroscopy discectomy					
D7877	E	Tmj arthroscopy debridement					
D7880	E	Occlusal orthotic appliance					
D7899	E	Tmj unspecified therapy					
D7910	E	Dent sutur recent wnd to 5cm					
D7911	E	Dental suture wound to 5 cm					
D7912	E	Suture complicate wnd > 5 cm					
D7920	E	Dental skin graft					
D7940	S	Reshaping bone orthognathic	031	1.37	$70.45	$14.09	$14.09
D7941	E	Bone cutting ramus closed					
D7942	E	Bone cutting ramus open					
D7943	E	Cutting ramus open w/graft					
D7944	E	Bone cutting segmented					
D7945	E	Bone cutting body mandible					
D7946	E	Reconstruction maxilla total					
D7947	E	Reconstruct maxilla segment					
D7948	E	Reconstruct midface no graft					
D7949	E	Reconstruct midface w/graft					
D7950	E	Mandible graft					
D7955	E	Repair maxillofacial defects					
D7960	E	Frenulectomy/frenulotomy					
D7970	E	Excision hyperplastic tissue					
D7971	E	Excision pericoronal gingiva					
D7980	E	Sialolithotomy					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
D7981	E	Excision of salivary gland					
D7982	E	Sialodochoplasty					
D7983	E	Closure of salivary fistula					
D7990	E	Emergency tracheotomy					
D7991	E	Dental coronoidectomy					
D7995	E	Synthetic graft facial bones					
D7996	E	Implant mandible for augment					
D7999	E	Oral surgery procedure					
D8010	E	Limited dental tx primary					
D8020	E	Limited dental tx transition					
D8030	E	Limited dental tx adolescent					
D8040	E	Limited dental tx adult					
D8050	E	Intercep dental tx primary					
D8060	E	Intercep dental tx transitn					
D8070	E	Compre dental tx transition					
D8080	E	Compre dental tx adolescent					
D8090	E	Compre dental tx adult					
D8210	E	Orthodontic rem appliance tx					
D8220	E	Fixed appliance therapy habt					
D8660	E	Preorthodontic tx visit					
D8670	E	Periodic orthodontc tx visit					
D8680	E	Orthodontic retention					
D8690	E	Orthodontic treatment					
D8999	E	Orthodontic procedure					
D9110	N	Tx dental pain minor proc					
D9210	E	Dent anesthesia w/o surgery					
D9211	E	Regional block anesthesia					
D9212	E	Trigeminal block anesthesia					
D9215	E	Local anesthesia					
D9220	E	General anesthesia					
D9221	E	General anesthesia ea ad 15m					
D9230	N	Analgesia					
D9240	E	Intravenous sedation					
D9310	E	Dental consultation					
D9410	E	Dental house call					
D9420	E	Hospital call					
D9430	E	Office visit during hours					
D9440	E	Office visit after hours					
D9610	E	Dent therapeutic drug inject					
D9630	S	Other drugs/medicaments	031	1.37	$70.45	$14.09	$14.09
D9910	E	Dent appl desensitizing med					
D9920	E	Behavior management					
D9930	S	Treatment of complications	031	1.37	$70.45	$14.09	$14.09
D9940	S	Dental occlusal guard	031	1.37	$70.45	$14.09	$14.09
D9941	E	Fabrication athletic guard					
D9950	S	Occlusion analysis	031	1.37	$70.45	$14.09	$14.09
D9951	S	Limited occlusal adjustment	031	1.37	$70.45	$14.09	$14.09
D9952	S	Complete occlusal adjustment	031	1.37	$70.45	$14.09	$14.09
D9970	E	Enamel microabrasion					
D9999	E	Adjunctive procedure					
E0100	A	Cane adjust/fixed with tip					
E0105	A	Cane adjust/fixed quad/3 pro					
E0110	A	Crutch forearm pair					
E0111	A	Crutch forearm each					
E0112	A	Crutch underarm pair wood					
E0113	A	Crutch underarm each wood					
E0114	A	Crutch underarm pair no wood					
E0116	A	Crutch underarm each no wood					
E0130	A	Walker rigid adjust/fixed ht					
E0135	A	Walker folding adjust/fixed					
E0141	A	Rigid walker wheeled wo seat					
E0142	A	Walker rigid wheeled with se					
E0143	A	Walker folding wheeled w/o s					
E0145	A	Walker whled seat/crutch att					
E0146	A	Folding walker wheels w seat					
E0147	A	Walker variable wheel resist					
E0153	A	Forearm crutch platform atta					
E0154	A	Walker platform attachment					
E0155	A	Walker rigd pick-up/wheel at					
E0156	A	Walker seat attachment					
E0157	A	Walker crutch attachment					
E0158	A	Walker leg extensions					
E0159	A	Brake for wheeled walker					
E0160	A	Sitz type bath or equipment					
E0161	A	Sitz bath/equipment w/faucet					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
E0162	A	Sitz bath chair					
E0163	A	Commode chair stationry fxd					
E0164	A	Commode chair mobile fixed a					
E0165	A	Commode chair stationry det					
E0166	A	Commode chair mobile detach					
E0167	A	Commode chair pail or pan					
E0175	A	Commode chair foot rest					
E0176	A	Air pressre pad/cushion nonp					
E0177	A	Water press pad/cushion nonp					
E0178	A	Gel pressre pad/cushion nonp					
E0179	A	Dry pressre pad/cushion nonp					
E0180	A	Press pad alternating w pump					
E0181	A	Press pad alternating w/ pum					
E0182	A	Pressure pad alternating pum					
E0184	A	Dry pressure mattress					
E0185	A	Gel pressure mattress pad					
E0186	A	Air pressure mattress					
E0187	A	Water pressure mattress					
E0188	E	Synthetic sheepskin pad					
E0189	E	Lambswool sheepskin pad					
E0191	A	Protector heel or elbow					
E0192	A	Pad wheelchr low press/posit					
E0193	A	Powered air flotation bed					
E0194	A	Air fluidized bed					
E0196	A	Gel pressure mattress					
E0197	A	Air pressure pad for mattres					
E0198	A	Water pressure pad for mattr					
E0199	A	Dry pressure pad for mattres					
E0200	A	Heat lamp without stand					
E0202	A	Phototherapy light w/ photom					
E0205	A	Heat lamp with stand					
E0210	A	Electric heat pad standard					
E0215	A	Electric heat pad moist					
E0217	A	Water circ heat pad w pump					
E0218	A	Water circ cold pad w pump					
E0220	A	Hot water bottle					
E0225	A	Hydrocollator unit					
E0230	A	Ice cap or collar					
E0235	A	Paraffin bath unit portable					
E0236	A	Pump for water circulating p					
E0238	A	Heat pad non-electric moist					
E0239	A	Hydrocollator unit portable					
E0241	E	Bath tub wall rail					
E0242	E	Bath tub rail floor					
E0243	E	Toilet rail					
E0244	E	Toilet seat raised					
E0245	E	Tub stool or bench					
E0246	A	Transfer tub rail attachment					
E0249	A	Pad water circulating heat u					
E0250	A	Hosp bed fixed ht w/ mattres					
E0251	A	Hosp bed fixd ht w/o mattres					
E0255	A	Hospital bed var ht w/ mattr					
E0256	A	Hospital bed var ht w/o matt					
E0260	A	Hosp bed semi-electr w/ matt					
E0261	A	Hosp bed semi-electr w/o mat					
E0265	A	Hosp bed total electr w/ mat					
E0266	A	Hosp bed total elec w/o matt					
E0270	A	Hospital bed institutional t					
E0271	A	Mattress innerspring					
E0272	A	Mattress foam rubber					
E0273	A	Bed board					
E0274	A	Over-bed table					
E0275	A	Bed pan standard					
E0276	A	Bed pan fracture					
E0277	A	Powered pres-redu air mattrs					
E0280	A	Bed cradle					
E0290	A	Hosp bed fx ht w/o rails w/m					
E0291	A	Hosp bed fx ht w/o rail w/o					
E0292	A	Hosp bed var ht w/o rail w/o					
E0293	A	Hosp bed var ht w/o rail w/					
E0294	A	Hosp bed semi-elect w/ mattr					
E0295	A	Hosp bed semi-elect w/o matt					
E0296	A	Hosp bed total elect w/ matt					
E0297	A	Hosp bed total elect w/o mat					
E0305	A	Rails bed side half length					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
E0310	A	Rails bed side full length					
E0315	A	Bed accessory brd/tbl/supprt					
E0325	A	Urinal male jug-type					
E0326	A	Urinal female jug-type					
E0350	A	Control unit bowel system					
E0352	A	Disposable pack w/bowel syst					
E0370	A	Air elevator for heel					
E0371	A	Nonpower mattress overlay					
E0372	A	Powered air mattress overlay					
E0373	A	Nonpowered pressure mattress					
E0424	A	Stationary compressed gas 02					
E0425	A	Gas system stationary compre					
E0430	A	Oxygen system gas portable					
E0431	A	Portable gaseous 02					
E0434	A	Portable liquid 02					
E0435	A	Oxygen system liquid portabl					
E0439	A	Stationary liquid 02					
E0440	A	Oxygen system liquid station					
E0441	A	Oxygen contents gas per/unit					
E0442	A	Oxygen contents liq per/unit					
E0443	A	Port 02 contents gas/unit					
E0444	A	Port 02 contents liq/unit					
E0450	A	Volume vent stationary/porta					
E0452	A	Intermit assis device w cpap					
E0453	A	Ventilator 12 hrs/less per d					
E0455	A	Oxygen tent excl croup/ped t					
E0457	A	Chest shell					
E0459	A	Chest wrap					
E0460	A	Neg press vent portabl/statn					
E0462	A	Rocking bed w/ or w/o side r					
E0480	A	Percussor elect/pneum home m					
E0500	A	Ippb all types					
E0550	A	Humidif extens supple w ippb					
E0555	A	Humidifier for use w/ regula					
E0560	A	Humidifier supplemental w/ i					
E0565	A	Compressor air power source					
E0570	A	Nebulizer with compression					
E0575	A	Nebulizer ultrasonic					
E0580	A	Nebulizer for use w/ regulat					
E0585	A	Nebulizer w/ compressor & he					
E0600	A	Suction pump portab hom modl					
E0601	A	Cont airway pressure device					
E0605	A	Vaporizer room type					
E0606	A	Drainage board postural					
E0607	A	Blood glucose monitor home					
E0608	A	Apnea monitor					
E0609	A	Blood gluc mon w/special fea					
E0610	A	Pacemaker monitr audible/vis					
E0615	A	Pacemaker monitr digital/vis					
E0621	A	Patient lift sling or seat					
E0625	A	Patient lift bathroom or toi					
E0627	A	Seat lift incorp lift-chair					
E0628	A	Seat lift for pt furn-electr					
E0629	A	Seat lift for pt furn-non-el					
E0630	A	Patient lift hydraulic					
E0635	A	Patient lift electric					
E0650	A	Pneuma compresor non-segment					
E0651	A	Pneum compressor segmental					
E0652	A	Pneum compres w/cal pressure					
E0655	A	Pneumatic appliance half arm					
E0660	A	Pneumatic appliance full leg					
E0665	A	Pneumatic appliance full arm					
E0666	A	Pneumatic appliance half leg					
E0667	A	Seg pneumatic appl full leg					
E0668	A	Seg pneumatic appl full arm					
E0669	A	Seg pneumatic appli half leg					
E0671	A	Pressure pneum appl full leg					
E0672	A	Pressure pneum appl full arm					
E0673	A	Pressure pneum appl half leg					
E0690	A	Ultraviolet cabinet					
E0700	A	Safety equipment					
E0710	A	Restraints any type					
E0720	A	Tens two lead					
E0730	A	Tens four lead					
E0731	A	Conductive garment for tens/					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
E0740	A	Incontinence treatment systm					
E0744	A	Neuromuscular stim for scoli					
E0745	A	Neuromuscular stim for shock					
E0746	A	Electromyograph biofeedback					
E0747	A	Elec osteogen stim not spine					
E0748	A	Elec osteogen stim spinal					
E0749	A	Elec osteogen stim implanted					
E0751	A	Pulse generator or receiver					
E0753	A	Neurostimulator electrodes					
E0755	A	Electronic salivary reflex s					
E0760	A	Osteogen ultrasound stimltor					
E0776	A	Iv pole					
E0781	A	External ambulatory infus pu					
E0782	A	Non-programble infusion pump					
E0783	A	Programmable infusion pump					
E0784	A	Ext amb infusn pump insulin					
E0791	A	Parenteral infusion pump sta					
E0840	A	Tract frame attach headboard					
E0850	A	Traction stand free standing					
E0855	A	Cervical traction equipment					
E0860	A	Tract equip cervical tract					
E0870	A	Tract frame attach footboard					
E0880	A	Trac stand free stand extrem					
E0890	A	Traction frame attach pelvic					
E0900	A	Trac stand free stand pelvic					
E0910	A	Trapeze bar attached to bed					
E0920	A	Fracture frame attached to b					
E0930	A	Fracture frame free standing					
E0935	A	Exercise device passive moti					
E0940	A	Trapeze bar free standing					
E0941	A	Gravity assisted traction de					
E0942	A	Cervical head harness/halter					
E0943	A	Cervical pillow					
E0944	A	Pelvic belt/harness/boot					
E0945	A	Belt/harness extremity					
E0946	A	Fracture frame dual w cross					
E0947	A	Fracture frame attachmnts pe					
E0948	A	Fracture frame attachmnts ce					
E0950	A	Tray					
E0951	A	Loop heel					
E0952	A	Loop tie					
E0953	A	Pneumatic tire					
E0954	A	Wheelchair semi-pneumatic ca					
E0958	A	Whlchr att- conv 1 arm drive					
E0959	A	Amputee adapter					
E0961	A	Wheelchair brake extension					
E0962	A	Wheelchair 1 inch cushion					
E0963	A	Wheelchair 2 inch cushion					
E0964	A	Wheelchair 3 inch cushion					
E0965	A	Wheelchair 4 inch cushion					
E0966	A	Wheelchair head rest extensi					
E0967	A	Wheelchair hand rims					
E0968	A	Wheelchair commode seat					
E0969	A	Wheelchair narrowing device					
E0970	A	Wheelchair no. 2 footplates					
E0971	A	Wheelchair anti-tipping devi					
E0972	A	Transfer board or device					
E0973	A	Wheelchair adjustabl height					
E0974	A	Wheelchair grade-aid					
E0975	A	Wheelchair reinforced seat u					
E0976	A	Wheelchair reinforced back u					
E0977	A	Wheelchair wedge cushion					
E0978	A	Wheelchair belt w/airplane b					
E0979	A	Wheelchair belt with velcro					
E0980	A	Wheelchair safety vest					
E0990	A	Whellchair elevating leg res					
E0991	A	Wheelchair upholstry seat					
E0992	A	Wheelchair solid seat insert					
E0993	A	Wheelchair back upholstery					
E0994	A	Wheelchair arm rest					
E0995	A	Wheelchair calf rest					
E0996	A	Wheelchair tire solid					
E0997	A	Wheelchair caster w/ a fork					
E0998	A	Wheelchair caster w/o a fork					
E0999	A	Wheelchr pneumatic tire w/wh					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
E1000	A	Wheelchair tire pneumatic ca					
E1001	A	Wheelchair wheel					
E1031	A	Rollabout chair with casters					
E1050	A	Whelchr fxd full length arms					
E1060	A	Wheelchair detachable arms					
E1065	A	Wheelchair power attachment					
E1066	A	Wheelchair battery charger					
E1069	A	Wheelchair deep cycle batter					
E1070	A	Wheelchair detachable foot r					
E1083	A	Hemi-wheelchair fixed arms					
E1084	A	Hemi-wheelchair detachable a					
E1085	A	Hemi-wheelchair fixed arms					
E1086	A	Hemi-wheelchair detachable a					
E1087	A	Wheelchair lightwt fixed arm					
E1088	A	Wheelchair lightweight det a					
E1089	A	Wheelchair lightwt fixed arm					
E1090	A	Wheelchair lightweight det a					
E1091	A	Wheelchair youth					
E1092	A	Wheelchair wide w/ leg rests					
E1093	A	Wheelchair wide w/ foot rest					
E1100	A	Whchr s-recl fxd arm leg res					
E1110	A	Wheelchair semi-recl detach					
E1130	A	Whlchr stand fxd arm ft rest					
E1140	A	Wheelchair standard detach a					
E1150	A	Wheelchair standard w/ leg r					
E1160	A	Wheelchair fixed arms					
E1170	A	Whlchr ampu fxd arm leg rest					
E1171	A	Wheelchair amputee w/o leg r					
E1172	A	Wheelchair amputee detach ar					
E1180	A	Wheelchair amputee w/ foot r					
E1190	A	Wheelchair amputee w/ leg re					
E1195	A	Wheelchair amputee heavy dut					
E1200	A	Wheelchair amputee fixed arm					
E1210	A	Whlchr moto ful arm leg rest					
E1211	A	Wheelchair motorized w/ det					
E1212	A	Wheelchair motorized w full					
E1213	A	Wheelchair motorized w/ det					
E1220	A	Whlchr special size/constrc					
E1221	A	Wheelchair spec size w foot					
E1222	A	Wheelchair spec size w/ leg					
E1223	A	Wheelchair spec size w foot					
E1224	A	Wheelchair spec size w/ leg					
E1225	A	Wheelchair spec sz semi-recl					
E1226	A	Wheelchair spec sz full-recl					
E1227	A	Wheelchair spec sz spec ht a					
E1228	A	Wheelchair spec sz spec ht b					
E1230	A	Power operated vehicle					
E1240	A	Whchr litwt det arm leg rest					
E1250	A	Wheelchair lightwt fixed arm					
E1260	A	Wheelchair lightwt foot rest					
E1270	A	Wheelchair lightweight leg r					
E1280	A	Whchr h-duty det arm leg res					
E1285	A	Wheelchair heavy duty fixed					
E1290	A	Wheelchair hvy duty detach a					
E1295	A	Wheelchair heavy duty fixed					
E1296	A	Wheelchair special seat heig					
E1297	A	Wheelchair special seat dept					
E1298	A	Wheelchair spec seat depth/w					
E1300	A	Whirlpool portable					
E1310	A	Whirlpool non-portable					
E1340	A	Repair for DME, per 15 min					
E1353	A	Oxygen supplies regulator					
E1355	A	Oxygen supplies stand/rack					
E1372	A	Oxy suppl heater for nebuliz					
E1375	A	Oxygen suppl nebulizer porta					
E1377	A	Oxygen concentrator to 244 c					
E1378	A	Oxygen concentrator to 488 c					
E1379	A	Oxygen concentrator to 732 c					
E1380	A	Oxygen concentrator to D976 c					
E1381	A	Oxygen concentrat to 1220 cu					
E1382	A	Oxygen concentrat to 1464 cu					
E1383	A	Oxygen concentrat to 1708 cu					
E1384	A	Oxygen concentrat to 1952 cu					
E1385	A	Oxygen concentrator > 1952 c					
E1399	A	Durable medical equipment mi					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
E1400	A	Oxygen concentrator < 2 lite					
E1401	A	Oxygen concentrator 2-3 lite					
E1402	A	Oxygen concentrator 3-4 lite					
E1403	A	Oxygen concentrator 4-5 lite					
E1404	A	Oxygen concentrator > 5 lite					
E1405	A	O2/water vapor enrich w/heat					
E1406	A	O2/water vapor enrich w/o he					
E1510	A	Kidney dialysate delivry sys					
E1520	A	Heparin infusion pump for di					
E1530	A	Air bubble detector for dial					
E1540	A	Pressure alarm for dialysis					
E1550	A	Bath conductivity meter					
E1560	A	Blood leak detector for dial					
E1570	A	Adjustable chair for esrd pt					
E1575	A	Transducer protector/fluid b					
E1580	A	Unipuncture control system					
E1590	A	Hemodialysis machine					
E1592	A	Auto interm peritoneal dialy					
E1594	A	Cycler dialysis machine					
E1600	A	Deliv/install equip for dial					
E1610	A	Reverse osmosis water purifi					
E1615	A	Deionizer water purification					
E1620	A	Blood pump for dialysis					
E1625	A	Water softening system					
E1630	A	Reciprocating peritoneal dia					
E1632	A	Wearable artificial kidney					
E1635	A	Compact travel hemodialyzer					
E1636	A	Sorbent cartridges for dialy					
E1640	A	Replacement components for d					
E1699	A	Dialysis equipment unspecifi					
E1700	A	Jaw motion rehab system					
E1701	A	Repl cushions for jaw motion					
E1702	A	Repl measr scales jaw motion					
E1800	A	Adjust elbow ext/flex device					
E1805	A	Adjust wrist ext/flex device					
E1810	A	Adjust knee ext/flex device					
E1815	A	Adjust ankle ext/flex device					
E1820	A	Soft interface material					
E1825	A	Adjust finger ext/flex devc					
E1830	A	Adjust toe ext/flex device					
G0001	A	Drawing blood for specimen					
G0002	N	Temporary urinary catheter					
G0004	X	ECG transm phys review & int	956	1.09	$56.05	$54.47	$11.21
G0005	X	ECG 24 hour recording	956	1.09	$56.05	$54.47	$11.21
G0006	X	ECG transmission & analysis	956	1.09	$56.05	$54.47	$11.21
G0007	N	ECG phy review & interpret					
G0008	X	Admin influenza virus vac	901	0.07	$3.60	$2.49	$0.72
G0009	X	Admin pneumococcal vaccine	901	0.07	$3.60	$2.49	$0.72
G0010	X	Admin hepatitis b vaccine	902	1.31	$67.36	$38.19	$13.47
G0015	X	Post symptom ECG tracing	956	1.09	$56.05	$54.47	$11.21
G0016	N	Post symptom ECG md review					
G0025	X	Collagen skin test kit	881	0.22	$11.31	$6.78	$2.26
G0026	A	Fecal leukocyte examination					
G0027	A	Semen analysis					
G0030	S	PET imaging prev PET single	760	14.89	$765.64	$419.46	$153.13
G0031	S	PET imaging prev PET multple	760	14.89	$765.64	$419.46	$153.13
G0032	S	PET follow SPECT 78464 singl	760	14.89	$765.64	$419.46	$153.13
G0033	S	PET follow SPECT 78464 mult	760	14.89	$765.64	$419.46	$153.13
G0034	S	PET follow SPECT 76865 singl	760	14.89	$765.64	$419.46	$153.13
G0035	S	PET follow SPECT 78465 mult	760	14.89	$765.64	$419.46	$153.13
G0036	S	PET follow cornry angio sing	760	14.89	$765.64	$419.46	$153.13
G0037	S	PET follow cornry angio mult	760	14.89	$765.64	$419.46	$153.13
G0038	S	PET follow myocard perf sing	760	14.89	$765.64	$419.46	$153.13
G0039	S	PET follow myocard perf mult	760	14.89	$765.64	$419.46	$153.13
G0040	S	PET follow stress echo singl	760	14.89	$765.64	$419.46	$153.13
G0041	S	PET follow stress echo mult	760	14.89	$765.64	$419.46	$153.13
G0042	S	PET follow ventriculogm sing	760	14.89	$765.64	$419.46	$153.13
G0043	S	PET follow ventriculogm mult	760	14.89	$765.64	$419.46	$153.13
G0044	S	PET following rest ECG singl	760	14.89	$765.64	$419.46	$153.13
G0045	S	PET following rest ECG mult	760	14.89	$765.64	$419.46	$153.13
G0046	S	PET follow stress ECG singl	760	14.89	$765.64	$419.46	$153.13
G0047	S	PET follow stress ECG mult	760	14.89	$765.64	$419.46	$153.13
G0050	S	Residual urine by ultrasound	747	1.65	$84.84	$54.47	$16.97
G0101	V	CA screen;pelvic/breast exam	913				
G0104	S	CA screen;flexi sigmoidscope	446	2.54	$130.61	$64.86	$26.12

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
G0105	S	Colorectal scrn; hi risk ind	426	6.74	$346.57	$185.32	$69.31
G0106	S	Colon CA screen;barium enema	736	1.85	$95.13	$53.79	$19.03
G0107	A	CA screen; fecal blood test					
G0110	A	Nett pulm-rehab educ; ind					
G0111	A	Nett pulm-rehab educ; group					
G0112	A	Nett;nutrition guid, initial					
G0113	A	Nett;nutrition guid,subseqnt					
G0114	A	Nett; psychosocial consult					
G0115	A	Nett; psychological testing					
G0116	A	Nett; psychosocial counsel					
G0120	S	Colon ca scrn; barium enema	736	1.85	$95.13	$53.79	$19.03
G0121	E	Colon ca scrn not hi rsk ind					
G0122	E	Colon ca scrn; barium enema					
J0120	N	Tetracyclin injection					
J0150	N	Injection adenosine 6 MG					
J0170	N	Adrenalin epinephrin inject					
J0190	N	Inj biperiden lactate/5 mg					
J0205	N	Alglucerase injection					
J0207	N	Amifostine					
J0210	N	Methyldopate hcl injection					
J0256	N	Alpha 1 proteinase inhibitor					
J0270	E	Alprostadil for injection					
J0280	N	Aminophyllin 250 MG inj					
J0290	N	Ampicillin 500 MG inj					
J0295	N	Ampicillin sodium per 1.5 gm					
J0300	N	Amobarbital 125 MG inj					
J0330	N	Succinycholine chloride inj					
J0340	N	Nandrolon phenpropionate inj					
J0350	N	Injection anistreplase 30 u					
J0360	N	Hydralazine hcl injection					
J0380	N	Inj metaraminol bitartrate					
J0390	N	Chloroquine injection					
J0400	N	Inj trimethaphan camsylate					
J0460	N	Atropine sulfate injection					
J0470	N	Dimecaprol injection					
J0475	N	Baclofen 10 MG injection					
J0500	N	Dicyclomine injection					
J0510	N	Benzquinamide injection					
J0515	N	Inj benztropine mesylate					
J0520	N	Bethanechol chloride inject					
J0530	N	Penicillin g benzathine inj					
J0540	N	Penicillin g benzathine inj					
J0550	N	Penicillin g benzathine inj					
J0560	N	Penicillin g benzathine inj					
J0570	N	Penicillin g benzathine inj					
J0580	N	Penicillin g benzathine inj					
J0585	N	Botulinum toxin a per unit					
J0590	N	Ethylnorepinephrine hcl inj					
J0600	N	Edetate calcium disodium inj					
J0610	N	Calcium gluconate injection					
J0620	N	Calcium glycer & lact/10 ML					
J0630	N	Calcitonin salmon injection					
J0635	N	Calcitriol injection					
J0640	X	Leucovorin calcium injection	064	4.15	$213.39	$138.99	$42.68
J0670	N	Inj mepivacaine HCL/10 ml					
J0690	N	Cefazolin sodium injection					
J0694	N	Cefoxitin sodium injection					
J0695	N	Cefonocid sodium injection					
J0696	N	Ceftriaxone sodium injection					
J0697	N	Sterile cefuroxime injection					
J0698	N	Cefotaxime sodium injection					
J0702	N	Betamethasone acet&sod phosp					
J0704	N	Betamethasone sod phosp/4 MG					
J0710	N	Cephapirin sodium injection					
J0713	N	Inj ceftazidime per 500 mg					
J0715	N	Ceftizoxime sodium/500 MG					
J0720	N	Chloramphenicol sodium injec					
J0725	N	Chorionic gonadotropin/1000u					
J0730	N	Chlorpheniramin maleate inj					
J0735	N	Clonidine hydrochloride					
J0740	N	Cidofovir injection					
J0743	N	Cilastatin sodium injection					
J0745	N	Inj codeine phosphate /30 MG					
J0760	N	Colchicine injection					
J0770	N	Colistimethate sodium inj					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
J0780	N	Prochlorperazine injection					
J0800	N	Corticotropin injection					
J0810	N	Cortisone injection					
J0835	N	Inj cosyntropin per 0.25 MG					
J0850	N	Cytomegalovirus imm IV /vial					
J0895	N	Deferoxamine mesylate inj					
J0900	N	Testosterone enanthate inj					
J0945	N	Brompheniramine maleate inj					
J0970	N	Estradiol valerate injection					
J1000	N	Depo-estradiol cypionate inj					
J1020	N	Methylprednisolone 20 MG inj					
J1030	N	Methylprednisolone 40 MG inj					
J1040	N	Methylprednisolone 80 MG inj					
J1050	N	Medroxyprogesterone inj					
J1055	E	Medrxyprogester acetate inj					
J1060	N	Testosterone cypionate 1 ML					
J1070	N	Testosterone cypionat 100 MG					
J1080	N	Testosterone cypionat 200 MG					
J1090	N	Testosterone cypionate 50 MG					
J1095	N	Inj dexamethasone acetate					
J1100	N	Dexamethosone sodium phos					
J1110	N	Inj dihydroergotamine mesylt					
J1120	N	Acetazolamid sodium injectio					
J1160	N	Digoxin injection					
J1165	N	Phenytoin sodium injection					
J1170	N	Hydromorphone injection					
J1180	N	Dyphylline injection					
J1190	N	Dexrazoxane HCl injection					
J1200	N	Diphenhydramine hcl injectio					
J1205	N	Chlorothiazide sodium inj					
J1212	N	Dimethyl sulfoxide 50% 50 ML					
J1230	N	Methadone injection					
J1240	N	Dimenhydrinate injection					
J1245	N	Dipyridamole injection					
J1250	N	Inj dobutamine HCL/250 mg					
J1320	N	Amitriptyline injection					
J1325	N	Epoprostenol injection					
J1330	N	Ergonovine maleate injection					
J1362	N	Erythromycin glucep/250 MG					
J1364	N	Erythro lactobionate/500 MG					
J1380	N	Estradiol valerate 10 MG inj					
J1390	N	Estradiol valerate 20 MG inj					
J1410	N	Inj estrogen conjugate 25 MG					
J1435	N	Injection estrone per 1 MG					
J1436	N	Etidronate disodium inj					
J1440	N	grastim 300 mcg injeciton					
J1441	N	Filgrastim 480 mcg injection					
J1455	N	Foscarnet sodium injection					
J1460	N	Gamma globulin 1 CC inj					
J1470	N	Gamma globulin 2 CC inj					
J1480	N	Gamma globulin 3 CC inj					
J1490	N	Gamma globulin 4 CC inj					
J1500	N	Gamma globulin 5 CC inj					
J1510	N	Gamma globulin 6 CC inj					
J1520	N	Gamma globulin 7 CC inj					
J1530	N	Gamma globulin 8 CC inj					
J1540	N	Gamma globulin 9 CC inj					
J1550	N	Gamma globulin 10 CC inj					
J1560	N	Gamma globulin > 10 CC inj					
J1561	N	Immune globulin 500 mg					
J1562	N	Immune globulin 5 gms					
J1565	N	RSV-ivig					
J1570	N	Ganciclovir sodium injection					
J1580	N	Garamycin gentamicin inj					
J1600	N	Gold sodium thiomaleate inj					
J1610	N	Glucagon hydrochloride/1 MG					
J1620	N	Gonadorelin hydroch/ 100 mcg					
J1626	N	Granisetron HCl injection					
J1630	N	Haloperidol injection					
J1631	N	Haloperidol decanoate inj					
J1642	N	Inj heparin sodium per 10 u					
J1644	N	Inj heparin sodium per 1000u					
J1645	N	Dalteparin sodium					
J1650	N	Inj enoxaparin sodium 30 mg					
J1670	N	Tetanus immune globulin inj					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
J1690	N	Prednisolone tebutate inj					
J1700	N	Hydrocortisone acetate inj					
J1710	N	Hydrocortisone sodium ph inj					
J1720	N	Hydrocortisone sodium succ i					
J1730	N	Diazoxide injection					
J1739	N	Hydroxyprogesterone cap 125					
J1741	N	Hydroxyprogesterone cap 250					
J1742	N	Ibutilide fumarate injection					
J1760	N	Iron dextran 2 CC inj					
J1770	N	Iron dextran 5 CC inj					
J1780	N	Iron dextran 10 CC inj					
J1785	N	Injection imiglucerase /unit					
J1790	N	Droperidol injection					
J1800	N	Propranolol injection					
J1810	N	Droperidol/fentanyl inj					
J1820	N	Insulin injection					
J1825	N	Interferon beta-1a					
J1830	N	Interferon beta-1b / .25 MG					
J1840	N	Kanamycin sulfate 500 MG inj					
J1850	N	Kanamycin sulfate 75 MG inj					
J1885	N	Ketorolac tromethamine inj					
J1890	N	Cephalothin sodium injection					
J1910	N	Kutapressin injection					
J1930	N	Propiomazine injection					
J1940	N	Furosemide injection					
J1950	X	Leuprolide acetate /3.75 MG	064	4.15	$213.39	$138.99	$42.68
J1955	N	Inj levocarnitine per 1 gm					
J1960	N	Levorphanol tartrate inj					
J1970	N	Methotrimeprazine injection					
J1980	N	Hyoscyamine sulfate inj					
J1990	N	Chlordiazepoxide injection					
J2000	N	Lidocaine injection					
J2010	N	Lincomycin injection					
J2060	N	Lorazepam injection					
J2150	N	Mannitol injection					
J2175	N	Meperidine hydrochl /100 MG					
J2180	N	Meperidine/promethazine inj					
J2210	N	Methylergonovin maleate inj					
J2240	N	Metocurine iodide injection					
J2250	N	Inj midazolam hydrochloride					
J2260	N	Inj milrinone lactate / 5 ML					
J2270	N	Morphine sulfate injection					
J2275	N	Morphine sulfate injection					
J2300	N	Inj nalbuphine hydrochloride					
J2310	N	Inj naloxone hydrochloride					
J2320	N	Nandrolone decanoate 50 MG					
J2321	N	Nandrolone decanoate 100 MG					
J2322	N	Nandrolone decanoate 200 MG					
J2330	N	Thiothixene injection					
J2350	N	Niacinamide/niacin injection					
J2360	N	Orphenadrine injection					
J2370	N	Phenylephrine hcl injection					
J2400	N	Chloroprocaine hcl injection					
J2405	N	Ondansetron hcl injection					
J2410	N	Oxymorphone hcl injection					
J2430	N	Pamidronate disodium /30 MG					
J2440	N	Papaverin hcl injection					
J2460	N	Oxytetracycline injection					
J2480	N	Hydrochlorides of opium inj					
J2510	N	Penicillin g procaine inj					
J2512	N	Inj pentagastrin per 2 ML					
J2515	N	Pentobarbital sodium inj					
J2540	N	Penicillin g potassium inj					
J2545	A	Pentamidine isethionte/300mg					
J2550	N	Promethazine hcl injection					
J2560	N	Phenobarbital sodium inj					
J2590	N	Oxytocin injection					
J2597	N	Inj desmopressin acetate					
J2640	N	Prednisolone sodium ph inj					
J2650	N	Prednisolone acetate inj					
J2670	N	Totazoline hcl injection					
J2675	N	Inj progesterone per 50 MG					
J2680	N	Fluphenazine decanoate 25 MG					
J2690	N	Procainamide hcl injection					
J2700	N	Oxacillin sodium injeciton					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
J2710	N	Neostigmine methylslfte inj					
J2720	N	Inj protamine sulfate/10 MG					
J2725	N	Inj protirelin per 250 mcg					
J2730	N	Pralidoxime chloride inj					
J2760	N	Phentolaine mesylate inj					
J2765	N	Metoclopramide hcl injection					
J2790	N	Rho d immune globulin inj					
J2800	N	Methocarbamol injection					
J2810	N	Inj theophylline per 40 MG					
J2820	N	Sargramostim injection					
J2860	N	Secobarbital sodium inj					
J2910	N	Aurothioglucose injeciton					
J2912	N	Sodium chloride injection					
J2920	N	Methylprednisolone injection					
J2930	N	Methylprednisolone injection					
J2950	N	Promazine hcl injeciton					
J2970	N	Methicillin sodium injection					
J2995	N	Inj streptokinase /250000 IU					
J2996	N	Alteplase recombinant inj					
J3000	N	Streptomycin injection					
J3010	N	Fentanyl citrate injeciton					
J3030	N	Sumatriptan succinate / 6 MG					
J3070	N	Pentazocine hcl injeciton					
J3080	N	Chlorprothixene injection					
J3105	N	Terbutaline sulfate inj					
J3120	N	Testosterone enanthate inj					
J3130	N	Testosterone enanthate inj					
J3140	N	Testosterone suspension inj					
J3150	N	Testosteron propionate inj					
J3230	N	Chlorpromazine hcl injection					
J3240	N	Thyrotropin injection					
J3250	N	Trimethobenzamide hcl inj					
J3260	N	Tobramycin sulfate injection					
J3265	N	Injection torsemide 10 mg/ml					
J3270	N	Imipramine hcl injection					
J3280	N	Thiethylperazine maleate inj					
J3301	N	Triamcinolone acetonide inj					
J3302	N	Triamcinolone diacetate inj					
J3303	N	Triamcinolone hexacetonl inj					
J3305	N	Inj trimetrexate glucoronate					
J3310	N	Perphenazine injeciton					
J3320	N	Spectinomycn di-hcl inj					
J3350	N	Urea injection					
J3360	N	Diazepam injection					
J3364	N	Urokinase 5000 IU injection					
J3365	N	Urokinase 250,000 IU inj					
J3370	N	Vancomycin hcl injeciton					
J3390	N	Methoxamine injection					
J3400	N	Triflupromazine hcl inj					
J3410	N	Hydroxyzine hcl injeciton					
J3420	N	Vitamin b12 injection					
J3430	N	Vitamin k phytonadione inj					
J3450	N	Mephentermine sulfate inj					
J3470	N	Hyaluronidase injection					
J3475	N	Inj magnesium sulfate					
J3480	N	Inj potassium chloride					
J3490	N	Drugs unclassified injection					
J3520	E	Edetate disodium per 150 mg					
J3530	N	Nasal vaccine inhalation					
J3535	E	Metered dose inhaler drug					
J3570	E	Laetrile amygdalin vit B17					
J7030	N	Normal saline solution infus					
J7040	N	Normal saline solution infus					
J7042	N	5% dextrose/normal saline					
J7050	N	Normal saline solution infus					
J7051	N	Sterile saline/water					
J7060	N	5% dextrose/water					
J7070	N	D5w infusion					
J7100	N	Dextran 40 infusion					
J7110	N	Dextran 75 infusion					
J7120	N	Ringers lactate infusion					
J7130	N	Hypertonic saline solution					
J7190	N	Factor viii					
J7191	N	Factor VIII (porcine)					
J7192	N	Factor viii recombinant					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
J7194	N	Factor ix complex					
J7196	N	Othr hemophilia clot factors					
J7197	N	Antithrombin iii injection					
J7300	E	Intraut copper contraceptive					
J7310	N	Ganciclovir long act implant					
J7500	N	Azathiop po tab 50mg 100s ea					
J7501	N	Azathioprine parenteral					
J7503	N	Cyclosporine parenteral					
J7504	N	Lymphocyte immune globulin					
J7505	N	Monoclonal antibodies					
J7506	N	Prednisone oral					
J7507	N	Tacrolimus oral per 1 MG					
J7508	N	Tacrolimus oral per 5 MG					
J7509	N	Methylprednisolone oral					
J7510	N	Prednisolone oral per 5 mg					
J7599	N	Immunosuppressive drug noc					
J7610	A	Acetylcysteine 10% injection					
J7615	A	Acetylcysteine 20% injection					
J7620	A	Albuterol sulfate .083%/ml					
J7625	A	Albuterol sulfate .5% inj					
J7627	A	Bitolterolmesylate inhal sol					
J7630	A	Cromolyn sodium injeciton					
J7640	A	Epinephrine injection					
J7645	A	Ipratropium bromide .02%/ml					
J7650	A	Isoetharine hcl .1% inj					
J7651	A	Isoetharine hcl .125% inj					
J7652	A	Isoetharine hcl .167% inj					
J7653	A	Isoetharine hcl .2%/ inj					
J7654	A	Isoetharine hcl .25% inj					
J7655	A	Isoetharine hcl 1% inj					
J7660	A	Isoproterenol hcl .5% inj					
J7665	A	Isoproterenol hcl 1% inj					
J7670	A	Metaproterenol sulfate .4%					
J7672	A	Metaproterenol sulfate .6%					
J7675	A	Metaproterenol sulfate 5%					
J7699	A	Inhalation solution for DME					
J7799	A	Non-inhalation drug for DME					
J8499	E	Oral prescrip drug non chemo					
J8530	N	Cyclophosphamide oral 25 MG					
J8560	N	Etoposide oral 50 MG					
J8600	N	Melphalan oral 2 MG					
J8610	X	Methotrexate oral 2.5 MG	061	1.15	$59.13	$37.52	$11.83
J8999	X	Oral prescription drug chemo	061	1.15	$59.13	$37.52	$11.83
J9000	X	Doxorubic hcl 10 MG vl chemo	062	1.78	$91.53	$36.61	$18.31
[2] J9010	X	Doxorubicin hcl 50 MG inj	063	2.94	$151.17	$110.97	$30.24
J9015	X	Aldesleukin/single use vial	061	1.15	$59.13	$37.52	$11.83
J9020	X	Asparaginase injection	062	1.78	$91.53	$36.61	$18.31
J9031	X	Bcg live intravesical vac	063	2.94	$151.17	$110.97	$30.24
J9040	X	Bleomycin sulfate injection	063	2.94	$151.17	$110.97	$30.24
J9045	X	Carboplatin injection	063	2.94	$151.17	$110.97	$30.24
J9050	X	Carmus bischl nitro inj	063	2.94	$151.17	$110.97	$30.24
J9060	X	Cisplatin 10 MG injection	062	1.78	$91.53	$36.61	$18.31
J9062	X	Cisplatin 50 MG injection	063	2.94	$151.17	$110.97	$30.24
J9065	X	Inj cladribine per 1 MG	062	1.78	$91.53	$36.61	$18.31
J9070	X	Cyclophosphamide 100 MG inj	061	1.15	$59.13	$37.52	$11.83
J9080	X	Cyclophosphamide 200 MG inj	061	1.15	$59.13	$37.52	$11.83
J9090	X	Cyclophosphamide 500 MG inj	061	1.15	$59.13	$37.52	$11.83
J9091	X	Cyclophosphamide 1.0 grm inj	062	1.78	$91.53	$36.61	$18.31
J9092	X	Cyclophosphamide 2.0 grm inj	062	1.78	$91.53	$36.61	$18.31
J9093	X	Cyclophosphamide lyophilized	061	1.15	$59.13	$37.52	$11.83
J9094	X	Cyclophosphamide lyophilized	061	1.15	$59.13	$37.52	$11.83
J9095	X	Cyclophosphamide lyophilized	061	1.15	$59.13	$37.52	$11.83
J9096	X	Cyclophosphamide lyophilized	062	1.78	$91.53	$36.61	$18.31
J9097	X	Cyclophosphamide lyophilized	062	1.78	$91.53	$36.61	$18.31
J9100	X	Cytarabine hcl 100 MG inj	061	1.15	$59.13	$37.52	$11.83
J9110	X	Cytarabine hcl 500 MG inj	061	1.15	$59.13	$37.52	$11.83
J9120	X	Dactinomycin actinomycin d	061	1.15	$59.13	$37.52	$11.83
J9130	X	Dacarbazine 10 MG inj	061	1.15	$59.13	$37.52	$11.83
J9140	X	Dacarbazine 200 MG inj	061	1.15	$59.13	$37.52	$11.83
J9150	X	Daunorubicin	062	1.78	$91.53	$36.61	$18.31
J9165	X	Diethylstilbestrol injection	061	1.15	$59.13	$37.52	$11.83
J9170	X	Docetaxel	061	1.15	$59.13	$37.52	$11.83
J9181	X	Etoposide 10 MG inj	061	1.15	$59.13	$37.52	$11.83
J9182	X	Etoposide 100 MG inj	063	2.94	$151.17	$110.97	$30.24
J9185	X	Fludarabine phosphate inj	063	2.94	$151.17	$110.97	$30.24

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
J9190	X	Fluorouracil injection	061	1.15	$59.13	$37.52	$11.83
J9200	X	Floxuridine injection	063	2.94	$151.17	$110.97	$30.24
J9201	X	Gemcitabine HCl	061	1.15	$59.13	$37.52	$11.83
J9202	X	Goserelin acetate implant	063	2.94	$151.17	$110.97	$30.24
J9206	X	Irinotecan injection	061	1.15	$59.13	$37.52	$11.83
J9208	X	Ifosfomide injection	063	2.94	$151.17	$110.97	$30.24
J9209	X	Mesna injection	063	2.94	$151.17	$110.97	$30.24
J9211	X	Idarubicin hcl injeciton	062	1.78	$91.53	$36.61	$18.31
J9213	X	Interferon alfa-2a inj	062	1.78	$91.53	$36.61	$18.31
J9214	X	Interferon alfa-2b inj	061	1.15	$59.13	$37.52	$11.83
J9215	X	Interferon alfa-n3 inj	061	1.15	$59.13	$37.52	$11.83
J9216	X	Interferon gamma 1-b inj	063	2.94	$151.17	$110.97	$30.24
J9217	X	Leuprolide acetate suspnsion	064	4.15	$213.39	$138.99	$42.68
J9218	X	Leuprolide acetate injeciton	061	1.15	$59.13	$37.52	$11.83
J9230	X	Mechlorethamine hcl inj	061	1.15	$59.13	$37.52	$11.83
J9245	X	Inj melphalan hydrochl 50 MG	064	4.15	$213.39	$138.99	$42.68
J9250	X	Methotrexate sodium inj	061	1.15	$59.13	$37.52	$11.83
J9260	X	Methotrexate sodium inj	061	1.15	$59.13	$37.52	$11.83
J9265	X	Paclitaxel injection	062	1.78	$91.53	$36.61	$18.31
J9266	X	Pegaspargase/singl dose vial	061	1.15	$59.13	$37.52	$11.83
J9268	X	Pentostatin injection	062	1.78	$91.53	$36.61	$18.31
J9270	X	Plicamycin (mithramycin) inj	063	2.94	$151.17	$110.97	$30.24
J9280	X	Mitomycin 5 MG inj	063	2.94	$151.17	$110.97	$30.24
J9290	X	Mitomycin 20 MG inj	064	4.15	$213.39	$138.99	$42.68
J9291	X	Mitomycin 40 MG inj	064	4.15	$213.39	$138.99	$42.68
J9293	X	Mitoxantrone hydrochl / 5 MG	064	4.15	$213.39	$138.99	$42.68
J9320	X	Streptozocin injection	063	2.94	$151.17	$110.97	$30.24
J9340	X	Thiotepa injection	063	2.94	$151.17	$110.97	$30.24
J9350	X	Topotecan	061	1.15	$59.13	$37.52	$11.83
J9360	X	Vinblastine sulfate inj	061	1.15	$59.13	$37.52	$11.83
J9370	X	Vincristine sulfate 1 MG inj	062	1.78	$91.53	$36.61	$18.31
J9375	X	Vincristine sulfate 2 MG inj	063	2.94	$151.17	$110.97	$30.24
J9380	X	Vincristine sulfate 5 MG inj	063	2.94	$151.17	$110.97	$30.24
J9390	X	Vinorelbine tartrate/10 mg	061	1.15	$59.13	$37.52	$11.83
J9600	X	Porfimer sodium	061	1.15	$59.13	$37.52	$11.83
J9999	X	Chemotherapy drug	061	1.15	$59.13	$37.52	$11.83
K0001	A	Standard wheelchair					
K0002	A	Stnd hemi (low seat) whlchr					
K0003	A	Lightweight wheelchair					
K0004	A	High strength ltwt whlchr					
K0005	A	Ultralightweight wheelchair					
K0006	A	Heavy duty wheelchair					
K0007	A	Extra heavy duty wheelchair					
K0008	A	Cstm manual wheelchair/base					
K0009	A	Other manual wheelchair/base					
K0010	A	Stnd wt frame power whlchr					
K0011	A	Stnd wt pwr whlchr w control					
K0012	A	Ltwt portbl power whlchr					
K0013	A	Custom power whlchr base					
K0014	A	Other power whlchr base					
K0015	A	Detach non-adjus hght armrst					
K0016	A	Detach adjust armrst cmplete					
K0017	A	Detach adjust armrest base					
K0018	A	Detach adjust armrst upper					
K0019	A	Arm pad each					
K0020	A	Fixed adjust armrest pair					
K0021	A	Anti-tipping device each					
K0022	A	Reinforced back upholstery					
K0023	A	Planr back insrt foam w/strp					
K0024	A	Plnr back insrt foam w/hrdwr					
K0025	A	Hook-on headrest extension					
K0026	A	Back upholst lgtwt whlchr					
K0027	A	Back upholst other whlchr					
K0028	A	Fully reclining back					
K0029	A	Reinforced seat upholstery					
K0030	A	Solid plnr seat sngl dnsfoam					
K0031	A	Safety belt/pelvic strap					
K0032	A	Seat uphols lgtwt whlchr					
K0033	A	Seat upholstery other whlchr					
K0034	A	Heel loop each					
K0035	A	Heel loop with ankle strap					
K0036	A	Toe loop each					
K0037	A	High mount flip-up footrest					
K0038	A	Leg strap each					
K0039	A	Leg strap h style each					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
K0040	A	Adjustable angle footplate					
K0041	A	Large size footplate each					
K0042	A	Standard size footplate each					
K0043	A	Ftrst lower extension tube					
K0044	A	Ftrst upper hanger bracket					
K0045	A	Footrest complete assembly					
K0046	A	Elevat legrst low extension					
K0047	A	Elevat legrst up hangr brack					
K0048	A	Elevate legrest complete					
K0049	A	Calf pad each					
K0050	A	Ratchet assembly					
K0051	A	Cam relese assem ftrst/lgrst					
K0052	A	Swingaway detach footrest					
K0053	A	Elevate footrest articulate					
K0054	A	Seat wdth 10-12/15/17/20 wc					
K0055	A	Seat dpth 15/17/18 ltwt wc					
K0056	A	Seat ht <17 or >=21 ltwt wc					
K0057	A	Seat wdth 19/20 hvy dty wc					
K0058	A	Seat dpth 17/18 power wc					
K0059	A	Plastic coated handrim each					
K0060	A	Steel handrim each					
K0061	A	Aluminum handrim each					
K0062	A	Handrim 8-10 vert/obliq proj					
K0063	A	Hndrm 12-16 vert/obliq proj					
K0064	A	Zero pressure tube flat free					
K0065	A	Spoke protectors					
K0066	A	Solid tire any size each					
K0067	A	Pneumatic tire any size each					
K0068	A	Pneumatic tire tube each					
K0069	A	Rear whl complete solid tire					
K0070	A	Rear whl compl pneum tire					
K0071	A	Front castr compl pneum tire					
K0072	A	Frnt cstr cmpl sem-pneum tir					
K0073	A	Caster pin lock each					
K0074	A	Pneumatic caster tire each					
K0075	A	Semi-pneumatic caster tire					
K0076	A	Solid caster tire each					
K0077	A	Front caster assem complete					
K0078	A	Pneumatic caster tire tube					
K0079	A	Wheel lock extension pair					
K0080	A	Anti-rollback device pair					
K0081	A	Wheel lock assembly complete					
K0082	A	22 nf deep cycl acid battery					
K0083	A	22 nf gel cell battery each					
K0084	A	Grp 24 deep cycl acid battry					
K0085	A	Group 24 gel cell battery					
K0086	A	U-1 lead acid battery each					
K0087	A	U-1 gel cell battery each					
K0088	A	Battry chrgr acid/gel cell					
K0089	A	Battery charger dual mode					
K0090	A	Rear tire power wheelchair					
K0091	A	Rear tire tube power whlchr					
K0092	A	Rear assem cmplt powr whlchr					
K0093	A	Rear zero pressure tire tube					
K0094	A	Wheel tire for power base					
K0095	A	Wheel tire tube each base					
K0096	A	Wheel assem powr base complt					
K0097	A	Wheel zero presure tire tube					
K0098	A	Drive belt power wheelchair					
K0099	A	Front caster power whelchair					
K0100	A	Amputee adapter pair					
K0101	A	One-arm drive attachment					
K0102	A	Crutch and cane holder					
K0103	A	Transfer board < 25″					
K0104	A	Cylinder tank carrier					
K0105	A	Iv hanger					
K0106	A	Arm trough each					
K0107	A	Wheelchair tray					
K0108	A	Other accessories					
K0109	A	Customize whlchr base frame					
K0112	A	Trunk vest supprt innr frame					
K0113	A	Trunk vest suprt w/o inr frm					
K0114	A	Whlchr back suprt inr frame					
K0115	A	Back module orthotic system					
K0116	A	Back & seat modul orthot sys					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
K0119	N	Azathioprine oral tab 50 MG					
K0120	N	Azathioprine prentrl 100 MG					
K0121	N	Cyclosporine oral 25 MG					
K0122	N	Cyclosporine prentrl 250 MG					
K0123	N	Imun/antitymocyt glob 250 MG					
K0137	A	Skin barrier liquid per oz					
K0138	A	Skin barrier paste per oz					
K0139	A	Skin barrier powder per oz					
K0168	A	Disposable nebulizer set					
K0169	A	Disposable nebulizer small					
K0170	A	Non disposable nebulizer set					
K0171	A	Filtered nebulizer set					
K0172	A	Disposable nebulizer unfill					
K0173	A	Disposable nebulizer prefill					
K0174	A	Reservoir bottle w nebulizer					
K0175	A	Disposable corrugated tubing					
K0176	A	Non dispos corrugated tubing					
K0177	A	Water collec dev w nebulizer					
K0178	A	Disposbl filter w compressor					
K0179	A	Non-dispos filter w/compress					
K0180	A	Aerosol mask with nebulizer					
K0181	A	Dome & mouthpiece w/ nebuliz					
K0182	A	Water distilled w/ nebulizer					
K0183	A	Nasal application device					
K0184	A	Nasal pillows/seals pair					
K0185	A	Pos airway pressure headgear					
K0186	A	Pos airway prssure chinstrap					
K0187	A	Pos airway pressure tubing					
K0188	A	Pos airway pressure filter					
K0189	A	Filter nondisposable w PAP					
K0190	A	Disposable canister w/pump					
K0191	A	Non-disposbl canister w/pump					
K0192	A	Tubing used w/ suction pump					
K0193	A	Airway pressure dev/w hmdfer					
K0194	A	Assist device w/humidifier					
K0195	A	Elevating whlchair leg rests					
K0268	A	Humidifier nonheated w PAP					
K0269	A	Aerosol compressor cpap dev					
K0270	A	Ultrasonic generator w nebul					
K0277	A	Skin barrier solid 4x4 equiv					
K0278	A	Skin barrier with flange					
K0279	A	Skin barrier extended wear					
K0280	A	Extension drainage tubing					
K0281	A	Lubricant catheter insertion					
K0283	A	Saline solution dispenser					
K0284	A	External infusion pump reuse					
K0400	A	Skin support attachment each					
K0401	A	Diabetic deluxe shoe					
K0407	A	Urinary cath skin attachment					
K0408	A	Urinary cath leg strap					
K0409	A	Sterile H2O irrigation solut					
K0410	A	Male ext cath w/adh coating					
K0411	A	Male ext cath w/adh strip					
K0412	N	Mycophenolate mofetil 25o mg					
K0415	N	RX antiemetic drg, oral NOS					
K0416	N	Rx antiemetic drg,rectal NOS					
K0417	A	Mech infus pump sht trm drug					
K0418	N	Oral cyclosporin					
K0419	A	Drainable plstic pch w fcplt					
K0420	A	Drainable rubber pch w fcplt					
K0421	A	drainable plstic pch w/o fp					
K0422	A	Drainable rubber pch w/o fp					
K0423	A	Urinary plstic pouch w fcplt					
K0424	A	Urinary rubber pouch w fcplt					
K0425	A	Urinary plstic pouch w/o fp					
K0426	A	Urinary hvy plstc pch w/o fp					
K0427	A	Urinary rubber pouch w/o fp					
K0428	A	Ostomy faceplt/silicone ring					
K0429	A	Skin barrier solid ext wear					
K0430	A	Skin barrier w flang ex wear					
K0431	A	Closed pouch w st wear bar					
K0432	A	Drainable pch w ex wear bar					
K0433	A	Drainable pch w st wear bar					
K0434	A	Drainable pch ex wear convex					
K0435	A	Urinary pouch w ex wear bar					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
K0436	A	Urinary pouch w st wear bar					
K0437	A	Urine pch w ex wear bar conv					
K0438	A	Ostomy pouch liq deodorant					
K0439	A	Ostomy pouch solid deodorant					
K0440	A	Nasal prosthesis					
K0441	A	Midfacial prosthesis					
K0442	A	Orbital prosthesis					
K0443	A	Upper facial prosthesis					
K0444	A	Hemi-facial prosthesis					
K0445	A	Auricular prosthesis					
K0446	A	Partial facial prosthesis					
K0447	A	Nasal septal prosthesis					
K0448	A	Unspec maxillofacial prosth					
K0449	A	Repair maxillofacial prosth					
K0450	A	Liq adhes for facial prosth					
K0451	A	Adhesive remover wipes					
K0452	A	Wheelchair bearings					
[2] K0453	N	Amphotericin B					
K0455	A	Pump uninterrupted infusion					
K0501	A	Aerosol compressor for svneb					
K0503	A	Acetylcysteine inh sol u d					
K0504	A	Albuterol inh sol con					
K0505	A	Albuterol inh sol u d					
K0506	A	Atropine inh sol con					
K0507	A	Atropine inh sol u d					
K0508	A	Bitolterol mes inh sol con					
K0509	A	Bitolterol mes inh sol u d					
K0511	A	Cromolyn sodium inh sol u d					
K0512	A	Dexamethasone inh sol con					
K0513	A	Dexamethasone inh sol u d					
K0514	A	Dornase alpha inh sol u d					
K0515	A	Glycopyrrolate inh sol con					
K0516	A	Glycopyrrolate inh sol u d					
K0518	A	Ipratropium brom inh sol u d					
K0519	A	Isoetharine HCl inh sol con					
K0520	A	Isoetharine HCl inh sol u d					
K0521	A	IsoproterenolHCl inh sol con					
K0522	A	IsoproterenolHCl inh sol u d					
K0523	A	Metaproterenol inh sol con					
K0524	A	Metaproterenol inh sol u d					
K0525	A	Terbutaline SO4 inh sol con					
K0526	A	Terbutaline SO4 inh sol u d					
K0527	A	Triamcinolone inh sol con					
K0528	A	Triamcinolone inh sol u d					
K0529	A	Sterile H20 or nss w lv neb					
K0530	A	Nebulizer not used w oxygen					
L0100	A	Cerv craniosten helmet mold					
L0110	A	Cerv craniostenosis hel non-					
L0120	A	Cerv flexible non-adjustable					
L0130	A	Flex thermoplastic collar mo					
L0140	A	Cervical semi-rigid adjustab					
L0150	A	Cerv semi-rig adj molded chn					
L0160	A	Cerv semi-rig wire occ/mand					
L0170	A	Cervical collar molded to pt					
L0172	A	Cerv col thermplas foam 2 pi					
L0174	A	Cerv col foam 2 piece w thor					
L0180	A	Cer post col occ/man sup adj					
L0190	A	Cerv collar supp adj cerv ba					
L0200	A	Cerv col supp adj bar & thor					
L0210	A	Thoracic rib belt					
L0220	A	Thor rib belt custom fabrica					
L0300	A	TLSO flex surgical support					
L0310	A	Tlso flexible custom fabrica					
L0315	A	Tlso flex elas rigid post pa					
L0317	A	Tlso flex hypext elas post p					
L0320	A	Tlso a-p contrl w apron frnt					
L0330	A	Tlso ant-pos-lateral control					
L0340	A	Tlso a-p-l-rotary with apron					
L0350	A	Tlso flex compress jacket cu					
L0360	A	Tlso flex compress jacket mo					
L0370	A	Tlso a-p-l-rotary hyperexten					
L0380	A	Tlso a-p-l-rot w/ pos extens					
L0390	A	Tlso a-p-l control molded					
L0400	A	Tlso a-p-l w interface mater					
L0410	A	Tlso a-p-l two piece constr					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
L0420	A	Tlso a-p-l 2 piece w interfa					
L0430	A	Tlso a-p-l w interface custm					
L0440	A	Tlso a-p-l overlap frnt cust					
L0500	A	Lso flex surgical support					
L0510	A	Lso flexible custom fabricat					
L0515	A	Lso flex elas w/ rig post pa					
L0520	A	Lso a-p-l control with apron					
L0530	A	Lso ant-pos control w apron					
L0540	A	Lso lumbar flexion a-p-l					
L0550	A	Lso a-p-l control molded					
L0560	A	Lso a-p-l w interface					
L0565	A	Lso a-p-l control custom					
L0600	A	Sacroiliac flex surg support					
L0610	A	Sacroiliac flexible custm fa					
L0620	A	Sacroiliac semi-rig w apron					
L0700	A	Ctlso a-p-l control molded					
L0710	A	Ctlso a-p-l control w/ inter					
L0810	A	Halo cervical into jckt vest					
L0820	A	Halo cervical into body jack					
L0830	A	Halo cerv into milwaukee typ					
L0860	A	Magnetic resonanc image comp					
L0900	A	Torso/ptosis support					
L0910	A	Torso & ptosis supp custm fa					
L0920	A	Torso/pendulous abd support					
L0930	A	Pendulous abdomen supp custm					
L0940	A	Torso/postsurgical support					
L0950	A	Post surg support custom fab					
L0960	A	Post surgical support pads					
L0970	A	Tlso corset front					
L0972	A	Lso corset front					
L0974	A	Tlso full corset					
L0976	A	Lso full corset					
L0978	A	Axillary crutch extension					
L0980	A	Peroneal straps pair					
L0982	A	Stocking supp grips set of f					
L0984	A	Protective body sock each					
L0999	A	Add to spinal orthosis NOS					
L1000	A	Ctlso milwauke initial model					
L1010	A	Ctlso axilla sling					
L1020	A	Kyphosis pad					
L1025	A	Kyphosis pad floating					
L1030	A	Lumbar bolster pad					
L1040	A	Lumbar or lumbar rib pad					
L1050	A	Sternal pad					
L1060	A	Thoracic pad					
L1070	A	Trapezius sling					
L1080	A	Outrigger					
L1085	A	Outrigger bil w/ vert extens					
L1090	A	Lumbar sling					
L1100	A	Ring flange plastic/leather					
L1110	A	Ring flange plas/leather mol					
L1120	A	Covers for upright each					
L1200	A	Furnsh initial orthosis only					
L1210	A	Lateral thoracic extension					
L1220	A	Anterior thoracic extension					
L1230	A	Milwaukee type superstructur					
L1240	A	Lumbar derotation pad					
L1250	A	Anterior asis pad					
L1260	A	Anterior thoracic derotation					
L1270	A	Abdominal pad					
L1280	A	Rib gusset (elastic) each					
L1290	A	Lateral trochanteric pad					
L1300	A	Body jacket mold to patient					
L1310	A	Post-operative body jacket					
L1499	A	Spinal orthosis NOS					
L1500	A	Thkao mobility frame					
L1510	A	Thkao standing frame					
L1520	A	Thkao swivel walker					
L1600	A	Abduct hip flex frejka w cvr					
L1610	A	Abduct hip flex frejka covr					
L1620	A	Abduct hip flex pavlik harne					
L1630	A	Abduct control hip semi-flex					
L1640	A	Pelv band/spread bar thigh c					
L1650	A	HO abduction hip adjustable					
L1660	A	HO abduction static plastic					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
L1680	A	Pelvic & hip control thigh c					
L1685	A	Post-op hip abduct custom fa					
L1686	A	HO post-op hip abduction					
L1700	A	Leg perthes orth toronto typ					
L1710	A	Legg perthes orth newington					
L1720	A	Legg perthes orthosis trilat					
L1730	A	Legg perthes orth scottish r					
L1750	A	Legg perthes sling					
L1755	A	Legg perthes patten bottom t					
L1800	A	Knee orthoses elas w stays					
L1810	A	Ko elastic with joints					
L1815	A	Elastic with condylar pads					
L1820	A	Ko elas w/ condyle pads & jo					
L1825	A	Ko elastic knee cap					
L1830	A	Ko immobilizer canvas longit					
L1832	A	Ko adj jnt pos rigid support					
L1834	A	Ko w/0 joint rigid molded to					
L1840	A	Ko derot ant cruciate custom					
L1843	A	Ko single upright custom fit					
L1844	A	Ko w/adj jt rot cntrl molded					
L1845	A	Ko w/ adj flex/ext rotat cus					
L1846	A	Ko w adj flex/ext rotat mold					
L1850	A	Ko swedish type					
L1855	A	Ko plas doub upright jnt mol					
L1858	A	Ko polycentric pneumatic pad					
L1860	A	Ko supracondylar socket mold					
L1870	A	Ko doub upright lacers molde					
L1880	A	Ko doub upright cuffs/lacers					
L1885	A	Knee upright w/resistance					
L1900	A	Afo sprng wir drsflx calf bd					
L1902	A	Afo ankle gauntlet					
L1904	A	Afo molded ankle gauntlet					
L1906	A	Afo multiligamentus ankle su					
L1910	A	Afo sing bar clasp attach sh					
L1920	A	Afo sing upright w/ adjust s					
L1930	A	Afo plastic					
L1940	A	Afo molded to patient plasti					
L1945	A	Afo molded plas rig ant tib					
L1950	A	Afo spiral molded to pt plas					
L1960	A	Afo pos solid ank plastic mo					
L1970	A	Afo plastic molded w/ankle j					
L1980	A	Afo sing solid stirrup calf					
L1990	A	Afo doub solid stirrup calf					
L2000	A	Kafo sing fre stirr thi/calf					
L2010	A	Kafo sng solid stirrup w/o j					
L2020	A	Kafo dbl solid stirrup band/					
L2030	A	Kafo dbl solid stirrup w/o j					
L2035	A	KAFO plastic pediatric size					
L2036	A	Kafo plas doub free knee mol					
L2037	A	Kafo plas sing free knee mol					
L2038	A	Kafo w/o joint multi-axis an					
L2039	A	KAFO, plstic, medlat rotat con					
L2040	A	Hkafo torsion bil rot straps					
L2050	A	Hkafo torsion cable hip pelv					
L2060	A	Hkafo torsion ball bearing j					
L2070	A	Hkafo torsion unilat rot str					
L2080	A	Hkafo unilat torsion cable					
L2090	A	Hkafo unilat torsion ball br					
L2102	A	Afo tibial fx cast plstr mol					
L2104	A	Afo tib fx cast synthetic mo					
L2106	A	Afo tib fx cast plaster mold					
L2108	A	Afo tib fx cast molded to pt					
L2112	A	Afo tibial fracture soft					
L2114	A	Afo tib fx semi-rigid					
L2116	A	Afo tibial fracture rigid					
L2122	A	Kafo fem fx cast plaster mol					
L2124	A	Kafo fem fx cast synthet mol					
L2126	A	Kafo fem fx cast thermoplas					
L2128	A	Kafo fem fx cast molded to p					
L2132	A	Kafo femoral fx cast soft					
L2134	A	Kafo fem fx cast semi-rigid					
L2136	A	Kafo femoral fx cast rigid					
L2180	A	Plas shoe insert w ank joint					
L2182	A	Drop lock knee					
L2184	A	Limited motion knee joint					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
L2186	A	Adj motion knee jnt lerman t					
L2188	A	Quadrilateral brim					
L2190	A	Waist belt					
L2192	A	Pelvic band & belt thigh fla					
L2200	A	Limited ankle motion ea jnt					
L2210	A	Dorsiflexion assist each joi					
L2220	A	Dorsi & plantar flex ass/res					
L2230	A	Split flat caliper stirr & p					
L2240	A	Round caliper and plate atta					
L2250	A	Foot plate molded stirrup at					
L2260	A	Reinforced solid stirrup					
L2265	A	Long tongue stirrup					
L2270	A	Varus/valgus strap padded/li					
L2275	A	Plastic mod low ext pad/line					
L2280	A	Molded inner boot					
L2300	A	Abduction bar jointed adjust					
L2310	A	Abduction bar-straight					
L2320	A	Non-molded lacer					
L2330	A	Lacer molded to patient mode					
L2335	A	Anterior swing band					
L2340	A	Pre-tibial shell molded to p					
L2350	A	Prosthetic type socket molde					
L2360	A	Extended steel shank					
L2370	A	Patten bottom					
L2375	A	Torsion ank & half solid sti					
L2380	A	Torsion straight knee joint					
L2385	A	Straight knee joint heavy du					
L2390	A	Offset knee joint each					
L2395	A	Offset knee joint heavy duty					
L2397	A	Suspension sleeve lower ext					
L2405	A	Knee joint drop lock ea jnt					
L2415	A	Knee joint cam lock each joi					
L2425	A	Knee disc/dial lock/adj flex					
L2430	A	Knee jnt ratchet lock ea jnt					
L2435	A	Knee joint polycentric joint					
L2492	A	Knee lift loop drop lock rin					
L2500	A	Thi/glut/ischia wgt bearing					
L2510	A	Th/wght bear quad-lat brim m					
L2520	A	Th/wght bear quad-lat brim c					
L2525	A	Th/wght bear nar m-l brim mo					
L2526	A	Th/wght bear nar m-l brim cu					
L2530	A	Thigh/wght bear lacer non-mo					
L2540	A	Thigh/wght bear lacer molded					
L2550	A	Thigh/wght bear high roll cu					
L2570	A	Hip clevis type 2 posit jnt					
L2580	A	Pelvic control pelvic sling					
L2600	A	Hip clevis/thrust bearing fr					
L2610	A	Hip clevis/thrust bearing lo					
L2620	A	Pelvic control hip heavy dut					
L2622	A	Hip joint adjustable flexion					
L2624	A	Hip adj flex ext abduct cont					
L2627	A	Plastic mold recipro hip & c					
L2628	A	Metal frame recipro hip & ca					
L2630	A	Pelvic control band & belt u					
L2640	A	Pelvic control band & belt b					
L2650	A	Pelv & thor control gluteal					
L2660	A	Thoracic control thoracic ba					
L2670	A	Thorac cont paraspinal uprig					
L2680	A	Thorac cont lat support upri					
L2750	A	Plating chrome/nickel pr bar					
L2755	A	Carbon graphite lamination					
L2760	A	Extension per extension per					
L2770	A	Low ext orthosis per bar/jnt					
L2780	A	Non-corrosive finish					
L2785	A	Drop lock retainer each					
L2795	A	Knee control full kneecap					
L2800	A	Knee cap medial or lateral p					
L2810	A	Knee control condylar pad					
L2820	A	Soft interface below knee se					
L2830	A	Soft interface above knee se					
L2840	A	Tibial length sock fx or equ					
L2850	A	Femoral lgth sock fx or equa					
L2860	A	Torsion mechanism knee/ankle					
L2999	A	Lower extremity orthosis NOS					
L3000	A	Ft insert ucb berkeley shell					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
L3001	A	Foot insert remov molded spe					
L3002	A	Foot insert plastazote or eq					
L3003	A	Foot insert silicone gel eac					
L3010	A	Foot longitudinal arch suppo					
L3020	A	Foot longitud/metatarsal sup					
L3030	A	Foot arch support remov prem					
L3040	A	Ft arch suprt premold longit					
L3050	A	Foot arch supp premold metat					
L3060	A	Foot arch supp longitud/meta					
L3070	A	Arch suprt att to sho longit					
L3080	A	Arch supp att to shoe metata					
L3090	A	Arch supp att to shoe long/m					
L3100	A	Hallus-valgus nght dynamic s					
L3140	A	Abduction rotation bar shoe					
L3150	A	Abduct rotation bar w/o shoe					
L3160	A	Shoe styled positioning dev					
L3170	A	Foot plastic heel stabilizer					
L3201	A	Oxford w supinat/pronat inf					
L3202	A	Oxford w/ supinat/pronator c					
L3203	A	Oxford w/ supinator/pronator					
L3204	A	Hightop w/ supp/pronator inf					
L3206	A	Hightop w/ supp/pronator chi					
L3207	A	Hightop w/ supp/pronator jun					
L3208	A	Surgical boot each infant					
L3209	A	Surgical boot each child					
L3211	A	Surgical boot each junior					
L3212	A	Benesch boot pair infant					
L3213	A	Benesch boot pair child					
L3214	A	Benesch boot pair junior					
L3215	A	Orthopedic ftwear ladies oxf					
L3216	A	Orthoped ladies shoes dpth i					
L3217	A	Ladies shoes hightop depth i					
L3218	A	Ladies surgical boot each					
L3219	A	Orthopedic mens shoes oxford					
L3221	A	Orthopedic mens shoes dpth i					
L3222	A	Mens shoes hightop depth inl					
L3223	A	Mens surgical boot each					
L3224	A	Woman's shoe oxford brace					
L3225	A	Man's shoe oxford brace					
L3230	A	Custom shoes depth inlay					
L3250	A	Custom mold shoe remov prost					
L3251	A	Shoe molded to pt silicone s					
L3252	A	Shoe molded plastazote cust					
L3253	A	Shoe molded plastazote cust					
L3254	A	Orth foot non-stndard size/w					
L3255	A	Orth foot non-standard size/					
L3257	A	Orth foot add charge split s					
L3260	A	Ambulatory surgical boot eac					
L3265	A	Plastazote sandal each					
L3300	A	Sho lift taper to metatarsal					
L3310	A	Shoe lift elev heel/sole neo					
L3320	A	Shoe lift elev heel/sole cor					
L3330	A	Lifts elevation metal extens					
L3332	A	Shoe lifts tapered to one-ha					
L3334	A	Shoe lifts elevation heel /i					
L3340	A	Shoe wedge sach					
L3350	A	Shoe heel wedge					
L3360	A	Shoe sole wedge outside sole					
L3370	A	Shoe sole wedge between sole					
L3380	A	Shoe clubfoot wedge					
L3390	A	Shoe outflare wedge					
L3400	A	Shoe metatarsal bar wedge ro					
L3410	A	Shoe metatarsal bar between					
L3420	A	Full sole/heel wedge btween					
L3430	A	Sho heel count plast reinfor					
L3440	A	Heel leather reinforced					
L3450	A	Shoe heel sach cushion type					
L3455	A	Shoe heel new leather standa					
L3460	A	Shoe heel new rubber standar					
L3465	A	Shoe heel thomas with wedge					
L3470	A	Shoe heel thomas extend to b					
L3480	A	Shoe heel pad & depress for					
L3485	A	Shoe heel pad removable for					
L3500	A	Ortho shoe add leather insol					
L3510	A	Orthopedic shoe add rub insl					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
L3520	A	O shoe add felt w leath insl					
L3530	A	Ortho shoe add half sole					
L3540	A	Ortho shoe add full sole					
L3550	A	O shoe add standard toe tap					
L3560	A	O shoe add horseshoe toe tap					
L3570	A	O shoe add instep extension					
L3580	A	O shoe add instep velcro clo					
L3590	A	O shoe convert to sof counte					
L3595	A	Ortho shoe add march bar					
L3600	A	Trans shoe calip plate exist					
L3610	A	Trans shoe caliper plate new					
L3620	A	Trans shoe solid stirrup exi					
L3630	A	Trans shoe solid stirrup new					
L3640	A	Shoe dennis browne splint bo					
L3649	A	Orthopedic shoe modifica NOS					
L3650	A	Shlder fig 8 abduct restrain					
L3660	A	Abduct restrainer canvas&web					
L3670	A	Acromio/clavicular canvas&we					
L3700	A	Elbow orthoses elas w stays					
L3710	A	Elbow elastic with metal joi					
L3720	A	Forearm/arm cuffs free motio					
L3730	A	Forearm/arm cuffs ext/flex a					
L3740	A	Cuffs adj lock w/ active con					
L3800	A	Whfo short opponen no attach					
L3805	A	Whfo long opponens no attach					
L3810	A	Whfo thumb abduction bar					
L3815	A	Whfo second m.p. abduction a					
L3820	A	Whfo ip ext asst w/ mp ext s					
L3825	A	Whfo m.p. extension stop					
L3830	A	Whfo m.p. extension assist					
L3835	A	Whfo m.p. spring extension a					
L3840	A	Whfo spring swivel thumb					
L3845	A	Whfo thumb ip ext ass w/ mp					
L3850	A	Action wrist w/ dorsiflex as					
L3855	A	Whfo adj m.p. flexion contro					
L3860	A	Whfo adj m.p. flex ctrl & i.					
L3890	A	Torsion mechanism wrist/elbo					
L3900	A	Hinge extension/flex wrist/f					
L3901	A	Hinge ext/flex wrist finger					
L3902	A	Whfo ext power compress gas					
L3904	A	Whfo electric custom fitted					
L3906	A	Wrist gauntlet molded to pt					
L3907	A	Whfo wrst gauntlt thmb spica					
L3908	A	Wrist cock-up non-molded					
L3910	A	Whfo swanson design					
L3912	A	Flex glove w/elastic finger					
L3914	A	WHO wrist extension cock-up					
L3916	A	Whfo wrist extens w/ outrigg					
L3918	A	HFO knuckle bender					
L3920	A	Knuckle bender with outrigge					
L3922	A	Knuckle bend 2 seg to flex j					
L3924	A	Oppenheimer					
L3926	A	Thomas suspension					
L3928	A	Finger extension w/ clock sp					
L3930	A	Finger extension with wrist					
L3932	A	Safety pin spring wire					
L3934	A	Safety pin modified					
L3936	A	Palmer					
L3938	A	Dorsal wrist					
L3940	A	Dorsal wrist w/ outrigger at					
L3942	A	Reverse knuckle bender					
L3944	A	Reverse knuckle bend w/ outr					
L3946	A	HFO composite elastic					
L3948	A	Finger knuckle bender					
L3950	A	Oppenheimer w/ knuckle bend					
L3952	A	Oppenheimer w/ rev knuckle 2					
L3954	A	Spreading hand					
L3956	A	Add joint upper ext orthosis					
L3960	A	Sewho airplan desig abdu pos					
L3962	A	Sewho erbs palsey design abd					
L3963	A	Molded w/ articulating elbow					
L3964	A	Seo mobile arm sup att to wc					
L3965	A	Arm supp att to wc rancho ty					
L3966	A	Mobile arm supports reclinin					
L3968	A	Friction dampening arm supp					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
L3969	A	Monosuspension arm/hand supp					
L3970	A	Elevat proximal arm support					
L3972	A	Offset/lat rocker arm w/ ela					
L3974	A	Mobile arm support supinator					
L3980	A	Upp ext fx orthosis humeral					
L3982	A	Upper ext fx orthosis rad/ul					
L3984	A	Upper ext fx orthosis wrist					
L3985	A	Forearm hand fx orth w/ wr h					
L3986	A	Humeral rad/ulna wrist fx or					
L3995	A	Sock fracture or equal each					
L3999	A	Upper limb orthosis NOS					
L4000	A	Repl girdle milwaukee orth					
L4010	A	Replace trilateral socket br					
L4020	A	Replace quadlat socket brim					
L4030	A	Replace socket brim cust fit					
L4040	A	Replace molded thigh lacer					
L4045	A	Replace non-molded thigh lac					
L4050	A	Replace molded calf lacer					
L4055	A	Replace non-molded calf lace					
L4060	A	Replace high roll cuff					
L4070	A	Replace prox & dist upright					
L4080	A	Repl met band kafo-afo prox					
L4090	A	Repl met band kafo-afo calf/					
L4100	A	Repl leath cuff kafo prox th					
L4110	A	Repl leath cuff kafo-afo cal					
L4130	A	Replace pretibial shell					
L4205	A	Ortho dvc repair per 15 min					
L4210	A	Orth dev repair/repl minor p					
[2] L4310	A	Mult-podus/eq orth prep mgmt					
[2] L4320	A	Low ext mgmt sys ft pos afo					
L4350	A	Pneumatic ankle cntrl splint					
L4360	A	Pneumatic walking splint					
L4370	A	Pneumatic full leg splint					
L4380	A	Pneumatic knee splint					
[2] L4390	A	Replace multi-podus splint					
L4392	A	Replace ankle contrac splint					
L4394	A	Replace foot drop spint					
L4396	A	Ankle contracture splint					
L4398	A	Foot drop splint recumbent					
L5000	A	Sho insert w arch toe filler					
L5010	A	Mold socket ank hgt w/ toe f					
L5020	A	Tibial tubercle hgt w/ toe f					
L5050	A	Ank symes mold sckt sach ft					
L5060	A	Symes met fr leath socket ar					
L5100	A	Molded socket shin sach foot					
L5105	A	Plast socket jts/thgh lacer					
L5150	A	Mold sckt ext knee shin sach					
L5160	A	Mold socket bent knee shin s					
L5200	A	Kne sing axis fric shin sach					
L5210	A	No knee/ankle joints w/ ft b					
L5220	A	No knee joint with artic ali					
L5230	A	Fem focal defic constant fri					
L5250	A	Hip canad sing axi cons fric					
L5270	A	Tilt table locking hip sing					
L5280	A	Hemipelvect canad sing axis					
L5300	A	Bk sach soft cover & finish					
L5310	A	Knee disart sach soft cv/fin					
L5320	A	Ak open end sach soft cv/fin					
L5330	A	Hip canadian sach sft cv/fin					
L5340	A	Hemipelvectomy canad cv/fin					
L5400	A	Postop dress & 1 cast chg bk					
L5410	A	Postop dsg bk ea add cast ch					
L5420	A	Postop dsg & 1 cast chg ak/d					
L5430	A	Postop dsg ak ea add cast ch					
L5450	A	Postop app non-wgt bear dsg					
L5460	A	Postop app non-wgt bear dsg					
L5500	A	Init bk ptb plaster direct					
L5505	A	Init ak ischal plstr direct					
L5510	A	Prep BK ptb plaster molded					
L5520	A	Perp BK ptb thermopls direct					
L5530	A	Prep BK ptb thermopls molded					
L5535	A	Prep BK ptb open end socket					
L5540	A	Prep BK ptb laminated socket					
L5560	A	Prep AK ischial plast molded					
L5570	A	Prep AK ischial direct form					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
L5580	A	Prep AK ischial thermo mold					
L5585	A	Prep AK ischial open end					
L5590	A	Prep AK ischial laminated					
L5595	A	Hip disartic sach thermopls					
L5600	A	Hip disart sach laminat mold					
L5610	A	Above knee hydracadence					
L5611	A	Ak 4 bar link w/fric swing					
L5613	A	Ak 4 bar ling w/hydraul swig					
L5614	A	4-bar link above knee w/swng					
L5616	A	Ak univ multiplex sys frict					
L5617	A	AK/BK self-aligning unit ea					
L5618	A	Test socket symes					
L5620	A	Test socket below knee					
L5622	A	Test socket knee disarticula					
L5624	A	Test socket above knee					
L5626	A	Test socket hip disarticulat					
L5628	A	Test socket hemipelvectomy					
L5629	A	Below knee acrylic socket					
L5630	A	Syme typ expandabl wall sckt					
L5631	A	Ak/knee disartic acrylic soc					
L5632	A	Symes type ptb brim design s					
L5634	A	Symes type poster opening so					
L5636	A	Symes type medial opening so					
L5637	A	Below knee total contact					
L5638	A	Below knee leather socket					
L5639	A	Below knee wood socket					
L5640	A	Knee disarticulat leather so					
L5642	A	Above knee leather socket					
L5643	A	Hip flex inner socket ext fr					
L5644	A	Above knee wood socket					
L5645	A	Ak flexibl inner socket ext					
L5646	A	Below knee air cushion socke					
L5647	A	Below knee suction socket					
L5648	A	Above knee air cushion socke					
L5649	A	Isch containmt/narrow m-l so					
L5650	A	Tot contact ak/knee disart s					
L5651	A	Ak flex inner socket ext fra					
L5652	A	Suction susp ak/knee disart					
L5653	A	Knee disart expand wall sock					
L5654	A	Socket insert symes					
L5655	A	Socket insert below knee					
L5656	A	Socket insert knee articulat					
L5658	A	Socket insert above knee					
L5660	A	Sock insrt syme silicone gel					
L5661	A	Multi-durometer symes					
L5662	A	Socket insert bk silicone ge					
L5663	A	Sock knee disartic silicone					
L5664	A	Socket insert ak silicone ge					
L5665	A	Multi-durometer below knee					
L5666	A	Below knee cuff suspension					
L5667	A	Socket insert w lock lower					
L5668	A	Socket insert w/o lock lower					
L5669	A	Below knee socket w/o lock					
L5670	A	Bk molded supracondylar susp					
L5672	A	Bk removable medial brim sus					
L5674	A	Bk latex sleeve suspension/e					
L5675	A	Bk latex sleeve susp/eq hvy					
L5676	A	Bk knee joints single axis p					
L5677	A	Bk knee joints polycentric p					
L5678	A	Bk joint covers pair					
L5680	A	Bk thigh lacer non-molded					
L5682	A	Bk thigh lacer glut/ischia m					
L5684	A	Bk fork strap					
L5686	A	Bk back check					
L5688	A	Bk waist belt webbing					
L5690	A	Bk waist belt padded and lin					
L5692	A	Ak pelvic control belt light					
L5694	A	Ak pelvic control belt pad/l					
L5695	A	Ak sleeve susp neoprene/equa					
L5696	A	Ak/knee disartic pelvic join					
L5697	A	Ak/knee disartic pelvic band					
L5698	A	Ak/knee disartic silesian ba					
L5699	A	Shoulder harness					
L5700	A	Replace socket below knee					
L5701	A	Replace socket above knee					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
L5702	A	Replace socket hip					
L5704	A	Custom shape covr below knee					
L5705	A	Custm shape cover above knee					
L5706	A	Custm shape cvr knee disart					
L5707	A	Custm shape cover hip disart					
L5710	A	Kne-shin exo sng axi mnl loc					
L5711	A	Knee-shin exo mnl lock ultra					
L5712	A	Knee-shin exo frict swg & st					
L5714	A	Knee-shin exo variable frict					
L5716	A	Knee-shin exo mech stance ph					
L5718	A	Knee-shin exo frct swg & sta					
L5722	A	Knee-shin pneum swg frct exo					
L5724	A	Knee-shin exo fluid swing ph					
L5726	A	Knee-shin ext jnts fld swg e					
L5728	A	Knee-shin fluid swg & stance					
L5780	A	Knee-shin pneum/hydra pneum					
L5785	A	Exoskeletal bk ultralt mater					
L5790	A	Exoskeletal ak ultra-light m					
L5795	A	Exoskel hip ultra-light mate					
L5810	A	Endoskel knee-shin mnl lock					
L5811	A	Endo knee-shin mnl lck ultra					
L5812	A	Endo knee-shin frct swg & st					
L5814	A	Endo knee-shin hydral swg ph					
L5816	A	Endo knee-shin polyc mch sta					
L5818	A	Endo knee-shin frct swg & st					
L5822	A	Endo knee-shin pneum swg frc					
L5824	A	Endo knee-shin fluid swing p					
L5826	A	Miniature knee joint					
L5828	A	Endo knee-shin fluid swg/sta					
L5830	A	Endo knee-shin pneum/swg pha					
L5840	A	Multi-axial knee/shin system					
L5845	A	Knee-shin sys stance flexion					
L5846	A	Knee-shin sys microprocessor					
L5850	A	Endo ak/hip knee extens assi					
L5855	A	Mech hip extension assist					
L5910	A	Endo below knee alignable sy					
L5920	A	Endo ak/hip alignable system					
L5925	A	Above knee manual lock					
L5930	A	High activity knee frame					
L5940	A	Endo bk ultra-light material					
L5950	A	Endo ak ultra-light material					
L5960	A	Endo hip ultra-light materia					
L5962	A	Below knee flex cover system					
L5964	A	Above knee flex cover system					
L5966	A	Hip flexible cover system					
L5970	A	Foot external keel sach foot					
L5972	A	Flexible keel foot					
L5974	A	Foot single axis ankle/foot					
L5976	A	Energy storing foot					
L5978	A	Ft prosth multiaxial ankl/ft					
L5979	A	Multi-axial ankle/ft prosth					
L5980	A	Flex foot system					
L5981	A	Flex-walk sys low ext prosth					
L5982	A	Exoskeletal axial rotation u					
L5984	A	Endoskeletal axial rotation					
L5985	A	Lwr ext dynamic prosth pylon					
L5986	A	Multi-axial rotation unit					
L5987	A	Shank ft w vert load pylon					
L5999	A	Lowr extremity prosthes NOS					
L6000	A	Par hand robin-aids thum rem					
L6010	A	Hand robin-aids little/ring					
L6020	A	Part hand robin-aids no fing					
L6050	A	Wrst MLd sck flx hng tri pad					
L6055	A	Wrst mold sock w/exp interfa					
L6100	A	Elb mold sock flex hinge pad					
L6110	A	Elbow mold sock suspension t					
L6120	A	Elbow mold doub splt soc ste					
L6130	A	Elbow stump activated lock h					
L6200	A	Elbow mold outsid lock hinge					
L6205	A	Elbow molded w/ expand inter					
L6250	A	Elbow inter loc elbow forarm					
L6300	A	Shlder disart int lock elbow					
L6310	A	Shoulder passive restor comp					
L6320	A	Shoulder passive restor cap					
L6350	A	Thoracic intern lock elbow					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
L6360	A	Thoracic passive restor comp					
L6370	A	Thoracic passive restor cap					
L6380	A	Postop dsg cast chg wrst/elb					
L6382	A	Postop dsg cast chg elb dis/					
L6384	A	Postop dsg cast chg shlder/t					
L6386	A	Postop ea cast chg & realign					
L6388	A	Postop applicat rigid dsg on					
L6400	A	Below elbow prosth tiss shap					
L6450	A	Elb disart prosth tiss shap					
L6500	A	Above elbow prosth tiss shap					
L6550	A	Shldr disar prosth tiss shap					
L6570	A	Scap thorac prosth tiss shap					
L6580	A	Wrist/elbow bowden cable mol					
L6582	A	Wrist/elbow bowden cbl dir f					
L6584	A	Elbow fair lead cable molded					
L6586	A	Elbow fair lead cable dir fo					
L6588	A	Shdr fair lead cable molded					
L6590	A	Shdr fair lead cable direct					
L6600	A	Polycentric hinge pair					
L6605	A	Single pivot hinge pair					
L6610	A	Flexible metal hinge pair					
L6615	A	Disconnect locking wrist uni					
L6616	A	Disconnect insert locking wr					
L6620	A	Flexion-friction wrist unit					
L6623	A	Spring-ass rot wrst w/ latch					
L6625	A	Rotation wrst w/ cable lock					
L6628	A	Quick disconn hook adapter o					
L6629	A	Lamination collar w/ couplin					
L6630	A	Stainless steel any wrist					
L6632	A	Latex suspension sleeve each					
L6635	A	Lift assist for elbow					
L6637	A	Nudge control elbow lock					
L6640	A	Shoulder abduction joint pai					
L6641	A	Excursion amplifier pulley t					
L6642	A	Excursion amplifier lever ty					
L6645	A	Shoulder flexion-abduction j					
L6650	A	Shoulder universal joint					
L6655	A	Standard control cable extra					
L6660	A	Heavy duty control cable					
L6665	A	Teflon or equal cable lining					
L6670	A	Hook to hand cable adapter					
L6672	A	Harness chest/shlder saddle					
L6675	A	Harness figure of 8 sing con					
L6676	A	Harness figure of 8 dual con					
L6680	A	Test sock wrist disart/bel e					
L6682	A	Test sock elbw disart/above					
L6684	A	Test socket shldr disart/tho					
L6686	A	Suction socket					
L6687	A	Frame typ socket bel elbow/w					
L6688	A	Frame typ sock above elb/dis					
L6689	A	Frame typ socket shoulder di					
L6690	A	Frame typ sock interscap-tho					
L6691	A	Removable insert each					
L6692	A	Silicone gel insert or equal					
L6700	A	Terminal device model #3					
L6705	A	Terminal device model #5					
L6710	A	Terminal device model #5x					
L6715	A	Terminal device model #5xa					
L6720	A	Terminal device model #6					
L6725	A	Terminal device model #7					
L6730	A	Terminal device model #7lo					
L6735	A	Terminal device model #8					
L6740	A	Terminal device model #8x					
L6745	A	Terminal device model #88x					
L6750	A	Terminal device model #10p					
L6755	A	Terminal device model #10x					
L6765	A	Terminal device model #12p					
L6770	A	Terminal device model #99x					
L6775	A	Terminal device model #555					
L6780	A	Terminal device model #ss555					
L6790	A	Hooks-accu hook or equal					
L6795	A	Hooks-2 load or equal					
L6800	A	Hooks-aprl vc or equal					
L6805	A	Modifier wrist flexion unit					
L6806	A	Trs grip vc or equal					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
L6807	A	Term device grip1/2 or equal					
L6808	A	Term device infant or child					
L6809	A	Trs super sport passive					
L6810	A	Pincher tool otto bock or eq					
L6825	A	Hands dorrance vo					
L6830	A	Hand aprl vc					
L6835	A	Hand sierra vo					
L6840	A	Hand becker imperial					
L6845	A	Hand becker lock grip					
L6850	A	Term dvc-hand becker plylite					
L6855	A	Hand robin-aids vo					
L6860	A	Hand robin-aids vo soft					
L6865	A	Hand passive hand					
L6867	A	Hand detroit infant hand					
L6868	A	Passive inf hand steeper/hos					
L6870	A	Hand child mitt					
L6872	A	Hand nyu child hand					
L6873	A	Hand mech inf steeper or equ					
L6875	A	Hand bock vc					
L6880	A	Hand bock vo					
L6890	A	Production glove					
L6895	A	Custom glove					
L6900	A	Hand restorat thumb/1 finger					
L6905	A	Hand restoration multiple fi					
L6910	A	Hand restoration no fingers					
L6915	A	Hand restoration replacmnt g					
L6920	A	Wrist disarticul switch ctrl					
L6925	A	Wrist disart myoelectronic c					
L6930	A	Below elbow switch control					
L6935	A	Below elbow myoelectronic ct					
L6940	A	Elbow disarticulation switch					
L6945	A	Elbow disart myoelectronic c					
L6950	A	Above elbow switch control					
L6955	A	Above elbow myoelectronic ct					
L6960	A	Shldr disartic switch contro					
L6965	A	Shldr disartic myoelectronic					
L6970	A	Interscapular-thor switch ct					
L6975	A	Interscap-thor myoelectronic					
L7010	A	Hand otto back steeper/eq sw					
L7015	A	Hand sys teknik village swit					
L7020	A	Electronic greifer switch ct					
L7025	A	Electron hand myoelectronic					
L7030	A	Hand sys teknik vill myoelec					
L7035	A	Electron greifer myoelectro					
L7040	A	Prehensile actuator hosmer s					
L7045	A	Electron hook child michigan					
L7170	A	Electronic elbow hosmer swit					
L7180	A	Electronic elbow utah myoele					
L7185	A	Electron elbow adolescent sw					
L7186	A	Electron elbow child switch					
L7190	A	Elbow adolescent myoelectron					
L7191	A	Elbow child myoelectronic ct					
L7260	A	Electron wrist rotator otto					
L7261	A	Electron wrist rotator utah					
L7266	A	Servo control steeper or equ					
L7272	A	Analogue control unb or equa					
L7274	A	Proportional ctl 12 volt uta					
L7360	A	Six volt bat otto bock/eq ea					
L7362	A	Battery chrgr six volt otto					
L7364	A	Twelve volt battery utah/equ					
L7366	A	Battery chrgr 12 volt utah/e					
L7499	A	Upper extremity prosthes NOS					
L7500	A	Prosthetic dvc repair hourly					
L7510	A	Prosthetic device repair rep					
L7520	A	Repair prosthesis per 15 min					
L7900	A	Vacuum erection system					
L8000	A	Mastectomy bra					
L8010	A	Mastectomy sleeve					
L8020	A	Mastectomy form					
L8030	A	Breast prosthesis silicone/e					
L8039	A	Breast prosthesis NOS					
L8100	A	Compression stocking BK18-30					
L8110	A	Compression stocking BK30-40					
L8120	A	Compression stocking BK40-50					
L8130	A	Gc stocking thighlngth 18-30					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
L8140	A	Gc stocking thighlngth 30-40					
L8150	A	Gc stocking thighlngth 40-50					
L8160	A	Gc stocking full lngth 18-30					
L8170	A	Gc stocking full lngth 30-40					
L8180	A	Gc stocking full lngth 40-50					
L8190	A	Gc stocking waistlngth 18-30					
L8200	A	Gc stocking waistlngth 40-50					
L8210	A	Gc stocking custom made					
L8220	A	Gc stocking lymphedema					
L8230	A	Gc stocking garter belt					
L8239	A	G compression stocking NOS					
L8300	A	Truss single w/ standard pad					
L8310	A	Truss double w/ standard pad					
L8320	A	Truss addition to std pad wa					
L8330	A	Truss add to std pad scrotal					
L8400	A	Sheath below knee					
L8410	A	Sheath above knee					
L8415	A	Sheath upper limb					
L8417	A	Pros sheath/sock w gel cushn					
L8420	A	Prosthetic sock multi ply BK					
L8430	A	Prosthetic sock multi ply AK					
L8435	A	Pros sock multi ply upper lm					
L8440	A	Shrinker below knee					
L8460	A	Shrinker above knee					
L8465	A	Shrinker upper limb					
L8470	A	Pros sock single ply BK					
L8480	A	Pros sock single ply AK					
L8485	A	Pros sock single ply upper l					
L8490	A	Air seal suction reten systm					
L8499	A	Unlisted misc prosthetic ser					
L8500	A	Artificial larynx					
L8501	A	Tracheostomy speaking valve					
L8600	A	Implant breast silicone/eq					
L8603	A	Collagen imp urinary 2.5 CC					
L8610	A	Ocular implant					
L8612	A	Aqueous shunt prosthesis					
L8613	A	Ossicular implant					
L8614	A	Cochlear device/system					
L8619	A	Replace cochlear processor					
L8630	A	Metacarpophalangeal implant					
L8641	A	Metatarsal joint implant					
L8642	A	Hallux implant					
L8658	A	Interphalangeal joint implnt					
L8670	A	Vascular graft, synthetic					
L8699	A	Prosthetic implant NOS					
M0064	X	Visit for drug monitoring	090	0.85	$43.71	$12.20	$8.74
M0075	E	Cellular therapy					
M0076	E	Prolotherapy					
M0100	E	Intragastric hypothermia					
[2] M0101	E	Foot care hygienic/pm					
M0300	E	IV chelationtherapy					
M0301	E	Fabric wrapping of aneurysm					
M0302	E	Assessment of cardiac output					
P2028	A	Cephalin floculation test					
P2029	A	Congo red blood test					
P2031	E	Hair analysis					
P2033	A	Blood thymol turbidity					
P2038	A	Blood mucoprotein					
P3000	A	Screen pap by tech w md supv					
P3001	A	Screening pap smear by phys					
P7001	E	Culture bacterial urine					
P9010	N	Whole blood for transfusion					
P9011	N	Blood split unit					
P9012	N	Cryoprecipitate each unit					
P9013	N	Unit/s blood fibrinogen					
[2] P9014	N	Gamma globulin 1 ML					
[2] P9015	N	Rh immune globulin 1 ML					
P9016	N	Leukocyte poor blood, unit					
P9017	N	One donor fresh frozn plasma					
P9018	N	Plasma protein fract, unit					
P9019	N	Platelet concentrate unit					
P9020	N	Plaelet rich plasma unit					
P9021	N	Red blood cells unit					
P9022	N	Washed red blood cells unit					
P9603	N	One-way allow prorated miles					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
P9604	N	One-way allow prorated trip					
[2] P9610	E	Urine specimen collect singl					
P9615	E	Urine specimen collect mult					
Q0034	X	Admin of influenza vaccine	901	0.07	$3.60	$2.49	$0.72
Q0035	X	Cardiokymography	950	0.35	$18.00	$15.82	$3.60
Q0068	S	Extracorpeal plasmapheresis	369	6.33	$325.49	$155.49	$65.10
Q0081	X	Infusion ther other than che	906	1.93	$99.24	$57.18	$19.85
Q0083	S	Chemo by other than infusion	987	2.09	$107.47	$65.09	$21.49
Q0084	S	Chemotherapy by infusion	989	1.91	$98.21	$44.52	$19.64
Q0085	S	Chemo by both infusion and o	989	1.91	$98.21	$44.52	$19.64
Q0086	A	Physical therapy evaluation/					
Q0091	S	Obtaining screen pap smear	561	1.46	$75.07	$24.41	$15.01
Q0092	N	Set up port xray equipment					
Q0111	A	Wet mounts/ w preparations					
Q0112	A	Potassium hydroxide preps					
Q0113	A	Pinworm examinations					
Q0114	A	Fern test					
Q0115	A	Post-coital mucous exam					
Q0132	A	Dispensing fee DME neb drug					
Q0136	N	Non esrd epoetin alpha inj					
Q0144	E	Azithromycin dihydrate, oral					
Q0156	N	Human albumin 5%					
Q0157	N	Human albumin 25%					
Q9920	A	Epoetin with hct <= 20					
Q9921	A	Epoetin with hct = 21					
Q9922	A	Epoetin with hct = 22					
Q9923	A	Epoetin with hct = 23					
Q9924	A	Epoetin with hct = 24					
Q9925	A	Epoetin with hct = 25					
Q9926	A	Epoetin with hct = 26					
Q9927	A	Epoetin with hct = 27					
Q9928	A	Epoetin with hct = 28					
Q9929	A	Epoetin with hct = 29					
Q9930	A	Epoetin with hct = 30					
Q9931	A	Epoetin with hct = 31					
Q9932	A	Epoetin with hct = 32					
Q9933	A	Epoetin with hct = 33					
Q9934	A	Epoetin with hct = 34					
Q9935	A	Epoetin with hct = 35					
Q9936	A	Epoetin with hct = 36					
Q9937	A	Epoetin with hct = 37					
Q9938	A	Epoetin with hct = 38					
Q9939	A	Epoetin with hct = 39					
Q9940	A	Epoetin with hct >= 40					
R0070	N	Transport portable x-ray					
R0075	N	Transport port x-ray multipl					
R0076	N	Transport portable EKG					
V2020	A	Vision svcs frames purchases					
V2025	E	Eyeglasses delux frames					
V2100	A	Lens spher single plano 4.00					
V2101	A	Single visn sphere 4.12-7.00					
V2102	A	Singl visn sphere 7.12-20.00					
V2103	A	Spherocylindr 4.00d/12-2.00d					
V2104	A	Spherocylindr 4.00d/2.12-4d					
V2105	A	Spherocylinder 4.00d/4.25-6d					
V2106	A	Spherocylinder 4.00d/>6.00d					
V2107	A	Spherocylinder 4.25d/12-2d					
V2108	A	Spherocylinder 4.25d/2.12-4d					
V2109	A	Spherocylinder 4.25d/4.25-6d					
V2110	A	Spherocylinder 4.25d/over 6d					
V2111	A	Spherocylindr 7.25d/.25-2.25					
V2112	A	Spherocylindr 7.25d/2.25-4d					
V2113	A	Spherocylindr 7.25d/4.25-6d					
V2114	A	Spherocylinder over 12.00d					
V2115	A	Lens lenticular bifocal					
V2116	A	Nonaspheric lens bifocal					
V2117	A	Aspheric lens bifocal					
V2118	A	Lens aniseikonic single					
V2199	A	Lens single vision not oth c					
V2200	A	Lens spher bifoc plano 4.00d					
V2201	A	Lens sphere bifocal 4.12-7.0					
V2202	A	Lens sphere bifocal 7.12-20.					
V2203	A	Lens sphcyl bifocal 4.00d/.1					
V2204	A	Lens sphcy bifocal 4.00d/2.1					
V2205	A	Lens sphcy bifocal 4.00d/4.2					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
V2206	A	Lens sphcy bifocal 4.00d/ove					
V2207	A	Lens sphcy bifocal 4.25-7d/.					
V2208	A	Lens sphcy bifocal 4.25-7/2.					
V2209	A	Lens sphcy bifocal 4.25-7/4.					
V2210	A	Lens sphcy bifocal 4.25-7/ov					
V2211	A	Lens sphcy bifo 7.25-12/.25-					
V2212	A	Lens sphcyl bifo 7.25-12/2.2					
V2213	A	Lens sphcyl bifo 7.25-12/4.2					
V2214	A	Lens sphcyl bifocal over 12.					
V2215	A	Lens lenticular bifocal					
V2216	A	Lens lenticular nonaspheric					
V2217	A	Lens lenticular aspheric bif					
V2218	A	Lens aniseikonic bifocal					
V2219	A	Lens bifocal seg width over					
V2220	A	Lens bifocal add over 3.25d					
V2299	A	Lens bifocal speciality					
V2300	A	Lens sphere trifocal 4.00d					
V2301	A	Lens sphere trifocal 4.12-7.					
V2302	A	Lens sphere trifocal 7.12-20					
V2303	A	Lens sphcy trifocal 4.0/.12-					
V2304	A	Lens sphcy trifocal 4.0/2.25					
V2305	A	Lens sphcy trifocal 4.0/4.25					
V2306	A	Lens sphcyl trifocal 4.00/>6					
V2307	A	Lens sphcy trifocal 4.25-7/.					
V2308	A	Lens sphc trifocal 4.25-7/2.					
V2309	A	Lens sphc trifocal 4.25-7/4.					
V2310	A	Lens sphc trifocal 4.25-7/>6					
V2311	A	Lens sphc trifo 7.25-12/.25-					
V2312	A	Lens sphc trifo 7.25-12/2.25					
V2313	A	Lens sphc trifo 7.25-12/4.25					
V2314	A	Lens sphcyl trifocal over 12					
V2315	A	Lens lenticular trifocal					
V2316	A	Lens lenticular nonaspheric					
V2317	A	Lens lenticular aspheric tri					
V2318	A	Lens aniseikonic trifocal					
V2319	A	Lens trifocal seg width > 28					
V2320	A	Lens trifocal add over 3.25d					
V2399	A	Lens trifocal speciality					
V2410	A	Lens variab asphericity sing					
V2430	A	Lens variable asphericity bi					
V2499	A	Variable asphericity lens					
V2500	A	Contact lens pmma spherical					
V2501	A	Cntct lens pmma-toric/prism					
V2502	A	Contact lens pmma bifocal					
V2503	A	Cntct lens pmma color vision					
V2510	A	Cntct gas permeable sphericl					
V2511	A	Cntct toric prism ballast					
V2512	A	Cntct lens gas permbl bifocl					
V2513	A	Contact lens extended wear					
V2520	A	Contact lens hydrophilic					
V2521	A	Cntct lens hydrophilic toric					
V2522	A	Cntct lens hydrophil bifocl					
V2523	A	Cntct lens hydrophil extend					
V2530	A	Contact lens gas impermeable					
V2531	A	Contact lens gas permeable					
V2599	A	Contact lens/es other type					
V2600	A	Hand held low vision aids					
V2610	A	Single lens spectacle mount					
V2615	A	Telescop/othr compound lens					
V2623	A	Plastic eye prosth custom					
V2624	A	Polishing artifical eye					
V2625	A	Enlargemnt of eye prosthesis					
V2626	A	Reduction of eye prosthesis					
V2627	A	Scleral cover shell					
V2628	A	Fabrication & fitting					
V2629	A	Prosthetic eye other type					
V2630	N	Anter chamber intraocul lens					
V2631	N	Iris support intraoclr lens					
V2632	N	Post chmbr intraocular lens					
V2700	A	Balance lens					
V2710	A	Glass/plastic slab off prism					
V2715	A	Prism lens/es					
V2718	A	Fresnell prism press-on lens					
V2730	A	Special base curve					
V2740	A	Rose tint plastic					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM B.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT STATUS BY HCPCS CODE AND RELATED INFORMATION—Continued

CPT/ HCPCS	HOPD status indicator	Description	Proposed APC	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
V2741	A	Non-rose tint plastic					
V2742	A	Rose tint glass					
V2743	A	Non-rose tint glass					
V2744	A	Tint photochromatic lens/es					
V2750	A	Anti-reflective coating					
V2755	A	UV lens/es					
V2760	A	Scratch resistant coating					
V2770	A	Occluder lens/es					
V2780	A	Oversize lens/es					
V2781	A	Progressive lens per lens					
V2785	N	Corneal tissue processing					
V2799	A	Miscellaneous vision service					
V5008	E	Hearing screening					
V5010	E	Assessment for hearing aid					
V5011	E	Hearing aid fitting/checking					
V5014	E	Hearing aid repair/modifying					
V5020	E	Conformity evaluation					
V5030	E	Body-worn hearing aid air					
V5040	E	Body-worn hearing aid bone					
V5050	E	Body-worn hearing aid in ear					
V5060	E	Behind ear hearing aid					
V5070	E	Glasses air conduction					
V5080	E	Glasses bone conduction					
V5090	E	Hearing aid dispensing fee					
V5100	E	Body-worn bilat hearing aid					
V5110	E	Hearing aid dispensing fee					
V5120	E	Body-worn binaur hearing aid					
V5130	E	In ear binaural hearing aid					
V5140	E	Behind ear binaur hearing ai					
V5150	E	Glasses binaural hearing aid					
V5160	E	Dispensing fee binaural					
V5170	E	Within ear cros hearing aid					
V5180	E	Behind ear cros hearing aid					
V5190	E	Glasses cros hearing aid					
V5200	E	Cros hearing aid dispens fee					
V5210	E	In ear bicros hearing aid					
V5220	E	Behind ear bicros hearing ai					
V5230	E	Glasses bicros hearing aid					
V5240	E	Dispensing fee bicros					
V5299	A	Hearing service					
V5336	E	Repair communication device					
V5362	A	Speech screening					
V5363	A	Language screening					
V5364	A	Dysphagia screening					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

48. On pages 47761 through 47833, Addendum C is corrected to read as follows:

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
031	DENTAL PROCEDURES		S	1.37	$70.45	$14.09	$14.09
031	D0150	Comprehensve oral evaluation.					
031	D0240	Intraoral occlusal film.					
031	D0250	Extraoral first film.					
031	D0260	Extraoral ea additional film.					
031	D0270	Dental bitewing single film.					
031	D0272	Dental bitewings two films.					
031	D0274	Dental bitewings four films.					
031	D0460	Pulp vitality test.					
031	D0471	Diagnostic photographs.					
031	D0501	Histopathologic examinations.					
031	D0502	Other oral pathology procedu.					
031	D0999	Unspecified diagnostic proce.					
031	D1510	Space maintainer fxd unilat.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
031	D1515	Fixed bilat space maintainer.					
031	D1520	Remove unilat space maintain.					
031	D1525	Remove bilat space maintain.					
031	D1550	Recement space maintainer.					
031	D2970	Temporary- fractured tooth.					
031	D2999	Dental unspec restorative pr.					
031	D3460	Endodontic endosseous implan.					
031	D3999	Endodontic procedure.					
031	D4250	Mucogingival surg per quadra.					
031	D4260	Osseous surgery per quadrant.					
031	D4263	Bone replce graft first site.					
031	D4264	Bone replce graft each add.					
031	D4270	Pedicle soft tissue graft pr.					
031	D4271	Free soft tissue graft proc.					
031	D4273	Subepithelial tissue graft.					
031	D4355	Full mouth debridement.					
031	D4381	Localized chemo delivery.					
031	D5911	Facial moulage sectional.					
031	D5912	Facial moulage complete.					
031	D5983	Radiation applicator.					
031	D5984	Radiation shield.					
031	D5985	Radiation cone locator.					
031	D5987	Commissure splint.					
031	D6920	Dental connector bar.					
031	D7110	Oral surgery single tooth.					
031	D7120	Each add tooth extraction.					
031	D7130	Tooth root removal.					
031	D7210	Rem imp tooth w mucoper flp.					
031	D7220	Impact tooth remov soft tiss.					
031	D7230	Impact tooth remov part bony.					
031	D7240	Impact tooth remov comp bony.					
031	D7241	Impact tooth rem bony w/comp.					
031	D7250	Tooth root removal.					
031	D7260	Oral antral fistula closure.					
031	D7291	Transseptal fiberotomy.					
031	D7940	Reshaping bone orthognathic.					
031	D9630	Other drugs/medicaments.					
031	D9930	Treatment of complications.					
031	D9940	Dental occlusal guard.					
031	D9950	Occlusion analysis.					
031	D9951	Limited occlusal adjustment.					
031	D9952	Complete occlusal adjustment.					
061	LEVEL I CHEMOTHERAPEUTIC AGENTS		X	1.15	$59.13	$37.52	$11.83
061	J8610	Methotrexate oral 2.5 MG.					
061	J8999	Oral prescription drug chemo.					
061	J9015	Aldesleukin/single use vial.					
061	J9070	Cyclophosphamide 100 MG inj.					
061	J9080	Cyclophosphamide 200 MG inj.					
061	J9090	Cyclophosphamide 500 MG inj.					
061	J9093	Cyclophosphamide lyophilized.					
061	J9094	Cyclophosphamide lyophilized.					
061	J9095	Cyclophosphamide lyophilized.					
061	J9100	Cytarabine hcl 100 MG inj.					
061	J9110	Cytarabine hcl 500 MG inj.					
061	J9120	Dactinomycin actinomycin d.					
061	J9130	Dacarbazine 10 MG inj.					
061	J9140	Dacarbazine 200 MG inj.					
061	J9165	Diethylstilbestrol injection.					
061	J9170	Docetaxel.					
061	J9181	Etoposide 10 MG inj.					
061	J9190	Fluorouracil injection.					
061	J9201	Gemcitabine HCl.					
061	J9206	Irinotecan injection.					
061	J9214	Interferon alfa-2b inj.					
061	J9215	Interferon alfa-n3 inj.					
061	J9218	Leuprolide acetate injeciton.					
061	J9230	Mechlorethamine hcl inj.					
061	J9250	Methotrexate sodium inj.					
061	J9260	Methotrexate sodium inj.					
061	J9266	Pegaspargase/singl dose vial.					
061	J9350	Topotecan.					
061	J9360	Vinblastine sulfate inj.					
061	J9390	Vinorelbine tartrate/10 mg.					
061	J9600	Porfimer sodium.					
061	J9999	Chemotherapy drug.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
062	LEVEL II CHEMOTHERAPEUTIC AGENTS		X	1.78	$91.53	$36.61	$18.31
062	J9000	Doxorubic hcl 10 MG vl chemo.					
062	J9020	Asparaginase injection.					
062	J9060	Cisplatin 10 MG injeciton.					
062	J9065	Inj cladribine per 1 MG.					
062	J9091	Cyclophosphamide 1.0 grm inj.					
062	J9092	Cyclophosphamide 2.0 grm inj.					
062	J9096	Cyclophosphamide lyophilized.					
062	J9097	Cyclophosphamide lyophilized.					
062	J9150	Daunorubicin.					
062	J9211	Idarubicin hcl injeciton.					
062	J9213	Interferon alfa-2a inj.					
062	J9265	Paclitaxel injection.					
062	J9268	Pentostatin injection.					
062	J9370	Vincristine sulfate 1 MG inj.					
063	LEVEL III CHEMOTHERAPEUTIC AGENTS		X	2.94	$151.17	$110.97	$30.24
[2]063	J9010	Doxorubicin hcl 50 MG inj.					
063	J9031	Bcg live intravesical vac.					
063	J9040	Bleomycin sulfate injection.					
063	J9045	Carboplatin injection.					
063	J9050	Carmus bischl nitro inj.					
063	J9062	Cisplatin 50 MG injeciton.					
063	J9182	Etoposide 100 MG inj.					
063	J9185	Fludarabine phosphate inj.					
063	J9200	Floxuridine injection.					
063	J9202	Goserelin acetate implant.					
063	J9208	Ifosfomide injection.					
063	J9209	Mesna injection.					
063	J9216	Interferon gamma 1-b inj.					
063	J9270	Plicamycin (mithramycin) inj.					
063	J9280	Mitomycin 5 MG inj.					
063	J9320	Streptozocin injection.					
063	J9340	Thiotepa injection.					
063	J9375	Vincristine sulfate 2 MG inj.					
063	J9380	Vincristine sulfate 5 MG inj.					
064	LEVEL IV CHEMOTHERAPEUTIC AGENTS		X	4.15	$213.39	$138.99	$42.68
064	J0640	Leucovorin calcium injection.					
064	J1950	Leuprolide acetate /3.75 MG.					
064	J9217	Leuprolide acetate suspnsion.					
064	J9245	Inj melphalan hydrochl 50 MG.					
064	J9290	Mitomycin 20 MG inj.					
064	J9291	Mitomycin 40 MG inj.					
064	J9293	Mitoxantrone hydrochl / 5 MG.					
089	NEUROPSYCHOLOGICAL TESTING		X	4.06	$208.77	$46.10	$41.75
[1]089	96100	Psychological testing.					
089	96105	Assessment of aphasia.					
089	96110	Developmental test, lim.					
089	96111	Developmental test, extend.					
[1]089	96115	Neurobehavior status exam.					
[1]089	96117	Neuropsych test battery.					
090	MONITORING PSYCHIATRIC DRUGS		X	0.85	$43.71	$12.20	$8.74
[1]090	90862	Medication management.					
090	M0064	Visit for drug monitoring.					
091	BRIEF INDIVIDUAL PSYCHOTHERAPY		S	1.09	$56.05	$14.01	$11.21
091	90804	Psytx, office (20-30).					
091	90805	Psytx, office (20-30) w/e&m.					
091	90810	Intac psytx, office (20-30).					
091	90811	Intac psytx, off 20-30 w/e&m.					
091	90816	Psytx, hosp (20-30).					
091	90817	Psytx, hosp (20-30) w/e&m.					
091	90823	Intac psytx, hosp (20-30).					
091	90824	Intac psytx, hsp 20-30 w/e&m.					
[1 2]091	90843	Psychotherapy, 20-30 min.					
[1]091	90899	Psychiatric service/therapy.					
092	EXTENDED INDIVIDUAL PSYCHOTHERAPY		S	1.63	$83.81	$21.47	$16.76
[1]092	90801	Psy dx interview.					
092	90802	Intac psy dx interview.					
092	90806	Psytx, office (45-50).					
092	90807	Psytx, office (45-50) w/e&m.					
092	90808	Psytx, office (75-80).					
092	90809	Psytx, office (75-80) w/e&m.					
092	90812	Intac psytx, office (45-50).					
092	90813	Intac psytx, off 45-50 w/e&m.					
092	90814	Intac psytx, office (75-80).					
092	90815	Intac psytx, off 75-80 w/e&m.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
092	90818	Psytx, hosp (45-50).					
092	90819	Psytx, hosp (45-50) w/e&m.					
[1] [2] 092	90820	Diagnostic interview.					
092	90821	Psytx, hosp (75-80).					
092	90822	Psytx, hosp (75-80) w/e&m.					
092	90826	Intac psytx, hosp (45-50).					
092	90827	Intac psytx, hsp 45-50 w/e&m.					
092	90828	Intac psytx, hosp (75-80).					
092	90829	Intac psytx, hsp 75-80 w/e&m.					
[1] [2] 092	90835	Special interview.					
[1] [2] 092	90842	Psychotherapy, 75-80 min.					
[1] [2] 092	90844	Psychotherapy, 45-50 min.					
[1] 092	90845	Psychoanalysis.					
[1] [2] 092	90855	Individual psychotherapy.					
092	90865	Narcosynthesis.					
[1] 092	90880	Hypnotherapy.					
093	FAMILY PSYCHOTHERAPY		S	1.56	$80.22	$20.11	$16.04
[1] 093	90846	Family psytx w/o patient.					
[1] 093	90847	Family psytx w/patient.					
094	GROUP PSYCHOTHERAPY		S	1.31	$67.36	$19.89	$13.47
[1] 094	90849	Multiple family group psytx.					
[1] 094	90853	Group psychotherapy.					
[1] 094	90857	Intac group psytx.					
121	LEVEL I NEEDLE BIOPSY/ASPIRATION		T	0.63	$32.39	$21.02	$6.48
121	17999	Skin tissue procedure.					
121	19000	Drainage of breast lesion.					
121	19001	Drain breast lesion add-on.					
121	20615	Treatment of bone cyst.					
121	55000	Drainage of hydrocele.					
121	60001	Aspirate/inject thyriod cyst.					
121	60699	Endocrine surgery procedure.					
121	85095	Bone marrow aspiration.					
121	85102	Bone marrow biopsy.					
121	88170	Fine needle aspiration.					
121	88171	Fine needle aspiration.					
122	LEVEL II NEEDLE BIOPSY/ASPIRATION		T	4.59	$236.02	$113.00	$47.20
122	19100	Biopsy of breast.					
122	20206	Needle biopsy, muscle.					
122	32400	Needle biopsy chest lining.					
122	32405	Biopsy, lung or mediastinum.					
122	38505	Needle biopsy, lymph node(s).					
122	42400	Biopsy of salivary gland.					
122	47000	Needle biopsy of liver.					
122	47399	Liver surgery procedure.					
122	48102	Needle biopsy, pancreas.					
122	48999	Pancreas surgery procedure.					
122	49180	Biopsy, abdominal mass.					
122	50200	Biopsy of kidney.					
122	50390	Drainage of kidney lesion.					
122	54500	Biopsy of testis.					
122	54800	Biopsy of epididymis.					
122	60100	Biopsy of thyroid.					
122	62269	Needle biopsy spinal cord.					
122	67415	Aspiration orbital contents.					
131	LEVEL I INCISION & DRAINAGE		T	1.93	$99.24	$36.61	$19.85
131	10040	Acne surgery of skin abscess.					
131	10060	Drainage of skin abscess.					
131	10061	Drainage of skin abscess.					
131	10080	Drainage of pilonidal cyst.					
131	10081	Drainage of pilonidal cyst.					
131	10120	Remove foreign body.					
131	10140	Drainage of hematoma/fluid.					
131	10160	Puncture drainage of lesion.					
131	10180	Complex drainage, wound.					
131	11976	Removal of contraceptive cap.					
131	20000	Incision of abscess.					
131	26010	Drainage of finger abscess.					
131	26011	Drainage of finger abscess.					
131	69000	Drain external ear lesion.					
131	69005	Drain external ear lesion.					
131	69020	Drain outer ear canal lesion.					
132	LEVEL II INCISION & DRAINAGE		T	5.63	$289.49	$132.89	$57.90
132	19020	Incision of breast lesion.					
132	20950	Record fluid pressure,muscle.					
132	21501	Drain neck/chest lesion.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
132	21700	Revision of neck muscle.					
132	21720	Revision of neck muscle.					
132	21725	Revision of neck muscle.					
132	23030	Drain shoulder lesion.					
132	23031	Drain shoulder bursa.					
132	23930	Drainage of arm lesion.					
132	23931	Drainage of arm bursa.					
132	27301	Drain thigh/knee lesion.					
132	27603	Drain lower leg lesion.					
132	28001	Drainage of bursa of foot.					
132	38300	Drainage lymph node lesion.					
132	38305	Drainage lymph node lesion.					
132	38999	Blood/lymph system procedure.					
132	51080	Drainage of bladder abscess.					
132	54015	Drain penis lesion.					
132	54115	Treatment of penis lesion.					
132	55100	Drainage of scrotum abscess.					
137	NAIL PROCEDURES		T	0.60	$30.85	$9.27	$6.17
[2]137	11700	Scraping of 1-5 nails.					
[2]137	11701	Scraping of additional nails.					
[2]137	11710	Scraping of 1-5 nails.					
[2]137	11711	Scraping of additional nails.					
137	11719	Trim nail(s).					
137	11720	Debride nail, 1-5.					
137	11721	Debride nail, 6 or more.					
137	11740	Drain blood from under nail.					
137	11755	Biopsy, nail unit.					
141	LEVEL I DESTRUCTION OF LESION		T	0.52	$26.74	$9.49	$5.35
141	17000	Destroy benign/premal lesion.					
[2]141	17001	Destruction of add'l lesions.					
[2]141	17002	Destruction of add'l lesions.					
141	17003	Destroy 2-14 lesions.					
[2]141	17100	Destruction of skin lesion.					
[2]141	17101	Destruction of 2nd lesion.					
[2]141	17102	Destruction of add'l lesions.					
141	17106	Destruction of skin lesions.					
141	17110	Destruct lesion, 1-14.					
142	LEVEL II DESTRUCTION OF LESION		T	2.94	$151.17	$54.24	$30.24
142	17004	Destroy 15 & more lesions.					
[2]142	17104	Destruction of skin lesions.					
[2]142	17105	Destruction of skin lesions.					
142	17107	Destruction of skin lesions.					
142	17108	Destruction of skin lesions.					
142	17111	Destruct lesion, 15 or more.					
151	LEVEL I DEBRIDEMENT/DESTRUCTION		T	1.63	$83.81	$33.22	$16.76
151	11000	Debride infected skin.					
151	11001	Debride infect skin add-on.					
151	11040	Debride skin partial.					
151	11041	Debride skin full.					
151	11042	Debride skin/tissue.					
[2]151	11050	Trim skin lesion.					
[2]151	11051	Trim 2 to 4 skin lesions.					
[2]151	11052	Trim over 4 skin lesions.					
151	11055	Trim skin lesion.					
151	11056	Trim 2 to 4 skin lesions.					
151	11057	Trim over 4 skin lesions.					
151	11200	Removal of skin tags.					
151	11201	Remove skin tags add-on.					
151	11300	Shave skin lesion.					
151	11301	Shave skin lesion.					
151	11302	Shave skin lesion.					
151	11303	Shave skin lesion.					
151	11305	Shave skin lesion.					
151	11306	Shave skin lesion.					
151	11307	Shave skin lesion.					
151	11308	Shave skin lesion.					
151	11310	Shave skin lesion.					
151	11311	Shave skin lesion.					
151	11312	Shave skin lesion.					
151	11313	Shave skin lesion.					
151	11730	Removal of nail plate.					
[2]151	11731	Removal of second nail plate.					
151	11732	Remove additional nail plate.					
151	11765	Excision of nail fold, toe.					
151	11900	Injection into skin lesions.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
151	11901	Added skin lesions injection.					
151	15783	Abrasion treatment of skin.					
151	15786	Abrasion, lesion, single.					
151	15787	Abrasion, lesions, add-on.					
151	15788	Chemical peel, face, epiderm.					
151	15789	Chemical peel, face, dermal.					
151	15792	Chemical peel, nonfacial.					
151	15793	Chemical peel, nonfacial.					
151	15810	Salabrasion.					
151	15850	Removal of sutures.					
151	15851	Removal of sutures.					
151	15852	Dressing change,not for burn.					
151	16000	Initial treatment of burn(s).					
151	16020	Treatment of burn(s).					
151	16025	Treatment of burn(s).					
151	16030	Treatment of burn(s).					
[2] 151	17200	Electrocautery of skin tags.					
[2] 151	17201	Electrocautery added lesions.					
151	17250	Chemical cautery, tissue.					
151	17260	Destruction of skin lesions.					
151	17261	Destruction of skin lesions.					
151	17262	Destruction of skin lesions.					
151	17263	Destruction of skin lesions.					
151	17264	Destruction of skin lesions.					
151	17266	Destruction of skin lesions.					
151	17270	Destruction of skin lesions.					
151	17271	Destruction of skin lesions.					
151	17272	Destruction of skin lesions.					
151	17273	Destruction of skin lesions.					
151	17274	Destruction of skin lesions.					
151	17276	Destruction of skin lesions.					
151	17280	Destruction of skin lesions.					
151	17281	Destruction of skin lesions.					
151	17282	Destruction of skin lesions.					
151	17283	Destruction of skin lesions.					
151	17284	Destruction of skin lesions.					
151	17286	Destruction of skin lesions.					
151	17340	Cryotherapy of skin.					
151	17360	Skin peel therapy.					
151	17380	Hair removal by electrolysis.					
151	42809	Remove pharynx foreign body.					
151	69220	Clean out mastoid cavity.					
152	LEVEL II DEBRIDEMENT/DESTRUCTION		T	10.07	$517.80	$251.54	$103.56
152	16010	Treatment of burn(s).					
152	16015	Treatment of burn(s).					
152	46900	Destruction, anal lesion(s).					
152	46910	Destruction, anal lesion(s).					
152	46916	Cryosurgery, anal lesion(s).					
152	46917	Laser surgery, anal lesion(s).					
152	46922	Excision of anal lesion(s).					
152	46924	Destruction, anal lesion(s).					
152	54050	Destruction, penis lesion(s).					
152	54055	Destruction, penis lesion(s).					
152	54056	Cryosurgery, penis lesion(s).					
152	54057	Laser surg, penis lesion(s).					
152	54060	Excision of penis lesion(s).					
152	54065	Destruction, penis lesion(s).					
152	56501	Destruction, vulva lesion(s).					
152	56515	Destruction, vulva lesion(s).					
161	LEVEL I EXCISION/BIOPSY		T	3.43	$176.37	$75.71	$35.27
161	11100	Biopsy of skin lesion.					
161	11101	Biopsy, skin add-on.					
161	11400	Removal of skin lesion.					
161	11401	Removal of skin lesion.					
161	11402	Removal of skin lesion.					
161	11403	Removal of skin lesion.					
161	11420	Removal of skin lesion.					
161	11421	Removal of skin lesion.					
161	11422	Removal of skin lesion.					
161	11423	Removal of skin lesion.					
161	11440	Removal of skin lesion.					
161	11441	Removal of skin lesion.					
161	11442	Removal of skin lesion.					
161	11443	Removal of skin lesion.					
161	11600	Removal of skin lesion.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
161	11601	Removal of skin lesion.					
161	11602	Removal of skin lesion.					
161	11603	Removal of skin lesion.					
161	11620	Removal of skin lesion.					
161	11621	Removal of skin lesion.					
161	11622	Removal of skin lesion.					
161	11623	Removal of skin lesion.					
161	11640	Removal of skin lesion.					
161	11641	Removal of skin lesion.					
161	11642	Removal of skin lesion.					
161	11643	Removal of skin lesion.					
161	11750	Removal of nail bed.					
161	20520	Removal of foreign body.					
161	21550	Biopsy of neck/chest.					
161	21920	Biopsy soft tissue of back.					
161	23065	Biopsy shoulder tissues.					
161	24065	Biopsy arm/elbow soft tissue.					
161	24200	Removal of arm foreign body.					
161	25065	Biopsy forearm soft tissues.					
161	27613	Biopsy lower leg soft tissue.					
161	28190	Removal of foot foreign body.					
161	56605	Biopsy of vulva/perineum.					
161	56606	Biopsy of vulva/perineum.					
161	58999	Genital surgery procedure.					
161	69100	Biopsy of external ear.					
161	69105	Biopsy of external ear canal.					
162	LEVEL II EXCISION/BIOPSY		T	5.59	$287.44	$125.66	$57.49
162	11043	Debride tissue/muscle.					
162	11044	Debride tissue/muscle/bone.					
162	11404	Removal of skin lesion.					
162	11424	Removal of skin lesion.					
162	11444	Removal of skin lesion.					
162	11604	Removal of skin lesion.					
162	11770	Removal of pilonidal lesion.					
162	16035	Incision of burn scab.					
[2] 162	16040	Burn wound excision.					
[2] 162	16041	Burn wound excision.					
[2] 162	16042	Burn wound excision.					
162	17304	Chemosurgery of skin lesion.					
162	17305	2nd stage chemosurgery.					
162	17306	3rd stage chemosurgery.					
162	17307	Followup skin lesion therapy.					
162	17310	Extensive skin chemosurgery.					
162	20200	Muscle biopsy.					
162	20205	Deep muscle biopsy.					
162	20220	Bone biopsy, trocar/needle.					
162	20225	Bone biopsy, trocar/needle.					
162	20670	Removal of support implant.					
162	23000	Removal of calcium deposits.					
162	23075	Removal of shoulder lesion.					
162	24075	Remove arm/elbow lesion.					
162	25075	Removal of forearm lesion.					
162	27040	Biopsy of soft tissues.					
162	27323	Biopsy thigh soft tissues.					
162	28043	Excision of foot lesion.					
162	37609	Temporal artery procedure.					
162	37799	Vascular surgery procedure.					
162	54100	Biopsy of penis.					
162	54105	Biopsy of penis.					
162	67350	Biopsy eye muscle.					
162	67399	Eye muscle surgery procedure.					
162	68100	Biopsy of eyelid lining.					
162	68110	Remove eyelid lining lesion.					
162	68115	Remove eyelid lining lesion.					
162	68135	Remove eyelid lining lesion.					
162	68399	Eyelid lining surgery.					
163	LEVEL III EXCISION/BIOPSY		T	10.48	$538.88	$260.80	$107.78
163	10121	Remove foreign body.					
163	11010	Debride skin, fx.					
163	11011	Debride skin/muscle, fx.					
163	11012	Debride skin/muscle/bone, fx.					
163	11406	Removal of skin lesion.					
163	11426	Removal of skin lesion.					
163	11446	Removal of skin lesion.					
163	11450	Removal, sweat gland lesion.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
163	11451	Removal, sweat gland lesion.					
163	11462	Removal, sweat gland lesion.					
163	11463	Removal, sweat gland lesion.					
163	11470	Removal, sweat gland lesion.					
163	11471	Removal, sweat gland lesion.					
163	11606	Removal of skin lesion.					
163	11624	Removal of skin lesion.					
163	11626	Removal of skin lesion.					
163	11644	Removal of skin lesion.					
163	11646	Removal of skin lesion.					
163	11752	Remove nail bed/finger tip.					
163	11771	Removal of pilonidal lesion.					
163	11772	Removal of pilonidal lesion.					
163	11971	Remove tissue expander(s).					
163	15780	Abrasion treatment of skin.					
163	15781	Abrasion treatment of skin.					
163	15782	Abrasion treatment of skin.					
163	15811	Salabrasion.					
163	15838	Excise excessive skin tissue.					
163	15920	Removal of tail bone ulcer.					
163	15931	Remove sacrum pressure sore.					
163	15933	Remove sacrum pressure sore.					
163	15940	Removal of pressure sore.					
163	15941	Removal of pressure sore.					
163	15950	Remove thigh pressure sore.					
163	15951	Remove thigh pressure sore.					
163	15999	Removal of pressure sore.					
163	20240	Bone biopsy, excisional.					
163	20245	Bone biopsy, excisional.					
163	20525	Removal of foreign body.					
163	20680	Removal of support implant.					
163	21555	Remove lesion neck/chest.					
163	21556	Remove lesion neck/chest.					
163	21925	Biopsy soft tissue of back.					
163	21930	Remove lesion, back or flank.					
163	21935	Remove tumor of back.					
163	22900	Remove abdominal wall lesion.					
163	22999	Abdomen surgery procedure.					
163	23066	Biopsy shoulder tissues.					
163	23076	Removal of shoulder lesion.					
163	23077	Remove tumor of shoulder.					
163	23330	Remove shoulder foreign body.					
163	23331	Remove shoulder foreign body.					
163	24066	Biopsy arm/elbow soft tissue.					
163	24076	Remove arm/elbow lesion.					
163	24077	Remove tumor of arm/elbow.					
163	24201	Removal of arm foreign body.					
163	25066	Biopsy forearm soft tissues.					
163	25076	Removal of forearm lesion.					
163	25077	Remove tumor, forearm/wrist.					
163	26115	Removal of hand lesion.					
163	26116	Removal of hand lesion.					
163	26117	Remove tumor, hand/finger.					
163	26320	Removal of implant from hand.					
163	27041	Biopsy of soft tissues.					
163	27047	Remove hip/pelvis lesion.					
163	27048	Remove hip/pelvis lesion.					
163	27049	Remove tumor, hip/pelvis.					
163	27324	Biopsy thigh soft tissues.					
163	27327	Removal of thigh lesion.					
163	27328	Removal of thigh lesion.					
163	27329	Remove tumor, thigh/knee.					
163	27372	Removal of foreign body.					
163	27614	Biopsy lower leg soft tissue.					
163	27618	Remove lower leg lesion.					
163	27619	Remove lower leg lesion.					
163	28192	Removal of foot foreign body.					
163	28193	Removal of foot foreign body.					
163	69110	Partial removal external ear.					
163	69145	Remove ear canal lesion(s).					
163	69205	Clear outer ear canal.					
181	LEVEL I SKIN REPAIR		T	2.17	$111.58	$44.07	$22.32
181	11760	Reconstruction of nail bed.					
181	11762	Reconstruction of nail bed.					
181	11920	Correct skin color defects.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
181	11921	Correct skin color defects.					
181	11922	Correct skin color defects.					
181	11950	Therapy for contour defects.					
181	11951	Therapy for contour defects.					
181	11952	Therapy for contour defects.					
181	11954	Therapy for contour defects.					
181	12001	Repair superficial wound(s).					
181	12002	Repair superficial wound(s).					
181	12004	Repair superficial wound(s).					
181	12005	Repair superficial wound(s).					
181	12006	Repair superficial wound(s).					
181	12007	Repair superficial wound(s).					
181	12011	Repair superficial wound(s).					
181	12013	Repair superficial wound(s).					
181	12014	Repair superficial wound(s).					
181	12015	Repair superficial wound(s).					
181	12016	Repair superficial wound(s).					
181	12017	Repair superficial wound(s).					
181	12018	Repair superficial wound(s).					
181	12020	Closure of split wound.					
181	12021	Closure of split wound.					
181	12031	Layer closure of wound(s).					
181	12032	Layer closure of wound(s).					
181	12034	Layer closure of wound(s).					
181	12035	Layer closure of wound(s).					
181	12036	Layer closure of wound(s).					
181	12041	Layer closure of wound(s).					
181	12042	Layer closure of wound(s).					
181	12044	Layer closure of wound(s).					
181	12045	Layer closure of wound(s).					
181	12046	Layer closure of wound(s).					
181	12051	Layer closure of wound(s).					
181	12052	Layer closure of wound(s).					
181	12053	Layer closure of wound(s).					
181	12054	Layer closure of wound(s).					
181	12055	Layer closure of wound(s).					
181	12056	Layer closure of wound(s).					
181	20500	Injection of sinus tract.					
182	LEVEL II SKIN REPAIR		T	4.11	$211.34	$92.43	$42.27
182	13100	Repair of wound or lesion.					
182	13101	Repair of wound or lesion.					
182	13120	Repair of wound or lesion.					
182	13121	Repair of wound or lesion.					
182	13131	Repair of wound or lesion.					
182	13132	Repair of wound or lesion.					
182	13150	Repair of wound or lesion.					
182	13151	Repair of wound or lesion.					
182	13152	Repair of wound or lesion.					
182	13160	Late closure of wound.					
182	13300	Repair of wound or lesion.					
182	43870	Repair stomach opening.					
183	LEVEL III SKIN REPAIR		T	11.04	$567.68	$283.18	$113.54
183	11960	Insert tissue expander(s).					
183	11970	Replace tissue expander.					
183	12037	Layer closure of wound(s).					
183	12047	Layer closure of wound(s).					
183	12057	Layer closure of wound(s).					
183	14000	Skin tissue rearrangement.					
183	14001	Skin tissue rearrangement.					
183	14020	Skin tissue rearrangement.					
183	14021	Skin tissue rearrangement.					
183	14040	Skin tissue rearrangement.					
183	14041	Skin tissue rearrangement.					
183	14060	Skin tissue rearrangement.					
183	14061	Skin tissue rearrangement.					
183	14300	Skin tissue rearrangement.					
183	14350	Skin tissue rearrangement.					
183	15000	Skin graft.					
183	15050	Skin pinch graft.					
183	15100	Skin split graft.					
183	15101	Skin split graft add-on.					
183	15120	Skin split graft.					
183	15121	Skin split graft add-on.					
183	15200	Skin full graft.					
183	15201	Skin full graft add-on.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
183	15220	Skin full graft.					
183	15221	Skin full graft add-on.					
183	15240	Skin full graft.					
183	15241	Skin full graft add-on.					
183	15260	Skin full graft.					
183	15261	Skin full graft add-on.					
183	15350	Skin homograft.					
183	15400	Skin heterograft.					
183	15570	Form skin pedicle flap.					
183	15572	Form skin pedicle flap.					
183	15574	Form skin pedicle flap.					
183	15576	Form skin pedicle flap.					
183	15580	Attach skin pedicle graft.					
183	15600	Skin graft.					
183	15610	Skin graft.					
183	15620	Skin graft.					
183	15625	Skin graft.					
183	15630	Skin graft.					
183	15650	Transfer skin pedicle flap.					
183	15775	Hair transplant punch grafts.					
183	15776	Hair transplant punch grafts.					
183	15819	Plastic surgery, neck.					
183	15820	Revision of lower eyelid.					
183	15821	Revision of lower eyelid.					
183	15822	Revision of upper eyelid.					
183	15823	Revision of upper eyelid.					
183	15825	Removal of neck wrinkles.					
183	15829	Removal of skin wrinkles.					
183	15835	Excise excessive skin tissue.					
183	20910	Remove cartilage for graft.					
183	20912	Remove cartilage for graft.					
183	20920	Removal of fascia for graft.					
183	20922	Removal of fascia for graft.					
183	20926	Removal of tissue for graft.					
183	23921	Amputation follow-up surgery.					
183	25929	Amputation follow-up surgery.					
183	44312	Revision of ileostomy.					
183	44340	Revision of colostomy.					
183	65270	Repair of eye wound.					
184	LEVEL IV SKIN REPAIR		T	14.85	$763.59	$397.99	$152.72
184	15732	Muscle-skin graft, head/neck.					
184	15734	Muscle-skin graft, trunk.					
184	15736	Muscle-skin graft, arm.					
184	15738	Muscle-skin graft, leg.					
184	15740	Island pedicle flap graft.					
184	15750	Neurovascular pedicle graft.					
184	15760	Composite skin graft.					
184	15770	Derma-fat-fascia graft.					
184	15824	Removal of forehead wrinkles.					
184	15826	Removal of brow wrinkles.					
184	15828	Removal of face wrinkles.					
184	15831	Excise excessive skin tissue.					
184	15832	Excise excessive skin tissue.					
184	15833	Excise excessive skin tissue.					
184	15834	Excise excessive skin tissue.					
184	15836	Excise excessive skin tissue.					
184	15837	Excise excessive skin tissue.					
184	15839	Excise excessive skin tissue.					
184	15840	Graft for face nerve palsy.					
184	15841	Graft for face nerve palsy.					
184	15842	Graft for face nerve palsy.					
184	15845	Skin and muscle repair, face.					
184	15876	Suction assisted lipectomy.					
184	15877	Suction assisted lipectomy.					
184	15878	Suction assisted lipectomy.					
184	15879	Suction assisted lipectomy.					
184	15922	Removal of tail bone ulcer.					
184	15934	Remove sacrum pressure sore.					
184	15935	Remove sacrum pressure sore.					
184	15936	Remove sacrum pressure sore.					
184	15937	Remove sacrum pressure sore.					
184	15944	Removal of pressure sore.					
184	15945	Removal of pressure sore.					
184	15946	Removal of pressure sore.					
184	15952	Remove thigh pressure sore.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
184	15953	Remove thigh pressure sore.					
184	15956	Remove thigh pressure sore.					
184	15958	Remove thigh pressure sore.					
197	INCISION/EXCISION BREAST		T	11.94	$613.95	$308.26	$122.79
197	19101	Biopsy of breast.					
197	19110	Nipple exploration.					
197	19112	Excise breast duct fistula.					
197	19120	Removal of breast lesion.					
197	19125	Excision, breast lesion.					
197	19126	Excision,addl breast lesion.					
197	19140	Removal of breast tissue.					
197	19290	Place needle wire, breast.					
197	19291	Place needle wire, breast.					
197	19396	Design custom breast implant.					
197	19499	Breast surgery procedure.					
198	BREAST RECONSTRUCTION/MASTECTOMY		T	18.63	$957.95	$523.42	$191.59
198	19160	Removal of breast tissue.					
198	19162	Remove breast tissue, nodes.					
198	19180	Removal of breast.					
198	19182	Removal of breast.					
198	19316	Suspension of breast.					
198	19318	Reduction of large breast.					
198	19324	Enlarge breast.					
198	19325	Enlarge breast with implant.					
198	19328	Removal of breast implant.					
198	19330	Removal of implant material.					
198	19340	Immediate breast prosthesis.					
198	19342	Delayed breast prosthesis.					
198	19350	Breast reconstruction.					
198	19355	Correct inverted nipple(s).					
198	19357	Breast reconstruction.					
198	19366	Breast reconstruction.					
198	19370	Surgery of breast capsule.					
198	19371	Removal of breast capsule.					
198	19380	Revise breast reconstruction.					
200	ARTHROCENTESIS & LIGAMENT/TENDON INJECTION		T	1.76	$90.50	$39.10	$18.10
200	20550	Inj tendon/ligament/cyst.					
200	20600	Drain/inject joint/bursa.					
200	20605	Drain/inject joint/bursa.					
200	20610	Drain/inject joint/bursa.					
207	CLOSED TREATMENT FRACTURE FINGER/TOE/TRUNK		T	1.70	$87.41	$32.32	$17.48
207	21800	Treatment of rib fracture.					
207	21820	Treat sternum fracture.					
207	21899	Neck/chest surgery procedure.					
207	22305	Treat spine process fracture.					
207	22310	Treat spine fracture.					
207	22315	Treat spine fracture.					
207	22899	Spine surgery procedure.					
207	23500	Treat clavicle fracture.					
207	23505	Treat clavicle fracture.					
207	23520	Treat clavicle dislocation.					
207	23525	Treat clavicle dislocation.					
207	23540	Treat clavicle dislocation.					
207	23545	Treat clavicle dislocation.					
207	23570	Treat shoulderblade fracture.					
207	23575	Treat shoulderblade fracture.					
207	23650	Treat shoulder dislocation.					
207	23929	Shoulder surgery procedure.					
207	26700	Treat knuckle dislocation.					
207	26720	Treat finger fracture, each.					
207	26725	Treat finger fracture, each.					
207	26740	Treat finger fracture, each.					
207	26750	Treat finger fracture, each.					
207	26755	Treat finger fracture, each.					
207	26770	Treat finger dislocation.					
207	26989	Hand/finger surgery.					
207	27200	Treat tail bone fracture.					
207	27299	Pelvis/hip joint surgery.					
207	28490	Treat big toe fracture.					
207	28495	Treat big toe fracture.					
207	28510	Treatment of toe fracture.					
207	28515	Treatment of toe fracture.					
207	28630	Treat toe dislocation.					
207	28660	Treat toe dislocation.					
207	28899	Foot/toes surgery procedure.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
207	31585	Repair of larynx fracture.					
207	31599	Larynx surgery procedure.					
209	CLOSED	TREATMENT FRACTURE/DISLOCATION/EXCEPT FINGER/TOE/TRUNK	T	1.94	$99.75	$37.74	$19.95
209	23600	Treat humerus fracture.					
209	23605	Treat humerus fracture.					
209	23620	Treat humerus fracture.					
209	23625	Treat humerus fracture.					
209	23665	Treat dislocation/fracture.					
209	23675	Treat dislocation/fracture.					
209	24500	Treat humerus fracture.					
209	24505	Treat humerus fracture.					
209	24530	Treat humerus fracture.					
209	24535	Treat humerus fracture.					
209	24560	Treat humerus fracture.					
209	24565	Treat humerus fracture.					
209	24576	Treat humerus fracture.					
209	24577	Treat humerus fracture.					
209	24600	Treat elbow dislocation.					
209	24620	Treat elbow fracture.					
209	24640	Treat elbow dislocation.					
209	24650	Treat radius fracture.					
209	24655	Treat radius fracture.					
209	24670	Treatment of ulna fracture.					
209	24675	Treatment of ulna fracture.					
209	24999	Upper arm/elbow surgery.					
209	25500	Treat fracture of radius.					
209	25505	Treat fracture of radius.					
209	25520	Repair fracture of radius.					
209	25530	Treat fracture of ulna.					
209	25535	Treat fracture of ulna.					
209	25560	Treat fracture radius & ulna.					
209	25565	Treat fracture radius & ulna.					
209	25600	Treat fracture radius/ulna.					
209	25605	Treat fracture radius/ulna.					
209	25622	Treat wrist bone fracture.					
209	25624	Treat wrist bone fracture.					
209	25630	Treat wrist bone fracture.					
209	25635	Treat wrist bone fracture.					
209	25650	Repair wrist bone fracture.					
209	25660	Treat wrist dislocation.					
209	25675	Treat wrist dislocation.					
209	25680	Treat wrist fracture.					
209	25690	Treat wrist dislocation.					
209	25999	Forearm or wrist surgery.					
209	26600	Treat metacarpal fracture.					
209	26605	Treat metacarpal fracture.					
209	26607	Treat metacarpal fracture.					
209	26641	Treat thumb dislocation.					
209	26645	Treat thumb fracture.					
209	26670	Treat hand dislocation.					
209	26706	Pin knuckle dislocation.					
209	26742	Treat finger fracture, each.					
209	27193	Treat pelvic ring fracture.					
209	27220	Treat hip socket fracture.					
209	27230	Treat fracture of thigh.					
209	27238	Treatment of thigh fracture.					
209	27246	Treatment of thigh fracture.					
209	27250	Treat hip dislocation.					
209	27256	Treatment of hip dislocation.					
209	27265	Treatment of hip dislocation.					
209	27500	Treatment of thigh fracture.					
209	27501	Treatment of thigh fracture.					
209	27502	Treatment of thigh fracture.					
209	27503	Treatment of thigh fracture.					
209	27508	Treatment of thigh fracture.					
209	27510	Treatment of thigh fracture.					
209	27516	Repair of thigh growth plate.					
209	27517	Repair of thigh growth plate.					
209	27520	Treat kneecap fracture.					
209	27530	Treatment of knee fracture.					
209	27532	Treatment of knee fracture.					
209	27538	Treat knee fracture(s).					
209	27550	Treat knee dislocation.					
209	27560	Treat kneecap dislocation.					
209	27599	Leg surgery procedure.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
209	27750	Treatment of tibia fracture.					
209	27752	Treatment of tibia fracture.					
209	27760	Treatment of ankle fracture.					
209	27762	Treatment of ankle fracture.					
209	27780	Treatment of fibula fracture.					
209	27781	Treatment of fibula fracture.					
209	27786	Treatment of ankle fracture.					
209	27788	Treatment of ankle fracture.					
209	27808	Treatment of ankle fracture.					
209	27810	Treatment of ankle fracture.					
209	27816	Treatment of ankle fracture.					
209	27818	Treatment of ankle fracture.					
209	27824	Treat lower leg fracture.					
209	27825	Treat lower leg fracture.					
209	27830	Treat lower leg dislocation.					
209	27840	Treat ankle dislocation.					
209	27899	Leg/ankle surgery procedure.					
209	28400	Treatment of heel fracture.					
209	28405	Treatment of heel fracture.					
209	28430	Treatment of ankle fracture.					
209	28435	Treatment of ankle fracture.					
209	28450	Treat midfoot fracture, each.					
209	28455	Treat midfoot fracture, each.					
209	28470	Treat metatarsal fracture.					
209	28475	Treat metatarsal fracture.					
209	28530	Treat sesamoid bone fracture.					
209	28540	Treat foot dislocation.					
209	28570	Treat foot dislocation.					
209	28600	Treat foot dislocation.					
209	31586	Repair of larynx fracture.					
210	BONE/JOINT MANIPULATION UNDER ANESTHESIA		T	10.06	$517.29	$279.34	$103.46
210	22505	Manipulation of spine.					
210	23655	Treat shoulder dislocation.					
210	23700	Fixation of shoulder.					
210	24605	Treat elbow dislocation.					
210	26675	Treat hand dislocation.					
210	26705	Treat knuckle dislocation.					
210	26775	Treat finger dislocation.					
210	27194	Treat pelvic ring fracture.					
210	27252	Treat hip dislocation.					
210	27257	Treatment of hip dislocation.					
210	27275	Manipulation of hip joint.					
210	27552	Treat knee dislocation.					
210	27562	Treat kneecap dislocation.					
210	27570	Fixation of knee joint.					
210	27831	Treat lower leg dislocation.					
210	27842	Treat ankle dislocation.					
210	27860	Fixation of ankle joint.					
210	28545	Treat foot dislocation.					
210	28575	Treat foot dislocation.					
210	28605	Treat foot dislocation.					
210	28635	Treat toe dislocation.					
210	28665	Treat toe dislocation.					
216	OPEN/PERCUTANEOUS TREATMENT FRACTURE OR DISLOCATION		T	20.09	$1,033.03	$524.09	$206.61
216	21336	Repair nasal septal fracture.					
216	21805	Treatment of rib fracture.					
216	23515	Repair clavicle fracture.					
216	23530	Repair clavicle dislocation.					
216	23532	Repair clavicle dislocation.					
216	23550	Repair clavicle dislocation.					
216	23552	Repair clavicle dislocation.					
216	23585	Repair scapula fracture.					
216	23615	Repair humerus fracture.					
216	23616	Repair humerus fracture.					
216	23630	Repair humerus fracture.					
216	23660	Repair shoulder dislocation.					
216	23670	Repair dislocation/fracture.					
216	23680	Repair dislocation/fracture.					
216	24515	Repair humerus fracture.					
216	24516	Repair humerus fracture.					
216	24538	Treat humerus fracture.					
216	24545	Repair humerus fracture.					
216	24546	Repair humerus fracture.					
216	24566	Treat humerus fracture.					
216	24575	Repair humerus fracture.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
216	24579	Repair humerus fracture.					
216	24582	Treat humerus fracture.					
216	24586	Repair elbow fracture.					
216	24587	Repair elbow fracture.					
216	24615	Repair elbow dislocation.					
216	24635	Repair elbow fracture.					
216	24665	Repair radius fracture.					
216	24666	Repair radius fracture.					
216	24685	Repair ulna fracture.					
216	25515	Repair fracture of radius.					
216	25525	Repair fracture of radius.					
216	25526	Repair fracture of radius.					
216	25545	Repair fracture of ulna.					
216	25574	Treat fracture radius & ulna.					
216	25575	Repair fracture radius/ulna.					
216	25611	Repair fracture radius/ulna.					
216	25620	Repair fracture radius/ulna.					
216	25628	Repair wrist bone fracture.					
216	25645	Repair wrist bone fracture.					
216	25670	Repair wrist dislocation.					
216	25676	Repair wrist dislocation.					
216	25685	Repair wrist fracture.					
216	25695	Repair wrist dislocation.					
216	26608	Treat metacarpal fracture.					
216	26615	Repair metacarpal fracture.					
216	26650	Repair thumb fracture.					
216	26665	Repair thumb fracture.					
216	26676	Pin hand dislocation.					
216	26685	Repair hand dislocation.					
216	26686	Repair hand dislocation.					
216	26715	Repair knuckle dislocation.					
216	26727	Treat finger fracture, each.					
216	26735	Repair finger fracture, each.					
216	26746	Repair finger fracture, each.					
216	26756	Pin finger fracture, each.					
216	26765	Repair finger fracture, each.					
216	26776	Pin finger dislocation.					
216	26785	Repair finger dislocation.					
216	27202	Repair tail bone fracture.					
216	27509	Treatment of thigh fracture.					
216	27556	Repair of knee dislocation.					
216	27566	Repair kneecap dislocation.					
216	27615	Remove tumor, lower leg.					
216	27756	Repair of tibia fracture.					
216	27758	Repair of tibia fracture.					
216	27759	Repair of tibia fracture.					
216	27766	Repair of ankle fracture.					
216	27784	Repair of fibula fracture.					
216	27792	Repair of ankle fracture.					
216	27814	Repair of ankle fracture.					
216	27822	Repair of ankle fracture.					
216	27823	Repair of ankle fracture.					
216	27826	Treat lower leg fracture.					
216	27827	Treat lower leg fracture.					
216	27828	Treat lower leg fracture.					
216	27829	Treat lower leg joint.					
216	27832	Repair lower leg dislocation.					
216	27846	Repair ankle dislocation.					
216	27848	Repair ankle dislocation.					
216	28406	Treatment of heel fracture.					
216	28415	Repair of heel fracture.					
216	28420	Repair/graft heel fracture.					
216	28436	Treatment of ankle fracture.					
216	28445	Repair of ankle fracture.					
216	28456	Repair midfoot fracture.					
216	28465	Repair midfoot fracture,each.					
216	28476	Repair metatarsal fracture.					
216	28485	Repair metatarsal fracture.					
216	28496	Repair big toe fracture.					
216	28505	Repair big toe fracture.					
216	28525	Repair of toe fracture.					
216	28531	Treat sesamoid bone fracture.					
216	28546	Treat foot dislocation.					
216	28555	Repair foot dislocation.					
216	28576	Treat foot dislocation.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
216	28585	Repair foot dislocation.					
216	28606	Treat foot dislocation.					
216	28615	Repair foot dislocation.					
216	28636	Treat toe dislocation.					
216	28645	Repair toe dislocation.					
216	28666	Treat toe dislocation.					
216	28675	Repair of toe dislocation.					
217	ARTHROPLASTY		T	20.54	$1,056.17	$530.42	$211.23
217	24360	Reconstruct elbow joint.					
217	24365	Reconstruct head of radius.					
[2]217	25330	Revise wrist joint.					
[2]217	25331	Revise wrist joint.					
217	25332	Revise wrist joint.					
217	25447	Repair wrist joint(s).					
217	25449	Remove wrist joint implant.					
217	26530	Revise knuckle joint.					
217	26535	Revise finger joint.					
217	27266	Treatment of hip dislocation.					
217	27437	Revise kneecap.					
217	27440	Revision of knee joint.					
217	27441	Revision of knee joint.					
217	27442	Revision of knee joint.					
217	27443	Revision of knee joint.					
217	27700	Revision of ankle joint.					
218	ARTHROPLASTY WITH PROSTHESIS		T	27.80	$1,429.48	$720.71	$285.90
218	21243	Reconstruction of jaw joint.					
218	24361	Reconstruct elbow joint.					
218	24362	Reconstruct elbow joint.					
218	24363	Replace elbow joint.					
218	24366	Reconstruct head of radius.					
218	25441	Reconstruct wrist joint.					
218	25442	Reconstruct wrist joint.					
218	25443	Reconstruct wrist joint.					
218	25444	Reconstruct wrist joint.					
218	25445	Reconstruct wrist joint.					
218	25446	Wrist replacement.					
218	26531	Revise knuckle with implant.					
218	26536	Revise/implant finger joint.					
218	27438	Revise kneecap with implant.					
226	MAXILLOFACIAL PROSTHESES		T	1.56	$80.22	$21.92	$16.04
226	21076	Prepare face/oral prosthesis.					
226	21077	Prepare face/oral prosthesis.					
226	21079	Prepare face/oral prosthesis.					
226	21080	Prepare face/oral prosthesis.					
226	21081	Prepare face/oral prosthesis.					
226	21082	Prepare face/oral prosthesis.					
226	21083	Prepare face/oral prosthesis.					
226	21084	Prepare face/oral prosthesis.					
226	21086	Prepare face/oral prosthesis.					
226	21087	Prepare face/oral prosthesis.					
226	21088	Prepare face/oral prosthesis.					
226	21089	Prepare face/oral prosthesis.					
231	LEVEL I SKULL AND FACIAL BONE PROCEDURES		T	11.31	$581.56	$286.79	$116.31
231	21015	Resection of facial tumor.					
231	21025	Excision of bone, lower jaw.					
231	21026	Excision of facial bone(s).					
231	21029	Contour of face bone lesion.					
231	21030	Removal of face bone lesion.					
231	21031	Remove exostosis, mandible.					
231	21032	Remove exostosis, maxilla.					
231	21040	Removal of jaw bone lesion.					
231	21041	Removal of jaw bone lesion.					
231	21100	Maxillofacial fixation.					
231	21110	Interdental fixation.					
231	21120	Reconstruction of chin.					
231	21125	Augmentation lower jaw bone.					
231	21280	Revision of eyelid.					
231	21282	Revision of eyelid.					
231	21295	Revision of jaw muscle/bone.					
231	21296	Revision of jaw muscle/bone.					
231	21299	Cranio/maxillofacial surgery.					
231	21300	Treatment of skull fracture.					
231	21310	Treatment of nose fracture.					
231	21315	Treatment of nose fracture.					
231	21320	Treatment of nose fracture.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
231	21325	Repair of nose fracture.					
231	21337	Repair nasal septal fracture.					
231	21355	Repair cheek bone fracture.					
231	21400	Treat eye socket fracture.					
231	21401	Repair eye socket fracture.					
231	21440	Repair dental ridge fracture.					
231	21451	Treat lower jaw fracture.					
231	21480	Reset dislocated jaw.					
231	21485	Reset dislocated jaw.					
231	21493	Treat hyoid bone fracture.					
231	21494	Repair hyoid bone fracture.					
231	21497	Interdental wiring.					
231	21499	Head surgery procedure.					
231	41822	Excision of gum lesion.					
231	41823	Excision of gum lesion.					
232	LEVEL II SKULL AND FACIAL BONE PROCEDURES		T	23.82	$1,224.82	$636.87	$244.96
232	21010	Incision of jaw joint.					
232	21034	Removal of face bone lesion.					
232	21044	Removal of jaw bone lesion.					
232	21050	Removal of jaw joint.					
232	21060	Remove jaw joint cartilage.					
232	21070	Remove coronoid process.					
232	21121	Reconstruction of chin.					
232	21122	Reconstruction of chin.					
232	21123	Reconstruction of chin.					
232	21127	Augmentation lower jaw bone.					
232	21181	Contour cranial bone lesion.					
232	21206	Reconstruct upper jaw bone.					
232	21208	Augmentation of facial bones.					
232	21209	Reduction of facial bones.					
232	21210	Face bone graft.					
232	21215	Lower jaw bone graft.					
232	21230	Rib cartilage graft.					
232	21235	Ear cartilage graft.					
232	21240	Reconstruction of jaw joint.					
232	21242	Reconstruction of jaw joint.					
232	21244	Reconstruction of lower jaw.					
232	21245	Reconstruction of jaw.					
232	21246	Reconstruction of jaw.					
232	21248	Reconstruction of jaw.					
232	21249	Reconstruction of jaw.					
232	21260	Revise eye sockets.					
232	21267	Revise eye sockets.					
232	21270	Augmentation cheek bone.					
232	21275	Revision orbitofacial bones.					
232	21330	Repair of nose fracture.					
232	21335	Repair of nose fracture.					
232	21338	Repair nasoethmoid fracture.					
232	21339	Repair nasoethmoid fracture.					
232	21340	Repair of nose fracture.					
232	21343	Repair of sinus fracture.					
232	21345	Repair of nose/jaw fracture.					
232	21421	Treat mouth roof fracture.					
232	21445	Repair dental ridge fracture.					
232	21450	Treat lower jaw fracture.					
232	21452	Treat lower jaw fracture.					
232	21453	Treat lower jaw fracture.					
232	21454	Treat lower jaw fracture.					
232	21461	Repair lower jaw fracture.					
232	21462	Repair lower jaw fracture.					
232	21465	Repair lower jaw fracture.					
232	21490	Repair dislocated jaw.					
232	67420	Explore/treat eye socket.					
232	67430	Explore/treat eye socket.					
232	67440	Explore/drain eye socket.					
232	67450	Explore/biopsy eye socket.					
251	LEVEL I MUSCULOSKELETAL PROCEDURES		T	13.88	$713.71	$365.89	$142.74
251	20005	Incision of deep abscess.					
251	20250	Open bone biopsy.					
251	20251	Open bone biopsy.					
251	20650	Insert and remove bone pin.					
251	20693	Adjust bone fixation device.					
251	20694	Remove bone fixation device.					
251	20975	Electrical bone stimulation.					
251	23100	Biopsy of shoulder joint.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
251	23140	Removal of bone lesion.					
251	23935	Drain arm/elbow bone lesion.					
251	24100	Biopsy elbow joint lining.					
251	24105	Removal of elbow bursa.					
251	24110	Remove humerus lesion.					
251	24120	Remove elbow lesion.					
251	24310	Revision of arm tendon.					
251	24925	Amputation follow-up surgery.					
251	25000	Incision of tendon sheath.					
251	25020	Decompression of forearm.					
251	25028	Drainage of forearm lesion.					
251	25031	Drainage of forearm bursa.					
251	25035	Treat forearm bone lesion.					
251	25085	Incision of wrist capsule.					
251	25100	Biopsy of wrist joint.					
251	25110	Remove wrist tendon lesion.					
251	25115	Remove wrist/forearm lesion.					
251	25116	Remove wrist/forearm lesion.					
251	25248	Remove forearm foreign body.					
251	25295	Release wrist/forearm tendon.					
251	25907	Amputation follow-up surgery.					
251	25922	Amputate hand at wrist.					
251	26990	Drainage of pelvis lesion.					
251	26991	Drainage of pelvis bursa.					
251	27000	Incision of hip tendon.					
251	27050	Biopsy of sacroiliac joint.					
251	27052	Biopsy of hip joint.					
251	27060	Removal of ischial bursa.					
251	27062	Remove femur lesion/bursa.					
251	27065	Removal of hip bone lesion.					
251	27086	Remove hip foreign body.					
251	27087	Remove hip foreign body.					
251	27305	Incise thigh tendon & fascia.					
251	27306	Incision of thigh tendon.					
251	27307	Incision of thigh tendons.					
251	27340	Removal of kneecap bursa.					
251	27345	Removal of knee cyst.					
251	27380	Repair of kneecap tendon.					
251	27381	Repair/graft kneecap tendon.					
251	27385	Repair of thigh muscle.					
251	27386	Repair/graft of thigh muscle.					
251	27390	Incision of thigh tendon.					
251	27391	Incision of thigh tendons.					
251	27392	Incision of thigh tendons.					
251	27496	Decompression of thigh/knee.					
251	27497	Decompression of thigh/knee.					
251	27498	Decompression of thigh/knee.					
251	27499	Decompression of thigh/knee.					
251	27594	Amputation follow-up surgery.					
251	27600	Decompression of lower leg.					
251	27601	Decompression of lower leg.					
251	27602	Decompression of lower leg.					
251	27604	Drain lower leg bursa.					
251	27606	Incision of achilles tendon.					
251	27607	Treat lower leg bone lesion.					
251	27630	Removal of tendon lesion.					
251	27656	Repair leg fascia defect.					
251	27658	Repair of leg tendon, each.					
251	27659	Repair of leg tendon, each.					
251	27664	Repair of leg tendon, each.					
251	27675	Repair lower leg tendons.					
251	27704	Removal of ankle implant.					
251	27707	Incision of fibula.					
251	27884	Amputation follow-up surgery.					
251	27892	Decompression of leg.					
251	27893	Decompression of leg.					
251	27894	Decompression of leg.					
251	28002	Treatment of foot infection.					
251	28003	Treatment of foot infection.					
252	LEVEL II MUSCULOSKELETAL PROCEDURES		T	19.24	$989.32	$512.34	$197.86
252	20690	Apply bone fixation device.					
252	20692	Apply bone fixation device.					
252	20900	Removal of bone for graft.					
252	20902	Removal of bone for graft.					
252	20924	Removal of tendon for graft.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
252	21502	Drain chest lesion.					
252	21600	Partial removal of rib.					
252	21610	Partial removal of rib.					
252	23040	Exploratory shoulder surgery.					
252	23044	Exploratory shoulder surgery.					
252	23101	Shoulder joint surgery.					
252	23105	Remove shoulder joint lining.					
252	23106	Incision of collarbone joint.					
252	23107	Explore,treat shoulder joint.					
252	23145	Removal of bone lesion.					
252	23146	Removal of bone lesion.					
252	23150	Removal of humerus lesion.					
252	23155	Removal of humerus lesion.					
252	23156	Removal of humerus lesion.					
252	23170	Remove collarbone lesion.					
252	23172	Remove shoulder blade lesion.					
252	23174	Remove humerus lesion.					
252	23180	Remove collar bone lesion.					
252	23182	Remove shoulder blade lesion.					
252	23184	Remove humerus lesion.					
252	23190	Partial removal of scapula.					
252	23405	Incision of tendon & muscle.					
252	23406	Incise tendon(s) & muscle(s).					
252	24000	Exploratory elbow surgery.					
252	24006	Release elbow joint.					
252	24101	Explore/treat elbow joint.					
252	24102	Remove elbow joint lining.					
252	24115	Remove/graft bone lesion.					
252	24116	Remove/graft bone lesion.					
252	24125	Remove/graft bone lesion.					
252	24126	Remove/graft bone lesion.					
252	24130	Removal of head of radius.					
252	24134	Removal of arm bone lesion.					
252	24136	Remove radius bone lesion.					
252	24138	Remove elbow bone lesion.					
252	24140	Partial removal of arm bone.					
252	24145	Partial removal of radius.					
252	24147	Partial removal of elbow.					
252	24160	Remove elbow joint implant.					
252	24164	Remove radius head implant.					
252	24301	Muscle/tendon transfer.					
252	24305	Arm tendon lengthening.					
252	24350	Repair of tennis elbow.					
252	24351	Repair of tennis elbow.					
252	24352	Repair of tennis elbow.					
252	24354	Repair of tennis elbow.					
252	24356	Revision of tennis elbow.					
252	24400	Revision of humerus.					
252	24410	Revision of humerus.					
252	24495	Decompression of forearm.					
252	25023	Decompression of forearm.					
252	25040	Explore/treat wrist joint.					
252	25101	Explore/treat wrist joint.					
252	25105	Remove wrist joint lining.					
252	25107	Remove wrist joint cartilage.					
252	25118	Excise wrist tendon sheath.					
252	25119	Partial removal of ulna.					
252	25120	Removal of forearm lesion.					
252	25125	Remove/graft forearm lesion.					
252	25126	Remove/graft forearm lesion.					
252	25130	Removal of wrist lesion.					
252	25135	Remove & graft wrist lesion.					
252	25136	Remove & graft wrist lesion.					
252	25145	Remove forearm bone lesion.					
252	25150	Partial removal of ulna.					
252	25151	Partial removal of radius.					
252	25230	Partial removal of radius.					
252	25240	Partial removal of ulna.					
252	25250	Removal of wrist prosthesis.					
252	25251	Removal of wrist prosthesis.					
252	25260	Repair forearm tendon/muscle.					
252	25263	Repair forearm tendon/muscle.					
252	25265	Repair forearm tendon/muscle.					
252	25270	Repair forearm tendon/muscle.					
252	25272	Repair forearm tendon/muscle.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
252	25274	Repair forearm tendon/muscle.					
252	25280	Revise wrist/forearm tendon.					
252	25290	Incise wrist/forearm tendon.					
252	25300	Fusion of tendons at wrist.					
252	25301	Fusion of tendons at wrist.					
252	25360	Revision of ulna.					
252	25365	Revise radius & ulna.					
252	25400	Repair radius or ulna.					
252	25415	Repair radius & ulna.					
252	27001	Incision of hip tendon.					
252	27003	Incision of hip tendon.					
252	27066	Removal of hip bone lesion.					
252	27067	Remove/graft hip bone lesion.					
252	27080	Removal of tail bone.					
252	27097	Revision of hip tendon.					
252	27098	Transfer tendon to pelvis.					
252	27310	Exploration of knee joint.					
252	27330	Biopsy knee joint lining.					
252	27331	Explore/treat knee joint.					
252	27332	Removal of knee cartilage.					
252	27333	Removal of knee cartilage.					
252	27334	Remove knee joint lining.					
252	27335	Remove knee joint lining.					
252	27350	Removal of kneecap.					
252	27355	Remove femur lesion.					
252	27356	Remove femur lesion/graft.					
252	27357	Remove femur lesion/graft.					
252	27358	Remove femur lesion/fixation.					
252	27360	Partial removal leg bone(s).					
252	27393	Lengthening of thigh tendon.					
252	27394	Lengthening of thigh tendons.					
252	27396	Transplant of thigh tendon.					
252	27403	Repair of knee cartilage.					
252	27425	Lateral retinacular release.					
252	27610	Explore/treat ankle joint.					
252	27612	Exploration of ankle joint.					
252	27620	Explore, treat ankle joint.					
252	27625	Remove ankle joint lining.					
252	27626	Remove ankle joint lining.					
252	27635	Remove lower leg bone lesion.					
252	27637	Remove/graft leg bone lesion.					
252	27638	Remove/graft leg bone lesion.					
252	27641	Partial removal of fibula.					
252	27665	Repair of leg tendon, each.					
252	27676	Repair lower leg tendons.					
252	27680	Release of lower leg tendon.					
252	27681	Release of lower leg tendons.					
252	27685	Revision of lower leg tendon.					
252	27686	Revise lower leg tendons.					
252	27687	Revision of calf tendon.					
252	27695	Repair of ankle ligament.					
252	27696	Repair of ankle ligaments.					
252	27698	Repair of ankle ligament.					
252	27709	Incision of tibia & fibula.					
252	27730	Repair of tibia epiphysis.					
252	27732	Repair of fibula epiphysis.					
252	27734	Repair lower leg epiphyses.					
252	27740	Repair of leg epiphyses.					
252	27889	Amputation of foot at ankle.					
253	LEVEL III	MUSCULOSKELETAL PROCEDURES	T	25.74	$1,323.55	$684.55	$264.71
253	23020	Release shoulder joint.					
253	23120	Partial removal, collar bone.					
253	23130	Partial removal,shoulderbone.					
253	23415	Release of shoulder ligament.					
253	23480	Revision of collarbone.					
253	23485	Revision of collar bone.					
253	23490	Reinforce clavicle.					
253	23491	Reinforce shoulder bones.					
253	23800	Fusion of shoulder joint.					
253	23802	Fusion of shoulder joint.					
253	24155	Removal of elbow joint.					
253	24320	Repair of arm tendon.					
253	24330	Revision of arm muscles.					
253	24331	Revision of arm muscles.					
253	24340	Repair of biceps tendon.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
253	24341	Repair tendon/muscle arm.					
253	24342	Repair of ruptured tendon.					
253	24420	Revision of humerus.					
253	24430	Repair of humerus.					
253	24435	Repair humerus with graft.					
253	24470	Revision of elbow joint.					
253	24498	Reinforce humerus.					
253	24800	Fusion of elbow joint.					
253	24802	Fusion/graft of elbow joint.					
253	25310	Transplant forearm tendon.					
253	25312	Transplant forearm tendon.					
253	25315	Revise palsy hand tendon(s).					
253	25316	Revise palsy hand tendon(s).					
253	25320	Repair/revise wrist joint.					
253	25335	Realignment of hand.					
253	25337	Reconstruct ulna/radioulnar.					
253	25350	Revision of radius.					
253	25355	Revision of radius.					
253	25370	Revise radius or ulna.					
253	25375	Revise radius & ulna.					
253	25425	Repair/graft radius or ulna.					
253	25426	Repair/graft radius & ulna.					
253	25440	Repair/graft wrist bone.					
253	25450	Revision of wrist joint.					
253	25455	Revision of wrist joint.					
253	25490	Reinforce radius.					
253	25491	Reinforce ulna.					
253	25492	Reinforce radius and ulna.					
253	25800	Fusion of wrist joint.					
253	25805	Fusion/graft of wrist joint.					
253	25810	Fusion/graft of wrist joint.					
253	25830	Fusion radioulnar jnt/ulna.					
253	27033	Exploration of hip joint.					
253	27100	Transfer of abdominal muscle.					
253	27105	Transfer of spinal muscle.					
253	27110	Transfer of iliopsoas muscle.					
253	27111	Transfer of iliopsoas muscle.					
253	27395	Lengthening of thigh tendons.					
253	27397	Transplants of thigh tendons.					
253	27400	Revise thigh muscles/tendons.					
253	27405	Repair of knee ligament.					
253	27407	Repair of knee ligament.					
253	27409	Repair of knee ligaments.					
253	27418	Repair degenerated kneecap.					
253	27420	Revision of unstable kneecap.					
253	27422	Revision of unstable kneecap.					
253	27424	Revision/removal of kneecap.					
253	27430	Revision of thigh muscles.					
253	27435	Incision of knee joint.					
253	27640	Partial removal of tibia.					
253	27647	Extensive ankle/heel surgery.					
253	27650	Repair achilles tendon.					
253	27652	Repair/graft achilles tendon.					
253	27654	Repair of achilles tendon.					
253	27690	Revise lower leg tendon.					
253	27691	Revise lower leg tendon.					
253	27692	Revise additional leg tendon.					
253	27705	Incision of tibia.					
253	27742	Repair of leg epiphyses.					
253	27745	Reinforce tibia.					
253	27870	Fusion of ankle joint.					
253	27871	Fusion of tibiofibular joint.					
254	LEVEL IV MUSCULOSKELETAL PROCEDURES		T	32.70	$1,681.43	$922.98	$336.29
254	23410	Repair of tendon(s).					
254	23412	Repair of tendon(s).					
254	23420	Repair of shoulder.					
254	23430	Repair biceps tendon.					
254	23450	Repair shoulder capsule.					
254	23455	Repair shoulder capsule.					
254	23460	Repair shoulder capsule.					
254	23462	Repair shoulder capsule.					
254	23465	Repair shoulder capsule.					
254	23466	Repair shoulder capsule.					
254	27427	Reconstruction, knee.					
254	27428	Reconstruction, knee.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
254	27429	Reconstruction, knee.					
261	LEVEL I HAND MUSCULOSKELETAL PROCEDURES		T	10.41	$535.28	$259.00	$107.06
261	25111	Remove wrist tendon lesion.					
261	25112	Reremove wrist tendon lesion.					
261	25820	Fusion of hand bones.					
261	26020	Drain hand tendon sheath.					
261	26025	Drainage of palm bursa.					
261	26030	Drainage of palm bursa(s).					
261	26034	Treat hand bone lesion.					
261	26035	Decompress fingers/hand.					
261	26037	Decompress fingers/hand.					
261	26055	Incise finger tendon sheath.					
261	26060	Incision of finger tendon.					
261	26070	Explore/treat hand joint.					
261	26075	Explore/treat finger joint.					
261	26080	Explore/treat finger joint.					
261	26100	Biopsy hand joint lining.					
261	26105	Biopsy finger joint lining.					
261	26110	Biopsy finger joint lining.					
261	26130	Remove wrist joint lining.					
261	26140	Revise finger joint, each.					
261	26145	Tendon excision, palm/finger.					
261	26160	Remove tendon sheath lesion.					
261	26170	Removal of palm tendon, each.					
261	26180	Removal of finger tendon.					
261	26185	Remove finger bone.					
261	26200	Remove hand bone lesion.					
261	26210	Removal of finger lesion.					
261	26215	Remove/graft finger lesion.					
261	26230	Partial removal of hand bone.					
261	26235	Partial removal, finger bone.					
261	26236	Partial removal, finger bone.					
261	26250	Extensive hand surgery.					
261	26260	Extensive finger surgery.					
261	26261	Extensive finger surgery.					
261	26262	Partial removal of finger.					
261	26410	Repair hand tendon.					
261	26418	Repair finger tendon.					
261	26432	Repair finger tendon.					
261	26433	Repair finger tendon.					
261	26437	Realignment of tendons.					
261	26440	Release palm/finger tendon.					
261	26445	Release hand/finger tendon.					
261	26450	Incision of palm tendon.					
261	26455	Incision of finger tendon.					
261	26460	Incise hand/finger tendon.					
261	26471	Fusion of finger tendons.					
261	26474	Fusion of finger tendons.					
261	26476	Tendon lengthening.					
261	26477	Tendon shortening.					
261	26478	Lengthening of hand tendon.					
261	26479	Shortening of hand tendon.					
261	26500	Hand tendon reconstruction.					
261	26508	Release thumb contracture.					
261	26520	Release knuckle contracture.					
261	26525	Release finger contracture.					
261	26540	Repair hand joint.					
261	26542	Repair hand joint with graft.					
261	26560	Repair of web finger.					
261	26587	Reconstruct extra finger.					
261	26593	Release muscles of hand.					
261	26951	Amputation of finger/thumb.					
261	26952	Amputation of finger/thumb.					
262	LEVEL II HAND MUSCULOSKELETAL PROCEDURES		T	18.07	$929.16	$475.96	$185.83
262	25210	Removal of wrist bone.					
262	25215	Removal of wrist bones.					
262	25825	Fusion hand bones with graft.					
262	26040	Release palm contracture.					
262	26045	Release palm contracture.					
262	26121	Release palm contracture.					
262	26123	Release palm contracture.					
262	26125	Release palm contracture.					
262	26135	Revise finger joint, each.					
262	26205	Remove/graft bone lesion.					
262	26255	Extensive hand surgery.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
262	26350	Repair finger/hand tendon.					
262	26352	Repair/graft hand tendon.					
262	26356	Repair finger/hand tendon.					
262	26357	Repair finger/hand tendon.					
262	26358	Repair/graft hand tendon.					
262	26370	Repair finger/hand tendon.					
262	26372	Repair/graft hand tendon.					
262	26373	Repair finger/hand tendon.					
262	26390	Revise hand/finger tendon.					
262	26392	Repair/graft hand tendon.					
262	26412	Repair/graft hand tendon.					
262	26415	Excision, hand/finger tendon.					
262	26416	Graft hand or finger tendon.					
262	26420	Repair/graft finger tendon.					
262	26426	Repair finger/hand tendon.					
262	26428	Repair/graft finger tendon.					
262	26434	Repair/graft finger tendon.					
262	26442	Release palm & finger tendon.					
262	26449	Release forearm/hand tendon.					
262	26480	Transplant hand tendon.					
262	26483	Transplant/graft hand tendon.					
262	26485	Transplant palm tendon.					
262	26489	Transplant/graft palm tendon.					
262	26490	Revise thumb tendon.					
262	26492	Tendon transfer with graft.					
262	26494	Hand tendon/muscle transfer.					
262	26496	Revise thumb tendon.					
262	26497	Finger tendon transfer.					
262	26498	Finger tendon transfer.					
262	26499	Revision of finger.					
262	26502	Hand tendon reconstruction.					
262	26504	Hand tendon reconstruction.					
262	26510	Thumb tendon transfer.					
262	26516	Fusion of knuckle joint.					
262	26517	Fusion of knuckle joints.					
262	26518	Fusion of knuckle joints.					
262	26541	Repair hand joint with graft.					
262	26545	Reconstruct finger joint.					
262	26546	Repair non-union hand.					
262	26548	Reconstruct finger joint.					
262	26550	Construct thumb replacement.					
262	26555	Positional change of finger.					
262	26561	Repair of web finger.					
262	26562	Repair of web finger.					
262	26565	Correct metacarpal flaw.					
262	26567	Correct finger deformity.					
262	26568	Lengthen metacarpal/finger.					
262	26580	Repair hand deformity.					
262	26585	Repair finger deformity.					
262	26590	Repair finger deformity.					
262	26591	Repair muscles of hand.					
262	26596	Excision constricting tissue.					
262	26597	Release of scar contracture.					
262	26820	Thumb fusion with graft.					
262	26841	Fusion of thumb.					
262	26842	Thumb fusion with graft.					
262	26843	Fusion of hand joint.					
262	26844	Fusion/graft of hand joint.					
262	26850	Fusion of knuckle.					
262	26852	Fusion of knuckle with graft.					
262	26860	Fusion of finger joint.					
262	26861	Fusion of finger joint,added.					
262	26862	Fusion/graft of finger joint.					
262	26863	Fuse/graft added joint.					
262	26910	Amputate metacarpal bone.					
271	LEVEL I FOOT MUSCULOSKELETAL PROCEDURES		T	14.12	$726.05	$365.44	$145.21
271	27605	Incision of achilles tendon.					
271	28005	Treat foot bone lesion.					
271	28008	Incision of foot fascia.					
271	28010	Incision of toe tendon.					
271	28011	Incision of toe tendons.					
271	28020	Exploration of a foot joint.					
271	28022	Exploration of a foot joint.					
271	28024	Exploration of a toe joint.					
271	28045	Excision of foot lesion.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
271	28046	Resection of tumor, foot.					
271	28050	Biopsy of foot joint lining.					
271	28052	Biopsy of foot joint lining.					
271	28054	Biopsy of toe joint lining.					
271	28080	Removal of foot lesion.					
271	28086	Excise foot tendon sheath.					
271	28088	Excise foot tendon sheath.					
271	28090	Removal of foot lesion.					
271	28092	Removal of toe lesions.					
271	28100	Removal of ankle/heel lesion.					
271	28104	Removal of foot lesion.					
271	28108	Removal of toe lesions.					
271	28111	Part removal of metatarsal.					
271	28112	Part removal of metatarsal.					
271	28113	Part removal of metatarsal.					
271	28114	Removal of metatarsal heads.					
271	28116	Revision of foot.					
271	28118	Removal of heel bone.					
271	28119	Removal of heel spur.					
271	28120	Part removal of ankle/heel.					
271	28122	Partial removal of foot bone.					
271	28124	Partial removal of toe.					
271	28126	Partial removal of toe.					
271	28130	Removal of ankle bone.					
271	28140	Removal of metatarsal.					
271	28150	Removal of toe.					
271	28153	Partial removal of toe.					
271	28160	Partial removal of toe.					
271	28171	Extensive foot surgery.					
271	28173	Extensive foot surgery.					
271	28175	Extensive foot surgery.					
271	28200	Repair of foot tendon.					
271	28208	Repair of foot tendon.					
271	28210	Repair/graft of foot tendon.					
271	28220	Release of foot tendon.					
271	28222	Release of foot tendons.					
271	28225	Release of foot tendon.					
271	28226	Release of foot tendons.					
271	28230	Incision of foot tendon(s).					
271	28232	Incision of toe tendon.					
271	28234	Incision of foot tendon.					
271	28240	Release of big toe.					
271	28270	Release of foot contracture.					
271	28272	Release of toe joint, each.					
271	28280	Fusion of toes.					
271	28285	Repair of hammertoe.					
271	28286	Repair of hammertoe.					
271	28310	Revision of big toe.					
271	28312	Revision of toe.					
271	28313	Repair deformity of toe.					
271	28315	Removal of sesamoid bone.					
271	28340	Resect enlarged toe tissue.					
271	28341	Resect enlarged toe.					
271	28737	Revision of foot bones.					
271	28750	Fusion of big toe joint.					
271	28755	Fusion of big toe joint.					
271	28810	Amputation toe & metatarsal.					
271	28820	Amputation of toe.					
271	28825	Partial amputation of toe.					
271	29893	Scope, plantar fasciotomy.					
272	LEVEL II FOOT MUSCULOSKELETAL PROCEDURES		T	16.11	$828.38	$411.09	$165.68
272	28060	Partial removal foot fascia.					
272	28062	Removal of foot fascia.					
272	28070	Removal of foot joint lining.					
272	28072	Removal of foot joint lining.					
272	28102	Remove/graft foot lesion.					
272	28103	Remove/graft foot lesion.					
272	28106	Remove/graft foot lesion.					
272	28107	Remove/graft foot lesion.					
272	28202	Repair/graft of foot tendon.					
272	28238	Revision of foot tendon.					
272	28250	Revision of foot fascia.					
272	28260	Release of midfoot joint.					
272	28261	Revision of foot tendon.					
272	28262	Revision of foot and ankle.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
272	28264	Release of midfoot joint.					
272	28288	Partial removal of foot bone.					
272	28300	Incision of heel bone.					
272	28302	Incision of ankle bone.					
272	28304	Incision of midfoot bones.					
272	28305	Incise/graft midfoot bones.					
272	28306	Incision of metatarsal.					
272	28307	Incision of metatarsal.					
272	28308	Incision of metatarsal.					
272	28309	Incision of metatarsals.					
272	28320	Repair of foot bones.					
272	28322	Repair of metatarsals.					
272	28344	Repair extra toe(s).					
272	28345	Repair webbed toe(s).					
272	28360	Reconstruct cleft foot.					
272	28705	Fusion of foot bones.					
272	28715	Fusion of foot bones.					
272	28725	Fusion of foot bones.					
272	28730	Fusion of foot bones.					
272	28735	Fusion of foot bones.					
272	28740	Fusion of foot bones.					
272	28760	Fusion of big toe joint.					
276	BUNION PROCEDURES		T	19.00	$976.98	$495.39	$195.40
276	28110	Part removal of metatarsal.					
276	28290	Correction of bunion.					
276	28292	Correction of bunion.					
276	28293	Correction of bunion.					
276	28294	Correction of bunion.					
276	28296	Correction of bunion.					
276	28297	Correction of bunion.					
276	28298	Correction of bunion.					
276	28299	Correction of bunion.					
280	DIAGNOSTIC ARTHROSCOPY		T	22.15	$1,138.95	$581.72	$227.79
280	29800	Jaw arthroscopy/surgery.					
280	29815	Shoulder arthroscopy.					
280	29830	Elbow arthroscopy.					
280	29840	Wrist arthroscopy.					
280	29870	Knee arthroscopy, diagnostic.					
280	29909	Arthroscopy of joint.					
281	LEVEL I SURGICAL ARTHROSCOPY		T	22.37	$1,150.27	$589.18	$230.05
281	29804	Jaw arthroscopy/surgery.					
281	29819	Shoulder arthroscopy/surgery.					
281	29820	Shoulder arthroscopy/surgery.					
281	29821	Shoulder arthroscopy/surgery.					
281	29822	Shoulder arthroscopy/surgery.					
281	29823	Shoulder arthroscopy/surgery.					
281	29825	Shoulder arthroscopy/surgery.					
281	29826	Shoulder arthroscopy/surgery.					
281	29834	Elbow arthroscopy/surgery.					
281	29835	Elbow arthroscopy/surgery.					
281	29836	Elbow arthroscopy/surgery.					
281	29837	Elbow arthroscopy/surgery.					
281	29838	Elbow arthroscopy/surgery.					
281	29843	Wrist arthroscopy/surgery.					
281	29844	Wrist arthroscopy/surgery.					
281	29845	Wrist arthroscopy/surgery.					
281	29846	Wrist arthroscopy/surgery.					
281	29847	Wrist arthroscopy/surgery.					
281	29848	Wrist endoscopy/surgery.					
281	29860	Hip arthroscopy, dx.					
281	29861	Hip arthroscopy/surgery.					
281	29862	Hip arthroscopy/surgery.					
281	29863	Hip arthroscopy/surgery.					
281	29874	Knee arthroscopy/surgery.					
281	29875	Knee arthroscopy/surgery.					
281	29877	Knee arthroscopy/surgery.					
281	29879	Knee arthroscopy/surgery.					
281	29880	Knee arthroscopy/surgery.					
281	29881	Knee arthroscopy/surgery.					
281	29884	Knee arthroscopy/surgery.					
281	29886	Knee arthroscopy/surgery.					
281	29894	Ankle arthroscopy/surgery.					
281	29895	Ankle arthroscopy/surgery.					
281	29897	Ankle arthroscopy/surgery.					
281	29898	Ankle arthroscopy/surgery.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
282	LEVEL II SURGICAL ARTHROSCOPY		T	23.65	$1,216.08	$609.97	$243.22
282	29871	Knee arthroscopy/drainage.					
282	29876	Knee arthroscopy/surgery.					
282	29882	Knee arthroscopy/surgery.					
282	29883	Knee arthroscopy/surgery.					
282	29885	Knee arthroscopy/surgery.					
282	29887	Knee arthroscopy/surgery.					
282	29891	Ankle arthroscopy/surgery.					
286	ARTHROSCOPICALLY-AIDED PROCEDURES		T	27.69	$1,423.82	$791.90	$284.76
286	29850	Knee arthroscopy/surgery.					
286	29851	Knee arthroscopy/surgery.					
286	29855	Tibial arthroscopy/surgery.					
286	29856	Tibial arthroscopy/surgery.					
286	29888	Knee arthroscopy/surgery.					
286	29889	Knee arthroscopy/surgery.					
286	29892	Ankle arthroscopy/surgery.					
311	LEVEL I ENT PROCEDURES		T	1.41	$72.50	$20.57	$14.50
311	30000	Drainage of nose lesion.					
311	30020	Drainage of nose lesion.					
311	30100	Intranasal biopsy.					
311	30110	Removal of nose polyp(s).					
311	30117	Removal of intranasal lesion.					
311	30124	Removal of nose lesion.					
311	30210	Nasal sinus therapy.					
311	30220	Insert nasal septal button.					
311	30300	Remove nasal foreign body.					
311	30560	Release of nasal adhesions.					
311	31000	Irrigation maxillary sinus.					
311	31002	Irrigation sphenoid sinus.					
311	31603	Incision of windpipe.					
311	31605	Incision of windpipe.					
311	40490	Biopsy of lip.					
311	40799	Lip surgery procedure.					
311	40800	Drainage of mouth lesion.					
311	40801	Drainage of mouth lesion.					
311	40804	Removal foreign body, mouth.					
311	40805	Removal foreign body, mouth.					
311	40806	Incision of lip fold.					
311	40808	Biopsy of mouth lesion.					
311	40810	Excision of mouth lesion.					
311	40812	Excise/repair mouth lesion.					
311	40820	Treatment of mouth lesion.					
311	40899	Mouth surgery procedure.					
311	41000	Drainage of mouth lesion.					
311	41005	Drainage of mouth lesion.					
311	41100	Biopsy of tongue.					
311	41105	Biopsy of tongue.					
311	41108	Biopsy of floor of mouth.					
311	41110	Excision of tongue lesion.					
311	41115	Excision of tongue fold.					
311	41599	Tongue and mouth surgery.					
311	41805	Removal foreign body, gum.					
311	41806	Removal foreign body,jawbone.					
311	41820	Excision, gum, each quadrant.					
311	41821	Excision of gum flap.					
311	41825	Excision of gum lesion.					
311	41826	Excision of gum lesion.					
311	41828	Excision of gum lesion.					
311	41830	Removal of gum tissue.					
311	41850	Treatment of gum lesion.					
311	41870	Gum graft.					
311	41872	Repair gum.					
311	41874	Repair tooth socket.					
311	41899	Dental surgery procedure.					
311	42000	Drainage mouth roof lesion.					
311	42100	Biopsy roof of mouth.					
311	42104	Excision lesion, mouth roof.					
311	42106	Excision lesion, mouth roof.					
311	42140	Excision of uvula.					
311	42160	Treatment mouth roof lesion.					
311	42280	Preparation, palate mold.					
311	42281	Insertion, palate prosthesis.					
311	42299	Palate/uvula surgery.					
311	42330	Removal of salivary stone.					
311	42335	Removal of salivary stone.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
311	42650	Dilation of salivary duct.					
311	42660	Dilation of salivary duct.					
311	42665	Ligation of salivary duct.					
311	42699	Salivary surgery procedure.					
311	69200	Clear outer ear canal.					
311	69210	Remove impacted ear wax.					
311	69222	Clean out mastoid cavity.					
311	69399	Outer ear surgery procedure.					
311	69400	Inflate middle ear canal.					
311	69405	Catheterize middle ear canal.					
311	69410	Inset middle ear baffle.					
311	69420	Incision of eardrum.					
311	69424	Remove ventilating tube.					
311	69540	Remove ear lesion.					
311	69610	Repair of eardrum.					
311	69799	Middle ear surgery procedure.					
311	92502	Ear and throat examination.					
312	LEVEL II ENT PROCEDURES		T	7.07	$363.54	$170.86	$72.71
312	30801	Cauterization inner nose.					
312	30802	Cauterization inner nose.					
312	30930	Therapy fracture of nose.					
312	31612	Puncture/clear windpipe.					
312	40830	Repair mouth laceration.					
312	40831	Repair mouth laceration.					
312	41250	Repair tongue laceration.					
312	41251	Repair tongue laceration.					
312	41252	Repair tongue laceration.					
312	41500	Fixation of tongue.					
312	41510	Tongue to lip surgery.					
312	41800	Drainage of gum lesion.					
312	42300	Drainage of salivary gland.					
312	42305	Drainage of salivary gland.					
312	42310	Drainage of salivary gland.					
312	42320	Drainage of salivary gland.					
312	42405	Biopsy of salivary gland.					
312	42700	Drainage of tonsil abscess.					
312	42720	Drainage of throat abscess.					
312	42800	Biopsy of throat.					
312	42802	Biopsy of throat.					
312	42804	Biopsy of upper nose/throat.					
312	42806	Biopsy of upper nose/throat.					
312	42808	Excise pharynx lesion.					
312	60000	Drain thyroid/tongue cyst.					
312	69421	Incision of eardrum.					
312	69433	Create eardrum opening.					
312	69436	Create eardrum opening.					
313	LEVEL III ENT PROCEDURES		T	15.46	$794.95	$407.70	$158.99
313	30115	Removal of nose polyp(s).					
313	30118	Removal of intranasal lesion.					
313	30120	Revision of nose.					
313	30125	Removal of nose lesion.					
313	30130	Removal of turbinate bones.					
313	30140	Removal of turbinate bones.					
313	30150	Partial removal of nose.					
313	30160	Removal of nose.					
313	30310	Remove nasal foreign body.					
313	30320	Remove nasal foreign body.					
313	30430	Revision of nose.					
313	30520	Repair of nasal septum.					
313	30540	Repair nasal defect.					
313	30580	Repair upper jaw fistula.					
313	30600	Repair mouth/nose fistula.					
313	30620	Intranasal reconstruction.					
313	30630	Repair nasal septum defect.					
313	31020	Exploration maxillary sinus.					
313	31030	Exploration maxillary sinus.					
313	31032	Explore sinus, remove polyps.					
313	31050	Exploration sphenoid sinus.					
313	31051	Sphenoid sinus surgery.					
313	31070	Exploration of frontal sinus.					
313	31200	Removal of ethmoid sinus.					
313	31320	Diagnostic incision larynx.					
313	31595	Larynx nerve surgery.					
313	31611	Surgery/speech prosthesis.					
313	31613	Repair windpipe opening.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
313	31614	Repair windpipe opening.					
313	31820	Closure of windpipe lesion.					
313	31825	Repair of windpipe defect.					
313	31830	Revise windpipe scar.					
313	40500	Partial excision of lip.					
313	40510	Partial excision of lip.					
313	40520	Partial excision of lip.					
313	40525	Reconstruct lip with flap.					
313	40527	Reconstruct lip with flap.					
313	40530	Partial removal of lip.					
313	40650	Repair lip.					
313	40652	Repair lip.					
313	40654	Repair lip.					
313	40814	Excise/repair mouth lesion.					
313	40816	Excision of mouth lesion.					
313	40818	Excise oral mucosa for graft.					
313	40819	Excise lip or cheek fold.					
313	40840	Reconstruction of mouth.					
313	40842	Reconstruction of mouth.					
313	41006	Drainage of mouth lesion.					
313	41007	Drainage of mouth lesion.					
313	41008	Drainage of mouth lesion.					
313	41009	Drainage of mouth lesion.					
313	41010	Incision of tongue fold.					
313	41015	Drainage of mouth lesion.					
313	41016	Drainage of mouth lesion.					
313	41017	Drainage of mouth lesion.					
313	41018	Drainage of mouth lesion.					
313	41112	Excision of tongue lesion.					
313	41113	Excision of tongue lesion.					
313	41114	Excision of tongue lesion.					
313	41116	Excision of mouth lesion.					
313	41120	Partial removal of tongue.					
313	41520	Reconstruction, tongue fold.					
313	41827	Excision of gum lesion.					
313	42107	Excision lesion, mouth roof.					
313	42120	Remove palate/lesion.					
313	42180	Repair palate.					
313	42182	Repair palate.					
313	42200	Reconstruct cleft palate.					
313	42205	Reconstruct cleft palate.					
313	42215	Reconstruct cleft palate.					
313	42220	Reconstruct cleft palate.					
313	42235	Repair palate.					
313	42260	Repair nose to lip fistula.					
313	42325	Create salivary cyst drain.					
313	42326	Create salivary cyst drain.					
313	42340	Removal of salivary stone.					
313	42408	Excision of salivary cyst.					
313	42409	Drainage of salivary cyst.					
313	42410	Excise parotid gland/lesion.					
313	42440	Excision submaxillary gland.					
313	42450	Excision sublingual gland.					
313	42500	Repair salivary duct.					
313	42505	Repair salivary duct.					
313	42507	Parotid duct diversion.					
313	42508	Parotid duct diversion.					
313	42510	Parotid duct diversion.					
313	42600	Closure of salivary fistula.					
313	42725	Drainage of throat abscess.					
313	42810	Excision of neck cyst.					
313	42815	Excision of neck cyst.					
313	42900	Repair throat wound.					
313	42950	Reconstruction of throat.					
313	42955	Surgical opening of throat.					
313	42962	Control throat bleeding.					
313	42972	Control nose/throat bleeding.					
313	43020	Incision of esophagus.					
313	43030	Throat muscle surgery.					
313	69120	Removal of external ear.					
313	69140	Remove ear canal lesion(s).					
313	69300	Revise external ear.					
313	69440	Exploration of middle ear.					
313	69450	Eardrum revision.					
313	69620	Repair of eardrum.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
314	LEVEL IV ENT PROCEDURES		T	25.15	$1,293.21	$687.72	$258.64
314	30400	Reconstruction of nose.					
314	30410	Reconstruction of nose.					
314	30420	Reconstruction of nose.					
314	30435	Revision of nose.					
314	30450	Revision of nose.					
314	30460	Revision of nose.					
314	30462	Revision of nose.					
314	30545	Repair nasal defect.					
314	31040	Exploration behind upper jaw.					
314	31075	Exploration of frontal sinus.					
314	31080	Removal of frontal sinus.					
314	31081	Removal of frontal sinus.					
314	31084	Removal of frontal sinus.					
314	31085	Removal of frontal sinus.					
314	31086	Removal of frontal sinus.					
314	31087	Removal of frontal sinus.					
314	31090	Exploration of sinuses.					
314	31201	Removal of ethmoid sinus.					
314	31205	Removal of ethmoid sinus.					
314	31300	Removal of larynx lesion.					
314	31400	Revision of larynx.					
314	31420	Removal of epiglottis.					
314	31588	Revision of larynx.					
314	31590	Reinnervate larynx.					
314	31750	Repair of windpipe.					
314	31755	Repair of windpipe.					
314	40700	Repair cleft lip/nasal.					
314	40701	Repair cleft lip/nasal.					
314	40702	Repair cleft lip/nasal.					
314	40720	Repair cleft lip/nasal.					
314	40761	Repair cleft lip/nasal.					
314	40843	Reconstruction of mouth.					
314	40844	Reconstruction of mouth.					
314	40845	Reconstruction of mouth.					
314	42210	Reconstruct cleft palate.					
314	42225	Reconstruct cleft palate.					
314	42226	Lengthening of palate.					
314	42227	Lengthening of palate.					
314	42415	Excise parotid gland/lesion.					
314	42420	Excise parotid gland/lesion.					
314	42425	Excise parotid gland/lesion.					
314	42509	Parotid duct diversion.					
314	42842	Extensive surgery of throat.					
314	42844	Extensive surgery of throat.					
314	42890	Partial removal of pharynx.					
314	42892	Revision of pharyngeal walls.					
314	69150	Extensive ear canal surgery.					
314	69310	Rebuild outer ear canal.					
314	69320	Rebuild outer ear canal.					
314	69501	Mastoidectomy.					
314	69502	Mastoidectomy.					
314	69505	Remove mastoid structures.					
314	69511	Extensive mastoid surgery.					
314	69530	Extensive mastoid surgery.					
314	69550	Remove ear lesion.					
314	69552	Remove ear lesion.					
314	69601	Mastoid surgery revision.					
314	69602	Mastoid surgery revision.					
314	69603	Mastoid surgery revision.					
314	69604	Mastoid surgery revision.					
314	69605	Mastoid surgery revision.					
314	69631	Repair eardrum structures.					
314	69632	Rebuild eardrum structures.					
314	69633	Rebuild eardrum structures.					
314	69635	Repair eardrum structures.					
314	69636	Rebuild eardrum structures.					
314	69637	Rebuild eardrum structures.					
314	69641	Revise middle ear & mastoid.					
314	69642	Revise middle ear & mastoid.					
314	69643	Revise middle ear & mastoid.					
314	69644	Revise middle ear & mastoid.					
314	69645	Revise middle ear & mastoid.					
314	69646	Revise middle ear & mastoid.					
314	69650	Release middle ear bone.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
314	69660	Revise middle ear bone.					
314	69661	Revise middle ear bone.					
314	69662	Revise middle ear bone.					
314	69666	Repair middle ear structures.					
314	69667	Repair middle ear structures.					
314	69670	Remove mastoid air cells.					
314	69676	Remove middle ear nerve.					
314	69700	Close mastoid fistula.					
314	69711	Remove/repair hearing aid.					
314	69720	Release facial nerve.					
314	69725	Release facial nerve.					
314	69740	Repair facial nerve.					
314	69745	Repair facial nerve.					
314	69801	Incise inner ear.					
314	69802	Incise inner ear.					
314	69805	Explore inner ear.					
314	69806	Explore inner ear.					
314	69820	Establish inner ear window.					
314	69840	Revise inner ear window.					
314	69905	Remove inner ear.					
314	69910	Remove inner ear & mastoid.					
314	69915	Incise inner ear nerve.					
314	69949	Inner ear surgery procedure.					
317		IMPLANTATION OF COCHLEAR DEVICE	T				
317	69930	Implant cochlear device.					
318		NASAL CAUTERIZATION/PACKING	T	2.07	$106.44	$38.87	$21.29
318	30901	Control of nosebleed.					
318	30903	Control of nosebleed.					
318	30905	Control of nosebleed.					
318	30906	Repeat control of nosebleed.					
318	30999	Nasal surgery procedure.					
318	42960	Control throat bleeding.					
318	42970	Control nose/throat bleeding.					
318	42999	Throat surgery procedure.					
319		TONSIL/ADENOID PROCEDURES	T	16.20	$833.00	$463.53	$166.60
319	42820	Remove tonsils and adenoids.					
319	42821	Remove tonsils and adenoids.					
319	42825	Removal of tonsils.					
319	42826	Removal of tonsils.					
319	42830	Removal of adenoids.					
319	42831	Removal of adenoids.					
319	42835	Removal of adenoids.					
319	42836	Removal of adenoids.					
319	42860	Excision of tonsil tags.					
319	42870	Excision of lingual tonsil.					
320		THORACENTESIS/LAVAGE PROCEDURES	T	3.09	$158.89	$80.91	$31.78
320	32000	Drainage of chest.					
320	32002	Treatment of collapsed lung.					
320	32020	Insertion of chest tube.					
320	32420	Puncture/clear lung.					
320	32960	Therapeutic pneumothorax.					
320	32999	Chest surgery procedure.					
320	33010	Drainage of heart sac.					
320	33011	Repeat drainage of heart sac.					
320	33999	Cardiac surgery procedure.					
320	49080	Puncture, peritoneal cavity.					
320	49081	Removal of abdominal fluid.					
331		LEVEL I ENDOSCOPY UPPER AIRWAY	T	0.57	$29.31	$14.01	$5.86
331	31231	Nasal endoscopy, dx.					
331	31299	Sinus surgery procedure.					
331	31505	Diagnostic laryngoscopy.					
331	31575	Diagnostic laryngoscopy.					
331	31579	Diagnostic laryngoscopy.					
331	92511	Nasopharyngoscopy.					
332		LEVEL II ENDOSCOPY UPPER AIRWAY	T	9.67	$497.23	$242.72	$99.45
332	31233	Nasal/sinus endoscopy, dx.					
332	31235	Nasal/sinus endoscopy, dx.					
332	31237	Nasal/sinus endoscopy, surg.					
332	31238	Nasal/sinus endoscopy, surg.					
332	31240	Nasal/sinus endoscopy, surg.					
332	31510	Laryngoscopy with biopsy.					
332	31511	Remove foreign body, larynx.					
332	31512	Removal of larynx lesion.					
332	31513	Injection into vocal cord.					
332	31515	Laryngoscopy for aspiration.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
332	31520	Diagnostic laryngoscopy.					
332	31525	Diagnostic laryngoscopy.					
332	31526	Diagnostic laryngoscopy.					
332	31528	Laryngoscopy and dilatation.					
332	31529	Laryngoscopy and dilatation.					
332	31576	Laryngoscopy with biopsy.					
332	31577	Remove foreign body, larynx.					
332	31578	Removal of larynx lesion.					
332	31700	Insertion of airway catheter.					
332	31717	Bronchial brush biopsy.					
332	31720	Clearance of airways.					
332	31730	Intro windpipe wire/tube.					
333	LEVEL III	ENDOSCOPY UPPER AIRWAY	T	16.81	$864.37	$461.04	$172.87
333	31239	Nasal/sinus endoscopy, surg.					
333	31254	Revision of ethmoid sinus.					
333	31255	Removal of ethmoid sinus.					
333	31256	Exploration maxillary sinus.					
333	31267	Endoscopy, maxillary sinus.					
333	31276	Sinus surgical endoscopy.					
333	31287	Nasal/sinus endoscopy, surg.					
333	31288	Nasal/sinus endoscopy, surg.					
333	31527	Laryngoscopy for treatment.					
333	31530	Operative laryngoscopy.					
333	31531	Operative laryngoscopy.					
333	31535	Operative laryngoscopy.					
333	31536	Operative laryngoscopy.					
333	31540	Operative laryngoscopy.					
333	31541	Operative laryngoscopy.					
333	31560	Operative laryngoscopy.					
333	31561	Operative laryngoscopy.					
333	31570	Laryngoscopy with injection.					
333	31571	Laryngoscopy with injection.					
336	ENDOSCOPY LOWER AIRWAY		T	7.24	$372.28	$195.49	$74.46
336	31615	Visualization of windpipe.					
336	31622	Dx bronchoscope/wash.					
336	31625	Bronchoscopy with biopsy.					
336	31628	Bronchoscopy with biopsy.					
336	31629	Bronchoscopy with biopsy.					
336	31630	Bronchoscopy with repair.					
336	31631	Bronchoscopy with dilation.					
336	31635	Remove foreign body, airway.					
336	31640	Bronchoscopy & remove lesion.					
336	31641	Bronchoscopy, treat blockage.					
336	31645	Bronchoscopy, clear airways.					
336	31646	Bronchoscopy,reclear airways.					
336	31656	Bronchoscopy,inject for xray.					
336	31899	Airways surgical procedure.					
339	INJECTION OF SCLEROSING SOLUTION		T	0.98	$50.39	$19.66	$10.08
339	36468	Injection(s); spider veins.					
339	36469	Injection(s); spider veins.					
339	36470	Injection therapy of vein.					
339	36471	Injection therapy of veins.					
339	45520	Treatment of rectal prolapse.					
341	LEVEL I	NEEDLE AND CATHETER PLACEMENT	T	0.09	$4.63	$2.49	$0.93
341	36410	Drawing blood.					
341	36420	Establish access to vein.					
341	36425	Establish access to vein.					
342	LEVEL II	NEEDLE AND CATHETER PLACEMENT	T	2.61	$134.21	$68.70	$26.84
342	36010	Place catheter in vein.					
342	36011	Place catheter in vein.					
342	36012	Place catheter in vein.					
342	36013	Place catheter in artery.					
342	36014	Place catheter in artery.					
342	36015	Place catheter in artery.					
342	36100	Establish access to artery.					
342	36120	Establish access to artery.					
342	36140	Establish access to artery.					
342	36160	Establish access to aorta.					
342	36200	Place catheter in aorta.					
342	36500	Insertion of catheter, vein.					
342	36620	Insertion catheter, artery.					
342	36625	Insertion catheter, artery.					
342	38794	Access thoracic lymph duct.					
343	LEVEL III	NEEDLE AND CATHETER PLACEMENT	T	8.76	$450.44	$240.24	$90.09
343	36215	Place catheter in artery.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
343	36216	Place catheter in artery.					
343	36217	Place catheter in artery.					
343	36218	Place catheter in artery.					
343	36245	Place catheter in artery.					
343	36246	Place catheter in artery.					
343	36247	Place catheter in artery.					
343	36248	Place catheter in artery.					
343	36481	Insertion of catheter, vein.					
343	93508	Cath placement, angiography.					
346		PLACEMENT TRANSVENOUS CATHS/CUTDOWN	T	4.63	$238.07	$121.59	$47.61
346	36488	Insertion of catheter, vein.					
346	36489	Insertion of catheter, vein.					
346	36490	Insertion of catheter, vein.					
346	36491	Insertion of catheter, vein.					
346	36493	Repositioning of cvc.					
346	36640	Insertion catheter, artery.					
347		INJECTION PROCEDURES FOR INTERVENTIONAL RADIOLOGY	T	2.57	$132.15	$62.38	$26.43
347	19030	Injection for breast x-ray.					
347	20501	Inject sinus tract for x-ray.					
347	21116	Injection, jaw joint x-ray.					
347	23350	Injection for shoulder x-ray.					
347	24220	Injection for elbow x-ray.					
347	25246	Injection for wrist x-ray.					
347	27093	Injection for hip x-ray.					
347	27095	Injection for hip x-ray.					
347	27370	Injection for knee x-ray.					
347	27648	Injection for ankle x-ray.					
347	30200	Injection treatment of nose.					
347	31708	Instill airway contrast dye.					
347	31710	Insertion of airway catheter.					
347	31715	Injection for bronchus x-ray.					
347	36005	Injection, venography.					
347	38200	Injection for spleen x-ray.					
347	38790	Injection for lymphatic x-ray.					
347	42550	Injection for salivary x-ray.					
347	47500	Injection for liver x-rays.					
347	47505	Injection for liver x-rays.					
347	49400	Air injection into abdomen.					
347	49424	Assess cyst, contrast inj.					
347	49427	Injection, abdominal shunt.					
347	50392	Insert kidney drain.					
347	50393	Insert ureteral tube.					
347	50394	Injection for kidney x-ray.					
347	50395	Create passage to kidney.					
347	50684	Injection for ureter x-ray.					
347	50690	Injection for ureter x-ray.					
347	51600	Injection for bladder x-ray.					
347	51605	Preparation for bladder xray.					
347	51610	Injection for bladder x-ray.					
347	54230	Prepare penis study.					
347	55300	Preparation,sperm duct x-ray.					
347	58340	Catheter for hysterography.					
347	62284	Injection for myelogram.					
347	62290	Inject for spine disk x-ray.					
347	62291	Inject for spine disk x-ray.					
347	68850	Injection for tear sac x-ray.					
360		REMOVAL/REVISION, PACEMAKER/VASCULAR DEVICE	T	6.04	$310.58	$138.54	$62.12
360	33222	Pacemaker aicd pocket.					
360	33223	Pacemaker aicd pocket.					
360	36261	Revision of infusion pump.					
360	36262	Removal of infusion pump.					
360	36299	Vessel injection procedure.					
360	36531	Revision of infusion pump.					
360	36532	Removal of infusion pump.					
360	36534	Revision of access port.					
360	36535	Removal of access port.					
360	37203	Transcatheter retrieval.					
367		VASCULAR LIGATION	T	17.02	$875.17	$441.15	$175.03
367	30915	Ligation nasal sinus artery.					
367	30920	Ligation upper jaw artery.					
367	37618	Ligation of extremity artery.					
367	37650	Revision of major vein.					
367	37700	Revise leg vein.					
367	37720	Removal of leg vein.					
367	37730	Removal of leg veins.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
367	37735	Removal of leg veins/lesion.					
367	37760	Revision of leg veins.					
367	37780	Revision of leg vein.					
367	37785	Revise secondary varicosity.					
368		VASCULAR REPAIR/FISTULA CONSTRUCTION	T	22.59	$1,161.58	$647.49	$232.32
368	35188	Repair blood vessel lesion.					
368	35207	Repair blood vessel lesion.					
368	35875	Removal of clot in graft.					
368	35876	Removal of clot in graft.					
368	36260	Insertion of infusion pump.					
368	36530	Insertion of infusion pump.					
368	36533	Insertion of access port.					
368	36800	Insertion of cannula.					
368	36810	Insertion of cannula.					
368	36815	Insertion of cannula.					
368	36821	Artery-vein fusion.					
368	36825	Artery-vein graft.					
368	36830	Artery-vein graft.					
368	36832	Av fistula revision.					
368	36835	Artery to vein shunt.					
368	36860	External cannula declotting.					
368	36861	Cannula declotting.					
368	37607	Ligation of fistula.					
369		BLOOD AND BLOOD PRODUCT EXCHANGE	T	6.33	$325.49	$155.49	$65.10
369	36430	Blood transfusion service.					
369	36440	Blood transfusion service.					
369	36450	Exchange transfusion service.					
369	36455	Exchange transfusion service.					
369	36460	Transfusion service, fetal.					
369	36520	Plasma and/or cell exchange.					
369	36522	Photopheresis.					
369	38230	Bone marrow collection.					
369	38231	Stem cell collection.					
369	Q0068	Extracorpeal plasmapheresis.					
396		LYMPH NODE EXCISIONS	T	12.98	$667.43	$334.48	$133.49
396	38308	Incision of lymph channels.					
396	38500	Biopsy/removal,lymph node(s).					
396	38510	Biopsy/removal,lymph node(s).					
396	38520	Biopsy/removal,lymph node(s).					
396	38525	Biopsy/removal,lymph node(s).					
396	38530	Biopsy/removal,lymph node(s).					
396	38550	Removal neck/armpit lesion.					
397		THYROID/LYMPHADENECTOMY PROCEDURES	T	19.12	$983.15	$542.17	$196.63
397	38542	Explore deep node(s), neck.					
397	38555	Removal neck/armpit lesion.					
397	38740	Remove armpit lymph nodes.					
397	38745	Remove armpits lymph nodes.					
397	38760	Remove groin lymph nodes.					
397	60200	Remove thyroid lesion.					
397	60210	Partial excision thyroid.					
397	60220	Partial removal of thyroid.					
397	60225	Partial removal of thyroid.					
397	60240	Removal of thyroid.					
397	60280	Remove thyroid duct lesion.					
397	60281	Remove thyroid duct lesion.					
406		ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	T	4.17	$214.42	$106.67	$42.88
406	43450	Dilate esophagus.					
406	43453	Dilate esophagus.					
406	43456	Dilate esophagus.					
406	43458	Dilation of esophagus.					
406	43499	Esophagus surgery procedure.					
407		ESOPHAGOSCOPY	T	6.89	$354.28	$189.39	$70.86
407	43204	Esophagus endoscopy & inject.					
407	43205	Esophagus endoscopy/ligation.					
407	43215	Esophagus endoscopy.					
407	43216	Esophagus endoscopy/lesion.					
407	43217	Esophagus endoscopy.					
407	43220	Esophagus endoscopy, dilation.					
407	43226	Esophagus endoscopy, dilation.					
407	43227	Esophagus endoscopy, repair.					
417		DIAGNOSTIC UPPER GI ENDOSCOPY	T	6.35	$326.52	$179.22	$65.30
417	43200	Esophagus endoscopy.					
417	43202	Esophagus endoscopy, biopsy.					
417	43234	Upper GI endoscopy, exam.					
417	43235	Upper gi endoscopy, diagnosis.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
417	43239	Upper GI endoscopy, biopsy.					
417	43600	Biopsy of stomach.					
417	44100	Biopsy of bowel.					
418	THERAPEUTIC UPPER GI ENDOSCOPY		T	7.44	$382.56	$213.57	$76.51
418	43241	Upper GI endoscopy with tube.					
418	43243	Upper GI endoscopy & inject.					
418	43244	Upper GI endoscopy/ligation.					
418	43245	Operative upper GI endoscopy.					
418	43246	Place gastrostomy tube.					
418	43247	Operative upper GI endoscopy.					
418	43248	Upper GI endoscopy/guidewire.					
418	43249	Esophagus endoscopy,dilation.					
418	43250	Upper GI endoscopy/tumor.					
418	43251	Operative upper GI endoscopy.					
418	43255	Operative upper GI endoscopy.					
418	43750	Place gastrostomy tube.					
419	SMALL INTESTINE ENDOSCOPY		T	6.83	$351.20	$164.08	$70.24
419	44360	Small bowel endoscopy.					
419	44361	Small bowel endoscopy,biopsy.					
419	44363	Small bowel endoscopy.					
419	44364	Small bowel endoscopy.					
419	44365	Small bowel endoscopy.					
419	44366	Small bowel endoscopy.					
419	44372	Small bowel endoscopy.					
419	44373	Small bowel endoscopy.					
419	44376	Small bowel endoscopy.					
419	44377	Small bowel endoscopy.					
419	44378	Small bowel endoscopy.					
419	44799	Intestine surgery procedure.					
426	DIAGNOSTIC LOWER GI ENDOSCOPY		T	6.74	$346.57	$185.32	$69.31
426	44380	Small bowel endoscopy.					
426	44382	Small bowel endoscopy.					
426	44385	Endoscopy of bowel pouch.					
426	44386	Endoscopy, bowel pouch, biopsy.					
426	44388	Colon endoscopy.					
426	44389	Colonoscopy with biopsy.					
426	45378	Diagnostic colonoscopy.					
426	45380	Colonoscopy and biopsy.					
426	G0105	Colorectal scrn; hi risk ind.					
427	THERAPEUTIC LOWER GI ENDOSCOPY		T	8.09	$415.99	$222.84	$83.20
427	44390	Colonoscopy for foreign body.					
427	44391	Colonoscopy for bleeding.					
427	44392	Colonoscopy & polypectomy.					
427	44394	Colonoscopy w/snare.					
427	45355	Surgical colonoscopy.					
427	45379	Colonoscopy.					
427	45382	Colonoscopy,control bleeding.					
427	45384	Colonoscopy.					
427	45385	Colonoscopy, lesion removal.					
437	THERAPEUTIC ANOSCOPY		T	6.54	$336.29	$173.79	$67.26
437	46606	Anoscopy and biopsy.					
437	46608	Anoscopy; remove foreign body.					
437	46610	Anoscopy; remove lesion.					
437	46611	Anoscopy.					
437	46612	Anoscopy; remove lesions.					
437	46614	Anoscopy; control bleeding.					
437	46615	Anoscopy.					
446	DIAGNOSTIC SIGMOIDOSCOPY		T	2.54	$130.61	$64.86	$26.12
446	45300	Proctosigmoidoscopy.					
446	45305	Proctosigmoidoscopy; biopsy.					
446	45330	Sigmoidoscopy, diagnostic.					
446	45331	Sigmoidoscopy and biopsy.					
446	G0104	CA screen; flexi sigmoidscope.					
447	THERAPEUTIC PROCTOSIGMOIDOSCOPY		T	7.06	$363.03	$191.87	$72.61
447	45303	Proctosigmoidoscopy.					
447	45307	Proctosigmoidoscopy.					
447	45308	Proctosigmoidoscopy.					
447	45309	Proctosigmoidoscopy.					
447	45315	Proctosigmoidoscopy.					
447	45317	Proctosigmoidoscopy.					
447	45320	Proctosigmoidoscopy.					
447	45321	Proctosigmoidoscopy.					
448	THERAPEUTIC FLEXIBLE SIGMOIDOSCOPY		T	5.28	$271.50	$139.22	$54.30
448	45332	Sigmoidoscopy.					
448	45333	Sigmoidoscopy & polypectomy.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
448	45334	Sigmoidoscopy for bleeding.					
448	45337	Sigmoidoscopy, decompression.					
448	45338	Sigmoidoscopy.					
449	COMPLEX GI ENDOSCOPY		T	7.63	$392.33	$213.57	$78.47
449	43219	Esophagus endoscopy.					
449	43228	Esophagus endoscopy, ablation.					
449	43258	Operative upper GI endoscopy.					
449	43259	Endoscopic ultrasound exam.					
449	43272	Endoscopy, bile duct/pancreas.					
449	44369	Small bowel endoscopy.					
449	44393	Colonoscopy, lesion removal.					
449	45339	Sigmoidoscopy.					
449	45383	Colonoscopy, lesion removal.					
451	LEVEL I ANAL/RECTAL PROCEDURES		T	2.42	$124.44	$53.56	$24.89
451	46070	Incision of anal septum.					
451	46083	Incise external hemorrhoid.					
451	46220	Removal of anal tab.					
451	46221	Ligation of hemorrhoid(s).					
451	46230	Removal of anal tabs.					
451	46320	Removal of hemorrhoid clot.					
451	46500	Injection into hemorrhoids.					
451	46934	Destruction of hemorrhoids.					
451	46935	Destruction of hemorrhoids.					
451	46936	Destruction of hemorrhoids.					
451	46940	Treatment of anal fissure.					
451	46942	Treatment of anal fissure.					
451	46945	Ligation of hemorrhoids.					
451	46946	Ligation of hemorrhoids.					
452	LEVEL II ANAL/RECTAL PROCEDURES		T	4.52	$232.42	$103.06	$46.48
452	45000	Drainage of pelvic abscess.					
452	45005	Drainage of rectal abscess.					
452	45020	Drainage of rectal abscess.					
452	45100	Biopsy of rectum.					
452	45900	Reduction of rectal prolapse.					
452	45905	Dilation of anal sphincter.					
452	45910	Dilation of rectal narrowing.					
452	45915	Remove rectal obstruction.					
452	45999	Rectum surgery procedure.					
452	46030	Removal of rectal marker.					
452	46040	Incision of rectal abscess.					
452	46050	Incision of anal abscess.					
452	46080	Incision of anal sphincter.					
452	46210	Removal of anal crypt.					
452	46754	Removal of suture from anus.					
452	46999	Anus surgery procedure.					
453	LEVEL III ANAL/RECTAL PROCEDURES		T	16.26	$836.09	$440.47	$167.22
453	45108	Removal of anorectal lesion.					
453	45150	Excision of rectal stricture.					
453	45160	Excision of rectal lesion.					
453	45170	Excision of rectal lesion.					
453	45190	Destruction, rectal tumor.					
453	45500	Repair of rectum.					
453	45505	Repair of rectum.					
453	45560	Repair of rectocele.					
453	46045	Incision of rectal abscess.					
453	46060	Incision of rectal abscess.					
453	46200	Removal of anal fissure.					
453	46211	Removal of anal crypts.					
453	46250	Hemorrhoidectomy.					
453	46255	Hemorrhoidectomy.					
453	46257	Remove hemorrhoids & fissure.					
453	46258	Remove hemorrhoids & fistula.					
453	46260	Hemorrhoidectomy.					
453	46261	Remove hemorrhoids & fissure.					
453	46262	Remove hemorrhoids & fistula.					
453	46270	Removal of anal fistula.					
453	46275	Removal of anal fistula.					
453	46280	Removal of anal fistula.					
453	46285	Removal of anal fistula.					
453	46288	Repair anal fistula.					
453	46700	Repair of anal stricture.					
453	46750	Repair of anal sphincter.					
453	46753	Reconstruction of anus.					
453	46760	Repair of anal sphincter.					
453	46761	Repair of anal sphincter.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
453	46762	Implant artificial sphincter.					
453	46937	Cryotherapy of rectal lesion.					
453	46938	Cryotherapy of rectal lesion.					
456	ENDOSCOPIC RETROGRADE CHOLANGIO-PANCREATOGRAPHY (ERCP)		T	9.61	$494.15	$249.05	$98.83
456	43260	Endoscopy, bile duct/pancreas.					
456	43261	Endoscopy, bile duct/pancreas.					
456	43262	Endoscopy, bile duct/pancreas.					
456	43263	Endoscopy, bile duct/pancreas.					
456	43264	Endoscopy, bile duct/pancreas.					
456	43265	Endoscopy, bile duct/pancreas.					
456	43267	Endoscopy, bile duct/pancreas.					
456	43268	Endoscopy, bile duct/pancreas.					
456	43269	Endoscopy, bile duct/pancreas.					
456	43271	Endoscopy, bile duct/pancreas.					
458	PERCUTANEOUS BILIARY ENDOSCOPIC PROCEDURES		T	6.81	$350.17	$181.70	$70.03
458	47510	Insert catheter, bile duct.					
458	47511	Insert bile duct drain.					
458	47552	Biliary endoscopy, thru skin.					
458	47553	Biliary endoscopy, thru skin.					
458	47554	Biliary endoscopy, thru skin.					
458	47555	Biliary endoscopy, thru skin.					
458	47556	Biliary endoscopy, thru skin.					
458	47630	Remove bile duct stone.					
459	PERITONEAL AND ABDOMINAL PROCEDURES		T	17.85	$917.85	$497.88	$183.57
459	49085	Remove abdomen foreign body.					
459	49250	Excision of umbilicus.					
459	49420	Insert abdominal drain.					
459	49421	Insert abdominal drain.					
459	49423	Exchange drainage cath.					
459	49426	Revise abdomen-venous shunt.					
466	HERNIA/HYDROCELE PROCEDURES		T	20.67	$1,062.85	$556.64	$212.57
466	49495	Repair inguinal hernia, init.					
466	49496	Repair inguinal hernia, init.					
466	49500	Repair inguinal hernia.					
466	49501	Repair inguinal hernia, init.					
466	49505	Repair inguinal hernia.					
466	49507	Repair, inguinal hernia.					
466	49520	Rerepair inguinal hernia.					
466	49521	Repair inguinal hernia, rec.					
466	49525	Repair inguinal hernia.					
466	49540	Repair lumbar hernia.					
466	49550	Repair femoral hernia.					
466	49553	Repair femoral hernia, init.					
466	49555	Repair femoral hernia.					
466	49557	Repair femoral hernia, recur.					
466	49560	Repair abdominal hernia.					
466	49561	Repair incisional hernia.					
466	49565	Rerepair abdominal hernia.					
466	49566	Repair incisional hernia.					
466	49568	Hernia repair w/mesh.					
466	49570	Repair epigastric hernia.					
466	49572	Repair, epigastric hernia.					
466	49580	Repair umbilical hernia.					
466	49582	Repair umbilical hernia.					
466	49585	Repair umbilical hernia.					
466	49587	Repair umbilical hernia.					
466	49590	Repair abdominal hernia.					
466	49600	Repair umbilical lesion.					
466	51500	Removal of bladder cyst.					
466	55040	Removal of hydrocele.					
466	55041	Removal of hydroceles.					
470	TUBE PROCEDURES		T	2.19	$112.61	$54.92	$22.52
470	31502	Change of windpipe airway.					
470	43760	Change gastrostomy tube.					
470	43761	Reposition gastrostomy tube.					
470	43999	Stomach surgery procedure.					
470	47525	Change bile duct catheter.					
470	47530	Revise, reinsert bile tube.					
470	47999	Bile tract surgery procedure.					
470	49422	Remove perm cannula/catheter.					
470	49429	Removal of shunt.					
470	49999	Abdomen surgery procedure.					
470	50688	Change of ureter tube.					
470	51705	Change of bladder tube.					
470	51710	Change of bladder tube.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
521		LEVEL I CYSTOURETHROSCOPY AND OTHER GENITOURINARY PROCEDURES	T	4.89	$251.44	$110.06	$50.29
521	50398	Change kidney tube.					
521	52000	Cystoscopy.					
521	52265	Cystoscopy & treatment.					
522		LEVEL II CYSTOURETHROSCOPY AND OTHER GENITOURINARY PROCEDURES	T	10.15	$521.91	$259.45	$104.38
522	50551	Kidney endoscopy.					
522	50553	Kidney endoscopy.					
522	50555	Kidney endoscopy & biopsy.					
522	50557	Kidney endoscopy & treatment.					
522	50559	Renal endoscopy; radiotracer.					
522	50561	Kidney endoscopy & treatment.					
522	52005	Cystoscopy & ureter catheter.					
522	52007	Cystoscopy and biopsy.					
522	52010	Cystoscopy & duct catheter.					
522	52204	Cystoscopy.					
522	52214	Cystoscopy and treatment.					
522	52224	Cystoscopy and treatment.					
522	52260	Cystoscopy & treatment.					
522	52270	Cystoscopy & revise urethra.					
522	52275	Cystoscopy & revise urethra.					
522	52276	Cystoscopy and treatment.					
522	52281	Cystoscopy and treatment.					
522	52283	Cystoscopy and treatment.					
522	52285	Cystoscopy and treatment.					
522	52290	Cystoscopy and treatment.					
522	52300	Cystoscopy and treatment.					
522	52301	Cystoscopy and treatment.					
522	52305	Cystoscopy and treatment.					
522	52310	Cystoscopy and treatment.					
522	52315	Cystoscopy and treatment.					
522	52327	Cystoscopy, inject material.					
522	52510	Dilation prostatic urethra.					
522	53605	Dilate urethra stricture.					
523		LEVEL III CYSTOURETHROSCOPY AND OTHER GENITOURINARY PROCEDURES	T	16.35	$840.72	$438.89	$168.14
523	50951	Endoscopy of ureter.					
523	50953	Endoscopy of ureter.					
523	50955	Ureter endoscopy & biopsy.					
523	50957	Ureter endoscopy & treatment.					
523	50959	Ureter endoscopy & tracer.					
523	50961	Ureter endoscopy & treatment.					
523	51020	Incise & treat bladder.					
523	51030	Incise & treat bladder.					
523	51040	Incise & drain bladder.					
523	51045	Incise bladder, drain ureter.					
523	51050	Removal of bladder stone.					
523	51065	Removal of ureter stone.					
523	51520	Removal of bladder lesion.					
523	51880	Repair of bladder opening.					
523	52234	Cystoscopy and treatment.					
523	52235	Cystoscopy and treatment.					
523	52240	Cystoscopy and treatment.					
523	52250	Cystoscopy & radiotracer.					
523	52277	Cystoscopy and treatment.					
523	52282	Cystoscopy, implant stent.					
523	52317	Remove bladder stone.					
523	52318	Remove bladder stone.					
523	52320	Cystoscopy and treatment.					
523	52325	Cystoscopy, stone removal.					
523	52330	Cystoscopy and treatment.					
523	52332	Cystoscopy and treatment.					
523	52334	Create passage to kidney.					
523	52335	Endoscopy of urinary tract.					
523	52336	Cystoscopy, stone removal.					
523	52338	Cystoscopy and treatment.					
523	52339	Cystoscopy and treatment.					
523	52340	Cystoscopy and treatment.					
523	52450	Incision of prostate.					
523	52500	Revision of bladder neck.					
523	52606	Control postop bleeding.					
523	52640	Relieve bladder contracture.					
523	52700	Drainage of prostate abscess.					
523	55720	Drainage of prostate abscess.					
523	55725	Drainage of prostate abscess.					
523	55859	Percut/needle insert, pros.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
524		LEVEL IV CYSTOURETHROSCOPY AND OTHER GENITOURINARY PROCEDURES	T	27.20	$1,398.62	$824.90	$279.72
524	52337	Cystoscopy, stone removal.					
524	52601	Prostatectomy (TURP).					
524	52612	Prostatectomy, first stage.					
524	52614	Prostatectomy, second stage.					
524	52620	Remove residual prostate.					
524	52630	Remove prostate regrowth.					
524	52647	Laser surgery of prostate.					
524	52648	Laser surgery of prostate.					
524	53850	Prostatic microwave thermotx.					
524	53852	Prostatic rf thermotx.					
527		LITHOTRIPSY	T	43.48	$2,235.74	$1,372.95	$447.15
527	50590	Fragmenting of kidney stone.					
529		SIMPLE URINARY STUDIES AND PROCEDURES	T	2.33	$119.81	$59.66	$23.96
529	50396	Measure kidney pressure.					
529	50686	Measure ureter pressure.					
529	51725	Simple cystometrogram.					
529	51726	Complex cystometrogram.					
529	51736	Urine flow measurement.					
529	51741	Electro-uroflowmetry, first.					
529	51772	Urethra pressure profile.					
529	51784	Anal/urinary muscle study.					
529	51785	Anal/urinary muscle study.					
529	51792	Urinary reflex study.					
529	51795	Urine voiding pressure study.					
529	51797	Intraabdominal pressure test.					
529	54240	Penis study.					
529	54250	Penis study.					
530		GENITOURINARY PROCEDURES	T	2.46	$126.49	$53.34	$25.30
530	51000	Drainage of bladder.					
530	51005	Drainage of bladder.					
530	51010	Drainage of bladder.					
530	51700	Irrigation of bladder.					
530	51720	Treatment of bladder lesion.					
530	53600	Dilate urethra stricture.					
530	53601	Dilate urethra stricture.					
530	53620	Dilate urethra stricture.					
530	53621	Dilate urethra stricture.					
[2]530	53640	Relieve bladder retention.					
530	53660	Dilation of urethra.					
530	53661	Dilation of urethra.					
530	53675	Insert urinary catheter.					
530	53899	Urology surgery procedure.					
530	54200	Treatment of penis lesion.					
530	54220	Treatment of penis lesion.					
530	54231	Dynamic cavernosometry.					
530	54235	Penile injection.					
530	54450	Preputial stretching.					
530	55899	Genital surgery procedure.					
531		LEVEL I URETHRAL PROCEDURES	T	18.59	$955.90	$531.55	$191.18
531	51715	Endoscopic injection/implant.					
531	53000	Incision of urethra.					
531	53010	Incision of urethra.					
531	53020	Incision of urethra.					
531	53025	Incision of urethra.					
531	53040	Drainage of urethra abscess.					
531	53060	Drainage of urethra abscess.					
531	53080	Drainage of urinary leakage.					
531	53200	Biopsy of urethra.					
531	53250	Removal of urethra gland.					
531	53260	Treatment of urethra lesion.					
531	53265	Treatment of urethra lesion.					
531	53270	Removal of urethra gland.					
531	53275	Repair of urethra defect.					
531	53442	Remove perineal prosthesis.					
531	53502	Repair of urethra injury.					
531	53505	Repair of urethra injury.					
531	53510	Repair of urethra injury.					
531	53665	Dilation of urethra.					
531	54000	Slitting of prepuce.					
531	54001	Slitting of prepuce.					
532		LEVEL II URETHRAL PROCEDURES	T	23.02	$1,183.69	$588.50	$236.74
532	53210	Removal of urethra.					
532	53215	Removal of urethra.					
532	53220	Treatment of urethra lesion.					
532	53230	Removal of urethra lesion.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
532	53235	Removal of urethra lesion.					
532	53240	Surgery for urethra pouch.					
532	53400	Revise urethra, 1st stage.					
532	53405	Revise urethra, 2nd stage.					
532	53410	Reconstruction of urethra.					
532	53420	Reconstruct urethra, stage 1.					
532	53425	Reconstruct urethra, stage 2.					
532	53430	Reconstruction of urethra.					
532	53447	Remove artificial sphincter.					
532	53449	Correct artificial sphincter.					
532	53450	Revision of urethra.					
532	53460	Revision of urethra.					
532	53515	Repair of urethra injury.					
532	53520	Repair of urethra defect.					
536	CIRCUMCISION		T	12.89	$662.80	$321.60	$132.56
536	54150	Circumcision.					
536	54152	Circumcision.					
536	54160	Circumcision.					
536	54161	Circumcision.					
537	PENILE PROCEDURES		T	28.65	$1,473.18	$872.36	$294.64
537	37790	Penile venous occlusion.					
537	54110	Treatment of penis lesion.					
537	54111	Treat penis lesion, graft.					
537	54112	Treat penis lesion, graft.					
537	54120	Partial removal of penis.					
537	54205	Treatment of penis lesion.					
537	54300	Revision of penis.					
537	54304	Revision of penis.					
537	54308	Reconstruction of urethra.					
537	54312	Reconstruction of urethra.					
537	54316	Reconstruction of urethra.					
537	54318	Reconstruction of urethra.					
537	54322	Reconstruction of urethra.					
537	54324	Reconstruction of urethra.					
537	54326	Reconstruction of urethra.					
537	54328	Revise penis, urethra.					
537	54340	Secondary urethral surgery.					
537	54344	Secondary urethral surgery.					
537	54348	Secondary urethral surgery.					
537	54352	Reconstruct urethra, penis.					
537	54360	Penis plastic surgery.					
537	54380	Repair penis.					
537	54385	Repair penis.					
537	54402	Remove penis prosthesis.					
537	54407	Remove multi-comp prosthesis.					
537	54409	Revise penis prosthesis.					
537	54420	Revision of penis.					
537	54435	Revision of penis.					
537	54440	Repair of penis.					
538	INSERTION OF PENILE PROSTHESIS		T	48.41	$2,489.24	$1,563.47	$497.85
538	53440	Correct bladder function.					
538	53445	Correct urine flow control.					
538	54400	Insert semi-rigid prosthesis.					
538	54401	Insert self-contd prosthesis.					
538	54405	Insert multi-comp prosthesis.					
546	TESTES/EPIDIDYMIS PROCEDURES		T	16.54	$850.49	$449.51	$170.10
546	54505	Biopsy of testis.					
546	54510	Removal of testis lesion.					
546	54520	Removal of testis.					
546	54530	Removal of testis.					
546	54550	Exploration for testis.					
546	54600	Reduce testis torsion.					
546	54620	Suspension of testis.					
546	54640	Suspension of testis.					
546	54660	Revision of testis.					
546	54670	Repair testis injury.					
546	54680	Relocation of testis(es).					
546	54700	Drainage of scrotum.					
546	54820	Exploration of epididymis.					
546	54830	Remove epididymis lesion.					
546	54840	Remove epididymis lesion.					
546	54860	Removal of epididymis.					
546	54861	Removal of epididymis.					
546	54900	Fusion of spermatic ducts.					
546	54901	Fusion of spermatic ducts.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
546	55060	Repair of hydrocele.					
546	55110	Explore scrotum.					
546	55120	Removal of scrotum lesion.					
546	55150	Removal of scrotum.					
546	55175	Revision of scrotum.					
546	55180	Revision of scrotum.					
546	55200	Incision of sperm duct.					
546	55250	Removal of sperm duct(s).					
546	55400	Repair of sperm duct.					
546	55450	Ligation of sperm duct.					
546	55500	Removal of hydrocele.					
546	55520	Removal of sperm cord lesion.					
546	55530	Revise spermatic cord veins.					
546	55535	Revise spermatic cord veins.					
546	55540	Revise hernia & sperm veins.					
546	55680	Remove sperm pouch lesion.					
547	PROSTATE BIOPSY		T	4.39	$225.73	$125.20	$45.15
547	55700	Biopsy of prostate.					
547	55705	Biopsy of prostate.					
550	SURGICAL HYSTEROSCOPY		T	16.46	$846.37	$445.22	$169.27
550	56351	Hysteroscopy; biopsy.					
550	56352	Hysteroscopy; lysis.					
550	56353	Hysteroscopy; resect septum.					
550	56354	Hysteroscopy; remove myoma.					
550	56355	Hysteroscopy; remove impact.					
550	56356	Hysteroscopy; ablation.					
551	LEVEL I LAPAROSCOPY		T	24.61	$1,265.45	$701.73	$253.09
551	56300	Laparoscopy; diagnostic.					
551	56301	Laparoscopy; tubal cautery.					
551	56302	Laparoscopy; tubal block.					
551	56303	Laparoscopy; excise lesions.					
551	56304	Laparoscopy; lysis.					
551	56305	Laparoscopy; biopsy.					
551	56306	Laparoscopy; aspiration.					
551	56346	Laparoscopic gastrostomy.					
[2] 551	56360	Peritoneoscopy.					
[2] 551	56361	Peritoneoscopy w/biopsy.					
552	LEVEL II LAPAROSCOPY		T	37.09	$1,907.17	$1,053.84	$381.43
552	56307	Laparoscopy; remove adnexa.					
552	56309	Laparoscopy; remove myoma.					
552	56311	Laparoscopic lymph node biop.					
552	56312	Laparoscopic lymphadenectomy.					
552	56313	Laparoscopic lymphadenectomy.					
552	56316	Laparoscopic hernia repair.					
552	56317	Laparoscopic hernia repair.					
552	56318	Laparoscopic orchiectomy.					
552	56320	Laparoscopy, spermatic veins.					
552	56343	Laparoscopic salpingostomy.					
552	56344	Laparoscopic fimbrioplasty.					
552	56362	Laparoscopy w/cholangio.					
552	56363	Laparoscopy w/biopsy.					
561	LEVEL I FEMALE REPRODUCTIVE PROCEDURES		T	1.46	$75.07	$24.41	$15.01
561	56405	I & D of vulva/perineum.					
561	56420	Drainage of gland abscess.					
561	56441	Lysis of labial lesion(s).					
561	57061	Destruction vagina lesion(s).					
561	57100	Biopsy of vagina.					
561	57150	Treat vagina infection.					
561	57160	Insertion of pessary/device.					
561	57170	Fitting of diaphragm/cap.					
561	57180	Treat vaginal bleeding.					
561	57452	Examination of vagina.					
561	57454	Vagina examination & biopsy.					
561	57500	Biopsy of cervix.					
561	57505	Endocervical curettage.					
561	57510	Cauterization of cervix.					
561	57511	Cryocautery of cervix.					
561	57513	Laser surgery of cervix.					
561	57800	Dilation of cervical canal.					
561	58100	Biopsy of uterus lining.					
561	58301	Remove intrauterine device.					
561	59200	Insert cervical dilator.					
561	Q0091	Obtaining screen pap smear.					
562	LEVEL II FEMALE REPRODUCTIVE PROCEDURES		T	12.30	$632.47	$325.44	$126.49
562	56350	Hysteroscopy; diagnostic.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
562	56399	Laparoscopy procedure.					
562	56440	Surgery for vulva lesion.					
562	56700	Partial removal of hymen.					
562	56720	Incision of hymen.					
562	56740	Remove vagina gland lesion.					
562	56800	Repair of vagina.					
562	56810	Repair of perineum.					
562	57000	Exploration of vagina.					
562	57010	Drainage of pelvic abscess.					
562	57020	Drainage of pelvic fluid.					
562	57065	Destruction vagina lesion(s).					
562	57105	Biopsy of vagina.					
562	57130	Remove vagina lesion.					
562	57135	Remove vagina lesion.					
562	57200	Repair of vagina.					
562	57210	Repair vagina/perineum.					
562	57230	Repair of urethral lesion.					
562	57400	Dilation of vagina.					
562	57410	Pelvic examination.					
562	57415	Removal vaginal foreign body.					
562	57460	Cervix excision.					
562	57700	Revision of cervix.					
562	57720	Revision of cervix.					
562	58345	Reopen fallopian tube.					
562	58350	Reopen fallopian tube.					
562	58970	Retrieval of oocyte.					
562	59300	Episiotomy or vaginal repair.					
562	59320	Revision of cervix.					
562	59871	Remove cerclage suture.					
563	LEVEL III	FEMALE REPRODUCTIVE PROCEDURES	T	16.50	$848.43	$461.72	$169.69
563	56620	Partial removal of vulva.					
563	56625	Complete removal of vulva.					
563	57220	Revision of urethra.					
563	57240	Repair bladder & vagina.					
563	57250	Repair rectum & vagina.					
563	57260	Repair of vagina.					
563	57265	Extensive repair of vagina.					
563	57268	Repair of bowel bulge.					
563	57284	Repair paravaginal defect.					
563	57288	Repair bladder defect.					
563	57289	Repair bladder & vagina.					
563	57291	Construction of vagina.					
563	57300	Repair rectum-vagina fistula.					
563	57520	Conization of cervix.					
563	57522	Conization of cervix.					
563	57530	Removal of cervix.					
563	57550	Removal of residual cervix.					
563	57555	Remove cervix, repair vagina.					
563	57556	Remove cervix, repair bowel.					
563	58145	Removal of uterus lesion.					
563	58800	Drainage of ovarian cyst(s).					
563	58820	Open drain ovary abscess.					
567	D & C		T	13.18	$677.72	$360.70	$135.54
567	57820	D&c of residual cervix.					
567	58120	Dilation and curettage (D&C).					
567	59160	D&C after delivery.					
568	INFERTILITY PROCEDURES		T	2.79	$143.46	$55.60	$28.69
568	55870	Electroejaculation.					
568	58321	Artificial insemination.					
568	58322	Artificial insemination.					
568	58323	Sperm washing.					
568	58974	Transfer of embryo.					
568	58976	Transfer of embryo.					
578	PREGNANCY AND NEONATAL CARE PROCEDURES		T	1.17	$60.16	$32.77	$12.03
578	59000	Amniocentesis.					
578	59012	Fetal cord puncture, prenatal.					
578	59015	Chorion biopsy.					
578	59020	Fetal contract stress test.					
578	59025	Fetal non-stress test.					
578	59030	Fetal scalp blood sample.					
578	59050	Fetal monitor w/report.					
578	59899	Maternity care procedure.					
580	VAGINAL DELIVERY		T	4.31	$221.62	$44.32	$44.32
580	59409	Obstetrical care.					
580	59412	Antepartum manipulation.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
580	59414	Deliver placenta.					
580	59612	Vbac delivery only.					
586	THERAPEUTIC ABORTION		T	11.98	$616.01	$409.29	$123.20
586	59840	Abortion.					
586	59841	Abortion.					
587	SPONTANEOUS ABORTION		T	12.96	$666.40	$347.14	$133.28
587	59812	Treatment of miscarriage.					
587	59820	Care of miscarriage.					
587	59821	Treatment of miscarriage.					
587	59870	Evacuate mole of uterus.					
600	SPINAL TAP		T	2.41	$123.92	$61.47	$24.78
600	62270	Spinal fluid tap, diagnostic.					
600	62272	Drain spinal fluid.					
601	LEVEL I NERVOUS SYSTEM INJECTIONS		T	3.00	$154.26	$74.13	$30.85
601	64400	Injection for nerve block.					
601	64402	Injection for nerve block.					
601	64405	Injection for nerve block.					
601	64408	Injection for nerve block.					
601	64410	Injection for nerve block.					
601	64412	Injection for nerve block.					
601	64413	Injection for nerve block.					
601	64415	Injection for nerve block.					
601	64417	Injection for nerve block.					
601	64418	Injection for nerve block.					
601	64420	Injection for nerve block.					
601	64421	Injection for nerve block.					
601	64425	Injection for nerve block.					
601	64430	Injection for nerve block.					
601	64435	Injection for nerve block.					
601	64440	Injection for nerve block.					
601	64441	Injection for nerve block.					
601	64442	Injection for nerve block.					
601	64443	Inject, nerve block add-on.					
601	64445	Injection for nerve block.					
601	64450	Injection for nerve block.					
601	64505	Injection for nerve block.					
601	64508	Injection for nerve block.					
601	64510	Injection for nerve block.					
601	64520	Injection for nerve block.					
601	64530	Injection for nerve block.					
601	64600	Injection treatment of nerve.					
601	64605	Injection treatment of nerve.					
601	64610	Injection treatment of nerve.					
601	64612	Destroy nerve, face muscle.					
601	64613	Destroy nerve, spine muscle.					
601	64620	Injection treatment of nerve.					
601	64622	Injection treatment of nerve.					
601	64623	Inject, tx of nerve add-on.					
601	64630	Injection treatment of nerve.					
601	64640	Injection treatment of nerve.					
601	64680	Injection treatment of nerve.					
601	64999	Nervous system surgery.					
602	LEVEL II NERVOUS SYSTEM INJECTIONS		T	3.19	$164.03	$87.01	$32.81
602	61000	Remove cranial cavity fluid.					
602	61001	Remove cranial cavity fluid.					
602	61020	Remove brain cavity fluid.					
602	61026	Injection into brain canal.					
602	61050	Remove brain canal fluid.					
602	61055	Injection into brain canal.					
602	61070	Brain canal shunt procedure.					
602	62194	Replace/irrigate catheter.					
602	62225	Replace/irrigate catheter.					
602	62268	Drain spinal cord cyst.					
602	62273	Treat lumbar spine lesion.					
602	62274	Inject spinal anesthetic.					
602	62275	Inject spinal anesthetic.					
602	62276	Inject spinal anesthetic.					
602	62277	Inject spinal anesthetic.					
602	62278	Inject spinal anesthetic.					
602	62279	Inject spinal anesthetic.					
602	62280	Treat spinal cord lesion.					
602	62281	Treat spinal cord lesion.					
602	62282	Treat spinal canal lesion.					
602	62288	Injection into spinal canal.					
602	62289	Injection into spinal canal.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
602	62292	Injection into disk lesion.					
602	62294	Injection into spinal artery.					
602	62298	Injection into spinal canal.					
616	IMPLANTATION OF NEUROSTIMULATOR ELECTRODES		T	11.85	$609.33	$329.06	$121.87
616	63650	Implant neuroelectrodes.					
616	64553	Implant neuroelectrodes.					
616	64555	Implant neuroelectrodes.					
616	64560	Implant neuroelectrodes.					
616	64565	Implant neuroelectrodes.					
616	64573	Implant neuroelectrodes.					
616	64575	Implant neuroelectrodes.					
616	64577	Implant neuroelectrodes.					
616	64580	Implant neuroelectrodes.					
617	REVISION/REMOVAL NEUROLOGICAL DEVICE		T	11.31	$581.56	$280.01	$116.31
617	62230	Replace/revise brain shunt.					
617	62350	Implant spinal catheter.					
617	62355	Remove spinal canal catheter.					
617	62365	Remove spine infusion device.					
617	63660	Revise/remove neuroelectrode.					
617	63688	Revise/remove neuroreceiver.					
617	63744	Revision of spinal shunt.					
617	63746	Removal of spinal shunt.					
617	64585	Revise/remove neuroelectrode.					
617	64595	Revise/remove neuroreceiver.					
618	IMPLANTATION OF NEUROLOGICAL DEVICE		T	24.78	$1,274.19	$808.18	$254.84
618	61215	Insert brain-fluid device.					
618	61885	Implant neuroreceiver.					
618	62360	Insert spine infusion device.					
618	62361	Implant spine infusion pump.					
618	62362	Implant spine infusion pump.					
618	63685	Implant neuroreceiver.					
618	64590	Implant neuroreceiver.					
631	LEVEL I NERVE PROCEDURES		T	12.70	$653.03	$329.06	$130.61
631	27315	Partial removal, thigh nerve.					
631	27320	Partial removal, thigh nerve.					
631	28030	Removal of foot nerve.					
631	28035	Decompression of tibia nerve.					
631	61790	Treat trigeminal nerve.					
631	62287	Percutaneous diskectomy.					
631	63600	Remove spinal cord lesion.					
631	63610	Stimulation of spinal cord.					
631	63615	Remove lesion of spinal cord.					
631	64702	Revise finger/toe nerve.					
631	64704	Revise hand/foot nerve.					
631	64708	Revise arm/leg nerve.					
631	64712	Revision of sciatic nerve.					
631	64713	Revision of arm nerve(s).					
631	64714	Revise low back nerve(s).					
631	64716	Revision of cranial nerve.					
631	64718	Revise ulnar nerve at elbow.					
631	64719	Revise ulnar nerve at wrist.					
631	64721	Carpal tunnel surgery.					
631	64722	Relieve pressure on nerve(s).					
631	64726	Release foot/toe nerve.					
631	64727	Internal nerve revision.					
631	64732	Incision of brow nerve.					
631	64734	Incision of cheek nerve.					
631	64736	Incision of chin nerve.					
631	64738	Incision of jaw nerve.					
631	64740	Incision of tongue nerve.					
631	64742	Incision of facial nerve.					
631	64744	Incise nerve, back of head.					
631	64746	Incise diaphragm nerve.					
631	64761	Incision of pelvis nerve.					
631	64771	Sever cranial nerve.					
631	64772	Incision of spinal nerve.					
631	64774	Remove skin nerve lesion.					
631	64776	Remove digit nerve lesion.					
631	64778	Digit nerve surgery add-on.					
631	64782	Remove limb nerve lesion.					
631	64783	Limb nerve surgery add-on.					
631	64784	Remove nerve lesion.					
631	64787	Implant nerve end.					
631	64788	Remove skin nerve lesion.					
631	64790	Removal of nerve lesion.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
631	64795	Biopsy of nerve.					
[2]631	64830	Microrepair of nerve.					
632	LEVEL II NERVE PROCEDURES		T	16.48	$847.40	$453.58	$169.48
632	64786	Remove sciatic nerve lesion.					
632	64792	Removal of nerve lesion.					
632	64831	Repair of digit nerve.					
632	64832	Repair nerve add-on.					
632	64834	Repair of hand or foot nerve.					
632	64835	Repair of hand or foot nerve.					
632	64836	Repair of hand or foot nerve.					
632	64837	Repair nerve add-on.					
632	64840	Repair of leg nerve.					
632	64856	Repair/transpose nerve.					
632	64857	Repair arm/leg nerve.					
632	64858	Repair sciatic nerve.					
632	64859	Nerve surgery.					
632	64861	Repair of arm nerves.					
632	64862	Repair of low back nerves.					
632	64864	Repair of facial nerve.					
632	64865	Repair of facial nerve.					
632	64870	Fusion of facial/other nerve.					
632	64872	Subsequent repair of nerve.					
632	64874	Repair & revise nerve add-on.					
632	64876	Repair nerve; shorten bone.					
632	64885	Nerve graft, head or neck.					
632	64886	Nerve graft, head or neck.					
632	64890	Nerve graft, hand or foot.					
632	64891	Nerve graft, hand or foot.					
632	64892	Nerve graft, arm or leg.					
632	64893	Nerve graft, arm or leg.					
632	64895	Nerve graft, hand or foot.					
632	64896	Nerve graft, hand or foot.					
632	64897	Nerve graft, arm or leg.					
632	64898	Nerve graft, arm or leg.					
632	64901	Nerve graft add-on.					
632	64902	Nerve graft add-on.					
632	64905	Nerve pedicle transfer.					
632	64907	Nerve pedicle transfer.					
648	LASER RETINAL PROCEDURES		T	3.76	$193.34	$93.56	$38.67
648	67105	Repair, detached retina.					
648	67145	Treatment of retina.					
648	67210	Treatment of retinal lesion.					
648	67228	Treatment of retinal lesion.					
649	LASER EYE PROCEDURES EXCEPT RETINAL		T	4.37	$224.71	$111.64	$44.94
649	65855	Laser surgery of eye.					
649	65860	Incise inner eye adhesions.					
649	66761	Revision of iris.					
649	66762	Revision of iris.					
649	66770	Removal of inner eye lesion.					
649	66821	After cataract laser surgery.					
649	66999	Eye surgery procedure.					
649	67031	Laser surgery, eye strands.					
649	67299	Eye surgery procedure.					
651	LEVEL I ANTERIOR SEGMENT EYE PROCEDURES		T	6.85	$352.23	$171.99	$70.45
651	65272	Repair of eye wound.					
651	65275	Repair of eye wound.					
651	65286	Repair of eye wound.					
651	65420	Removal of eye lesion.					
651	65436	Curette/treat cornea.					
651	65450	Treatment of corneal lesion.					
651	65772	Correction of astigmatism.					
651	65810	Drainage of eye.					
651	65815	Drainage of eye.					
651	65820	Relieve inner eye pressure.					
651	66130	Remove eye lesion.					
651	66500	Incision of iris.					
651	66505	Incision of iris.					
651	66600	Remove iris and lesion.					
651	66625	Removal of iris.					
651	66630	Removal of iris.					
651	66700	Destruction, ciliary body.					
651	66710	Destruction, ciliary body.					
651	66720	Destruction, ciliary body.					
651	66820	Incision, secondary cataract.					
651	66825	Reposition intraocular lens.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
652		LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	T	16.35	$840.72	$433.92	$168.14
652	65235	Remove foreign body from eye.					
652	65280	Repair of eye wound.					
652	65285	Repair of eye wound.					
652	65400	Removal of eye lesion.					
652	65426	Removal of eye lesion.					
652	65770	Revise cornea with implant.					
652	65775	Correction of astigmatism.					
652	65850	Incision of eye.					
652	65865	Incise inner eye adhesions.					
652	65870	Incise inner eye adhesions.					
652	65875	Incise inner eye adhesions.					
652	65880	Incise inner eye adhesions.					
652	65900	Remove eye lesion.					
652	65920	Remove implant from eye.					
652	65930	Remove blood clot from eye.					
652	66150	Glaucoma surgery.					
652	66155	Glaucoma surgery.					
652	66160	Glaucoma surgery.					
652	66165	Glaucoma surgery.					
652	66170	Glaucoma surgery.					
652	66172	Incision of eye.					
652	66180	Implant eye shunt.					
652	66185	Revise eye shunt.					
652	66225	Repair/graft eye lesion.					
652	66250	Follow-up surgery of eye.					
652	66605	Removal of iris.					
652	66635	Removal of iris.					
652	66680	Repair iris & ciliary body.					
652	66682	Repair iris and ciliary body.					
652	66740	Destruction, ciliary body.					
652	66830	Removal of lens lesion.					
652	68130	Remove eyelid lining lesion.					
652	68330	Revise eyelid lining.					
652	68360	Revise eyelid lining.					
652	68362	Revise eyelid lining.					
667		CATARACT PROCEDURES	T	20.35	$1,046.40	$538.11	$209.28
667	66840	Removal of lens material.					
667	66850	Removal of lens material.					
667	66852	Removal of lens material.					
667	66920	Extraction of lens.					
667	66930	Extraction of lens.					
667	66940	Extraction of lens.					
668		CATARACT PROCEDURES WITH IOL INSERT	T	22.02	$1,132.27	$617.21	$226.45
668	66983	Remove cataract, insert lens.					
668	66984	Remove cataract, insert lens.					
668	66985	Insert lens prosthesis.					
668	66986	Exchange lens prosthesis.					
670		CORNEAL TRANSPLANT	T	30.78	$1,582.71	$885.92	$316.54
670	65710	Corneal transplant.					
670	65730	Corneal transplant.					
670	65750	Corneal transplant.					
670	65755	Corneal transplant.					
676		POSTERIOR SEGMENT EYE PROCEDURES	T	5.87	$301.84	$138.54	$60.37
676	65260	Remove foreign body from eye.					
676	65265	Remove foreign body from eye.					
676	66220	Repair eye lesion.					
676	67005	Partial removal of eye fluid.					
676	67010	Partial removal of eye fluid.					
676	67015	Release of eye fluid.					
676	67030	Incise inner eye strands.					
676	67101	Repair, detached retina.					
676	67110	Repair detached retina.					
676	67115	Release, encircling material.					
676	67120	Remove eye implant material.					
676	67121	Remove eye implant material.					
676	67141	Treatment of retina.					
676	67208	Treatment of retinal lesion.					
676	67218	Treatment of retinal lesion.					
676	67227	Treatment of retinal lesion.					
676	92018	New eye exam & treatment.					
676	92019	Eye exam & treatment.					
677		STRABISMUS/MUSCLE PROCEDURES	T	16.11	$828.38	$428.95	$165.68
677	65290	Repair of eye socket wound.					
677	67311	Revise eye muscle.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
677	67312	Revise two eye muscles.					
677	67314	Revise eye muscle.					
677	67316	Revise two eye muscles.					
677	67318	Revise eye muscle(s).					
677	67320	Revise eye muscle(s) add-on.					
677	67331	Eye surgery follow-up add-on.					
677	67332	Rerevise eye muscles add-on.					
677	67334	Revise eye muscle w/suture.					
677	67335	Eye suture during surgery.					
677	67340	Revise eye muscle add-on.					
677	67343	Release eye tissue.					
681	LEVEL I EYE PROCEDURES		T	1.65	$84.84	$30.51	$16.97
681	65125	Revise ocular implant.					
681	65205	Remove foreign body from eye.					
681	65210	Remove foreign body from eye.					
681	65220	Remove foreign body from eye.					
681	65222	Remove foreign body from eye.					
681	65430	Corneal smear.					
681	65435	Curette/treat cornea.					
681	65600	Revision of cornea.					
681	67345	Destroy nerve of eye muscle.					
681	67500	Inject/treat eye socket.					
681	67505	Inject/treat eye socket.					
681	67515	Inject/treat eye socket.					
681	67599	Orbit surgery procedure.					
681	68200	Treat eyelid by injection.					
681	68761	Close tear duct opening.					
681	68899	Tear duct system surgery.					
682	LEVEL II EYE PROCEDURES		T	3.41	$175.34	$80.68	$35.07
682	67028	Injection eye drug.					
682	67700	Drainage of eyelid abscess.					
682	67710	Incision of eyelid.					
682	67800	Remove eyelid lesion.					
682	67801	Remove eyelid lesions.					
682	67805	Remove eyelid lesions.					
682	67810	Biopsy of eyelid.					
682	67820	Revise eyelashes.					
682	67825	Revise eyelashes.					
682	67840	Remove eyelid lesion.					
682	67850	Treat eyelid lesion.					
682	67875	Closure of eyelid by suture.					
682	67915	Repair eyelid defect.					
682	67922	Repair eyelid defect.					
682	67930	Repair eyelid wound.					
682	67938	Remove eyelid foreign body.					
682	67999	Revision of eyelid.					
682	68020	Incise/drain eyelid lining.					
682	68040	Treatment of eyelid lesions.					
682	68400	Incise/drain tear gland.					
682	68420	Incise/drain tear sac.					
682	68440	Incise tear duct opening.					
682	68530	Clearance of tear duct.					
682	68705	Revise tear duct opening.					
682	68760	Close tear duct opening.					
[2]682	68800	Dilate tear duct opening(s).					
682	68801	Dilate tear duct opening.					
682	68840	Explore/irrigate tear ducts.					
683	LEVEL III EYE PROCEDURES		T	9.56	$491.58	$252.44	$98.32
683	65175	Removal of ocular implant.					
683	65410	Biopsy of cornea.					
683	65800	Drainage of eye.					
683	65805	Drainage of eye.					
683	66020	Injection treatment of eye.					
683	66030	Injection treatment of eye.					
683	67025	Replace eye fluid.					
683	67715	Incision of eyelid fold.					
683	67830	Revise eyelashes.					
683	67880	Revision of eyelid.					
683	67935	Repair eyelid wound.					
683	68510	Biopsy of tear gland.					
683	68525	Biopsy of tear sac.					
683	68810	Probe nasolacrimal duct.					
[2]683	68820	Explore tear duct system.					
[2]683	68825	Explore tear duct system.					
[2]683	68830	Reopen tear duct channel.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
684	LEVEL IV EYE PROCEDURES		T	13.26	$681.83	$341.94	$136.37
684	65091	Revise eye.					
684	65093	Revise eye with implant.					
684	65101	Removal of eye.					
684	65103	Remove eye/insert implant.					
684	65105	Remove eye/attach implant.					
684	65130	Insert ocular implant.					
684	65135	Insert ocular implant.					
684	65140	Attach ocular implant.					
684	65150	Revise ocular implant.					
684	65155	Reinsert ocular implant.					
684	67250	Reinforce eye wall.					
684	67255	Reinforce/graft eye wall.					
684	67400	Explore/biopsy eye socket.					
684	67405	Explore/drain eye socket.					
684	67412	Explore/treat eye socket.					
684	67413	Explore/treat eye socket.					
684	67550	Insert eye socket implant.					
684	67560	Revise eye socket implant.					
684	67808	Remove eyelid lesion(s).					
684	67835	Revise eyelashes.					
684	67882	Revision of eyelid.					
684	67900	Repair brow defect.					
684	67901	Repair eyelid defect.					
684	67902	Repair eyelid defect.					
684	67903	Repair eyelid defect.					
684	67904	Repair eyelid defect.					
684	67906	Repair eyelid defect.					
684	67908	Repair eyelid defect.					
684	67909	Revise eyelid defect.					
684	67911	Revise eyelid defect.					
684	67914	Repair eyelid defect.					
684	67916	Repair eyelid defect.					
684	67917	Repair eyelid defect.					
684	67921	Repair eyelid defect.					
684	67923	Repair eyelid defect.					
684	67924	Repair eyelid defect.					
684	67950	Revision of eyelid.					
684	67961	Revision of eyelid.					
684	67966	Revision of eyelid.					
684	67971	Reconstruction of eyelid.					
684	67973	Reconstruction of eyelid.					
684	67974	Reconstruction of eyelid.					
684	67975	Reconstruction of eyelid.					
684	68320	Revise/graft eyelid lining.					
684	68325	Revise/graft eyelid lining.					
684	68326	Revise/graft eyelid lining.					
684	68328	Revise/graft eyelid lining.					
684	68335	Revise/graft eyelid lining.					
684	68340	Separate eyelid adhesions.					
684	68500	Removal of tear gland.					
684	68505	Partial removal tear gland.					
684	68520	Removal of tear sac.					
684	68540	Remove tear gland lesion.					
684	68550	Remove tear gland lesion.					
684	68700	Repair tear ducts.					
684	68720	Create tear sac drain.					
684	68745	Create tear duct drain.					
684	68750	Create tear duct drain.					
684	68770	Close tear system fistula.					
684	68811	Probe nasolacrimal duct.					
684	68815	Probe nasolacrimal duct.					
690	VITRECTOMY		T	30.39	$1,562.65	$845.69	$312.53
690	67027	Implant eye drug system.					
690	67036	Removal of inner eye fluid.					
690	67038	Strip retinal membrane.					
690	67039	Laser treatment of retina.					
690	67040	Laser treatment of retina.					
690	67107	Repair detached retina.					
690	67108	Repair detached retina.					
690	67112	Re-repair detached retina.					
700	PLAIN FILM		X	0.80	$41.14	$22.37	$8.23
700	70030	X-ray eye for foreign body.					
700	70100	X-ray exam of jaw.					
700	70110	X-ray exam of jaw.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
700	70120	X-ray exam of mastoids.					
700	70130	X-ray exam of mastoids.					
700	70134	X-ray exam of middle ear.					
700	70140	X-ray exam of facial bones.					
700	70150	X-ray exam of facial bones.					
700	70160	X-ray exam of nasal bones.					
700	70190	X-ray exam of eye sockets.					
700	70200	X-ray exam of eye sockets.					
700	70210	X-ray exam of sinuses.					
700	70220	X-ray exam of sinuses.					
700	70240	X-ray exam pituitary saddle.					
700	70250	X-ray exam of skull.					
700	70260	X-ray exam of skull.					
700	70300	X-ray exam of teeth.					
700	70310	X-ray exam of teeth.					
700	70320	Full mouth x-ray of teeth.					
700	70328	X-ray exam of jaw joint.					
700	70330	X-ray exam of jaw joints.					
700	70350	X-ray head for orthodontia.					
700	70355	Panoramic x-ray of jaws.					
700	70360	X-ray exam of neck.					
700	70380	X-ray exam of salivary gland.					
700	71010	Chest x-ray.					
700	71015	X-ray exam of chest.					
700	71020	Chest x-ray.					
700	71021	Chest x-ray.					
700	71022	Chest x-ray.					
700	71030	Chest x-ray.					
700	71035	Chest x-ray.					
700	71100	X-ray exam of ribs.					
700	71101	X-ray exam of ribs, chest.					
700	71110	X-ray exam of ribs.					
700	71111	X-ray exam of ribs, chest.					
700	71120	X-ray exam of breastbone.					
700	71130	X-ray exam of breastbone.					
700	72010	X-ray exam of spine.					
700	72020	X-ray exam of spine.					
700	72040	X-ray exam of neck spine.					
700	72050	X-ray exam of neck spine.					
700	72052	X-ray exam of neck spine.					
700	72069	X-ray exam of trunk spine.					
700	72070	X-ray exam of thorax spine.					
700	72072	X-ray exam of thoracic spine.					
700	72074	X-ray exam of thoracic spine.					
700	72080	X-ray exam of trunk spine.					
700	72090	X-ray exam of trunk spine.					
700	72100	X-ray exam of lower spine.					
700	72110	X-ray exam of lower spine.					
700	72114	X-ray exam of lower spine.					
700	72120	X-ray exam of lower spine.					
700	72170	X-ray exam of pelvis.					
700	72190	X-ray exam of pelvis.					
700	72200	X-ray exam sacroiliac joints.					
700	72202	X-ray exam sacroiliac joints.					
700	72220	X-ray exam of tailbone.					
700	73000	X-ray exam of collarbone.					
700	73010	X-ray exam of shoulder blade.					
700	73020	X-ray exam of shoulder.					
700	73030	X-ray exam of shoulder.					
700	73050	X-ray exam of shoulders.					
700	73060	X-ray exam of humerus.					
700	73070	X-ray exam of elbow.					
700	73080	X-ray exam of elbow.					
700	73090	X-ray exam of forearm.					
700	73092	X-ray exam of arm, infant.					
700	73100	X-ray exam of wrist.					
700	73110	X-ray exam of wrist.					
700	73120	X-ray exam of hand.					
700	73130	X-ray exam of hand.					
700	73140	X-ray exam of finger(s).					
700	73500	X-ray exam of hip.					
700	73510	X-ray exam of hip.					
700	73520	X-ray exam of hips.					
700	73530	X-ray exam of hip.					
700	73540	X-ray exam of pelvis & hips.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
700	73550	X-ray exam of thigh.					
700	73560	X-ray exam of knee, 1 or 2.					
700	73562	X-ray exam of knee, 3.					
700	73564	X-ray exam of knee, 4+.					
700	73565	X-ray exam of knee.					
700	73590	X-ray exam of lower leg.					
700	73592	X-ray exam of leg, infant.					
700	73600	X-ray exam of ankle.					
700	73610	X-ray exam of ankle.					
700	73620	X-ray exam of foot.					
700	73630	X-ray exam of foot.					
700	73650	X-ray exam of heel.					
700	73660	X-ray exam of toe(s).					
700	74000	X-ray exam of abdomen.					
700	74010	X-ray exam of abdomen.					
700	74020	X-ray exam of abdomen.					
700	74022	X-ray exam series, abdomen.					
700	74710	X-ray measurement of pelvis.					
700	76010	X-ray, nose to rectum.					
700	76020	X-rays for bone age.					
700	76040	X-rays, bone evaluation.					
700	76061	X-rays, bone survey.					
700	76062	X-rays, bone survey.					
700	76065	X-rays, bone evaluation.					
700	76066	Joint(s) survey, single film.					
700	76076	Dual energy x-ray study.					
700	76078	Photodensitometry.					
700	76098	X-ray exam, breast specimen.					
700	76100	X-ray exam of body section.					
700	76120	Cinematic x-rays.					
700	76125	Cinematic x-rays add-on.					
700	76150	X-ray exam, dry process.					
700	76499	Radiographic procedure.					
700	77417	Radiology port film(s).					
700	78350	Bone mineral, single photon.					
706	MISCELLANEOUS RADIOLOGICAL PROCEDURES		X	1.43	$73.53	$39.10	$14.71
706	70170	X-ray exam of tear duct.					
706	70373	Contrast x-ray of larynx.					
706	70390	X-ray exam of salivary duct.					
706	71040	Contrast x-ray of bronchi.					
706	71060	Contrast x-ray of bronchi.					
706	74190	X-ray exam of peritoneum.					
706	74305	X-ray bile ducts, pancreas.					
706	74320	Contrast x-ray of bile ducts.					
706	74328	X-ray for bile duct endoscopy.					
706	74329	X-ray for pancreas endoscopy.					
706	74330	X-ray, bile/pancreas endoscopy.					
706	74350	X-ray guide, stomach tube.					
706	74355	X-ray guide, intestinal tube.					
706	74470	X-ray exam of kidney lesion.					
706	74740	X-ray female genital tract.					
706	74742	X-ray fallopian tube.					
706	75801	Lymph vessel x-ray, arm/leg.					
706	75803	Lymph vessel x-ray,arms/legs.					
706	75805	Lymph vessel x-ray, trunk.					
706	75807	Lymph vessel x-ray, trunk.					
706	75809	Nonvascular shunt, x-ray.					
706	75898	Follow-up angiogram.					
706	76075	Dual energy x-ray study.					
706	76080	X-ray exam of fistula.					
706	76086	X-ray of mammary duct.					
706	76088	X-ray of mammary ducts.					
706	76095	Stereotactic breast biopsy.					
706	76096	X-ray of needle wire, breast.					
706	76101	Complex body section x-ray.					
706	76102	Complex body section x-rays.					
710	COMPUTERIZED AXIAL TOMOGRAPHY		S	4.98	$256.07	$173.12	$51.21
710	70450	CAT scan of head or brain.					
710	70460	Contrast CAT scan of head.					
710	70470	Contrast CAT scans of head.					
710	70480	CAT scan of skull.					
710	70481	Contrast CAT scan of skull.					
710	70482	Contrast CAT scans of skull.					
710	70486	CAT scan of face, jaw.					
710	70487	Contrast CAT scan, face/jaw.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
710	70488	Contrast CAT scans face/jaw.					
710	70490	CAT scan of neck tissue.					
710	70491	Contrast CAT of neck tissue.					
710	70492	Contrast CAT of neck tissue.					
710	71250	Cat scan of chest.					
710	71260	Contrast CAT scan of chest.					
710	71270	Contrast CAT scans of chest.					
710	72125	CAT scan of neck spine.					
710	72126	Contrast CAT scan of neck.					
710	72127	Contrast CAT scans of neck.					
710	72128	CAT scan of thorax spine.					
710	72129	Contrast CAT scan of thorax.					
710	72130	Contrast CAT scans of thorax.					
710	72131	CAT scan of lower spine.					
710	72132	Contrast CAT of lower spine.					
710	72133	Contrast CAT scans,low spine.					
710	72192	CAT scan of pelvis.					
710	72193	Contrast CAT scan of pelvis.					
710	72194	Contrast CAT scans of pelvis.					
710	73200	CAT scan of arm.					
710	73201	Contrast CAT scan of arm.					
710	73202	Contrast CAT scans of arm.					
710	73700	CAT scan of leg.					
710	73701	Contrast CAT scan of leg.					
710	73702	Contrast CAT scans of leg.					
710	74150	CAT scan of abdomen.					
710	74160	Contrast CAT scan of abdomen.					
710	74170	Contrast CAT scans, abdomen.					
710	76355	CAT scan for localization.					
710	76360	CAT scan for needle biopsy.					
710	76365	CAT scan for cyst aspiration.					
710	76370	CAT scan for therapy guide.					
710	76375	3d/holograph reconstr add-on.					
710	76380	CAT scan follow-up study.					
716	FLUOROSCOPY		X	1.39	$71.47	$40.00	$14.29
716	70370	Throat x-ray & fluoroscopy.					
716	70371	Speech evaluation, complex.					
716	71023	Chest x-ray and fluoroscopy.					
716	71034	Chest x-ray & fluoroscopy.					
716	71036	X-ray guidance for biopsy.					
[2] 716	71038	X-ray guidance for biopsy.					
716	71090	X-ray & pacemaker insertion.					
716	74340	X-ray guide for GI tube.					
716	75989	Abscess drainage under x-ray.					
716	76000	Fluoroscope examination.					
716	76001	Fluoroscope exam, extensive.					
716	76003	Needle localization by x-ray.					
720	MAGNETIC RESONANCE ANGIOGRAPHY		S	6.37	$327.55	$204.98	$65.51
720	70541	Magnetic image, head (MRA).					
726	MAGNETIC RESONANCE IMAGING		S	7.91	$406.73	$256.06	$81.35
726	70336	Magnetic image jaw joint.					
726	70540	Magnetic image, face, neck.					
726	70551	Magnetic image, brain (MRI).					
726	70552	Magnetic image, brain (MRI).					
726	70553	Magnetic image, brain.					
726	71550	Magnetic image, chest.					
726	72141	Magnetic image, neck spine.					
726	72142	Magnetic image, neck spine.					
726	72146	Magnetic image, chest spine.					
726	72147	Magnetic image, chest spine.					
726	72148	Magnetic image, lumbar spine.					
726	72149	Magnetic image, lumbar spine.					
726	72156	Magnetic image, neck spine.					
726	72157	Magnetic image, chest spine.					
726	72158	Magnetic image, lumbar spine.					
726	72196	Magnetic image, pelvis.					
726	73220	Magnetic image, arm, hand.					
726	73221	Magnetic image, joint of arm.					
726	73720	Magnetic image, leg, foot.					
726	73721	Magnetic image, joint of leg.					
726	74181	Magnetic image, abdomen (MRI).					
726	75552	Magnetic image, myocardium.					
726	75553	Magnetic image, myocardium.					
726	75554	Cardiac MRI/function.					
726	75555	Cardiac MRI/limited study.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
726	76093	Magnetic image, breast.					
726	76094	Magnetic image, both breasts.					
726	76390	Mr spectroscopy.					
726	76400	Magnetic image, bone marrow.					
728	MYELOGRAPHY		S	3.50	$179.97	$91.98	$35.99
728	70010	Contrast x-ray of brain.					
728	70015	Contrast x-ray of brain.					
728	72240	Contrast x-ray of neck spine.					
728	72255	Contrast x-ray thorax spine.					
728	72265	Contrast x-ray lower spine.					
728	72270	Contrast x-ray of spine.					
728	72285	X-ray of neck spine disk.					
728	72295	X-ray of lower spine disk.					
730	ARTHOGRAPHY		S	2.30	$118.27	$65.77	$23.65
730	70332	X-ray exam of jaw joint.					
730	73040	Contrast x-ray of shoulder.					
730	73085	Contrast x-ray of elbow.					
730	73115	Contrast x-ray of wrist.					
730	73525	Contrast x-ray of hip.					
730	73580	Contrast x-ray of knee joint.					
730	73615	Contrast x-ray of ankle.					
736	DIGESTIVE RADIOLOGY		S	1.85	$95.13	$53.79	$19.03
736	74210	Contrast xray exam of throat.					
736	74220	Contrast xray exam, esophagus.					
736	74230	Cinema xray throat/esophagus.					
736	74240	X-ray exam upper GI tract.					
736	74241	X-ray exam upper GI tract.					
736	74245	X-ray exam upper GI tract.					
736	74246	Contrast x-ray upper GI tract.					
736	74247	Contrast x-ray upper GI tract.					
736	74249	Contrast x-ray upper GI tract.					
736	74250	X-ray exam of small bowel.					
736	74251	X-ray exam of small bowel.					
736	74260	X-ray exam of small bowel.					
736	74270	Contrast x-ray exam of colon.					
736	74280	Contrast x-ray exam of colon.					
736	74283	Contrast x-ray exam of colon.					
736	74290	Contrast x-ray, gallbladder.					
736	74291	Contrast x-rays, gallbladder.					
736	G0106	Colon CA screen; barium enema.					
736	G0120	Colon ca scrn; barium enema.					
737	DIAGNOSTIC UROGRAPHY		S	2.69	$138.32	$81.81	$27.66
737	74400	Contrast x-ray urinary tract.					
[2] 737	74405	Contrast x-ray urinary tract.					
737	74410	Contrast x-ray urinary tract.					
737	74415	Contrast x-ray urinary tract.					
737	74420	Contrast x-ray urinary tract.					
737	74425	Contrast x-ray urinary tract.					
737	74430	Contrast x-ray of bladder.					
737	74440	X-ray exam male genital tract.					
737	74445	X-ray exam of penis.					
737	74450	X-ray exam urethra/bladder.					
737	74455	X-ray exam urethra/bladder.					
737	74775	X-ray exam of perineum.					
738	THERAPEUTIC RADIOLOGIC PROCEDURES		S	3.74	$192.31	$104.86	$38.46
738	74235	Remove esophagus obstruction.					
738	74327	X-ray for bile stone removal.					
738	74360	X-ray guide, GI dilation.					
738	74363	X-ray, bile duct dilation.					
738	74475	X-ray control catheter insert.					
738	74480	X-ray control catheter insert.					
738	74485	X-ray guide, GU dilation.					
738	75980	Contrast x-ray exam bile duct.					
738	75982	Contrast x-ray exam bile duct.					
738	75984	X-ray control catheter change.					
739	DIAGNOSTIC ANGIOGRAPHY AND VENOGRAPHY		S	5.33	$274.07	$150.74	$54.81
739	75600	Contrast x-ray exam of aorta.					
739	75605	Contrast x-ray exam of aorta.					
739	75625	Contrast x-ray exam of aorta.					
739	75630	X-ray aorta, leg arteries.					
739	75650	Artery x-rays, head & neck.					
739	75658	X-ray exam of arm arteries.					
739	75660	Artery x-rays, head & neck.					
739	75662	Artery x-rays, head & neck.					
739	75665	Artery x-rays, head & neck.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
739	75671	Artery x-rays, head & neck.					
739	75676	Artery x-rays, neck.					
739	75680	Artery x-rays, neck.					
739	75685	Artery x-rays, spine.					
739	75705	Artery x-rays, spine.					
739	75710	Artery x-rays, arm/leg.					
739	75716	Artery x-rays, arms/legs.					
739	75722	Artery x-rays, kidney.					
739	75724	Artery x-rays, kidneys.					
739	75726	Artery x-rays, abdomen.					
739	75731	Artery x-rays, adrenal gland.					
739	75733	Artery x-rays, adrenal glands.					
739	75736	Artery x-rays, pelvis.					
739	75741	Artery x-rays, lung.					
739	75743	Artery x-rays, lungs.					
739	75746	Artery x-rays, lung.					
739	75756	Artery x-rays, chest.					
739	75774	Artery x-ray, each vessel.					
739	75790	Visualize A-V shunt.					
739	75810	Vein x-ray, spleen/liver.					
739	75820	Vein x-ray, arm/leg.					
739	75822	Vein x-ray, arms/legs.					
739	75825	Vein x-ray, trunk.					
739	75827	Vein x-ray, chest.					
739	75831	Vein x-ray, kidney.					
739	75833	Vein x-ray, kidneys.					
739	75840	Vein x-ray, adrenal gland.					
739	75842	Vein x-ray, adrenal glands.					
739	75860	Vein x-ray, neck.					
739	75870	Vein x-ray, skull.					
739	75872	Vein x-ray, skull.					
739	75880	Vein x-ray, eye socket.					
739	75885	Vein x-ray, liver.					
739	75887	Vein x-ray, liver.					
739	75889	Vein x-ray, liver.					
739	75891	Vein x-ray, liver.					
746	MAMMOGRAPHY		S	0.69	$35.48	$19.44	$7.10
746	76090	Mammogram, one breast.					
746	76091	Mammogram, both breasts.					
747	DIAGNOSTIC ULTRASOUND EXCEPT VASCULAR		S	1.65	$84.84	$54.47	$16.97
747	76506	Echo exam of head.					
747	76511	Echo exam of eye.					
747	76512	Echo exam of eye.					
747	76513	Echo exam of eye, water bath.					
747	76516	Echo exam of eye.					
747	76519	Echo exam of eye.					
747	76529	Echo exam of eye.					
747	76536	Echo exam of head and neck.					
747	76604	Echo exam of chest.					
747	76645	Echo exam of breast.					
747	76700	Echo exam of abdomen.					
747	76705	Echo exam of abdomen.					
747	76770	Echo exam abdomen back wall.					
747	76775	Echo exam abdomen back wall.					
747	76778	Echo exam kidney transplant.					
747	76800	Echo exam spinal canal.					
747	76805	Echo exam of pregnant uterus.					
747	76810	Echo exam of pregnant uterus.					
747	76815	Echo exam of pregnant uterus.					
747	76816	Echo exam followup or repeat.					
747	76818	Fetal biophysical profile.					
747	76830	Echo exam, transvaginal.					
747	76831	Echo exam, uterus.					
747	76856	Echo exam of pelvis.					
747	76857	Echo exam of pelvis.					
747	76870	Echo exam of scrotum.					
747	76872	Echo exam, transrectal.					
747	76880	Echo exam of extremity.					
747	76885	Echo exam, infant hips.					
747	76886	Echo exam, infant hips.					
747	76970	Ultrasound exam follow-up.					
747	76975	GI endoscopic ultrasound.					
747	76986	Echo exam at surgery.					
747	76999	Echo examination procedure.					
747	G0050	Residual urine by ultrasound.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
749		GUIDANCE UNDER ULTRASOUND	X	2.22	$114.15	$70.06	$22.83
749	76930	Echo guide for heart sac tap.					
749	76932	Echo guide for heart biopsy.					
749	76934	Echo guide for chest tap.					
749	76936	Echo guide for artery repair.					
749	76938	Echo exam for drainage.					
749	76941	Echo guide for transfusion.					
749	76942	Echo guide for biopsy.					
749	76945	Echo guide, villus sampling.					
749	76946	Echo guide for amniocentesis.					
749	76948	Echo guide, ova aspiration.					
749	76950	Echo guidance radiotherapy.					
749	76960	Echo guidance radiotherapy.					
749	76965	Echo guidance radiotherapy.					
750		THERAPEUTIC RADIATION TREATMENT PLANNING	X	0.96	$49.36	$25.99	$9.87
750	77261	Radiation therapy planning.					
750	77262	Radiation therapy planning.					
750	77263	Radiation therapy planning.					
750	77336	Radiation physics consult.					
750	77370	Radiation physics consult.					
750	77399	External radiation dosimetry.					
750	77431	Radiation therapy management.					
750	77432	Stereotactic radiation trmt.					
751		LEVEL I THERAPEUTIC RADIATION TREATMENT PREPARATION	X	1.15	$59.13	$33.22	$11.83
751	77299	Radiation therapy planning.					
751	77300	Radiation therapy dose plan.					
751	77305	Radiation therapy dose plan.					
751	77310	Radiation therapy dose plan.					
751	77315	Radiation therapy dose plan.					
751	77321	Radiation therapy port plan.					
751	77326	Radiation therapy dose plan.					
751	77327	Radiation therapy dose plan.					
751	77328	Radiation therapy dose plan.					
751	77331	Special radiation dosimetry.					
751	77332	Radiation treatment aid(s).					
751	77333	Radiation treatment aid(s).					
751	77334	Radiation treatment aid(s).					
752		LEVEL II THERAPEUTIC RADIATION TREATMENT PREPARATION	X	3.48	$178.94	$86.56	$35.79
752	77280	Set radiation therapy field.					
752	77285	Set radiation therapy field.					
752	77290	Set radiation therapy field.					
752	77295	Set radiation therapy field.					
757		RADIATION THERAPY	S	2.26	$116.21	$52.43	$23.24
757	61793	Focus radiation beam.					
757	77401	Radiation treatment delivery.					
757	77402	Radiation treatment delivery.					
757	77403	Radiation treatment delivery.					
757	77404	Radiation treatment delivery.					
757	77406	Radiation treatment delivery.					
757	77407	Radiation treatment delivery.					
757	77408	Radiation treatment delivery.					
757	77409	Radiation treatment delivery.					
757	77411	Radiation treatment delivery.					
757	77412	Radiation treatment delivery.					
757	77413	Radiation treatment delivery.					
757	77414	Radiation treatment delivery.					
757	77416	Radiation treatment delivery.					
757	77470	Special radiation treatment.					
758		HYPERTHERMIC THERAPIES	S	5.08	$261.21	$137.18	$52.24
758	77600	Hyperthermia treatment.					
758	77605	Hyperthermia treatment.					
758	77610	Hyperthermia treatment.					
758	77615	Hyperthermia treatment.					
758	77620	Hyperthermia treatment.					
759		BRACHYTHERAPY AND COMPLEX RADIOELEMENT APPLICATIONS	S	7.98	$410.33	$157.97	$82.07
759	77750	Infuse radioactive materials.					
759	77761	Radioelement application.					
759	77762	Radioelement application.					
759	77763	Radioelement application.					
759	77776	Radioelement application.					
759	77777	Radioelement application.					
759	77778	Radioelement application.					
759	77781	High intensity brachytherapy.					
759	77782	High intensity brachytherapy.					
759	77783	High intensity brachytherapy.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
759	77784	High intensity brachytherapy.					
759	77789	Radioelement application.					
759	77799	Radium/radioisotope therapy.					
760	PET SCANS		S	14.89	$765.64	$419.46	$153.13
760	78459	Heart muscle imaging (PET).					
760	78608	Brain imaging (PET).					
760	78609	Brain imaging (PET).					
760	78810	Tumor imaging (PET).					
760	G0030	PET imaging prev PET single.					
760	G0031	PET imaging prev PET multple.					
760	G0032	PET follow SPECT 78464 singl.					
760	G0033	PET follow SPECT 78464 mult.					
760	G0034	PET follow SPECT 76865 singl.					
760	G0035	PET follow SPECT 78465 mult.					
760	G0036	PET follow cornry angio sing.					
760	G0037	PET follow cornry angio mult.					
760	G0038	PET follow myocard perf sing.					
760	G0039	PET follow myocard perf mult.					
760	G0040	PET follow stress echo singl.					
760	G0041	PET follow stress echo mult.					
760	G0042	PET follow ventriculogm sing.					
760	G0043	PET follow ventriculogm mult.					
760	G0044	PET following rest ECG singl.					
760	G0045	PET following rest ECG mult.					
760	G0046	PET follow stress ECG singl.					
760	G0047	PET follow stress ECG mult.					
761	STANDARD NON-IMAGING NUCLEAR MEDICINE		S	1.80	$92.56	$54.01	$18.51
761	78000	Thyroid, single uptake.					
761	78099	Endocrine nuclear procedure.					
761	78110	Plasma volume, single.					
761	78111	Plasma volume, multiple.					
761	78120	Red cell mass, single.					
761	78199	Blood/lymph nuclear exam.					
761	78270	Vit B-12 absorption exam.					
761	78271	Vit B-12 absorp exam, IF.					
761	78272	Vit B-12 absorp, combined.					
761	78282	GI protein loss exam.					
761	78299	GI nuclear procedure.					
761	78725	Kidney function study.					
761	78999	Nuclear diagnostic exam.					
762	COMPLEX NON-IMAGING NUCLEAR MEDICINE		S	2.02	$103.87	$55.82	$20.77
762	78001	Thyroid, multiple uptakes.					
762	78003	Thyroid suppress/stimul.					
762	78121	Red cell mass, multiple.					
762	78122	Blood volume.					
762	78130	Red cell survival study.					
762	78135	Red cell survival kinetics.					
762	78140	Red cell sequestration.					
762	78160	Plasma iron turnover.					
762	78162	Iron absorption exam.					
762	78170	Red cell iron utilization.					
762	78172	Total body iron estimation.					
762	78190	Platelet survival, kinetics.					
762	78191	Platelet survival.					
762	78414	Non-imaging heart function.					
762	78455	Venous thrombosis study.					
762	78499	Cardiovascular nuclear exam.					
771	STANDARD PLANAR NUCLEAR MEDICINE		S	3.81	$195.91	$117.29	$39.18
771	78006	Thyroid,imaging with uptake.					
771	78010	Thyroid imaging.					
771	78011	Thyroid imaging with flow.					
771	78015	Thyroid met imaging.					
771	78102	Bone marrow imaging, ltd.					
771	78103	Bone marrow imaging, mult.					
771	78104	Bone marrow imaging, body.					
771	78185	Spleen imaging.					
771	78201	Liver imaging.					
771	78202	Liver imaging with flow.					
771	78215	Liver and spleen imaging.					
771	78216	Liver & spleen image, flow.					
771	78230	Salivary gland imaging.					
771	78231	Serial salivary imaging.					
771	78261	Gastric mucosa imaging.					
771	78290	Meckels divert exam.					
771	78300	Bone imaging, limited area.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
771	78305	Bone imaging, multiple areas.					
771	78306	Bone imaging, whole body.					
771	78399	Musculoskeletal nuclear exam.					
771	78428	Cardiac shunt imaging.					
771	78445	Vascular flow imaging.					
771	78457	Venous thrombosis imaging.					
771	78458	Ven thrombosis images, bilat.					
771	78460	Heart muscle blood single.					
771	78466	Heart infarct image.					
771	78478	Heart wall motion add-on.					
771	78480	Heart function add-on.					
771	78481	Heart first pass single.					
771	78580	Lung perfusion imaging.					
771	78586	Aerosol lung image, single.					
771	78587	Aerosol lung image, multiple.					
771	78591	Vent image, 1 breath, 1 proj.					
771	78593	Vent image, 1 proj, gas.					
771	78599	Respiratory nuclear exam.					
771	78600	Brain imaging, ltd static.					
771	78601	Brain ltd imaging & flow.					
771	78605	Brain imaging, complete.					
771	78610	Brain flow imaging only.					
771	78660	Nuclear exam of tear flow.					
771	78699	Nervous system nuclear exam.					
771	78700	Kidney imaging, static.					
771	78701	Kidney imaging with flow.					
771	78704	Imaging renogram.					
771	78707	Kidney flow & function image.					
771	78715	Renal vascular flow exam.					
771	78730	Urinary bladder retention.					
771	78760	Testicular imaging.					
771	78761	Testicular imaging & flow.					
771	78799	Genitourinary nuclear exam.					
772	COMPLEX PLANAR NUCLEAR MEDICINE		S	4.26	$219.05	$128.37	$43.81
772	78007	Thyroid, image, mult uptakes.					
772	78016	Thyroid met imaging/studies.					
[2] 772	78017	Thyroid met imaging, mult.					
772	78018	Thyroid, met imaging, body.					
772	78070	Parathyroid nuclear imaging.					
772	78075	Adrenal nuclear imaging.					
772	78195	Lymph system imaging.					
772	78220	Liver function study.					
772	78223	Hepatobiliary imaging.					
772	78232	Salivary gland function exam.					
772	78258	Esophageal motility study.					
772	78262	Gastroesophageal reflux exam.					
772	78264	Gastric emptying study.					
772	78278	Acute GI blood loss imaging.					
772	78291	Leveen/shunt patency exam.					
772	78315	Bone imaging, 3 phase.					
772	78461	Heart muscle blood multiple.					
772	78468	Heart infarct image, EF.					
772	78472	Gated heart, planar single.					
772	78473	Gated heart, multiple.					
772	78483	Heart first pass multiple.					
772	78584	Lung V/Q image single breath.					
772	78585	Lung V/Q imaging.					
772	78594	Vent image, mult proj, gas.					
772	78596	Lung differential function.					
772	78606	Brain imaging comp & flow.					
772	78615	Cerebral blood flow imaging.					
772	78630	Cerebrospinal fluid scan.					
772	78635	CSF ventriculography.					
772	78645	CSF shunt evaluation.					
772	78650	CSF leakage imaging.					
772	78708	Kidney flow & function image.					
772	78709	Kidney flow & function image.					
772	78740	Ureteral reflux study.					
772	78800	Tumor imaging, limited area.					
772	78801	Tumor imaging, mult areas.					
772	78802	Tumor imaging, whole body.					
772	78805	Abscess imaging, ltd area.					
772	78806	Abscess imaging, whole body.					
781	STANDARD SPECT NUCLEAR MEDICINE		S	5.43	$279.21	$155.04	$55.84
781	78205	Liver imaging (3D).					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
781	78320	Bone imaging (3D).					
781	78464	Heart image (3D) single.					
781	78469	Heart infarct image (3D).					
781	78607	Brain imaging (3D).					
781	78647	Cerebrospinal fluid scan.					
781	78710	Kidney imaging (3D).					
782	COMPLEX SPECT NUCLEAR MEDICINE		S	9.00	$462.78	$267.13	$92.56
782	78465	Heart image (3D) multiple.					
782	78803	Tumor imaging (3D).					
782	78807	Nuclear localization/abscess.					
791	STANDARD THERAPEUTIC NUCLEAR MEDICINE		S	14.74	$757.93	$539.91	$151.59
791	79001	Repeat hyperthyroid therapy.					
791	79100	Hematopoetic nuclear therapy.					
791	79300	Interstitial nuclear therapy.					
791	79400	Nonhemato nuclear therapy.					
791	79420	Intravascular nuc therapy.					
791	79440	Nuclear joint therapy.					
791	79999	Nuclear medicine therapy.					
792	COMPLEX THERAPEUTIC NUCLEAR MEDICINE		S	4.81	$247.33	$143.06	$49.47
792	79000	Intial hyperthyroid therapy.					
792	79020	Thyroid ablation.					
792	79030	Thyroid ablation, carcinoma.					
792	79035	Thyroid metastatic therapy.					
792	79200	Intracavitary nuc treatment.					
861	IMMUNOLOGY TESTS		X	0.13	$6.68	$3.62	$1.34
861	86485	Skin test, candida.					
861	86490	Coccidioidomycosis skin test.					
861	86510	Histoplasmosis skin test.					
861	86580	TB intradermal test.					
861	86585	TB tine test.					
861	86586	Skin test, unlisted.					
881	LEVEL I PATHOLOGY		X	0.22	$11.31	$6.78	$2.26
881	88125	Forensic cytopathology.					
881	88199	Cytopathology procedure.					
881	88300	Surg path, gross.					
881	88311	Decalcify tissue.					
881	88313	Special stains.					
881	88399	Surgical pathology procedure.					
881	89350	Sputum specimen collection.					
881	89360	Collect sweat for test.					
881	89399	Pathology lab procedure.					
881	G0025	Collagen skin test kit.					
882	LEVEL II PATHOLOGY		X	0.39	$20.05	$11.75	$4.01
882	80500	Lab pathology consultation.					
882	80502	Lab pathology consultation.					
882	85060	Blood smear interpretation.					
882	85097	Bone marrow interpretation.					
882	86077	Physician blood bank service.					
882	86078	Physician blood bank service.					
882	86079	Physician blood bank service.					
882	88104	Cytopathology, fluids.					
882	88106	Cytopathology, fluids.					
882	88107	Cytopathology, fluids.					
882	88108	Cytopath, concentrate tech.					
882	88160	Cytopath smear, other source.					
882	88161	Cytopath smear, other source.					
882	88162	Cytopath smear, other source.					
882	88172	Evaluation of smear.					
882	88173	Interpretation of smear.					
882	88180	Cell marker study.					
882	88182	Cell marker study.					
882	88302	Tissue exam by pathologist.					
882	88304	Tissue exam by pathologist.					
882	88305	Tissue exam by pathologist.					
882	88312	Special stains.					
882	88314	Histochemical stain.					
882	88318	Chemical histochemistry.					
882	88319	Enzyme histochemistry.					
882	88321	Microslide consultation.					
882	88323	Microslide consultation.					
882	88325	Comprehensive review of data.					
882	88329	Pathology consult in surgery.					
882	88331	Pathology consult in surgery.					
882	88332	Pathology consult in surgery.					
882	88342	Immunocytochemistry.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
882	88346	Immunofluorescent study.					
882	88347	Immunofluorescent study.					
883	LEVEL III	PATHOLOGY	X	0.69	$35.48	$20.34	$7.10
883	88307	Tissue exam by pathologist.					
883	88309	Tissue exam by pathologist.					
883	88348	Electron microscopy.					
883	88349	Scanning electron microscopy.					
883	88355	Analysis, skeletal muscle.					
883	88356	Analysis, nerve.					
883	88358	Analysis, tumor.					
883	88362	Nerve teasing preparations.					
883	88365	Tissue hybridization.					
900	CRITICAL CARE		S	7.54	$387.71	$145.09	$77.54
900	99291	Critical care, first hour.					
901	LEVEL I	IMMUNIZATION	X	0.07	$3.60	$2.49	$0.72
901	90700	Dtap vaccine, im.					
901	90701	Dtp vaccine, im.					
901	90702	Dt vaccine, im.					
901	90703	Tetanus vaccine, im.					
901	90704	Mumps vaccine, sc.					
901	90705	Measles vaccine, sc.					
901	90706	Rubella vaccine, sc.					
901	90708	Measles-rubella vaccine sc.					
901	90709	Rubella & mumps vaccine sc.					
901	90710	Mmrv vaccine, sc.					
[2]901	90711	Combined vaccine.					
[2]901	90714	Typhoid immunization.					
901	90718	Td vaccine, im.					
901	90719	Diphtheria vaccine, im.					
[2]901	90724	Influenza immunization.					
901	90725	Cholera vaccine, injectable.					
[2]901	90730	Hepatitis A vaccine.					
901	90732	Pneumococcal vaccine, adult.					
901	90748	Hepb/hib vaccine, im.					
901	90749	Vaccine toxoid.					
901	95149	Antigen therapy services.					
901	95170	Antigen therapy services.					
901	G0008	Admin influenza virus vac.					
901	G0009	Admin pneumococcal vaccine.					
901	Q0034	Admin of influenza vaccine.					
902	LEVEL II	IMMUNIZATION	X	1.31	$67.36	$38.19	$13.47
902	90707	Mmr vaccine, sc.					
902	90712	Oral poliovirus vaccine.					
902	90713	Poliovirus, ipv, sc.					
902	90716	Chicken pox vaccine, sc.					
902	90717	Yellow fever vaccine, sc.					
902	90720	Dtp/hib vaccine, im.					
902	90733	Meningococcal vaccine, sc.					
[2]902	90737	Influenza B immunization.					
[2]902	90741	Passive immunization, ISG.					
902	90744	Hepb vaccine, ped/adol, im.					
902	90745	Hepb vaccine, adol/risk, im.					
902	90746	Hepb vaccine, adult, im.					
902	90747	Hepb vaccine, ill pat, im.					
902	G0010	Admin hepatitis b vaccine.					
903	LEVEL III	IMMUNIZATION	X	1.00	$51.42	$24.86	$10.28
903	90721	Dtap/hib vaccine, im.					
[2]903	90726	Rabies immunization.					
903	90727	Plague vaccine, im.					
[2]903	90728	BCG immunization.					
903	90735	Encephalitis vaccine, sc.					
[2]903	90742	Special passive immunization.					
906	INFUSION THERAPY EXCEPT CHEMOTHERAPY		X	1.93	$99.24	$57.18	$19.85
906	36680	Insert needle, bone cavity.					
906	90780	IV infusion therapy, 1 hour.					
906	90781	IV infusion, additional hour.					
906	Q0081	Infusion ther other than che.					
907	INTRAMUSCULAR INJECTIONS		X	0.74	$38.05	$11.53	$7.61
907	90782	Injection (SC)/(IM).					
907	90783	Injection (IA).					
907	90784	Injection (IV).					
907	90788	Injection of antibiotic.					
907	90799	Therapeutic/diag injection.					
919	ELECTROCONVULSIVE THERAPY		S	3.09	$158.89	$80.00	$31.78
919	90870	Electroconvulsive therapy.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
919	90871	Electroconvulsive therapy.					
920	BIOFEEDBACK AND OTHER TRAINING		S	1.17	$60.16	$29.61	$12.03
[2]920	90900	Biofeedback, electromyogram.					
920	90901	Biofeedback, any method.					
[2]920	90902	Biofeedback, nerve impulse.					
[2]920	90904	Biofeedback, blood pressure.					
[2]920	90906	Biofeedback, blood flow.					
[2]920	90908	Biofeedback, brain waves.					
[2]920	90910	Biofeedback, oculogram.					
920	90911	Biofeedback peri/uro/rectal.					
[2]920	90915	Biofeedback, unspecified.					
921	DIABETES EDUCATION		S				
921	99078	Group health education.					
926	DIALYSIS FOR OTHER THAN ESRD PATIENTS		S	4.22	$216.99	$69.83	$43.40
926	90935	Hemodialysis, one evaluation.					
926	90937	Hemodialysis, repeated eval..					
926	90945	Dialysis, one evaluation.					
926	90947	Dialysis, repeated eval..					
926	90997	Hemoperfusion.					
926	90999	Dialysis procedure.					
928	ALIMENTARY TESTS		X	2.91	$149.63	$79.78	$29.93
928	89100	Sample intestinal contents.					
928	89105	Sample intestinal contents.					
928	89130	Sample stomach contents.					
928	89132	Sample stomach contents.					
928	89135	Sample stomach contents.					
928	89136	Sample stomach contents.					
928	89140	Sample stomach contents.					
928	89141	Sample stomach contents.					
928	91000	Esophageal intubation.					
928	91010	Esophagus motility study.					
928	91011	Esophagus motility study.					
928	91012	Esophagus motility study.					
928	91020	Gastric motility.					
928	91030	Acid perfusion of esophagus.					
928	91032	Esophagus, acid reflux test.					
928	91033	Prolonged acid reflux test.					
928	91052	Gastric analysis test.					
928	91055	Gastric intubation for smear.					
928	91060	Gastric saline load test.					
928	91065	Breath hydrogen test.					
928	91100	Pass intestine bleeding tube.					
928	91105	Gastric intubation treatment.					
928	91299	Gastroenterology procedure.					
928	95075	Ingestion challenge test.					
930	MINOR EYE EXAMINATIONS		X	1.04	$53.48	$22.83	$10.70
930	92060	Special eye evaluation.					
930	92065	Orthoptic/pleoptic training.					
930	92081	Visual field examination(s).					
930	92082	Visual field examination(s).					
930	92083	Visual field examination(s).					
930	92140	Glaucoma provocative tests.					
930	92283	Color vision examination.					
930	92284	Dark adaptation eye exam.					
930	92285	Eye photography.					
931	LEVEL I EYE TESTS		X	0.74	$38.05	$21.47	$7.61
931	92120	Tonography & eye evaluation.					
931	92130	Water provocation tonography.					
931	92230	Eye exam with photos.					
931	92240	Icg angiography.					
931	92250	Eye exam with photos.					
931	92499	Eye service or procedure.					
932	LEVEL II EYE TESTS		X	2.41	$123.92	$63.73	$24.78
932	92235	Eye exam with photos.					
932	92265	Eye muscle evaluation.					
932	92270	Electro-oculography.					
932	92286	Internal eye photography.					
932	92287	Internal eye photography.					
936	FITTING OF VISION AIDS		X	0.48	$24.68	$9.49	$4.94
936	92311	Contact lens fitting.					
936	92312	Contact lens fitting.					
936	92313	Contact lens fitting.					
936	92315	Prescription of contact lens.					
936	92316	Prescription of contact lens.					
936	92317	Prescription of contact lens.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
936	92325	Modification of contact lens.					
936	92326	Replacement of contact lens.					
936	92330	Fitting of artificial eye.					
936	92352	Special spectacles fitting.					
936	92353	Special spectacles fitting.					
936	92354	Special spectacles fitting.					
936	92355	Special spectacles fitting.					
936	92358	Eye prosthesis service.					
936	92371	Repair & adjust spectacles.					
940		OTORHINOLARYNGOLOGIC FUNCTION TESTS	X	3.13	$160.94	$52.21	$32.19
940	92512	Nasal function studies.					
940	92516	Facial nerve function test.					
940	92520	Laryngeal function studies.					
940	92541	Spontaneous nystagmus test.					
940	92542	Positional nystagmus test.					
940	92543	Caloric vestibular test.					
940	92544	Optokinetic nystagmus test.					
940	92545	Oscillating tracking test.					
940	92546	Sinusoidal rotational test.					
940	92547	Supplemental electrical test.					
940	92548	Posturography.					
940	92584	Electrocochleography.					
940	92587	Evoked auditory test.					
940	92588	Evoked auditory test.					
941		LEVEL I AUDIOMETRY	X	0.74	$38.05	$13.33	$7.61
941	92552	Pure tone audiometry, air.					
941	92553	Audiometry, air & bone.					
941	92555	Speech threshold audiometry.					
941	92556	Speech audiometry, complete.					
941	92567	Tympanometry.					
941	92599	ENT procedure/service.					
942		LEVEL II AUDIOMETRY	X	1.46	$75.07	$22.15	$15.01
942	92557	Comprehensive hearing test.					
942	92561	Bekesy audiometry, diagnosis.					
942	92562	Loudness balance test.					
942	92563	Tone decay hearing test.					
942	92564	Sisi hearing test.					
942	92565	Stenger test, pure tone.					
942	92568	Acoustic reflex testing.					
942	92569	Acoustic reflex decay test.					
942	92571	Filtered speech hearing test.					
942	92572	Staggered spondaic word test.					
942	92573	Lombard test.					
942	92575	Sensorineural acuity test.					
942	92576	Synthetic sentence test.					
942	92577	Stenger test, speech.					
942	92579	Visual audiometry (vra).					
942	92582	Conditioning play audiometry.					
942	92583	Select picture audiometry.					
942	92589	Auditory function test(s).					
942	92596	Ear protector evaluation.					
947		RESUSCITATION AND CARDIOVERSION	S	4.11	$211.34	$106.22	$42.27
947	31500	Insert emergency airway.					
947	92950	Heart/lung resuscitation(CPR.					
947	92953	Temporary external pacing.					
947	92960	Heart electroconversion.					
947	99440	Newborn resuscitation.					
948		CARDIAC REHABILITATION	X	0.81	$41.65	$16.95	$8.33
948	93797	Cardiac rehab.					
948	93798	Cardiac rehab/monitor.					
949		CARDIOVASCULAR STRESS TEST	X	1.43	$73.53	$61.92	$14.71
949	93017	Cardiovascular stress test.					
949	93024	Cardiac drug stress test.					
950		ELECTROCARDIOGRAM (ECG)	X	0.35	$18.00	$15.82	$3.60
950	93005	Electrocardiogram, tracing.					
950	93041	Rhythm ECG, tracing.					
950	Q0035	Cardiokymography.					
956		CONTINUOUS ECG AND BLOOD PRESSURE MONITORING	X	1.09	$56.05	$54.47	$11.21
956	93012	Transmission of ecg.					
956	93224	ECG monitor/report, 24 hrs.					
956	93225	ECG monitor/record, 24 hrs.					
956	93226	ECG monitor/report, 24 hrs.					
956	93230	ECG monitor/report, 24 hrs.					
956	93231	ECG monitor/record, 24 hrs.					
956	93232	ECG monitor/report, 24 hrs.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
956	93235	ECG monitor/report, 24 hrs.					
956	93236	ECG monitor/report, 24 hrs.					
956	93268	ECG record/review.					
956	93270	ECG recording.					
956	93271	ECG/monitoring and anaylysis.					
956	93278	ECG/signal-averaged.					
956	G0004	ECG transm phys review & int.					
956	G0005	ECG 24 hour recording.					
956	G0006	ECG transmission & analysis.					
956	G0015	Post symptom ECG tracing.					
957	ECHOCARDIOGRAPHY		S	4.04	$207.74	$114.13	$41.55
957	76825	Echo exam of fetal heart.					
957	76826	Echo exam of fetal heart.					
957	76827	Echo exam of fetal heart.					
957	76828	Echo exam of fetal heart.					
957	93303	Echo transthoracic.					
957	93304	Echo transthoracic.					
957	93307	Echo exam of heart.					
957	93308	Echo exam of heart.					
957	93312	Echo transesophageal.					
957	93313	Echo transesophageal.					
957	93315	Echo transesophageal.					
957	93316	Echo transesophageal.					
957	93320	Doppler echo exam, heart.					
957	93321	Doppler echo exam, heart.					
957	93325	Doppler color flow add-on.					
957	93350	Echo transthoracic.					
958	DIAGNOSTIC CARDIAC CATHETERIZATION		S	23.74	$1,220.71	$705.57	$244.14
958	93501	Right heart catheterization.					
958	93503	Insert/place heart catheter.					
958	93505	Biopsy of heart lining.					
958	93510	Left heart catheterization.					
958	93511	Left heart catheterization.					
958	93514	Left heart catheterization.					
958	93524	Left heart catheterization.					
958	93526	Rt & Lt heart catheters.					
958	93527	Rt & Lt heart catheters.					
958	93528	Rt & Lt heart catheters.					
958	93529	Rt, Lt heart catheterization.					
958	93530	Rt heart cath, congenital.					
958	93531	R & l heart cath, congenital.					
958	93532	R & l heart cath, congenital.					
958	93533	R & l heart cath, congenital.					
958	93536	Insert circulation assi.					
960	CARDIAC ELECTROPHYSIOLOGIC TESTS/PROCEDURES		S	4.80	$246.82	$143.74	$49.36
960	93600	Bundle of His recording.					
960	93602	Intra-atrial recording.					
960	93603	Right ventricular recording.					
960	93607	Right ventricular recording.					
960	93609	Mapping of tachycardia.					
960	93610	Intra-atrial pacing.					
960	93612	Intraventricular pacing.					
960	93615	Esophageal recording.					
960	93616	Esophageal recording.					
960	93618	Heart rhythm pacing.					
960	93619	Electrophysiology evaluation.					
960	93620	Electrophysiology evaluation.					
960	93621	Electrophysiology evaluation.					
960	93622	Electrophysiology evaluation.					
960	93623	Stimulation, pacing heart.					
960	93624	Electrophysiologic study.					
960	93631	Heart pacing, mapping.					
960	93640	Evaluation heart device.					
960	93641	Electrophysiology evaluation.					
960	93642	Electrophysiology evaluation.					
960	93650	Ablate heart dysrhythm focus.					
960	93651	Ablate heart dysrhythm focus.					
960	93652	Ablate heart dysrhythm focus.					
960	93660	Tilt table evaluation.					
960	93724	Analyze pacemaker system.					
966	ELECTRONIC ANALYSIS OF PACEMAKERS/OTHER DEVICES		X	0.39	$20.05	$12.43	$4.01
966	62367	Analyze spine infusion pump.					
966	62368	Analyze spine infusion pump.					
[2] 966	63690	Analysis of neuroreceiver.					
[2] 966	63691	Analysis of neuroreceiver.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
966	93731	Analyze pacemaker system.					
966	93732	Analyze pacemaker system.					
966	93733	Telephone analysis, pacemaker.					
966	93734	Analyze pacemaker system.					
966	93735	Analyze pacemaker system.					
966	93736	Telephone analysis, pacemaker.					
966	93737	Analyze cardio/defibrillator.					
966	93738	Analyze cardio/defibrillator.					
967	NON-INVASIVE VASCULAR STUDIES		X	1.70	$87.41	$57.40	$17.48
967	93720	Total body plethysmography.					
967	93721	Plethysmography tracing.					
967	93740	Temperature gradient studies.					
967	93799	Cardiovascular procedure.					
967	93922	Extremity study.					
967	93923	Extremity study.					
967	93924	Extremity study.					
967	93965	Extremity study.					
968	VASCULAR ULTRASOUND		X	2.39	$122.89	$79.55	$24.58
968	93875	Extracranial study.					
968	93880	Extracranial study.					
968	93882	Extracranial study.					
968	93886	Intracranial study.					
968	93888	Intracranial study.					
968	93925	Lower extremity study.					
968	93926	Lower extremity study.					
968	93930	Upper extremity study.					
968	93931	Upper extremity study.					
968	93970	Extremity study.					
968	93971	Extremity study.					
968	93975	Vascular study.					
968	93976	Vascular study.					
968	93978	Vascular study.					
968	93979	Vascular study.					
968	93980	Penile vascular study.					
968	93981	Penile vascular study.					
968	93990	Doppler flow testing.					
969	HYPERBARIC OXYGEN		S	2.65	$136.26	$141.70	$27.25
969	99183	Hyperbaric oxygen therapy.					
971	LEVEL I PULMONARY TESTS		X	0.98	$50.39	$26.44	$10.08
971	94010	Breathing capacity test.					
971	94060	Evaluation of wheezing.					
[2] 971	94160	Vital capacity screening.					
971	94200	Lung function test (MBC/MVV).					
971	94250	Expired gas collection.					
971	94260	Thoracic gas volume.					
971	94360	Measure airflow resistance.					
971	94375	Respiratory flow volume loop.					
971	94400	CO2 breathing response curve.					
971	94450	Hypoxia response curve.					
971	94762	Measure blood oxygen level.					
971	94770	Exhaled carbon dioxide test.					
971	94799	Pulmonary service/procedure.					
972	LEVEL II PULMONARY TESTS		X	1.00	$51.42	$29.38	$10.28
972	94240	Residual lung capacity.					
972	94350	Lung nitrogen washout curve.					
972	94370	Breath airway closing volume.					
972	94680	Exhaled air analysis: O2.					
972	94681	Exhaled air analysis: O2,CO2.					
972	94690	Exhaled air analysis.					
972	94720	Monoxide diffusing capacity.					
972	94725	Membrane diffusion capacity.					
973	LEVEL III PULMONARY TESTS		S	1.81	$93.07	$55.82	$18.61
973	94070	Evaluation of wheezing.					
973	94620	Pulmonary stress test/simple.					
973	94750	Pulmonary compliance study.					
973	94772	Breath recording, infant.					
973	95070	Bronchial allergy tests.					
973	95071	Bronchial allergy tests.					
976	PULMONARY THERAPY		S	0.44	$22.62	$14.69	$4.53
976	94640	Airway inhalation treatment.					
976	94642	Aerosol inhalation treatment.					
976	94650	Pressure breathing (IPPB).					
976	94651	Pressure breathing (IPPB).					
976	94657	Cont. ventilator.					
976	94660	Pos airway pressure, CPAP.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
976	94662	Neg pressure ventilation, cnp.					
976	94664	Aerosol or vapor inhalations.					
976	94665	Aerosol or vapor inhalations.					
976	94667	Chest wall manipulation.					
976	94668	Chest wall manipulation.					
977	ALLERGY TESTS		X	0.56	$28.80	$11.30	$5.76
977	95004	Allergy skin tests.					
977	95010	Sensitivity skin tests.					
977	95015	Sensitivity skin tests.					
977	95024	Allergy skin tests.					
977	95027	Skin end point titration.					
977	95028	Allergy skin tests.					
977	95044	Allergy patch tests.					
977	95052	Photo patch test.					
977	95056	Photosensitivity tests.					
977	95060	Eye allergy tests.					
977	95065	Nose allergy test.					
977	95078	Provocative testing.					
977	95180	Rapid desensitization.					
977	95199	Allergy immunology services.					
978	ALLERGY INJECTIONS		X	0.30	$15.43	$3.39	$3.09
978	95115	Immunotherapy, one injection.					
978	95117	Immunotherapy injections.					
978	95144	Antigen therapy services.					
978	95145	Antigen therapy services.					
978	95146	Antigen therapy services.					
978	95147	Antigen therapy services.					
978	95148	Antigen therapy services.					
978	95165	Antigen therapy services.					
979	EXTENDED EEG STUDIES AND SLEEP STUDIES		S	10.15	$521.91	$287.25	$104.38
979	95805	Multiple sleep latency test.					
979	95806	Sleep study, unattended.					
979	95807	Sleep study, attended.					
979	95808	Polysomnography, 1-3.					
979	95810	Polysomnography, 4 or more.					
979	95811	Polysomnography w/cpap.					
979	95812	Electroencephalogram (EEG).					
979	95813	Electroencephalogram (EEG).					
979	95827	Night electroencephalogram.					
979	95951	EEG monitoring/videorecord.					
979	95953	EEG monitoring/computer.					
979	95954	EEG monitoring/giving drugs.					
979	95958	EEG monitoring/function test.					
980	ELECTROENCEPHALOGRAM		S	2.15	$110.55	$57.86	$22.11
980	95816	Electroencephalogram (EEG).					
980	95819	Electroencephalogram (EEG).					
980	95822	Sleep electroencephalogram.					
980	95824	Electroencephalography.					
980	95829	Surgery electrocorticogram.					
980	95955	EEG during surgery.					
981	LEVEL I NERVE AND MUSCLE TESTS		X	1.22	$62.73	$34.35	$12.55
981	92275	Electroretinography.					
981	95857	Tensilon test.					
981	95867	Muscle test, head or neck.					
981	95869	Muscle test, thor paraspinal.					
981	95870	Muscle test, non-paraspinal.					
981	95900	Motor nerve conduction test.					
981	95921	Autonomic nervous func test.					
981	95922	Autonomic nervous func test.					
981	95923	Autonomic nervous func test.					
981	95926	Somatosensory testing.					
981	95927	Somatosensory testing.					
981	95930	Visual evoked potential test.					
981	95933	Blink reflex test.					
981	95934	'h' reflex test.					
981	95936	'h' reflex test.					
981	95937	Neuromuscular junction test.					
981	95950	Ambulatory eeg monitoring.					
982	LEVEL II NERVE AND MUSCLE TESTS		X	1.37	$70.45	$38.42	$14.09
982	92585	Auditory evoked potential.					
982	95858	Tensilon test & myogram.					
982	95860	Muscle test, one limb.					
982	95861	Muscle test, two limbs.					
982	95863	Muscle test, 3 limbs.					
982	95864	Muscle test, 4 limbs.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

ADDENDUM C.—PROPOSED HOSPITAL OUTPATIENT DEPARTMENT (HOPD) PAYMENT FOR PROCEDURES BY APC—Continued

APC	CPT HCPCS	Description	Status indicator	Relative weight	Proposed payment rate	National unadjusted coinsurance	Minimum unadjusted coinsurance
982	95868	Muscle test, head or neck.					
982	95872	Muscle test, one fiber.					
982	95875	Limb exercise test.					
982	95903	Motor nerve conduction test.					
982	95904	Sense nerve conduction test.					
982	95925	Somatosensory testing.					
987		SUBCUTANEOUS OR INTRAMUSCULAR CHEMOTHERAPY	S	2.09	$107.47	$65.09	$21.49
987	96400	Chemotherapy, (SC)/(IM).					
987	96405	Intralesional chemo admin.					
987	96406	Intralesional chemo admin.					
987	96549	Chemotherapy, unspecified.					
987	Q0083	Chemo by other than infusion.					
988		CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION	S	4.02	$206.71	$110.29	$41.34
988	96408	Chemotherapy, push technique.					
988	96410	Chemotherapy, infusion method.					
988	96412	Chemotx infuse method add-on.					
988	96420	Chemotherapy, push technique.					
988	96422	Chemotherapy, infusion method.					
988	96423	Chemotx infuse method add-on.					
989		CHEMOTHERAPY BY EXTENDED INFUSION	S	1.91	$98.21	$44.52	$19.64
989	96414	Chemotx infuse method add-on.					
989	96425	Chemotherapy, infusion method.					
989	96440	Chemotherapy, intracavitary.					
989	96445	Chemotherapy, intracavitary.					
989	96450	Chemotherapy, into CNS.					
989	96542	Chemotherapy injection.					
989	Q0084	Chemotherapy by infusion.					
989	Q0085	Chemo by both infusion and o.					
990		PHOTOCHEMOTHERAPY	S	0.43	$22.11	$8.14	$4.42
990	96900	Ultraviolet light therapy.					
990	96910	Photochemotherapy with UV-B.					
990	96912	Photochemotherapy with UV-A.					
990	96913	Photochemotherapy, UV-A or B.					
990	96999	Dermatological procedure.					
997		MANIPULATION THERAPY	S	0.69	$35.48	$7.46	$7.10
[2]997	97250	Myofascial release.					
[2]997	97260	Regional manipulation.					
[2]997	97261	Supplemental manipulations.					
997	98925	Osteopathic manipulation.					
997	98926	Osteopathic manipulation.					
997	98927	Osteopathic manipulation.					
997	98928	Osteopathic manipulation.					
997	98929	Osteopathic manipulation.					
997	98940	Chiropractic manipulation.					
997	98941	Chiropractic manipulation.					
997	98942	Chiropractic manipulation.					
999		THERAPEUTIC PHLEBOTOMY	X	0.43	$22.11	$11.07	$4.42
999	99195	Phlebotomy.					

[1] This APC assignment will not apply to services furnished under a partial hospitalization program. Instead, services furnished as part of a partial hospitalization program are paid on a per-diem basis via APC 020.

[2] This code was valid in 1996 and therefore was available for use in calculating weights. However, it has since been terminated and will not be paid upon implementation.

49. On page 47834, Addendum D is corrected to read as follows:

ADDENDUM D.—SUMMARY OF MEDICAL APCS

APC	Code	Description
911 Low Level Clinic Visits		
	99201	Office/outpatient visit, new
	99202	Office/outpatient visit, new
	99211	Office/outpatient visit, est
	99212	Office/outpatient visit, est
	99241	Office consultation
	99242	Office consultation
	99271	Confirmatory consultation
	99272	Confirmatory consultation
913 Mid Level Clinic Visits		
	92002	Eye exam, new patient
	92012	Eye exam established pt
	99203	Office/outpatient visit, new

ADDENDUM D.—SUMMARY OF MEDICAL APCS—Continued

APC	Code	Description
	99213	Office/outpatient visit, est
	99243	Office consultation
	99273	Confirmatory consultation
	G0101	Cancer Screening Exam, Women
915 High Level Clinic Visits		
	92004	Eye exam, new patient
	92014	Eye exam & treatment
	99204	Office/outpatient visit, new
	99205	Office/outpatient visit, new
	99214	Office/outpatient visit, est
	99215	Office/outpatient visit, est
	99244	Office consultation
	99245	Office consultation
	99274	Confirmatory consultation
	99275	Confirmatory consultation
951 Low Level Emergency Visits		
	99281	Emergency dept visit
	99282	Emergency dept visit
953 Mid Level Emergency Visits		
	99283	Emergency dept visit
955 High Level Emergency Visits		
	99284	Emergency dept visit
	99285	Emergency dept visit

Note: CPT codes and descriptions only are copyright 1997 American Medical Association. All rights reserved. Applicable FARS/DFARS apply.

50. On pages 47996 through 48005, Addendum G is corrected to read as follows:

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES

CPT[1] HCPCS[2]	HOPD status indicator	Description
00174	C	Anesth, pharyngeal surgery
00176	C	Anesth, pharyngeal surgery
00192	C	Anesth, facial bone surgery
00214	C	Anesth, skull drainage
00215	C	Anesth, skull fracture
00404	C	Anesth, surgery of breast
00406	C	Anesth, surgery of breast
00452	C	Anesth, surgery of shoulder
00474	C	Anesth, surgery of rib(s)
00524	C	Anesth, chest drainage
00530	C	Anesth, pacemaker insertion
00540	C	Anesth, chest surgery
00542	C	Anesth, release of lung
00544	C	Anesth, chest lining removal
00546	C	Anesth, lung, chest wall surg
00560	C	Anesth, open heart surgery
00562	C	Anesth, open heart surgery
00580	C	Anesth, heart/lung transplant
00604	C	Anesth, surgery of vertebra
00622	C	Anesth, removal of nerves
00632	C	Anesth, removal of nerves
00634	C	Anesth for chemonucleolysis
00670	C	Anesth, spine, cord surgery
00792	C	Anesth, part liver removal
00794	C	Anesth, pancreas removal
00796	C	Anesth, for liver transplant
00802	C	Anesth, fat layer removal
00844	C	Anesth, pelvis surgery
00846	C	Anesth, hysterectomy
00848	C	Anesth, pelvic organ surg
00850	C	Anesth, cesarean section
00855	C	Anesth, hysterectomy
00857	C	Analgesia, labor & c-section
00864	C	Anesth, removal of bladder
00865	C	Anesth, removal of prostate
00866	C	Anesth, removal of adrenal
00868	C	Anesth, kidney transplant
00882	C	Anesth, major vein ligation
00884	C	Anesth, major vein revision
00904	C	Anesth, perineal surgery
00908	C	Anesth, removal of prostate
00928	C	Anesth, removal of testis

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT[1] HCPCS[2]	HOPD status indicator	Description
00932	C	Anesth, amputation of penis
00934	C	Anesth, penis, nodes removal
00936	C	Anesth, penis, nodes removal
00944	C	Anesth, vaginal hysterectomy
00955	C	Analgesia, vaginal delivery
01140	C	Anesth, amputation at pelvis
01150	C	Anesth, pelvic tumor surgery
01190	C	Anesth, pelvis nerve removal
01212	C	Anesth, hip disarticulation
01214	C	Anesth, replacement of hip
01232	C	Anesth, amputation of femur
01234	C	Anesth, radical femur surg
01272	C	Anesth, femoral artery surg
01274	C	Anesth, femoral embolectomy
01402	C	Anesth, replacement of knee
01404	C	Anesth, amputation at knee
01442	C	Anesth, knee artery surg
01444	C	Anesth, knee artery repair
01486	C	Anesth, ankle replacement
01502	C	Anesth, lowerleg embolectomy
01632	C	Anesth, surgery of shoulder
01634	C	Anesth, shoulder joint amput
01636	C	Anesth, forequarter amput
01638	C	Anesth, shoulder replacement
01652	C	Anesth, shoulder vessel surg
01654	C	Anesth, shoulder vessel surg
01656	C	Anesth, arm-leg vessel surg
01756	C	Anesth, radical humerus surg
01772	C	Anesth, upperarm embolectomy
01782	C	Anesth, upperarm vein repair
01842	C	Anesth, lowerarm embolectomy
01852	C	Anesth, lowerarm vein repair
01902	C	Anesth, burr holes, skull
01904	C	Anesth, skull x-ray inject
01916	C	Anesth, head arteriogram
01918	C	Anesth, limb arteriogram
01921	C	Anesth, vessel surgery
01990	C	Support for organ donor
15755	C	Microvascular flap graft
15756	C	Free muscle flap, microvasc

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT[1] HCPCS[2]	HOPD status indicator	Description
15757	C	Free skin flap, microvasc
15758	C	Free fascial flap, microvasc
19200	C	Removal of breast
19220	C	Removal of breast
19240	C	Removal of breast
19260	C	Removal of chest wall lesion
19271	C	Revision of chest wall
19272	C	Extensive chest wall surgery
19361	C	Breast reconstruction
19364	C	Breast reconstruction
19367	C	Breast reconstruction
19368	C	Breast reconstruction
19369	C	Breast reconstruction
20100	C	Explore wound, neck
20101	C	Explore wound, chest
20102	C	Explore wound, abdomen
20103	C	Explore wound, extremity
20150	C	Excise epiphyseal bar
20660	C	Apply,remove fixation device
20661	C	Application of head brace
20662	C	Application of pelvis brace
20663	C	Application of thigh brace
20664	C	Halo brace application
20802	C	Replantation, arm, complete
20805	C	Replant forearm, complete
20808	C	Replantation, hand, complete
20816	C	Replantation digit, complete
20822	C	Replantation digit, complete
20824	C	Replantation thumb, complete
20827	C	Replantation thumb, complete
20838	C	Replantation, foot, complete
20930	C	Spinal bone allograft
20931	C	Spinal bone allograft
20936	C	Spinal bone autograft
20937	C	Spinal bone autograft
20938	C	Spinal bone autograft
20955	C	Fibula bone graft, microvasc
20956	C	Iliac bone graft, microvasc
20957	C	Mt bone graft, microvasc
20960	C	Microvascular rib graft
20962	C	Other bone graft, microvasc
20969	C	Bone/skin graft, microvasc

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All rights reserved. Applicable FARS/DFARS apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT[1] HCPCS[2]	HOPD status indicator	Description
20970	C	Bone/skin graft, iliac crest
20971	C	Bone-skin graft, rib
20972	C	Bone-skin graft, metatarsal
20973	C	Bone-skin graft, great toe
21045	C	Extensive jaw surgery
21137	C	Reduction of forehead
21138	C	Reduction of forehead
21139	C	Reduction of forehead
21141	C	Reconstruct midface, lefort
21142	C	Reconstruct midface, lefort
21143	C	Reconstruct midface, lefort
21145	C	Reconstruct midface, lefort
21146	C	Reconstruct midface, lefort
21147	C	Reconstruct midface, lefort
21150	C	Reconstruct midface, lefort
21151	C	Reconstruct midface, lefort
21154	C	Reconstruct midface, lefort
21155	C	Reconstruct midface, lefort
21159	C	Reconstruct midface, lefort
21160	C	Reconstruct midface, lefort
21172	C	Reconstruct orbit/forehead
21175	C	Reconstruct orbit/forehead
21179	C	Reconstruct entire forehead
21180	C	Reconstruct entire forehead
21182	C	Reconstruct cranial bone
21183	C	Reconstruct cranial bone
21184	C	Reconstruct cranial bone
21188	C	Reconstruction of midface
21193	C	Reconstruct lower jaw bone
21194	C	Reconstruct lower jaw bone
21195	C	Reconstruct lower jaw bone
21196	C	Reconstruct lower jaw bone
21198	C	Reconstruct lower jaw bone
21247	C	Reconstruct lower jaw bone
21255	C	Reconstruct lower jaw bone
21256	C	Reconstruction of orbit
21261	C	Revise eye sockets
21263	C	Revise eye sockets
21268	C	Revise eye sockets
21344	C	Repair of sinus fracture
21346	C	Repair of nose/jaw fracture
21347	C	Repair of nose/jaw fracture
21348	C	Repair of nose/jaw fracture
21356	C	Repair cheek bone fracture
21360	C	Repair cheek bone fracture
21365	C	Repair cheek bone fracture
21366	C	Repair cheek bone fracture
21385	C	Repair eye socket fracture
21386	C	Repair eye socket fracture
21387	C	Repair eye socket fracture
21390	C	Repair eye socket fracture
21395	C	Repair eye socket fracture
21406	C	Repair eye socket fracture
21407	C	Repair eye socket fracture
21408	C	Repair eye socket fracture
21422	C	Repair mouth roof fracture
21423	C	Repair mouth roof fracture
21431	C	Treat craniofacial fracture
21432	C	Repair craniofacial fracture
21433	C	Repair craniofacial fracture
21435	C	Repair craniofacial fracture
21436	C	Repair craniofacial fracture
21470	C	Repair lower jaw fracture
21495	C	Repair hyoid bone fracture
21510	C	Drainage of bone lesion
21557	C	Remove tumor, neck or chest
21615	C	Removal of rib
21616	C	Removal of rib and nerves
21620	C	Partial removal of sternum
21627	C	Sternal debridement
21630	C	Extensive sternum surgery
21632	C	Extensive sternum surgery
21705	C	Revision of neck muscle/rib

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT[1] HCPCS[2]	HOPD status indicator	Description
21740	C	Reconstruction of sternum
21750	C	Repair of sternum separation
21810	C	Treatment of rib fracture(s)
21825	C	Repair sternum fracture
22100	C	Remove part of neck vertebra
22101	C	Remove part, thorax vertebra
22102	C	Remove part, lumbar vertebra
22103	C	Remove extra spine segment
22110	C	Remove part of neck vertebra
22112	C	Remove part, thorax vertebra
22114	C	Remove part, lumbar vertebra
22116	C	Remove extra spine segment
22210	C	Revision of neck spine
22212	C	Revision of thorax spine
22214	C	Revision of lumbar spine
22216	C	Revise, extra spine segment
22220	C	Revision of neck spine
22222	C	Revision of thorax spine
22224	C	Revision of lumbar spine
22226	C	Revise, extra spine segment
22325	C	Repair of spine fracture
22326	C	Repair neck spine fracture
22327	C	Repair thorax spine fracture
22328	C	Repair each add spine fx
22548	C	Neck spine fusion
22554	C	Neck spine fusion
22556	C	Thorax spine fusion
22558	C	Lumbar spine fusion
22585	C	Additional spinal fusion
22590	C	Spine & skull spinal fusion
22595	C	Neck spinal fusion
22600	C	Neck spine fusion
22610	C	Thorax spine fusion
22612	C	Lumbar spine fusion
22614	C	Spine fusion, extra segment
22630	C	Lumbar spine fusion
22632	C	Spine fusion, extra segment
22800	C	Fusion of spine
22802	C	Fusion of spine
22804	C	Fusion of spine
22808	C	Fusion of spine
22810	C	Fusion of spine
22812	C	Fusion of spine
22818	C	Kyphectomy, 1-2 segments
22819	C	Kyphectomy, 3 & more segment
22830	C	Exploration of spinal fusion
22840	C	Insert spine fixation device
22841	C	Insert spine fixation device
22842	C	Insert spine fixation device
22843	C	Insert spine fixation device
22844	C	Insert spine fixation device
22845	C	Insert spine fixation device
22846	C	Insert spine fixation device
22847	C	Insert spine fixation device
22848	C	Insert pelvic fixationdevice
22849	C	Reinsert spinal fixation
22850	C	Remove spine fixation device
22851	C	Apply spine prosth device
22852	C	Remove spine fixation device
22855	C	Remove spine fixation device
23035	C	Drain shoulder bone lesion
23125	C	Removal of collarbone
23195	C	Removal of head of humerus
23200	C	Removal of collar bone
23210	C	Removal of shoulderblade
23220	C	Partial removal of humerus
23221	C	Partial removal of humerus
23222	C	Partial removal of humerus
23332	C	Remove shoulder foreign body
23395	C	Muscle transfer, shoulder/arm
23397	C	Muscle transfers
23400	C	Fixation of shoulder blade

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT[1] HCPCS[2]	HOPD status indicator	Description
23440	C	Removal/transplant tendon
23470	C	Reconstruct shoulder joint
23472	C	Reconstruct shoulder joint
23900	C	Amputation of arm & girdle
23920	C	Amputation at shoulder joint
24149	C	Radical resection of elbow
24150	C	Extensive humerus surgery
24151	C	Extensive humerus surgery
24152	C	Extensive radius surgery
24153	C	Extensive radius surgery
24900	C	Amputation of upper arm
24920	C	Amputation of upper arm
24930	C	Amputation follow-up surgery
24931	C	Amputate upper arm & implant
24935	C	Revision of amputation
24940	C	Revision of upper arm
25170	C	Extensive forearm surgery
25390	C	Shorten radius/ulna
25391	C	Lengthen radius/ulna
25392	C	Shorten radius & ulna
25393	C	Lengthen radius & ulna
25405	C	Repair/graft radius or ulna
25420	C	Repair/graft radius & ulna
25900	C	Amputation of forearm
25905	C	Amputation of forearm
25909	C	Amputation follow-up surgery
25915	C	Amputation of forearm
25920	C	Amputate hand at wrist
25924	C	Amputation follow-up surgery
25927	C	Amputation of hand
25931	C	Amputation follow-up surgery
26551	C	Great toe-hand transfer
26552	C	Construct thumb replacement
26553	C	Single toe-hand transfer
26554	C	Double toe-hand transfer
26556	C	Toe joint transfer
26557	C	Construct finger replacement
26558	C	Added finger surgery
26559	C	Added finger surgery
26992	C	Drainage of bone lesion
27005	C	Incision of hip tendon
27006	C	Incision of hip tendons
27025	C	Incision of hip/thigh fascia
27030	C	Drainage of hip joint
27035	C	Denervation of hip joint
27036	C	Excision of hip joint/muscle
27054	C	Removal of hip joint lining
27070	C	Partial removal of hip bone
27071	C	Partial removal of hip bone
27075	C	Extensive hip surgery
27076	C	Extensive hip surgery
27077	C	Extensive hip surgery
27078	C	Extensive hip surgery
27079	C	Extensive hip surgery
27090	C	Removal of hip prosthesis
27091	C	Removal of hip prosthesis
27120	C	Reconstruction of hip socket
27122	C	Reconstruction of hip socket
27125	C	Partial hip replacement
27130	C	Total hip replacement
27132	C	Total hip replacement
27134	C	Revise hip joint replacement
27137	C	Revise hip joint replacement
27138	C	Revise hip joint replacement
27140	C	Transplant of femur ridge
27146	C	Incision of hip bone
27147	C	Revision of hip bone
27151	C	Incision of hip bones
27156	C	Revision of hip bones
27158	C	Revision of pelvis
27161	C	Incision of neck of femur
27165	C	Incision/fixation of femur
27170	C	Repair/graft femur head/neck

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All rights reserved. Applicable FARS/DFARS apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT[1] HCPCS[2]	HOPD status indicator	Description
27175	C	Treat slipped epiphysis
27176	C	Treat slipped epiphysis
27177	C	Repair slipped epiphysis
27178	C	Repair slipped epiphysis
27179	C	Revise head/neck of femur
27181	C	Repair slipped epiphysis
27185	C	Revision of femur epiphysis
27187	C	Reinforce hip bones
27215	C	Pelvic fracture(s) treatment
27216	C	Treat pelvic ring fracture
27217	C	Treat pelvic ring fracture
27218	C	Treat pelvic ring fracture
27222	C	Treat hip socket fracture
27226	C	Treat hip wall fracture
27227	C	Treat hip fracture(s)
27228	C	Treat hip fracture(s)
27232	C	Treat fracture of thigh
27235	C	Repair of thigh fracture
27236	C	Repair of thigh fracture
27240	C	Treatment of thigh fracture
27244	C	Repair of thigh fracture
27245	C	Repair of thigh fracture
27248	C	Repair of thigh fracture
27253	C	Repair of hip dislocation
27254	C	Repair of hip dislocation
27258	C	Repair of hip dislocation
27259	C	Repair of hip dislocation
27280	C	Fusion of sacroiliac joint
27282	C	Fusion of pubic bones
27284	C	Fusion of hip joint
27286	C	Fusion of hip joint
27290	C	Amputation of leg at hip
27295	C	Amputation of leg at hip
27303	C	Drainage of bone lesion
27365	C	Extensive leg surgery
27445	C	Revision of knee joint
27446	C	Revision of knee joint
27447	C	Total knee replacement
27448	C	Incision of thigh
27450	C	Incision of thigh
27454	C	Realignment of thigh bone
27455	C	Realignment of knee
27457	C	Realignment of knee
27465	C	Shortening of thigh bone
27466	C	Lengthening of thigh bone
27468	C	Shorten/lengthen thighs
27470	C	Repair of thigh
27472	C	Repair/graft of thigh
27475	C	Surgery to stop leg growth
27477	C	Surgery to stop leg growth
27479	C	Surgery to stop leg growth
27485	C	Surgery to stop leg growth
27486	C	Revise knee joint replace
27487	C	Revise knee joint replace
27488	C	Removal of knee prosthesis
27495	C	Reinforce thigh
27506	C	Repair of thigh fracture
27507	C	Treatment of thigh fracture
27511	C	Treatment of thigh fracture
27513	C	Treatment of thigh fracture
27514	C	Repair of thigh fracture
27519	C	Repair of thigh growth plate
27524	C	Repair of kneecap fracture
27535	C	Treatment of knee fracture
27536	C	Repair of knee fracture
27540	C	Repair of knee fracture
27557	C	Repair of knee dislocation
27558	C	Repair of knee dislocation
27580	C	Fusion of knee
27590	C	Amputate leg at thigh
27591	C	Amputate leg at thigh
27592	C	Amputate leg at thigh
27596	C	Amputation follow-up surgery
27598	C	Amputate lower leg at knee
27645	C	Extensive lower leg surgery
27646	C	Extensive lower leg surgery
27702	C	Reconstruct ankle joint
27703	C	Reconstruction, ankle joint
27712	C	Realignment of lower leg
27715	C	Revision of lower leg
27720	C	Repair of tibia
27722	C	Repair/graft of tibia
27724	C	Repair/graft of tibia
27725	C	Repair of lower leg
27727	C	Repair of lower leg
27880	C	Amputation of lower leg
27881	C	Amputation of lower leg
27882	C	Amputation of lower leg
27886	C	Amputation follow-up surgery
27888	C	Amputation of foot at ankle
28800	C	Amputation of midfoot
28805	C	Amputation thru metatarsal
31225	C	Removal of upper jaw
31230	C	Removal of upper jaw
31290	C	Nasal/sinus endoscopy, surg
31291	C	Nasal/sinus endoscopy, surg
31292	C	Nasal/sinus endoscopy, surg
31293	C	Nasal/sinus endoscopy, surg
31294	C	Nasal/sinus endoscopy, surg
31360	C	Removal of larynx
31365	C	Removal of larynx
31367	C	Partial removal of larynx
31368	C	Partial removal of larynx
31370	C	Partial removal of larynx
31375	C	Partial removal of larynx
31380	C	Partial removal of larynx
31382	C	Partial removal of larynx
31390	C	Removal of larynx & pharynx
31395	C	Reconstruct larynx & pharynx
31580	C	Revision of larynx
31582	C	Revision of larynx
31584	C	Repair of larynx fracture
31587	C	Revision of larynx
31600	C	Incision of windpipe
31601	C	Incision of windpipe
31610	C	Incision of windpipe
31725	C	Clearance of airways
31760	C	Repair of windpipe
31766	C	Reconstruction of windpipe
31770	C	Repair/graft of bronchus
31775	C	Reconstruct bronchus
31780	C	Reconstruct windpipe
31781	C	Reconstruct windpipe
31785	C	Remove windpipe lesion
31786	C	Remove windpipe lesion
31800	C	Repair of windpipe injury
31805	C	Repair of windpipe injury
32005	C	Treat lung lining chemically
32035	C	Exploration of chest
32036	C	Exploration of chest
32095	C	Biopsy through chest wall
32100	C	Exploration/biopsy of chest
32110	C	Explore/repair chest
32120	C	Re-exploration of chest
32124	C	Explore chest,free adhesions
32140	C	Removal of lung lesion(s)
32141	C	Remove/treat lung lesions
32150	C	Removal of lung lesion(s)
32151	C	Remove lung foreign body
32160	C	Open chest heart massage
32200	C	Open drainage, lung lesion
32201	C	Percut drainage, lung lesion
32215	C	Treat chest lining
32220	C	Release of lung
32225	C	Partial release of lung
32310	C	Removal of chest lining
32320	C	Free/remove chest lining
32402	C	Open biopsy chest lining
32440	C	Removal of lung
32442	C	Sleeve pneumonectomy
32445	C	Removal of lung
32480	C	Partial removal of lung
32482	C	Bilobectomy
32484	C	Segmentectomy
32486	C	Sleeve lobectomy
32488	C	Completion pneumonectomy
32491	C	Lung volume reduction
32500	C	Partial removal of lung
32501	C	Repair bronchus (add-on)
32520	C	Remove lung & revise chest
32522	C	Remove lung & revise chest
32525	C	Remove lung & revise chest
32540	C	Removal of lung lesion
32601	C	Thoracoscopy, diagnostic
32602	C	Thoracoscopy, diagnostic
32603	C	Thoracoscopy, diagnostic
32604	C	Thoracoscopy, diagnostic
32605	C	Thoracoscopy, diagnostic
32606	C	Thoracoscopy, diagnostic
32650	C	Thoracoscopy, surgical
32651	C	Thoracoscopy, surgical
32652	C	Thoracoscopy, surgical
32653	C	Thoracoscopy, surgical
32654	C	Thoracoscopy, surgical
32655	C	Thoracoscopy, surgical
32656	C	Thoracoscopy, surgical
32657	C	Thoracoscopy, surgical
32658	C	Thoracoscopy, surgical
32659	C	Thoracoscopy, surgical
32660	C	Thoracoscopy, surgical
32661	C	Thoracoscopy, surgical
32662	C	Thoracoscopy, surgical
32663	C	Thoracoscopy, surgical
32664	C	Thoracoscopy, surgical
32665	C	Thoracoscopy, surgical
32800	C	Repair lung hernia
32810	C	Close chest after drainage
32815	C	Close bronchial fistula
32820	C	Reconstruct injured chest
32850	C	Donor pneumonectomy
32851	C	Lung transplant, single
32852	C	Lung transplant w/bypass
32853	C	Lung transplant, double
32854	C	Lung transplant w/bypass
32900	C	Removal of rib(s)
32905	C	Revise & repair chest wall
32906	C	Revise & repair chest wall
32940	C	Revision of lung
33015	C	Incision of heart sac
33020	C	Incision of heart sac
33025	C	Incision of heart sac
33030	C	Partial removal of heart sac
33031	C	Partial removal of heart sac
33050	C	Removal of heart sac lesion
33120	C	Removal of heart lesion
33130	C	Removal of heart lesion
33200	C	Insertion of heart pacemaker
33201	C	Insertion of heart pacemaker
33206	C	Insertion of heart pacemaker
33207	C	Insertion of heart pacemaker
33208	C	Insertion of heart pacemaker
33210	C	Insertion of heart electrode
33211	C	Insertion of heart electrode
33212	C	Insertion of pulse generator
33213	C	Insertion of pulse generator
33214	C	Upgrade of pacemaker system
33216	C	Revision implanted electrode
33217	C	Insert/revise electrode
33218	C	Repair pacemaker electrodes

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All rights reserved. Applicable FARS/DFARS apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT[1] HCPCS[2]	HOPD status indicator	Description
33220	C	Repair pacemaker electrode
33233	C	Removal of pacemaker system
33234	C	Removal of pacemaker system
33235	C	Removal pacemaker electrode
33236	C	Remove electrode/ thoracotomy
33237	C	Remove electrode/ thoracotomy
33238	C	Remove electrode/ thoracotomy
33240	C	Insert/replace pulse gener
33241	C	Remove pulse generator only
33242	C	Repair pulse generator/leads
33243	C	Remove generator/ thoracotomy
33244	C	Remove generator
33245	C	Implant heart defibrillator
33246	C	Implant heart defibrillator
33247	C	Insert/replace leads
33249	C	Insert/replace leads/gener
33250	C	Ablate heart dysrhythm focus
33251	C	Ablate heart dysrhythm focus
33253	C	Reconstruct atria
33261	C	Ablate heart dysrhythm focus
33300	C	Repair of heart wound
33305	C	Repair of heart wound
33310	C	Exploratory heart surgery
33315	C	Exploratory heart surgery
33320	C	Repair major blood vessel(s)
33321	C	Repair major vessel
33322	C	Repair major blood vessel(s)
33330	C	Insert major vessel graft
33332	C	Insert major vessel graft
33335	C	Insert major vessel graft
33400	C	Repair of aortic valve
33401	C	Valvuloplasty, open
33403	C	Valvuloplasty, w/cp bypass
33404	C	Prepare heart-aorta conduit
33405	C	Replacement of aortic valve
33406	C	Replacement, aortic valve
33411	C	Replacement of aortic valve
33412	C	Replacement of aortic valve
33413	C	Replacement, aortic valve
33414	C	Repair, aortic valve
33415	C	Revision, subvalvular tissue
33416	C	Revise ventricle muscle
33417	C	Repair of aortic valve
33420	C	Revision of mitral valve
33422	C	Revision of mitral valve
33425	C	Repair of mitral valve
33426	C	Repair of mitral valve
33427	C	Repair of mitral valve
33430	C	Replacement of mitral valve
33460	C	Revision of tricuspid valve
33463	C	Valvuloplasty, tricuspid
33464	C	Valvuloplasty, tricuspid
33465	C	Replace tricuspid valve
33468	C	Revision of tricuspid valve
33470	C	Revision of pulmonary valve
33471	C	Valvotomy, pulmonary valve
33472	C	Revision of pulmonary valve
33474	C	Revision of pulmonary valve
33475	C	Replacement, pulmonary valve
33476	C	Revision of heart chamber
33478	C	Revision of heart chamber
33496	C	Repair, prosth valve clot
33500	C	Repair heart vessel fistula
33501	C	Repair heart vessel fistula
33502	C	Coronary artery correction
33503	C	Coronary artery graft

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT[1] HCPCS[2]	HOPD status indicator	Description
33504	C	Coronary artery graft
33505	C	Repair artery w/tunnel
33506	C	Repair artery, translocation
33510	C	CABG, vein, single
33511	C	CABG, vein, two
33512	C	CABG, vein, three
33513	C	CABG, vein, four
33514	C	CABG, vein, five
33516	C	CABG, vein, six+
33517	C	CABG, artery-vein, single
33518	C	CABG, artery-vein, two
33519	C	CABG, artery-vein, three
33521	C	CABG, artery-vein, four
33522	C	CABG, artery-vein, five
33523	C	CABG, artery-vein, six+
33530	C	Coronary artery, bypass/reop
33533	C	CABG, arterial, single
33534	C	CABG, arterial, two
33535	C	CABG, arterial, three
33536	C	CABG, arterial, four+
33542	C	Removal of heart lesion
33545	C	Repair of heart damage
33572	C	Open coronary endarterectomy
33600	C	Closure of valve
33602	C	Closure of valve
33606	C	Anastomosis/artery-aorta
33608	C	Repair anomaly w/conduit
33610	C	Repair by enlargement
33611	C	Repair double ventricle
33612	C	Repair double ventricle
33615	C	Repair (simple fontan)
33617	C	Repair by modified fontan
33619	C	Repair single ventricle
33641	C	Repair heart septum defect
33645	C	Revision of heart veins
33647	C	Repair heart septum defects
33660	C	Repair of heart defects
33665	C	Repair of heart defects
33670	C	Repair of heart chambers
33681	C	Repair heart septum defect
33684	C	Repair heart septum defect
33688	C	Repair heart septum defect
33690	C	Reinforce pulmonary artery
33692	C	Repair of heart defects
33694	C	Repair of heart defects
33697	C	Repair of heart defects
33702	C	Repair of heart defects
33710	C	Repair of heart defects
33720	C	Repair of heart defect
33722	C	Repair of heart defect
33730	C	Repair heart-vein defect(s)
33732	C	Repair heart-vein defect
33735	C	Revision of heart chamber
33736	C	Revision of heart chamber
33737	C	Revision of heart chamber
33750	C	Major vessel shunt
33755	C	Major vessel shunt
33762	C	Major vessel shunt
33764	C	Major vessel shunt & graft
33766	C	Major vessel shunt
33767	C	Major vessel shunt
33770	C	Repair great vessels defect
33771	C	Repair great vessels defect
33774	C	Repair great vessels defect
33775	C	Repair great vessels defect
33776	C	Repair great vessels defect
33777	C	Repair great vessels defect
33778	C	Repair great vessels defect
33779	C	Repair great vessels defect
33780	C	Repair great vessels defect
33781	C	Repair great vessels defect
33786	C	Repair arterial trunk

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT[1] HCPCS[2]	HOPD status indicator	Description
33788	C	Revision of pulmonary artery
33800	C	Aortic suspension
33802	C	Repair vessel defect
33803	C	Repair vessel defect
33813	C	Repair septal defect
33814	C	Repair septal defect
33820	C	Revise major vessel
33822	C	Revise major vessel
33824	C	Revise major vessel
33840	C	Remove aorta constriction
33845	C	Remove aorta constriction
33851	C	Remove aorta constriction
33852	C	Repair septal defect
33853	C	Repair septal defect
33860	C	Ascending aorta graft
33861	C	Ascending aorta graft
33863	C	Ascending aorta graft
33870	C	Transverse aortic arch graft
33875	C	Thoracic aorta graft
33877	C	Thoracoabdominal graft
33910	C	Remove lung artery emboli
33915	C	Remove lung artery emboli
33916	C	Surgery of great vessel
33917	C	Repair pulmonary artery
33918	C	Repair pulmonary atresia
33919	C	Repair pulmonary atresia
33920	C	Repair pulmonary atresia
33922	C	Transect pulmonary artery
33924	C	Remove pulmonary shunt
33930	C	Removal of donor heart/lung
33935	C	Transplantation, heart/lung
33940	C	Removal of donor heart
33945	C	Transplantation of heart
33960	C	External circulation assist
33961	C	External circulation assist
33970	C	Aortic circulation assist
33971	C	Aortic circulation assist
33973	C	Insert balloon device
33974	C	Remove intra-aortic balloon
33975	C	Implant ventricular device
33976	C	Implant ventricular device
33977	C	Remove ventricular device
33978	C	Remove ventricular device
34001	C	Removal of artery clot
34051	C	Removal of artery clot
34101	C	Removal of artery clot
34111	C	Removal of arm artery clot
34151	C	Removal of artery clot
34201	C	Removal of artery clot
34203	C	Removal of leg artery clot
34401	C	Removal of vein clot
34421	C	Removal of vein clot
34451	C	Removal of vein clot
34471	C	Removal of vein clot
34490	C	Removal of vein clot
34501	C	Repair valve, femoral vein
34502	C	Reconstruct, vena cava
34510	C	Transposition of vein valve
34520	C	Cross-over vein graft
34530	C	Leg vein fusion
35001	C	Repair defect of artery
35002	C	Repair artery rupture, neck
35005	C	Repair defect of artery
35011	C	Repair defect of artery
35013	C	Repair artery rupture, arm
35021	C	Repair defect of artery
35022	C	Repair artery rupture, chest
35045	C	Repair defect of arm artery
35081	C	Repair defect of artery
35082	C	Repair artery rupture, aorta
35091	C	Repair defect of artery
35092	C	Repair artery rupture, aorta
35102	C	Repair defect of artery

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All rights reserved. Applicable FARS/DFARS apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT[1] HCPCS[2]	HOPD status indicator	Description
35103	C	Repair artery rupture, groin
35111	C	Repair defect of artery
35112	C	Repair artery rupture, spleen
35121	C	Repair defect of artery
35122	C	Repair artery rupture, belly
35131	C	Repair defect of artery
35132	C	Repair artery rupture, groin
35141	C	Repair defect of artery
35142	C	Repair artery rupture, thigh
35151	C	Repair defect of artery
35152	C	Repair artery rupture, knee
35161	C	Repair defect of artery
35162	C	Repair artery rupture
35180	C	Repair blood vessel lesion
35182	C	Repair blood vessel lesion
35184	C	Repair blood vessel lesion
35189	C	Repair blood vessel lesion
35190	C	Repair blood vessel lesion
35201	C	Repair blood vessel lesion
35206	C	Repair blood vessel lesion
35211	C	Repair blood vessel lesion
35216	C	Repair blood vessel lesion
35221	C	Repair blood vessel lesion
35226	C	Repair blood vessel lesion
35231	C	Repair blood vessel lesion
35236	C	Repair blood vessel lesion
35241	C	Repair blood vessel lesion
35246	C	Repair blood vessel lesion
35251	C	Repair blood vessel lesion
35256	C	Repair blood vessel lesion
35261	C	Repair blood vessel lesion
35266	C	Repair blood vessel lesion
35271	C	Repair blood vessel lesion
35276	C	Repair blood vessel lesion
35281	C	Repair blood vessel lesion
35286	C	Repair blood vessel lesion
35301	C	Rechanneling of artery
35311	C	Rechanneling of artery
35321	C	Rechanneling of artery
35331	C	Rechanneling of artery
35341	C	Rechanneling of artery
35351	C	Rechanneling of artery
35355	C	Rechanneling of artery
35361	C	Rechanneling of artery
35363	C	Rechanneling of artery
35371	C	Rechanneling of artery
35372	C	Rechanneling of artery
35381	C	Rechanneling of artery
35390	C	Reoperation, carotid add-on
35400	C	Angioscopy
35450	C	Repair arterial blockage
35452	C	Repair arterial blockage
35454	C	Repair arterial blockage
35456	C	Repair arterial blockage
35458	C	Repair arterial blockage
35459	C	Repair arterial blockage
35460	C	Repair venous blockage
35470	C	Repair arterial blockage
35471	C	Repair arterial blockage
35472	C	Repair arterial blockage
35473	C	Repair arterial blockage
35474	C	Repair arterial blockage
35475	C	Repair arterial blockage
35476	C	Repair venous blockage
35480	C	Atherectomy, open
35481	C	Atherectomy, open
35482	C	Atherectomy, open
35483	C	Atherectomy, open
35484	C	Atherectomy, open
35485	C	Atherectomy, open
35490	C	Atherectomy, percutaneous
35491	C	Atherectomy, percutaneous
35492	C	Atherectomy, percutaneous

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT[1] HCPCS[2]	HOPD status indicator	Description
35493	C	Atherectomy, percutaneous
35494	C	Atherectomy, percutaneous
35495	C	Atherectomy, percutaneous
35501	C	Artery bypass graft
35506	C	Artery bypass graft
35507	C	Artery bypass graft
35508	C	Artery bypass graft
35509	C	Artery bypass graft
35511	C	Artery bypass graft
35515	C	Artery bypass graft
35516	C	Artery bypass graft
35518	C	Artery bypass graft
35521	C	Artery bypass graft
35526	C	Artery bypass graft
35531	C	Artery bypass graft
35533	C	Artery bypass graft
35536	C	Artery bypass graft
35541	C	Artery bypass graft
35546	C	Artery bypass graft
35548	C	Artery bypass graft
35549	C	Artery bypass graft
35551	C	Artery bypass graft
35556	C	Artery bypass graft
35558	C	Artery bypass graft
35560	C	Artery bypass graft
35563	C	Artery bypass graft
35565	C	Artery bypass graft
35566	C	Artery bypass graft
35571	C	Artery bypass graft
35582	C	Vein bypass graft
35583	C	Vein bypass graft
35585	C	Vein bypass graft
35587	C	Vein bypass graft
35601	C	Artery bypass graft
35606	C	Artery bypass graft
35612	C	Artery bypass graft
35616	C	Artery bypass graft
35621	C	Artery bypass graft
35623	C	Bypass graft, not vein
35626	C	Artery bypass graft
35631	C	Artery bypass graft
35636	C	Artery bypass graft
35641	C	Artery bypass graft
35642	C	Artery bypass graft
35645	C	Artery bypass graft
35646	C	Artery bypass graft
35650	C	Artery bypass graft
35651	C	Artery bypass graft
35654	C	Artery bypass graft
35656	C	Artery bypass graft
35661	C	Artery bypass graft
35663	C	Artery bypass graft
35665	C	Artery bypass graft
35666	C	Artery bypass graft
35671	C	Artery bypass graft
35681	C	Composite bypass graft
35691	C	Arterial transposition
35693	C	Arterial transposition
35694	C	Arterial transposition
35695	C	Arterial transposition
35700	C	Reoperation, bypass graft
35701	C	Exploration, carotid artery
35721	C	Exploration, femoral artery
35741	C	Exploration popliteal artery
35761	C	Exploration of artery/vein
35800	C	Explore neck vessels
35820	C	Explore chest vessels
35840	C	Explore abdominal vessels
35860	C	Explore limb vessels
35870	C	Repair vessel graft defect
35901	C	Excision, graft, neck
35903	C	Excision, graft, extremity
35905	C	Excision, graft, thorax

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT[1] HCPCS[2]	HOPD status indicator	Description
35907	C	Excision, graft, abdomen
36510	C	Insertion of catheter, vein
36660	C	Insertion catheter, artery
36822	C	Insertion of cannula(s)
36834	C	Repair A-V aneurysm
37140	C	Revision of circulation
37145	C	Revision of circulation
37160	C	Revision of circulation
37180	C	Revision of circulation
37181	C	Splice spleen/kidney veins
37195	C	Thrombolytic therapy, stroke
37200	C	Transcatheter biopsy
37201	C	Transcatheter therapy infuse
37202	C	Transcatheter therapy infuse
37204	C	Transcatheter occlusion
37205	C	Transcatheter stent
37206	C	Transcatheter stent add-on
37207	C	Transcatheter stent
37208	C	Transcatheter stent add-on
37209	C	Exchange arterial catheter
37250	C	Intravascular us
37251	C	Intravascular us
37565	C	Ligation of neck vein
37600	C	Ligation of neck artery
37605	C	Ligation of neck artery
37606	C	Ligation of neck artery
37615	C	Ligation of neck artery
37616	C	Ligation of chest artery
37617	C	Ligation of abdomen artery
37620	C	Revision of major vein
37660	C	Revision of major vein
37788	C	Revascularization, penis
38100	C	Removal of spleen, total
38101	C	Removal of spleen, partial
38102	C	Removal of spleen, total
38115	C	Repair of ruptured spleen
38240	C	Bone marrow/stem transplant
38241	C	Bone marrow/stem transplant
38380	C	Thoracic duct procedure
38381	C	Thoracic duct procedure
38382	C	Thoracic duct procedure
38562	C	Removal, pelvic lymph nodes
38564	C	Removal, abdomen lymph nodes
38700	C	Removal of lymph nodes, neck
38720	C	Removal of lymph nodes, neck
38724	C	Removal of lymph nodes, neck
38746	C	Remove thoracic lymph nodes
38747	C	Remove abdominal lymph nodes
38765	C	Remove groin lymph nodes
38770	C	Remove pelvis lymph nodes
38780	C	Remove abdomen lymph nodes
39000	C	Exploration of chest
39010	C	Exploration of chest
39200	C	Removal chest lesion
39220	C	Removal chest lesion
39400	C	Visualization of chest
39499	C	Chest procedure
39501	C	Repair diaphragm laceration
39502	C	Repair paraesophageal hernia
39503	C	Repair of diaphragm hernia
39520	C	Repair of diaphragm hernia
39530	C	Repair of diaphragm hernia
39531	C	Repair of diaphragm hernia
39540	C	Repair of diaphragm hernia
39541	C	Repair of diaphragm hernia
39545	C	Revision of diaphragm
39599	C	Diaphragm surgery procedure

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All rights reserved. Applicable FARS/DFARS apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT[1] HCPCS[2]	HOPD status indicator	Description
41130	C	Partial removal of tongue
41135	C	Tongue and neck surgery
41140	C	Removal of tongue
41145	C	Tongue removal; neck surgery
41150	C	Tongue, mouth, jaw surgery
41153	C	Tongue, mouth, neck surgery
41155	C	Tongue, jaw, & neck surgery
42145	C	Repair, palate, pharynx/uvula
42426	C	Excise parotid gland/lesion
42845	C	Extensive surgery of throat
42880	C	Excise nose/throat lesion
42894	C	Revision of pharyngeal walls
42953	C	Repair throat, esophagus
42961	C	Control throat bleeding
42971	C	Control nose/throat bleeding
43045	C	Incision of esophagus
43100	C	Excision of esophagus lesion
43101	C	Excision of esophagus lesion
43107	C	Removal of esophagus
43108	C	Removal of esophagus
43112	C	Removal of esophagus
43113	C	Removal of esophagus
43116	C	Partial removal of esophagus
43117	C	Partial removal of esophagus
43118	C	Partial removal of esophagus
43121	C	Partial removal of esophagus
43122	C	Parital removal of esophagus
43123	C	Partial removal of esophagus
43124	C	Removal of esophagus
43130	C	Removal of esophagus pouch
43135	C	Removal of esophagus pouch
43300	C	Repair of esophagus
43305	C	Repair esophagus and fistula
43310	C	Repair of esophagus
43312	C	Repair esophagus and fistula
43320	C	Fuse esophagus & stomach
43324	C	Revise esophagus & stomach
43325	C	Revise esophagus & stomach
43326	C	Revise esophagus & stomach
43330	C	Repair of esophagus
43331	C	Repair of esophagus
43340	C	Fuse esophagus & intestine
43341	C	Fuse esophagus & intestine
43350	C	Surgical opening, esophagus
43351	C	Surgical opening, esophagus
43352	C	Surgical opening, esophagus
43360	C	Gastrointestinal repair
43361	C	Gastrointestinal repair
43400	C	Ligate esophagus veins
43401	C	Esophagus surgery for veins
43405	C	Ligate/staple esophagus
43410	C	Repair esophagus wound
43415	C	Repair esophagus wound
43420	C	Repair esophagus opening
43425	C	Repair esophagus opening
43460	C	Pressure treatment esophagus
43496	C	Free jejunum flap, microvasc
43500	C	Surgical opening of stomach
43501	C	Surgical repair of stomach
43502	C	Surgical repair of stomach
43510	C	Surgical opening of stomach
43520	C	Incision of pyloric muscle
43605	C	Biopsy of stomach
43610	C	Excision of stomach lesion
43611	C	Excision of stomach lesion
43620	C	Removal of stomach
43621	C	Removal of stomach
43622	C	Removal of stomach
43631	C	Removal of stomach, partial
43632	C	Removal stomach, partial
43633	C	Removal stomach, partial
43634	C	Removal stomach, partial
43635	C	Partial removal of stomach
43638	C	Partial removal of stomach
43639	C	Removal stomach, partial
43640	C	Vagotomy & pylorus repair
43641	C	Vagotomy & pylorus repair
43800	C	Reconstruction of pylorus
43810	C	Fusion of stomach and bowel
43820	C	Fusion of stomach and bowel
43825	C	Fusion of stomach and bowel
43830	C	Place gastrostomy tube
43831	C	Place gastrostomy tube
43832	C	Place gastrostomy tube
43840	C	Repair of stomach lesion
43842	C	Gastroplasty for obesity
43843	C	Gastroplasty for obesity
43846	C	Gastric bypass for obesity
43847	C	Gastric bypass for obesity
43848	C	Revision gastroplasty
43850	C	Revise stomach-bowel fusion
43855	C	Revise stomach-bowel fusion
43860	C	Revise stomach-bowel fusion
43865	C	Revise stomach-bowel fusion
43880	C	Repair stomach-bowel fistula
44005	C	Freeing of bowel adhesion
44010	C	Incision of small bowel
44015	C	Insert needle catheter, bowel
44020	C	Exploration of small bowel
44021	C	Decompress small bowel
44025	C	Incision of large bowel
44050	C	Reduce bowel obstruction
44055	C	Correct malrotation of bowel
44110	C	Excision of bowel lesion(s)
44111	C	Excision of bowel lesion(s)
44120	C	Removal of small intestine
44121	C	Removal of small intestine
44125	C	Removal of small intestine
44130	C	Bowel to bowel fusion
44139	C	Mobilization of colon
44140	C	Partial removal of colon
44141	C	Partial removal of colon
44143	C	Partial removal of colon
44144	C	Partial removal of colon
44145	C	Partial removal of colon
44146	C	Partial removal of colon
44147	C	Partial removal of colon
44150	C	Removal of colon
44151	C	Removal of colon/ileostomy
44152	C	Removal of colon/ileostomy
44153	C	Removal of colon/ileostomy
44155	C	Removal of colon
44156	C	Removal of colon/ileostomy
44160	C	Removal of colon
44300	C	Open bowel to skin
44310	C	Ileostomy/jejunostomy
44314	C	Revision of ileostomy
44316	C	Devise bowel pouch
44320	C	Colostomy
44322	C	Colostomy with biopsies
44345	C	Revision of colostomy
44346	C	Revision of colostomy
44500	C	Intro, gastrointestinal tube
44602	C	Suture, small intestine
44603	C	Suture, small intestine
44604	C	Suture, large intestine
44605	C	Repair of bowel lesion
44615	C	Intestinal stricturoplasty
44620	C	Repair bowel opening
44625	C	Repair bowel opening
44626	C	Repair bowel opening
44640	C	Repair bowel-skin fistula
44650	C	Repair bowel fistula
44660	C	Repair bowel-bladder fistula
44661	C	Repair bowel-bladder fistula
44680	C	Surgical revision, intestine
44700	C	Suspend bowel w/prosthesis
44800	C	Excision of bowel pouch
44820	C	Excision of mesentery lesion
44850	C	Repair of mesentery
44899	C	Bowel surgery procedure
44900	C	Drain, app abscess, open
44901	C	Drain, app abscess, perc
44950	C	Appendectomy
44955	C	Appendectomy add-on
44960	C	Appendectomy
45110	C	Removal of rectum
45111	C	Partial removal of rectum
45112	C	Removal of rectum
45113	C	Partial proctectomy
45114	C	Partial removal of rectum
45116	C	Partial removal of rectum
45119	C	Remove, rectum w/reservoir
45120	C	Removal of rectum
45121	C	Removal of rectum and colon
45123	C	Partial proctectomy
45130	C	Excision of rectal prolapse
45135	C	Excision of rectal prolapse
45540	C	Correct rectal prolapse
45541	C	Correct rectal prolapse
45550	C	Repair rectum;remove sigmoid
45562	C	Exploration/repair of rectum
45563	C	Exploration/repair of rectum
45800	C	Repair rectumbladder fistula
45805	C	Repair fistula; colostomy
45820	C	Repair rectourethral fistula
45825	C	Repair fistula; colostomy
46705	C	Repair of anal stricture
46715	C	Repair of anovaginal fistula
46716	C	Repair of anovaginal fistula
46730	C	Construction of absent anus
46735	C	Construction of absent anus
46740	C	Construction of absent anus
46742	C	Repair, imperforated anus
46744	C	Repair, cloacal anomaly
46746	C	Repair, cloacal anomaly
46748	C	Repair, cloacal anomaly
46751	C	Repair of anal sphincter
47001	C	Needle biopsy, liver add-on
47010	C	Open drainage, liver lesion
47011	C	Percut drain, liver lesion
47015	C	Inject/aspirate liver cyst
47100	C	Wedge biopsy of liver
47120	C	Partial removal of liver
47122	C	Extensive removal of liver
47125	C	Partial removal of liver
47130	C	Partial removal of liver
47133	C	Removal of donor liver
47134	C	Partial removal, donor liver
47135	C	Transplantation of liver
47136	C	Transplantation of liver
47300	C	Surgery for liver lesion
47350	C	Repair liver wound
47360	C	Repair liver wound
47361	C	Repair liver wound
47362	C	Repair liver wound
47400	C	Incision of liver duct
47420	C	Incision of bile duct
47425	C	Incision of bile duct
47460	C	Incise bile duct sphincter
47480	C	Incision of gallbladder
47490	C	Incision of gallbladder
47550	C	Bile duct endoscopy add-on
47600	C	Removal of gallbladder
47605	C	Removal of gallbladder
47610	C	Removal of gallbladder
47612	C	Removal of gallbladder
47620	C	Removal of gallbladder
47700	C	Exploration of bile ducts

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All rights reserved. Applicable FARS/DFARS apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT[1] HCPCS[2]	HOPD status indicator	Description
47701	C	Bile duct revision
47711	C	Excision of bile duct tumor
47712	C	Excision of bile duct tumor
47715	C	Excision of bile duct cyst
47716	C	Fusion of bile duct cyst
47720	C	Fuse gallbladder & bowel
47721	C	Fuse upper gi structures
47740	C	Fuse gallbladder & bowel
47741	C	Fuse gallbladder & bowel
47760	C	Fuse bile ducts and bowel
47765	C	Fuse liver ducts & bowel
47780	C	Fuse bile ducts and bowel
47785	C	Fuse bile ducts and bowel
47800	C	Reconstruction of bile ducts
47801	C	Placement, bile duct support
47802	C	Fuse liver duct & intestine
47900	C	Suture bile duct injury
48000	C	Drainage of abdomen
48001	C	Placement of drain, pancreas
48005	C	Resect/debride pancreas
48020	C	Removal of pancreatic stone
48100	C	Biopsy of pancreas
48120	C	Removal of pancreas lesion
48140	C	Partial removal of pancreas
48145	C	Partial removal of pancreas
48146	C	Pancreatectomy
48148	C	Removal of pancreatic duct
48150	C	Partial removal of pancreas
48152	C	Pancreatectomy
48153	C	Pancreatectomy
48154	C	Pancreatectomy
48155	C	Removal of pancreas
48180	C	Fuse pancreas and bowel
48400	C	Injection, intraop add-on
48500	C	Surgery of pancreas cyst
48510	C	Drain pancreatic pseudocyst
48511	C	Drain pancreatic pseudocyst
48520	C	Fuse pancreas cyst and bowel
48540	C	Fuse pancreas cyst and bowel
48545	C	Pancreatorrhaphy
48547	C	Duodenal exclusion
48556	C	Removal, allograft pancreas
49000	C	Exploration of abdomen
49002	C	Reopening of abdomen
49010	C	Exploration behind abdomen
49020	C	Drain abdominal abscess
49021	C	Drain abdominal abscess
49040	C	Open drainage abdom abscess
49041	C	Percut drain abdom abscess
49060	C	Open drain retroper abscess
49061	C	Percutdrain retroper abscess
49062	C	Drain to peritoneal cavity
49200	C	Removal of abdominal lesion
49201	C	Removal of abdominal lesion
49215	C	Excise sacral spine tumor
49220	C	Multiple surgery, abdomen
49255	C	Removal of omentum
49425	C	Insert abdomen-venous drain
49428	C	Ligation of shunt
49605	C	Repair umbilical lesion
49606	C	Repair umbilical lesion
49610	C	Repair umbilical lesion
49611	C	Repair umbilical lesion
49900	C	Repair of abdominal wall
49905	C	Omental flap
49906	C	Free omental flap, microvasc
50010	C	Exploration of kidney
50020	C	Open drain renal abscess
50021	C	Percut drain renal abscess
50040	C	Drainage of kidney
50045	C	Exploration of kidney
50060	C	Removal of kidney stone

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT[1] HCPCS[2]	HOPD status indicator	Description
50065	C	Incision of kidney
50070	C	Incision of kidney
50075	C	Removal of kidney stone
50080	C	Removal of kidney stone
50081	C	Removal of kidney stone
50100	C	Revise kidney blood vessels
50120	C	Exploration of kidney
50125	C	Explore and drain kidney
50130	C	Removal of kidney stone
50135	C	Exploration of kidney
50205	C	Biopsy of kidney
50220	C	Removal of kidney
50225	C	Removal of kidney
50230	C	Removal of kidney
50234	C	Removal of kidney & ureter
50236	C	Removal of kidney & ureter
50240	C	Partial removal of kidney
50280	C	Removal of kidney lesion
50290	C	Removal of kidney lesion
50300	C	Removal of donor kidney
50320	C	Removal of donor kidney
50340	C	Removal of kidney
50360	C	Transplantation of kidney
50365	C	Transplantation of kidney
50370	C	Remove transplanted kidney
50380	C	Reimplantation of kidney
50400	C	Revision of kidney/ureter
50405	C	Revision of kidney/ureter
50500	C	Repair of kidney wound
50520	C	Close kidney-skin fistula
50525	C	Repair renal-abdomen fistula
50526	C	Repair renal-abdomen fistula
50540	C	Revision of horseshoe kidney
50570	C	Kidney endoscopy
50572	C	Kidney endoscopy
50574	C	Kidney endoscopy & biopsy
50575	C	Kidney endoscopy
50576	C	Kidney endoscopy & treatment
50578	C	Renal endoscopy; radiotracer
50580	C	Kidney endoscopy & treatment
50600	C	Exploration of ureter
50605	C	Insert ureteral support
50610	C	Removal of ureter stone
50620	C	Removal of ureter stone
50630	C	Removal of ureter stone
50650	C	Removal of ureter
50660	C	Removal of ureter
50700	C	Revision of ureter
50715	C	Release of ureter
50722	C	Release of ureter
50725	C	Release/revise ureter
50727	C	Revise ureter
50728	C	Revise ureter
50740	C	Fusion of ureter & kidney
50750	C	Fusion of ureter & kidney
50760	C	Fusion of ureters
50770	C	Splicing of ureters
50780	C	Reimplant ureter in bladder
50782	C	Reimplant ureter in bladder
50783	C	Reimplant ureter in bladder
50785	C	Reimplant ureter in bladder
50800	C	Implant ureter in bowel
50810	C	Fusion of ureter & bowel
50815	C	Urine shunt to bowel
50820	C	Construct bowel bladder
50825	C	Construct bowel bladder
50830	C	Revise urine flow
50840	C	Replace ureter by bowel
50845	C	Appendico-vesicostomy
50860	C	Transplant ureter to skin
50900	C	Repair of ureter
50920	C	Closure ureter/skin fistula
50930	C	Closure ureter/bowel fistula

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT[1] HCPCS[2]	HOPD status indicator	Description
50940	C	Release of ureter
50970	C	Ureter endoscopy
50972	C	Ureter endoscopy & catheter
50974	C	Ureter endoscopy & biopsy
50976	C	Ureter endoscopy & treatment
50978	C	Ureter endoscopy & tracer
50980	C	Ureter endoscopy & treatment
51060	C	Removal of ureter stone
51525	C	Removal of bladder lesion
51530	C	Removal of bladder lesion
51535	C	Repair of ureter lesion
51550	C	Partial removal of bladder
51555	C	Partial removal of bladder
51565	C	Revise bladder & ureter(s)
51570	C	Removal of bladder
51575	C	Removal of bladder & nodes
51580	C	Remove bladder; revise tract
51585	C	Removal of bladder & nodes
51590	C	Remove bladder; revise tract
51595	C	Remove bladder; revise tract
51596	C	Remove bladder, create pouch
51597	C	Removal of pelvic structures
51800	C	Revision of bladder/urethra
51820	C	Revision of urinary tract
51840	C	Attach bladder/urethra
51841	C	Attach bladder/urethra
51845	C	Repair bladder neck
51860	C	Repair of bladder wound
51865	C	Repair of bladder wound
51900	C	Repair bladder/vagina lesion
51920	C	Close bladder-uterus fistula
51925	C	Hysterectomy/bladder repair
51940	C	Correction of bladder defect
51960	C	Revision of bladder & bowel
51980	C	Construct bladder opening
53085	C	Drainage of urinary leakage
53415	C	Reconstruction of urethra
53443	C	Reconstruction of urethra
54125	C	Removal of penis
54130	C	Remove penis & nodes
54135	C	Remove penis & nodes
54332	C	Revise penis, urethra
54336	C	Revise penis, urethra
54390	C	Repair penis and bladder
54430	C	Revision of penis
54535	C	Extensive testis surgery
54560	C	Exploration for testis
54650	C	Orchiopexy (Fowler-Stephens)
55600	C	Incise sperm duct pouch
55605	C	Incise sperm duct pouch
55650	C	Remove sperm duct pouch
55801	C	Removal of prostate
55810	C	Extensive prostate surgery
55812	C	Extensive prostate surgery
55815	C	Extensive prostate surgery
55821	C	Removal of prostate
55831	C	Removal of prostate
55840	C	Extensive prostate surgery
55842	C	Extensive prostate surgery
55845	C	Extensive prostate surgery
55860	C	Surgical exposure, prostate
55862	C	Extensive prostate surgery
55865	C	Extensive prostate surgery
56308	C	Laparoscopy; hysterectomy
56310	C	Laparoscopic enterolysis
56314	C	Lapar; drain lymphocele
56315	C	Laparoscopic appendectomy
56322	C	Laparoscopy, vagus nerves
56323	C	Laparoscopy, vagus nerves
56324	C	Laparoscopy, cholecystoenter
56340	C	Laparoscopic cholecystectomy
56341	C	Laparoscopic cholecystectomy

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All rights reserved. Applicable FARS/DFARS apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT[1] HCPCS[2]	HOPD status indicator	Description
56342	C	Laparoscopic cholecystectomy
56345	C	Laparoscopic splenectomy
56347	C	Laparoscopic jejunostomy
56348	C	Laparo; resect intestine
56349	C	Laparoscopy; fundoplasty
56630	C	Extensive vulva surgery
56631	C	Extensive vulva surgery
56632	C	Extensive vulva surgery
56633	C	Extensive vulva surgery
56634	C	Extensive vulva surgery
56637	C	Extensive vulva surgery
56640	C	Extensive vulva surgery
56805	C	Repair clitoris
57108	C	Partial removal of vagina
57110	C	Remove vagina wall, complete
57120	C	Closure of vagina
57270	C	Repair of bowel pouch
57280	C	Suspension of vagina
57282	C	Repair of vaginal prolapse
57292	C	Construct vagina with graft
57305	C	Repair rectum-vagina fistula
57307	C	Fistula repair & colostomy
57308	C	Fistula repair, transperine
57310	C	Repair urethrovaginal lesion
57311	C	Repair urethrovaginal lesion
57320	C	Repair bladder-vagina lesion
57330	C	Repair bladder-vagina lesion
57335	C	Repair vagina
57531	C	Removal of cervix, radical
57540	C	Removal of residual cervix
57545	C	Remove cervix, repair pelvis
58140	C	Removal of uterus lesion
58150	C	Total hysterectomy
58152	C	Total hysterectomy
58180	C	Partial hysterectomy
58200	C	Extensive hysterectomy
58210	C	Extensive hysterectomy
58240	C	Removal of pelvis contents
58260	C	Vaginal hysterectomy
58262	C	Vaginal hysterectomy
58263	C	Vaginal hysterectomy
58267	C	Hysterectomy & vagina repair
58270	C	Hysterectomy & vagina repair
58275	C	Hysterectomy, revise vagina
58280	C	Hysterectomy, revise vagina
58285	C	Extensive hysterectomy
58400	C	Suspension of uterus
58410	C	Suspension of uterus
58520	C	Repair of ruptured uterus
58540	C	Revision of uterus
58600	C	Division of fallopian tube
58605	C	Division of fallopian tube
58611	C	Ligate oviduct(s) add-on
58615	C	Occlude fallopian tube(s)
58700	C	Removal of fallopian tube
58720	C	Removal of ovary/tube(s)
58740	C	Revise fallopian tube(s)
58750	C	Repair oviduct
58752	C	Revise ovarian tube(s)
58760	C	Remove tubal obstruction
58770	C	Create new tubal opening
58805	C	Drainage of ovarian cyst(s)
58822	C	Percut drain ovary abscess
58823	C	Percut drain pelvic abscess
58825	C	Transposition, ovary(s)
58900	C	Biopsy of ovary(s)
58920	C	Partial removal of ovary(s)
58925	C	Removal of ovarian cyst(s)
58940	C	Removal of ovary(s)
58943	C	Removal of ovary(s)
58950	C	Resect ovarian malignancy
58951	C	Resect ovarian malignancy
58952	C	Resect ovarian malignancy

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT[1] HCPCS[2]	HOPD status indicator	Description
58960	C	Exploration of abdomen
59100	C	Remove uterus lesion
59120	C	Treat ectopic pregnancy
59121	C	Treat ectopic pregnancy
59130	C	Treat ectopic pregnancy
59135	C	Treat ectopic pregnancy
59136	C	Treat ectopic pregnancy
59140	C	Treat ectopic pregnancy
59150	C	Treat ectopic pregnancy
59151	C	Treat ectopic pregnancy
59325	C	Revision of cervix
59350	C	Repair of uterus
59514	C	Cesarean delivery only
59525	C	Remove uterus after cesarean
59620	C	Attempted vbac delivery only
59830	C	Treat uterus infection
59850	C	Abortion
59851	C	Abortion
59852	C	Abortion
59855	C	Abortion
59856	C	Abortion
59857	C	Abortion
59866	C	Abortion
60212	C	Parital thyroid excision
60252	C	Removal of thyroid
60254	C	Extensive thyroid surgery
60260	C	Repeat thyroid surgery
60270	C	Removal of thyroid
60271	C	Removal of thyroid
60500	C	Explore parathyroid glands
60502	C	Re-explore parathyroids
60505	C	Explore parathyroid glands
60512	C	Autotransplant, parathyroid
60520	C	Removal of thymus gland
60521	C	Removal thymus gland
60522	C	Removal of thymus gland
60540	C	Explore adrenal gland
60545	C	Explore adrenal gland
60600	C	Remove carotid body lesion
60605	C	Remove carotid body lesion
61105	C	Twist drill hole
61106	C	Drill skull for exam/surgery
61107	C	Drill skull for implantation
61108	C	Drill skull for drainage
61120	C	Burr hole for puncture
61130	C	Pierce skull, exam/surgery
61140	C	Pierce skull for biopsy
61150	C	Pierce skull for drainage
61151	C	Pierce skull for drainage
61154	C	Pierce skull, remove clot
61156	C	Pierce skull for drainage
61210	C	Pierce skull; implant device
61250	C	Pierce skull & explore
61253	C	Pierce skull & explore
61304	C	Open skull for exploration
61305	C	Open skull for exploration
61312	C	Open skull for drainage
61313	C	Open skull for drainage
61314	C	Open skull for drainage
61315	C	Open skull for drainage
61320	C	Open skull for drainage
61321	C	Open skull for drainage
61330	C	Decompress eye socket
61332	C	Explore/biopsy eye socket
61333	C	Explore orbit; remove lesion
61334	C	Explore orbit; remove object
61340	C	Relieve cranial pressure
61343	C	Incise skull, pressure relief
61345	C	Relieve cranial pressure
61440	C	Incise skull for surgery
61450	C	Incise skull for surgery
61458	C	Incise skull for brain wound
61460	C	Incise skull for surgery

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT[1] HCPCS[2]	HOPD status indicator	Description
61470	C	Incise skull for surgery
61480	C	Incise skull for surgery
61490	C	Incise skull for surgery
61500	C	Removal of skull lesion
61501	C	Remove infected skull bone
61510	C	Removal of brain lesion
61512	C	Remove brain lining lesion
61514	C	Removal of brain abscess
61516	C	Removal of brain lesion
61518	C	Removal of brain lesion
61519	C	Remove brain lining lesion
61520	C	Removal of brain lesion
61521	C	Removal of brain lesion
61522	C	Removal of brain abscess
61524	C	Removal of brain lesion
61526	C	Removal of brain lesion
61530	C	Removal of brain lesion
61531	C	Implant brain electrodes
61533	C	Implant brain electrodes
61534	C	Removal of brain lesion
61535	C	Remove brain electrodes
61536	C	Removal of brain lesion
61538	C	Removal of brain tissue
61539	C	Removal of brain tissue
61541	C	Incision of brain tissue
61542	C	Removal of brain tissue
61543	C	Removal of brain tissue
61544	C	Remove & treat brain lesion
61545	C	Excision of brain tumor
61546	C	Removal of pituitary gland
61548	C	Removal of pituitary gland
61550	C	Release of skull seams
61552	C	Release of skull seams
61556	C	Incise skull/sutures
61557	C	Incise skull/sutures
61558	C	Excision of skull/sutures
61559	C	Excision of skull/sutures
61563	C	Excision of skull tumor
61564	C	Excision of skull tumor
61570	C	Remove brain foreign body
61571	C	Incise skull for brain wound
61575	C	Skull base/brainstem surgery
61576	C	Skull base/brainstem surgery
61580	C	Craniofacial approach, skull
61581	C	Craniofacial approach, skull
61582	C	Craniofacial approach, skull
61583	C	Craniofacial approach, skull
61584	C	Orbitocranial approach/skull
61585	C	Orbitocranial approach/skull
61586	C	Resect nasopharynx, skull
61590	C	Infratemporal approach/skull
61591	C	Infratemporal approach/skull
61592	C	Orbitocranial approach/skull
61595	C	Transtemporal approach/skull
61596	C	Transcochlear approach/skull
61597	C	Transcondylar approach/skull
61598	C	Transpetrosal approach/skull
61600	C	Resect/excise cranial lesion
61601	C	Resect/excise cranial lesion
61605	C	Resect/excise cranial lesion
61606	C	Resect/excise cranial lesion
61607	C	Resect/excise cranial lesion
61608	C	Resect/excise cranial lesion
61609	C	Transect, artery, sinus
61610	C	Transect, artery, sinus
61611	C	Transect, artery, sinus
61612	C	Transect, artery, sinus
61613	C	Remove aneurysm, sinus
61615	C	Resect/excise lesion, skull
61616	C	Resect/excise lesion, skull
61618	C	Repair dura
61619	C	Repair dura
61624	C	Occlusion/embolization cath

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All rights reserved. Applicable FARS/DFARS apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT[1] HCPCS[2]	HOPD status indicator	Description
61626	C	Occlusion/embolization cath
61680	C	Intracranial vessel surgery
61682	C	Intracranial vessel surgery
61684	C	Intracranial vessel surgery
61686	C	Intracranial vessel surgery
61690	C	Intracranial vessel surgery
61692	C	Intracranial vessel surgery
61700	C	Inner skull vessel surgery
61702	C	Inner skull vessel surgery
61703	C	Clamp neck artery
61705	C	Revise circulation to head
61708	C	Revise circulation to head
61710	C	Revise circulation to head
61711	C	Fusion of skull arteries
61712	C	Skull or spine microsurgery
61720	C	Incise skull/brain surgery
61735	C	Incise skull/brain surgery
61750	C	Incise skull; brain biopsy
61751	C	Brain biopsy with cat scan
61760	C	Implant brain electrodes
61770	C	Incise skull for treatment
61791	C	Treat trigeminal tract
61795	C	Brain surgery using computer
61850	C	Implant neuroelectrodes
61855	C	Implant neuroelectrodes
61860	C	Implant neuroelectrodes
61865	C	Implant neuroelectrodes
61870	C	Implant neuroelectrodes
61875	C	Implant neuroelectrodes
61880	C	Revise/remove neuroelectrode
61888	C	Revise/remove neuroreceiver
62000	C	Repair of skull fracture
62005	C	Repair of skull fracture
62010	C	Treatment of head injury
62100	C	Repair brain fluid leakage
62115	C	Reduction of skull defect
62116	C	Reduction of skull defect
62117	C	Reduction of skull defect
62120	C	Repair skull cavity lesion
62121	C	Incise skull repair
62140	C	Repair of skull defect
62141	C	Repair of skull defect
62142	C	Remove skull plate/flap
62143	C	Replace skull plate/flap
62145	C	Repair of skull & brain
62146	C	Repair of skull with graft
62147	C	Repair of skull with graft
62180	C	Establish brain cavity shunt
62190	C	Establish brain cavity shunt
62192	C	Establish brain cavity shunt
62200	C	Establish brain cavity shunt
62201	C	Establish brain cavity shunt
62220	C	Establish brain cavity shunt
62223	C	Establish brain cavity shunt
62256	C	Remove brain cavity shunt
62258	C	Replace brain cavity shunt
62351	C	Implant spinal catheter
63001	C	Removal of spinal lamina
63003	C	Removal of spinal lamina
63005	C	Removal of spinal lamina
63011	C	Removal of spinal lamina
63012	C	Removal of spinal lamina
63015	C	Removal of spinal lamina
63016	C	Removal of spinal lamina
63017	C	Removal of spinal lamina
63020	C	Neck spine disk surgery
63030	C	Low back disk surgery
63035	C	Spinal disk surgery add-on
63040	C	Neck spine disk surgery
63042	C	Low back disk surgery
63045	C	Removal of spinal lamina
63046	C	Removal of spinal lamina
63047	C	Removal of spinal lamina

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT[1] HCPCS[2]	HOPD status indicator	Description
63048	C	Remove spinal lamina add-on
63055	C	Decompress spinal cord
63056	C	Decompress spinal cord
63057	C	Decompress spine cord add-on
63064	C	Decompress spinal cord
63066	C	Decompress spine cord add-on
63075	C	Neck spine disk surgery
63076	C	Neck spine disk surgery
63077	C	Spine disk surgery, thorax
63078	C	Spine disk surgery, thorax
63081	C	Removal of vertebral body
63082	C	Remove vertebral body add-on
63085	C	Removal of vertebral body
63086	C	Remove vertebral body add-on
63087	C	Removal of vertebral body
63088	C	Remove vertebral body add-on
63090	C	Removal of vertebral body
63091	C	Remove vertebral body add-on
63170	C	Incise spinal cord tract(s)
63172	C	Drainage of spinal cyst
63173	C	Drainage of spinal cyst
63180	C	Revise spinal cord ligaments
63182	C	Revise spinal cord ligaments
63185	C	Incise spinal column/nerves
63190	C	Incise spinal column/nerves
63191	C	Incise spinal column/nerves
63194	C	Incise spinal column & cord
63195	C	Incise spinal column & cord
63196	C	Incise spinal column & cord
63197	C	Incise spinal column & cord
63198	C	Incise spinal column & cord
63199	C	Incise spinal column & cord
63200	C	Release of spinal cord
63250	C	Revise spinal cord vessels
63251	C	Revise spinal cord vessels
63252	C	Revise spinal cord vessels
63265	C	Excise intraspinal lesion
63266	C	Excise intraspinal lesion
63267	C	Excise intraspinal lesion
63268	C	Excise intraspinal lesion
63270	C	Excise intraspinal lesion
63271	C	Excise intraspinal lesion
63272	C	Excise intraspinal lesion
63273	C	Excise intraspinal lesion
63275	C	Biopsy/excise spinal tumor
63276	C	Biopsy/excise spinal tumor
63277	C	Biopsy/excise spinal tumor
63278	C	Biopsy/excise spinal tumor
63280	C	Biopsy/excise spinal tumor
63281	C	Biopsy/excise spinal tumor
63282	C	Biopsy/excise spinal tumor
63283	C	Biopsy/excise spinal tumor
63285	C	Biopsy/excise spinal tumor
63286	C	Biopsy/excise spinal tumor
63287	C	Biopsy/excise spinal tumor
63290	C	Biopsy/excise spinal tumor
63300	C	Removal of vertebral body
63301	C	Removal of vertebral body
63302	C	Removal of vertebral body
63303	C	Removal of vertebral body
63304	C	Removal of vertebral body
63305	C	Removal of vertebral body
63306	C	Removal of vertebral body
63307	C	Removal of vertebral body
63308	C	Remove vertebral body add-on
63655	C	Implant neuroelectrodes

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT[1] HCPCS[2]	HOPD status indicator	Description
63700	C	Repair of spinal herniation
63702	C	Repair of spinal herniation
63704	C	Repair of spinal herniation
63706	C	Repair of spinal herniation
63707	C	Repair spinal fluid leakage
63709	C	Repair spinal fluid leakage
63710	C	Graft repair of spine defect
63740	C	Install spinal shunt
63741	C	Install spinal shunt
64752	C	Incision of vagus nerve
64755	C	Incision of stomach nerves
64760	C	Incision of vagus nerve
64763	C	Incise hip/thigh nerve
64766	C	Incise hip/thigh nerve
64802	C	Remove sympathetic nerves
64804	C	Remove sympathetic nerves
64809	C	Remove sympathetic nerves
64818	C	Remove sympathetic nerves
64820	C	Remove sympathetic nerves
64866	C	Fusion of facial/other nerve
64868	C	Fusion of facial/other nerve
65110	C	Removal of eye
65112	C	Remove eye, revise socket
65114	C	Remove eye, revise socket
65273	C	Repair of eye wound
67414	C	Explore/decompress eye socke
67445	C	Explore/decompress eye socke
67570	C	Decompress optic nerve
69155	C	Extensive ear/neck surgery
69535	C	Remove part of temporal bone
69554	C	Remove ear lesion
69950	C	Incise inner ear nerve
69955	C	Release facial nerve
69960	C	Release inner ear canal
69970	C	Remove inner ear lesion
69979	C	Temporal bone surgery
74300	C	X-ray bile ducts, pancreas
74301	C	X-rays at surgery add-on
75894	C	X-rays, transcatheter therapy
75896	C	X-rays, transcatheter therapy
75900	C	Arterial catheter exchange
75940	C	X-ray placement, vein filter
75945	C	Intravascular us
75946	C	Intravascular us add-on
75960	C	Transcatheter intro, stent
75961	C	Retrieval, broken catheter
75962	C	Repair arterial blockage
75964	C	Repair artery blockage, each
75966	C	Repair arterial blockage
75968	C	Repair artery blockage, each
75970	C	Vascular biopsy
75978	C	Repair venous blockage
75992	C	Atherectomy, x-ray exam
75993	C	Atherectomy, x-ray exam
75994	C	Atherectomy, x-ray exam
75995	C	Atherectomy, x-ray exam
75996	C	Atherectomy, x-ray exam
92970	C	Cardioassist, internal
92971	C	Cardioassist, external
92975	C	Dissolve clot, heart vessel
92977	C	Dissolve clot, heart vessel
92978	C	Intravas us, heart add-on
92979	C	Intravas us, heart (add-on)
92980	C	Insert intracoronary stent
92981	C	Insert intracoronary stent
92982	C	Coronary artery dilation
92984	C	Coronary artery dilation
92986	C	Revision of aortic valve
92987	C	Revision of mitral valve
92990	C	Revision of pulmonary valve
92992	C	Revision of heart chamber

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All rights reserved. Applicable FARS/DFARS apply.
[2] Copyright 1994 American Dental Association. All rights reserved.

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT[1] HCPCS[2]	HOPD status indicator	Description
92993	C	Revision of heart chamber
92995	C	Coronary atherectomy
92996	C	Coronary atherectomy add-on
92997	C	Pul art balloon repair, perc
92998	C	Pul art balloon repair, perc
94652	C	Pressure breathing (IPPB)
94656	C	Initial ventilator mgmt
95920	C	Intraop nerve test add-on
95961	C	Electrode stimulation, brain
95962	C	Electrode stimulation, brain
99190	C	Special pump services
99191	C	Special pump services

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT[1] HCPCS[2]	HOPD status indicator	Description
99192	C	Special pump services
99234	C	Observ/hosp same date
99235	C	Observ/hosp same date
99236	C	Observ/hosp same date
99251	C	Initial inpatient consult
99252	C	Initial inpatient consult
99253	C	Initial inpatient consult
99254	C	Initial inpatient consult
99255	C	Initial inpatient consult
99261	C	Follow-up inpatient consult
99262	C	Follow-up inpatient consult
99263	C	Follow-up inpatient consult

ADDENDUM G.—CPT CODES WHICH WOULD BE PAID ONLY AS INPATIENT PROCEDURES—Continued

CPT[1] HCPCS[2]	HOPD status indicator	Description
99295	C	Neonatal critical care
99296	C	Neonatal critical care
99297	C	Neonatal critical care
99356	C	Prolonged service, inpatient
99357	C	Prolonged service, inpatient
99433	C	Normal newborn care,hospital

[1] CPT codes and descriptions only are copyright 1997 American Medical Association. All rights reserved. Applicable FARS/DFARS apply.

[2] Copyright 1994 American Dental Association. All rights reserved.

51. On pages 48005 through 48030, Addendum I is corrected to read as follows:

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL

Hospital	SMI
10001	2.87
10004	1.70
10005	2.04
10006	2.81
10007	1.56
10008	1.77
10009	1.47
10010	2.30
10011	2.42
10012	2.01
10015	2.11
10016	2.49
10018	6.17
10019	2.24
10021	1.64
10022	1.86
10023	2.47
10024	2.75
10025	2.02
10027	1.00
10029	2.98
10031	1.85
10032	1.27
10033	1.47
10034	2.41
10035	2.82
10036	2.42
10038	4.13
10039	2.05
10040	2.42
10043	2.17
10044	2.03
10045	1.82
10046	2.00
10047	1.55
10049	2.86
10050	1.79
10051	1.49
10052	1.48
10053	1.88
10054	1.79
10055	2.63
10056	2.61
10058	1.16
10059	1.76
10061	2.48
10062	1.64
10064	3.07
10065	2.25
10066	1.32
10068	1.35
10069	2.15

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
10072	2.44
10073	2.43
10078	2.31
10079	2.33
10080	1.05
10081	2.33
10083	2.10
10084	3.82
10087	2.56
10089	2.42
10090	2.33
10091	1.55
10092	2.36
10094	2.36
10095	1.36
10097	1.92
10098	1.68
10099	1.89
10100	2.58
10101	2.26
10102	1.23
10103	2.19
10104	2.47
10108	1.82
10109	2.17
10110	1.14
10112	1.73
10113	2.55
10114	2.24
10115	1.40
10117	1.19
10118	2.43
10119	2.05
10120	1.91
10123	2.90
10124	3.20
10125	1.38
10126	2.00
10127	3.04
10128	1.28
10129	1.76
10130	1.59
10131	2.58
10134	1.44
10137	1.41
10138	1.21
10139	2.54
10143	1.80
10144	2.52
10145	1.51
10146	2.79
10148	1.83

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
10149	2.67
10150	1.99
10152	2.08
10155	1.50
13025	1.76
13027	1.08
13028	0.89
13300	1.38
14000	1.26
14002	1.20
20001	2.64
20002	1.99
20004	1.80
20005	1.03
20006	1.87
20007	0.84
20008	2.08
20009	1.03
20010	0.53
20011	0.98
20012	3.12
20013	1.76
20014	1.70
20017	3.05
20024	1.78
20025	1.00
24001	1.40
30001	2.48
30002	2.35
30003	1.98
30004	0.83
30006	2.66
30007	2.48
30009	1.32
30010	2.44
30011	3.35
30012	1.86
30014	2.89
30016	1.75
30017	2.70
30018	2.90
30019	2.27
30022	1.64
30023	2.67
30024	3.42
30025	1.66
30027	1.62
30030	2.79
30033	2.36
30034	1.24
30035	2.92
30036	2.27

Note: The national average service mix discounted for multiple procedures is 2.05.

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
30037	3.90
30038	3.06
30040	1.83
30041	1.23
30043	2.41
30044	1.97
30047	1.57
30049	0.75
30054	0.84
30055	2.33
30059	2.44
30060	2.14
30061	1.90
30062	2.33
30064	2.43
30065	2.75
30067	1.56
30068	2.35
30069	2.80
30080	2.53
30083	2.40
30085	2.32
30086	2.18
30087	3.31
30088	2.05
30089	2.52
30092	2.52
30093	1.60
30094	1.96
30095	2.95
33025	1.61
33026	1.81
33028	1.49
34004	1.34
34008	1.57
34009	1.31
34010	1.31
34013	1.33
34015	1.31
34019	1.28
40001	2.26
40002	2.09
40003	1.80
40004	3.63
40005	1.89
40007	3.84
40008	1.26
40010	2.98
40011	1.94
40014	2.54
40015	1.65
40016	1.93
40017	2.35
40018	2.70
40019	2.29
40020	2.73
40021	2.97
40022	2.23
40024	1.68
40025	1.72
40026	2.41
40027	2.93
40028	2.00
40029	3.25
40030	1.26
40032	0.91
40035	1.12
40036	2.94
40037	1.85
40039	2.44
40040	1.27
40041	3.11
40042	2.04
40044	1.28
40045	1.60
40047	1.71

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
40048	2.33
40050	2.67
40051	2.02
40053	1.59
40054	2.96
40055	2.47
40058	2.12
40060	1.33
40062	2.30
40064	1.40
40066	3.24
40067	1.18
40069	2.76
40070	1.70
40071	2.52
40072	2.19
40074	2.70
40075	1.63
40076	1.70
40077	1.63
40078	2.58
40080	1.69
40081	0.93
40082	1.71
40084	2.89
40085	1.83
40088	2.99
40090	1.25
40091	1.63
40093	1.19
40100	2.21
40105	1.22
40106	1.95
40107	1.50
40109	1.91
40114	4.32
40116	2.81
40118	2.62
40119	2.76
40124	2.31
40126	1.82
40132	0.96
43026	1.42
43027	0.87
43028	1.19
43029	1.76
43031	0.82
43032	2.80
43300	1.51
44004	1.29
44005	1.32
44006	1.38
44010	1.52
44011	1.69
44012	1.32
50002	1.89
50006	2.28
50007	2.11
50009	2.75
50013	2.93
50014	2.65
50015	2.21
50016	2.00
50017	4.45
50018	2.36
50021	2.13
50022	2.57
50024	2.06
50025	2.08
50026	2.05
50028	2.32
50029	2.13
50030	1.75
50032	2.91
50033	2.05
50036	2.58

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
50038	1.39
50039	2.62
50042	3.00
50043	2.66
50045	3.04
50046	2.17
50047	2.86
50051	1.45
50054	1.57
50055	1.71
50056	3.32
50057	3.01
50058	2.70
50060	1.93
50061	4.86
50063	2.56
50065	2.34
50066	2.25
50067	1.80
50068	2.45
50069	2.55
50077	2.72
50078	2.45
50079	2.02
50080	1.68
50081	1.10
50082	2.59
50084	2.23
50088	1.30
50089	1.99
50090	2.38
50091	2.33
50092	1.71
50093	3.45
50095	3.59
50096	2.44
50097	3.49
50099	2.11
50100	2.37
50101	2.56
50102	1.86
50103	2.79
50104	2.16
50107	2.48
50108	2.48
50109	2.25
50110	3.14
50111	4.66
50112	2.51
50113	1.26
50114	2.19
50115	1.87
50116	2.62
50117	2.82
50118	2.37
50121	2.97
50122	2.74
50124	2.34
50125	2.92
50126	2.67
50127	1.96
50128	2.19
50129	2.61
50131	2.34
50132	2.44
50133	1.99
50135	1.34
50136	2.46
50144	2.21
50145	2.53
50146	1.30
50148	2.21
50149	2.20
50150	2.29
50152	2.15
50153	2.32

Note: The national average service mix discounted for multiple procedures is 2.05.

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
50155	2.05
50158	3.24
50159	1.34
50167	1.30
50168	3.18
50169	2.48
50170	2.63
50172	1.71
50173	2.59
50174	3.12
50175	3.10
50177	1.80
50179	2.45
50180	2.09
50183	1.22
50186	1.67
50188	3.47
50189	2.28
50191	2.39
50192	1.45
50193	1.68
50194	2.48
50195	2.14
50196	2.11
50197	2.49
50204	3.00
50205	2.12
50207	3.11
50208	2.02
50211	2.50
50213	1.26
50214	2.16
50215	2.83
50217	2.07
50219	1.77
50222	2.39
50224	2.49
50225	2.08
50226	2.63
50228	1.13
50230	2.69
50231	3.45
50232	2.78
50233	2.70
50234	1.56
50235	2.48
50236	2.04
50238	2.03
50239	2.50
50240	2.55
50241	2.21
50242	2.13
50243	1.94
50245	1.15
50248	1.39
50251	2.10
50253	1.33
50254	2.98
50256	1.36
50257	1.66
50260	1.32
50261	1.98
50262	2.09
50264	2.13
50267	2.56
50270	2.48
50272	1.77
50274	1.44
50276	1.18
50277	2.32
50278	2.44
50279	1.81
50280	2.50
50281	3.59
50282	2.19
50283	1.12

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
50286	0.95
50289	2.46
50290	2.28
50291	1.60
50292	1.37
50293	1.30
50295	2.45
50296	2.25
50298	2.00
50299	2.87
50300	2.80
50301	2.81
50302	2.65
50305	1.97
50307	3.51
50308	2.19
50309	2.76
50310	2.76
50312	2.34
50313	2.89
50315	1.13
50317	1.79
50320	1.18
50324	2.91
50325	1.66
50327	2.26
50328	2.48
50329	1.65
50331	1.93
50333	1.02
50334	3.18
50335	1.25
50336	2.31
50337	1.66
50342	2.71
50343	3.02
50348	1.58
50349	1.14
50350	2.08
50351	3.05
50352	1.73
50353	2.37
50355	1.01
50357	2.29
50359	3.22
50360	3.01
50366	1.90
50367	1.81
50369	2.21
50377	0.87
50378	2.01
50379	1.42
50380	3.09
50382	2.50
50385	2.10
50388	0.92
50390	2.47
50391	1.88
50392	1.28
50393	2.75
50394	3.09
50396	3.93
50397	1.31
50401	2.18
50404	1.43
50406	1.38
50407	2.72
50410	0.95
50414	2.49
50417	2.79
50418	1.26
50419	2.46
50420	1.85
50421	2.33
50423	2.09
50424	2.77

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
50426	2.46
50427	0.76
50430	1.39
50431	3.59
50432	2.32
50433	1.44
50434	1.36
50435	2.34
50436	1.48
50438	2.38
50440	1.46
50441	2.01
50443	1.47
50444	2.14
50446	1.32
50447	1.58
50448	2.94
50449	3.19
50454	1.62
50455	3.08
50456	4.96
50457	2.05
50459	2.34
50464	2.94
50468	1.50
50469	1.60
50470	2.00
50471	2.87
50476	2.46
50477	4.20
50478	1.52
50481	2.61
50482	1.02
50483	3.02
50485	2.90
50486	2.29
50488	2.09
50491	2.30
50492	2.24
50494	3.06
50496	2.35
50497	0.98
50498	2.38
50502	3.39
50503	3.27
50506	2.28
50516	3.02
50517	2.24
50522	2.30
50523	2.05
50526	2.36
50528	2.01
50531	3.13
50534	2.28
50535	2.67
50537	2.62
50539	2.08
50542	1.93
50543	2.53
50545	0.96
50546	0.93
50547	1.07
50548	0.78
50549	2.47
50550	2.23
50551	2.38
50552	1.24
50557	2.14
50559	2.43
50560	1.94
50564	2.41
50565	1.80
50566	1.51
50567	2.22
50568	2.50
50569	2.37

Note: The national average service mix discounted for multiple procedures is 2.05.

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
50570	3.06
50571	3.05
50573	2.27
50577	4.04
50579	2.31
50580	2.21
50581	2.22
50583	2.97
50584	1.93
50585	2.47
50586	2.74
50588	2.48
50589	2.89
50590	3.11
50591	2.47
50592	2.82
50593	2.00
50594	2.75
50597	2.74
50598	2.46
50599	1.45
50601	2.48
50603	1.64
50607	1.59
50608	1.68
50613	0.69
50615	2.53
50616	2.40
50618	1.29
50624	2.73
50625	2.47
50633	2.48
50636	2.91
50638	1.48
50641	2.02
50644	2.56
50660	1.41
50661	1.30
50662	1.02
50663	2.15
50666	1.06
50667	1.07
50668	1.03
50676	0.87
50678	2.02
50680	1.50
50682	1.18
50684	2.01
50685	2.37
50688	1.62
50689	2.32
50693	2.05
50694	2.01
50695	1.64
50696	3.01
50697	4.28
50699	2.19
50700	2.33
50701	1.92
50702	0.89
50704	1.87
50709	2.69
52031	1.05
53026	1.72
53027	1.00
53028	1.05
53029	1.33
53030	1.05
53031	1.08
53032	0.98
53033	1.30
53034	1.63
53035	1.40
53036	1.24
53037	1.25
53300	1.41

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
53301	1.98
53302	1.59
53304	1.24
53305	0.98
54001	1.31
54003	1.76
54012	1.35
54032	1.31
54053	1.43
54055	1.09
54060	1.31
54064	1.09
54065	1.31
54069	1.31
54074	1.31
54075	1.31
54078	1.65
54087	1.30
54091	1.57
54093	1.51
54095	1.31
54096	1.33
54097	1.34
54098	1.31
54099	1.32
54104	1.50
54105	1.31
54106	1.32
54108	1.22
54110	1.31
54111	1.31
54113	1.31
54116	1.33
54119	1.31
54122	1.16
54123	1.34
54125	1.60
54130	1.31
54131	1.63
54133	0.88
54139	1.20
60001	2.91
60003	2.83
60004	1.55
60006	2.08
60007	1.50
60008	2.08
60009	2.23
60010	2.35
60011	1.26
60012	1.83
60013	1.79
60014	2.41
60015	1.70
60016	2.01
60018	2.17
60020	1.96
60022	1.73
60023	2.50
60024	1.52
60027	2.15
60028	2.48
60029	1.17
60030	2.74
60031	2.20
60032	2.73
60033	1.65
60034	1.97
60036	1.85
60037	1.43
60038	1.39
60041	1.00
60042	1.58
60043	1.34
60044	2.09
60046	2.82

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
60047	0.89
60049	2.70
60050	1.95
60052	1.66
60053	1.68
60054	2.42
60056	1.27
60057	2.07
60058	1.27
60060	1.31
60062	1.48
60063	0.77
60064	3.00
60065	2.24
60068	1.24
60070	1.33
60071	2.09
60073	1.27
60075	2.56
60076	1.84
60085	1.11
60088	1.55
60090	1.55
60096	2.20
60100	2.02
60103	4.08
60104	2.29
62009	0.81
62011	2.20
63027	1.45
63030	1.82
63301	1.57
64007	1.31
64009	1.09
64012	1.26
64016	1.41
70001	2.72
70002	2.47
70003	2.00
70004	2.24
70005	1.71
70006	2.31
70007	2.73
70008	1.95
70009	2.65
70010	2.41
70011	2.06
70012	2.13
70015	2.17
70016	2.03
70017	2.24
70018	2.16
70019	2.80
70020	2.10
70021	2.56
70022	2.37
70024	2.24
70025	2.75
70026	2.05
70027	2.14
70028	2.17
70029	2.29
70030	2.44
70031	2.07
70033	1.93
70035	2.35
70036	1.96
70039	1.06
72003	1.04
72004	0.79
74000	1.25
74007	1.31
74008	1.53
80001	2.94
80002	2.15
80003	2.63

Note: The national average service mix discounted for multiple procedures is 2.05.

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
80004	2.42
80005	2.70
80006	2.31
80007	2.07
83300	3.40
84002	1.43
90001	3.34
90002	1.80
90003	1.70
90004	2.38
90006	2.41
90007	1.18
90008	2.36
90010	1.96
90011	2.42
90015	0.65
93025	1.03
93300	1.98
94004	1.10
100001	1.48
100002	2.47
100004	1.78
100006	2.29
100007	2.82
100008	3.02
100009	2.29
100010	2.56
100012	2.75
100014	2.53
100015	2.49
100017	2.55
100018	1.83
100019	3.21
100020	2.87
100022	1.37
100023	2.44
100024	2.88
100025	2.21
100026	2.63
100027	1.37
100028	2.73
100029	2.42
100030	2.91
100032	1.98
100034	2.35
100035	2.31
100038	2.22
100039	2.68
100040	2.85
100043	2.28
100044	2.35
100045	2.20
100046	2.21
100047	1.91
100048	1.58
100049	2.46
100050	2.15
100051	2.51
100052	3.58
100053	2.46
100054	2.02
100055	2.20
100056	3.26
100057	2.88
100060	2.36
100061	2.52
100062	2.43
100063	2.19
100067	2.29
100068	2.00
100069	2.45
100070	2.40
100071	2.15
100072	2.29
100073	1.88
100075	2.01

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
100076	2.37
100077	3.09
100078	1.05
100079	1.68
100080	2.30
100081	1.76
100082	2.14
100084	1.98
100085	2.15
100086	2.33
100087	3.40
100088	3.10
100090	2.72
100098	1.47
100099	2.72
100102	2.00
100103	1.20
100105	2.58
100106	2.64
100107	2.48
100108	2.05
100109	2.66
100110	2.13
100112	0.99
100113	2.67
100114	2.37
100117	2.94
100118	1.88
100121	2.58
100122	2.60
100124	1.82
100125	2.35
100126	2.07
100127	2.70
100128	2.41
100129	3.11
100130	2.11
100131	2.89
100132	2.24
100134	1.52
100135	3.73
100137	2.25
100138	1.19
100139	1.41
100140	2.43
100142	1.88
100144	2.72
100145	2.11
100146	1.91
100147	1.77
100150	2.52
100151	3.45
100154	3.18
100156	2.31
100157	3.23
100159	1.44
100160	1.89
100161	2.14
100162	2.11
100165	2.07
100166	2.27
100167	3.78
100168	2.45
100169	2.54
100170	2.65
100172	2.26
100173	2.85
100174	2.00
100175	1.89
100176	1.87
100177	2.79
100179	3.41
100181	4.01
100183	2.58
100187	2.35
100189	2.51

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
100191	2.40
100199	2.93
100200	3.81
100203	2.11
100204	2.40
100206	2.36
100208	2.03
100209	2.53
100210	2.25
100211	1.90
100212	2.25
100213	1.83
100217	3.37
100220	2.88
100221	2.29
100222	1.41
100223	2.22
100224	2.20
100225	2.50
100226	1.62
100228	2.06
100229	1.80
100230	1.78
100231	2.12
100232	2.49
100234	1.92
100235	2.09
100236	2.00
100237	2.69
100238	2.97
100239	2.43
100240	4.60
100241	2.37
100242	2.68
100243	1.87
100244	2.34
100246	2.81
100248	1.80
100249	2.23
100252	2.30
100253	2.46
100254	2.05
100255	2.16
100256	2.07
100258	2.31
100259	2.62
100260	3.34
100262	3.13
100263	2.32
100264	1.95
100265	2.18
100266	2.60
100267	2.57
100268	2.27
100269	2.58
100270	1.01
100271	1.78
100275	2.20
100276	2.85
100277	0.95
100279	1.98
100280	1.80
100281	2.14
100282	1.60
102006	0.97
102008	1.00
102009	0.91
102013	3.31
103026	1.43
103027	1.40
103028	1.43
103030	0.91
103031	1.29
103032	1.78
103034	1.17
103300	8.70

Note: The national average service mix discounted for multiple procedures is 2.05.

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
103301	2.40
104002	0.57
104008	1.36
104015	1.31
104017	1.31
104018	1.32
104024	1.52
104029	1.31
104034	1.31
104036	1.33
104037	1.31
104038	1.43
104040	1.28
104045	1.43
104046	1.32
104054	1.34
104057	1.30
104060	1.33
110001	2.49
110002	1.69
110003	2.51
110004	2.40
110005	2.24
110006	3.00
110007	2.42
110008	2.22
110009	1.12
110010	2.73
110011	2.22
110013	1.39
110014	1.57
110015	1.62
110016	2.92
110017	1.24
110018	2.17
110020	2.99
110023	2.32
110024	3.45
110025	2.66
110026	1.66
110027	1.50
110028	2.54
110029	1.98
110030	2.84
110031	2.38
110032	2.54
110033	2.76
110034	1.35
110035	2.61
110037	1.54
110038	2.10
110039	2.72
110040	1.90
110041	2.00
110042	2.27
110043	3.05
110044	2.46
110045	2.26
110046	2.07
110048	1.44
110049	1.26
110050	1.62
110051	1.80
110052	1.00
110054	2.03
110056	1.25
110059	2.26
110061	1.19
110062	0.89
110063	1.62
110064	1.87
110065	1.08
110066	2.35
110069	2.46
110070	1.69
110071	1.22

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
110072	1.44
110073	2.05
110074	2.58
110075	2.22
110076	2.61
110078	2.61
110079	1.15
110080	1.91
110082	3.13
110083	2.93
110086	1.89
110087	2.56
110088	0.89
110089	2.16
110091	2.89
110092	1.60
110093	1.40
110094	0.94
110095	2.83
110096	1.35
110097	1.24
110098	1.64
110100	1.23
110101	1.49
110103	1.22
110104	2.04
110105	2.37
110107	1.94
110108	0.79
110109	1.48
110111	1.70
110112	1.38
110113	1.35
110114	1.60
110115	2.37
110118	0.74
110120	1.08
110121	4.41
110122	2.62
110124	2.05
110125	3.01
110127	1.48
110128	2.26
110129	2.64
110130	1.69
110132	1.92
110134	1.16
110135	4.19
110140	2.22
110141	1.13
110142	1.42
110143	2.84
110144	1.82
110146	1.73
110149	1.52
110150	2.35
110152	1.73
110153	1.88
110155	1.29
110156	1.45
110161	3.12
110163	3.02
110164	2.27
110165	2.58
110166	2.36
110168	2.64
110169	6.44
110171	2.04
110172	3.19
110174	1.74
110176	2.56
110177	2.52
110178	7.50
110179	2.12
110181	1.11
110183	2.23

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
110184	2.04
110185	1.36
110186	3.11
110187	2.20
110188	2.72
110189	1.74
110190	1.62
110191	3.24
110192	2.27
110193	2.89
110194	1.37
110195	1.06
110198	2.85
110200	4.09
110201	2.16
110203	1.30
110205	1.62
110207	1.20
110208	1.51
110209	1.32
112000	1.03
112003	1.55
112004	0.80
113026	1.20
113027	1.41
113300	2.09
114000	1.31
114003	1.31
114008	1.31
114010	1.60
114015	1.31
114016	1.31
114017	1.33
114020	1.31
114022	1.31
114023	1.42
114024	1.34
114025	1.35
114030	1.44
114031	1.31
114032	1.32
114033	1.30
114034	1.30
120001	2.73
120002	2.74
120003	1.92
120004	2.04
120005	3.07
120006	2.08
120007	3.04
120009	1.13
120010	2.52
120012	1.30
120014	2.80
120018	0.71
120019	2.43
120022	1.25
120024	0.80
120025	0.78
120026	2.86
120027	1.83
123025	1.46
123300	1.55
124001	1.31
130001	1.53
130002	2.87
130003	2.91
130005	3.26
130006	1.88
130007	3.34
130008	1.84
130009	2.31
130010	0.87
130011	2.35
130012	1.55
130013	2.53

Note: The national average service mix discounted for multiple procedures is 2.05.

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
130014	3.08
130015	1.13
130016	1.96
130017	1.83
130018	2.96
130019	1.76
130021	1.04
130022	2.25
130024	2.67
130025	1.81
130026	3.37
130027	1.54
130028	2.15
130029	1.95
130030	0.84
130031	2.21
130034	1.50
130035	1.89
130036	3.68
130037	1.67
130043	1.57
130044	1.53
130045	1.51
130048	1.22
130049	2.37
130054	0.60
130056	0.73
130060	2.53
130061	1.44
133025	1.42
134002	1.31
134009	1.36
140001	2.07
140002	2.23
140003	1.57
140005	1.34
140007	2.46
140008	2.40
140010	2.28
140011	1.68
140012	2.14
140013	2.56
140014	2.22
140015	2.68
140016	1.86
140018	1.75
140019	1.56
140024	1.72
140025	1.42
140026	2.32
140027	1.85
140029	1.98
140030	2.68
140031	1.58
140032	2.80
140033	2.48
140034	2.22
140035	1.61
140036	2.46
140037	1.51
140038	1.53
140040	2.19
140041	1.99
140042	1.54
140043	2.63
140045	1.53
140046	2.29
140047	1.34
140048	2.09
140049	1.91
140051	2.45
140052	2.55
140053	2.92
140054	2.35
140055	1.52
140058	2.12

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
140059	2.32
140061	1.59
140062	2.05
140063	2.09
140064	3.62
140065	2.29
140066	2.02
140067	2.43
140068	1.68
140069	1.76
140070	1.87
140074	1.20
140075	2.27
140077	1.56
140079	2.30
140080	2.01
140081	1.61
140082	1.82
140083	1.36
140084	2.86
140086	1.95
140087	2.22
140088	1.53
140089	2.66
140090	2.45
140091	4.81
140093	2.54
140094	2.15
140095	1.75
140097	1.31
140100	2.67
140101	1.88
140102	1.91
140103	1.54
140105	2.53
140107	1.64
140108	2.71
140109	1.61
140110	2.14
140112	1.78
140113	2.28
140114	2.31
140115	1.78
140116	2.45
140117	2.57
140118	2.62
140119	2.46
140120	2.27
140121	2.34
140122	2.29
140125	2.03
140127	4.03
140128	1.69
140129	1.93
140130	2.34
140132	2.79
140133	2.04
140135	2.48
140137	1.68
140138	1.91
140139	1.66
140140	1.68
140141	2.11
140143	2.27
140144	1.53
140145	1.91
140146	1.89
140147	2.23
140148	2.69
140150	1.51
140151	1.28
140152	1.66
140155	2.27
140158	1.63
140160	3.01
140161	2.34

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
140162	2.26
140164	2.67
140165	2.12
140166	1.79
140167	2.44
140168	1.86
140170	1.49
140171	1.29
140172	1.48
140173	1.21
140174	2.00
140176	2.53
140177	1.95
140179	2.43
140180	1.88
140181	1.81
140182	1.74
140184	1.80
140185	2.35
140186	2.04
140187	2.01
140188	1.25
140189	2.04
140190	1.71
140191	1.93
140193	2.35
140197	1.79
140199	1.71
140200	1.91
140202	2.35
140203	2.36
140205	3.84
140206	2.06
140207	2.69
140208	2.26
140209	2.56
140210	2.02
140211	2.32
140212	1.18
140213	2.38
140215	1.27
140217	2.16
140218	1.82
140220	1.84
140223	2.62
140224	2.14
140228	2.13
140230	1.09
140231	2.27
140233	2.45
140234	2.29
140236	1.27
140239	2.53
140240	1.97
140242	2.56
140245	1.73
140246	1.65
140250	1.90
140251	2.78
140252	1.97
140253	3.18
140258	2.20
140271	1.96
140275	2.32
140276	2.23
140280	2.36
140281	2.44
140285	2.00
140286	2.05
140288	1.95
140289	2.20
140290	3.07
140291	2.46
140292	2.27
140294	2.59
140297	1.53

Note: The national average service mix discounted for multiple procedures is 2.05.

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
140300	1.19
142006	0.92
142009	4.17
143025	1.17
143026	1.24
143027	1.30
144005	1.38
144019	0.89
144026	1.31
144029	1.09
144030	1.37
144031	1.21
144035	1.31
144036	1.31
150001	1.96
150002	2.05
150003	2.20
150004	2.00
150005	2.22
150006	2.64
150007	2.24
150008	2.28
150009	2.61
150011	1.81
150012	2.54
150013	1.99
150014	2.02
150015	2.54
150018	2.76
150019	2.03
150020	2.50
150022	2.46
150023	2.43
150024	1.25
150026	2.55
150027	1.64
150029	3.50
150030	2.38
150031	1.59
150033	2.22
150034	2.56
150036	1.82
150037	2.45
150038	1.62
150039	1.99
150042	2.61
150043	1.77
150044	2.22
150045	1.61
150046	2.49
150047	1.78
150049	1.43
150050	1.64
150051	2.00
150052	2.23
150053	1.90
150054	1.55
150057	2.05
150058	2.74
150059	2.27
150060	1.58
150061	1.85
150062	2.07
150063	1.43
150064	1.90
150065	2.26
150066	1.37
150067	2.01
150069	2.47
150070	1.79
150071	1.48
150072	1.97
150073	1.83
150074	2.23
150075	1.94
150076	1.96

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
150078	1.76
150079	1.62
150084	3.13
150089	2.37
150090	1.74
150091	1.80
150092	1.46
150094	2.06
150095	2.20
150096	2.05
150097	2.00
150098	1.65
150099	2.33
150101	1.89
150102	1.61
150103	1.25
150104	1.91
150105	1.89
150106	1.78
150109	3.04
150110	1.51
150111	1.58
150112	2.38
150114	1.54
150115	2.66
150122	1.98
150123	1.16
150124	1.65
150125	2.13
150126	2.50
150127	1.15
150128	2.44
150129	1.93
150130	1.33
150132	2.49
150133	2.13
150134	1.68
150136	2.41
152007	0.58
152009	0.50
153025	1.67
153027	2.54
153029	1.25
153030	1.65
154009	1.49
154011	1.63
154013	1.41
154014	1.30
154026	1.41
154028	1.21
154031	1.38
154032	1.56
154035	1.35
154036	1.32
154037	1.43
154038	1.47
154042	1.44
160001	3.07
160002	2.01
160003	1.86
160005	2.09
160007	1.11
160008	2.11
160009	1.94
160012	1.52
160013	2.88
160014	1.68
160016	2.75
160018	1.50
160020	1.59
160021	2.33
160023	1.66
160024	2.57
160026	1.81
160027	1.84
160028	2.31

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
160029	3.20
160030	3.22
160031	1.61
160032	2.21
160033	2.76
160034	2.04
160035	0.99
160036	1.97
160037	1.95
160039	1.57
160040	3.33
160041	1.46
160043	1.59
160044	2.22
160045	2.62
160046	2.10
160047	2.24
160048	1.62
160049	1.03
160050	2.38
160051	1.73
160052	1.77
160054	1.83
160055	2.01
160056	1.61
160057	2.60
160058	1.56
160060	1.79
160061	2.05
160062	1.56
160063	1.78
160064	2.89
160065	1.92
160066	2.25
160067	2.30
160069	3.06
160070	1.57
160072	2.16
160073	1.27
160074	1.49
160075	1.74
160076	2.40
160077	1.75
160079	3.18
160080	2.54
160081	1.81
160082	3.05
160083	2.70
160085	1.47
160086	1.29
160088	1.55
160089	2.63
160090	1.56
160091	1.64
160092	1.79
160093	1.35
160094	2.74
160095	1.10
160097	2.05
160098	1.49
160099	1.74
160101	1.12
160102	2.60
160103	1.26
160104	1.96
160106	2.86
160107	1.46
160108	2.22
160109	1.59
160110	2.09
160111	1.60
160112	3.03
160113	1.29
160114	2.53
160115	2.31
160116	1.94

Note: The national average service mix discounted for multiple procedures is 2.05.

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
160117	2.69
160118	1.74
160120	0.91
160122	2.22
160124	2.12
160126	1.72
160129	2.78
160130	1.44
160131	1.59
160134	1.11
160135	1.71
160138	1.29
160140	1.62
160142	1.33
160143	1.84
160145	1.63
160146	2.66
160147	1.64
160151	1.37
160152	1.42
160153	2.57
164002	2.09
170001	3.10
170004	1.53
170006	1.97
170008	2.10
170009	2.13
170010	2.63
170012	2.93
170013	3.30
170014	1.84
170015	2.32
170016	2.49
170017	2.45
170018	1.60
170019	3.08
170020	3.38
170022	2.37
170023	5.05
170024	2.18
170025	1.96
170026	2.92
170027	3.06
170030	1.50
170031	1.88
170032	1.53
170033	2.49
170034	1.77
170035	1.44
170036	0.97
170037	2.84
170038	0.99
170039	1.58
170040	2.29
170041	1.34
170043	1.11
170044	1.52
170045	1.67
170049	2.82
170051	0.97
170052	1.48
170053	0.98
170054	1.59
170055	1.66
170056	0.98
170057	1.53
170058	4.02
170060	2.32
170061	2.01
170063	1.24
170064	1.47
170066	1.12
170067	2.05
170068	3.20
170070	2.12
170072	1.23

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
170073	1.28
170074	2.04
170075	1.02
170076	1.87
170077	1.94
170079	1.38
170080	1.48
170081	1.30
170082	1.90
170084	1.68
170085	1.61
170086	3.15
170088	1.42
170089	1.21
170090	1.24
170092	1.28
170093	1.47
170094	1.87
170095	2.66
170097	1.78
170098	2.43
170099	2.05
170100	0.74
170101	1.38
170102	1.65
170103	4.11
170104	3.30
170105	1.98
170106	1.13
170109	1.90
170110	1.61
170112	1.38
170113	2.22
170114	2.28
170115	1.73
170116	2.67
170117	0.88
170119	1.35
170120	3.00
170122	2.51
170123	3.32
170124	1.94
170126	1.13
170128	1.84
170131	1.83
170133	3.36
170134	1.67
170137	2.62
170139	0.66
170142	2.84
170143	2.81
170144	2.74
170145	2.12
170146	2.79
170147	1.36
170148	2.40
170150	3.13
170151	1.82
170152	1.35
170160	1.38
170164	1.63
170166	1.34
170168	1.13
170171	1.33
170175	4.10
170176	2.39
170182	3.25
172004	0.74
173025	1.24
173026	1.14
173027	1.93
173028	1.30
174003	1.39
174006	0.83
174012	1.31
174014	1.63

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
174016	1.42
174018	1.32
180001	2.14
180004	1.75
180005	2.13
180006	1.14
180007	2.57
180009	2.62
180010	2.50
180011	2.15
180012	2.43
180013	2.50
180014	2.91
180015	1.71
180016	2.19
180017	2.33
180018	2.49
180019	2.80
180021	1.77
180023	1.79
180024	1.97
180025	2.16
180026	1.90
180027	2.73
180030	1.32
180031	1.47
180032	1.24
180033	1.72
180034	1.83
180035	2.38
180036	2.52
180037	2.40
180038	2.07
180040	3.16
180041	2.19
180042	1.81
180043	1.33
180044	2.31
180045	2.37
180046	2.15
180047	1.57
180048	2.13
180049	2.97
180051	2.73
180054	2.10
180055	1.84
180056	2.22
180058	1.35
180059	1.43
180060	0.79
180063	1.36
180064	2.15
180065	1.29
180066	2.34
180067	2.38
180070	1.70
180072	1.61
180075	1.70
180078	2.06
180079	1.62
180080	3.07
180087	2.76
180088	3.19
180092	2.05
180093	2.56
180094	1.48
180095	1.79
180099	1.62
180101	1.63
180102	2.50
180103	2.74
180104	2.27
180105	1.53
180106	1.44
180108	1.39
180115	1.53

Note: The national average service mix discounted for multiple procedures is 2.05.

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
180116	2.27
180117	2.17
180118	1.48
180120	1.47
180121	2.30
180122	1.58
180123	2.48
180124	2.94
180126	1.39
180127	2.61
180128	1.87
180129	1.29
180130	2.61
180132	2.46
180133	2.23
180134	1.80
180136	4.00
180137	1.72
180138	1.98
180139	1.43
180140	1.17
183026	0.99
183027	1.09
183028	1.28
184000	1.58
184002	0.78
184007	1.31
184008	2.67
184009	1.35
184015	0.84
190003	1.93
190004	2.30
190007	1.77
190013	1.76
190014	2.37
190015	2.21
190017	2.01
190018	2.04
190019	2.01
190020	2.33
190025	1.90
190026	2.13
190027	1.96
190029	1.89
190033	1.10
190034	1.95
190035	3.11
190036	2.52
190037	0.98
190039	1.93
190040	2.27
190041	2.45
190043	1.08
190044	1.95
190045	2.08
190046	1.76
190048	1.93
190049	2.50
190050	1.87
190053	1.45
190054	2.16
190059	1.65
190060	2.74
190064	3.53
190065	2.15
190071	1.38
190077	0.83
190078	2.94
190079	2.02
190081	1.06
190083	1.40
190086	2.59
190088	2.25
190089	1.67
190090	1.64
190092	1.81

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
190095	1.86
190098	1.45
190099	1.34
190102	2.88
190103	0.93
190106	1.61
190109	1.89
190110	1.41
190111	3.17
190112	2.61
190113	2.92
190114	1.72
190115	4.31
190116	2.10
190118	1.69
190120	1.45
190124	2.27
190125	2.02
190128	1.98
190130	1.69
190131	1.33
190133	1.48
190134	1.13
190135	2.31
190136	0.99
190138	6.32
190140	1.71
190142	1.01
190144	2.45
190145	1.46
190146	1.83
190147	1.72
190148	1.12
190149	1.62
190151	1.77
190155	1.37
190156	0.93
190158	2.29
190160	2.59
190162	1.60
190164	2.97
190167	1.86
190170	0.92
190173	1.95
190175	2.30
190176	1.55
190177	2.38
190178	1.19
190182	2.06
190184	1.21
190185	2.55
190186	1.13
190189	0.88
190190	1.37
190191	2.04
190196	2.35
190197	2.41
190200	2.51
190201	2.07
190202	1.79
190203	2.56
190204	2.25
190205	2.38
190206	1.85
190207	2.90
190208	1.03
190218	2.28
190231	4.22
192004	1.24
192005	1.34
192006	1.68
192008	1.32
192016	3.42
193027	1.59
193028	1.51
193034	1.19

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
193038	1.34
193041	0.77
193044	2.33
193300	1.34
194014	1.31
194019	1.32
194022	1.09
194023	1.26
194024	1.39
194031	1.39
194044	1.30
194058	1.31
200001	2.58
200002	2.11
200003	1.73
200006	1.31
200007	1.58
200008	1.99
200009	2.10
200012	1.59
200013	1.91
200015	2.04
200016	1.77
200017	2.54
200018	1.96
200019	2.07
200020	2.09
200021	2.31
200023	0.98
200024	2.28
200025	2.33
200026	1.72
200027	1.64
200028	1.76
200031	1.76
200032	1.84
200033	2.02
200034	2.48
200037	1.82
200038	2.22
200039	2.30
200040	2.69
200041	2.24
200043	1.20
200050	2.60
200051	2.45
200052	1.70
200055	1.38
200062	1.35
200063	2.32
200066	1.94
204005	1.45
204006	1.30
204007	0.66
213027	.41
213028	3.88
214000	1.30
214003	1.30
214015	1.09
214017	1.35
220001	2.08
220003	2.07
220004	2.17
220006	2.14
220008	2.00
220010	2.51
220011	1.51
220015	2.08
220016	2.06
220017	1.98
220019	2.21
220020	1.72
220021	2.02
220023	1.93
220024	2.16
220025	1.66

Note: The national average service mix discounted for multiple procedures is 2.05.

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
220028	1.90
220029	2.03
220030	1.43
220031	1.69
220033	2.00
220035	2.24
220038	2.00
220041	2.17
220042	2.00
220046	2.55
220049	2.27
220050	2.08
220051	2.36
220052	1.99
220053	1.93
220055	2.41
220057	2.17
220058	1.95
220060	2.24
220062	1.56
220063	2.06
220064	1.81
220065	1.84
220066	2.41
220067	2.26
220068	1.19
220070	1.90
220071	1.75
220073	1.91
220074	1.97
220075	2.55
220076	1.89
220077	1.97
220079	1.86
220080	1.99
220081	1.87
220082	2.17
220083	1.84
220084	2.44
220086	1.81
220088	1.99
220089	2.00
220090	1.93
220092	2.05
220094	1.85
220095	1.81
220098	2.14
220100	1.87
220101	2.12
220104	1.34
220105	2.03
220106	2.07
220107	2.22
220108	2.01
220111	2.23
220116	1.65
220119	1.83
220123	1.80
220126	2.22
220128	1.87
220135	2.09
220162	1.54
220163	1.49
220171	1.51
222000	1.46
222002	0.96
222006	1.18
222008	0.91
222024	2.77
222026	0.89
222027	0.98
222029	1.19
222035	1.15
222043	0.89
222044	1.63
222045	4.98

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
223026	1.28
223027	1.35
223028	1.60
223029	1.09
223030	1.67
223302	1.88
224007	1.45
224013	1.55
224018	1.40
224021	1.29
224022	2.16
224023	2.45
224029	1.30
224034	1.41
224035	1.37
230001	1.86
230002	2.82
230003	1.83
230004	2.55
230005	2.21
230006	2.01
230007	2.65
230012	1.06
230013	2.04
230015	2.08
230017	2.61
230019	2.88
230020	3.03
230021	2.71
230022	2.48
230024	2.64
230027	1.89
230029	2.40
230030	2.65
230031	2.42
230032	3.13
230034	2.04
230035	2.09
230036	2.40
230037	2.23
230038	2.72
230040	2.46
230041	2.39
230042	1.93
230046	1.88
230047	2.86
230053	1.35
230054	2.40
230055	1.96
230056	1.74
230058	2.52
230059	2.92
230060	2.26
230062	1.67
230063	2.10
230065	2.52
230066	2.45
230068	2.61
230069	1.91
230070	3.08
230071	1.75
230072	2.17
230075	2.53
230076	4.12
230077	3.10
230078	2.03
230080	3.05
230081	2.32
230082	1.93
230085	3.46
230086	1.74
230087	2.10
230089	2.32
230092	2.54
230093	2.75
230095	2.54

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
230096	2.19
230097	2.92
230099	2.08
230100	1.63
230101	2.07
230103	2.02
230104	2.33
230105	3.26
230106	1.92
230107	1.32
230108	2.20
230110	2.43
230111	1.65
230113	1.30
230114	6.78
230115	1.73
230116	1.53
230117	2.37
230118	2.01
230119	2.04
230120	2.55
230121	2.38
230122	3.08
230124	2.14
230125	1.74
230128	3.16
230129	2.41
230130	2.71
230132	2.19
230133	2.34
230134	2.25
230135	2.53
230137	2.29
230141	2.25
230142	2.32
230143	2.41
230144	2.34
230145	2.29
230146	1.96
230147	1.81
230149	1.53
230151	1.96
230153	2.02
230154	1.40
230155	1.56
230156	2.14
230157	2.56
230159	2.60
230162	1.02
230165	2.96
230167	2.68
230169	2.53
230171	1.46
230172	1.73
230174	2.08
230175	1.29
230176	2.75
230178	1.77
230180	1.93
230184	4.93
230186	1.78
230188	2.23
230189	1.32
230190	1.19
230191	1.96
230193	2.13
230194	1.12
230195	2.63
230197	3.23
230199	2.08
230201	2.40
230204	2.62
230205	2.36
230207	2.08
230208	2.25
230211	0.92

Note: The national average service mix discounted for multiple procedures is 2.05.

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
230212	1.94
230213	1.32
230216	1.91
230217	2.45
230219	2.39
230221	2.12
230222	2.46
230223	2.71
230227	2.45
230230	2.74
230232	1.07
230235	2.06
230236	2.56
230239	2.22
230241	2.32
230244	2.38
230253	2.24
230254	2.45
230257	4.97
230259	2.62
230264	2.86
230269	2.63
230270	3.10
230273	1.84
230275	2.24
230276	1.21
230278	1.76
230279	1.35
230280	2.02
233025	1.25
233026	1.06
233027	1.20
233300	3.11
234006	1.37
234011	1.34
234021	1.09
234030	2.61
240001	3.00
240002	2.77
240004	1.26
240005	1.28
240006	2.65
240007	2.69
240008	2.77
240009	1.46
240010	3.32
240011	2.39
240013	2.37
240014	2.42
240016	2.88
240017	3.49
240018	3.00
240019	2.66
240020	2.02
240021	1.89
240022	2.19
240023	2.28
240025	1.95
240027	2.58
240028	2.10
240029	2.69
240030	2.93
240031	2.12
240036	2.25
240037	1.80
240038	2.90
240040	2.37
240041	2.44
240043	3.09
240044	2.40
240045	1.84
240047	2.92
240048	3.42
240049	1.82
240050	2.90
240051	1.90

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
240052	2.04
240053	2.93
240056	2.93
240057	2.22
240058	1.40
240059	3.22
240061	4.29
240063	2.50
240064	2.83
240065	1.64
240066	3.84
240069	3.35
240071	2.27
240072	2.60
240073	1.57
240075	2.27
240076	2.59
240077	2.36
240078	3.37
240079	1.84
240080	1.91
240082	1.77
240083	2.22
240084	2.68
240085	1.45
240086	2.13
240087	2.13
240088	1.83
240089	1.22
240090	3.11
240093	2.50
240094	1.51
240096	1.45
240097	5.89
240098	2.02
240099	1.71
240100	2.66
240101	2.00
240102	1.58
240103	1.80
240104	2.59
240105	1.27
240106	1.37
240107	1.65
240108	2.35
240109	1.83
240110	2.25
240111	2.24
240112	1.89
240114	1.77
240115	2.91
240116	1.60
240117	1.21
240119	1.18
240121	2.15
240122	1.34
240123	2.15
240124	2.17
240125	1.73
240127	1.60
240128	2.46
240129	2.03
240130	2.83
240132	2.62
240133	3.09
240135	0.79
240137	3.34
240138	1.34
240139	2.00
240141	2.37
240142	1.76
240143	1.48
240144	2.59
240145	1.51
240146	2.00
240148	1.75

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
240150	1.14
240152	2.44
240153	1.78
240154	1.43
240155	2.44
240157	2.23
240160	2.45
240161	1.78
240162	2.04
240163	1.81
240166	3.39
240169	2.32
240170	1.78
240171	2.78
240172	1.84
240173	2.46
240179	1.69
240184	1.73
240187	3.17
240193	2.03
240200	0.89
240207	2.57
240210	2.57
240211	0.95
242004	1.50
243300	1.31
243302	5.75
250001	2.19
250002	1.48
250003	1.01
250004	2.14
250005	0.90
250006	2.02
250007	1.83
250008	1.07
250009	2.75
250010	1.53
250012	1.37
250015	2.17
250017	1.30
250018	0.62
250019	2.13
250020	1.32
250021	0.78
250023	0.67
250024	0.90
250025	1.89
250027	1.65
250029	1.56
250030	1.04
250031	2.41
250032	1.96
250033	1.61
250034	3.37
250035	1.68
250036	1.76
250037	1.43
250038	1.30
250039	1.02
250040	2.33
250042	2.15
250043	1.74
250044	1.82
250045	1.71
250048	2.91
250049	1.35
250050	2.03
250051	1.16
250057	2.24
250058	2.47
250059	1.78
250060	0.97
250061	1.52
250063	1.31
250065	1.35
250066	1.07

Note: The national average service mix discounted for multiple procedures is 2.05.

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
250067	1.34
250068	1.43
250069	3.24
250071	1.12
250072	2.22
250076	0.66
250077	1.33
250078	2.40
250079	1.17
250081	3.07
250082	2.61
250083	1.25
250084	2.71
250085	1.31
250088	1.89
250089	1.57
250093	1.81
250094	3.47
250095	1.95
250096	1.82
250097	1.96
250098	1.24
250099	2.80
250100	2.62
250101	1.06
250102	2.62
250104	3.07
250105	1.30
250107	1.15
250109	1.19
250112	1.19
250117	1.37
250119	1.59
250120	2.08
250122	2.53
250123	2.87
250124	1.28
250125	2.08
250126	1.19
250128	1.63
250131	1.57
250134	0.91
250136	2.70
250138	3.12
250141	2.85
250145	1.26
250146	1.23
250148	2.11
250149	1.22
253025	1.78
254001	1.32
260001	2.22
260002	2.23
260003	1.52
260004	1.43
260005	2.38
260006	2.06
260007	2.52
260008	1.08
260009	2.43
260011	2.21
260012	1.45
260013	1.95
260014	2.34
260015	2.15
260017	2.67
260018	1.11
260019	1.63
260020	2.17
260021	2.00
260022	2.25
260023	2.29
260024	1.52
260025	3.21
260027	2.35
260029	2.02

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
260030	1.21
260031	2.38
260032	2.31
260034	1.31
260035	1.46
260036	1.79
260039	1.52
260040	2.36
260042	2.08
260044	1.84
260047	2.09
260048	1.87
260050	2.38
260052	2.07
260053	1.65
260054	2.14
260055	1.65
260057	1.64
260059	2.22
260061	2.44
260062	2.33
260063	2.01
260064	2.31
260065	2.34
260066	1.93
260067	1.18
260068	2.74
260070	1.36
260073	1.72
260074	1.67
260077	2.44
260078	2.50
260079	1.54
260080	1.95
260081	2.05
260082	1.49
260085	2.58
260086	1.73
260091	2.81
260094	2.31
260095	2.09
260096	2.94
260097	2.94
260100	1.81
260102	1.05
260103	1.83
260104	2.19
260105	2.45
260107	3.26
260108	2.24
260109	1.90
260110	2.14
260113	2.22
260115	1.63
260116	2.21
260119	2.50
260120	2.07
260122	1.92
260123	1.29
260127	1.79
260128	1.31
260129	2.04
260131	1.92
260134	2.23
260137	2.83
260138	2.22
260141	1.89
260142	2.46
260143	1.27
260147	1.70
260148	1.26
260158	1.63
260159	2.15
260160	1.64
260162	2.65
260163	1.78

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
260164	1.66
260166	2.19
260172	1.86
260173	1.23
260175	2.64
260176	2.50
260177	3.17
260178	3.40
260179	2.25
260180	2.10
260183	2.52
260186	2.55
260188	2.19
260189	0.89
260190	2.45
260191	2.55
260193	2.25
260195	2.05
260197	2.16
260198	2.48
260200	1.87
262001	1.06
262011	0.81
263025	1.40
263026	2.48
263300	2.06
263301	1.47
263302	1.74
264005	1.09
264007	1.07
264008	1.09
264010	0.89
264013	1.32
264016	2.84
264017	1.50
264021	1.31
264024	1.31
264025	1.03
264026	1.33
270002	2.30
270003	2.42
270004	2.99
270006	0.57
270007	1.05
270009	1.55
270011	2.44
270012	3.15
270013	2.49
270014	2.85
270016	1.06
270017	1.94
270019	1.17
270021	1.95
270023	2.70
270024	1.00
270026	1.72
270027	1.31
270028	2.26
270029	1.80
270032	2.54
270033	0.94
270035	1.59
270036	1.21
270039	1.81
270040	1.80
270041	1.49
270044	2.51
270046	1.19
270048	1.93
270049	1.78
270050	1.92
270051	2.52
270052	1.09
270053	0.99
270057	2.21
270058	1.58

Note: The national average service mix discounted for multiple procedures is 2.05.

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
270059	0.64
270060	0.97
270063	1.11
270068	2.08
270072	0.62
270073	1.13
270079	1.45
270080	1.92
270081	1.03
270082	0.96
270083	1.27
270084	1.53
280001	1.87
280005	2.46
280009	3.31
280010	1.00
280011	1.45
280012	1.98
280013	1.90
280014	1.72
280015	1.98
280017	1.89
280018	1.69
280020	2.20
280021	2.58
280022	1.17
280023	2.68
280024	1.49
280025	1.11
280026	1.45
280028	2.22
280029	1.36
280030	2.09
280031	1.38
280032	2.87
280033	1.58
280034	2.38
280035	1.60
280037	1.27
280038	2.06
280039	2.08
280040	2.88
280041	1.31
280042	1.18
280043	1.85
280045	1.83
280046	1.52
280047	2.11
280048	1.56
280049	1.40
280050	2.04
280051	2.51
280052	2.47
280054	1.88
280055	1.71
280056	1.41
280057	2.35
280058	1.81
280060	2.10
280061	3.34
280062	1.89
280064	2.35
280065	2.32
280066	1.63
280068	1.39
280070	1.93
280073	1.72
280074	1.51
280075	2.66
280076	1.76
280077	2.47
280079	1.13
280080	1.48
280081	2.37
280082	1.49
280083	1.73

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
280084	1.67
280085	2.28
280088	2.91
280089	1.83
280090	1.18
280091	2.26
280092	1.58
280094	1.76
280097	1.48
280098	1.04
280101	1.06
280102	1.49
280104	1.86
280105	2.44
280106	2.10
280107	1.98
280108	3.67
280109	1.21
280110	2.48
280111	1.90
280114	1.42
280115	2.11
280117	2.21
280118	1.72
283301	1.81
284007	2.57
290001	2.08
290002	0.73
290003	2.66
290005	2.98
290006	1.79
290007	1.41
290008	2.63
290009	2.00
290010	2.06
290011	1.05
290012	2.32
290013	0.98
290014	1.98
290015	1.35
290016	2.02
290019	2.27
290020	0.90
290021	2.21
290022	2.62
290027	1.16
290032	2.00
290038	1.59
292002	0.95
293027	1.20
294003	1.33
294004	1.32
294005	1.48
300001	2.49
300003	1.71
300005	2.35
300006	1.52
300007	2.44
300008	2.45
300009	1.98
300010	1.69
300011	2.13
300013	1.55
300014	2.25
300015	2.41
300016	1.86
300017	1.86
300018	2.31
300019	2.10
300021	1.85
300022	2.17
300023	2.01
300024	2.07
300028	1.60
300029	2.69
300033	1.51

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
303026	1.74
303027	1.41
304000	0.79
304001	0.15
304003	1.31
310001	2.12
310002	1.95
310005	2.21
310006	2.54
310008	2.74
310009	2.32
310010	1.94
310011	2.77
310013	2.10
310015	2.12
310016	2.26
310017	2.52
310018	2.00
310019	2.37
310020	2.19
310021	2.07
310022	2.26
310024	2.26
310025	2.20
310026	1.99
310027	2.07
310028	1.95
310029	3.34
310031	2.06
310032	2.11
310034	2.51
310036	1.71
310037	2.22
310039	2.60
310041	2.21
310042	2.41
310043	2.06
310044	2.07
310045	2.46
310047	2.44
310048	2.36
310050	1.75
310051	2.59
310052	1.99
310054	2.18
310056	1.80
310057	2.31
310058	1.19
310060	2.81
310061	2.27
310063	2.25
310064	2.23
310067	2.45
310069	2.50
310070	2.28
310072	2.60
310073	1.84
310074	1.39
310076	2.17
310077	2.45
310078	1.89
310081	2.28
310083	1.46
310084	2.00
310086	2.18
310088	1.73
310090	2.19
310091	2.53
310092	2.22
310093	1.92
310096	2.50
310105	1.36
310111	1.95
310112	2.22
310113	2.25
310115	1.86

Note: The national average service mix discounted for multiple procedures is 2.05.

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
310116	2.33
310118	2.24
310120	1.58
312014	0.98
313025	1.34
313027	1.42
313029	1.53
313030	1.15
314010	1.42
314011	1.32
314012	1.70
314021	1.45
314022	1.30
320001	1.41
320002	1.71
320003	2.33
320004	2.32
320005	2.82
320006	2.64
320009	2.35
320011	1.66
320012	2.37
320013	2.07
320014	1.76
320016	2.76
320017	1.93
320018	2.60
320019	1.14
320021	1.66
320022	2.97
320023	1.26
320030	1.81
320031	1.20
320032	1.34
320033	2.12
320035	1.12
320037	2.03
320038	2.52
320046	2.05
320048	1.44
320063	2.18
320065	2.14
320067	1.20
320068	2.13
320069	1.80
320074	2.06
320079	2.13
322002	2.00
322003	0.74
323027	1.44
323028	1.66
323029	1.20
324003	1.32
324004	1.31
324007	1.46
324008	1.46
330001	2.00
330002	2.17
330003	2.16
330004	2.21
330005	2.18
330006	2.13
330007	2.13
330008	2.17
330010	2.00
330011	1.61
330012	2.04
330013	2.44
330014	1.85
330016	1.78
330023	2.34
330024	2.20
330025	1.76
330027	0.83
330028	1.77
330029	1.46

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
330030	2.34
330033	1.55
330034	1.02
330036	2.14
330037	2.37
330038	1.73
330039	1.11
330041	2.91
330043	1.81
330044	2.16
330045	2.61
330046	1.89
330047	2.17
330048	2.66
330049	2.29
330053	1.74
330055	2.33
330056	1.81
330057	2.21
330058	1.99
330059	2.00
330061	2.62
330062	1.41
330064	2.24
330065	2.30
330066	1.93
330067	2.38
330072	1.82
330073	1.85
330074	2.73
330075	1.93
330078	2.18
330079	1.95
330084	2.11
330085	1.69
330086	1.82
330088	1.57
330090	2.19
330091	2.13
330092	1.18
330094	1.99
330095	2.31
330096	2.18
330097	1.68
330100	4.58
330101	2.26
330102	2.67
330103	2.51
330104	1.94
330106	2.48
330107	2.31
330108	2.12
330111	1.83
330114	0.86
330115	2.27
330116	1.85
330118	2.36
330119	2.54
330121	1.27
330122	2.60
330125	1.75
330126	2.15
330132	1.38
330133	2.64
330135	2.26
330136	1.16
330140	2.29
330141	2.22
330144	2.28
330148	1.67
330151	1.94
330152	2.34
330153	2.07
330154	2.03
330157	1.84
330158	2.38

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
330159	2.19
330160	1.92
330161	1.25
330162	3.67
330163	2.40
330164	1.79
330166	1.95
330167	3.04
330171	2.39
330175	1.90
330177	1.82
330179	1.18
330180	1.79
330181	2.08
330182	3.55
330183	1.79
330184	2.21
330185	1.65
330186	0.39
330188	2.38
330189	6.34
330191	2.03
330193	2.41
330194	1.88
330197	1.95
330198	2.21
330203	3.62
330205	1.98
330208	2.27
330209	2.09
330211	1.91
330212	2.23
330213	1.64
330214	2.26
330215	2.38
330218	1.68
330219	1.74
330221	1.98
330222	2.46
330223	1.85
330224	2.43
330225	2.13
330226	2.16
330229	1.99
330230	2.20
330232	1.94
330235	2.65
330236	1.88
330238	2.18
330239	2.06
330241	2.01
330242	2.15
330245	2.11
330246	2.37
330249	1.92
330250	2.16
330252	1.09
330254	2.00
330258	1.41
330259	2.14
330261	2.09
330263	2.52
330264	2.19
330265	1.58
330267	2.03
330268	1.43
330270	1.79
330273	2.36
330275	1.82
330276	1.74
330277	2.17
330279	2.54
330285	1.92
330286	2.18
330288	0.97
330290	1.82

Note: The national average service mix discounted for multiple procedures is 2.05.

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
330293	1.54
330304	2.53
330306	1.70
330307	2.33
330308	2.67
330314	2.43
330316	2.96
330327	1.61
330331	2.10
330332	3.12
330333	2.90
330336	1.88
330338	2.46
330339	1.90
330340	2.38
330350	2.04
330353	2.62
330354	1.65
330357	1.88
330359	0.93
330372	2.66
330381	1.89
330386	1.90
330389	1.66
330390	1.31
330393	2.43
330394	2.31
330395	2.16
330397	1.38
330398	2.74
330399	1.25
332012	1.27
332022	1.06
333025	1.16
333027	1.18
333028	0.83
333300	1.97
334002	1.31
334023	1.63
334027	1.35
334048	1.90
334049	1.27
334055	1.34
340001	1.74
340002	3.11
340003	2.06
340004	2.45
340005	2.06
340006	1.74
340007	1.78
340008	2.04
340010	2.74
340011	1.74
340012	2.11
340013	1.76
340014	1.42
340015	2.74
340016	2.80
340017	2.49
340018	2.19
340019	1.62
340020	1.91
340021	2.46
340022	1.83
340023	1.80
340024	2.03
340025	2.51
340027	2.77
340028	2.20
340030	2.05
340031	1.83
340032	2.25
340035	2.11
340036	1.62
340037	1.65
340038	2.85

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
340039	2.43
340040	2.67
340041	1.79
340042	1.96
340044	1.63
340045	1.18
340047	2.12
340049	6.30
340050	2.19
340051	2.47
340052	1.73
340053	2.81
340054	2.34
340055	1.87
340060	2.11
340061	1.79
340063	1.37
340064	2.00
340065	1.85
340067	2.31
340068	2.28
340069	2.13
340070	2.45
340071	1.89
340072	2.14
340073	2.93
340075	2.03
340080	1.60
340084	1.63
340085	2.13
340087	1.89
340088	2.90
340089	1.50
340090	1.88
340091	2.67
340093	1.77
340094	3.18
340096	2.26
340097	2.48
340098	2.29
340099	1.96
340101	2.33
340104	1.55
340105	3.43
340106	1.67
340107	2.68
340109	3.18
340111	2.00
340112	1.70
340113	2.24
340114	1.84
340115	2.33
340116	2.54
340119	2.20
340120	1.81
340121	2.07
340123	2.04
340124	1.85
340125	3.31
340126	2.36
340127	1.80
340129	2.35
340130	2.31
340131	2.43
340132	1.87
340133	1.45
340141	2.50
340142	1.97
340143	2.56
340144	2.69
340145	2.30
340146	1.82
340147	2.77
340148	3.86
340151	2.31
340153	3.73

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
340155	2.22
340158	2.63
340159	1.46
340160	2.30
340162	1.70
340164	1.88
340166	2.00
340171	2.59
342012	0.80
343025	1.53
344005	1.31
344006	1.31
344010	1.47
344011	1.43
344014	0.71
344015	1.31
344016	1.09
344019	1.31
350001	1.12
350002	3.45
350003	2.22
350004	3.44
350005	1.99
350006	1.93
350007	2.58
350008	1.70
350009	2.96
350010	2.90
350011	2.89
350012	2.14
350013	1.84
350014	1.86
350015	3.03
350016	1.06
350017	2.50
350018	2.51
350019	3.11
350020	1.39
350021	2.41
350023	1.92
350024	1.91
350025	1.12
350027	1.38
350029	1.36
350030	2.63
350033	1.95
350034	1.96
350035	0.81
350038	2.94
350039	1.96
350041	1.45
350042	3.18
350043	2.85
350044	1.65
350047	1.92
350049	2.09
350050	1.45
350051	1.67
350053	1.27
350055	1.18
350056	1.89
350058	1.67
350060	0.77
350061	2.48
360001	2.64
360002	2.29
360003	1.85
360006	2.89
360007	1.80
360008	2.13
360009	2.29
360010	2.65
360011	1.92
360012	2.66
360013	2.14
360014	2.53

Note: The national average service mix discounted for multiple procedures is 2.05.

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
360016	1.81
360017	3.33
360018	2.33
360019	1.98
360020	2.08
360021	5.43
360024	2.14
360025	1.91
360026	1.75
360027	2.33
360028	3.86
360029	2.40
360030	2.23
360031	1.96
360032	2.43
360034	1.83
360035	1.99
360036	2.27
360037	2.14
360039	2.10
360040	2.00
360041	2.04
360042	2.06
360044	2.15
360045	1.77
360046	2.26
360047	1.50
360048	2.09
360049	2.55
360050	1.48
360051	2.75
360052	2.24
360054	2.54
360055	2.36
360056	2.33
360057	1.64
360058	2.00
360059	1.56
360062	2.57
360063	1.65
360064	2.42
360065	2.08
360066	2.38
360067	1.63
360068	2.26
360069	1.71
360070	1.90
360071	2.19
360072	2.20
360074	2.05
360075	2.04
360076	2.47
360077	2.20
360078	2.40
360079	2.59
360080	2.08
360081	2.19
360082	2.65
360083	2.23
360084	2.31
360085	2.57
360086	2.40
360087	2.16
360088	1.91
360089	2.00
360090	3.18
360091	2.21
360092	1.73
360093	2.81
360094	1.82
360095	2.56
360096	2.20
360098	2.80
360099	2.12
360100	2.42
360101	2.92
360102	2.51
360103	1.96
360106	1.58
360107	2.01
360108	1.64
360109	2.24
360112	2.44
360113	2.40
360114	1.97
360115	1.97
360116	1.68
360118	2.05
360121	2.65
360123	2.13
360125	1.64
360126	1.77
360127	2.13
360128	1.63
360129	1.65
360130	1.88
360131	2.14
360132	2.30
360133	2.40
360134	2.32
360136	1.52
360137	2.10
360140	1.69
360141	2.57
360142	1.91
360143	2.16
360144	2.43
360145	2.33
360147	2.16
360148	1.98
360149	2.50
360150	2.91
360151	2.57
360152	2.41
360153	1.78
360154	1.51
360155	2.43
360156	2.12
360159	2.11
360161	2.22
360162	2.00
360163	2.68
360164	1.58
360165	1.72
360166	1.56
360170	1.92
360172	2.63
360174	2.39
360175	2.41
360176	1.68
360177	1.47
360178	2.36
360179	2.17
360180	2.46
360184	1.43
360185	1.74
360186	1.49
360187	2.34
360188	1.73
360189	2.21
360192	2.11
360193	2.29
360194	2.06
360195	2.55
360197	1.83
360200	1.69
360203	2.33
360204	1.85
360210	2.48
360211	2.08
360212	2.15
360213	1.96
360218	2.25
360230	2.64
360231	1.39
360234	1.96
360236	2.29
360239	2.44
360241	1.12
360242	1.60
360244	1.31
360245	1.34
362004	2.12
362007	0.46
362014	6.82
362015	1.36
363300	1.79
363303	2.00
363305	1.79
363306	1.23
364003	1.44
364017	1.22
364026	1.35
364029	1.39
364038	1.63
370001	2.91
370002	2.47
370004	2.61
370005	1.38
370006	2.35
370007	1.70
370008	2.57
370011	1.83
370012	1.32
370013	2.58
370014	2.48
370015	1.80
370016	2.30
370017	1.70
370018	2.92
370019	2.26
370020	2.07
370021	1.30
370022	2.66
370023	2.24
370025	2.32
370026	2.80
370028	2.84
370029	2.17
370030	1.94
370032	3.38
370033	2.36
370034	2.42
370035	1.77
370036	0.72
370037	3.59
370038	1.46
370039	1.82
370040	2.84
370041	1.57
370042	1.32
370043	1.07
370045	1.52
370046	1.86
370047	2.19
370048	1.83
370049	2.76
370051	1.23
370054	2.15
370056	2.68
370057	1.86
370059	0.96
370060	2.06
370063	1.47
370064	1.48
370065	2.33
370071	1.48
370072	1.27

Note: The national average service mix discounted for multiple procedures is 2.05.

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
370076	2.23
370077	1.87
370078	3.26
370079	1.68
370080	1.82
370082	1.22
370083	2.29
370084	1.49
370085	1.70
370086	2.07
370089	2.06
370091	2.79
370092	2.14
370093	3.92
370094	2.86
370095	1.34
370097	1.94
370099	1.98
370100	1.24
370103	1.55
370105	2.79
370106	3.64
370108	1.53
370112	1.50
370113	1.90
370114	2.83
370121	2.39
370122	0.92
370123	2.24
370125	1.87
370126	1.24
370131	1.18
370133	1.80
370138	2.26
370139	1.64
370140	1.76
370141	1.68
370146	1.52
370148	2.10
370149	2.65
370153	2.37
370154	2.41
370156	2.29
370158	1.44
370159	2.14
370163	1.19
370165	1.28
370166	1.79
370169	1.91
370176	1.99
370177	1.48
370178	2.01
370179	1.40
370183	1.38
370186	2.40
370190	2.72
370192	2.64
372004	0.74
373025	1.44
373026	1.05
374003	1.43
374006	1.09
374008	1.62
374012	1.25
374018	1.30
374020	1.38
380001	2.56
380002	3.62
380003	3.00
380004	3.26
380005	4.66
380006	2.69
380007	2.88
380008	1.60
380009	2.04
380010	1.71

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
380011	2.19
380013	1.52
380014	2.51
380017	3.48
380018	2.29
380019	1.71
380020	3.29
380021	2.50
380022	2.52
380023	2.25
380025	2.54
380026	2.19
380027	1.81
380029	2.00
380031	1.56
380033	2.83
380035	2.69
380036	2.23
380037	2.24
380038	2.80
380039	1.87
380040	2.03
380042	1.73
380047	3.41
380048	2.03
380050	2.26
380051	2.84
380052	2.34
380056	1.38
380060	2.26
380061	2.53
380062	0.85
380063	1.64
380064	1.85
380065	1.72
380066	2.76
380068	1.29
380069	1.67
380070	1.83
380071	3.16
380072	1.67
380075	2.82
380078	1.79
380081	0.94
380082	2.43
380083	2.28
380084	1.97
380087	2.29
380088	1.95
380089	2.67
380090	2.69
390001	2.28
390002	2.31
390003	1.68
390004	2.37
390005	2.13
390006	1.56
390007	3.01
390008	1.88
390009	2.27
390010	2.46
390011	2.35
390012	2.52
390013	2.64
390015	1.83
390016	2.19
390017	2.05
390018	2.64
390019	2.13
390022	2.62
390023	1.66
390024	2.86
390025	1.01
390026	1.87
390028	2.81
390029	2.48

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
390030	2.03
390031	2.04
390032	2.24
390035	2.44
390036	2.41
390037	2.41
390039	2.16
390040	1.67
390041	2.43
390042	2.15
390043	2.81
390044	2.47
390045	2.07
390046	1.82
390047	2.37
390048	2.18
390049	2.55
390051	2.39
390052	2.37
390054	1.88
390055	2.50
390056	1.93
390057	2.26
390058	2.88
390060	1.55
390061	2.09
390062	2.64
390063	3.18
390065	2.18
390066	1.97
390067	2.36
390068	1.71
390069	2.07
390070	2.99
390071	2.38
390072	2.07
390073	2.34
390074	2.49
390075	2.39
390076	2.35
390078	2.72
390079	2.76
390080	2.27
390083	1.70
390084	1.63
390086	2.12
390088	1.82
390090	2.61
390091	2.07
390093	1.88
390095	2.17
390096	2.12
390097	2.24
390100	2.36
390101	1.57
390102	2.62
390103	1.99
390104	1.86
390106	1.90
390107	2.35
390108	2.27
390109	1.45
390110	2.02
390111	1.83
390112	2.15
390113	2.24
390114	2.04
390115	2.23
390116	2.11
390118	2.53
390119	2.35
390121	2.40
390122	2.01
390123	2.78
390125	2.16
390127	2.39

Note: The national average service mix discounted for multiple procedures is 2.05.

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
390128	2.69
390130	2.00
390131	2.36
390132	1.94
390133	2.42
390135	2.00
390136	3.53
390137	2.30
390138	2.02
390139	2.41
390142	1.82
390145	2.23
390146	2.08
390147	2.32
390150	1.87
390151	2.28
390152	2.31
390153	1.89
390154	2.53
390155	1.33
390156	2.31
390157	2.37
390158	2.27
390160	2.65
390161	2.45
390162	2.22
390163	2.32
390164	2.01
390166	1.65
390167	2.15
390168	2.09
390169	2.95
390173	1.97
390174	2.26
390176	2.00
390178	2.45
390179	2.23
390180	2.28
390181	2.25
390183	2.37
390184	1.62
390185	2.69
390189	2.17
390191	2.94
390192	1.97
390193	2.44
390194	2.11
390195	2.67
390196	2.10
390197	2.87
390198	1.52
390199	1.66
390200	1.45
390201	2.13
390203	2.45
390204	2.30
390205	2.28
390206	1.93
390209	1.92
390211	2.50
390213	1.01
390215	2.33
390217	2.12
390219	1.77
390222	2.63
390224	1.59
390225	2.14
390226	2.14
390228	2.10
390231	2.05
390233	1.89
390235	1.76
390236	2.00
390237	2.10
390238	2.27
390242	2.31

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
390244	0.99
390245	1.98
390246	2.30
390247	1.06
390249	1.03
390256	1.74
390258	2.34
390260	3.40
390262	2.54
390263	2.66
390265	1.46
390266	2.94
390267	2.51
390268	2.47
390270	2.41
390277	1.09
390279	2.19
392024	1.54
392025	1.67
392026	1.05
393025	1.10
393026	1.57
393027	1.76
393031	1.45
393032	1.06
393035	0.85
393037	1.35
393038	1.63
393039	1.00
393040	3.14
393042	1.68
393043	0.88
393301	1.76
393302	1.48
394006	1.31
394007	1.38
394008	2.75
394020	1.14
394023	1.34
394034	1.22
394041	1.09
400001	1.56
400002	3.46
400003	1.44
400004	1.88
400005	1.64
400006	2.37
400007	1.13
400009	1.77
400011	2.23
400012	1.03
400013	1.35
400014	4.33
400016	2.08
400017	1.95
400018	1.33
400019	3.06
400021	1.89
400022	1.78
400027	0.85
400028	1.51
400029	1.06
400032	1.10
400094	1.07
400098	1.33
400102	1.90
400106	1.48
400109	1.91
400111	1.29
400113	1.98
400114	1.37
400115	1.11
400117	2.09
400118	1.61
400120	2.23
400122	0.93

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
400123	3.45
400124	8.61
404002	2.33
410001	2.10
410004	1.90
410005	2.63
410006	2.14
410007	2.36
410008	2.45
410009	2.76
410010	1.74
410011	2.21
410012	2.51
410013	2.44
413025	1.43
414000	1.92
420002	2.45
420004	1.85
420005	2.31
420006	1.21
420007	2.47
420009	2.69
420010	2.32
420011	1.69
420014	1.38
420015	2.30
420016	1.68
420018	1.86
420019	2.11
420020	2.41
420023	2.81
420026	3.52
420027	2.14
420030	2.06
420031	1.34
420033	1.82
420036	2.49
420037	1.69
420038	1.69
420039	1.85
420042	1.78
420043	2.04
420048	2.19
420049	2.64
420051	2.34
420053	2.21
420054	1.65
420055	1.77
420056	2.63
420057	1.70
420059	1.53
420061	1.79
420062	2.16
420064	1.55
420065	2.64
420066	1.91
420067	3.06
420068	2.80
420069	1.57
420070	2.37
420071	2.47
420072	1.30
420073	2.50
420074	1.11
420075	1.79
420078	2.50
420079	1.75
420080	2.41
420081	0.87
420082	2.27
420083	3.31
420085	2.03
420086	2.36
420087	2.53
420088	2.47
420089	2.60

Note: The national average service mix discounted for multiple procedures is 2.05.

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
420091	2.75
423025	2.50
423026	1.63
424006	1.31
424007	1.20
424009	1.29
424010	1.40
430004	1.89
430005	2.74
430007	2.48
430008	2.62
430010	2.27
430011	3.02
430012	3.46
430013	2.95
430014	2.66
430015	2.99
430016	2.57
430018	1.57
430022	1.16
430023	1.43
430024	1.04
430026	1.20
430027	3.75
430028	2.35
430029	1.91
430031	1.67
430033	1.68
430034	1.40
430036	1.94
430037	2.47
430038	2.48
430040	2.01
430041	1.67
430043	2.11
430044	1.45
430047	1.89
430048	2.07
430049	1.31
430051	1.01
430054	1.79
430056	1.30
430057	1.62
430060	0.98
430062	1.70
430064	1.93
430065	1.32
430066	1.16
430073	1.57
430076	1.02
430077	2.99
430079	1.01
430087	1.14
434004	1.52
440001	2.05
440002	3.46
440003	2.67
440006	2.96
440007	1.14
440008	2.07
440009	2.91
440010	1.65
440011	2.26
440012	1.81
440014	1.62
440015	2.82
440016	1.92
440017	2.44
440018	1.54
440019	2.38
440020	1.95
440022	1.48
440023	1.54
440024	2.81
440025	2.13
440026	0.99

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
440029	2.89
440030	2.65
440031	2.25
440032	1.48
440033	1.82
440034	2.53
440035	2.40
440039	2.02
440040	1.54
440041	1.67
440046	2.35
440047	1.66
440048	2.88
440049	2.45
440050	2.22
440051	1.56
440052	1.54
440053	2.74
440054	1.97
440056	1.73
440057	1.88
440058	2.80
440059	2.36
440060	1.53
440061	1.87
440063	2.54
440064	1.66
440065	2.27
440067	2.61
440068	2.32
440070	1.68
440071	2.37
440072	2.63
440073	2.55
440078	1.59
440081	1.92
440082	2.63
440083	1.62
440084	1.41
440090	1.47
440091	2.83
440100	1.70
440102	1.92
440103	2.37
440104	2.39
440105	5.91
440109	1.94
440110	1.93
440111	1.26
440114	1.86
440115	1.85
440120	3.10
440125	2.59
440130	2.76
440131	2.59
440132	2.11
440133	2.76
440135	2.10
440137	2.03
440141	1.08
440142	1.41
440143	1.54
440144	3.51
440145	1.31
440147	6.45
440148	2.30
440149	1.44
440150	3.11
440151	1.85
440152	1.54
440153	1.95
440156	2.88
440157	1.64
440159	2.22
440161	3.36
440162	1.30

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
440166	2.53
440168	2.06
440173	3.78
440174	1.91
440175	2.45
440176	2.77
440178	2.12
440180	1.62
440181	1.87
440182	2.10
440183	3.04
440184	2.78
440185	2.30
440186	2.08
440187	1.86
440189	3.14
440192	1.68
440193	2.95
440194	1.92
440197	2.70
440200	1.92
440203	1.79
440205	1.34
440206	1.91
442007	0.98
443025	1.66
443026	1.44
443029	2.87
444003	1.07
444004	1.32
444006	1.27
444010	1.20
444017	1.31
450002	2.26
450004	1.66
450005	1.97
450007	2.83
450008	1.73
450010	2.35
450011	2.73
450014	1.64
450015	1.21
450016	2.92
450018	1.48
450020	2.07
450021	1.73
450023	2.65
450024	1.46
450025	2.71
450028	2.11
450029	1.95
450031	2.08
450032	1.52
450033	1.92
450034	2.15
450035	2.37
450037	2.25
450039	1.07
450040	1.90
450042	2.14
450044	2.21
450046	2.65
450047	2.20
450050	1.26
450051	1.77
450052	1.46
450053	2.23
450054	3.01
450055	1.70
450056	3.09
450058	3.08
450059	2.53
450063	0.92
450064	2.79
450065	1.59
450068	1.97

Note: The national average service mix discounted for multiple procedures is 2.05.

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
450072	2.22
450073	1.42
450076	1.67
450078	1.11
450079	2.56
450080	2.84
450081	1.87
450082	1.57
450083	3.18
450085	1.71
450087	1.84
450090	2.26
450092	1.78
450094	2.42
450096	1.75
450097	2.99
450098	1.12
450099	1.97
450101	2.43
450102	3.08
450104	2.70
450107	1.99
450108	1.31
450109	1.54
450111	2.41
450112	2.57
450113	2.56
450118	3.04
450119	2.38
450121	2.47
450123	1.71
450124	2.02
450126	1.69
450128	1.91
450130	3.22
450131	1.77
450132	2.15
450133	2.21
450135	2.15
450137	2.08
450140	1.34
450142	1.99
450143	1.70
450144	1.63
450145	1.26
450146	0.98
450147	1.84
450148	2.15
450149	1.90
450150	1.58
450151	1.52
450152	2.19
450153	2.25
450154	1.66
450155	1.57
450157	1.30
450160	1.78
450162	1.98
450163	1.61
450164	1.25
450165	1.71
450166	0.89
450169	1.16
450170	1.46
450176	2.20
450177	2.12
450178	1.40
450181	1.33
450184	2.79
450185	1.43
450187	2.03
450188	1.72
450190	2.71
450191	2.51
450192	1.65
450193	3.61

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
450194	2.17
450196	2.52
450200	2.33
450201	2.06
450203	1.84
450209	1.76
450210	1.63
450211	2.19
450214	2.43
450217	1.05
450219	2.22
450221	1.20
450222	2.22
450224	1.90
450229	2.52
450231	2.65
450234	1.39
450235	1.93
450236	2.48
450237	1.78
450239	1.35
450241	1.31
450243	1.41
450246	1.43
450249	1.22
450250	1.22
450253	2.38
450258	1.08
450259	2.05
450264	0.91
450269	1.24
450270	1.46
450271	1.30
450272	2.76
450276	1.36
450278	1.34
450280	1.76
450283	1.29
450286	1.18
450288	1.59
450289	1.04
450292	1.74
450293	1.60
450296	2.13
450299	2.26
450303	1.03
450306	3.30
450307	1.00
450309	1.49
450315	2.47
450320	1.79
450321	1.16
450322	1.06
450324	2.35
450327	0.95
450330	1.67
450334	1.07
450337	1.39
450340	2.47
450341	1.87
450346	1.98
450347	2.27
450348	1.14
450351	3.89
450352	2.17
450353	1.66
450355	1.15
450358	2.48
450362	2.40
450369	1.44
450370	4.40
450371	2.02
450372	2.61
450373	1.32
450374	0.99
450376	2.22

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
450378	1.66
450379	2.29
450381	1.67
450388	2.66
450389	2.00
450393	1.84
450395	1.50
450399	1.00
450400	1.73
450403	1.71
450411	1.61
450417	1.75
450418	1.83
450419	1.49
450423	2.32
450424	2.41
450429	0.88
450431	2.86
450438	2.68
450446	1.32
450447	2.77
450451	2.08
450457	2.85
450460	1.72
450462	2.03
450464	1.46
450465	3.04
450467	1.47
450469	2.64
450473	1.17
450475	2.22
450484	2.18
450488	1.84
450489	1.13
450497	1.79
450498	2.12
450508	1.87
450514	2.09
450517	1.31
450518	2.10
450523	2.59
450530	2.37
450534	1.17
450535	2.21
450537	1.87
450538	1.64
450539	2.33
450544	1.93
450545	3.48
450547	1.52
450550	1.97
450551	2.22
450558	1.97
450559	1.22
450561	2.18
450563	2.44
450565	2.10
450570	1.46
450571	2.45
450573	1.52
450574	0.84
450575	1.17
450578	1.02
450580	2.14
450583	1.10
450584	1.71
450586	1.56
450587	1.86
450591	2.51
450596	2.29
450597	1.60
450603	1.05
450604	2.39
450605	1.92
450609	1.06
450610	2.47

Note: The national average service mix discounted for multiple procedures is 2.05.

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
450614	1.50
450615	1.98
450617	2.12
450620	1.38
450623	1.81
450626	1.13
450628	1.17
450630	2.17
450631	2.20
450632	0.78
450633	2.27
450634	2.37
450638	2.97
450639	2.27
450641	1.70
450643	2.16
450644	2.47
450646	2.32
450647	2.94
450648	1.75
450649	1.37
450651	2.04
450652	1.21
450653	2.35
450654	1.19
450656	2.51
450658	1.93
450659	2.36
450661	2.98
450662	1.63
450665	1.61
450666	1.81
450668	2.66
450669	2.18
450670	2.34
450672	2.64
450673	1.22
450674	2.94
450675	2.10
450677	2.23
450678	2.58
450683	2.18
450684	1.93
450686	2.16
450688	1.96
450690	1.50
450691	1.76
450694	2.35
450696	9.87
450697	1.90
450698	0.94
450700	1.36
450702	2.25
450703	1.20
450704	2.16
450705	1.61
450706	2.12
450709	2.77
450711	2.40
450712	1.34
450713	2.35
450715	1.59
450716	2.51
450717	1.98
450718	2.23
450723	1.80
450724	3.48
450725	1.70
450727	1.85
450728	1.09
450730	2.03
450733	2.29
450735	0.59
450742	2.15
450743	2.75
450746	1.34

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
450747	2.56
450749	1.11
450750	1.40
450751	2.18
450754	1.69
450755	1.71
450757	1.08
450758	2.03
450760	2.45
450761	1.18
450763	1.70
450766	5.27
450769	1.08
450770	1.35
450774	4.58
450775	2.11
450776	1.34
450777	1.52
450779	1.89
450780	5.46
450788	1.72
450795	0.93
450797	8.56
450801	2.42
450802	2.75
450803	1.22
450804	5.75
450809	2.15
452013	0.93
452019	1.81
452022	1.41
452033	0.93
452036	0.74
452038	1.26
452039	0.96
452043	1.02
453025	1.17
453028	0.84
453029	1.13
453031	1.57
453033	0.88
453034	1.09
453035	1.98
453036	2.77
453037	1.31
453038	1.26
453040	1.19
453041	1.14
453042	1.06
453044	1.79
453047	1.21
453048	1.06
453052	1.51
453053	1.38
453054	1.51
453056	1.47
453057	1.33
453059	0.80
453065	3.10
453300	1.21
453302	1.60
453304	1.53
453305	1.02
454012	1.31
454018	1.31
454026	1.47
454028	1.31
454029	1.95
454030	1.31
454032	1.18
454037	1.32
454038	1.31
454042	1.30
454043	1.31
454045	1.34
454050	1.31

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
454056	1.63
454057	1.36
454063	1.20
454064	1.32
454065	1.36
454066	1.32
454069	1.70
454072	1.31
454073	1.57
454089	1.35
460001	2.75
460003	2.99
460004	2.40
460005	2.35
460006	3.47
460007	2.73
460008	2.45
460009	2.52
460010	2.34
460011	2.11
460013	2.58
460014	1.33
460015	2.71
460016	1.42
460017	3.03
460018	1.58
460019	2.12
460020	1.83
460021	2.11
460022	1.27
460023	2.88
460024	1.09
460025	0.83
460026	1.91
460027	1.49
460029	1.75
460030	1.87
460032	1.72
460033	1.59
460035	1.17
460036	2.03
460037	1.91
460039	1.53
460041	2.64
460042	2.59
460044	2.05
460046	9.51
460047	1.74
460049	0.11
460050	2.03
463025	1.64
463301	2.17
464003	1.31
464010	1.25
470001	1.93
470003	2.50
470004	1.49
470005	2.09
470006	2.45
470008	1.83
470010	1.87
470011	2.21
470012	2.75
470015	1.83
470018	2.05
470020	1.15
470023	2.39
470024	2.06
474001	0.86
480001	1.58
480002	2.11
490001	1.56
490002	1.62
490004	2.19
490005	2.42
490006	2.01

Note: The national average service mix discounted for multiple procedures is 2.05.

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
490007	2.39
490009	1.81
490011	2.62
490012	1.52
490013	2.55
490014	1.79
490015	2.92
490017	2.63
490018	2.78
490019	2.15
490020	2.57
490022	2.29
490023	2.27
490024	2.28
490027	1.89
490030	2.58
490031	1.86
490032	1.67
490033	1.73
490035	2.10
490037	2.37
490038	2.27
490040	2.89
490041	2.95
490042	2.46
490043	1.96
490044	2.22
490045	2.14
490046	2.85
490047	1.45
490048	2.34
490050	2.65
490052	2.31
490053	2.76
490054	1.45
490057	2.40
490059	3.04
490060	2.36
490063	3.55
490066	2.47
490067	2.62
490069	1.40
490071	2.92
490073	3.67
490074	3.72
490075	2.54
490077	2.50
490079	2.06
490084	2.18
490085	1.89
490088	2.53
490089	1.56
490090	2.33
490091	2.37
490092	2.19
490093	2.28
490094	1.60
490095	2.11
490097	1.97
490098	2.04
490099	1.12
490100	3.24
490101	2.39
490107	2.90
490110	3.18
490111	2.23
490112	2.39
490113	2.42
490114	1.63
490115	2.12
490116	1.97
490117	1.31
490118	2.42
490119	2.43
490120	2.37
490122	2.68

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
490123	2.23
490124	1.89
490126	2.27
490127	1.57
490130	2.03
490131	1.68
492001	0.79
493025	1.24
493026	0.92
493027	2.34
493028	1.39
493301	1.94
494001	1.31
494011	1.09
494018	1.34
494020	1.31
494022	1.30
494023	1.28
494025	1.17
494026	1.32
494028	1.31
500001	2.51
500002	2.10
500003	2.36
500005	2.14
500007	3.03
500008	1.60
500011	2.13
500012	2.76
500014	2.57
500015	2.03
500019	2.49
500021	2.22
500023	2.13
500024	3.90
500025	3.10
500026	2.20
500027	2.86
500029	1.05
500030	2.59
500031	2.08
500033	2.66
500036	2.56
500037	1.71
500039	2.90
500041	2.29
500042	3.14
500043	1.85
500044	2.56
500045	2.36
500048	1.65
500049	3.17
500050	2.47
500051	2.62
500053	2.42
500054	2.27
500055	1.86
500057	2.65
500058	2.50
500059	2.45
500060	2.25
500061	1.15
500062	0.99
500064	1.29
500065	2.66
500068	1.09
500069	1.25
500071	3.04
500072	2.25
500073	1.39
500074	2.39
500077	2.29
500079	1.61
500080	1.14
500084	2.32
500085	1.66

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
500086	2.05
500088	2.78
500089	1.93
500090	0.71
500092	1.77
500094	0.83
500096	1.79
500097	1.33
500098	1.45
500101	1.17
500102	1.74
500104	2.07
500106	0.71
500107	1.77
500108	2.64
500110	2.79
500118	2.52
500119	1.78
500122	2.31
500123	0.86
500124	2.21
500125	1.40
500129	2.04
500132	1.48
500138	1.08
500139	2.56
500141	3.07
500146	2.18
502002	3.69
503300	2.70
504002	1.43
510001	2.11
510002	2.26
510004	1.10
510005	1.47
510006	2.66
510007	2.10
510008	2.40
510012	1.99
510013	1.57
510015	1.15
510016	1.15
510018	1.65
510020	1.23
510022	2.33
510023	1.92
510024	3.05
510026	1.48
510027	1.61
510028	1.46
510029	2.51
510030	2.23
510031	3.05
510033	2.05
510038	1.64
510039	2.31
510043	0.96
510046	2.03
510047	2.56
510048	1.45
510050	2.19
510053	1.54
510055	2.17
510058	2.37
510059	8.02
510060	1.66
510063	1.20
510065	1.24
510066	2.03
510067	2.36
510068	2.25
510070	3.03
510071	2.10
510072	1.56
510077	2.09
510081	1.31

Note: The national average service mix discounted for multiple procedures is 2.05.

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
510082	1.70
510084	1.44
510085	1.78
510086	1.15
513026	1.19
513027	1.33
513028	1.63
513030	1.49
514001	1.44
514007	5.99
514008	1.86
520002	2.56
520003	2.35
520004	2.57
520006	2.22
520007	1.57
520008	2.29
520009	2.07
520010	2.33
520011	2.95
520013	1.97
520014	2.25
520015	2.51
520016	1.83
520017	2.02
520018	2.11
520019	2.23
520021	2.57
520024	1.96
520025	1.95
520026	2.28
520028	3.23
520029	1.34
520030	3.15
520031	3.82
520032	1.84
520033	2.11
520034	2.43
520035	2.87
520037	2.62
520038	3.13
520039	1.77
520040	2.01
520041	1.95
520042	1.95
520044	3.00
520045	2.24
520047	2.03
520048	2.34
520049	2.90
520053	1.70
520054	1.58
520057	2.90
520058	2.71
520059	2.73
520060	1.66

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
520062	2.38
520063	2.99
520064	1.79
520066	2.95
520068	1.68
520069	1.98
520070	2.35
520071	2.40
520074	1.57
520075	2.44
520076	2.50
520077	1.14
520078	1.91
520082	2.79
520083	1.70
520087	1.22
520088	2.40
520089	3.23
520090	1.99
520091	3.56
520092	1.99
520094	1.92
520095	2.55
520096	2.31
520097	2.23
520098	1.46
520100	2.48
520101	1.53
520102	2.46
520103	2.51
520107	1.83
520109	1.99
520110	1.71
520111	2.05
520112	3.22
520113	2.58
520114	2.06
520115	1.98
520116	2.48
520117	1.79
520118	1.11
520120	1.08
520121	1.72
520122	1.44
520123	1.81
520124	1.88
520130	2.49
520131	2.06
520132	2.46
520134	1.58
520135	1.84
520136	2.30
520138	2.32
520139	2.50
520140	2.42
520141	2.11

ADDENDUM I.—SERVICE MIX INDICES BY HOSPITAL—Continued

Hospital	SMI
520142	1.24
520144	2.14
520145	1.48
520146	2.23
520148	1.82
520149	1.13
520151	2.45
520152	2.03
520153	1.50
520154	2.23
520156	3.09
520157	1.54
520160	2.62
520161	2.22
520170	2.85
520171	1.82
520173	2.67
520177	2.29
520178	2.28
523025	1.44
523300	2.56
524000	1.41
524003	1.23
524017	0.45
524034	1.27
524035	1.26
524038	1.57
530002	2.18
530003	1.37
530004	1.80
530005	1.67
530006	2.14
530008	2.36
530009	1.94
530010	2.28
530011	2.08
530012	2.20
530014	2.54
530015	2.19
530016	1.93
530017	1.93
530018	2.15
530019	1.56
530022	2.04
530023	1.51
530025	2.00
530026	1.48
530027	1.60
530029	0.99
530031	0.96
530032	2.14

Note: The national average service mix discounted for multiple procedures is 2.05.

52. On pages 48030 through 48035, Addendum J is corrected to read as follows:

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS

Urban code/Urban area (constituent counties)	Wage index
0040 Abilene, TX	0.8287
Taylor, TX	
0060 Aguadilla, PR[2]	0.4188
Aguada, PR	
Aguadilla, PR	
Moca, PR	
0080 Akron, OH	0.9728
Portage, OH	
Summit, OH	
0120 Albany, GA	0.7914
Dougherty, GA	
Lee, GA	
0160 Albany-Schenectady-Troy, NY	0.8480
Albany, NY	
Montgomery, NY	
Rensselaer, NY	
Saratoga, NY	
Schenectady, NY	
Schoharie, NY	
0200 Albuquerque, NM	0.9329
Bernalillo, NM	
Sandoval, NM	
Valencia, NM	
0220 Alexandria, LA	0.8269
Rapides, LA	
0240 Allentown-Bethlehem-Easton, PA	1.0086
Carbon, PA	
Lehigh, PA	
Northampton, PA	
0280 Altoona, PA	0.9137

[1] Large Urban Area

[2] Hospitals geographically located in the area are assigned the statewide rural wage index for FY 1998.

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued

Urban code/Urban area (constituent counties)	Wage index
Blair, PA	
0320 Amarillo, TX	0.9425
Potter, TX	
Randall, TX	
0380 Anchorage, AK	1.2998
Anchorage, AK	
0440 Ann Arbor, MI	1.1785
Lenawee, MI	
Livingston, MI	
Washtenaw, MI	
0450 Anniston, AL	0.8266
Calhoun, AL	
0460 Appleton-Oshkosh-Neenah, WI	0.8996
Calumet, WI	
Outagamie, WI	
Winnebago, WI	
0470 Arecibo, PR [2]	0.4218
Arecibo, PR	
Camuy, PR	
Hatillo, PR	
0480 Asheville, NC	0.9072
Buncombe, NC	
Madison, NC	
0500 Athens, GA	0.9087
Clarke, GA	
Madison, GA	
Oconee, GA	
0520 Atlanta, GA [1]	0.9823
Barrow, GA	
Bartow, GA	
Carroll, GA	
Cherokee, GA	
Clayton, GA	
Cobb, GA	
Coweta, GA	
DeKalb, GA	
Douglas, GA	
Fayette, GA	
Forsyth, GA	
Fulton, GA	
Gwinnett, GA	
Henry, GA	
Newton, GA	
Paulding, GA	
Pickens, GA	
Rockdale, GA	
Spalding, GA	
Walton, GA	
0560 Atlantic-Cape May, NJ	1.0724
Atlantic, NJ	
Cape May, NJ	
0600 Augusta-Aiken, GA-SC	0.9333
Columbia, GA	
McDuffie, GA	
Richmond, GA	
Aiken, SC	
Edgefield, SC	
0640 Austin-San Marcos, TX [1]	0.9133
Bastrop, TX	
Caldwell, TX	
Hays, TX	
Travis, TX	
Williamson, TX	
0680 Bakersfield, CA	1.0014
Kern, CA	
0720 Baltimore, MD [1]	0.9689
Anne Arundel, MD	
Baltimore, MD	
BaltimoreCity, MD	
Carroll, MD	
Harford, MD	
Howard, MD	
Queen Anne's, MD	
0733 Bangor, ME	0.9478
Penobscot, ME	
0743 Barnstable-Yarmouth, MA	1.4291
Barnstable, MA	
0760 Baton Rouge, LA	0.8382
Ascension, LA	
East Baton Rouge, LA	
Livingston, LA	
West Baton Rouge, LA	
0840 Beaumont-Port Arthur, TX	0.8593
Hardin, TX	
Jefferson, TX	
Orange, TX	
0860 Bellingham, WA	1.1221
Whatcom, WA	
0870 Benton Harbor, MI [2]	0.8923
Berrien, MI	
0875 Bergen-Passaic, NJ [1]	1.1570
Bergen, NJ	
Passaic, NJ	
0880 Billings, MT	0.9783
Yellowstone, MT	
0920 Biloxi-Gulfport-Pascagoula, MS	0.8415
Hancock, MS	
Harrison, MS	
Jackson, MS	
0960 Binghamton, NY	0.8914
Broome, NY	
Tioga, NY	
1000 Birmingham, AL	0.9005
Blount, AL	
Jefferson, AL	
St. Clair, AL	
Shelby, AL	
1010 Bismarck, ND	0.7859
Burleigh, ND	
Morton, ND	
1020 Bloomington, IN	0.9128
Monroe, IN	
1040 Bloomington-Normal, IL	0.8733
McLean, IL	
1080 Boise City, ID	0.8887
Ada, ID	
Canyon, ID	
1123 Boston-Worcester-Lawrence-Lowell-Brockton, MA-NH [1]	1.1498
Bristol, MA	
Essex, MA	
Middlesex, MA	
Norfolk, MA	
Plymouth, MA	
Suffolk, MA	
Worcester, MA	
Hillsborough, NH	
Merrimack, NH	
Rockingham, NH	
Strafford, NH	
1125 Boulder-Longmont, CO	1.0015
Boulder, CO	
1145 Brazoria, TX	0.9129
Brazoria, TX	
1150 Bremerton, WA	1.0999
Kitsap, WA	
1240 Brownsville-Harlingen-San Benito, TX	0.8740
Cameron, TX	
1260 Bryan-College Station, TX	0.8571
Brazos, TX	
1280 Buffalo-Niagara Falls, NY [1]	0.9272
Erie, NY	
Niagara, NY	
1303 Burlington, VT	1.0142
Chittenden, VT	
Franklin, VT	
GrandIsle, VT	
1310 Caguas, PR	0.4508
Caguas, PR	
Cayey, PR	
Cidra, PR	
Gurabo, PR	
San Lorenzo, PR	
1320 Canton-Massillon, OH	0.8961
Carroll, OH	
Stark, OH	
1350 Casper, WY	0.9013
Natrona, WY	
1360 Cedar Rapids, IA	0.8529
Linn, IA	
1400 Champaign-Urbana, IL	0.8824
Champaign, IL	
1440 Charleston-North Charleston, SC	0.8807
Berkeley, SC	
Charleston, SC	
Dorchester, SC	
1480 Charleston, WV	0.9142
Kanawha, WV	
Putnam, WV	
1520 Charlotte-Gastonia-Rock Hill, NC-SC [1]	0.9710
Cabarrus, NC	
Gaston, NC	
Lincoln, NC	
Mecklenburg, NC	
Rowan, NC	
Stanly, NC	
Union, NC	
York, SC	
1540 Charlottesville, VA	0.9051
Albemarle, VA	
Charlottesville City, VA	
Fluvanna, VA	
Greene, VA	
1560 Chattanooga, TN-GA	0.8658
Catoosa, GA	
Dade, GA	
Walker, GA	
Hamilton, TN	
Marion, TN	
1580 Cheyenne, WY [2]	0.8247
Laramie, WY	
1600 Chicago, IL [1]	1.0860
Cook, IL	
DeKalb, IL	
DuPage, IL	
Grundy, IL	
Kane, IL	
Kendall, IL	
Lake, IL	
McHenry, IL	
Will, IL	
1620 Chico-Paradise, CA	1.0429
Butte, CA	
1640 Cincinnati, OH-KY-IN [1]	0.9521
Dearborn, IN	
Ohio, IN	
Boone, KY	
Campbell, KY	
Gallatin, KY	
Grant, KY	
Kenton, KY	
Pendleton, KY	
Brown, OH	
Clermont, OH	
Hamilton, OH	
Warren, OH	
1660 Clarksville-Hopkinsville, TN-KY	0.7852
Christian, KY	
Montgomery, TN	
1680 Cleveland-Lorain-Elyria, OH [1]	0.9804
Ashtabula, OH	
Cuyahoga, OH	
Geauga, OH	

[1] Large Urban Area

[2] Hospitals geographically located in the area are assigned the statewide rural wage index for FY 1998.

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued

Urban code/Urban area (constituent counties)	Wage index
Lake, OH	
Lorain, OH	
Medina, OH	
1720 Colorado Springs, CO	0.9316
ElPaso, CO	
1740 Columbia, MO	0.9001
Boone, MO	
1760 Columbia, SC	0.9192
Lexington, SC	
Richland, SC	
1800 Columbus, GA-AL	0.8288
Russell, AL	
Chattahoochee, GA	
Harris, GA	
Muscogee, GA	
1840 Columbus, OH [1]	0.9793
Delaware, OH	
Fairfield, OH	
Franklin, OH	
Licking, OH	
Madison, OH	
Pickaway, OH	
1880 Corpus Christi, TX	0.8945
Nueces, TX	
San Patricio, TX	
1900 Cumberland, MD-WV	0.8822
Allegany, MD	
Mineral, WV	
1920 Dallas, TX [1]	0.9674
Collin, TX	
Dallas, TX	
Denton, TX	
Ellis, TX	
Henderson, TX	
Hunt, TX	
Kaufman, TX	
Rockwall, TX	
1950 Danville, VA	0.8146
Danville City, VA	
Pittsylvania, VA	
1960 Davenport-Moline-Rock Island, IA-IL	0.8405
Scott, IA	
Henry, IL	
Rock Island, IL	
2000 Dayton-Springfield, OH	0.9279
Clark, OH	
Greene, OH	
Miami, OH	
Montgomery, OH	
2020 Daytona Beach, FL [2]	0.8838
Flagler, FL	
Volusia, FL	
2030 Decatur, AL	0.8286
Lawrence, AL	
Morgan, AL	
2040 Decatur, IL	0.7915
Macon, IL	
2080 Denver, CO [1]	1.0386
Adams, CO	
Arapahoe, CO	
Denver, CO	
Douglas, CO	
Jefferson, CO	
2120 Des Moines, IA	0.8837
Dallas, IA	
Polk, IA	
Warren, IA	
2160 Detroit, MI [1]	1.0840
Lapeer, MI	
Macomb, MI	
Monroe, MI	
Oakland, MI	
St. Clair, MI	
Wayne, MI	

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued

Urban code/Urban area (constituent counties)	Wage index
2180 Dothan, AL	0.8070
Dale, AL	
Houston, AL	
2190 Dover, DE	0.9303
Kent, DE	
2200 Dubuque, IA	0.8088
Dubuque, IA	
2240 Duluth-Superior, MN-WI	0.9779
St. Louis, MN	
Douglas, WI	
2281 Dutchess County, NY	1.0632
Dutchess, NY	
2290 Eau Claire, WI	0.8764
Chippewa, WI	
Eau Claire, WI	
2320 El Paso, TX	1.0123
El Paso, TX	
2330 Elkhart-Goshen, IN	0.9081
Elkhart, IN	
2335 Elmira, NY [2]	0.8401
Chemung, NY	
2340 Enid, OK	0.7962
Garfield, OK	
2360 Erie, PA	0.8862
Erie, PA	
2400 Eugene-Springfield, OR	1.1659
Lane, OR	
2440 Evansville-Henderson, IN-KY	0.8641
Posey, IN	
Vanderburgh, IN	
Warrick, IN	
Henderson, KY	
2520 Fargo-Moorhead, ND-MN	0.8837
Clay, MN	
Cass, ND	
2560 Fayetteville, NC	0.8734
Cumberland, NC	
2580 Fayetteville-Springdale-Rogers, AR	0.7461
Benton, AR	
Washington, AR	
2620 Flagstaff, AZ-UT	0.9115
Coconino, AZ	
Kane, UT	
2640 Flint, MI	1.1171
Genesee, MI	
2650 Florence, AL	0.7716
Colbert, AL	
Lauderdale, AL	
2655 Florence, SC	0.8711
Florence, SC	
2670 Fort Collins-Loveland, CO	1.0248
Larimer, CO	
2680 Ft. Lauderdale, FL [1]	1.0487
Broward, FL	
2700 Fort Myers-Cape Coral, FL [2]	0.8838
Lee, FL	
2710 Fort Pierce-Port St. Lucie, FL	1.0257
Martin, FL	
St. Lucie, FL	
2720 Fort Smith, AR-OK	0.7769
Crawford, AR	
Sebastian, AR	
Sequoyah, OK	
2750 Fort Walton Beach, FL [2]	0.8838
Okaloosa, FL	
2760 Fort Wayne, IN	0.8901
Adams, IN	
Allen, IN	
DeKalb, IN	
Huntington, IN	
Wells, IN	
Whitley, IN	
2800 Forth Worth-Arlington, TX [1]	0.9997
Hood, TX	

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued

Urban code/Urban area (constituent counties)	Wage index
Johnson, TX	
Parker, TX	
Tarrant, TX	
2840 Fresno, CA	1.0607
Fresno, CA	
Madera, CA	
2880 Gadsden, AL	0.8815
Etowah, AL	
2900 Gainesville, FL	0.9616
Alachua, FL	
2920 Galveston-Texas City, TX	1.0564
Galveston, TX	
2960 Gary, IN	0.9270
Lake, IN	
Porter, IN	
2975 Glens Falls, NY [2]	0.8401
Warren, NY	
Washington, NY	
2980 Goldsboro, NC	0.8443
Wayne, NC	
2985 Grand Forks, ND-MN	0.8815
Polk, MN	
Grand Forks, ND	
2995 Grand Junction, CO	0.9491
Mesa, CO	
3000 Grand Rapids-Muskegon-Holland, MI [1]	1.0147
Allegan, MI	
Kent, MI	
Muskegon, MI	
Ottawa, MI	
3040 Great Falls, MT	0.9306
Cascade, MT	
3060 Greeley, CO	1.0097
Weld, CO	
3080 Green Bay, WI	0.9585
Brown, WI	
3120 Greensboro-Winston-Salem-High Point, NC [1]	0.9351
Alamance, NC	
Davidson, NC	
Davie, NC	
Forsyth, NC	
Guilford, NC	
Randolph, NC	
Stokes, NC	
Yadkin, NC	
3150 Greenville, NC	0.9064
Pitt, NC	
3160 Greenville-Spartanburg-Anderson, SC	0.9059
Anderson, SC	
Cherokee, SC	
Greenville, SC	
Pickens, SC	
Spartanburg, SC	
3180 Hagerstown, MD	0.9681
Washington, MD	
3200 Hamilton-Middletown, OH	0.8767
Butler, OH	
3240 Harrisburg-Lebanon-Carlisle, PA	1.0187
Cumberland, PA	
Dauphin, PA	
Lebanon, PA	
Perry, PA	
3283 Hartford, CT [1] [2]	1.2617
Hartford, CT	
Litchfield, CT	
Middlesex, CT	
Tolland, CT	
3285 Hattiesburg, MS	0.7192
Forrest, MS	
Lamar, MS	
3290 Hickory-Morganton-Lenoir, NC	0.8285
Alexander, NC	

[1] Large Urban Area

[2] Hospitals geographically located in the area are assigned the statewide rural wage index for FY 1998.

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued

Urban code/Urban area (constituent counties)	Wage index
Burke, NC	
Caldwell, NC	
Catawba, NC	
3320 Honolulu, HI	1.1817
Honolulu, HI	
3350 Houma, LA	0.7854
Lafourche, LA	
Terrebonne, LA	
3360 Houston, TX [1]	0.9855
Chambers, TX	
FortBend, TX	
Harris, TX	
Liberty, TX	
Montgomery, TX	
Waller, TX	
3400 Huntington-Ashland, WV-KY-OH	0.9160
Boyd, KY	
Carter, KY	
Greenup, KY	
Lawrence, OH	
Cabell, WV	
Wayne, WV	
3440 Huntsville, AL	0.8485
Limestone, AL	
Madison, AL	
3480 Indianapolis, IN [1]	0.9848
Boone, IN	
Hamilton, IN	
Hancock, IN	
Hendricks, IN	
Johnson, IN	
Madison, IN	
Marion, IN	
Morgan, IN	
Shelby, IN	
3500 Iowa City, IA	0.9413
Johnson, IA	
3520 Jackson, MI	0.9052
Jackson, MI	
3560 Jackson, MS	0.7790
Hinds, MS	
Madison, MS	
Rankin, MS	
3580 Jackson, TN	0.8522
Madison, TN	
Chester, TN	
3600 Jacksonville, FL [1]	0.8969
Clay, FL	
Duval, FL	
Nassau, FL	
St. Johns, FL	
3605 Jacksonville, NC [2]	0.7939
Onslow, NC	
3610 Jamestown, NY [2]	0.8401
Chautauqua, NY	
3620 Janesville-Beloit, WI	0.8824
Rock, WI	
3640 Jersey City, NJ	1.1412
Hudson, NJ	
3660 Johnson City-Kingsport-Bristol, TN-VA	0.9114
Carter, TN	
Hawkins, TN	
Sullivan, TN	
Unicoi, TN	
Washington, TN	
Bristol City, VA	
Scott, VA	
Washington, VA	
3680 Johnstown, PA [2]	0.8421
Cambria, PA	
Somerset, PA	
3700 Jonesboro, AR	0.7443
Craighead, AR	
3710 Joplin, MO	0.7541
Jasper, MO	
Newton, MO	
3720 Kalamazoo-Battlecreek, MI	1.0668
Calhoun, MI	
Kalamazoo, MI	
Van Buren, MI	
3740 Kankakee, IL	0.8653
Kankakee, IL	
3760 Kansas City, KS-MO [1]	0.9564
Johnson, KS	
Leavenworth, KS	
Miami, KS	
Wyandotte, KS	
Cass, MO	
Clay, MO	
Clinton, MO	
Jackson, MO	
Lafayette, MO	
Platte, MO	
Ray, MO	
3800 Kenosha, WI	0.9196
Kenosha, WI	
3810 Killeen-Temple, TX	1.0252
Bell, TX	
Coryell, TX	
3840 Knoxville, TN	0.8831
Anderson, TN	
Blount, TN	
Knox, TN	
Loudon, TN	
Sevier, TN	
Union, TN	
3850 Kokomo, IN	0.8416
Howard, IN	
Tipton, IN	
3870 LaCrosse, WI-MN	0.8749
Houston, MN	
LaCrosse, WI	
3880 Lafayette, LA	0.8227
Acadia, LA	
Lafayette, LA	
St. Landry, LA	
St. Martin, LA	
3920 Lafayette, IN	0.9174
Clinton, IN	
Tippecanoe, IN	
3960 Lake Charles, LA	0.7776
Calcasieu, LA	
3980 Lakeland-Winter Haven, FL [2]	0.8838
Polk, FL	
4000 Lancaster, PA	0.9481
Lancaster, PA	
4040 Lansing-East Lansing, MI	1.0088
Clinton, MI	
Eaton, MI	
Ingham, MI	
4080 Laredo, TX [2]	0.7404
Webb, TX	
4100 Las Cruces, NM	0.8658
Dona Ana, NM	
4120 Las Vegas, NV-AZ [1]	1.0592
Mohave, AZ	
Clark, NV	
Nye, NV	
4150 Lawrence, KS	0.8608
Douglas, KS	
4200 Lawton, OK	0.9045
Comanche, OK	
4243 Lewiston-Auburn, ME	0.9536
Androscoggin, ME	
4280 Lexington, KY	0.8416
Bourbon, KY	
Clark, KY	
Fayette, KY	
Jessamine, KY	
Madison, KY	
Scott, KY	
Woodford, KY	
4320 Lima, OH	0.9185
Allen, OH	
Auglaize, OH	
4360 Lincoln, NE	0.9231
Lancaster, NE	
4400 Little Rock-North Little Rock, AR	0.8490
Faulkner, AR	
Lonoke, AR	
Pulaski, AR	
Saline, AR	
4420 Longview-Marshall, TX	0.8613
Gregg, TX	
Harrison, TX	
Upshur, TX	
4480 Los Angeles-Long Beach, CA [1]	1.2268
Los Angeles, CA	
4520 Louisville, KY-IN	0.9507
Clark, IN	
Floyd, IN	
Harrison, IN	
Scott, IN	
Bullitt, KY	
Jefferson, KY	
Oldham, KY	
4600 Lubbock, TX	0.8400
Lubbock, TX	
4640 Lynchburg, VA	0.8228
Amherst, VA	
Bedford, VA	
Bedford City, VA	
Campbell, VA	
Lynchburg City, VA	
4680 Macon, GA	0.9227
Bibb, GA	
Houston, GA	
Jones, GA	
Peach, GA	
Twiggs, GA	
4720 Madison, WI	1.0055
Dane, WI	
4800 Mansfield, OH	0.8639
Crawford, OH	
Richland, OH	
4840 Mayaguez, PR	0.4475
Anasco, PR	
Cabo Rojo, PR	
Hormigueros, PR	
Mayaguez, PR	
Sabana Grande, PR	
San German, PR	
4880 McAllen-Edinburg-Mission, TX	0.8371
Hidalgo, TX	
4890 Medford-Ashland, OR	1.0354
Jackson, OR	
4900 Melbourne-Titusville-Palm Bay, FL [2]	0.8838
Brevard, Fl	
4920 Memphis, TN-AR-MS [1]	0.8589
Crittenden, AR	
DeSoto, MS	
Fayette, TN	
Shelby, TN	
Tipton, TN	
4940 Merced, CA	1.0947
Merced, CA	
5000 Miami, FL [1]	0.9859
Dade, FL	
5015 Middlesex-Somerset-Hunterdon, NJ [1]	1.0875
Hunterdon, NJ	
Middlesex, NJ	
Somerset, NJ	

[1] Large Urban Area

[2] Hospitals geographically located in the area are assigned the statewide rural wage index for FY 1998.

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued

Urban code/Urban area (constituent counties)	Wage index
5080 Milwaukee-Waukesha, WI [1]	0.9819
Milwaukee, WI	
Ozaukee, WI	
Washington, WI	
Waukesha, WI	
5120 Minneapolis-St. Paul, MN-WI [1]	1.0733
Anoka, MN	
Carver, MN	
Chisago, MN	
Dakota, MN	
Hennepin, MN	
Isanti, MN	
Ramsey, MN	
Scott, MN	
Sherburne, MN	
Washington, MN	
Wright, MN	
Pierce, WI	
St. Croix, WI	
5160 Mobile, AL	0.8455
Baldwin, AL	
Mobile, AL	
5170 Modesto, CA	1.0377
Stanislaus, CA	
5190 Monmouth-Ocean, NJ [1]	1.0934
Monmouth, NJ	
Ocean, NJ	
5200 Monroe, LA	0.8414
Ouachita, LA	
5240 Montgomery, AL	0.7813
Autauga, AL	
Elmore, AL	
Montgomery, AL	
5280 Muncie, IN	0.9173
Delaware, IN	
5330 Myrtle Beach, SC	0.8072
Horry, SC	
5345 Naples, FL	1.0109
Collier, FL	
5360 Nashville, TN [1]	0.9182
Cheatham, TN	
Davidson, TN	
Dickson, TN	
Robertson, TN	
RutherfordTN	
Sumner, TN	
Williamson, TN	
Wilson, TN	
5380 Nassau-Suffolk, NY [1]	1.3807
Nassau, NY	
Suffolk, NY	
5483 New Haven-Bridgeport-Stamford-Waterbury-Danbury, CT [1]	1.2619
Fairfield, CT	
New Haven, CT	
5523 New London-Norwich, CT [2]	1.2617
New London, CT	
5560 New Orleans, LA [1]	0.9566
Jefferson, LA	
Orleans, LA	
Plaquemines, LA	
St. Bernard, LA	
St. Charles, LA	
St. James, LA	
St. John The Baptist, LA	
St. Tammany, LA	
5600 New York, NY [1]	1.4449
Bronx, NY	
Kings, NY	
New York, NY	
Putnam, NY	
Queens, NY	
Richmond, NY	
Rockland, NY	
Westchester, NY	

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued

Urban code/Urban area (constituent counties)	Wage index
5640 Newark, NJ [1]	1.1111
Essex, NJ	
Morris, NJ	
Sussex, NJ	
Union, NJ	
Warren, NJ	
5660 Newburgh, NY-PA	1.1283
Orange, NY	
Pike, PA	
5720 Norfolk-Virginia Beach-Newport News, VA-NC [1]	0.8316
Currituck, NC	
Chesapeake City, VA	
Gloucester, VA	
Hampton City, VA	
Isle of Wight, VA	
James City, VA	
Mathews, VA	
Newport News City, VA	
Norfolk City, VA	
Poquoson City, VA	
Portsmouth City, VA	
Suffolk City, VA	
Virginia Beach City, VA	
Williamsburg City, VA	
York, VA	
5775 Oakland, CA [1]	1.5158
Alameda, CA	
Contra Costa, CA	
5790 Ocala, FL	0.9032
Marion, FL	
5800 Odessa-Midland, TX	0.8660
Ector, TX	
Midland, TX	
5880 Oklahoma City, OK [1]	0.8481
Canadian, OK	
Cleveland, OK	
Logan, OK	
McClain, OK	
Oklahoma, OK	
Pottawatomie, OK	
5910 Olympia, WA	1.0901
Thurston, WA	
5920 Omaha, NE-IA	0.9421
Pottawattamie, IA	
Cass, NE	
Douglas, NE	
Sarpy, NE	
Washington, NE	
5945 Orange County, CA [1]	1.1532
Orange, CA	
5960 Orlando, FL [1]	0.9397
Lake, FL	
Orange, FL	
Osceola, FL	
Seminole, FL	
5990 Owensboro, KY [2]	0.7772
Daviess, KY	
6015 Panama City, FL [2]	0.8838
Bay, FL	
6020 Parkersburg-Marietta, WV-OH (West Virginia Hospitals) [2]	0.8046
Washington, OH	
Wood, WV	
6020 Parkersburg-Marietta, WV-OH (Ohio Hospitals) [2]	0.8434
Washington, OH	
Wood, WV	
6080 Pensacola, FL [2]	0.8838
Escambia, FL	
Santa Rosa, FL	
6120 Peoria-Pekin, IL	0.8571
Peoria, IL	
Tazewell, IL	
Woodford, IL	

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued

Urban code/Urban area (constituent counties)	Wage index
6160 Philadelphia, PA-NJ [1]	1.1398
Burlington, NJ	
Camden, NJ	
Gloucester, NJ	
Salem, NJ	
Bucks, PA	
Chester, PA	
Delaware, PA	
Montgomery, PA	
Philadelphia, PA	
6200 Phoenix-Mesa, AZ [1]	0.9606
Maricopa, AZ	
Pinal, AZ	
6240 Pine Bluff, AR	0.7826
Jefferson, AR	
6280 Pittsburgh, PA [1]	0.9725
Allegheny, PA	
Beaver, PA	
Butler, PA	
Fayette, PA	
Washington, PA	
Westmoreland, PA	
6323 Pittsfield, MA	1.0960
Berkshire, MA	
6340 Pocatello, ID	0.9586
Bannock, ID	
6360 Ponce, PR	0.4589
Guayanilla, PR	
Juana Diaz, PR	
Penuelas, PR	
Ponce, PR	
Villalba, PR	
Yauco, PR	
6403 Portland, ME	0.9627
Cumberland, ME	
Sagadahoc, ME	
York, ME	
6440 Portland-Vancouver, OR-WA [1]	1.1344
Clackamas, OR	
Columbia, OR	
Multnomah, OR	
Washington, OR	
Yamhill, OR	
Clark, WA	
6483 Providence-Warwick-Pawtucket, RI [1]	1.1049
Bristol, RI	
Kent, RI	
Newport, RI	
Providence, RI	
Washington, RI	
6520 Provo-Orem, UT	1.0073
Utah, UT	
6560 Pueblo, CO	0.8450
Pueblo, CO	
6580 Punta Gorda, FL [2]	0.8838
Charlotte, FL	
6600 Racine, WI	0.8934
Racine, WI	
6640 Raleigh-Durham-Chapel Hill, NC [2]	0.9818
Chatham, NC	
Durham, NC	
Franklin, NC	
Johnston, NC	
Orange, NC	
Wake, NC	
6660 Rapid City, SD	0.8345
Pennington, SD	
6680 Reading, PA	0.9516
Berks, PA	
6690 Redding, CA	1.1790
Shasta, CA	
6720 Reno, NV	1.0768
Washoe, NV	
6740 Richland-Kennewick-Pasco, WA [2]	1.0221

[1] Large Urban Area

[2] Hospitals geographically located in the area are assigned the statewide rural wage index for FY 1998.

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued

Urban code/Urban area (constituent counties)	Wage index
Benton, WA	
Franklin, WA	
6760 Richmond-Petersburg, VA	0.9152
Charles City County, VA	
Chesterfield, VA	
Colonial Heights City, VA	
Dinwiddie, VA	
Goochland, VA	
Hanover, VA	
Henrico, VA	
Hopewell City, VA	
NewKent, VA	
Petersburg City, VA	
Powhatan, VA	
Prince George, VA	
Richmond City, VA	
6780 Riverside-San Bernardino, CA [1]	1.1145
Riverside, CA	
San Bernardino, CA	
6800 Roanoke, VA	0.8402
Botetourt, VA	
Roanoke, VA	
Roanoke City, VA	
Salem City, VA	
6820 Rochester, MN	1.0502
Olmsted, MN	
6840 Rochester, NY [1]	0.9524
Genesee, NY	
Livingston, NY	
Monroe, NY	
Ontario, NY	
Orleans, NY	
Wayne, NY	
6880 Rockford, IL	0.9081
Boone, IL	
Ogle, IL	
Winnebago, IL	
6895 Rocky Mount, NC	0.9029
Edgecombe, NC	
Nash, NC	
6920 Sacramento, CA [1]	1.2202
El Dorado, CA	
Placer, CA	
Sacramento, CA	
6960 Saginaw-Bay City-Midland, MI	0.9564
Bay, MI	
Midland, MI	
Saginaw, MI	
6980 St. Cloud, MN	0.9544
Benton, MN	
Stearns, MN	
7000 St. Joseph, MO	0.8366
Andrew, MO	
Buchanan, MO	
7040 St. Louis, MO-IL [1]	0.9130
Clinton, IL	
Jersey, IL	
Madison, IL	
Monroe, IL	
St. Clair, IL	
Franklin, MO	
Jefferson, MO	
Lincoln, MO	
St. Charles, MO	
St. Louis, MO	
St. Louis City, MO	
Warren, MO	
7080 Salem, OR [2]	0.9976
Marion, OR	
Polk, OR	
7120 Salinas, CA	1.4513
Monterey, CA	
7160 Salt Lake City-Ogden, UT [1]	0.9862
Davis, UT	
Salt Lake, UT	
Weber, UT	
7200 San Angelo, TX	0.7780
Tom Green, TX	
7240 San Antonio, TX [1]	0.8499
Bexar, TX	
Comal, TX	
Guadalupe, TX	
Wilson, TX	
7320 San Diego, CA [1]	1.2225
San Diego, CA	
7360 San Francisco, CA [1]	1.4091
Marin, CA	
San Francisco, CA	
San Mateo, CA	
7400 San Jose, CA [1]	1.4332
Santa Clara, CA	
7440 San Juan-Bayamon, PR [1]	0.4625
Aguas Buenas, PR	
Barceloneta, PR	
Bayamon, PR	
Canovanas, PR	
Carolina, PR	
Catano, PR	
Ceiba, PR	
Comerio, PR	
Corozal, PR	
Dorado, PR	
Fajardo, PR	
Florida, PR	
Guaynabo, PR	
Humacao, PR	
Juncos, PR	
Los Piedras, PR	
Loiza, PR	
Luguillo, PR	
Manati, PR	
Morovis, PR	
Naguabo, PR	
Naranjito, PR	
Rio Grande, PR	
San Juan, PR	
Toa Alta, PR	
Toa Baja, PR	
Trujillo Alto, PR	
Vega Alta, PR	
Vega Baja, PR	
Yabucoa, PR	
7460 San Luis Obispo-Atascadero-Paso Robles, CA	1.1374
San Luis Obispo, CA	
7480 Santa Barbara-Santa Maria-Lompoc, CA	1.0688
Santa Barbara, CA	
7485 Santa Cruz-Watsonville, CA	1.4187
Santa Cruz, CA	
7490 Santa Fe, NM	1.0332
Los Alamos, NM	
Santa Fe, NM	
7500 Santa Rosa, CA	1.2267
Sonoma, CA	
7510 Sarasota-Bradenton, FL	0.9757
Manatee, FL	
Sarasota, FL	
7520 Savannah, GA	0.8638
Bryan, GA	
Chatham, GA	
Effingham, GA	
7560 Scranton—Wilkes-Barre—Hazleton, PA	0.8539
Columbia, PA	
Lackawanna, PA	
Luzerne, PA	
Wyoming, PA	
7600 Seattle-Bellevue-Everett, WA [1]	1.1375
Island, WA	
King, WA	
Snohomish, WA	
7610 Sharon, PA	0.8783
Mercer, PA	
7620 Sheboygan, WI [2]	0.8471
Sheboygan, WI	
7640 Sherman-Denison, TX	0.8499
Grayson, TX	
7680 Shreveport-Bossier City, LA	0.9381
Bossier, LA	
Caddo, LA	
Webster, LA	
7720 Sioux City, IA-NE	0.8031
Woodbury, IA	
Dakota, NE	
7760 Sioux Falls, SD	0.8712
Lincoln, SD	
Minnehaha, SD	
7800 South Bend, IN	0.9880
St. Joseph, IN	
7840 Spokane, WA	1.0486
Spokane, WA	
7880 Springfield, IL	0.8713
Menard, IL	
Sangamon, IL	
7920 Springfield, MO	0.8036
Christian, MO	
Greene, MO	
Webster, MO	
8003 Springfield, MA [2]	1.0718
Hampden, MA	
Hampshire, MA	
8050 State College, PA	0.9635
Centre, PA	
8080 Steubenville-Weirton, OH-WV	0.8645
Jefferson, OH	
Brooke, WV	
Hancock, WV	
8120 Stockton-Lodi, CA	1.1518
San Joaquin, CA	
8140 Sumter, SC [2]	0.7921
Sumter, SC	
8160 Syracuse, NY	0.9480
Cayuga, NY	
Madison, NY	
Onondaga, NY	
Oswego, NY	
8200 Tacoma, WA	1.1016
Pierce, WA	
8240 Tallahassee, FL [2]	0.8838
Gadsden, FL	
Leon, FL	
8280 Tampa-St. Petersburg-Clearwater, FL [1]	0.9196
Hernando, FL	
Hillsborough, FL	
Pasco, FL	
Pinellas, FL	
8320 Terre Haute, IN	0.8614
Clay, IN	
Vermillion, IN	
Vigo, IN	
8360 Texarkana, AR-Texarkana, TX	0.8699
Miller, AR	
Bowie, TX	
8400 Toledo, OH	1.0140
Fulton, OH	
Lucas, OH	
Wood, OH	
8440 Topeka, KS	0.9438
Shawnee, KS	
8480 Trenton, NJ	1.0380
Mercer, NJ	
8520 Tucson, AZ	0.9180
Pima, AZ	

[1] Large Urban Area

[2] Hospitals geographically located in the area are assigned the statewide rural wage index for FY 1998.

ADDENDUM J.—WAGE INDEX FOR URBAN AREAS—Continued

Urban code/Urban area (constituent counties)	Wage index
8560 Tulsa, OK	0.8074
Creek, OK	
Osage, OK	
Rogers, OK	
Tulsa, OK	
Wagoner, OK	
8600 Tuscaloosa, AL	0.8187
Tuscaloosa, AL	
8640 Tyler, TX	0.9567
Smith, TX	
8680 Utica-Rome, NY[2]	0.8401
Herkimer, NY	
Oneida, NY	
8720 Vallejo-Fairfield-Napa, CA	1.3528
Napa, CA	
Solano, CA	
8735 Ventura, CA	1.0544
Ventura, CA	
8750 Victoria, TX	0.8474
Victoria, TX	
8760 Vineland-Millville-Bridgeton, NJ	1.0110
Cumberland, NJ	
8780 Visalia-Tulare-Porterville, CA[2]	0.9977
Tulare, CA	
8800 Waco, TX	0.7696
McLennan, TX	
8840 Washington, DC-MD-VA-WV[1]	1.0911
District of Columbia, DC	
Calvert, MD	
Charles, MD	
Frederick, MD	
Montgomery, MD	
Prince Georges, MD	
Alexandria City, VA	
Arlington, VA	
Clarke, VA	
Culpeper, VA	
Fairfax, VA	
Fairfax City, VA	
Falls Church City, VA	
Fauquier, VA	
Fredericksburg City, VA	
King George, VA	
Loudoun, VA	
Manassas City, VA	
Manassas Park City, VA	
Prince William, VA	
Spotsylvania, VA	
Stafford, VA	
Warren, VA	
Berkeley, WV	
Jefferson, WV	
8920 Waterloo-Cedar Falls, IA	0.8643
Black Hawk, IA	
8940 Wausau, WI	1.0545
Marathon, WI	
8960 West Palm Beach-Boca Raton, FL	1.0309
Palm Beach, FL	
9000 Wheeling, WV-OH (West Virginia Hospitals)[1]	0.7966
Belmont, OH	
Marshall, WV	
Ohio, WV	
9000 Wheeling, WV-OH (Ohio Hospitals)[2]	0.8434
Belmont, OH	
Marshall, WV	
Ohio, WV	
9040 Wichita, KS	0.9403
Butler, KS	
Harvey, KS	
Sedgwick, KS	
9080 Wichita Falls, TX	0.7646
Archer, TX	
Wichita, TX	
9140 Williamsport, PA	0.8548
Lycoming, PA	
9160 Wilmington-Newark, DE-MD	1.1538
New Castle, DE	
Cecil, MD	
9200 Wilmington, NC	0.9322
New Hanover, NC	
Brunswick, NC	
9260 Yakima, WA[2]	1.0221
Yakima, WA	
9270 Yolo, CA	1.1431
Yolo, CA	
9280 York, PA	0.9415
York, PA	
9320 Youngstown-Warren, OH	0.9937
Columbiana, OH	
Mahoning, OH	
Trumbull, OH	
9340 Yuba City, CA	1.0324
Sutter, CA	
Yuba, CA	
9360 Yuma, AZ	0.9732
Yuma, AZ	

[1] Large Urban Area

[2] Hospitals geographically located in the area are assigned the statewide rural wage index for FY 1998.

53. On pages 48035 through 48036, Addendum K is corrected to read as follows:

ADDENDUM K.—WAGE INDEX FOR RURAL AREAS

Nonurban area	Wage index
Alabama	0.7260
Alaska	1.2302
Arizona	0.7989
Arkansas	0.6995
California	0.9977
Colorado	0.8129
Connecticut	1.2617
Delaware	0.8925
Florida	0.8838
Georgia	0.7761
Hawaii	1.0229
Idaho	0.8221
Illinois	0.7644
Indiana	0.8161
Iowa	0.7391
Kansas	0.7203
Kentucky	0.7772
Louisiana	0.7383
Maine	0.8468
Maryland	0.8617
Massachusetts	1.0718
Michigan	0.8923
Minnesota	0.8180
Mississippi	0.6911
Missouri	0.7207
Montana	0.8302
Nebraska	0.7401
Nevada	0.8914
New Hampshire	0.9724
New Jersey[1]	.....
New Mexico	0.8110
New York	0.8401
North Carolina	0.7939
North Dakota	0.7360
Ohio	0.8434
Oklahoma	0.7072
Oregon	0.9976
Pennsylvania	0.8421
Puerto Rico	0.3939
Rhode Island[1]	.....
South Carolina	0.7921
South Dakota	0.6983
Tennessee	0.7353
Texas	0.7404
Utah	0.8926
Vermont	0.9314
Virginia	0.7782
Washington	1.0221
West Virginia	0.7966
Wisconsin	0.8471
Wyoming	0.8247

[1] All counties within state are classified as urban.

54. On page 48036, Addendum L is corrected to read as follows:

ADDENDUM L.—WAGE INDEX FOR HOSPITALS THAT ARE RECLASSIFIED

Area	Wage index
Abilene, TX	0.8287
Albuquerque, NM	0.9329
Alexandria, LA	0.8269
Amarillo, TX	0.9277
Anchorage, AK	1.2998
Asheville, NC	0.9072
Athens, GA	0.9087
Atlanta, GA	0.9823
Austin-San Marcos, TX	0.9133
Bangor, ME	0.9478
Barnstable-Yarmouth, MA	1.3827
Baton Rouge, LA	0.8382
Benton Harbor, MI	0.8923
Bergen-Passaic, NJ	1.1570
Billings, MT	0.9609
Birmingham, AL	0.9005
Bismarck, ND	0.7859
Boise City, ID	0.8887
Boston-Worcester-Lawrence-Lowell-Brockton, MA-NH	1.1498
Caguas, PR	0.4508
Casper, WY	0.9013
Champaign-Urbana, IL	0.8706
Charlotte-Gastonia-Rock Hill, NC-SC	0.9710
Charlottesville, VA	0.8885
Chattanooga, TN-GA	0.8658
Chicago, IL	1.0759
Cincinnati, OH-KY-IN	0.9521
Cleveland-Lorain-Elyria, OH	0.9804
Columbia, MO	0.8759
Columbus, OH	0.9793

ADDENDUM L.—WAGE INDEX FOR HOSPITALS THAT ARE RECLASSIFIED—Continued

Area	Wage index
Dallas, TX	0.9674
Davenport-Moline-Rock Island, IA-IL	0.8405
Denver, CO	1.0386
Des Moines, IA	0.8837
Detroit, MI	1.0840
Duluth-Superior, MN-WI	0.9779
Dutchess County, NY	1.0364
Eugene-Springfield, OR	1.1659
Fargo-Moorhead, ND-MN	0.8729
Fayetteville, NC	0.8491
Flint, MI	1.1171
Florence, AL	0.7716
Florence, SC	0.8711
Ft. Lauderdale, FL	1.0487
Fort Pierce-Port St. Lucie, FL	1.0008
Fort Walton Beach, FL	0.8653
Forth Worth-Arlington, TX	0.9997
Gadsden, AL	0.8815
Gainesville, FL	0.9616
Gary, IN	0.9114
Grand Forks, ND-MN	0.8815
Grand Junction, CO	0.9491
Great Falls, MT	0.9306
Greeley, CO	0.9791
Green Bay, WI	0.9585
Greensboro-Winston-Salem-High Point, NC	0.9351
Harrisburg-Lebanon-Carlisle, PA	1.0076
Hartford, CT	1.2373
Honolulu, HI	1.1817
Houma, LA	0.7854
Houston, TX	0.9855
Huntington-Ashland, WV-KY-OH	0.9160
Huntsville, AL	0.8485
Indianapolis, IN	0.9848
Iowa City, IA	0.9208
Jackson, MS	0.7790
Johnson City-Kingsport-Bristol, TN-VA	0.9114
Jonesboro, AR	0.7443
Joplin, MO	0.7541
Kalamazoo-Battlecreek, MI	1.0668
Kansas City, KS-MO	0.9564
Knoxville, TN	0.8831
Lafayette, LA	0.8227
Lafayette, IN	0.9174
Lansing-East Lansing, MI	1.0088
Las Cruces, NM	0.8658
Las Vegas, NV-AZ	1.0592

ADDENDUM L.—WAGE INDEX FOR HOSPITALS THAT ARE RECLASSIFIED—Continued

Area	Wage index
Lexington, KY	0.8416
Lima, OH	0.9185
Lincoln, NE	0.9035
Little Rock-North Little Rock, AR	0.8490
Longview-Marshall, TX	0.8509
Los Angeles-Long Beach, CA	1.2268
Louisville, KY-IN	0.9507
Macon, GA	0.9227
Madison, WI	1.0055
Mansfield, OH	0.8639
Medford-Ashland, OR	1.0354
Memphis, TN-AR-MS	0.8589
Milwaukee-Waukesha, WI	0.9819
Minneapolis-St. Paul, MN-WI	1.0733
Monroe, LA	0.8414
Montgomery, AL	0.7813
Nashville, TN	0.9182
New Haven-Bridgeport-Stamford-Waterbury-Danbury, CT	1.2619
New London-Norwich, CT	1.2258
New Orleans, LA	0.9566
New York, NY	1.4449
Newark, NJ	1.1111
Newburgh, NY-PA	1.1283
Oakland, CA	1.5158
Odessa-Midland, TX	0.8516
Oklahoma City, OK	0.8481
Omaha, NE-IA	0.9421
Orange County, CA	1.1532
Peoria-Pekin, IL	0.8571
Philadelphia, PA-NJ	1.1398
Pittsburgh, PA	0.9583
Pocatello, ID	0.9000
Portland, ME	0.9627
Portland-Vancouver, OR-WA	1.1344
Provo-Orem, UT	1.0073
Raleigh-Durham-Chapel Hill, NC	0.9818
Rapid City, SD	0.8345
Rochester, MN	1.0502
Rockford, IL	0.9081
Sacramento, CA	1.2202
Saginaw-Bay City-Midland, MI	0.9564
St. Cloud, MN	0.9544
St. Louis, MO-IL	0.9130
Salinas, CA	1.4299
Salt Lake City-Ogden, UT	0.9862
San Diego, CA	1.2225
San Francisco, CA	1.4091

ADDENDUM L.—WAGE INDEX FOR HOSPITALS THAT ARE RECLASSIFIED—Continued

Area	Wage index
Santa Fe, NM	1.0007
Santa Rosa, CA	1.2146
Seattle-Bellevue-Everett, WA	1.1375
Sherman-Denison, TX	0.8324
Sioux City, IA-NE	0.8031
Sioux Falls, SD	0.8607
South Bend, IN	0.9880
Spokane, WA	1.0311
Springfield, IL	0.8610
Springfield, MO	0.8036
Stockton-Lodi, CA	1.1518
Syracuse, NY	0.9480
Tampa-St. Petersburg-Clearwater, FL	0.9196
Texarkana, AR-Texarkana, TX	0.8699
Topeka, KS	0.9310
Tucson, AZ	0.9180
Tulsa, OK	0.8074
Tyler, TX	0.9421
Vallejo-Fairfield-Napa, CA	1.3528
Washington, DC-MD-VA-WV	1.0911
Waterloo-Cedar Falls, IA	0.8643
Wausau, WI	0.9845
Wichita, KS	0.9157
Wichita Falls, TX	0.7646
Rural Florida	0.8838
Rural Louisiana	0.7383
Rural Minnesota	0.8180
Rural Missouri	0.7207
Rural New Hampshire	0.9724
Rural New Mexico	0.8110
Rural North Carolina	0.7939
Rural Oregon	0.9976
Rural Washington	1.0221
Rural West Virginia	0.7966
Rural Wyoming	0.8247

(Catalog of Federal Domestic Assistance 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: June 22, 1999.

Kerry Weems,

Acting Deputy Assistant, Secretary for Information Resources Management.

[FR Doc. 99–16550 Filed 6–29–99; 8:45 am]

BILLING CODE 4120–01–P